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ANNUAL REPORT

Partnership for the Community Management of Child Health/ Partenariat pour la prise en charge communautaire de la santé infantile (PRISE-C)



*Benin, Health Zones of
Allada/Ze/Toffo (AZT)
Dassa/Glazoue (DAGLA)
Save/Ouesse (SAO)*

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Partnership for the Community Management of Child Health/ Partenariat pour la prise en charge communautaire de la santé infantile (PRISE-C)

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Acronyms

ACT	Artemisinin Combination Therapy
AZT	Allada/Ze/Toffo Health Zone
BCC	Behavior Change Communication
CATCH	Core Assessment Tool on Child Health
CEID	Centre d'Expertise d'Ingénierie pour le Développement Durable
CHS	Center for Human Services
CHW	Community Health Worker
CSHGP	Child Survival and Health Grants Program
CVS	Village Health Committee
DAGLA	Dassa/Glazoue Health Zone
DSME	Maternal and Child Health Department
EEZS	Zonal Health Team
FP	Family Planning
FY	Fiscal Year
IBFAN	International Baby Food Action Network
MCZS	Chief Medical Officer of the Zone
MOH	Ministry of Health
NGO	Non-Governmental Organization
OR	Operations Research
PADNET	Project to Advance the Durability of Long Lasting Insecticide-Treated Nets
PIHI	Package of High Impact Interventions
PILP	Project to Intensify Malaria Prevention
PMP	Project Monitoring Plan
PRISE-C	Partnership for Community Child Survival
QIT	Quality Improvement Team
SAO	Save/Ouesse Health Zone
USAID	United States Agency for International Development

Introduction, Key Progress, Main Accomplishments

Since October 2010, the Center for Human Services (CHS) has been implementing a four-year child survival innovation grant funded by the Child Survival and Health Grants Program (CSHGP) through the Partnership for Community Child Survival (PRISE-C). The aim of this project is to improve maternal and child health outcomes in the three health zones of Save/Ouesse (SAO), Dassa/Glazoue (DAGLA) and Allada/Ze/Toffo (AZT) in Benin.

PRISE-C’s objectives are aligned with the Benin Ministry of Health directives and guidance on health services and care at the community level. These objectives are:

- Increase community engagement with community health delivery system;
- Increase demand for curative and preventive services; and
- Strengthen the performance and sustainability of community health services.

This report on year 3 of the project presents an assessment of the activities carried out to

attain these objectives and the subsequent results, successes, and challenges as well as lessons learned. The principal accomplishments are:

- Advocacy with mayor’s offices to create a budget line for incentive payments to community health workers;
- Strengthening of Behavior Change Communication (BCC) activities in the villages; and
- Strengthening the activities of the key actors (supervisors, community health workers, members of the Village Health Committee (CVS; Comité Villageois de Santé) and the Quality Improvement Team (QIT).

Table 1. Summary of main accomplishments

Project Inputs	Activities	Outcomes
IR 1. Increased community engagement with the community health delivery system		
Advocacy with mayor’s offices to create a budget line for the management of incentive payments to community health workers	<ul style="list-style-type: none"> • Advocacy sessions with officials from the mayor’s offices of Allada, Ze, and Toffo • Working sessions with the SAO and DAGLA health zone coordinators to implement advocacy sessions in the Dassa, Glazoue, Save, and Ouesse community councils • Advocacy sessions with the Allada and Toffo community councils for creating a budget line for incentive payments to community health workers 	Four out of seven mayor’s offices have created a budget line for the implementation of incentive payments beginning in January 2014

Project Inputs	Activities	Outcomes
Technical assistance for the functioning of the CVS (Village Health Committee)/QIT	<ul style="list-style-type: none"> Monitoring the organization of quarterly meetings by CVSS Monitoring of the organization of the monthly indicator review and analysis meetings by QITs 	<ul style="list-style-type: none"> 87% of DAGLA CVSs and 75% of the AZT CVSs held regular quarterly meetings (data from the 1st 3 quarters of FY2013) 64% of SAO QITs held regular monthly meetings (id.)
IR 2. Increase the demand for curative and preventive services		
Strengthening Behavior Change Communication (BCC) activities in the villages	Organization of educational sessions on key family best practices by the community health workers and health aides.	<ul style="list-style-type: none"> 1383 educational sessions were conducted during the year 1350 persons were sensitized during immunization outreach activities
	Organization of home visits by CHWs to conduct individual interviews with mothers of children under 5 years	10,129 children under 5 years were visited by a CHW during the year
	Organization of education sessions with women's groups in project villages	34 women's groups attended education sessions on key family practices to help their peers adopt these practices
	Coordinated activities with involvement of The International Baby Food Action Network (IBFAN), to support women's groups in the dissemination of key family practices	5 women's groups received education on key family practices. Tantes, or peer educators, were identified from within these groups to support their peers to adopt these key family practices
IR 3. Strengthen the performance and sustainability of community health services		
Strengthen the knowledge and skills of the CHWs	Training new community health workers in Package of High Impact Community Interventions (community PIHI)	10 new community health workers from SAO have been trained in community PIHI by the health zone
	Training of health aides involved in immunization in the five key family practices adopted by the MOH	32 health aides have been trained in essential best family practices
	Training of CHWs of AZT in Family Planning (FP)	21 of the 23 functional CHWs have been trained in FP counseling
	Retraining of CHWs from three zones in community PIHI	96 out of 109 CHWs planned (88%) were retrained in community PIHI
	Organization of the monthly supervision groups in the three health zones	2 out of 12 planned monthly group supervisions were organized during the year
	Organization of the quarterly on-site supervisions in the three zones	4 out of 4 planned quarterly on-site supervisions were organized during the year
	Organization of the third learning session in the SAO zone	2 out of 4 learning sessions were organized during the year
	Organization of indicator review sessions in the three health zones	75 community health workers, 88 CVS/QIT members and 37 supervisors participated in various indicator review sessions in the three health zones.
Strengthening knowledge and skills of CHW supervisors	<ul style="list-style-type: none"> Coaching CHW supervisors Quarterly retraining of supervisors on conducting on-site supervision 	All the community health worker supervisors (37) received the support of the PRISE-C team to improve their performance
Monitoring the equipment and drug supply chain	<ul style="list-style-type: none"> Quarterly monitoring of drug management Advocacy with AZT health zone officials to provide Artemisinin Combination Therapy (ACT) to the CHWs 	Greater availability of ACT in the AZT zone.

