



GOAL ETHIOPIA
SNNPR, SIDAMA ZONE CHILD SURVIVAL
HEALTH GRANTS PROGRAM

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Acronyms

ACT	Artemisinin Combined Therapy
ARI	Acute Respiratory Infection
BCC	Behavior Change Communication
CG	Care Group
CHP	Community Health Promoters
CHW	Community Health Workers
C-IMNCI	Community Integrated Management of Newborn and Childhood Illnesses
COPE	Client Oriented Provider Efficient
CSP	Child Survival Program
DIP	Detailed Implementation Plan
ENA	Essential Nutrition Action
FMoH	Federal Ministry of Health
HEW	Health Extension Worker
HMIS	Health Management Information System
HPF	Health Promotion Facilitator
IMNC	Integrated Management of Newborn and Childhood Illnesses
ITN	Insecticide Treated Net
KPC	Knowledge, Practice and Coverage survey
MoH	Ministry of Health
OR	Operational Research
ORS	Oral Rehydration Solution
PSI	Population Services International
RDT	Rapid Diagnostic Test
RRP	Rapid Response Team
QR	Qualitative Research
ToT	Training of Trainers
TTBA	Trained Traditional Birth Attendant
WoHO	Woreda Health Office

A. Main Accomplishments

The report demonstrates the progress of planned health interventions that were achieved for the period October 1, 2009 to September 30, 2010. The major areas of progress during this time were as follows: capacity building of MoH staff and community health workers; maternal and newborn care (MNC); Community-Based Case Management of childhood illnesses; support of health facilities in order to enable them to manage the health services at the district and health facility (HF) levels..

Developing responsibility of stakeholders; Quarterly stakeholders meetings have taken place with key stakeholders involved with the program. Participants included CHW representatives, Woreda health office staff and Kebele representatives. The main objective of the meeting was to evaluate the achievements for the quarter, to plan for the next quarter and to discuss any major challenges and issues that would have arisen. These meetings improved coordination and communication surrounding the project; it also had the net effect of improving stakeholders sense of ownership of the project with open discussions enabling stakeholders to identify the problems and how to address them in a participatory manner.

Care Group Activities; Replication of the CG model took place in year 3 as per one of the key recommendations of the MTE report. Each CG mothers was asked to select one additional mother from her community. These mothers were then informed of the objective of the intervention and were encouraged to form a new group. The care group circles were then restructured and one representative for each circle was selected to act as natural leader. This process will allow GE to reach an increased number of mothers with children under 2 through representatives from their own communities and will facilitate the handover of the project through ensuring the increased capacity of the CGs to lead the project when GE leaves the area.

Transition in approach of community Trainings; up to this year the care group trainings were led by HPFs and HEWs however in year 3 the Care Group Leaders have taken on an increasing role in leading these meetings in order to try to promote sustainability of the intervention. This demonstrates improved capacity and confidence of the CG and also shows enhanced ownership of the program.

MOH staff training; C-IMNCI training has been conducted for five consecutive days for HEWs and HEWs supervisors. The training objective was to build the capacity of the Kebele representatives and HEWs and their supervisors on the community level child hood illnesses identification, early referral and management at HH level.

Operational research; the social marketing of Water Guard (WG) and the treatment of diarrhea with ZINC/ORS are the two areas of focus for the operational research element of the program. In relation to the social marketing of Water Guard, in year 3 the data thus far has not yet indicated increased usage of Water Guard even with social marketing reputedly due to the cost of WG. Even where adjustments have been made to the cost of WG, this has not led to increased demand therefore in order to improve this intervention and stimulate demand, training has been conducted with vendors focusing on ongoing promotion of WG through the community volunteers group.

To date the Zinc/ORS research has indicated that there is an improved outcome for children with diarrhea under going combination (ZINC and ORS) treatment. Children are followed up for 3 months after completion of treatment and their subsequent health status is compared against children who have only been treated with ORS. This research indicates that children who have treated with both Zinc and ORS have had no further episodes of ill health in the 3 months of follow up. While the number of children recruited in tot this study is small this data has

generated much interest in the Woreda MoH who are participating in the study and will be used to advocate for routine use of Zinc with ORS at Health Post level in the future.

Monitoring and evaluation; the Community Health Workers activity data and Health Post data are collected every month to facilitate decision making and planning. The HIS Database system is in place to enable GOAL and the MoH to monitor the performance and functionality of health facilities and to address problems in a timely manner.

