Christian Children's Fund

Member of ChildFund Alliance

Fiscal Year 2010 Annual Report

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**FRANCISCO MORAZAN SUR, HONDURAS:
COMMUNITY BASED MATERNAL, NEONATAL AND CHILD HEALTH INNOVATION
IN THE CONTEXT OF NATIONAL HEALTH SYSTEM DECENTRALIZATION**

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A. Progress and main accomplishments

1. Community baseline survey completed

A baseline study was conducted with the purpose of determining the level of knowledge, practices and coverage of maternal and child health, nutrition and hygiene indicators, and to identify project priorities in the 12 municipalities of the south area of Francisco Morazán. To collect baseline information the total project area was divided into 5 supervision areas. The ChildFund (CF) Health Coordinator and Child Survival Project Manager were responsible for the technical direction of the study, supported by field supervisors of partners ADACAR and ADAL Associations, as well as the Santa Barbara CF Supervisors. In total, 31 persons were needed to conduct the interviews.

Interviewers participated in a two-day workshop to reinforce interview techniques and survey management knowledge and skills, as well as the basic principles and concepts of the LQAS methodology. Each SA team prepared a plan to compile data, based on a corresponding sampling framework, which included the dates of the interviews in each community and the persons responsible for conducting them. The questionnaire used for interviews with mothers of children 0-23 months-old was designed based on initial (pre-DIP) project indicators and objectives.

URC conducted a facility assessment in a sample of 9 Health Centers with doctors (CESAMOS, in Spanish) and a Maternal - Child Clinic (CMI, in Spanish). During the study, a knowledge pretest was applied to the medical and nursing staff on the application of care protocols for women and children less than 5 years old, following MOH standards. Likewise, a baseline study was carried out in the 8 existing Community Health Units (UCOS, in Spanish) on the same maternal and child issues, but directed to volunteer training and identification of danger signs and referral. The results from these studies pointed out the existing opportunities and challenges to overcome. The results of both baselines were analyzed and shared with project partners through a report and presentation of the results.

Additional activities of the baseline period included the preparation of an electronic, GPS-based project area map. This was completed by a local contractor, and was used in the identification and selection of 20 new UCOS sites. This mapping system identifies the locations and sizes of population clusters (down to small villages), the availability and quality of transportation routes, walking distance and time to health facilities, and the location and type of all public health facilities in the project area. Inventories were also compiled in all 12 project municipalities of active traditional birth attendants (TBAs), AIN-C monitors, and community health volunteers (CHVs). These inventories have been useful in quickly mobilizing and working with available community resources.

2. Public Awareness of the Child Survival Project and Sharing Baseline Outcomes with Partners.

During the second quarter of this first year, a meeting was held with Project Partners (MOH, USAID Mission, ULAT, NGOs, Hondusalud, URC, CENET, ChildFund, ADAL, and ADACAR). 24 people attended the meeting wherein the purpose of the project was reviewed and outcomes of the baseline were shared. The Project Manager presented a description of the project design, which included plans for the participation of the beneficiary population;

the project location, the approach strategies, and the persons responsible for project implementation at the community level. The Project M&E Coordinator presented results of the community baseline, which measured KPC related to the project indicators, and the URC Quality Coordinator presented the institutional and community baselines related to factors that affect the quality of health service provision. A plenary session was held to discuss the outcomes and reinforce alliances. Project Managers met with the staff from the Ministry of Health (MOH) in the Areas and Municipalities of Lepaterique, Sabanagrande, Ojojona, Santa Ana, Curarén, Reitoca, and Alubarén. In the municipal capital, M&E Managers and Project Training Managers, assisted by the field supervisors informed a total of 248 people about the project. The audience included Deputy Mayors, Community Boards, Community Water Administration Boards, local MOH staff (CESAMO and CESAR) and staff of the ADAL and ADACAR Associations. At the community level, the Project M&E Managers and the Training Manager together with project field supervisors and ADAL supervisors held 7 meetings in the offices of the existing UCOS in Lepaterique. The purpose was to integrate the volunteer network work in the UCOS-CESAMOS, The total combined attendance at these meetings was 230.

3. Conducting the first CQI learning session

As of August 2010 it was possible to provide training on Continuous Quality Improvement (CQI) to 14 CESAMOS and 1 CMI of the project area, as well as the staff of 3 more units who joined the process at the request of the Health Region. This training was carried out in the community of Ojojona. Two workshops were conducted, one with 21 and another with 23 participants. Each session was a 2 day, 8 hour workshop. 17 doctors, 14 registered nurses, 5 CF technical team members and 8 auxiliary nurses were trained on: the structure of quality improvement, applying quality measurement instruments, and quality improvement basic principles. Practical applications of instruments were conducted in two health units.

4. Developing the community base CQI concept document

Considering the results identified during the baseline study, one service portfolio, a community staff health care delivery flowchart, as well as the needed medical supplies to provide health services to pregnant women and children under five were identified. In addition, a coordination mechanism between the MOH staff, the municipalities, and the UCOS staff has been established to support their administration.

5. Developing four training workshops on IMCI for institutional staff

During the last quarter of the first year, the Project Manager and the technical team coordinated with the Area leadership and the MOH to hold 4, 3-day workshops. 240 doctors, registered and auxiliary nurses who work with the MOH in 13 CESAMOS, 17 CESARES and a Maternal-Child Clinic located in the 12 project municipalities benefited from this training. The purpose of the training was to build capacity of institutional staff to apply IMCI and provide quality services to users of health facilities. The workshops were conducted by 8 MOH facilitators.

6. Developing a CONE workshop with MNCHC staff

Following the MOH's national strategy to reduce maternal and child mortality, the CONE-B (Obstetric Neonatal Essential Care) approach is being implemented in all the Maternal-Child

Clinics. In the Maternal-Child Clinic of Reitoca, health staff underwent trainings on the MOH's maternal and newborn norms, which include clinical guidelines for premature and newborn with sepsis and asphyxia treatment. These 5 day trainings were conducted under the supervision of a trained Gynecologist during the project's third quarter. The workshop was devoted mainly to reinforcing the most complex issues and/or priority issues to assure standard compliance when the Reitoca CMI nurses provide care to newborn and women that suffered complications.

