BASICS Benin Annual Report FY 2010

BASICS Benin

August 1, 2009 – September 30, 2010

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BASICS Annual Report

Fiscal Year 2010
Project Year 1
August 1, 2009 – September 30, 2010

The Partnership for Child Health (PCHC) Prime Contract
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BASICS Benin Program Implementation

Background and Project Summary

Benin has a population of approximately eight million inhabitants, 44% of whom are below the age of fifteen years. With an annual population growth rate of approximately three percent, it is anticipated that Benin's population will double within the next 24 years. This rapidly growing population puts a significant demand on the already weakened health care system for services that meet the needs of the entire population. In an effort to meet this high demand for health care services, the Ministry of Health has taken a number of steps including reorganization, and the building of partnerships with the private sector and civil society organizations, including religious organizations for the provision of services.

Despite these significant efforts, infant and childhood mortality rates in Benin remain as one of the highest among countries in coastal West Africa at 67 and 125 per 1,000 live births respectively. It is estimated that the majority of these child deaths are due to preventable childhood illnesses such as malaria, acute respiratory infections and diarrhea. In an effort to reduce the high level of infant and childhood mortality in Benin, the Government has taken a number of steps including intensive disease specific interventions, provision of integrated IMCI coverage, expansion of IMCI services, and the training of health care workers for the provision of high quality services. Nonetheless, it is generally felt that the level of utilization of health care services by the population is low since, according to the BDHS 2006, only 36% of children with symptoms of ARI, 37% of children with fever, and 21% of children with diarrhea sought treatment at a health facility for their condition.

In order to reduce the level of infant and child mortality in Benin and to contribute to the Government's overall efforts to achieve the MDG, USAID has provided funding to BASICS, through Management Sciences for Health, to support the implementation of the *"integrated community case management project for children under five for malaria, diarrhea, and pneumonia and provide immunization and nutrition messages by, community-based organizations and community health workers."* This three-year project is being implemented in three Health Departments shown in Table 1 below:

Table 1: Health Departments and Zones in which the project is being implemented

Departments	Health Zones
Alibori	- Kandi-Segbana-Gogounou - Banikoara
Donga	- Djougou-Kopargou-Ouake - Bassila
Borgou	- Tchaorou

The total under five population in Benin (2009 data) is 1,245,000, or 15% of the total population. The under 5 population in the five health zones where the project will operate 202,116, about 16% of the total under-fives nationally.