B. Activity Status

Update on Key Program Objectives

The four thematic areas; Control of diarrhea, Malaria, Nutrition and Maternal health have been given priority across different months of year 3. Pre and post test results provide us with good information and demonstrate that the knowledge levels of the CHW's have improved. Home visits are conducted by the CHWs and HPFs and it would appear that the Household practices in relation to the four thematic areas has also improved. TTBA's received refresher training on basic infection prevention, reproductive health issues and delivery related complications twice during the reporting period. The second of the training sessions placed special emphasis on referral to institutional delivery and promoting the uptake of PNC. Women in the community are still reluctant to attend health posts for delivery despite the training on skilled delivery which was provided to HEWs. However HEWs accompany TTBA's out on delivery in their community and it is hoped that overtime as community members gain more trust in the HEWs that institutional deliveries will increase. The CHW's including TTBA's also transmit positive messages promoting institutional delivery by using the Family Health Card with special emphasis of Home Based Life Saving Skills and an emphasis on the benefits of institutional delivery.

On the job training/support of HEWs on ZINC/ORS treatment, health information data management and malaria treatments was conducted during the reporting period. Training on C-IMNCI was also provided to HEWs as well as other key community stakeholders such as kebele chairmen and Woreda Women's Affair representatives.. GOAL and the Woreda Health Office conduct joint health service provision assessments on a routine basis and in feedback received through joint planning and review sessions, the woreda health office appeared to value the support provided by GOAL.

A qualitative assessment was done in June 2010 on PNC, safe and clean delivery, hand washing and male involvement on family planning in selected Kebeles. The main objective of the study was to investigate and understand the factors that prevent women from attending PNC, factors that prevent women from delivering at health facilities, level of hygiene and sanitation and male involvement on family planning. A summary of the findings is presented below and the full report is annexed.

PNC uptake remains low and this is strongly linked to poor knowledge of PNC and cultural preferences for the woman to remain at home after delivery. Community members noted that they prefer women to deliver in the home. This is due to a number of factors including the absence of HEWs at night in the HP and resistance of the mothers.

Table 1: Summary of some of the Key Findings from FGD on Reproductive Health

Participants' Attitude and perception on Safe and Clean Delivery at Institutional level
<ul style="list-style-type: none"> • Generally, women expressed a preference to deliver at home where they are assisted by TBAs or family and friends but they mentioned that they would attend a health facility to deliver if the mother's health was not good. • There is a negative association with delivery at health posts and problematic delivery. Respondents in Awassa Zuria indicated that they knew of some women who went to health post for delivery because they faced a problem in labor. So respondents associated facility based delivery with complications.
Participants' Attitude, Practice and perception on Post Natal Care
<ul style="list-style-type: none"> • Knowledge and use of PNC services is very low. The majority of mothers in Awassa Zuria have never visited health facilities after they gave birth to their children. The study also revealed that mothers are not the only decision makers for caring their own health but their husbands and mother-in-law also. • The women in Boricha Woreda also have very little knowledge or experience of PNC. Also the participants explained that they would take the child to health facilities in the post natal period only if the baby had a fever.
Participants' Attitude and Practice on Male involvement on Family Planning
<ul style="list-style-type: none"> • The level of awareness and understanding regarding family planning in both woredas is high among women and men who participated in separate focus groups. For almost all groups, the participants began the discussion by defining what they thought about family planning. • The vast majority of focus group participants provided responses on the advantages of using family planning. In both Woredas, men stated that they should be part of the family planning process. Suggestions made by focus groups to improve male involvement on FP in both woredas centered on providing knowledge of FP services to both partners in community health activities.