7. Establishing a maternal and child mortality recording system

Presently, the maternal and under 5 mortality surveillance system exists only at the institutional level. To reinforce maternal and under 5 mortality surveillance system at the community level, the Project Manager and M&E Coordinator met with a central level technician at the MOH's Surveillance Department to encourage the development of a community-based mortality surveillance system. Under the leadership of the Project M&E Manager, the Daily Attention Registry used in the UCOS was reviewed, and a section was added to record the death of women between 12 and 49 years during pregnancy, delivery and post-delivery, as well as children less than 5 years old who die in the community, irrespective of whether or not they received care in the Health Unit. This register will be used to report the number of deaths of mothers and children less than 5 that occur, every month and annually.

8. Strengthening the M&E information system

A Referral and Counter-Referral Sheet was prepared, which will be used by the volunteer network for referrals to health facilities. Patient outcomes, including deaths, will be recorded on this form. (See Annex 1 Record Sheets). A form to identify and record pregnant women in the community also was prepared. The form will be filled out by the TBA or her assistant, and the AIN-C monitors. The purpose of this form is to identify pregnant women at an early stage, monitor their weight gain on a monthly basis, provide prenatal visit follow-up, ensure the receipt of TT doses, iron and folic acid supplementation, and record whether or not there has been a referral to a health facility.

A Delivery Plan form was prepared for use with pregnant women and their families on delivery planning (place of the delivery, who will accompany the woman, who will take care of the children, care of the home and other assets, things to prepare prior to the delivery such as saving money, mother and baby's personal items, and type of transportation to be used) to assure a clean and safe delivery. A form to register monthly health clinic visits also has been designed. This report will record the number of children less than 5 years of age assisted for respiratory and diarrhea illnesses. It will also record the children less than 5 who attended an AIN-C (8 indicators) meeting.. The number of referrals to health facilities and counter-referrals received will also be recorded.

A workshop to train 6 supervisors (2 from ADAL and ADACAR and 4 project supervisors) was held jointly with the Nutrition and Social Protection Project of the MOH, on the AIN-C program, and the monitoring and evaluation system at the community level. The program gave ADAL and ADACAR Associations' supervisors a CD to implement this nationally standardized system in 5 municipalities of their service area. It is important to mention that the volunteers' network will use the same information system, therefore the UCOS community activities are consolidated into a single report.

9. Promotion and functioning of the services in the 8 existing UCOS.

During this first project year, the plan was to have 8 functioning UCOS - 7 in the municipality of Lepaterique and 1 in Curarén. A network of volunteers was identified and provided necessary training to strengthen their capacities and skills. It is expected that the volunteer network will be able to provide holistic and sustainable services to the population. Several work events have been held with the intention of having the volunteers form an UCOS work team. Examples of this include:

1. The AIN-C monitor will oversee monthly size and weight charting for all children under the age of 2;
2. The TBA will meet with expectant mothers to measure weight gain during the pregnancy, and to provide guidance on danger signs, and to fill out the labor and delivery plan,.
3. The Health, Transportation and Emergencies Committee will work in coordination with the volunteer network, and the UCOS Surveillance Committee will conduct the social auditing.

Community meetings were held in those geographical areas currently serviced by UCOS, where health issues as well as UCOS services were discussed among participants. The objective of these meetings is to promote community ownership, and increase demand for community based health services.

10. Strengthen the capacity of project field supervisors and ADAL and ADACAR Associations

Prior to carrying out training of project field supervisors a pre-test was applied to determine each participant's level of knowledge and these results were used to guide the trainings. Trainings sessions lasted for 2 weeks. Participants were given materials and equipment and the work zones were aasigned. The field supervisors and health mobilizers from ADAL and ADACAR Associations participated in a separate workshop to learn about the project and functions in order to achieve project objectives.

11. Building the capacity of AIN-C monitors in the Lepaterique, San Miguelito and La Libertad Municipalities

To strengthen the skills of 74 AIN-C health volunteers (AIN-C monitors) from 48 communities in the above Municipalities, training workshops were held by the Project Training Manager, field supervisors and technical staff from the Honduras-Spanish Red Cross. These workshops lasted 2.5 days and included weight monitoring skills, communication techniques, and management of the information system. The objective was to have participants understand and have the capacity to analyze the data for making decisions at the community level, and then promptly forward the information using the reporting tools developed. Another workshop was held for the AIN-C monitors to build capacity on feeding practices for children under 2 years of age. Skills on food preparation using locally available items, serving size, frequency, density, and feeding combinations were included during the training.

12. Capacity building for the volunteers rendering their services in the UCOS

In each of the UCOS, the Project Training Manager and field supervisors conducted trainings to strengthen the capacity of UCOS volunteers for primary health care (PHC) and community case management (CCM), using the assessment sheet for diarrhea and pneumonia danger signs. In this workshop, the UCOS volunteers developed their skills for identifying diarrhea and pneumonia signs by using demonstrations and role playing or dramatizations on how to verify each of the signs and practice with the children to further their skills. These trainings reinforced administration of medicines during Acute Respiratory Infections (ARIs) emphasizing the need for mothers to complete the entire treatment – days and dosage - as indicated by prescription. The use of a stopwatch was practiced to count and identify the presence of rapid breathing and the use of a manual nebulizer according to the child's age. 48 Volunteers from the 7 UCOS in Lepaterique were trained.

13. Capacity building for TBAs

In collaboration with a Health Specialist from the ADAL and ADACAR Associations, 4, 3-day continuing education workshops were conducted for 74 TBAs in the municipalities of Curaren, Reitoca, Alubaren and La Venta. TBAs were trained to identify danger signs during pregnancy, labor, delivery, and post partum by using an Assessment Sheet. Procedures were performed for practicing a safe delivery in the community, including hand washing, decontaminating and cleaning the equipment, disinfection and sterilization, as well as the procedures to follow during the first, second and third stages of delivery. They were shown how to estimate the volume of blood loss due to hemorrhage and first aid to apply. The midwives were also trained on the immediate care of the newborn and to identify danger signs, and to apply first aid and/or newborn resuscitation procedures.