Goal of the BASICS Project in Benin

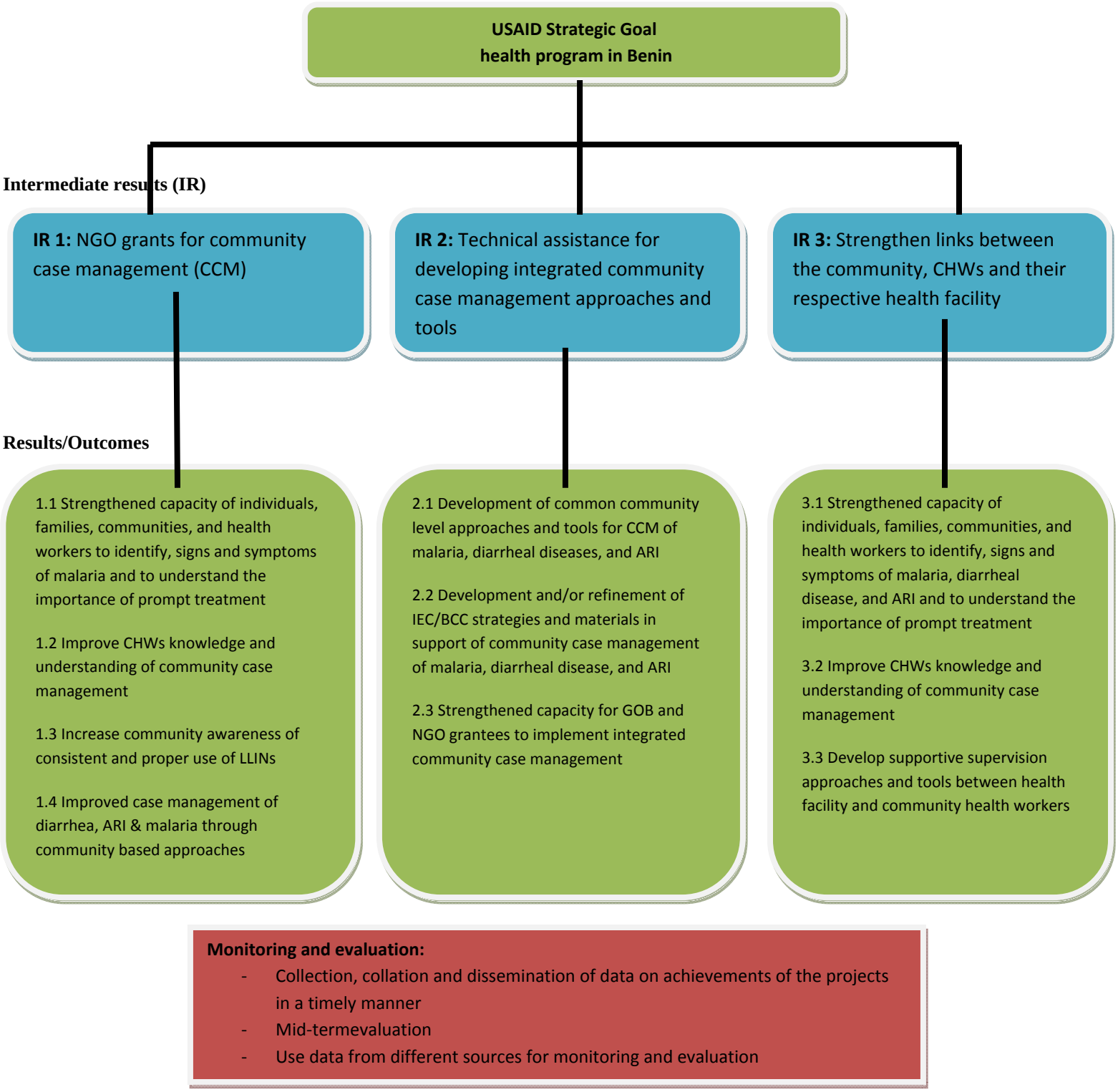
The overall goal of this project is to contribute to the reduction of maternal and child mortality and malnutrition in Benin through integrating case management of childhood diseases (IMCI) including malaria, diarrheal diseases, acute respiratory infections (pneumonia) at the community level and improving awareness of vaccinations and nutrition according to national strategies and policies. Figure 1 (below) shows the results framework for this project and outlines how the overall goal; the three intermediate results (IR) and the main outcomes of the project will be achieved.

BASICS will achieve the goal by increasing the practice of CCM in the target areas through building the capacity of local organizations (NGOs) to work under grants in collaboration with health zones, and building the capacity of community health workers to deliver CCM services to local populations in need, while working with the Ministry of Health to provide the policy framework needed to support the expanded CCM package.

Expected results include:

1. Increased access to a package of community-based services including: malaria, diarrhea and ARI, health education for vaccination and improved nutrition.
2. Strengthened referral/counter-referral between community level and health center.
3. Creation of effective partnerships between the NGOs (holding NGO grants) and the health zone management teams.
4. Inclusion of ARI into the CCM package and improved dialogue on child health at national level through the functioning of a regular technical working group (TWG).
5. Identification of CCM as a high priority policy for the MoH resulting in more funding, attention and resources.

Figure 1: Results framework for the project



Key Achievements during the First Project Year

The first year of the project focused on promoting updated community case management (CCM) policy at the Ministry of Health (MOH), commencing an NGO grants program, and developing and launching CHW training.

Key achievements for this year include:

- The inclusion of community-based treatment of Acute Respiratory Illness (ARI) into the integrated CCM package, by ministerial decree.
- Development of a package of materials for the integrated CCM program, including:
  - Training curriculum
  - Supervisory tools
  - Monitoring and evaluation indicators
- Sixty trainers and 233 CHWs were trained on the integrated CCM package in the last three months of the first year, with all trainings expected to be completed by December 2010.
- CHW kits were designed and procured to equip newly trained CHWs with the requisite materials.
- Advertisement and issuing of five NGO grants and development of the NGO Grants Manual to provide guidance on grant management to USAID standards.
- Ongoing discussions with AFRICARE on how the two projects can jointly implement community-based treatment of malaria activities in overlapping zones.