Table 2: Progress on Key Activities for each Project Results

Project Objectives/Results	Related Key activities	Status of Activities(Completed, On target, Not yet on Target)	Comments
Result 1; Improved health outcomes for children using IMCI approach which will address the leading causes of child mortality and morbidity in target communities	Community volunteers training on hygiene and sanitation and Nutrition	On target	Care group and CHPs trained on Nutrition, hygiene and sanitation and they did promotion in hygiene and sanitation through home visit
	CHW trained on Malaria prevention and ITN promotion	On Target	Care group mothers and CHPs trained on Malaria prevention twice in the year.
	Children with diarrhea were treated by Zinc/ORS	On target	In the 2010, 1333 children who came to HP with diarrhea treated with Zinc/ORS and this is 78.2% of the total diarrhea cases reported in the year.
	Community IMNCI training for MoH staff	On Target	C-IMNCI ToT training has been given to a total of 137 peoples; HEWs from 30 kebeles, HEWs supervisors and other community representatives and district office staff.
	Water Guard distribution and use for water treatment at home	On target	WG distribution through social marketing started this year with a price less than a quarter of a dollar. It started with 57 vendors and given 60 bottles each as seed capital. Vendors were also trained on the basics of social marketing,
Result 2; Improved health outcomes for women which will address the leading causes of maternal mortality and morbidity in target communities	Conduct HPF, CG, CHP training	On Target	CGs, CHPs trained on maternal health in three sessions in 2010.
	CG and CHPs do home visits	On target	CG and CHP conduct home visit and education on the selected maternal health issues.
	TTBAs refresher training	On target	123 TTBA trained twice in the year a special focus on referral of pregnant mothers to HF, encouraging ANC, PNC and institutional delivery
	TTBA kits provision /restocking	On target	Restocking supplies provided to TTBA
Result 3; Improved capacity of health facilities to provide quality essential basic services for women and children	Medical material distribution	On target	Zinc and other medicines distributed to the Woreda health offices from the store as restocking. Monthly stock check also done to track the drug use and of stock balance
	COPE assessment	Behind the target	Health facility COPE assessment done in 4 sessions only but no fully address all the HPs. This is because the turnover of COPE task force and lack of training

			for the new HEWs supervisors.
	Supervision of Health Posts and collection of Health Post data	On target	Routinely HP data were collected and joint supervision conducted with WoHO and feedback session organized to HEWs on the findings.
	Health post service quality assurance	Behind the target	Four COPE exercises have been conducted, one with HEWs at a HP and another with the community in each Woreda.
	Capacity building of HEWs	On target management	Training for HEWs in Boricha (MAPS) on Malaria case
	Facility service improvement	On target	Introduction of standard HIMS is completed.
Result 4: Improved capacity of GOAL MoH and communities to implement and replicate effective and sustainable community based Child Survival Strategies	Qualitative analysis/ surveys conducted	On target	Qualitative survey done on PNC, Institutional delivery, male involvement on FP and hand washing practices.
	Operational researches	On target	WG social marketing, ZINC/ORS treatment included on the operational research and data is compiled in phase by phase base but could not be finalized and communicated before end of the OR time.
	On job trainings	On target	On job training conducted for HEW on the treatment protocol of ZINC/ORS
	Expansion of CGs	On target	As per the midterm evaluation recommendation CG expansion has been done, CG circles created and they select natural leaders.
	Monitoring of CG, CHP monthly meetings	On target	CG/CHP monitoring is conducted in monthly training periods.
	Stakeholder meetings held	On target	Three Quarterly stakeholders workshop conducted to recap the three months performance and discuss on the challenged for immediate action.
	Compile and analyze volunteer data for program database	On target	The data base system in place and data is compiled every month and used for monitoring and decision making purpose also communicated to stakeholders.

Intervention Activities by Technical Area

Malaria (25%): in year 3 LLINs were distributed to 100% of HHs through government channels. As per the routine home visit data, 45% of HH are regularly using ITNs and priority is being given to pregnant mothers and children under two (GOAL monthly CHW data 2010). GOAL will assess LLIN ownership and utilization as well as the possible barriers to use in more detail through the KPC in year 4. Data on care seeking behavior for children with fever indicated potentially good health care seeking behavior with 73% of HH visited during routine supervision reporting that they would take their child with fever within 24 hours to the health facilities. Community volunteers have been trained on the basics of malaria, prevention and control mechanisms.

Diarrhea (25%): Knowledge on correct use of Water Guard is good but the social marketing has so far not lead to increased usage, price was one of the biggest reasons given for this, further work will be done with vendors in year 4 to stimulate demand for WG. Due to an outbreak of Acute Watery Diarrhea the Government supplies Water Guard to Health Posts for free distribution and this interfered with demand creation in the communities. From the home visits conducted during the year, 66% of the HH are using latrines and 93.3% are using soap or ash for hand washing. The care seeking practice for a child with diarrhea was 65.9% and the use of homemade fluids and ORS when the child has diarrhea has improved over the lifetime of the programme and the annual total shows that 72.5% of children with diarrhea are now being treated with homemade fluids and ORS (GOAL monthly HP data). The current diarrhea treatment protocol is to use of ZINC/ORS however this is not yet being implemented by the Government. GOAL is conducting operational research on ZINC/ORS treatment in the operational area to promote its use. CGs and CHPs are also mobilizing the use of Water Guard, early treatment seeking and use of home fluids during episodes of diarrhea until the children reach a Health Facility.

