

**COMMUNITY HEALTH PARTNERSHIPS  
CHIKWAWA DISTRICT HEALTH MANAGEMENT TEAM**

**AND**

**INTERNATIONAL EYE FOUNDATION**

**QUARTERLY REPORT NUMBER 14**

**QUARTER TWO (APRIL TO JUNE 2001)**

**SUBMITTED TO USAID/MALAWI BY:**

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## ACRONMYS

AIDS	Acquired Immune Deficiency Syndrome
AL	Adult Literacy
BFHI	Baby Friendly Hospital Initiative
CADECOM	Catholic Development Commission of Malawi
CBD	Community-based Distributor
CBDA	Community-based Distributor Agent
CBM	Community-based Maintenance
CBQA	Community Based Quality Assurance
CDA	Community Development Assistant
CDC	Center for Disease Control
CHAM	Christian Hospital Association of Malawi
CHAPS	Community Health and Partnerships
CRS	Catholic Relief Services
CU	Concern Universal
DACC	District AIDS Coordinating Committee
DHO	District Health Officer
DHMT	District Health Management Team
DPMT	District Project Management Team
DRF	Drug Revolving Fund
DQAC	District Quality Assurance Committee
EBF	Exclusive Breast Feeding
EDHMT	Expanded District Health Management Team
GMV	Growth Monitoring Volunteers
HBC	Home-based Care
HESP	Hygiene Education and Sanitation Promotion
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSA	Health Surveillance Assistant
IEC	Information Education and Communication
IEF	International Eye Foundation
IMCI	Integrated Management of Childhood Illness
MOAI	Ministry of Agriculture and Irrigation
MOHP	Ministry of Health and Population
MTCT	Mother To Child Transmission
ORT	Oral Rehydration Therapy
PEC	Primary Eye Care
QECH	Queen Elizabeth Central Hospital
QA	Quality Assurance
QIT	Quality Improvement Team
USAID	United States Agency for International Development
STAFH	Support to AIDS and Family Health
STD	Sexually Transmitted Diseases
SUCOMA	Sugar Company of Malawi
TBA	Traditional Birth Attendant
TH	Traditional Healer
VCT	Voluntary Counseling and Testing
VHC	Village Health Committee
VHV	Village Health Volunteer
VHWC	Village Health Water Committee
VLOM	Village Level Operation Maintenance

## EXECUTIVE SUMMARY

This document summarizes activities carried out under the Community Health Partnership Programme in Chikwawa District from April - June 2001. The project carried out the reporting activities collaborately with the Ministry of Health and Population - Chikwawa District Health Office as the executing agency -, the International Eye Foundation as the main associate, and other important key stakeholders such as Ministry of Agriculture and Irrigation, Ministry of Gender, Youth and Community Services, Concern Universal, Montfort Hospital and SUCOMA. The report outlines highlights noted during the reporting period, lessons learned, constraints and issues.

Training of an additional four IMCI supervisors was conducted in the quarter and was held in Mulanje. An initial follow up of eleven trained IMCI providers was conducted followed by a training of 17 additional health workers in IMCI case management. The initial follow up of the 17 health workers is planned for the forthcoming quarter.

An integrated supervisory checklist has been developed and submitted to the management for review and approval. The checklist offers district programme coordinators to supervise different programmes in a single visit. Monitoring of the HIV/AIDS activities was carried out in one village that was trained using the stepping stones approach.

Appreciate Inquiry was conducted in four villages in preparation for community based quality assurance activities. The pilot two villages selected for the implementation of quality assurance at community level have identified disruption of immunization days during rainy season and high incidences of skin infections as their respective problems. Quality Improvement Teams (QITs) set in health facilities were monitored and the majority were observed as having problems with finishing the quality improvement cycle.

Growth Monitoring Volunteers were trained on diarrhea prevention and management, exclusive breast feeding and nutrition promotion. The 20 GIVES were drawn from the outreach shelters that offer family planning, immunization and ante natal services. A total of 108 farmers were trained on soya use and processing. Approximately 3000kg of groundnuts and 200kg of soya has been recovered from farmers who are participate in the seed exchange programme.

An assessment of 200 women who participated in the expansion phase of the Adult Literacy programme of the project was conducted in the quarter. The final report of the two assessments (523 women) is expected in the forthcoming quarter.

