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PISAF – Integrated Family Health Program

ANNUAL PERFORMANCE REPORT N° 4

October 1, 2008 – September 30, 2009

Prepared by:
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ACRONYMS

ACT	Artemesinin-based Combination Therapy
AMD	African Malaria Day
AMTSL	Active management of the third stage of labor
ANC	Antenatal care consultation
BCC	Behavior Change Communication
CAME	Centrale d'Achat des Médicaments Essentiels (Central Medical Stores)
CBO	Community-based organization
CHW	Community-based Health Worker
COGEC	Comité de Gestion de la Commune (Communal Management Committee)
DDS	Directeur Départemental de la Santé (Departmental Health Directorate)
DDZS	Direction du Développement des Zones Sanitaires (Health Zone Development Department)
DSF	Direction de la Santé Familiale (Department of Family Health)
EEZS	Équipe d'Encadrement de Zone Sanitaire (Health Zone Supervision Team)
EONC	Emergency Obstetric and Neonatal Care
FANC	Focused antenatal care
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
IPS	Integrated Provision of Services (Offre Intégré de Services)
LLITN	Long-lasting insecticide-treated bed nets
MCDZS	Médecins Coordonateurs des Zones Sanitaires (Health zone head physicians)
MOH	Minister of Health
MPT	Musique Populaire Traditionnelle (traditional popular music)
NGO	Non-governmental organization
PMI	President's Malaria Initiative
PMTCT	Prevention of mother-to-child transmission of HIV
PNC	Postnatal consultation
QA	Quality Assurance
RDT	Rapid Diagnostic Test
SIGL	System d'Information et de Gestion de la Logistique (Logistics and Information Management System)
SNIGS	Système National d'Information d'Gestion Sanitaire (National Health Management Information System)
UNFPA	United Nations Population Fund
URC	University Research Co, LLC
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

The Integrated Family Health Project, or PISAF (*Projet Intégré de Santé Familiale*), is a health project funded by the United States Agency for International Development (USAID) and awarded to University Research Co., LLC and Abt Associates through cooperative agreement on March 28, 2006. PISAF partners with the Ministry of Health (MOH) and seeks to improve the health status of the people of Benin through collaboration with NGOs, government agencies, other donors and USAID projects, communities, and the private sector. The project's activities support the Government of Benin's national policies and strategies and USAID's health objective, which seeks to increase the use of health services, products and preventive measures in a supportive policy environment.

PISAF is a five-year project implemented by a multidisciplinary team that provides technical support to the Ministry of Health and other actors in the health sector. PISAF is based in Zou/Collines, which is the region of primary focus, and also provides support in the Borgou/Alibori region.

PISAF activities address three main results areas:

- Intermediate Result 1: Creation of a Supportive Implementation Environment
- Intermediate Result 2: Increased Access to Quality Services and Products
- Intermediate Result 3: Increased Demand for Health Services, Products and Preventive Measures

The following report describes the activities implemented by intermediate result during the period of October 1, 2008 to September 30, 2009.

INTERMEDIATE RESULTS	WHAT DO WE HOPE TO ACCOMPLISH?	OCTOBER 2008 TO SEPTEMBER 2009 PRINCIPAL RESULTS
USAID/Benin Strategic Objective 5 (SO5): Expanded use of health services, products, and preventive measures within a supportive political environment.		
IR1: Create a supportive implementation environment	• A favorable policy environment • Better access for the population to quality healthcare and services Through policies that support: • decentralization • well-defined norms and protocols disseminated on every level • quality management and • the population's effective involvement in managing their health	Supported the implementation of ascendant planning at all levels of the health system Strengthened health zone management (96% of EEZS with 2009 plans achieved at high level of completion; all EEZS using data to make decisions) 81% of health centers receiving at least 4 supportive supervision visits, exceeding the performance target of 60% for 2009 Disseminated a finalized national strategic plan for mutual health organizations (MHOs) Prepared a strategy to link Mutuelle Health Organizations (MHOs) and micro-financing institutions
IR2: Increased access to quality services and products	Contribute to improving the availability of family health products, the quality of care, and increased financial access to health services	Strengthened logistics/quantification management capacities and EGD procurement Revised the "MediStock" software to roll out to all Departments in Benin 40 new MHOs with 5841 members have established mutuelle agreements and started to pay for members' care. Five networks/federations of MHOs were created to mutualize the risk of sickness at the zone hospital level covering all MHOs in Zou/Collines MHO link with community-based services confirmed 22 new sites for the EONC/AMTSL demonstration collaborative and 39 new sites for the malaria demonstration collaborative were set up to develop and document best practices 26 coaches were trained to facilitate the FP and HRM collaboratives (11 and 15 respectively) 16 midwives and maternity nurses from public health facilities were trained and monitored in interpersonal communication (IPC) and family planning counseling 12 human resources management quality improvement sites are operat-ing, as well as 14 FP quality improvement sites
IR3: Increased demand for health services, products, and preventive measures	Improve community knowledge and attitudes toward preventive measures Adopt appropriate behaviors Support the creation of a socio-cultural environment that fosters the use of preventive services and measures	Seven BCC tools were developed and one film was produced Awareness on family health issues raised for 74,820 people in 85 localities in Zou/Collines 29,438 radio programs were broadcast on family health issues Advanced the STI/HIV/AIDS in schools component with 16,096 students, 283 teachers, and 198 parents educated about pregnancy and STIs/HIV/AIDS prevention 322 student class delegates, 78 secondary school teachers, and 22 members of the administration of ten public and private middle schools in Zou/Collines made commitments to promote adolescent reproductive health 150 community liaisons trained in community IMCI and provision of drug kits 25 community liaisons were trained in community EONC

1. IR 1: Create a supportive implementation environment

Quality Assurance is an approach to health care delivery based on the following four principles: 1) focus on the patient, 2) teamwork, 3) analysis of systems and processes, 4) systematic use of data for decision-making.

IR 1.1 Implementation of selected health policies and approaches

KEY ACTIVITIES

Supported the Ministry of Health to develop a national quality assurance strategy

In 2009, PISAF included the Ministry of Health (MoH) in quality assurance (QA) activities through the QA Advisor, the Department of Family Health (DSF), and the Department of Human Resources. They took part either in learning sessions, validation of the change packages of the PISAF collaboratives (see below), or in training.

Implemented the recommendations on good governance from the PISAF report

ALCRER, an NGO, was hired by PISAF with the collaboration of the MoH, and it audited the use of the equipment that PISAF provided to the MoH. There was a presentation of the preliminary results and a discussion with the senior managers of the Zou/Collines Departmental Health Directorate (DDS). Recommendations for better equipment management were made to the managers at the DDS level and in the health zones of Zou/Collines.