Maternal and newborn care (25%): Promotion of institutional delivery is progressing but so far showing minimal change but given deep-rooted cultural factors at play and current community attitudes to delivery at health facilities this is a practice which will take time to change (see findings of FGD above). Only 67 deliveries were assisted by HEWs after their training at the HP however 202 were assisted by HEWs in the home which is a significant improvement from previous years. Some information obtained indicated that the HEWs who are not living in the Kebele, with most deliveries are coming at night, have a preference to assist with deliveries at home. Attendance for postnatal visit still remains very poor despite training and community promotion. In order to explore some of the issues with this GOAL has conducted qualitative research to explore some of the barriers to accessing postnatal care.

Nutrition (25%): Promotion of exclusive breast feeding and complimentary feeding practices appears to be improving in communities. Nutrition demonstrations have been conducted through HEWs among Care Group Mothers. The Care Group Mothers are then the responsible for transmitting the messages to other mothers with children < 2 years in their community. Micro nutrient supplementation including promotion of Fefol is also being promoted by GOAL. GOAL also encourages Care Group Mothers and CHW's to undertake routine MUAC screening of children <2 yrs and refer those below the cut of for further screening by HEWs at the Health Post.

C. Challenges Encountered and Actions Taken

- There was a measles outbreak in Awassa Zuria from January 5 to February 8 2010, 323 cases were reported. This outbreak resulted in a delay for more routine activities as health staff and community volunteers were involved in responding to the outbreak;
- At times the commitment of HEWs in providing facility based services and institutional deliveries has been an issue, as noted above many HEW actually don't live in the Woreda where they work. Joint supervision conducted with HEWs Supervisors and feed back sessions organized in the presence of HEWs has shown some progress on improving performance.
- The achievements of the Water Guard social marketing intervention were poor due to the issue of the unit cost of Water Guard. A vendor training took place and the price of Water Guard was reduced to try to make it more acceptable to the community.
- Data from ZINC/ORS operational research which is being conducted at the Health Post level was of poor quality at times particularly at the start. HEWs claimed that it was difficult to complete the data forms due to the burden of other work. As a result the Kebeles which were included in the research were reduced from 30 to 12 (six from each Woreda) and registration books distributed instead of forms to ease data collection. Intensive On the job trainings and support was also conducted. These steps have improved the quality of the data which is being collected.
- On occasion MOH staff were engaged in other issues and unable to attend trainings or meetings as earlier agreed plan. GOAL has tried to address this by providing plenty of notice and planning activities at the quarterly meetings to avoid problems with timing.

D. Technical Assistance;

In year 4 GOAL would like to obtain further technical assistance on finalizing its community based Behavior Change Strategy. GOAL also intends to seek external technical support to comment on its operational research and document achievements and lesson learnt from these research topics. The Child Survival Manager regularly discusses program issues with the Technical Backstop for the program and she supports the health team to address any technical issues or recommends that external support should be identified. The Program Technical Backstop visited the program to review progress and discuss planning in June of year 3 and will again visit the program for year 4.

E. Change from the Program Description

There have been no changes to the program. There has been a change to the cost share element of the budget however, as outlined below.

The cost-share amount was originally agreed at USD\$825,896 and through the DIP process and budget modifications, this has now been reduced to USD\$619,174. The federal amount approved for the intervention is USD\$999,970 and as of the end of year 3, a total of \$733,564 has been spent leaving the balance of \$266,406 to be spent in year 4. There have been no major changes to the federal share of the budget thus far during the lifetime of the project.

F. Sustainability and Phasing out strategy

Community Volunteers; GOAL has worked with a wide variety of community volunteers over the life time of the program and the focus from year 3 has been on giving such volunteers increasing ownership and responsibility for the implementation of the program activities. The focus on trainings has been to equip them with the necessary skills for management and planning. Currently Natural Leaders have been selected for each Care Group and they are now facilitating the meeting together with HEWs. With the support provided to CG Leaders and HEW's it is hoped that the CG mothers will continue their meetings and discussions after the life of the project and it will be led by the HEWs.