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COMPONENT 1: NGO grants for Community Case Management (CCM)

1 – Selection and Awarding of NGO Recipients

A large part of the BASICS scope of work in Benin is to work closely with NGOs in the project's five health zones. These NGOs will facilitate, in close collaboration with the Health Zones (HZ) management teams, the implementation of community case management of malaria, diarrhea and acute respiratory illnesses, nutrition and EPI. The NGOs and the HZs will also provide broad support to the CHWs, including supervision, clarifying the roles and expectations of CHWs and of the communities, facilitating logistics, and ensuring a robust link between the CHW, the community and the health centers.

The process of selecting the five NGOs (one for each health zone) began in February 2010 with the issuance of an RFA that was advertised publicly. A committee (composed of representatives from the Family Health Division, NMCP, the five health zones, Health Departments of Borgou and Atakora, PISAF, PSI and BASICS) was formed to evaluate applications and make recommendations on selection. 40 NGOs applied to the RFA, and 14 NGO applicants were selected for pre-award screening. BASICS then conducted a field assessment of the 14 NGOs to evaluate their accounting, administrative and financial systems. This assessment, which took place from April 22 to May 5, resulted in the final selection of five NGO grantees, one in each of BASICS' implementing zones: GRADE (Bassila Health Zone), CoVADES (Djougou-Copargo-Ouaké Health Zone), DEDRAS (Tchaourou Health Zone), HANDICAP-PLUS (Kandi-Gogounou-Ségbana Health Zone), and CBBE (Banikoara Health Zone).

Following the workshop, BASICS asked the five selected NGOs to continue to refine their proposals in collaboration with their Health Zone team and BASICS. The final grant applications were received by the BASICS team in mid-June. The technical proposal and budgets were reviewed and revised locally by the BASICS team, shared with HQ, finalized, and translated into English. The applications were submitted to USAID in July 2010. Following USAID approval, the grant agreements for the five NGOs grantees were signed on August 31, 2010 in the BASICS office in the presence of the representatives of the five NGOs and the Coordinating Doctors of the five health zones (HZCD). The officials of BASICS and the Grants Manager have explained the practical detailed rules for the signing of the agreements.

NGO representatives at the signing of the contracts

2 – Proposal Development Workshop

In order to ensure the technical quality of the grant applications, BASICS conducted a proposal development workshop with the 5 selected NGO grantees and the respective Health Zones on May 25-29, 2010 in Parakou. The objectives of the workshop were:

1) To support the NGOs and Health Zone staff (who will be working together as a team in each health zone) to develop a technically sound proposal which included an implementation and monitoring plan, and
2) To train the NGO/health zone teams on leadership and management skills.

The first day of the workshop was organized as a Senior Alignment meeting on May 25 to ensure buy-in for the project from local decision-making. Policymakers and senior officials from the Ministry of Health, project health zones, NGO partners, UNFPA, UNICEF, PISAF and local radio operators attended this meeting, and the over 30 participants developed a support plan for the implementation of project interventions in the targeted 5 health zones.

From May 26-29, the NGOs and Health Zone staff from the five health zones (including health zone administrators, doctors and nurses and representatives from the selected NGOs) formed Heath Zone/NGO (HZ/NGO) teams. These teams were trained by the LDP consultant on management, leadership, teamwork, and workplace climate, and were oriented to the basics of grants management by the BASICS Grants Manager, supported by a grants consultant. The HZ/NGO teams were also briefed on the technical aspects of proposal development. After the workshop, BASICS staff worked with the HZ/NGO teams to refine the final proposal that included program goals and objectives, implementation plans, monitoring and evaluation criteria and a program budget.

3 – Grants Manual

BASICS produced a grants manual to provide guidance to the NGOs in the administrative and financial procedures and standards to manage their grant to USAID standards. The grants manual was adapted from the Malawi BASICS NGO Grant Manual by a consultant in collaboration with MSH's Contracting Officer. The manual was first updated in English and then translated into French to facilitate its adoption and ownership by NGOs. The Grants Manual describes the process through which the grants are awarded, managed and closed in compliance with USAID procedures and the management standards generally admitted. A training session was planned for NGOs grantees in October 2010 so the NGOs can adopt the procedures described in the grants manual.

4 - Monitoring and Mentoring NGO Grantees

BASICS will continue to work closely with the NGO grantees to provide mentoring and supervisory support to their implementation, continuing to build their capacity to implement a USAID project.

Following the signing of the grant agreements, BASICS staff have supported the NGOs to develop their year 1 action plans, and are designing monitoring tools for grant agreements to build the capacity of the NGOs in project administration and accounting.