Discussion Of Implementation Activities And Results

Contribution of Activities to Project Objectives

Project Management

PRISE-C is managed from the central office in Cotonou, which houses the Project Manager, the technical team, and the financial and administrative personnel. CEID (Centre d'Expertise d'Ingénierie pour le Développement Durable) is the subcontractor on the project for community engagement. Project personnel visit the SAO, DAGLA, and AZT health zones at least once per quarter. Performance of the community health workers is monitored regularly, and support mechanisms to improve weak performance are in place. The Project Manager supervises the technical and administrative needs of the project on a daily basis. She reports to the team at CHS headquarters and liaises with key stakeholders and project partners. The team at CHS headquarters provides technical backstopping to the field activities.

Intermediate Result I: Increased community engagement with the community health delivery system

At the start of the PRISE-C project, village committees were established to facilitate community participation in activities. Representatives of the various components of the community (elders, young people, women, ethnic and religious groups, etc.) have been identified to participate in the Village Health Committees (CVSs) in DAGLA and AZT and the Quality Improvement Teams (QITs) in SAO. These committees are responsible for supporting activities in annual action plans and helping to resolve the health problems facing

the village. The QIT monthly meetings and CVS quarterly meetings are opportunities for the health workers and committee members to take stock of implemented activities and the difficulties encountered and to make decisions on how to achieve community health goals. In FY2013, 68% of the QITs/CVSs, held regular meetings with CHWs, compared to 60% in the previous year.

The QIT/CVS members also help CHWs mobilize mothers of children under five years and pregnant women for immunization clinics and health education. In the SAO health zone, the intervention area for the operations research, QIT members took initiative to increase the adoption of positive behaviors in communities, thereby improving health outcomes, as reflected in project's indicators.



PRISE-C staff lead an advocacy session with the Mayor's Office and Commune Advisors in Toffo

In all the villages, CHWs receive considerable support from the QIT/CVS, which increases people's trust in the community health system and facilitates the acceptance of PRISE-C activities by the communities.

PRISE-C, along with the Ministry of Health and the health zones, organized several advocacy sessions with local elected officials from the seven communes with the goal of sustaining community activities. The objective of these meetings was to persuade local authorities to create a budget line for CHW incentive payments in the commune budgets.

Intermediate Result 2: Increase the demand for curative and preventive services

To increase the demand for preventive and curative community services in project villages, PRISE-C continued to implement its BCC strategy, which is based upon the strengthening of CHW and health worker BCC activities with the involvement of women's groups and local NGOs in health education activities.

Strengthening of CHW and health worker BCC activities

In order to step up the activities of BCC activities in the intervention areas, PRISE-C retrained 96 CHWs in communication techniques and the use of counseling cards. During FY2013, CHWs organized 1383 educational sessions and completed 10129 home visits to children under 5 years. PRISE-C identified and trained 32 health aides involved with immunization in the five key family practices adopted by the Ministry of Health so that they can in turn sensitize mothers during immunization outreach activities. This activity resulted in 1350 persons being sensitized through immunization outreach activities, including 1111 mothers of young children and pregnant women.

Involvement of women's groups and local NGOs in health education activities

To strengthen BCC activities, 39 women's groups received education sessions with 906 pregnant women and mothers and 151 men



PRISE-C supported education sessions with mothers on key family health practices such as exclusive breastfeeding

participating. In addition, PRISE-C collaborated with IBFAN, a local NGO, to expand the reach of education to support mothers to adopt key family health practices and increase the survival of children under 5 years old.