Health Post activities; as per the proposal there is a focus on capacity building for the MoH staff in year 3 and 4 in order to ensure proper handover of the program activities. In Year 4 there will be facilitative supervision for quality improvement, HMIS and C-IMNCI training to CHPs by HEWs to improve facility based services /strengthens management of child hood illnesses. The health facility services will be evaluated through the facility COPE and linked with the Community COPE for full integration.

Cross learning; in year four of the project experience sharing among well performing HEWs and community volunteers will be organized to motivate the poorly performing groups. Case studies and model household selection are also some of the tools to be applied during the monthly sessions. GOAL also plans to identify the TTBA's who are referring more mothers to the HF for institutional delivery and they will used as role models for their community, for other TBAs and the Woreda Health Offices to promote positive work practices amongst this groups of volunteers.

G. Specific Information required during DIP

During the Midterm review the issue of how to address improvement in the quality of health services at Health Posts as well as the need to strengthen HP supervision was discussed. It was agreed that this will be addressed through organizing facilitative supervision for quality improvement training for HEWs and their supervisors. GOAL has conducted two pieces of research in the program (Zinc/ORS and Watergaurd). GOAL has also conducted research on safe and clean delivery at the Health Facilities. In year 4 of the project with the approval of USAID GOAL intends to recruit an external consultant for this specific duty and will then share the results with the concerned stakeholders. This process should also serve as a learning exercise for GOAL staff as it will allow them to learn from this research experience on what went well.

H. Expectations for Progress toward Phase out

Over the life time of the program GOAL has worked with Health Workers, Community Volunteers and Woreda Health Staff to try to improve institutional delivery. In the final year of the program GOAL would like to conduct further research on this to determine what the causative factors contributing to poor institutional delivery and Post natal care at Health Posts, and to examine the contribution of care group mothers towards promotion and prevention. The current community involvement on the activities shows progress in achieving the objectives of the project. The CG participation is good and 80% participation level is expected during the end of the project for sustainability. The involvement of natural leaders in facilitating community discussions will also contribute to sustainability and the potential success of the program. In year 4 of the project there will be a final close out workshop internally with all staff and stakeholders

and this will help to evaluate the final status of the project and will be an interesting component of the final external evaluation.

I. Challenges/ Updates to Projects Management System in Year 3

Logistics: The short shelf- life of Zinc tablets did cause some problems and there was also a restricted supplier of this drug in country which further added to delays in procurement.

Finance: there is a monthly budget monitoring tool sent from GOAL HO which assists in monitoring the budget utilization on a timely basis. However the Ethiopian Birr has significantly devaluated against the dollar since the onset of the program and this has resulted in a degree of under spend which was not envisaged at the start of year 3.

Human resources: The CSP now has the required composition of staff; the current program coordinator who replaced the International CS coordinator is Ethiopian and has been involved in the program since the development of the proposal. It is expected that this appointment will help to ensure the institutional memory of the program remains intact as it enters its fourth year as well as assisting in further developing good relations with MoH stakeholders involved in the program. The current staff retention is good however in Yr 3 there was a turn of the CS Manager and Data Manager however both positions have now been replaced. The HR department is assisting with the required support.

Communication system: GOAL has a good working relationship with local partners including the community groups. Attendance rate during trainings, quarterly stakeholders meetings are high. The informal communication means (irregular discussion forums) also creates good relationship with the MoH.

PVO coordination in country; Discussion with partners; PSI Save the children USA, Malaria Consortium, and other GOAL program sectors also takes place on a regular bases. Save the children US has participated in the GOAL MTE last year and GOAL participated in the Save MTE which took place this year. This was a good opportunity for the respective Program Managers to discuss and learn from each other on the lessons learnt and achievements in implementing the CS grant in Sidama.

J. Mission Collaboration

GOAL has a good relationship with the USAID in-country mission. The GOAL CS team shares program information and holds relevant informal meetings with the USAID Health Technical Back Stop in Addis. The GOAL CS program staff visited the USAID team visited in July 2010 and GOAL took the opportunity to recap the representatives on progress with implementation as well as the general situation in the operational areas.

K. Local Partner Organization Collaboration and Capacity Building

GOAL has increased its focus on capacity building of the local partners; community, HEWs, Woreda Health Office. The capacity building centered on trainings and material distribution to Woreda health offices to support the health facilities. Capacity building of the community will be a major contributory factor to the success of the project. WoHO is involved in community trainings; TTBA's, Care group and CHP trainings.