Supported the Zou/Collines DDS to implement the national maternal and neonatal mortality reduction strategy

To strengthen collaboration between the public and private sectors, trainees are also recruited from private centers. Of the 20 providers to be included, PISAF trained only 12 due to a lack of qualified personnel. Four public providers who have not yet been trained were identified to reach the original target of 20 providers. This training was organized with the involvement of the Ministry of Health and the active participation of the Benin Association for Family Planning (ABFP).

Provided technical and financial support to monitor the audit of maternal deaths and near deaths in Zou/Collines

Other than the efforts PISAF made in fiscal year 2009 (training the audit teams in the hospitals and providing technical and financial support for monitoring), the DDS did not receive any financial support this year. The DDS included funding in the budget for carrying out monitoring. Accordingly, collaboration with the family health service was purely technical this year.

Supported the use of the family health protocols document (women's health component)

To tailor the family health protocols document (women's health component) to the new strategies (AMTSL, focused antenatal care, etc.), PISAF provided technical and financial support to revise the document. The final document is now available and will be disseminated next year in Zou/Collines. This opportunity will be used to emphasize fistula prevention and the use of record cards during counseling for pregnant women and women who have recently given birth.

Conducted a quarterly review of the action plans of the Zou/Collines DDS and health zones

The activities PISAF carried out to support the Zou/Collines DDS are reviewed each quarter, along with micro-planning for the upcoming quarter. These reviews involve the DDS department heads, the health zone coordinating physicians, and PISAF technical staff members. In fiscal year 2009 there were three reviews.

KEY RESULTS

Results of quality improvement collaboratives used as basis for the national QA strategy

Thanks to MoH involvement in collaborative activities, their managers were better informed about what concrete measures they can take to ensure quality and about using these results as inputs in preparing the national QA strategy, currently under development.

Knowledge of reducing maternal and neonatal mortality was strengthened

The providers trained in implementing the national maternal and neonatal mortality reduction strategy were monitored. Through this monitoring the improvement in provider performance was assessed. It provided an opportunity to solidify the knowledge obtained during the initial training.

KEY ACTIVITIES PLANNED FOR FY2010

- Support the MoH to plan for the institutionalization of quality assurance in Zou/Collines and to develop a national QA policy
- Strengthen PISAF support to the MOH for good governance
- Continue to support the Zou/Collines DDS to implement the national maternal and neonatal mortality reduction strategy
- Disseminate the women's health component of the family health protocols to maternity centers and public providers
- Support the preparation and implementation of a communication plan for decentralization policies
- Institutionalize ascendant planning at all levels of the health system in Zou/Collines
- Institutionalize the quarterly review of the DDS/Zou/Collines and health zone action plans
- Provide technical and financial support to monitor the audit of maternal deaths and near deaths
- Support the use of the family health protocols document (women's health component)

IR 1.2 Increased health system management capacities

KEY ACTIVITIES

Handing over quarterly data collection

With MOH support, PISAF collected the quarterly data for select indicators of the Performance Monitoring Plan (PMP) in Zou/Collines. Until this point, PISAF had done the majority of the work of entering and analyzing the data and producing statistical reports.

Support was given to the health zone statisticians to monitor facility managers' data quality. The SNIGS data collection tools and the logs in the registered private clinics of Zou/Collines were provided, as was technical and financial support for publishing the 2007 statistical yearbook for the DAGLA health zone.

The registered private clinics received management tools for their IT system (including a monthly epidemiological statement tool, a tool for the maternity center activity report, a tool for the immunization activities report, curative care logs, and daily accounting logs for MCH/FP/Nutrition).

Trained statisticians in the National Health Information System (SNIGS) software

In June 2009, 21 workers from the health zones and the Zou/Collines departmental hospital who manage health statistics were trained in the use of the revised SNIGS software. There were two follow-ups on using the indicator scoreboards in the health zones.

Provided financial management training

Following the March 2008 accounting management training for the MoH accounting managers from Zou/Collines, two follow-up sessions were held this year to check provider performance.

Developed and tested cooperation between MHOs and micro-finance initiatives

Exchange consultations were conducted to encourage the MHOs and micro-financing institutions to work together to increase the ability of members to contribute and to collect dues.

Supported the participation of MoH managers (central level, DDS, and health zones) in regional and international workshops/ conferences

PISAF supported the participation of two teams of health workers from the DDS and the health zones of Zou/Collines in two international scientific meetings. The first team attended the Tenth Congress of the Société Africaine des Gynécologues et Obstétriciens (African Society of Gynecologists and Obstetricians - SAGO) held in Bamako, Mali, in December 2008. The second team attended the Tenth Biennial General Assembly of the West African College of Nursing and Obstetrical Care in Cotonou in March 2009. Each team learned some good lessons from its attendance at the scientific forum and made a commitment to share the lessons with their other colleagues from the Zou/Collines health system.

KEY RESULTS

The statistical data were available on time for decision-making in the health zones and the Zou/Collines DDS. The use of scoreboards has been adopted.

Review period	Data collection completion	Data edited	Report sent to coordinator	Data used for decision-making
1st review	46%	72%	0%	0%
2nd review	100%	80%	60%	52%
3rd review	100%	71%	71%	63%
4th review	55%	55%	64%	55%

The performance of accounting tasks improved in Zou/Collines

PISAF reviewed the progress on applying the recommendations to keep specialized journals and on the quality of accounting entries to the journals. An improvement was noted in the performance of the accounting tasks.

All the financial units in Zou/Collines are implementing the new general and material accounting rules

Post-training follow-up in material accounting recorded the following performance levels:

- Availability of the material accounting training document: 60%
- Note of the different tools used in material accounting: 75%
- Organization of material accounting in the facility (staff involved, categories of materials, and each stakeholder's role): 100%
- Consistency of entries made in the different tools: 45%
- Accuracy of entries made in the different tools: 66%
- Description of the transaction procedure (incoming and outgoing materials): 70%
- Specific "fuel" materials management: 70%

However, in Borgou/Alibori, several deficiencies still exist in the use of these new accounting tools.