The intervention for the Obstetric Emergencies Program was started in the Lepaterique Municipality and it was initiated by identifying the TBAs in the communities according to the MOH guidelines. Once identified, they participated in the first training meeting that lasted 5 days. All the TBAs received materials and equipment in order to attend an emergency delivery that would not allow the expectant mother to travel to a hospital or maternity clinic.

14. Capacity building for the AIN-C volunteers on weight increase and improvement of eating habits during pregnancy

Six 2-day workshops were held in the Health Centers located in Lepaterique for the AIN-C monitors and the TBAs on assessing the weight gain of expectant mothers and their nutritional intake and eating habits. The importance of weight gain during the pregnancy was explained, and the minimum expected weight gain chart was reviewed which specifies the expected weight gain for the each month and what the woman should expect for the following month. Each volunteer practiced with the chart until they were able to handle it skillfully. Moreover, their technique for weighing was reinforced using the standing scales that are in the UCOS. They practiced demonstrating healthy eating habits for expectant mothers by using local foods combined to improve food quality and amount. 129 people from the volunteer network (AIN monitors, Guide Mothers, TBAs, and UCOS volunteers) were made aware of the information system, including the community services registry book and monthly registry consolidations. The project field supervisors also participated in this workshop.

15. Forming and training seven Health, Transportation and Emergencies Committees on the Community Emergency Plan

In the third quarter, 39 community members from 5 project municipalities were trained on skills to support the formation of 7 community based Emergency Transportation Committees. This workshop was delivered by a health specialist from the Associations. The first activity was to convene all the local leaders, the volunteer network and community in general to elect the people who formed the committees. In this same meeting, the committee members were sworn in by municipal authorities (usually an Auxiliary Mayor in the community). In the fourth quarter, these committees were trained to prepare the Community Action Plan, as well as to reinforce the functions of each committee member, and to start committee activities.

16. Improve quality by implementing a CB CQI process in 28 health service sites

URC, in collaboration with MOH personnel, selected 10 CB-CQI standards, assuring that these indicators are linked with national programs (RAMNI and CONE). Presently, the indicators are in the process of being validated at the community level. The CQI processes and tools utilized at the health facility level were revised to develop simplified processes and tools to be used at the community level. These include one facilitator manual, one CHV manual, one methodological guide, and a set of quality standards. Currently, only the CHV manual is in the development process; all the others are ready for use. A service delivery flow was developed for each defined quality standard. To assure feasibility of implementation at the UCOS level, these service delivery flows were reviewed by MOH and CF personnel with previous experience in UCOS implementation.

17. Build a coalition with other decentralized implementing agencies

During FY 2010, ChildFund has been an active member of Hondusalud. The CF National Director is a member of the Hondusalud Board (Deputy Chief). Four meetings have been held with the participation of the Hondusalud Board Team and ULAT. The meetings became spaces to talk over and learn about the progress of the pilot experience for the participatory community model of Hondusalud being validated in Santa Elena by NGO/Hondusalud members.

18. A protocol developed for operational research and submitted to USAID/MCHIP; and a technical team organized and functioning

During this first year a study protocol has been developed and submitted to USAID/MCHIP for approval. A technical team that will lead the RO initiative has been formed and several meetings have been held. The team includes members from CENET, ChildFund Honduras, and ChildFund Region of the Americas, USAID Mission, and the MOH. Led by the ChildFund Regional Health Advisor, this team will guide and supervise study activities.

19. Participation in partnerships for the design of a national strategy to deliver community based service

The main activities of the Hondusalud partners have been the preparation of preliminary draft national strategy for communities. NGOs (members of Hondusalud) participated in these exploratory meetings which included assessing the feasibility of functional partnerships at the community level. These partnerships included MOH, local entities, municipalities, health

volunteers, youth, and other community based associations. The development of the national strategy for community involvement in the provision of health service delivery is an on-going process.

B. Activity Status by Project Objective/Result

Project objectives/ Results	Related Key Activities	Status of Activities	Comments
1. Strengthen facility based MCH services, improving quality and demand	1.1.1 Perform a base line survey of CQI indicators	Completed	Report submitted and results shared with partners
	1.1.2 Learning sessions are conducted with health facility staff	Completed	
	1.1.3 CQI materials are reproduced	On target	
	1.1.4 CQI monitoring system is implemented	On target	First learning session was completed
	1.2.1 Conduct baseline in health facilities on EONC and IMCI performance	Completed	
	1.2.2 Based upon facility assessment results, develop a plan of EONC and IMCI strengthening at facility level	Completed	CQI Plans will be prepared according to the team's need (monthly, quarterly or annually)
	1.2.3 Support the training process in EONC and IMCI	Completed	
	1.3.1 Facilitate integration of MOH's maternal and early child mortality surveillance system at all facility and community based service delivery sites	On target	
	1.3.2 Integrate mortality surveillance guidelines within the CQI process	Completed	
2. Systematize a community based (CB) model of MNCHN services within the project area, improving equity and quality	2.1.1 Introduce the project and share baseline results with stakeholders	Completed	
	2.1.2 Select, together with DMOH and local authorities, the 20 new CB health service sites	Completed	
	2.1.3 Work with local community assemblies and partners (ADAL and ADACAR) to organize and implement CB integrated health service delivery in those areas lacking access to MOH services	Completed	First 8 UCOS are operational
	2.1.4 Implement, accompany and follow up 28 CB health units (UCOS) in close collaboration with DMOH, ADAL and ADACAR.	On target	
	2.1.5 Design, implement, and support in collaboration with URC a CB CQI methodology within the 28 UCOS	On target	CQI conceptual framework completed but not yet applied
	2.1.6 Train TBAs in MNHC and IFC	On target	74 out of 80 (92.5%) TBAs trained
	2.1.7 Establish emergency evacuation committees that also supports mortality surveillance in selected communities	On target	7 emergency committees established
	2.1.8 Establish, strengthen, train and accompany - in close coordination with MOH - ADAL y ADACAR 100 AIN-C groups	On target	31 AIN-C groups strengthened
	2.1.9 Implement, validate and document the MCH	On target	