L Other Relevant Aspects- Program Highlights

The safe and clean delivery initiative which has been taken by GOAL has been recognized by Sidama Zone health department and SNNP Regional Health Bureau. As a result of this positive experience for health staff, community members and the Woreda, the MoH have begun training of other health workers in non GOAL operational Woredas of Sidama Zone in safe and clean delivery. GOAL has worked closely with PSI in the Water Guard research and hopes to share the results with them in the coming months.

As noted above GOAL has struggled to improve PNC services and institutional delivery and while this remains an ongoing issue there is now a much greater understanding amongst GOAL staff, community leaders and the MoH on some of the complex underlying issues which impact community members accessing these services. This has resulted in a number of positive and meaningful discussions with stakeholders to try to explore innovative approaches to tackling this issue.

Annex 1: M&E Progress

Baseline data	Progress	Gaps	Responses proposed
Health Post data collection (routinely)	Every month the data collected from each health posts	Reporting gaps, quality and lack of consistency of the information. Poor use of registration books and formats	HMIS is one of the Woreda and zone health offices focus and GOAL will align with the new HMIS of MoH to strengthen the recording, reporting, analyzing and use of the data.
Community Health data collection	Using the data developed in year two of the project	The data collected doesn't tell us the exact house visited in the previous month by the CG and CHPs. The mechanism through which HEWs got this information is poor.	CG data collection should in line with the HEWs HH visit and supervision to easily track the information required.
Feedback mechanisms	Quarterly review meetings to disseminate the data collected	Link between CGs and HEWs is very weak it needs to be strengthened for feedback mechanism. There are stakeholders' quarterly meetings to discuss on the performances.	The M&E system should be strong and feedback in place for decision making purposes.
HP joint supervision with WoHO	Once per year	The joint supervision was planned with Woreda health offices and conducted as per the plan. But it was not continued due to absence and commitment of WoHO.	The joint supervision should be continued with the COPE assessment at facility level. And it will be lead by the Woreda health offices and HEWs supervisors for sustaining the process.

Annex 2: GOAL Ethiopia USAID Child Survival Y4 Work Plan - October 2010

Activity	YEAR 4												Comments
	Quarter 1			Quarter 2			Quarter 3			Quarter 4			
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
GENERAL MANAGEMENT													
Review annual USAID/GOAL visibility				X									
Implement quarterly stakeholder meetings (MTE Action; Document meeting minute)			X			X			X			X	Three of these meetings will be conducted at Woreda level (to local stakeholders to be involved) the last one will be in Awassa
Develop and review training curriculum (Revise);(MTE Action; Coordinate development of a quick reference guide for safe & clean delivery)			X										
Evaluation of staff performance	X	X	X	X	X	X	X	X	X	X	X	X	As per the GOAL HR manual and performance appraisal regulation
Internal review and planning meetings	X			X			X			X			
Organize field visit with key decision makers to visit field activities together with stakeholders meeting			X			X			X				
Hiring external consultant x 2 to facilitate operational Behaviour changes strategy development & one other piece of operational research					X								

(Waterguard)													
Conducting internal operational research on Zinc/ORS treatment, Safe & Clean Delivery, CG Model Process Documentation		X	X	X	X	X	X	X	X				
Write up of all operational research topics (Conducted internally or otherwise)									X	X	X		
Organize workshop among staff and stakeholders to disseminate Operational research findings												X	

MONITORING AND EVALUATION													
KPC Survey final										X			
ITN/LLIN Survey										X			
Qualitative Surveys										X			
Health Facility Assessment					X						X		
Health Facility Monitoring			X			X			X				HP data collection and supervision is done on a monthly basis
Organizational capacity assessment and plan												X	
Compile and analyze volunteer database			X			X			X			X	
Collect Health Post data, analyze and interpret			X			X			X			X	

Final external evaluation (MTE Action; Present FE findings in country)											X		
Final project evaluation/closing Workshop												X	
Conduct research on Safe and Clean delivery						X							
Behaviour changes strategy development (external)				X									
Write up and organize workshop to disseminate the research finding							X						
Stakeholders Workshop (final with partners for handover of the project)												X	
Final project document compilation												X	
Documentation of the care group model process and lesson learnt							X						

COMMUNITY BASED ACTIVITIES													
Promote Essential Nutrition Actions with Care Groups	X			X			X			X			
On-going monitoring of Care Groups			X			X			X			X	
On-going monitoring/support of CHPs			X			X			X			X	Year four is the time to give opportunity for Natural leaders to facilitate the month discussion forum for sustainability.