BASICS also supported the NGOs in the CHW selection process in Bassila and Djougou-Ouaké-Copargo health zones, where BASICS and AFRICARE work together. This joint implementation required that two

sessions be organized to harmonize the identification and selection procedures from these two health zones.

COMPONENT 2: Technical assistance for developing integrated community case management approaches and tools

1 - Inclusion of ARI into the ICCM package

One of BASICS' key deliverables was the inclusion of acute respiratory illness (ARI) in the integrated community case management policy of Benin. This activity was a first priority, and a policy consultant based in Parakou worked closely with USAID, the MoH and child health partners to secure the adoption of the new policy by the MoH. In February 2010, a Ministerial instruction was issued to authorize the dispensation of Cotrimoxazole at the community level for the management of ARI in children under five. The policy change was disseminated to partners during a workshop in Bohicon on health promotion.

2 – Mapping and selection of community health workers (CHWs)

BASICS conducted a situation analysis to identify remote villages in the five health zones that lack access to basic health services and need community health workers. This mapping exercise identified existing CHWs, their workload, and how they have been interacting with the health system. More than 1000 existing CHWs were identified and, based on agreed-upon selection criteria, some were chosen for further training and inclusion in the ICCM project. BASICS, in collaboration with UNICEF, organized community meetings to validate the list of CHWs in the community and proceed with the selection of new CHWS in communities where none existed. In each village, two CHW were selected. In certain villages with low literacy rates, to respect MOH guidelines only one CHW was selected if there were not two candidates that met the MOH requirements.

3 – Development of training tools

The previous CHW CCM package was composed of vertical interventions. If a child presented with more than one symptom (without danger signs), they were to be referred to the health center. The materials needed to be updated to include the new ARI component and present an integrated treatment approach for the community health worker.

BASICS organized a workshop in April 2010 to bring together the Ministry of Health and other partners to revise the CHW training package and develop tools to be used in the training for the integrated CCM (C-IMCI) package. Participants included representatives from the DSF, NMCP, the Community Health Service of the MOH, doctors, nurses, members of Health Zone Management Teams, and partners involved in the implementation of community-level activities, including UNICEF, Africare and PISAF. During the workshop, the training tools were modified to reflect participants' suggestions based on lessons learned in the course of their field implementation in Benin. The training tools were finalized under the leadership of the Directorate of Family Health (DSF). Both DSF and the National Malaria Control Program (NMCP) have been given final approval and are ready for implementation. The MOH-approved CHW training course is eight days long, divided into 2 four-day segments separated by a week of practical application in the CHW's home setting. The first part of the training covers malaria, diarrhea, nutrition and immunization, and the second part is a review of past material, discussing issues that came up during the practical application, and introduces ARI.

Other important components of the training package developed with BASICS support this year include Pre- and Post-tests, performance criteria for CHWs, and supervision and monitoring tools, which will be finalized shortly.

4 – Training of Trainers of CHWs

The Training of Trainers strategy is to provide training to all CHW supervisors, consisting of head nurses of health posts, midwives, and doctors, from the 5 health zones. From those trained, the best will be selected to become CHW trainers. The first Training of Trainers (TOT) was conducted in June 2010 in Parakou. 60 trainers from all five health zones were trained by September 30, 2010, with 3 training sessions remaining. The plan for TOT rollout is below.

Training of Trainers Plan	***Tchaourou***	***Banikoara***	***Bassila***	***Segbana/ Gogounou / Kandi***	***Djougou/ Ouake/ Copargo***	***Total***
# of CHW Trainers	***21***	***28***	***12***	***42***	***39***	***142***
# of CHW NGO Supervisors	***5***	***4***	***3***	***5***	***7***	***24***
Total	***26***	***32***	***15***	***47***	***46***	***166***

5 – CHW Training

The first CHW training, which served as a pre-testing of the newly integrated training tools, was conducted for 36 CHWs in Tchaourou Health Zone, and 32 CHWs in Kandi Health Zone. This first batch of CHWs consisted of those living furthest from the from the health centers. The training tools were found to be practical, and a few minor modifications were made.