Water and Environmental Sanitation activities under Concern Universal Project (subcontracted by CHAPS) continued during the quarter. Village Health Water Committees from twelve villages (72 women and 48 men) were formed and trained in Hygiene Education and Sanitation Promotion (HESP) and Community Based Management (CBM)

A project proposal for Baby Friendly Hospital Initiative (BFHI) has been developed and submitted to LINKAGES Project.

## **1.0 INTRODUCTION**

This report summarizes major project activities carried out for the period April - June 2001 for Chikwawa Community Health Partnership Project. Chikwawa District is found in the Lower Shire Valley of Southern Malawi bordering Blantyre to the north, Nsanje to the south, Mwanza to the west and Thyolo to the east. The district has a population of 342,664 and is divided into seven traditional authorities with approximately 600 villages.

The primary goal of this project is to strengthen the capacity of the district Ministry of Health and Population (MOHP) Chikwawa District Health Office to be more effective in its delivery of health care services to the district population to improve the health status of the district population. The project activities cover the entire district.

## **2.0 MAJOR ACTIVITIES AND ACCOMPLISHMENT DURING THE QUARTER**

### **2.1 INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS**

Training of four supervisors was conducted in Mulanje. As it has been the trend, CHAPS districts, namely Chikwawa, Mulanje and Mangochi, have been conducting joint training in IMCI. An initial follow up of eleven trained health workers in IMCI case management was done after the training. Training of an additional 17 health workers in IMCI case management was also conducted in the quarter. Initial follow up of these 17 participants is planned for the forthcoming quarter.

It has been observed that the IMCI approach has improved the skills of the health workers. Consultation on average is taking 10-20 minutes as opposed to the baseline assessment of five minutes or less. Caretakers asked during supervision appreciated the consultation provided for their children. To improve the management of children with diarrhea, oral rehydration therapy corners have been reactivated in the health facilities due to trained health workers.

### **2.2 SUPERVISION AND MONITORING**

To improve supervision of different programmes in the district, an integrated draft supervisory checklist has been developed and submitted to the District Health Management Team for review and approval. The checklist will give supervisors a wide range of areas to supervise, not just confined to his or her programme. After completing supervision activities, supervisors are encouraged to share findings with the responsible person of the programme for further follow up.

Focus Group Discussions were conducted in one village where IEF/STAFH Project trained 20 participants on the stepping stones training package on HIV/AIDS<sup>1</sup>. Since the CHAPS Project would like to emulate this approach, learning the impact training had on participants was necessary. The major observation during the discussions was that the trained participants were still active in disseminating HIV/AIDS messages to other people using different types of approaches (i.e. drama and group discussions). The trained community members requested the assessment team to be used in disseminating HIV/AIDS messages in other communities.

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<sup>1</sup> Stepping stone is a training package that involves the community coming up with their own solution(s) for a problem, i.e., HIV/AIDS scourge aiming at behavior change among the community members

## **2.3 QUALITY ASSURANCE**

Appreciative Inquiry was conducted in four villages in preparation for community-based quality assurance in problem solving approach<sup>2</sup>. This followed the coaches training in Appreciative Inquiry by John Barrows, IEF Director of Programs based in USA. Two villages have been selected as pilot villages for the community-based QA. The two villages have selected disruption of immunization days during rainy season, and high incidence of skin infections, respectively, as their problems to work on. A draft guideline manual for the village health committee's training on the CBQA has been developed and is under review.

An evaluation of Quality Improvement Teams set up in ten health facilities was conducted in the quarter. The major observation during the evaluation was that most of the teams were not progressing on their identified problem. The major reason for this was that most of the problems required external assistance. As such, it has taken time for the teams to get the required assistance. An additional Quality Improvement Team has been set up and trained at Dolo Health Center. This team is working on the high incidence of malaria cases at the Out Patient Department.

The lessons learned include the observation that coaches should guide the teams properly during training. This will improve the team's ability in identifying a problem to work on that does not require external assistance, but instead relies on locally available resources.

## **2.4 DIARRHOEA PREVENTION, EXCLUSIVE BREASTFEEDING AND NUTRITION PROMOTION**

and exclusive breast feeding and nutrition promotion was conducted. The Gives were drawn from the outreach clinics constructed and reactivated through the project. The Gives are expected to disseminate information of diarrhea prevention and management at the community level, and promote exclusive breast feeding and nutrition to children under the age of five. The Gives were also supplied with Oral Rehydration Therapy (ORT) materials to set up ORT corners in the outreach clinics for the management of diarrhea cases during clinic days. Tools for monitoring GMV activities have been developed.