Intermediate Result 3: Strengthen the performance and sustainability of community health services

Strengthen the knowledge and skills of the CHWs

PRISE-C provided training for ten new CHWs identified by the community to replace those who had left the service in the SAO health zone during the first quarter. In order to strengthen the knowledge and skills of its community health workers, a retraining was conducted for all CHWs during the third quarter of FY2013. 102 community health workers were retrained on the implementation of the community PIHI package.

Monitoring of the activities carried out by the CHWs takes place during the monthly group supervisions and the quarterly on-site supervisions, quarterly on-site supervisions. During these monitoring visits, CHW performance is assessed, CHW skills are

strengthened, data relating to services are collected and analyzed, drug supply is ensured, and monthly activities for the next quarter are planned.

Strengthen the knowledge and skills of CHW supervisors

PRISE-C has worked to strengthen the knowledge and skills of the community health workers' supervisors through a quarterly retraining on supervisory techniques and tools that take place before each quarterly on-site CHW supervision. These supervisors also receive coaching during follow-up and supervision activities organized by PRISE-C.

Collaboration with Other Partners

PRISE-C has consistently benefited from the support of the United States Agency for International Development (USAID) to strengthen the project's activities in the field. Once per quarter, the PRISE-C technical team participates in the quarterly performance review initiated by USAID and the Ministry of Health for all projects financed by USAID in order to review the quarter's activities and discuss project plans with the health team. These quarterly meetings provide an opportunity for project leaders to discuss common problems and make decisions to address them.

PRISE-C also provides regular technical assistance to the new child survival projects in Benin, the Project to Advance the Durability of Long Lasting Insecticide-Treated Nets (PADNET) and the Core Assessment Tool on Child Health (CATCH) through routine meetings put in place by USAID. PRISE-C participated in several meetings for sharing experiences between the child survival projects and supported the CATCH project for the review of the project's strategic plan and preparation of training of their community health workers. The project leaders benefited from the experience of PRISE-C in

deciding how to best obtain authorization for their start-up of the operations research.

During the third quarter, PRISE-C received a visit from the CSHGP technical team. The team had the opportunity to participate at the child survival projects round table organized at the PRISE-C offices.

Implementation Lessons Learned

During implementation of activities, the project encountered several challenges. The first is related to the non-availability of the supervisors during the monthly group supervisions. During the first quarter, a number of discrepancies were observed in the data collected during the group supervisions. Unqualified agents such as health aides were found to be conducting this activity, which are intended to be used to collect project PMP data and to identify areas on which the CHWs need skills strengthening. These issues led the PRISE-C team to consider the effectiveness of these group supervisions and suspend them for the time being. The team will instead build more time into supervisory visits to the CHWs at their sites to allow for data collection and identification of weak performance areas. At the same time, budgetary restrictions led the team to reduce the frequency of supplementary coaching visits to supervisors and community health workers as well as the frequency of monitoring of activities organized by PRISE-C. A minimum of one visit per quarter to each CHW and supervisor will be maintained.

The second challenge encountered was a delay in the incentive payments to CHWs. In the Memorandum of Understanding with Africare, the incentives of CHWs working on both the PRISE-C and Africare Project to Intensify Malaria Prevention (PILP) were to be paid by Africare. Global Fund budgetary approval processes did not permit a timely

response to this commitment and two quarters have passed in which these CHWs did not receive their incentive payments.

These delays have contributed to a demotivation of CHWs, resulting in a decrease in their health education and case management activities. The direct consequence of this is a drop in the level of certain project indicators. For example, the proportion of education sessions carried out by the community health workers went from 67% in Q4 to 63% in Q2 2013, the proportion of 5-year-old children who received a home visit from a CHW declined from 63% in Q4 2012 to 40% in Q2 2013, and the proportion of infants under 1 year immunized during outreach strategies dropped from 98% in Q4 to 86% in Q2 2013.

Another challenge was the appropriation of project activities by the local authorities. At the start of the project, local elected officials were all informed and sensitized on the project in order to obtain their support for project activities. Unfortunately, the commitments made in the beginning to support the monitoring of activities have not always been kept. During meetings to discuss sustainability of activities after the end of the project, local elected officials had difficulty identifying the original commitments they had made. The various advocacy sessions organized to encourage the local authorities to commit to managing the incentive payments were not universally successful. Nevertheless, four out of the seven communes managed to include a budget line for the CHW incentive payments, beginning in January 2014.

In view of the previously mentioned challenges, several lessons can be drawn. The first lesson concerns both financial and non-financial motivation, of the community health workers. Inadequate supervision, in addition to the delays in financial motivation has inevitably

had repercussions on CHW performance. The actors themselves confirmed this fact in the review and reflection sessions organized to discuss the observed decline in performance. In fact, in addition to the incentive payments that the community health workers received, per diem provided during the monthly group supervisions was also a source of income and motivation, which was lost after the group supervisions were cancelled. These supervisions will be reinstated once their quality and effectiveness can be assured.

Another lesson learned relates to the commitment of local elected officials and communities to activity implementation and sustainability at the community level. The involvement of local elected officials and communities from the beginning of the project and especially their involvement with monitoring project activities can facilitate the local elected officials' appropriation of the project's activities.