KEY ACTIVITIES PLANNED FOR 2010

- Transfer management of the health information system to the Ministry of Health in a manner specific to the Zou/Collines DDS. The tools, plans, and collection rounds, as well as the analysis of results, will be carried out with workers from the DDS and health zones. The different evaluations will be carried out in close cooperation with the stakeholders;
- Support the quarterly data evaluation by the MoH;
- Strengthen advocacy for use of data for decision-making in the private and public health facilities in Zou/Collines;
- Support the quality of care assessment in the health facilities of Zou/Collines (Management Assessment II) to determine the progress the project has made and to take the corrective measures necessary to achieve as many positive changes as possible before the project ends;
- Support ministry managers so they can take part in learning sessions of the collaboratives;
- Support members of the national committee to develop a national QA strategy;
- Strengthen the good management practices of the health zones;
- Support study and exchange tours;
- Develop and test the cooperation between the MHOs and micro-financing initiatives and facilitate their linkage

IR 1.3 Increased involvement of civil society

KEY ACTIVITIES

Strengthened the management skills of Communal Health Management Committee (COGECS) members

This year 368 COGECS members were trained in meeting facilitation and documentation techniques The training content focused on how to conduct a meeting and steps to be taken before, during, and after the event to ensure that it runs smoothly, that it is effective, and that decision-making is efficient.

KEY RESULTS

The post-training follow-up of the COGECS showed an improvement in the ability of both men and women COGEC members in administrative and organizational management.

KEY ACTIVITIES PLANNED FOR 2010

- Train 72 health committee members in their roles and responsibilities
- Promote female leadership for the COGEC executive committee elections
- Train 645 COGECS members in leadership and social mobilization techniques

2. IR 2: Increased Access to Quality Services and Products

IR 2.1
Availability of selected products in public health facilities

KEY ACTIVITIES

Strengthened logistics management capacity in Zou/Collines

To improve access to quality products, the project placed special emphasis on training, providing management tools, and formative supervision.

During fiscal year 2009, 25 drug management stakeholders received training to improve their knowledge of the logistics management system and the quantification of needs for essential drugs. They were provided the appropriate tools, in particular the updated "MediStock" software, which also includes the quantification and procurement functionalities to reduce stockouts of family health products.

The "MediStock" software was revised so that the health zone database was consolidated at the departmental and national levels. The other departments in Benin can use this revised version to improve the logistical management information system (SIGL) in Benin. This will produce reliable data on consumption so that the country's actual requirements can be quantified.

Conducted a quarterly supervision of drug management in the health facilities

Four logistical management supervisions were carried out in the five operating distribution warehouses and the 15 communal health centers in Zou/Collines, and in the ZOBOZA health zone, where the warehouse is under construction. These formative supervisions strengthened provider skills and the use of best logistical management practices.

Management of essential drug supply through Medistock

KEY RESULTS

In general, logistical management system performance in Zou/Collines has improved substantially over time. As of the second quarter of 2008, the performance level for inventory management was 71%. For the second quarter of 2009, this performance level improved to 100%. During the same time period, the average number of stockout days for essential drugs in the health facilities fell from 11 days in the second quarter of 2008 to 4 days in the second quarter of 2009 (a 64% decline).

- During the formative supervisions, the drug supply managers demonstrated a real mastery of the quantification and procurement system for family health products;
- The "MediStock" software is used in real time to manage drug inventories at six distribution warehouses in Zou/Collines;
- The tools used for the quantification and procurement of essential generic drugs have been implemented in the six health zones of Zou/Collines;
- The six health zones of Zou/Collines have implemented systems to redeploy the inventory of ACTs that are about to expire; and

Adherance to drug storage standards

Refresher training for drug supply managers on the updated MediStock software

Handover of ACTs to the community liaisons of Aklampa in Glazoué commune

- The norms for proper storage conditions for family health products are being followed in at least 88% of the zone warehouses. The norms are also being followed by at least 76% of the health centers.

KEY ACTIVITIES PLANNED FOR 2010

In the next stages, PISAF will interconnect all the warehouses in Zou/Collines through a computer network. This will further increase the efficiency of drug management by "MediStock." Once the users in Zou/Collines have taken ownership of the system, it would provide a good opportunity for this software to be used in other health zones in Benin.

IR 2.2 Availability of selected products in the community-based organizations

KEY ACTIVITIES

Promoted links between the communities and health centers in the area of family health products

To make family health products available at the community level, PISAF collaborated with the community liaisons and women's groups. This year, 8 private sales outlets, consisting essentially of women's groups in the Dassa-Glazoué health zone, were created. These private sales outlets distribute family health products (ACTs, LLITNs, Aquatabs, Orasel/Zinc, and condoms.).

Building awareness and demand for early treatment of malaria through women's groups

A total of 75 members of local women's groups in three health zones were trained to treat malaria and seek care in the first 24 hours after fever appears. The purpose of this training was to: i) increase the level of awareness about care-seeking behaviors among female opinion leaders; ii) increase awareness of at least three appropriate behaviors to be adopted in the home when children under five have a fever, and iii) promote recognition of at least three danger signs in ill children who must seek care immediately at a health facility.

KEY RESULTS

- Distributed **8,200** blister packs of ACTs, representing nearly 10% of all children under-five In Savalou-Bantè and Savè-Ouèssè zones; and
- Distributed **8,400** LLITNs, 2,000 boxes of Orasel/Zinc, and 6,000 blister packs of Aquatabs through the community liaisons (private sales outlets and women's groups).

A key challenge to note is that while LLITNs are available through clinics for target groups of pregnant women and newborns, there has been an ongoing shortage of LLITNs for community-level social marketing.

KEY ACTIVITIES PLANNED FOR 2010

- Monitor LLITN availability and use by families with pregnant women and children under-five in Zou/Collines
- Extend the family planning collaborative

IR 2.3 Availability of the quality family health package in the targeted public health facilities

KEY ACTIVITIES

- Strengthen collaboratives in order to 1) find effective changes to improve consistent implementation of norms of care for all patients 2) have all the health facilities participate in a "collaborative" experience and 3) develop the capacity for the system to support QA efforts.

Collaborative 1: Essential Obstetric and Neonatal Care /Active Management of the Third Stage of Labor (EONC/AMTSL)

The purpose of **the EONC/AMTSL collaborative** is to "contribute to reducing maternal and neonatal mortality

in the maternity centers in Zou/Collines by implementing essential obstetric and neonatal care using AMTSL as a gateway." A demonstration phase was launched between April 2008 and May 2009 in the 17 health facilities that cover all the health zones in Zou/Collines, with the result of reducing post-partum hemorrhaging by 53%. After the success of the demonstration phase, the collaborative moved on to the extension phase with geographical extension to 22 new sites. Currently, there is EONC/AMTSL coverage at 39 sites. The "change package" was expanded in the summer of 2009 with treatment for pre-eclampsia and eclampsia, and the prevention of mother-to-child transmission of HIV/AIDS (PMTCT). The number of coaches who supervise and motivate the teams increased from 20 to 38 so that the supervision teams could effectively deal with the workload. They were trained/re-trained in coaching. The health zones coaches are now in charge of supervision and monitoring.