Training of 108 farmers on soya use and processing was conducted in the quarter. Farmers who were likely to harvest soya and likely to include in their normal family diet were invited to the training. In the quarter, recovery of soya and groundnuts from farmers in twelve villages of the project food security programme was conducted. Approximately 3000 kg of groundnuts of 5700 kg expected and 200 kg of soya of 1000 kg expected has been recovered from farmers. In the quarter 153 farmers (85%) have established backyard gardens and are growing vegetables. The aim of promoting soya, groundnuts and backyard gardens is for the promotion of food rich in vitamin A (including oil) for consumption to prevent Vitamin A deficiency and malnutrition among children of less than five years.

## **2.5 ADULT LITERACY PROGRAMME LINKED WITH HIV/AIDS AND FAMILY PLANNING MESSAGES**

Apart from preparing the women with the skills of writing, reading and simple arithmetic, the Adult Literacy (AL) programme of CHAPS aims at promoting HIV/AIDS and Family Planning messages among women. Women are also taught on how to negotiate for safer sex with their

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<sup>2</sup> Appreciative Inquiry is an approach of gathering information from the community members for planning and decision making. It follows a Participatory Approach methodology

partners. A preparatory meeting for the adult literacy learner's assessment was conducted by the District AL Task Force members. The aim of the meeting was to review the assessment tools for the learners based on the experience of the first assessment conducted on the first 20 classes of the programme (that enrolled 323 women). Assessment of 200 women from 10 classes was conducted in the quarter. The final report of this assessment along with results from the first assessment is expected to be compiled and completed in the forthcoming quarter.

Supervisory visits were conducted to Rural Community Information Centers operated by trained Adult Literacy Instructors<sup>3</sup>. Adult Literacy graduates and community members are able to borrow books from the centers. It was observed that all the centers had registered several borrowers. Some community members were not served due to inadequate number of books.

## **2.6 DRUG REVOLVING FUND**

The district developed a monitoring checklist for DRF activities in the district. This checklist was distributed to the DRF sites. A follow up for the checklist distributed to the DRF sites to monitor the progress was conducted and the report of the major findings will be shared in the forthcoming quarter.

## **2.7 PRIMARY EYE CARE**

Primary school teachers from eleven schools who were trained in primary eye care were supervised in the quarter. From the subsequent reports, 199 pupils were screened and did not have any visual problems. The major observation was lack of screening forms in most of the schools visited. The consequence of this is that most of the pupils had not been screened. A sufficient number of forms were distributed during the visits, and all the pupils were screened.

## **2.8 WATER AND ENVIRONMENTAL SANITATION**

Government extension and Concern Universal (CU) staff held community mobilization meetings to create awareness about project activities. During the quarter, twelve VHWCs were formed and trained (72 women and 48 men) in Hygiene Education and Sanitation Promotion (HESP) and Community Based Management (CBM). These VHWCs came from villages with low HESP coverage.

Sanitation campaigns were conducted in 50 villages that had the lowest pit latrine coverage. A total of 1061 new pit latrines were constructed and are currently in use. A total of 278 traditional pit latrines were improved with the installation of San plats and dome shaped slabs. Nine new hand washing facilities were installed close to pit latrines and are in use. In addition, 72 new garbage pits, 1189 new bath shelters, and 273 new dish racks were also constructed and are now in use.

In the quarter, 36 VHWC members (24 women and 12 men) received training in simple pump maintenance. Eleven boreholes were given major pump maintenance by pump caretakers who were trained in Afridev hand pump maintenance (CBM second phase). The common problems rectified included disconnection of plunger body from plunger rod, leaking and broken rising mains, and disconnected rods. The ability to carry out major maintenance of boreholes by community Pump Caretakers clearly shows the effectiveness and success of the second phase CBM training conducted in the second year of project implementation.

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<sup>3</sup> Rural Community Information Centers stock books as a library center in the community and acts as information centers for community members

During the quarter, sixty intensive follow up visits were carried out to villages identified as not making progress. During the visits, CU field staff and some members of the District Project Management Team (DPMT) held discussions with beneficiary communities and extension staff responsible for those villages. The meetings focused on problems faced by the VHWCs and developing collaborative action plans. Monitoring will continue during the coming quarter.