Despite these challenges, some successes were seen. During the advocacy session organized at the Toffo mayor's office, commune advisors, demonstrated their understanding of the importance of community activities for improving child health, and agreed not only to include the incentive payments to the community health workers who were already covered by the project in their budget, but also suggested incorporating two additional villages into the project's coverage area. Both of these villages are located more than 8 km from the health centers and are difficult to access during the rainy season.

At the community level, the involvement of community members in monitoring action plans and reviewing health indicators has led them to take innovative initiatives aimed at improving the village performance on certain health indicators. The quality improvement

teams tested changes that resulted in the development of local best practices which were then disseminated to all the villages in the intervention area. For example, the QITs established a solidarity fund to respond rapidly to cases where referral was necessary and where a head of household and/or financial means are unavailable to facilitate transportation for the referral. QIT members put money into the above-mentioned fund through monthly contributions in varying amounts

depending on the QIT. This initiative was initiated by 1 QIT and adopted by others after they shared their results at a learning session. Other QITs have mobilized their communities to construct traditional latrines equipped with hand washing facilities. Villages that do not yet have latrines have developed strategies to ensure the placement of handwashing at the entrance to the designated defecation areas so that everyone in the community can wash their hands after defecating.

Table 2. Summary of Key Analysis and Use of Findings

Expected Results	Results Achieved	Analysis <i>(What has worked, what has not worked, and why)</i>	Stakeholders engaged in the analysis	Lessons learned and recommendations	Use of Results
The community is engaged with the community health delivery system	Four communes (Allada, Toffo, Ouesse, and Save) out of seven have included a budget line for managing CHW incentive payments beginning in January 2014	The personal involvement of the Chief Medical Officer of the Zone (MCZS) of AZT and SAO in advocacy is responsible for the achievement of these results. The MCZS was not engaged in the DAGLA health zone, where no commune has committed funds for CHW payments.	<ul style="list-style-type: none"> • Maternal and Child Health Department (DSME) • MCZS 	<p>L: Personal involvement of health zone officials is a fundamental factor in the sustainability of the project's achievements</p> <p>R: Officials at all levels of the health system should support the project's sustainability efforts and agree to be involved in all phases of the project</p>	The PRISE-C team is encouraging the DAGLA MCZS to become personally involved in the advocacy process in the two communes of Dassa and Glazoue.
	The proportion of CVSs/QITs which held meetings with CHWs to monitor community activities decreased during the 2nd and 3rd quarters, and then rebounded in the 4th quarter	The enthusiasm of the CVSs/QITs for meeting with CHWs decreased at the very time that the community health workers and the CVSs/QITs members became unmotivated	<ul style="list-style-type: none"> • CHW supervisors, CVS/QIT • MCZS • DSME 	<p>L: Any development project needs to be supported by an effective supervision and coaching system</p> <p>R: Project Managers must monitor the project rigorously to ensure that local partners are fulfilling their responsibilities.</p>	An indicator review session with the principal actors allowed for the identification of bottlenecks and corrective action initiatives

Expected Results	Results Achieved	Analysis <small>(What has worked, what has not worked, and why)</small>	Stakeholders engaged in the analysis	Lessons learned and recommendations	Use of Results
Demand for preventive and curative community services is increasing	<p>Educational sessions led by CHWs and health aides increased during the year</p> <p>Many mothers/child care workers have been impacted by BCC activities organized by the CHWs</p>	Retraining of CHWs in BCC techniques and involvement of health aides and women's groups have contributed to the increase in BCC activities and improvement of education sessions.	<ul style="list-style-type: none"> • CHW supervisors • MCZS 	R: Engage members of women's groups and local NGOs to reach the greatest number of mothers and child care workers	The use of women's groups is being extended to all the villages
The performance and sustainability of health services and care at the community level have been strengthened	CHW performance improved during the third quarter after a decline in the two preceding quarters	CHWs decreased their activities due to delays in receiving incentive payments and lack of monitoring		L: Both financial and non-financial motivation is important in monitoring a community health project	<p>All CHW have received their incentive payments</p> <p>All CHW have received retraining in community PIHI and on-site supervision visits</p>
		<p>Quarterly on-site supervisions have been held regularly in all the villages. They are coupled with PMP data collection</p> <p>Retraining of CHW supervisors during the on-site supervisors preparatory sessions</p>	<ul style="list-style-type: none"> • MCZS • DSME 	L: Supervision is a fundamental component in achieving project objectives. It is also a motivational source for the actors.	All the supervisors have attended retraining sessions on supervisory techniques and tools