	community pilot experience proposed by Hondusalud-USAID Mission in Lepaterique		This activity has been postponed to next FY
	2.2.1 Review and adapt materials for CHVs on danger signs during pregnancy, partum, and post partum periods, and on the new born, with counseling cards for mothers	Completed	
	2.2.2 Develop, review and/or adapt training guides for TOT - TBAs	Completed	
	2.2.3 In coordination with MOH, ADAL and ADACAR identify and make an inventory of the existing community health volunteers (TBAs, monitors, CHVs)	Completed	2 municipality volunteer networks were identified and completed
	2.2.4 Select, train and develop skills of community health volunteers in UCOS management, AIN-C, communication with mothers, feeding practices, C-IMCI and IFC strategies	On target	57 out of 257 communities in project area were supported
	2.2.5 Assess UCOS volunteer responsibilities and skills; ensure proposed roles are consistent with MOH policies and project objectives	Ongoing	
	2.2.6 Implement formal and in service training to CHVs based on annual plans	Ongoing	
	2.2.7 Accompany and support CHVs during household visits for skill development	Ongoing	
	2.2.8 Review current HIS and support a simplified community reporting system	Completed	HIS in place
	2.2.9 Perform monthly monitoring and follow-up to CHVs	Ongoing	
	2.2.10 Train CHVs and AIN-C monitors to improve their capacity to communicate with mothers and families	Ongoing	
	2.2.11 Perform an annual CHV meeting to share experiences and lessons learned.	To be completed in first quarter of 2nd year	
	2.3.1 Design conceptual documents on CQI	On target	
	2.3.2 Negotiate package of indicators with MOH	On target	
3. Document, disseminate, and promote improved CB MCH services, standards and norms within the context of a national decentralization health strategy, improving sustainability	3.1.1. Promote alignment of health coalition (Hondusalud) initiatives with MOH priorities	Completed	4 meetings have been attended with the participation of the Hondusalud Board of Directors
	3.1.2. Promote national forum held by the health coalition (Hondusalud) for the dissemination of health initiatives and results by members	On target	
	3.2.2 Define and develop a project specific Operational Research Study	On target	Submitted to USAID/W for final approval
	3.2.1 Establish a strategic work alliance with CENET, ULAT, Hondusalud for operations research purposes	Completed	Alliance established
	3.3.1 Utilize project area as a venue for implementation and documentation of pilot health	On target	Arrangements are made for USAID

	initiatives led by Hondusalud 3.3.2 Promote national health coalition as forum for discussion and seek consensus on key concepts to be integrated into a national CB health policy	On Target	to support the Hondusalud's Operation Plan Hondusalud Forum is now programmed for the next year

C. **Factors that impeded project progress** The project implementation process was delayed due to a Dengue Fever crisis in the health region. This situation affected the participation of the facilities' and regional staff in project activities. Nevertheless, the training of health workers was re - programmed for September; training on CQI and IMCI was performed.

D. **Technical assistance** During second year of project implementation, technical assistance is needed to conduct the midterm evaluation of the project. ChildFund will hire an external consultant.

E. **Substantial Changes** N/A

F. **Progress toward sustainability** Coordination with municipalities has started with the objective of promoting the inclusion of community health plans within municipal plans. MOH personnel at central and local levels have been integrated within the training activities and Operational Research technical teams. It is expected MOH personnel will actively participate in the implementation of research to develop a community based model. The community based mortality surveillance system is linked to the MOH system. Likewise, activities have started for implementing a CQI team at the regional level to follow-up the CQI activities at the health facilities and then expand to the community level. The intention is to develop capacities at the regional level, and the integration of a CQI at this level will promote CQI sustainability.

G. Specific information requested in the DIP N/A

H. Any baseline data not completed at the time of the DIP N/A

I. Management System:

Financial The budget for this first year was 93% expended.

Human resources The responsibility for project administration and implementation rests with a team formed by the Project Manager, and includes: one training officer, one M&E officer, 4 field supervisors, one administrative assistant, and one driver. This team is supported by a ChildFund Honduras Health Coordinator as well as the Regional Health Advisor and Headquarters Backstop support. Project offices are located inside the ChildFund national office building. There also is an office in the project area in a space provided by the MOH, allowing interaction between the project team and personnel from the CESAMO in Sabana Grande.

Communication system, team development Meetings are held every fifteen days to evaluate progress and to plan activities. How to reinforce and strengthen project interventions

is discussed. Meetings have created and strengthened capacities of the project team and Associations to respond to the volunteer networks, and MOH personnel.

Local partner relationships Implementing the Maternal Neonatal and Child Health project has required close collaboration among the project staff, the ChildFund technical team and the two partner Associations. While collaboration among the partner Associations (ADAL and ADACAR) is often required, in the case of the provision of technical assistance for project implementation there is a unity of purpose and a critical melding of expertise for success. Achieving this unity and blending of expertise and experience has proven to be a challenge during FY1. The capacity of MOH personnel to boost ties with the volunteer networks also has been strengthened.

PVO coordination/collaboration in country ChildFund has close interaction with the PVO working in the project area, the Honduras-Spanish Red Cross. This PVO has two similar interventions with the project (Child and Maternal Health). The project provided technical assistance in training the Facilitators and CHV´s in the AIN-C strategy.

J. **Local partner organization collaboration and capacity building**

The project has worked with the municipalities to establish strategic alliances for organizing the community. Local authorities were active in forming the Health and Emergency Transportation Committees. The Mayor has instructed auxiliary mayors to integrate and support the volunteer network in the health activities. The Mayor's Office in Lepaterique supports the Community Transportation Committee, having one vehicle available in the municipality. Health and Emergency Transportation Committees were formed and trained with the participation of auxiliary mayors. Community Action Plans were developed in 7 UCOS in the municipality of Lepaterique and will be incorporated in the Municipal Plan.

K. **Mission collaboration**

Several meetings have been held with USAID Mission health officers with the purpose of sharing technical approaches as well for assuring that project initiatives are consistent with the implementation of the USAID country health strategy. Project reports have been shared with Mission officers and ULAT staff (a USAID Mission bilateral health partner). Mission staff participated in the meeting with stakeholders to review the findings of the baseline to discuss project design.