## **2.9 PROJECT DEVELOPMENT**

A project proposal for the Baby Friendly Hospital Initiative was developed and submitted to LINKAGES. The activities cover Chikwawa and Nsanje districts. Major planned activities include training of health workers, support staff and the formation of community support systems for exclusive breast feeding. Chikwawa District Hospital, Nsanje District Hospital, Montfort Hospital and Trinity Hospital are committed to becoming Baby Friendly Hospitals.

It has been observed that Nsanje district has been very committed to carry out the Baby Friendly Hospital Initiative activities despite being isolated from other hospitals. This has also been noted from other collaborative meetings with the International Eye Foundation in developing other project proposals. Health personnel and administrative staff from Nsanje are very dedicated and determined to overcome challenges.

Meetings between the Catholic Development Commission of Malawi (CADECOM), Catholic Relief Services (CRS), IEF and Ministry of Health and Population (MOHP) were conducted in the quarter. CADECOM is operating in Chikwawa (Chapananga area) on an integrated food security project and seeks support from IEF for training of GIVES and HSAs on nutrition and Exclusive Breast Feeding (EBF). An operational budget was submitted to CRS. Training of eleven HSAs is underway and will last for eight weeks.

## **2.10 DISTRICT COORDINATION AND PLANNING**

A review meeting with the district programme coordinators and other key stakeholders on planned project activities was conducted. The meeting acted as a forum to discuss the progress of the project activities, and to share experiences, lessons learned and constraints. The district has developed the CHAPS annual work plan for the period July 2001 through September 2002 that is in line with the District Health Plan.

Monthly Expanded District Health Management Team meetings continued to be held during the quarter. Management issues regarding project implementation were discussed. The district has a new DHO, Dr. Noor Alide. Dr. Alide previously worked in Mulanje and helped in the implementation of the CHAPS Programme under Project Hope.

## **2.11 CONSTRUCTIONS**

Three outreach shelters were completed and handed over to the community in the quarter. The aim of handing over the shelters to the community is to create a sense of ownership and responsibility by the community members. The District Health Office however, still oversees operation of all the clinics.

An anaesthetic machine for Ngabu Rural Hospital Theatre was assembled with assistance from Professor Fenton of Queen Elisabeth Central Hospital (QECH) - College of Anesthetists. The theatre will be fully equipped once the shipment of equipment from the USA arrives in the forthcoming quarter. Chikwawa DHO is lobbying for the Anesthesiologist to be posted to Ngabu Rural Hospital.

## **2.12 S0 8 SUMMARY PERFORMANCE DATA TABLE**

A summary of the SO8 Performance Data Table is attached as an Appendix

### **3. CONSTRAINTS AND ISSUES**

While the district is carrying out IMCI, demand for transport in the health facilities is quite high for referral cases. The District Task Force is planning to hold meeting with the Management team and the Transport Officer to discuss the availability of ambulances for emergency calls from the facilities.

The assessment of the two pilot villages for community-based quality assurance activities showed that treatment for skin infections is hard to find at the district hospital. Before investing on the outbreak of the skin infection in this village, laboratory tests to isolate the mites need to be carried out which is beyond the district capacity. Consultations with the head of Dermatology in Lilongwe is underway to help in the tests.

Teams trained in quality assurance at the District Hospital and Ngabu Rural Hospitals have not been active. The new District Health Officer was very supportive in the quarter and convened a meeting with one team at the District Hospital to discuss the importance of QA. Since then, the team working to improve sanitation in the wards to prevent infections. Meetings with the other two teams are planned for the forthcoming quarter.

While the project is promoting rural information centers in the villages where adult literacy programme has been initiated, the major challenge is the availability of books. The district is trying hard to liaise with the National Library Services for the provision of books but more assistance is required from other organizations.

Prices of drugs for the district drug revolving funds are becoming a problem. Prices of drugs for the past two quarters have not been stable. This has resulted in most of the DRF sites having small stocks of drugs resulting in frequent stock outs. A series of meetings is planned with the DRF committees to sustain the DRFs during drug price hikes.

While the project is promoting the cultivation of soya, it has been observed that it is not a viable seed in the district. As a result farmers have not harvested the required amount of soya. However, the project is discussing with Ministry of Agriculture and Irrigation (MoAI) on the possibility of promoting an alternative seed (i.e. cow peas or pigeon peas). A disadvantage with these seeds, however is the fact that they have low vitamin A content. The promotion of backyard gardens to selected villages has increased high demand of supplies from other farmers. Though the project has reached the target number of farmers, it will be nevertheless supply required inputs to other farmers who expressed interest in backyard gardens.