"Through practicing EONC/AMSTL, we witnessed a lot of progress in maternal and neonatal surveillance, because before that wasn't done at all. There were a lot of neonatal deaths and maternal hemorrhaging during labor. Since the launch of this collaborative in 2008, with the different objectives and indicators, we started evalutating our performance. Self-evaluation allowed us to really see what we are doing. We are proud of the results we have achieved, because things are better even if they are not perfect–things are going pretty well."

Mrs. Grace Dossa, midwife in Naogon

Moreover, 101 providers at 39 sites were trained in management of eclampsia and pre-eclampsia. Baseline data on PMTCT is being collected at 22 sites of the EONC/AMTSL collaborative where PMTCT is already being practiced.

The PISAF Quality Assurance Strategy

Quality assurance emerges as a cross-cutting tool whose implementation can contribute to making the changes and results sustainable. Quality assurance (QA) is an approach that seeks to define quality, measure quality, and improve the quality of care and support services, so that the people can benefit from effective and efficient care to improve their health in a manner that can be made sustainable and that can institutionalize QA methods in the health system facilities. PISAF's QA strategy has three objectives:

1. Enable all health workers to apply the principles and methods of quality improvement in their health departments and facilities.
2. Enable all health facilities to offer quality care by having benefited from the lessons learned about service delivery models and about organizational changes emerging from the collaborative experiences.
3. Provide each level of the health system within the department permanent organizational structures capable of sustaining the accomplishments and continuously improving the quality of care.

Since there are many health facilities in Zou/Collines, PISAF decided to use the "improvement collaborative" approach to demonstrate, spread, and ultimately scale up the best practices in applying the standards and systematically implementing the four principles of QA. Everyone who works in the public and private health sector will learn to work in teams while improving their skills, analyzing their care and management processes, using data to measure quality, meeting client needs, achieving results, and making decisions. These skills will in turn make it easier for them to incorporate all the innovations and best practices they will learn in the future, including new standards.

An "improvement collaborative" is a shared learning system that brings together many teams that work together to rapidly achieve significant improvements in processes, quality, and efficiency of a specific area of care, with the intention of spreading these methods to other sites. The collaborative structure provides common mechanisms for monitoring results and sharing experiences that generate significant results and best practices within a short amount of time, with a deliberate strategy for scaling up best practices. A collaborative includes a number of essential components: 1) Shared improvement objectives or aims; 2) Adequately supported quality improvement teams (QITs); 3) A change package (or implementation package) that includes the essential norms and organizational changes used to implement the norms; 4) Regular analysis of measured results to guide quality improvement; 5) Shared learning for accelerated improvement at greater scale; 6) A spread strategy; and 7) Organizational structures that will provide the necessary support and make the results sustainable over time.

Each collaborative was planned with a demonstration phase, an extension phase, and a scale-up phase.

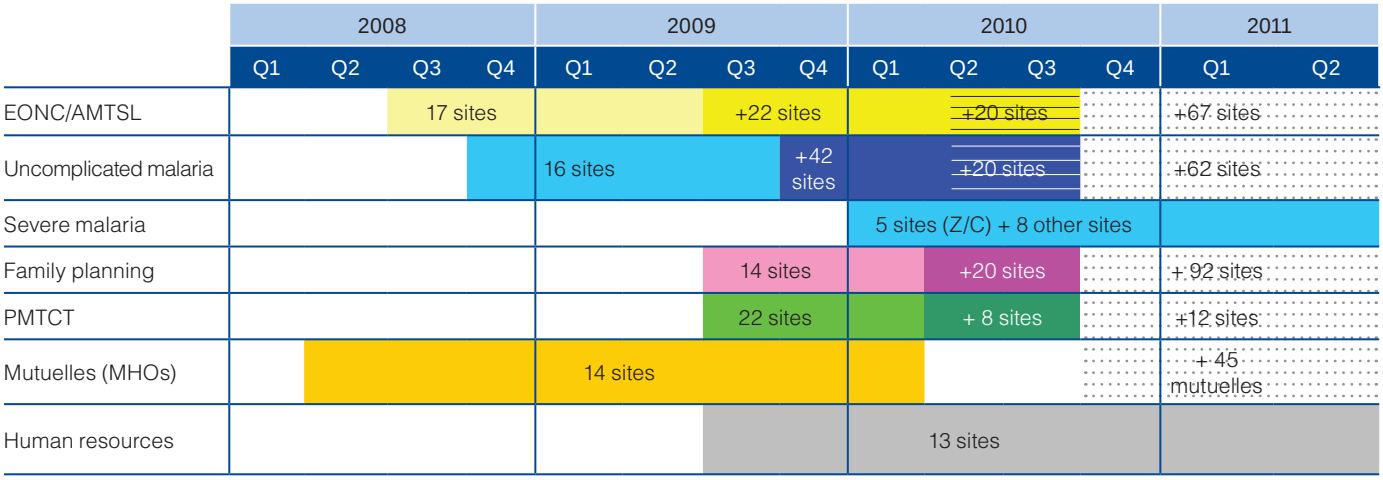
Demonstration phase: Based on the shared improvement objectives, this phase works with a limited number of teams to facilitate testing the change package, monitoring the results, and summarizing them in an improved change package (QITs, monitoring, coaching, and learning sessions).

Spread phase: This phase adds one additional (but still limited) group of teams, i.e. by extending the improved change package and continuing to fine-tune OR expand the change package by adding additional content. The lessons learned are summarized and simplify/improve the change package to be scaled up (QIT, monitoring, coaching, and learning sessions).

Scaling-up phase: This phase achieves the overall goal of a collaborative: extending the improved and simplified change package to all the health facilities in a context of institutionalization to deliver the best possible care in the topic areas and prepare to implement future standards efficiently (with the health committee, monitoring, integrated coaching for supervision, and periodic sharing meetings).

QUALITY IMPROVEMENT COLLABORATIVES

The graph that follows shows the different phases for the collaboratives over time, including the number of sites.



Light color = demonstration phase

Dark color = spread phase

Dark color with lines = 2nd spread phase

= scaling-up phase for an integrated package in Zou/Collines

Collaborative 2: Uncomplicated Malaria

The purpose of **the "uncomplicated malaria" collaborative** is to ensure that "all cases of uncomplicated malaria are being treated with the Artemisinin-based Combination Therapy (ACT) and/or diagnosed with Rapid Diagnostic Tests (RDT) in the health centers." The demonstration phase for this collaborative began in May 2008 and continued until September 2009. The teams held a wrap-up session to present the results, identify best practices and extension sites, evaluate the change package, and prepare the site action plans.