Operations Research Progress Report

Table 3. OR Study Progress and Achievements in Year 3

Specific objectives of the OR	Key activity of the OR	Key results, key data and/or discussion of progress	Use and/or dissemination of results to stakeholders
Evaluate the effect of a community level quality improvement collaborative to improve CHW performance as compared to routine MOH CHW financial incentives alone	Formative research: Routinely collect socio-economic data on any new CHWs	Socio-demographic data on the new CHWs available	
	QIT coaching	All 32 QITs have been coached and their skills strengthened.	
	QIT meetings	64% of the QITs hold regular monthly meetings with the CHWs Analysis of performance indicators with the CHW and QIT members to identify bottlenecks and suggest changes for testing	Test of changes for improving levels of indicators
	Group supervisions	CHW/QIT skills strengthened PMP data collected	Suspension of group supervisions due to discrepancies found in the data collected during these supervisions
	On-site supervisions	Data recorded by the CHWs validated CHW skills strengthened PMP data collected	Use of data to calculate QIT performance
	Learning sessions (sharing of experience)	Test results are shared Best practices are selected	Scale-up of best practices selected to improve the level of the indicators in all 4 of the collaborating villages DSME interest in scale-up of the approach
	Quarterly calculation of QIT performance	The quarterly performance of each QIT is known	Presentation of the performances and selection of the top-performing QITs
	In-depth interview of actors and beneficiaries	Factors explaining performance differences are identified	Use of data to analyze OR results
Evaluate the effect of a community level quality improvement collaborative on retention of CHWs as compared to routine MOH CHW financial incentives alone	Interviews with CHWs who left the service	5 CHW out of 6 who had left the service have been interviewed Factors that precipitated the departures are identified	Use of data to analyze the OR results
	In-depth interview of the actors and beneficiaries	Factors in CHW retention to their positions have been identified	Use of data to analyze the OR results
Determine the marginal cost-effectiveness of implementing the collaborative as compared to routine MOH CHW financial incentives alone	Collection of costs for each activity	Financial data are being collected on all OR and project activities for analysis	

Challenges of the Operations Research

The community structures put in place within the framework of the operations research are primarily the QITs, whose roles and responsibilities are clearly defined. To encourage them to fully assume their responsibilities, QIT members hold monthly meetings with the community health workers during which the results are discussed and decisions made to improve any low performing indicators. They also participate in quarterly learning sessions where the tested changes and results are presented to the larger group. All these opportunities are sources of motivation for the QIT members because of the sense of community engagement and friendly competition. The main challenge encountered is that apart from the PRISE-C organized activities, the formal health system in the zone has no activities involving these QIT members. The project has scheduled a meeting with the Zonal Health Team (EEZS; Equipe d'Encadrement de Zone Sanitaire) to encourage QIT member involvement in zone activities, such as review sessions and presentation of monitoring results. During the zone's quarterly supervisions, the supervisors are also encouraged to review community activities to gauge community commitment and its effects on CHW performance.

The EEZS should also work with the QITs to assess the management of inputs at the community level in order to ensure that CHWs receive a steady supply of drugs and data management tools.

Modifications to the Original OR Plan

No modifications were made to the original operations research action plan during FY2013.

Key OR Activities for the Following Year

- Continued monitoring of CHW activities and coaching with the QIT
- Quarterly PMP data collection
- Routine qualitative data collection
- Review of the indicators in the SAO zone
- Analysis of the final project OR data and production of the OR report

Annex 1. Workplan

Activities planned from October 1, 2013 to September 30, 2014	Q1	Q2	Q3	Q4
Project Management				
Quarterly Meetings with USAID Mission	X	X	X	X
Regular Data collection	X	X	X	
Implementation of Endline survey			X	
Analyze survey and study results			X	
Share endline results with stakeholders and community represent ants				X
Close out conference				X
IR1. Increase Community Engagement with community health delivery system				
Annual Community Development Action workplanning by Village Health and Development Committee (VHDC)	X			
Annual Village Health and Development Committee Meetings (every 6 months between the workplanning meeting)		X		
Execution of community development actions plans	X	X	X	X
IR2. Increased demand for community preventive and curative services				
<i>Improving knowledge, attitudes and practices towards child health</i>				
BCC refresher training for CHWs and select womens group members (Costs included in Qly meeting costs)	X			
Collaboration with other local partners to harmonize radio messages on maternal and child health		X		
Collaborate with mutuelles to ensure key messages for mothers on key practices for children's health	X			
Work with local women's groups theater to educate mothers on key practices for children's health		X	X	
Follow up BCC activities in the villages and health facilities	X			
<i>Promote the uptake of mutuelle membership</i>				
Discussions with community leaders to raise awareness about mutuelles and their services (Costs included in biannual VHDC meeting)				
Facilitate the links between community and mutuelles organisations (PROMUSAF, RAS etc) for new mutuelle implementation in AZT				
Work to improve relations between facilities workers and members of mutuelles				
IR3. Strengthen Performance and Sustainability of the Community Health Delivery System				
<i>Improve functional programmatic support to CHWs by the Health Facility Workers</i>				
IMCI supervision refresher for health center supervisors of CHWs				
Monthly Meetings of CHWs and health center supervisors	X	X		
Support for quarterly on-site supervision visits by CHW supervisors to CHWs	X	X	X	
CHW Financial Incentives	X	X		
Work with zonal level community health activities in zonal budgets	X	X	X	
Operations Research				
Quarterly Learning Sessions of Community level Collaborative				
Monthly QIT meetings at village level-CHWs and VHDCs	X	X		
Indicator review meeting	X	X	X	
Qualitative data collection		X	X	
In-depth interviews with CHWs on retention (endline and baseline and as needed with any CHWs who leave their post)		X	X	
Analyze data and write final OR report			X	