END

Child Survival and Health Grants Program Project Summary

Nov-04-2010

ChildFund International (Honduras)

General Project Information

Cooperative Agreement Number:	GHS-A-00-09-00011
CFI Headquarters Technical Backstop:	David Shanklin
CFI Headquarters Technical Backstop Backup:	David Shanklin
Field Program Manager:	Vicky Alvarado
Midterm Evaluator:	
Final Evaluator:	
Headquarter Financial Contact:	David Shanklin
Project Dates:	9/30/2009 - 9/29/2013 (FY09)
Project Type:	Innovation
USAID Mission Contact:	Emma Iriarte
Project Web Site:	

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Grant Funding Information

USAID Funding: $1,750,000 **PVO Match:** $737,281

General Project Description

The ***goal*** of this project is to decrease maternal, neonatal, infant, and under-five mortality in the project area to levels established by the Government of Honduras, in harmony with MDGs. Project objectives are to:

- Strengthen facility-based MCH service, improving quality and demand;
- Systemize a Community-Based model of MCH services, improving equity, access and quality; and
- Document, disseminate, and promoted improved Community-based MCH services, standards and norms within the national decentralization strategy, improving sustainability.

Key ***strategies*** include facility-based systems strengthening, including improving infrastructure, trained staff, and introduction of CQI teams; community-based interventions to address high levels of illness and death among WRA, neonates and children under 5; and a national discussion on the inclusion of measurable, reimbursable community-based health interventions within the national health decentralization strategy.

Child Fund will be utilizing community volunteers as an ***innovative*** way to strengthen community systems in the context of decentralization. Specifically, the project is defining and standardizing the role of communities in order to increase institutional deliveries and strengthen community-based obstetric and neonatal care within a national decentralization strategy; creating self-sustaining community-based health delivery sites which integrate vertical MOH programming; and adapting and implementing community-based CQI systems for local health service delivery sites.

Project Location

Latitude: 13.93	**Longitude:** -87.30
Project Location Types:	Rural
Levels of Intervention:	District Hospital Health Center Health Post Level Home Community
Province(s):	Francisco Morazan
District(s):	Lepaterique, Ojojona, Santa Ana, Sanbuena Ventura, Nueva Armenia, Sabanagrande, La Venta, Reitoca, Alubaren, San Miguelito, La Libertad, Curaren
Sub-District(s):	--

Operations Research Information

OR Project Title:	Operational feasibility of an Integrated Community-based health model
Cost of OR Activities:	$0
Research Partner(s):	CENET, MOH
OR Project Description:	A. : To demonstrate the ability to deliver an integrated package of health services which includes identification and treatment of diarrhea, pneumonia, malnutrition, promotion of appropriate use of health services, identification and provision of first aid for obstetric and neonatal emergencies, safe-clean delivery for home deliveries, facilitated referral for obstetric and newborn emergencies, postpartum and newborn follow up, provision of timely health emergency evacuation services, pregnancy surveillance, and birth preparedness.

Partners

Honduras Ministry of Health (Collaborating Partner)	$0
University Research Corporation (Subgrantee)	$300,000
CENET (Subgrantee)	$29,000
ADAL (Collaborating Partner)	$0
ADACAR (Collaborating Partner)	$0
Hondusalud(Collaborating Partner)	$0

Strategies

Social and Behavioral Change Strategies:	Community Mobilization Interpersonal Communication
Health Services Access Strategies:	Emergency Transport Planning/Financing Implementation in a geographic area that the government has identified as poor and underserved
Health Systems Strengthening:	Quality Assurance Conducting capacity assessment of local partners Developing/Helping to develop clinical protocols, procedures, case management guidelines Monitoring health facility worker adherence with evidence-based guidelines Monitoring CHW adherence with evidence-based guidelines Referral-counterreferral system development for CHWs Community role in recruitment of CHWs Development of clinical record forms Community input on quality improvement Performance-based incentives or contracts for health facility workers
Strategies for Enabling Environment:	Create/Update national guidelines/protocols Stakeholder engagement and policy dialogue (local/state or national) Building capacity of communities/CBOs to advocate to leaders for health
Tools/Methodologies:	Rapid Health Facility Assessment LQAS

Capacity Building

Local Partners:	National Ministry of Health (MOH) Dist. Health System Health Facility Staff Health CBOs Other CBOs Government sanctioned CHWs Non-government sanctioned CHWs TBAs

Interventions & Components

Control of Diarrheal Diseases (12%)	IMCI Integration	CHW Training HF Training
Infant & Young Child Feeding (20%)	IMCI Integration	CHW Training HF Training
Maternal & Newborn Care (50%)		CHW Training HF Training
Pneumonia Case Management (13%)	IMCI Integration	CHW Training HF Training
Vitamin A and Micronutrients (5%)		CHW Training HF Training

Operational Plan Indicators

Number of People Trained in Maternal/Newborn Health			
Gender	**Year**	**Target**	**Actual**
Female	2010	343	
Female	2010		316
Male	2010		204
Male	2010	156	
Female	2011	250	
Male	2011	50	
Female	2012	100	
Male	2012	50	
Number of People Trained in Child Health & Nutrition			
Gender	**Year**	**Target**	**Actual**
Female	2010	260	
Female	2010		239
Male	2010		40
Male	2010	119	
Female	2011	250	
Male	2011	100	
Female	2012	150	
Male	2012	50	
Number of People Trained in Malaria Treatment or Prevention			
Gender	**Year**	**Target**	**Actual**
Female	2010		0
Female	2010	0	
Male	2010		0
Male	2010	0	
Female	2011	0	
Male	2011	0	
Female	2012	0	
Male	2012	0	

Locations & Sub-Areas

Total Population: 101,775

Target Beneficiaries

	Honduras - CFI - FY09
Children 0-59 months	14,573
Women 15-49 years	26,454
Beneficiaries Total	41,027