Inadequate availability of hand pump spare parts in Chipiku stores remains unresolved and is affecting the smooth implementation of CBM activities at the community level. Local grocery owners who were trained to stock Afridev spare parts at community level are not able to find the parts from Chipiku stores. Therefore, communities are failing to repair their boreholes. Concern Universal is currently discussing the issue and possible solutions with key NGOs in water and sanitation sector including UNICEF.

The drop out rates of trained VHWC members from the committees is very high, affecting effectiveness of the remaining VHWC members. The drop outs claim that there are no personal gains in doing the committee work.

In the other part of the community, it has been reported that some family members who can contribute towards the construction of sanitation facilities have gone to settle in the banks of the Shire river where they are growing maize. This is common because of the floods that devastate up land maize crops. They have gone to low lying areas to cultivate maize that is now scarce in the District. This migration is likely to affect the project output this year.

#### **4.0 PLANNED ACTIVITIES FOR THE FORTHCOMING QUARTER (JULY - SEPTEMBER 2001)**

##### **4.1 PROCUREMENTS:**

- Procurement of two vehicles for mobile VCT activities and one ambulance for the DHO
- Procurement of 65 bicycles for the Health Surveillance Assistants
- Procurement of HBC kits and bicycles for 101 volunteers and 21 supervisors, and six bicycle ambulances
- Procurement of food for HBC needy clients, seeds and small livestock for HBC families and volunteers
- Procurement of ORT materials for trained Growth Monitoring Volunteers (Gives)

##### **4.2 TRAINING**

- Training of 30 Growth Monitoring Volunteers on nutrition, exclusive breastfeeding and diarrhea prevention and management
- Launching of HIV/AIDS District Plan
- Training of DACC, HBC, Youth and Orphan technical sub committees on HIV/AIDS, proposal writing, financial management and monitoring of HIV/AIDS district activities
- Training of health centers in charge in supervision
- Refresher training for 41 HBC volunteers
- Training of 20 Community-based HBC supervisors
- Training of Itinerant teachers on primary eye care supervision
- Refresher training for Community-Based Distributors of Contraceptives
- Training of Adult Literacy Instructors on Rural Information Centers
- Training of 360 farmers on permaculture and small animal husbandry
- Briefing community members on condom use and distribution
- Briefing Village Health Committees on CBD programme
- Briefing management, drivers, transport officer and switchboard operators on IMCI activities
- Training two villages on community-based quality assurance
- Training of 31 VHWC in HESP and VLOM activities

##### **4.3 MEETINGS**

- Conduct quarterly meeting with Health Surveillance Assistants for reactivation of VHCs
- Conduct quarterly meeting with Family Planning Providers for the progress of FP activities
- District CHAPS quarterly review meeting to monitor progress of CHAPS planned activities
- Conduct quarterly meeting with DACC to monitor HIV/AIDS activities
- Conduct meeting with primary CBD supervisors to monitor CBD activities

##### **4.4 CONSTRUCTION**

- Construction of two new shelters and renovation of two existing shelters

Equipping Ngabu Rural Hospital Theatre

Construction and rehabilitation of boreholes in five health centers (three new and two rehabilitations) and four double vault pit latrines

Motivate the community for the construction of 800 pit latrines and improve them with 600 San plats and dome slabs, 100 washing facilities close to pit latrines, 300 garbage pits, 500 bath shelters, 300 dish racks, five brick wall fences around water points, ten French drains, 30 borehole maintenance funds

Motivate community to create ten savings accounts

#### **4.5 SUPERVISION**

Pre - testing of the integrated checklist developed

Supervision of various community-based activities, i.e. TBAs, HBC, PEC, DRF, Quits and IMCI

Supervision to 50 trained communities on water and environmental sanitation

Design tools and collection of data on hygiene behavioral practices

#### **4.6 ADMINISTRATION**

Recruitment of three additional staff for Food Security, and HIV/AIDS ( HBC, VCT, Orphan, PMTCT) activities