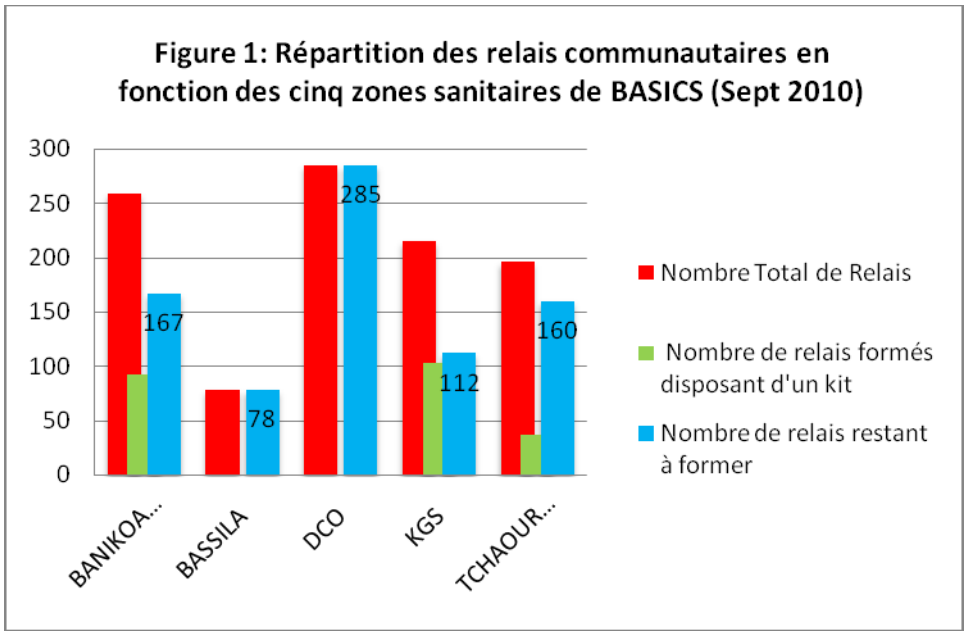
In July, August and September, ongoing trainings of community health workers took place in the Health zones of Banikoara and Kandi-Ségbana-Gogounou, for a total of 233 CHWs trained, and 802 remaining. All CHW trainings will be completed by December 2010.

Rollout of CHW training in the two health zones in Donga has presented some challenges, because of Africare's Global Fund activities in these two health zones.

At the end of the training, community health workers should be capable of:

- defining appropriate communication in this context and citing different communication techniques;
- conducting proper assessment interviews, home visits (HV), an educational conversation and demonstrations;
- conducting an integrated case management of malaria, ARI and diarrhea for children under five in the community, including nutrition and EPI; and
- completing the CHW's management tools and giving appropriate advice to mothers of sick children.

The training consists of two sessions of 4 days each, separated by a period of one week during which each of the CHWs implements in his/her village what they learned during the first session. The second session is devoted to correcting field exercises through reinforcement of "practices and right answers" and elimination of "wrong answers and wrong practices". In each class, there are 12 participants with two trainers and one supervisor.



Note: Distribution of the community health workers who have been trained and who use kits the five health zones covered by BASICS. Bassila and Djougou (department of Donga) have not yet started the training of CHWs.

6 - Post-training monitoring of the community health workers

Through observation of the encounter between the sick child and the CHW, CHW interviews, and exit interviews of caretakers, the project will assess CHW's skills and knowledge, and the caretakers' perception of the encounter with CHWs.

The first post-training supervision of 36 trained CHWs was conducted in September 2010. Though the period in which this data was collected is short (one month), these first results show that the CHWs are being used by the community and the children usually have more than one symptom, thus showing the value of having an integrated package. The results showed that 523 cases of fever were managed by the CHWs, 262 cases of coughs and 109 cases of diarrhea. Children from 6 months to 3 years of age were the most common age group presenting.

Table N°1 Case management by community workers trained

Name of the HC (Health Center)	**Fever**	**Diarrhea**	**Cough**	**Yellow MUAC**	**6 months to 3 years**	**3 years to 5 years**
GORO	**26**	**5**	**11**	**0**	**30**	**3**
TCHAOUROU	**345**	**68**	**191**	**9**	**335**	**94**
TCHATCHOU	**152**	**36**	**60**	**8**	**136**	**53**
TOTAL	**523**	**109**	**262**	**17**	**501**	**150**

Number of villages: 28

Number of CHWs: 36

Number of children: 651

Time Period: July 27 – August 31, 2010

Positive findings from the supervision include:

- The CHWs carry out daily case management of children;
- The HV (home visits) are conducted;
- The referrals done by the CHWs are justified;
- Mothers have a very good opinion of the activity of CHWs.