Since this collaborative on uncomplicated malaria is not introducing new norms, its innovation is in the area of the organization of services (services model) and other organizational changes to ensure compliance with the new negative RDT norms and avoiding stockouts of ACTs and RDTs. A patient flow cycle was developed and tested for the purpose of:

- Decreasing the time patients spend at the health center
- Improving counseling, primarily with regard to the administration of drugs and monitoring
- Ensuring that all patients have their temperature taken when they arrive with a fever
- Ensuring that the RDT is prescribed for all patients over five with fever according to the norms
- Improving RDT and ACT management

This patient flow cycle has generated better performance rates in terms of taking the temperature of children, correct treatment with ACTs, the use of RDTs, and the correct treatment of adults if the RDT is positive. However, an assessment will be conducted in 2010 to evaluate the other aspects of the client circuit (reducing time, improving counseling, dose observation, etc).

It was noted that all the sites made considerable progress in applying the change package. The participants have selected 39 extension sites and 15 new coaches to support them, and these new teams are in place and ready to start.

For activities related to severe malaria, the new case management standards were ultimately published in late 2009. A new collaborative for severe malaria will cover all 5 hospitals in Zou/Collines in addition to 8 others in the country.

Collaborative 3: Mutuelle Health Organizations and Quality of Care (Mutuelles, or MHOs)

The objectives of **the "mutuelles" collaborative** are as follows:

1. Increase by 20% the current membership rate of households in the MHOs of Sinendé and Banikoara by raising people's awareness and informing them, strengthening the capacities of the management entities, and mobilizing all the stakeholders;
2. Increase by 80% the quality of care for the beneficiaries of the Sinendé and Banikoara MHOs by observing the protocols and ensuring that drugs are available; and
3. Increase by at least 66% the percentage of members who are current in their dues to the MHOs through awareness, regular dues mechanisms such as dues monitoring, door-to-door drives, and annual, twice-yearly and quarterly dues, etc., and by improving the ability of members to pay their dues.

This collaborative was launched in 2008 at 14 sites in Borgou. The development of this collaborative was such that in March 2009 the project decided to incorporate the most far-reaching changes into the new

MHOs in Zou/Collines this year, instead of moving into an extension phase. The implementation of MHOs is characterized by the quality assurance approach, and takes advantage of the experience of the 14 MHOs that are part of the collaborative to ensure strong cooperation between the communal management committees (COGECS), the health facility providers, and the MHO executive committee.

Collaborative 4: Family Planning

The purpose of **the "family planning collaborative"** is to "contribute to reducing maternal and infant mortality by increasing the use of contraceptives (couple years of protection) in Zou and Collines," with a dimension on the quality of services in the health facilities and a community component.

In 2009, this collaborative set up quality improvement teams at 14 sites. It organized two follow-ups and strengthened the capacities of the 12 coaches. The purpose of its first learning session was to build provider capacities at the different sites to provide quality FP services and solve the operational challenges they faced in accordance with the essential family planning norms. After the session, each site prepared its action plan, taking into account the priority issues indicated by the results of the baseline collection. One key success is that quality FP services are now available at 12 health facilities that did not even offer these services in the past.

This FP collaborative is different because of its community component. Four of the FP collaborative sites have community liaisons who are raising awareness and referring FP clients to the health centers in 17 villages. Each village has a Quality Improvement Team comprised of the village chief (manager), the women's group manager (leader), the community liaison (secretary), the manager of the youth association, and a village elder.

Collaborative 5: Human Resources Management (HRM)

The "HRM collaborative" has two improvement objectives:

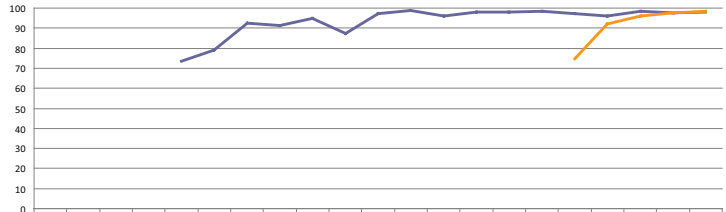
1. Regularly update the personnel file in the DDS, district hospital, the four zone hospitals, and the six health zones
2. Streamline professional development training for the staff of the DDS, the district hospital, the four zone hospitals, and the six health zones in Zou/Collines

Once the experts had validated the change package and once the coaches had been trained, the highlights of implementing the collaborative were 1) the establishment of the quality improvement teams at the 12 sites 2) the organization of an exchange and orientation workshop on job descriptions and 3) holding two learning sessions.

The following activities were carried out

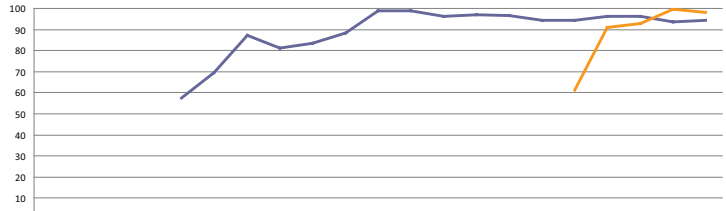
EONC/AMTSL COLLABORATIVE RESULTS

Indicator 1: Percentage of natural childbirth deliveries for which the three components of the Active Management of the Third Stage of Labor (AMTSL) was used according to the norms



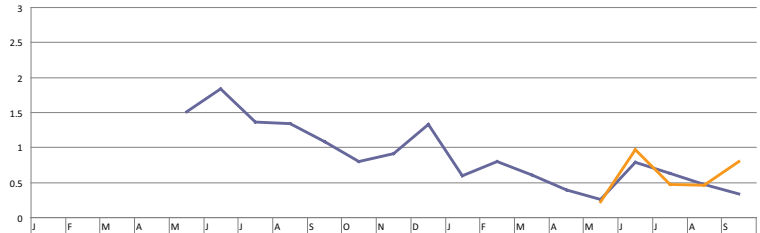
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
	2008												2009								
NUMERATOR OLD SITES					631	859	675	612	784	765	851	891	958	976	973	754	762	734	943	820	589
DENOMINATOR OLD SITES			0		860	1085	731	669	828	875	876	901	999	995	991	765	783	763	957	839	601
INDICATOR VALUE OLD SITES					73	79	92	91	95	87	97	99	96	98	98	99	97	96	99	98	98
NUMERATOR NEW SITES																	324	381	405	426	246
DENOMINATOR NEW SITES																	433	413	422	436	250
INDICATOR VALUE NEW SITES																	75	92	96	98	98