Rapid Catch Indicators: DIP Submission

Sample Type: LQAS				
Indicator	**Numerator**	**Denominator**	**Percentage**	**Confidence Interval**
Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child	**36**	**52**	**69.2%**	**12.5**
Percentage of children age 0-23 months whose births were attended by skilled personnel	**68**	**95**	**71.6%**	**9.1**
Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours	**24**	**34**	**70.6%**	**15.3**
Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall	**35**	**61**	**57.4%**	**12.4**
Percentage of children age 12-23 months who received a measles vaccination	**26**	**36**	**72.2%**	**14.6**
Percentage of children age 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey	**29**	**36**	**80.6%**	**12.9**
Percentage of children age 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey	**26**	**36**	**72.2%**	**14.6**
Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids	**15**	**28**	**53.6%**	**18.5**
Percentage of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider	**27**	**45**	**60.0%**	**14.3**
Percentage of households of children age 0-23 months that treat water effectively	**69**	**95**	**72.6%**	**9.0**
Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing	**91**	**95**	**95.8%**	**4.0**
Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to the WHO/NCHS reference population)	**6**	**95**	**6.3%**	**4.9**
Percentage of infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices	**33**	**61**	**54.1%**	**12.5**
Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child	**44**	**52**	**84.6%**	**9.8**
Percentage of children age 0-23 months who received a post-natal visit from an appropriately trained health worker within two days after birth	**2**	**95**	**2.1%**	**2.9**

Rapid Catch Indicator Comments

Annex 1: M&E Table

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
Neonatal Maternal Indicators	Mid term	Final evaluation	Census, process implemention	List	Others	Monthly	Annual	%	%	Responsible Party
Percentage of women with children from 0-23 months who had 4 or more prenatal check-ups	X	X	X	X	KPC/LQAS	X	A	84.6	90	Coordinator M&E, Project promoters
Percentage of mothers who visit their health center when there are danger signs during pregnancy, delivery and post-partum	X	X	X	X	KPC/LQAS			13.7	67	Coordinator M&E, Project promoters
Percentage of children between 0-23 months whose delivery was assisted by qualified healthworker	X	X		Mother's health card	KPC/LQAS			71.4	90	Coordinator M&E, Project promoters

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
Percentage of mothers who received post-partum care by a trained healthworker during the first, third, or seventh day after birth	X	X	X	X	KPC/LQAS			39.2	80	Coordinator M&E, Project promoters
Percentage of children 0-23 months of age who received a post-natal visit by a healthworker or trained volunteer during the first, third or seventh day after birth	X	X		List and Mother Health Card	KPC/LQAS	X		13.7	80	Coordinator M&E, Project promoters
Percentage of mothers who delivered in the community and took newborn for medical checkup during the first 3 days	X	X		List and Mother Health Card	KPC/LQAS	X		2.1		Coordinator M&E, Project promoters

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
Percentage of women who received at least 2 TT before the birth of their last child	X	X		List and Mother Health Card	KPC/LQAS	X	X	69.2	80	Coordinator M&E, Project promoters
% of children 0-23 months who were born in the community and dried or wrapped in a dry towel or sheet inmediately after birth	X	X	X		KPC/LQAS			45.3	90	Coordinator M&E, Project promoters
% of children 0-23 months born in the community who received care in cleaning the cord at birth		X	X		KPC/LQAS			77.7	90	Coordinator M&E, Project promoters
% of children 0-23 months born 24 months or more after the birth of previous sibling				List and Mother Health Card	KPC/LQAS					Coordinator M&E, Project promoters
Breastfeeding, Complementary Feeding and MN Indicators	Mid term	Final evaluation	Census, process implemention	List	Others	Monthly	Annual	%	%	Responsible Party

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
Percentage of children between 0-5 months who were exclusively breastfed in the last 24 hours	X	X	X		KPC/LQAS			71	90	Coordinator M&E, Project promoters
% of newborns who were breastfed within an hour after delivery without receiving any other liquid previously	X	X	X		KPC/LQAS			70	90	Coordinator M&E, Project promoters
Percentage of infants and children between 6-23 months who were fed according to appropriate minimum feeding practices.	X	X	X		KPC/LQAS					Coordinator M&E, Project promoters
Percentage of children between 6-23 months who received a dose of Vitamin A in the last 6 months	X	X		X	Vacination Card		X	57.7	80	Coordinator M&E, Project promoters

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
Percentage of children between 4-23 months who received iron supplements in the last 6 months	X	X		X	Vacination Card	X		48.4	80	Coordinator M&E, Project promoters
Immunization Indicators	Mid term	Final evaluation	Census, process implemention	List	Others	Monthly	Annual	%	%	Responsible Party
Percentage of children between 12 23 months who received measles vaccine	X	X	X	X	KPC/LQAS		X	72.2	80	Project promoters
Percentage of children between 12 23 months who received DPT before completing 12 months of age	X	X	X	X	KPC/LQAS			72.2	80	Project promoters

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
Percentage of children who have completed 12 months who received all vaccines recommended for their age	X	X	X	X	KPC/LQAS			73.7	80	Coordinator M&E, Project promoters
Mortality	Mid term	Final evaluation	Health Centers and UCOS established	List of children under 2 years	Census and or CF Documentation, Process	Monthly	Annual	%	%	Responsible Party
Number of maternal deaths			X	X		X	X			Coordinator M&E, Project promoters
Number of infant deaths in the year			X	X		X	X			Coordinator M&E, Project promoters
Number of deaths of children less than 5 years of age			X			X	X			Coordinator M&E, Project promoters
Number of deaths of children less than 5 years of age due to pneumonia in the year			X	X		X	X			Coordinator M&E, Project promoters
Number of deaths of children less than 5 years of age due to diarrhea			X	X		X	X			Coordinator M&E, Project promoters

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
Percentage of UCOS which have a system of epidemiological surveillance		X	X		X	X	X		100	Coordinator M&E, Project promoters
Community Health and Hygiene Indicators	Mid term	Final evaluation	Health Centers and UCOS established	List of children under 2 years	Census and or CF Documentation, Process	Monthly	Annual	%	%	Responsible Party
Percentage of volunteers no longer in service		X			X		X		20	Coordinator M&E, Project promoters