Findings that indicate a need for further improvement include:

- Poor completion of the majority of forms;
- Poor prescribing of the medicines by some CHWs;
- Insufficient use of the manual "cahier du RC" by the CHWs;
- Incorrect determination of the children's ages by some CHWs;
- Reducing the dose of medicine on the basis of the mothers' financial capacity;
- Difficult access to the communities (during rainy season).

To address those areas that need improvement, supportive supervision visits are carried out by the NGO/HZto improve CHW performance.

7 – CHW kits

CHWs are to be given an initial stock of supplies to start their work, and from this stock, generate revenue to be able to resupply themselves. BASICS worked closely with the MOH, UNICEF, PISAF and Health Zones to design the kit contents. For the first CHW training in July, BASICS negotiated with partners to have the initial stock of medicines: 10,000 tablets of cotrimoxazol (CTM) from UNICEF, 60 Oral Zinc packets from PSI, 50 malnutrition strips from UNICEF and PISAF, and 1,000 ORS packets from PISAF. These supplies allowed the project to equip the first wave of 68 trained CHWS with a complete medicine kit at the end of their training. In the fourth quarter, BASICS provided the community health workers of the communes of Tchaourou, Gogounou, Kandi, Segbana, Banikoara with 210 small wooden trunks along with all necessary equipment. The community health workers of the communes of Kandi, Segbana and Banikoara will receive 140 empty wooden trunks from UNICEF. BASICS met repeatedly with partners such as the Health Zone management team, PISAF, UNICEF, AFRICARE, and PSI to advocate for the need to establish an ongoing supply chain from the health posts to the CHWs.

8 – Monitoring and Evaluation

NGO grantees developed M&E plans to track their implementation progress. There are several indicators which measure the extent of support from the Health Zone, health center staff and the community. A list of indicators has been drafted and the final list will be decided in an upcoming workshop in the beginning of Project Year 2

BASICS has tested monitoring tools such as the case management form, the medicine daily log sheet and the receipt book. M&E tools will be finalized and data begun to be collected early in Project Year 2.

COMPONENT 3: Strengthen links between the community, CHWs and their respective health facility

1 – Project Launch

On December 15, 2010 the project was officially launched in Cotonou in the presence of US Ambassador to Benin, USAID Benin, the Minister of Health and many child health partners. On December 19, 2010 the project launch was conducted in Parakou. The representative of the US Embassy in Benin, USAID Benin, the Minister of Health, prefects, mayors, religious leaders and representatives of community healthy workers attended the ceremony during which each stakeholder expressed commitment to the success of the project.

In the second quarter, the project launched activities in each of the nine districts in the five health zones: Tchaourou, Djougou, Bassila, Ouake, Copargou, Kandi, Gogounou, Banikoara and Ségbana. The Health Zone coordinator presented the goals, expected results and key activities to the population. Community members had the opportunity to ask for clarifications and raise any concerns. The Mayor in each health zone called upon the population to actively support and contribute to the implementation of the project. Community leaders and authorities were encouraged to introduce support for CHWS and health promotion in general into their district development plans. Those leaders committed to participate in the CHW selection process.

2 – Communication Strategy

A local consultant, an AED consultant, and the BASICS staff worked throughout the year to collect existing BCC tools for child health, interview partners and draft a communication strategy for the project. BASICS will use the draft communication strategy document to plan and implement a BCC strategy in each health zone in order to produce positive behavior change in favor of child health. UNICEF has agreed to provide communication tools (such as the picture box / boîtes d'image for counseling). The adaptation of the general strategy into a plan specific to each health zone is ongoing.

3 – Support to Health Zone/NGO teams

BASICS has helped form teams of Health Zone staff and NGO grantee staff in each health zone who will work together to implement the CCM program. During the Proposal Development Workshop, HZ/NGO teams worked jointly on developing action plans, budgets and monitoring and evaluation strategies. The teams were trained on leadership, management and teamwork skills (the LDP program). A follow up LDP session will be conducted in April 2011. The Health Zone will provide supervision to the trained CHWs and once the NGO grantees are in place, the HZ/NGO team will jointly provide supervision to the CHWs, establishing strong links between the health facilities, the CHW and health zone management.