Annex 2. Monitoring and Evaluation Table

Objective/Result	No.	Indicator	Rapid Catch Indicator	Numerator	Denominator	Frequency	FY2012	Target	FY2013
Village Health Development Committee									
1. Increased community engagement with community health delivery system	1	Number of villages with a complete (3 member) village health development committee	No	n/a	n/a	Annual	87	80	61
	2	Number of villages with a health workplan	No	n/a	n/a	Annual	84	80	95
	3	% of villages with community representation at least 75% of monthly chw meetings	No	Number of villages which are represented by a member of the vhdcc at least 75% of monthly chw supervision meetings	Total number of villages with a prise-c chw	Quarterly	60%	100%	64%
Household knowledge and practice									
2. Increased demand for high impact community preventive and curative services	4	% of children age 0-5 months who were exclusively breastfed during the last 24 hours	Yes	Number of children 0-5 months who drank breastmilk in the previous 24 hours AND did not drink any other liquids in the previous 24 hours AND were not given any other foods or liquids in the previous 24 hours	Total number of children 0-5 months in the survey	Baseline/ Endline	n/a	50%	Rapid Catch Indicator, will be collected at endline
	5	% of infants from 0-6 months who are exclusively breastfed	No	Number of infants from 0-6 months exclusively breast-fed	Number of infants from 0-6 months estimated in the period	Quarterly	86%	>80%	93%

Objective/Result	No.	Indicator	Rapid Catch Indicator	Numerator	Denominator	Frequency	FY2012	Target	FY2013
	6	% of mothers ages 0-23 months who can name two danger signs (pregnancy, newborn or post-partum)	No	Number of mothers/guardians of children who know at least 2 danger signs	Number of mothers/guardians of children interviewed by the health agent	Quarterly	87%	>80%	96%
	7	% of newborns seen by a health worker at least 2 times in their first week of life (1-3 days and 3-7 days)	No	Number of newborns who were seen by a health worker at least 2 times in the first week of life (between the 1st and 3rd and the 3rd and 7th days)	Number of newborns estimated in the period	Quarterly	22%	>80%	22%
	8	% of children 6-59 months monitored for acute malnutrition	No	Number of children 6-59 months monitored for acute malnutrition	Number of children 6-59 months estimated to have acute malnutrition	Quarterly	87%	>80%	79%
	9	% of children ages 0-23 months with diarrhea in the last two weeks who were treated with ORS	Yes	Number of children 0-23 months with diarrhea in the last 2 weeks AND who received ORS	Total number of children aged 0-23 months who had diarrhea in the last 2 weeks	Baseline/Endline	n/a	60%	Rapid Catch Indicator, will be collected at endline
	10	% of children ages 0-23 months with diarrhea in the last two weeks who were treated with ORS and zinc supplements	No	Number of children 0-23 months with diarrhea in the last 2 weeks AND who received zinc supplements	Total number of children aged 0-23 months who had diarrhea in the last 2 weeks	Baseline/Endline	n/a	50%	HH survey indicator, will be collected at endline
	11	% of mothers of children 0-23 months who live in a household with soap or a locally appropriate cleanser at a hand washing station	Yes	Number of mothers with children 0-23 months who live in households with soap at the place for washing hands	Total number of mothers of children age 0-23 months in the survey	Baseline/Endline	n/a	50%	Rapid Catch Indicator, will be collected at endline

Objective/Result	No.	Indicator	Rapid Catch Indicator	Numerator	Denominator	Frequency	FY2012	Target	FY2013
	12	% of children from 0-59 months who live in a household with a handwashing station at/near the latrine	No	Number of children ages 0-59 months who live in a household with a handwashing station at/near the latrine	Number of children from 0-59 months in the CHW catchment area	Quarterly	4%	>80%	6%
	13a	% of children ages 0-59 months who live in a household who drink water from a pump or who treat their drinking water with Aquatabs	No	Number of children ages 0-59 months who live in households without access to potable water who drink water from a pump or who treat their drinking water with Aquatabs	Number of children from 0-59 months in the CHW catchment area	Quarterly	44%	50%	48%
	13b	% of households who drink water from a pump or who treat their drinking water with Aquatabs	No	Number of households without access to potable water who have drank water at least once from a pump or who treated their drinking water with Aquatabs at least once in the trimester	Number of households in the catchment area without access to potable water	Baseline/ Endline	n/a	50%	HH survey indicator, will be collected at endline
	14	% of children aged 0-23 months who present with symptoms of pneumonia in the past 2 weeks and who received a front-line antibiotic (CTX) from a health worker or CHW	No	Number of children aged 0-23 months who present with symptoms of pneumonia in the past 2 weeks and who received a front-line antibiotic (CTX) from a health worker or CHW	Number of children aged 0-23 months who present with symptoms of pneumonia in the past 2 weeks	Baseline/ Endline	n/a	75%	HH survey indicator, will be collected at endline