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
Number of new and active UCOS	X	X			X		X	28.6	100	Coordinator M&E, Project promoters
Percentage of families with children between 0-23 who purify drinking water	X	X			X		X	72.6	90	Coordinator M&E, Project promoters
% of mothers with children between 0-23 months who wash their hands with soapy water or ashes before preparing food, before feeding the child and after defecating or caring for a child who has defecated	X	X			X			95.8	95	Coordinator M&E, Project promoters
Percentage of households with soap on hand when the census is being taken		X			X			95.8	95	Coordinator M&E, Project promoters
Percentage of families that bury trash		X			X			5.3	50	Coordinator M&E, Project promoters
Percentage of families that use a bathroom or latrine		X			X			79	90	Coordinator M&E, Project promoters

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
AIEPI and AIN-C	Mid term	Final evaluation	Health Centers and UCOS established	List Vacc. Cards	Others	Monthly	Annual	%	%	Responsible Party
% of children between 0-23 months who have had an episode of diarrhea during the last two weeks	X	X			KPC			29.5	25	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of mothers who recognize danger signs related to diarrhea	X	X	X		KPC			13.7	67	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of mothers who seek that support of health workers when their children have diarrhea	X	X	X		KPC			6.3	50	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of children between 0-23 months who have had diarrhea during the last two weeks and received SRO or recommended home prepared liquids	X	X	X		KPC			42.9	67	Coordinator M&E, Project promoters, AIN-C monitors

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
% of children between 0-23 months who have had episodes of respiratory infections (cough or cold) in the last 2 weeks	X	X	X		KPC			47.4	40	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of mothers who recognize dangers signs of pneumonia	X	X			KPC			35.5	80	Coordinator M&E, Project promoters, AIN-C monitors
% of children between 0-23 months with coughing and rapid or difficult breathing over the last 2 weeks and were taken to a healthworker	X	X			KPC			60	75	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of children between 0-23 months with signs of pneumonia in the last 2 weeks who received an antibiotic	X	X	X		KPC				75	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of children with adequate growth	X	X	X			X	X	58	75	Coordinator M&E, Project promoters,

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
Percentage of children with inadequate growth	X	X	X			X	X		25	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of children who are obese								14	<10	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of persistent inadequate growth	X	X	X			X	X		<5	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of children with a growth level below the 3rd percentile	X	X	X			X	X		<2	Coordinator M&E, Project promoters, AIN-C monitors
Percentage of children with global malnutrition (-2 Z Score for W/A)	X	X					X	6.5	<5	Coordinator M&E, Project promoters, AIN-C monitors

Indicators	Source / Measurement Method					Frequency		Baseline Values	EOP Target	Related Activities
% of mothers who continue feeding their children with diarrhea or a respiratory illness the same or more number of times	X	X	X				X	35.6	50	Coordinator M&E, Project promoters, AIN-C monitors

1. Strengthen facility based MCH services, improving quality and demand

Results	Major Activities	FY 2011				Personnel
		Q1	Q2	Q3	Q4	
1.1 Implement a CQI process in one maternity clinic and 14 CESAMOS						
CQI process is implemented in all project MCH facilities	1.1.2 Learning session are conducted with health facility staff					Flores
	1.1.3 CQI materials are reproduced					Flores
	1.1.4 CQI monitoring system is implemented					Flores
	1.1.5 Local meetings at the health facilities are held to follow up on CQI processes					Flores
	1.1.6 Data base of the CQI teams is implemented					Flores
	1.1.7 Client satisfaction surveys are conducted					Flores
	1.1.8 Meetings to share successful experiences are conducted					Flores
	1.1.9 Supportive supervisory visits are conducted to follow up the CQI process					Flores, Molina, Nieto
1.2 Establish CONE BASICO and IMCI services in selected project service delivery points and build facility staff skills in						
CONE BASICO and IMCI services are implemented according to CQI standards in health sites.	1.2.2 Based upon facility assessment results, develop a plan of EONC					
	1.2.3 Support the training process in EONC and IMCI					CF- Alcerro, Molina
1.3 Establish a maternal and child mortality reporting system						
Mortality reporting system improved and in place	1.3.1 Facilitate integration of MOH's maternal and early child mortality surveillance system at all facility and community based service delivery sites					Nieto, Molina
	1.3.2 Integrate mortality surveillance guidelines within the CQI process					

2. Systemize a community based (CB) model of MCH services within the project area, improving quality, access and equity

Results	Major Activities	FY 2011				Personnel
		Q1	Q2	Q3	Q4	
18 UCOS established, equipped and functioning.	2.1.2 Select, together with DMOH and local authorities, the 20 new CB health service sites					Alvarado, Ramirez, MOH
	2.1.3 Work with local community assemblies and partner (ADACAR) to organize and implement 10 new CB integrated health service delivery in those areas lacking access to MOH services					Alvarado, Molina,Nieto, ADACAR
	Train CHV's in UCOS management					Molina,Nieto, Alcerro-
	Train Health committees in UCOS management					Molina,Nieto, Alcerro
	2.1.4 Equip and stock CB health services					Alvarado, Molina,Nieto, ADACAR,
	2.1.5 Inaugurate service points					Alvarado, Molina,Nieto, ADACAR, NO
	2.1.6 Implement, accompany and follow up 18 CB health units (UCOS) in close collaboration with DMOH, and ADACAR.					Field Supervisors, ADAL Y ADACAR
CQI methodology within 18 UCOS established	2.1.7 Design, implement, and support in collaboration with URC a CB CQI methodology within the 18 UCOS					Alvarado, Aly. Flores, Molina
TBAs trained	2.1.8 Train TBAs in MNHC					MOH, Molina, Alcerro
Emergency evacuation committees functioning	2.1.9 Establish in selected communities emergency evacuation committees that also support mortality surveillance					Field Supervisors, Molina, Nieto
100 AIN-C groups functioning	2.1.10 Strengthen, train and accompany, in close coordination with MOH, ADAL y ADACAR 100 AIN-C groups					Molina, Alcerro, MOH, ADAL y ADACAR Supervisors
	2.1.11 Train CHV's in AIN-C information system.					Nieto
	2.1.12 Train MOH personnel in the community Health information system					Nieto,
Community model of MCH implemented	2.1.13 Implement, validate and document the pilot MCH community experience proposed by Hondusalud-USAID Mission in Sabanagrande					Alcerro, Alvarado, Molina, Nieto
2.2 Increase knowledge of CHVs in implementing CB health program (CB CONF/C-IMCI/AIN-C/IFC)						
Inventory of existing community health volunteers performed	2.2.1 In coordination with MOH, and ADACAR identify and make an inventory of existing community health volunteers in 5 Municipalities (TBAs, monitoras, CHVs)					Molina, Nieto, Field Supervisors, Alcerro
Cadres of CHV's trained	2.2.2 Select, train and develop skill s of community health volunteers in UCOS management, AIN-C, communication with mothers, feeding practices, early child stimulation strategies.					Alvarado, Molina, Nieto, Alcerro
Assess performed	2.2.3 Assess responsibilities and skills; ensure proposed roles are consistent with MOH policies					Alvarado, Molina, Nieto,Alcerro
Training plan and follow up to CHV'sperformed	2.2.4 Implement formal and in service training to CHVs based on annual plan					Molina, Nieto, Alcerro, MOH
	2.2.5 Accompany and support CHVs during household visits for skill development					Molina, Alcerro, Field Supervisors ADAL, ADACAR, Project
HIS functioning	2.2.6 Support implementation of a simplified community reporting system					Nieto, Alvarado