4 – Peace Corps

BASICS developed a scope of work for a position to assist with the CCM implementation, which the Peace Corps used to identify a volunteer. The volunteer was placed with the program in September and is working on M&E projects with BASICS. There were several Peace Corps requirements which BASICS has agreed to – primarily identifying and paying for appropriate lodging and providing a stipend and transportation funds. These costs were included in a revised budget which was sent to USAID on July 17, 2010.

5 - Coordination with partners at the national level

One of the key roles for the project during the introduction of integrated CCM is managing a coordinated approach with other child health partners and stakeholders in Benin to ensure consistent implementation across organizations and geographic areas. This requires BASICS staff to participate in meetings with many partners at the national level. During the first year of the project, some of the important topics covered include:

- The workshop on the finalization of the national strategic plan 2011-2015 for IMCI and CCM took place on August 3-6 in Cotonou, where BASICS was identified as the president of the CCM group and the first presenter of the workshop, in charge of supporting DSME/MS for the validation of the plan and its eventual dissemination.
- There were 2 meetings of the MOH's Technical Working Group in charge of strengthening the supervision and monitoring activities of health facilities and CHWs. During these meetings, BASICS was given the opportunity to present the CCM tools currently used for the training of community health workers in BASICS' implementing zones.
- Quarterly PMI meetings with PNLP partners allowed BASICS to share progress, achievements and challenges with others working on community-based treatment of malaria.
- Meetings at the departmental level to emphasize the CCM agenda

6 - Memorandum of Understanding (MOU) with AFRICARE

To obtain a larger coverage of the implementation of Community IMCI, the MOH and USAID have invited AFRICARE and MSH, which both have expertise in this domain, to collaborate in their common 5 health zones: Banikoara, Kandi-Gogounou-Segbana, Tchaourou, Djougou-Ouaké-Copargo and Bassila Health zones. An MOU is being developed to clarify the roles of the two organizations and develop a mechanism for cost-sharing between the two projects to be more efficient and avoid duplication of efforts. BASICS and Africare have had frequent discussions on various issues including CHW selection criteria, equipping of community health workers, training of community health workers, motivation issues, supervision, sharing training and M&E tools, communication plans and monitoring and evaluation.

A few of the agreements the two projects have reached include:

- The two parties have agreed on the necessity to offer the entire package of the C-IMCI in the 5 supported HZ.
- BASICS will take the lead in the departments of Borgou/Alibori and AFRICARE will take the lead in Donga.
- Both projects will use the women's groups (GF) as community organizations in the department of Donga to support the CHW recruitment process.
- The community health workers to be trained in Donga are members of women's groups and they can read and write. In case there is only one member of the WG who meets this criteria, an individual community health worker will therefore be identified to undergo training and work under the working group that has already been set up.
- In case no member of the group can read and write, two individual health workers will be chosen from the community to work in close collaboration with the working group.
- To share the training costs for the 8 day CHW training, BASICS will cover five days and AFRICARE will cover three days so that AFRICARE has more funds to orient the groups of Donga and the community workers of Borgou-Alibori.
- AFRICARE will provide for the financial motivation of GF / CHWs in the departments of Donga, Borgou and Alibori while BASICS funds will cover the non-financial motivation aspect in the 5 covered health zones.

- Both institutions agree on the MOH-recommended performance indicators used to evaluate the work of the volunteers in view of their motivation.
- The two institutions will link their BCC consultants together in order to have a common plan for behavior change and communication to integrate the C-IMCI package.
- The two institutions will undertake a review of the tools for case management and training of CHWs in collaboration with other partners to make them accessible to GF /CHW
- There will be a harmonized mechanism for monitoring and evaluation in each of the health zones covered.

Planned Activities For Project Year 2

Component 1: NGO grants for Community Case Management

NGO Capacity Building

- Develop a manual for administrative and financial procedures and standards
- Train NGOs on the manual for administrative and financial procedures and standards,
- Train NGOs in the Grant Management Manual and the use of a Management software,
- Conduct periodic financial audits for each beneficiary NGO
- Conduct a formal technical reviews of each NGO per quarter in addition to continual supervision;

HZ/NGO teams strengthening

- Organize the coaching of HZ/NGO teams to build the capacity of Leadership at the NGO/HZ manager level
- Conduct a second workshop for NGO/HZ teams to build the capacity of the Leadership (LDP2),
- Provide assistance to HZs/NGOs in assessing the proposals (vision, action plan, budget) of yr 2