Indicator 2: Percentage of natural childbirths for which at least 80% of the surveillance norms were observed



	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
	2008												2009								
NUMERATOR OLD SITES					49	59	74	69	71	75	84	84	127	155	166	165	166	173	186	146	119
DENOMINATOR OLD SITES					85	85	85	85	85	85	85	85	132	160	172	175	176	180	193	156	126
INDICATOR VALUE OLD SITES					58	69	87	81	84	88	99	99	96	97	97	94	94	96	96	94	94
NUMERATOR NEW SITES																	129	188	185	196	113
DENOMINATOR NEW SITES																	211	207	199	197	115
INDICATOR VALUE NEW SITES																	61	91	93	99	98

Indicator 3: Percentages of hemorrhages at delivery in women that gave birth naturally in the maternity center



	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
	2008												2009								
NUMERATOR OLD SITES					13	20	10	9	9	7	8	12	6	8	6	3	2	6	6	4	2
DENOMINATOR OLD SITES					860	1085	731	669	828	875	876	901	999	995	991	765	783	763	957	839	601
INDICATOR VALUE OLD SITES					1.51	1.84	1.37	1.35	1.09	0.80	0.91	1.33	0.60	0.80	0.61	0.39	0.26	0.79	0.63	0.48	0.33
NUMERATOR NEW SITES																	1	4	2	2	2
DENOMINATOR NEW SITES																	433	413	422	436	250
INDICATOR VALUE NEW SITES																	0.23	0.97	0.47	0.46	0.80

at the final session: a) the results of the initial follow-up at the HRM collaborative sites were presented and discussed b) the results of the developments were shared for each of the 13 indicators at each site c) there were exchanges on the innovative actions and difficulties and d) the Access human resources management software was taught. The participants found the Access software extremely useful as a database for managing human resources, identified many other areas in which it could be used, and recommended the software for use in the collaborative. At the final session it was observed that all the indicators improved markedly. (see the key results section below).

Preparing to supervise a patient taking ACTs at the SOCLOGBO health center

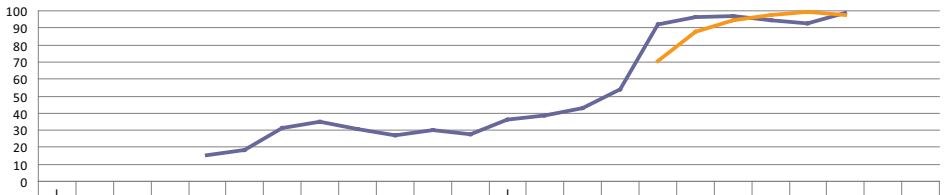
KEY RESULTS

OVERALL RESULTS

In 2009, the quality improvement collaboratives picked up pace with the implementation of five collaboratives in 86 health centers. Some are in the demonstration phase and others are in the extension phase. Some key results from each collaborative are:

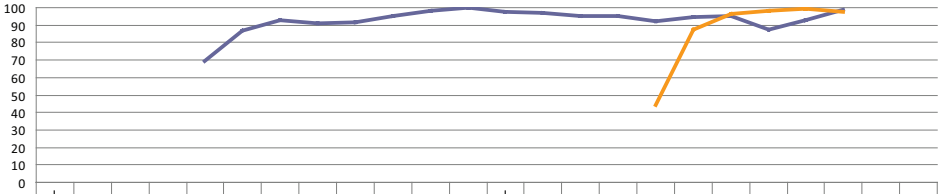
EONC/AMTSL: During its spread stage, the new sites demonstrate that performance levels are being achieved 90% faster than at the old sites, thanks to changes tested at the old sites and implemented at the new ones. These include organizational changes that ensure that the necessary inputs are available (use of inventory forms, use of community financing funds to obtain certain products, etc.), and changes that reorganize how care is provided (i.e. the use of nurse's assistants in post-partum surveillance of mothers and newborns, and the implementation

Indicator 4: Percentage of newborns for whom at least 80% of case management standards were observed



	J 2008	F	M	A	M	J	J	A	S	O	N	D	J 2009	F	M	A	M	J	J	A	S	O	N	D
NUMERATOR OLD SITES					47	53	73	70	73	77	78	79	123	145	157	154	149	160	170	147	117	93		
DENOMINATOR OLD SITES					303	292	233	201	236	284	261	289	338	377	368	285	162	166	175	156	126	94		
INDICATOR VALUE OLD SITES					15.51	18.15	31.33	34.83	30.93	27.11	29.89	27.34	36.39	38.46	42.66	54.04	91.98	96.39	97.14	94.23	92.86	98.94		
NUMERATOR NEW SITES																	147	182	188	192	114	75		
DENOMINATOR NEW SITES																	209	208	199	197	115	77		
INDICATOR VALUE NEW SITES																	70.33	87.5	94.47	97.46	99.13	97.4		

Indicator 5: Percentage of newborns in whom at least 80% of the surveillance norms were observed during the first six hours



	J 2008	F	M	A	M	J	J	A	S	O	N	D	J 2009	F	M	A	M	J	J	A	S	O	N	D
NUMERATOR OLD SITES					70	87	103	100	101	106	108	111	154	177	189	183	149	157	167	136	117	83		
DENOMINATOR OLD SITES					101	100	111	110	110	111	110	111	158	183	198	192	162	166	175	156	126	84		
INDICATOR VALUE OLD SITES					69.31	87	92.79	90.91	91.82	95.5	98.18	100	97.47	96.72	95.45	95.31	91.98	94.58	95.43	87.18	92.86	98.81		
NUMERATOR NEW SITES																	94	182	192	194	114	75		
DENOMINATOR NEW SITES																	211	208	199	197	115	77		
INDICATOR VALUE NEW SITES																	44.55	87.5	96.48	98.48	99.13	97.4		

of a coordinated leave system to ensure that the employees are competent).

Mutuelles: Performance of MHOs at two collaborative sites in Borgou demonstrate that the MHO members in Banikoara encountered a few stumbling blocks beginning in April 2009 after the third learning session. However, by the last quarter of the year, there was a slight resumption of activities after several dialogue sessions.

HRM: Over the last few months, the teams found effective strategies for preparing the job descriptions and for creating and organizing the files and other components. Thirteen follow-up visits were made by a joint DDS/PISAF team during which the quality improvement teams received support at all 86 sites. The principal results are to the right.