Objective/Result	No.	Indicator	Rapid Catch Indicator	Numerator	Denominator	Frequency	FY2012	Target	FY2013
	15	% of children age 0-23 who slept under a treated mosquito net the night before survey	Yes	Number of children aged 0-23 months who slept under an insecticide-treated bednet the previous night	Total number of children age 0-23 months in the survey	Baseline/Endline	n/a	90%	Rapid Catch Indicator, will be collected at endline
	16	% of children in the catchment area from 0-59 months who sleep under an LLIN	No	Number of children from 0-59 months who sleep under an LLIN	Number of children from 0-59 months in the CHW catchment area	Quarterly	48%	>80%	50%
	17	% of children ages 0-23 with fever in the past two weeks who received ACT within 24 hours of onset of fever	Yes	Number of children age 0-23 months with a febrile episode in the last 2 weeks AND whose mother/caretaker sought treatment for the child within 24 hours AND who were treated with an appropriate anti-malarial drug	Total number of children age 0-23 months with a febrile episode in the last 2 weeks	Baseline/Endline	n/a	50%	Rapid Catch Indicator, will be collected at endline
	18	% of mothers of children ages 0-23 months who received two IPTs during last pregnancy	No	Number of mothers of children ages 0-23 months who received two doses of IPT during their last pregnancy	Total number of mothers of children ages 0-23 months in the survey	Baseline/Endline	n/a	95%	HI survey indicator, will be collected at endline
	19	% of children who received VitA in the last 6 months	Yes	Number of children age 6-23 months who received a dose of Vitamin A in the last 6 months (mothers recall or card verified)	Total number of children age 6-23 months in the survey	Baseline/Endline	n/a	80%	Rapid Catch Indicator, will be collected at endline

Objective/Result	No.	Indicator	Rapid Catch Indicator	Numerator	Denominator	Frequency	FY2012	Target	FY2013
	20	% of mothers of children ages 0-23 who had at least 4 ANC visits when they were pregnant with their youngest child	Yes	Number of mothers with children age 0-23 months who had at least 4 antenatal visits while pregnant with their youngest child	Total number of mothers of children age 0-23 months in the survey	Baseline/Endline	n/a	90%	Rapid Catch Indicator, will be collected at endline
	21	% of mothers of children ages 0-23 months who had at least 2 VAT before the birth of their youngest child	Yes	Number of mothers with children age 0-23 months who received at least 2 tetanus toxoid vaccinations before the birth of their youngest child	Total number of mothers of children age 0-23 months in the survey	Baseline/Endline	n/a	60%	Rapid Catch Indicator, will be collected at endline
	22	% of children ages 0-23 months whose births were attended by a skilled health worker	Yes	Number of children age 0-23 months whose birth was attended by a doctor, nurse, midwife, auxiliary midwife, or other personnel with midwifery skills	Total number of children age 0-23 months in the survey	Baseline/Endline	n/a	80%	Rapid Catch Indicator, will be collected at endline
	23	% of mothers of children ages 0-23 months who have discussed family planning with their husband	No	Number of mothers of children 0-23 months who have discussed family planning with their husband	Total number of mothers of children age 0-23 months in the survey	Baseline/Endline	n/a	80%	HH survey indicator, will be collected at endline
	24	% of children aged 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey	Yes	Number of children age 12-23 months who received a DTP1 at the time of the survey according to the vaccination card/child health booklet or mothers recall	Total number of children age 12-23 months in the survey	Baseline/Endline	n/a	80%	Rapid Catch Indicator, will be collected at endline

Objective/Result	No.	Indicator	Rapid Catch Indicator	Numerator	Denominator	Frequency	FY2012	Target	FY2013
	25	% of children age 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey	Yes	Number of children age 12-23 months who received DTP3 at the time of the survey according to the vaccination card/child health booklet or mothers recall	Total number of children age 12-23 months in the survey	Baseline/Endline	n/a	80%	Rapid Catch Indicator, will be collected at endline
	26	% of children aged 12-23 months who received measles vaccine according to the vaccination card or mother's recall by the time of the survey	Yes	Number of children age 12-23 months who received a measles vaccination by the time of the interview as seen on the card or recalled by the mother	Total number of children age 12-23 months in the survey	Baseline/Endline	n/a	80%	Rapid Catch Indicator, will be collected at endline
	27	% of children less than 1 year old who were vaccinated during outreach activities conducted according to the workplan in villages more than 5 km from a health center	No	Number of children less than 1 year old who were vaccinated during outreach activities conducted according to the workplan in villages more than 5 km from a health center	Number of infants less than 1 year estimated in the workplan	Quarterly	95%	>80%	88%
BCC Activities									
	28	# of health education talks given by the CHW	No	n/a	n/a	Quarterly	1577	488	1840
	29	% of health education talks held	No	Number of health education sessions held	Number of health education sessions planned	Quarterly	56%	>80%	67%