Results	Major Activities	Q1	Q2	Q3	Q4	Personnel
Monitoring and follow up to CHV´s	2.2.7 Perform monthly monitoring and follow-up to CHVs network					Field Supervisors SI, ADAL, ADACAR
CHV´s trained	2.2.8 Train CHVs and AIN-C monitors to improve their capacity to communicate with mothers and families					Alvarado, Molina, Alcerro, Nieto
Annual meeting performed	2.2.9 Perform an annual CHV meeting to share experiences and lessons learned					Alvarado, Molina, Nieto,Alcerro
2.3 Improve quality through the implementation of a CB CQI process in 28 UCOS						
Document designed	2.3.1 Design conceptual documents on CQI					Aly, Flores
Communities selected	2.3.3. Select communities and pilot test CB CQI					Aly, Flores
Staff trained	2.3.4 Train project staff on CB CQI model					Aly, Flores
Materials produced	2.3.5 Produce CB CQI materials					Aly, Flores
CQI, M&E system implemented	2.3.6 Implement monitoring and quality indicators system					Aly, Flores
Data base implemented	2.3.7 Implement CB CQI database					Aly, Flores
Self-monitoring plan designed	2.3.8 Design plan for CB CQI self-monitoring					Aly, Flores
Community meetings held	2.3.9 Hold community meetings to exchange experiences and set benchmarks					Flores
CB CQI teams supervised	2.3.10 Supervise CB CQI teams					Flores
Meetings and follow up performed	2.3.11 Hold meetings on follow-up and evaluation					Flores

3. Document, disseminate, and promote improved CB MCH services, standards and norms within the context of a national decentralization health strategy, improving sustainability

Results	Major Activities	FY 2011				Personnel
		Q1	Q2	Q3	Q4	
3.1 Strengthen existing networks, especially Hondusalud in order to build a coalition with other decentralized implementing agencies						
Active members of Hondusalud	3.1.1. Promote alignment of health coalition (Hondusalud) initiatives with MOH priorities					Alvarado
	3.1.2. Promote national forum held by the health coalition (Hondusalud) for the dissemination of health initiatives and results by members.					
3.2 Increase the availability of quality, evidence-based information through project evaluation and operations research on selected CB MCH topics						
Operational Research plan developed. Findings disseminated	3.2.1 Define and develop a project specific operational research plan					Rosales, Shanklin, CENET
	3.2.2 OR Implementation					
	3.2.3 Methodological guides development and revision of UCOS manuals					
	3.2.4. Implementation of Systematizing process					
3.3 Support Hondusalud with the design, validation and implementation of a CB pilot project (operational guidelines and indicators) to be presented to the MOH, for consideration as a national model for MNCH service delivery at the community level.						
Key project processes documented and systematized	3.3.1 Utilize project area as a venue for implementation and documentation of pilot health initiatives led by Hondusalud					Alvarado, Molina, Nieto, Alcerro

Annex 3

This project has not developed a social and behavior change strategy.

Annex 4

No team members have published project-related paper or presented on the project at any major conferences.

Annex 5: Results Highlight

Innovative Idea: ChildFund Honduras will establish community-based health delivery points (UCOS) linked to the most peripheral structures of the formal health system (health posts). These CB health structures will extend effective basic services to residents of rural communities, by converting multiple vertical community oriented programs or intervention into a cohesive community approach which will respond in a timely and sustainable fashion to local health needs, likewise, these CB health delivery points will integrate all community health resources such as volunteers, traditional birth attendants, and others to deliver their services and manage health related information from a central CB service delivery point. These CB-services will be integrated into an overall national decentralization strategy and sustained by drug-revolving funds and demand creation through the implementation of a CB CQI. Overall, interventions will strength community systems in the context of decentralization to improve health of large populations. Despite GOH health coverage of 86% of the population in 2009, our evidence suggests that the main barrier to health access is cost. Social public expenditure per capita in Honduras is less than $300, thus private expenditure is high. Distance and transportation issues exacerbate economic barriers. The economic, physical, and cultural barriers that impact care seeking behavior become more profound in the area of obstetric care. In a 2008 study, ChildFund found striking differences between the cost of giving birth at home versus the facility in the project area; normal delivery in a facility would cost a family a total of US$69.10 versus US$7.48 making institutional births nine times more expensive for rural families in the project area.[1] For this reason, over half, 53 percent of women gave birth at home in the project area in 2008 versus 47 percent in institutions.[2] Likewise, ChildFund found in a 2005 study that by bringing basic health services closer to communities health expenditure decreased 32 times, hence substantially decreasing the main barrier to health in rural and poor communities. The CS project through the creation of CB- service delivery points in strategic sites, skill building of volunteers and implementation of a CB CQI process will generate evidence on cost-effectiveness of this approach that will feed the decision-making process at the political and national environment; furthermore, will also bring the issue of integration of community based activities into health system strengthening approaches to the international arena.

[1] CCF-H 2008. Program Monitoring Report: Maternal and Neonatal Program Sky Fund.
[2] GOH MOH 2008. Regional MOH data.