Data collection support

- Organize feedback sessions of the monitoring and LQAS results : follow-up meeting;
- Organize quarterly meeting between the focal person of NGOs and the statistician of HZ to validate data (this will ensure data quality);
- Organize a yearly CHW meeting to share lessons learned, a contest for the best CHW, this opportunity can be used for IEC/BCC activities;

Project Monitoring

- Organize a periodic meeting to share the results, approaches and lessons learned with the stakeholders (DDS, town council , HZ-NGO)
- Set up a system to assess the costs of C-IMCI;
- Conduct a review of BASICS project indicators - by staff from BASICS, MSH and USAID;
- Organize periodic meetings in collaboration with partners to share results, approaches and lessons learned with the 5 NGOs and HZs

Component 2: Technical Assistance for developing Integrated Community Case Management tools and approaches with the MOH

Tool development and validation

- Validate IMCI tools in collaboration with the MOH and other partners;
- Assess the implications of the integration of community data into SNIGS (it would be desirable to conduct this activity in prelude to the national workshop);
- Assist the MOH in collaboration with the other partners to draft a list of community-based indicators to be integrated into SNIGS;
- Pilot test the integration of Rapid Diagnosis Tests for malaria at community level (integrated into C-IMCI);

- Test SMS with mobile phones in order to speed up the transfer of data between the CHWs and the Health Center and for communicating with the HC in case of a referral

National level Meetings for sharing information and making recommendations

- Assist the MOH to organize periodic meetings and implement recommendations;
- Organize periodic meetings with C-IMCI partners in Cotonou;
- Organize a workshop to share experiences and lessons learned on the motivation and retention of CHWs and to formulate recommendations to the MOH to ensure harmonization toward a national model;
- Organize at national level a workshop to validate the supervision tools of CHWs;
- Participate in quarterly meetings of PMI;
- Set up a Project "Monitoring Committee" with DSF, DNPS, PNLP and USAID, and organize periodic meetings ;

Component 3: Strengthen the links between the community, CHWs and their respective health facilities

Training, Quality Assurance and follow up

- Conduct Training of trainers of CHWs in Djougou and Bassila HZ
- Train CHWs on the C-IMCI package in BKA Kandi, Bassila and Djougou HZs
- Assist NGO / HZ teams in post-training follow-up of CHWs
- Support the implementation of a supervision, monitoring and follow-up system at the level of HZs

Health Zone and NGO teams

- Carry on with assisting HZ/NGO teams to select CHWs in collaboration with communities: development of criteria, census, public selection with FS, civil society and validation
- Support NGO/HZ teams in developing and implementing a plan to supervise CHWs: one meeting/HZ
- BASICS will assist HZs/NGOs to implement the communication plan in Donga in collaboration with Africare
- BASICS will assist HZs/NGOs to implement the communication plan (radios, festivals, griots) in the 3 HZs of Alibori and Borgou

Monitoring and Evaluation

- Organize workshops to develop supervision tools
- Organize a periodic meeting to monitor the quality of joint supervisions of CHWs by NGO/HZ teams
- Test different supervision strategies and scale up the most effective strategy

Data collection, reporting and monitoring

- Test data collection tools and installation/training at the level of NGO/HZ teams, data processing software
- Assist NGO/HZ teams in developing a modest system of reporting by the CHWs in accordance with SNIGS
- Support the 5 HZs to organize the quarterly inventories of medicines to ensure a constant availability with the CHWs
- Support NGO/HZ teams to develop the implementation of a functional system of referral and counter referral between communities and health centers (Evaluation of the referral system's efficiency)

- Carry on with assisting HZ/NGO teams in data reporting in accordance with the protocols approved by the MOH, including the case notification of side effects caused by drugs, especially the ACTs (Artemisinin-based combination therapy)
- Assess the coverage of CHWs in C-IMCI (LQAS)

Annex 1: Key Documents Produced in Project Year 1

TITLE	TYPE	DESCRIPTION
Ministerial Decree for community-based treatment of ARI	Policy Document	The MOH authorizes community-based treatment of ARI with antibiotics by community health workers. ARI is now included in the integrated CCM package (with diarrhea, malaria, nutrition and EPI)
CCM Training Package	Training Curriculum	The package includes a Training of Trainers manual, participants guide, supervision tools
Behavior Change Communication Strategy	Strategic Approach	An outline of BCC activities to complement the CCM implementation
Grants Manual	Guidelines	This manual provides guidance for the management of small NGO grants according to MSH and USAID requirements.