In terms of coverage, we note that 86 out of the 136 health centers in Zou/Collines (63%) have at least one collaborative, broken down as follows:

- Health centers with 1 collaborative: 56
- Health centers with 2 collaboratives: 20
- Health centers with 3 collaboratives: 5
- Health centers with 4 collaboratives: 1
- Health centers with 5 collaboratives: 4

There are 14 collaborative sites in the old MHOs in Borgou/Alibori, or 100% of the sites that were planned.

KEY ACTIVITIES PLANNED FOR 2010

- Organize learning sessions for the FP, PMTCT and HRM, and EONC/AMTSL collaboratives in Zou/Collines and the MHOs of Borgou/Alibori
- Organize a monthly follow-up of the FP, PMTCT and HRM, EONC/AMTSL collaboratives
- Incorporate the management of emergencies related to fever by implementing the "Emergency Triage Assessment and Treatment" (ETAT) system in the malaria collaboratives
- Conduct a wrap-up of each collaborative

	Sinendé			Banikoara		
Percentage	1st quarter 2009	2nd quarter 2009	3rd quarter 2009	1st quarter 2009	2nd quarter 2009	3rd quarter 2009
% of members current in their dues	31.4%	33.2%	29.8%	9.8%	7.9%	4.5%
% of beneficiaries current in their dues	38%	38.8%	36.6%	9.5%	9.2%	5.5%
% of households that belong to an MHO	22.6%	23.4%	23.6%	16%	16.2%	16.3%

PERFORMANCE CHANGE AVERAGE AT ALL 12 HRM SITES IN ZOU/COLLINES

	1	2	3	4	5	6	7	8
	% of employees for whom there is a job description	% of employees evaluated during the year	% of employees for whom a file was created with the required procedures	% of employees with up-to-date files in the facility	% of employees with an up-to- date file	% of employees that have a payslip file	% of employees whose database on training needs is available	% of employees trained at least once in the year after they were identified for training
Baseline - April 2009	12%	16%	33%	14%	50%	35%	0%	0%
August 2009 (average)	28%	20%	49%	30%	84%	68%	18%	39%

- Develop an integrated change package that will incorporate the results and best practices of the six collaboratives to be implemented at the 145 health facilities in Zou/Collines
- Present the results of the collaboratives at the national level

Personnel file storage at the Covè hospital

IR 2.4 Increased financial access to health services

KEY ACTIVITIES

Supported the creation of regional federations of MHOs in Zou/ Collines and Borgou/Alibori

Several activities were carried out as part of the process of creating regional federations of MHOs, and the main ones are as follows:

- 45 new MHOs were created;
- 421 MHO managers were trained
- 378 health workers were trained to organize the treatment of MHO member patients;

Furthermore, two feasibility studies were conducted in four zone hospitals on services that can be offered to the Zou/Collines and Borgou/Alibori MHO communal unions. The results of the study were used to determine the package of services and additional dues for each communal union. MHO managers received orientation about the roles, operations, and the process of creating a communal union, and support was provided to hold constitutive general assembly meetings of the Alibori communal unions. These networks of MHOs will now facilitate payment for the treatment of MHO members referred to the zone hospitals by the peripheral health facilities. Next year, emphasis will be placed on the functionality of these health MHO networks.

Introduced a system to support the use of prevention measures by MHO members

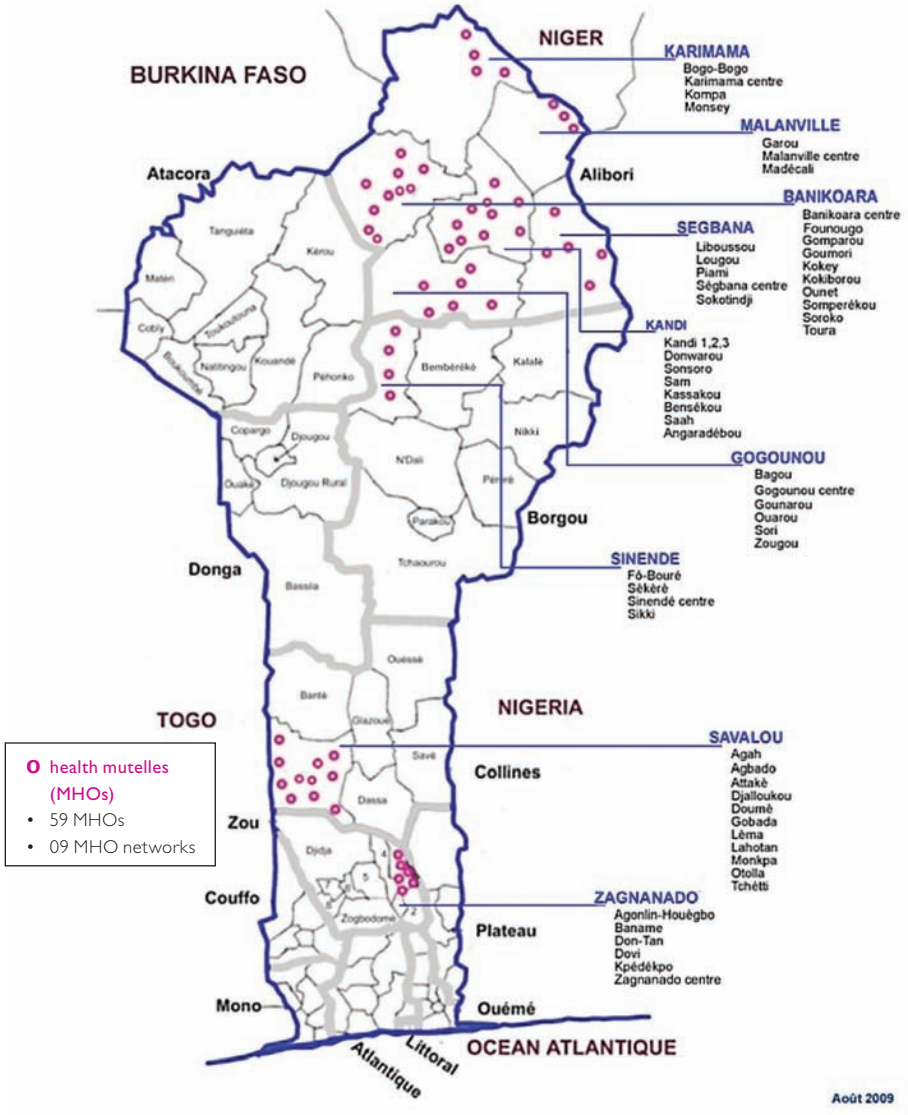
The use of preventive services by the MHOs was tested in six MHOs in Sinendé and Banikoara by distributing long-lasting insecticide-treated nets (LLITNs) to MHO member households. The MHOs distributed a total of 1,775 LLITNs. All the MHOs except one managed this activity in a highly transparent manner. According to the MHO managers, the introduction of treated nets in the MHOs brought in quite a few new members, won back some former members that had stopped paying their dues, and improved people's familiarity with MHOs. Based on this result, the experience will be extended to the other MHOs next year.