Supervision of GOAL CSP HPFs by Supervisors			X			X			X			X	Monthly routine activity
Support monthly Care Groups and CHP meetings (MTE Action; Reduced frequency training of CHPs as part of exit strategies; increase role in COPE activities)	X	X	X	X	X	X	X	X	X	X	X	X	GOAL support will be only on the refreshment this year (year 4) the natural leaders and HEWs will take the lead.
Promote utilization of ITNs/LLINs (On-going in Care Groups and CHPs)	X				X			X					On-going in CG and CHP sessions.
HPFs, HEWs, CGs and CHPs do home visits; provide health education on leading causes of mortality & morbidity	X	X	X	X	X	X	X	X	X	X	X	X	GOAL HPFs supports the visits and do independent visits for monitoring.
Incorporate Developing of Behaviour Change framework activities into on-going programme activities			X	X									
Develop DBC frameworks for other behaviour change activities eg; ITN use and hand washing			X			X							

FACILITY BASED ACTIVITIES													
Promote correct hand washing and infection control at HP			X				X				X		hand washing day celebrations Oct (16th)

Supervision of Health Posts with WoHO to support the HEWs			X			X			X			X	On going
Quality Taskforce meeting at WoHO level (MTE Action; review with CSP/WoHO management)				X			X		X				It is support by Health staff training on facilitative supervision for quality improvement (special emphasis to COPE)
Quarterly meetings with WoHO to review Quality Taskforce activities			X			X			X			X	All meetings to be minuted and feed back given for HEWs and supervisors
COPE Assessments of HPs				X	X	X							
Collect Health Post data			X			X			X			X	
Procure equipment/furniture for Health Posts to ensure privacy for deliveries				X									Based on the COPE assessment result
Provide essential items for restocking delivery materials for HPs				X									Based on the COPE assessment result
On-going monitoring of Zinc/ORS and FeFol in HPs			X			X			X				
Provide restocking supplies of TTBA kits				X									Once off
Monitor uptake of ANC, deliveries, PNC at HPs			X			X			X			X	There will be a session of rewarding TTBA's who refer more mothers to the Health Posts
Procure and provide Jerrycans with Water guard messages for the model Care group mothers and CHPs				X	X								This is to encourage CGs and CHPs more and to promote water guard use/proper water storage facility

Install bill board with safe and clean delivery messages in local language(for Boricha and Awassa zuria woreda)

				X	X							
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The bill board will have a photo of one of the mother who delivers at the HP or the key person with message in the kebele.

TRAINING													
Care group mothers natural leaders training on facilitation skill by health supervisors and coordinator	X												The natural leaders will start leading of discussion in November formally so this will help for capacity building of NL
Facilitative supervision training for quality improvement(COPE tool specifically) TOT training for MOH and GOAL staff			X	X									The training is for the woreda health staff, HEWs supervisors and GOAL staff and the second phase for HEWs. This training will place more emphasis on COPE tool.
C-IMNCI refresher training for HEWs and HEWs supervisors								X					
C-IMNCI cascading training for CHps by HEWs		X	X										continuation of September 2010 training to cascade to CHPs and managed by HEWs
C-IMNCI training for GOAL staff				X									
HEWs safe and clean delivery refresher training (MTE Action; Follow up HEW safe and clean delivery and IMNCI if training goes ahead)					X								
TTBA refresher training on referral of pregnant mothers				X									The Training only focuses on identifying and referral of pregnant mothers.
On going Care Groups monthly discussion/training on the four thematic areas(Malaria, Diarrhoea, Nutrition and		X	X	X	X	X	X	X	X	X	X		It is led by Natural Leaders and HEWs

Maternal Health)													
On going CHPs training on the four thematic areas (Malaria, Diarrhea, Nutrition and Maternal Health)		X		X		X		X		X			
Staff training in quantitative and qualitative surveys									X				
Immunization and growth monitoring refresher training and role out OTP program for HEWs in Awassa Zuria							X						This needs attention whereas not included clearly in the DIP.
Advocate for cold chain management and fridge maintenance with the woreda health offices.						X	X						