Objective/Result	No.	Indicator	Rapid Catch Indicator	Numerator	Denominator	Frequency	FY2012	Target	FY2013
	30	% of children under 5 who had a home visit from a CHW in the quarter	No	Number of children under 5 who had a home visit from a CHW in the quarter	Number of children under 5 in the catchment area of the CHW	Quarterly	44%	>80%	50%
	31	% of mothers who know the CHW in their village	No	Number of mother who know the CHW in their village	Number of mothers interviewed in the survey	Baseline/Endline	n/a	60%	HH survey indicator, will be collected at endline
	32	% of mothers who participated in the CHWs activities	No	Number of mothers who participated in the CHWs activities	Number of mother who know the CHW in their village	Baseline/Endline	n/a	50%	HH survey indicator, will be collected at endline
	33	% of mothers who participated in the CHWs activities	No	Number of mothers who have interacted with the CHW in the past 2 months	Number of mother who know the CHW in their village	Baseline/Endline	n/a	35%	HH survey indicator, will be collected at endline
CHW Case Load									
	34	# of ORS packets distributed by the CHWs in the quarter	No	n/a	n/a	Quarterly	1,191	152	1,149
	35	# of ACTs distributed by the CHWs in the quarter	No	n/a	n/a	Quarterly	15,113	9,026	14,180
	36	# of cases seen by the CHW	No	n/a	n/a	Quarterly	11,840		11,136
Mutuelles									
	37	# of joint education talks with RAS/PROMUSAF/Mutuelle Network Partner	No	n/a	n/a	Quarterly	30	30	16
	38	% uptake in mutuelles	No	Number of households enrolled in mutuelles in the project area	Total number of households in the project area	Annual	5%	8%	5%

Objective/Result	No.	Indicator	Rapid Catch Indicator	Numerator	Denominator	Frequency	FY2012	Target	FY2013
3. Strengthened performance and sustainability of the community health delivery system	Knowledge and Skills								
	39	# of CHW supervisors trained in supervision techniques	No	n/a	n/a	Quarterly	32	34 cumulative	0
	40	# of CHW trained in IMCI-C	No	n/a	n/a	Quarterly	37	118 cumulative	10
	CHW Performance								
	41	Proportion (%) of children from 6-59 months treated for malaria	No	Number of malaria cases treated in children 6-59 months	Number of malaria cases estimated in children 6-59 months	Quarterly	49%	>80%	39%
	42	Proportion (%) of children from 2-59 months treated for diarrhea	No	Number of diarrhea cases treated in children 2-59 months	Number of diarrhea cases estimated in children 2-59 months	Quarterly	6%	>80%	4%
	43	Proportion (%) of children 2-59 months treated for acute respiratory infections (ARI)	No	Number of ARI cases treated in children 2-59 months	Number of ARI cases estimated in children 2-59 months	Quarterly	12%	>80%	9%
	44	Proportion (%) of children 6-59 months correctly treated for malaria according to national guidelines	No	Number of cases of malaria in children 6-59 months correctly treated	Number of cases of malaria received in children 6-59 months of age	Quarterly	98%	>80%	98%
	45	Proportion (%) of children 2-59 months correctly treated for diarrhea according to national guidelines	No	Number of cases of diarrhea in children 2-59 months correctly treated	Number of cases of diarrhea received in children 2-59 months of age	Quarterly	96%	>80%	97%
	46	Proportion (%) of children 2-59 months correctly treated for ARI according to national guidelines	No	Number of cases of ARI in children 2-59 months correctly treated	Number of cases of ARI received in children 2-59 months of age	Quarterly	94%	>80%	94%

Objective/Result	No.	Indicator	Rapid Catch Indicator	Numerator	Denominator	Frequency	FY2012	Target	FY2013
	47	Proportion (%) of referrals for malaria, diarrhea, ARI and malnutrition in children 2-59 months which were justified	No	Number of cases of malaria, diarrhea, ARI, and malnutrition in children 2-59 months referred by the CHW and who were subsequently seen by a qualified health staff	Number of cases of malaria, diarrhea, ARI, and malnutrition in children 2-59 months referred by the CHW and who were subsequently seen by a qualified health staff	Quarterly	88%	>80%	100%
	48	# of MOH supervision visits received by CHW in the quarter	No	n/a	n/a	Quarterly	73	118	64
	49	# of monthly CHW meetings held	No	n/a	n/a	Quarterly	66	300	19
	50	# of PRISE-C coaching visits to CHWs by zone	No	n/a	n/a	Quarterly	86	157	30
	51	# of PRISE-C coaching visits to CHW supervisors by zone	No	n/a	n/a	Quarterly	84	45	98
Sustainability									
	52	# of health zones with community health advisory board in place (at least 3 members)	No	n/a	n/a	Annual	3	3	3
	53	# of CHWs leaving their post (Retention)	No	n/a	n/a	Monthly	17	less than 5% of total # of CHWs in the zone	5

Annex 3. Project Data Form



























Annex 4. Operations Research Brief





Annex 5. Project Technical Brief







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