**APPENDIX - SO8 SUMMARY PERFORMANCE DATA TABLE**

## Performance Data Table

### SO8 SUMMARY PERFORMANCE DATA TABLE

SO or IR	Results Statement	Indicator	Definition and Source of Data.	Unit of Measure	Dis-Aggregated by	Previous		Quarter 1, 2001		Quarter 2, 2001		Quarter 3, 2001		Quarter 4, 2001		Total 2001		Cumulative	
						Year	Value	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SO8	Behaviors Adopted that Reduce Fertility and Risk of HIV/AIDS Transmission and Improve Child Health	8.0.1 Contraceptive Prevalence Rate	See SO8 indicator definitions	Percent per five-year period	None	2000	29.1%	0.75%	1%	0.75%	1.1%	0.75%		0.75%		3%		32.1%	
		8.0.2 Couple-Years of Protection	See SO8 indicator definitions	Number per Calendar Year	None	2000	12,750	737	739	737	741	737		737		2,948		15,698	
		8.0.3a Number of clients at Voluntary Counseling and Testing centers-Males	See SO8 indicator definitions	Number: Males per Calendar Year	Gender	2000	141	150	0	150	0	150		200		650		791	
		8.0.3b Number of clients at Voluntary Counseling and Testing centers-Females	See SO8 indicator definitions	Number: Males per Calendar Year	Gender	2000	158	150	0	150	0	150		200		650		808	
IR8.1	Knowledge of Good Health/nutrition Practices and Own HIV Status Improved	8.2.1 a Number of men who learn their HIV sero-status	See SO8 indicator definitions	Number: Males per Calendar Year	Gender	2000	141	150	0	150	0	150		200		650		791	
IR8.2		8.2.1b Number of women who learn their HIV sero-status	See SO8 indicator definitions	Number: Females per Calendar Year	Gender	2000	158	150	0	150	0	150		200		650		808	

SO or IR	Results Statement	Indicator	Definition and Source of Data.	Unit of Measure	Dis-Aggregated by	Previous		Quarter 1, 2001		Quarter 2, 2001		Quarter 3, 2001		Quarter 4, 2001		Total 2001		Cumulative		
						Year	Value	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
IR8.3	Community Participation in Health Care, Including Orphans' Care, Increased in Target Communities	8.3.1 Number of Community Drug Revolving Funds	See SO8 indicator definitions	Number (Cumulative)	None	2000	43	0	0	0	0	0	0	0	0	0	43			
		8.3.2 Number of Village AIDS Committees	See SO8 indicator definitions	Number (Cumulative)	None	2000	0	0	0	0	0	0	20	15	45		45			
		8.3.3 Number of Community Based Distributing Agents	See SO8 indicator definitions	Number (Cumulative)	None	2000	114	0	0	0	0	10	0	10		124				
IR8.4	Range and Quality of Health Services for Mothers and Children Under Five Expanded in Target Districts	8.4.1 Number of functional VCT centers	See SO8 indicator definitions	Number (cumulative)	None	2000	0	0	0	0	1		1		2		2			
		8.4.2. Number of facilities with functional QA or Infection prevention committee	See SO8 indicator definitions	Number (cumulative)	None	2000	10	0	0	2	2	0	0	2		4		12		
		8.4.3 Number of HBC volunteers with access to HBC kits		Number (cumulative)	None	2000	0	0	0	0	41		60		101	0				
		8.4.4 Number of HBC supervisors with access to HBC kits		Number (cumulative)	None	2000	0	0	0	0	10		11		21		21			
		8.4.5 Number of functional CBCC centres		Number (cumulative)	None	2000	0	0	0	0	1		1		2		2			

SO or IR	Results Statement	Indicator	Definition and Source of Data.	Unit of Measure	Dis-Aggregated by	Previous		Quarter 1, 2001		Quarter 2, 2001		Quarter 3, 2001		Quarter 4, 2001		Total 2001		Cumulative	
						Year	Value	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
		8.4.6 Number of people gaining access to safe water		Number (cumulative)	None	2000	70,065	10,380	4,671	23,355	6,228	16,089		7,785		57,609		127,674	
		8.4.7 Number of people with improved sanitary services		Number (cumulative)	None	2000	15,250	500	65	4,000	1,390	4,000		4,000		12,500		27,750	
		8.4.8 Number of villages with active village health committees		Number (cumulative)	None	2000	478	5	5	5	5	5		6		22		500	

Note: The Water and Sanitation Indicators were under scored in the first quarter of 2001 due to the floods that affected the district. In most of the times first and second quarter, the activities are affected due to rains.