Supported the process of implementing local systems to provide ongoing technical support to the MHOs of Zou/Collines and Borgou/Alibori

The implementation of local systems to provide ongoing technical support to the MHOs was initiated by organizing workshops on the role that local elected officials and stakeholders play in the development of MHOs in Zou/Collines and Alibori. A total of 260 elected officials and

- 45 new MHOs created, 40 of which have effectively launched financial management of health care for beneficiaries
- 5 communal unions (networks) of MHOs were created in Zou/Collines and Alibori to facilitate management of assigned risk at referral hospitals
- 4 communes in Alibori designated a point person to monitor the MHOs and facilitate activities
- 1,775 LLITNs were distributed by 6 MHOs in Sinendé and Banikoara

MAP OF PISAF INTERVENTIONS FOR THE MUTUAL HEALTH ORGANIZATION (MHO) COMPONENT



stakeholders received information about the importance of MHOs for implementing such a system.

Designed and tested a system for lowering barriers to accessing health services for the most disadvantaged

Based on the results of the indigent fund study, completed with the support of Yann Derriennic from Abt Associates, an alternative strategy was suggested to the Ministry of Health for providing care for the indigent through MHOs. Even though the stakeholders validated and disseminated the results of this study, there has not been follow-up in terms of experimenting with the strategy.

KEY RESULTS

- All 59 MHOs throughout Zou/Collines and Borgou/Alibori had 29,694 beneficiaries, 29% of whom are current in their dues. They contributed to providing care for 5,841 cases (or beneficiaries), at an average cost of CFA 1,144 (about $2.40), for an average claims rate of roughly 33%.
- In Alibori, the two communes that are very committed to the MHO development process are Gogounou and Ségbana, with 39% and 35% of beneficiaries who are current in their dues, respectively. By contrast, in Zou/Collines, 42% of the MHO beneficiaries in Savalou are current in their dues, as opposed to 31% for the members from Zagnanado.
- With regard to the local system for supporting MHOs, the communal councils took excellent initiatives to increase the number of new members and to encourage loyal MHO members to pay their dues. This occurred with the Malanville Communal Council, which decided to pay 50% of the dues of members who were current in their dues as of December 31, 2009. The local elected officials from Gogounou made a decision at the communal council meeting that "[f]rom this point on, to serve in a position of responsibility in the commune (councilors, delegates, COGECS, liaisons, vaccinators, etc.), you must first join an MHO." In Zagnanado, the city hall provided health MHO managers with an office in the arrondissement of Banamè. Likewise, an office was identified for the Zagnanado communal union of MHOs.
- Of the 14 old MHOs (Sinendé and Banikoara), 12 are operational, but only the Sékéré MHO in the commune of Sinendé was able to retain at least 2/3 of the members who had joined between October 1, 2007, and September 30, 2008.
- The project developed the strategy of linking the MHOs with community-based services. Four micro-financing products were identified to explore the benefits of direct links between the MHOs and micro-financing institutions. Performance indicators were introduced in the operating MHOs. A strategic plan to develop MHOs in Benin was prepared and disseminated. The report on the indigent fund study was distributed, as well as the feasibility studies in four zone hospitals on services that could be offered to the Zou/Collines and Borgou/Alibori unions.

Challenges and opportunities

- All the networks of MHOs would offer to pay for hospital care for the beneficiaries of the MHOs in Zou/Collines and Borgou/Alibori;
- The commitments of the local elected officials to the MHOs will be firmed up;
- The dues payment and/or member loyalty rate needs to improve
- The MHOs should commit to a process of sustainable management and performance self-review.

KEY ACTIVITIES PLANNED FOR 2010

- Support the Ministry of Health to organize a national forum on MHOs
- Strengthen the organizational and managerial capacity of the MHOs
- Support and strengthen the organizational and managerial capacity of MHO networks
- Support the professionalization of MHOs
- Introduce a system to support the use of preventive services by MHO members
- Create local ongoing technical support systems for MHOs
- Introduce and support improvements in the quality of care in MHOs

3. IR 3: Increased demand for health services, products and prevention measures

Local and religious leaders at the malaria advocacy workshop in Dassa

IR 3.1 Improvement of knowledge and attitudes toward appropriate behaviors

KEY ACTIVITIES

Raised awareness in the communities of Zou/Collines on family health issues, including malaria, STIs/HIV/AIDS, FP, and community EONC

The highlight of this fiscal year was the production and dissemination of seven IEC/BCC tools and the production of a film entitled "Le Bonheur du Ménage" ("The Happy Household"). Likewise, this year various community stakeholders and care providers were trained to improve the quality of services and care and to strengthen preventive measures by implementing awareness campaigns on family health issues such as malaria, STIs/HIV/AIDS, FP, community EONC, and MHOs.

Practicing the insertion of an IUD during the contraceptive technology training for private center health workers in Zou/Collines

Implemented multimedia campaigns on family health issues

In an effort to provide accurate health information to the communities, PISAF signed ten partnership contracts (two of which were new) with the local radio stations, and service contracts with three popular theater companies, one primary school theater company, and one popular traditional musical group. Through these contracts the interactive awareness sessions and radio programs were continued and strengthened. In this context, 74,723 people, 45,807 of whom were women from 95 localities in Zou and Collines, learned essential concepts on malaria, STIs/HIV/AIDS, family planning, and community EONC. Also, 29,438 radio programs were broadcast in the main languages spoken in Zou/Collines and Borgou/Alibori on varied family health issues, including malaria, STIs/HIV/AIDS, FP, and community EONC.

Session to explain the new national policy on malaria control

Training in contraceptive techniques

Collaborated with local elected officials to involve them effectively in malaria control efforts in Zou/Collines

PISAF provided orientation to 79 local elected officials and 48 religious leaders on the causes, signs, consequences, prevention, and treatment of uncomplicated malaria in the home. Next they made the commitment to become directly involved in controlling malaria in Zou/Collines through social mobilization and advocacy activities.

Produced and aired radio programs on family health issues

This year, 15 hosts from four local radio stations in Borgou/Alibori and the regional station ORTB Parakou were given orientation on designing, editing, and broadcasting radio messages on preventing and treating uncomplicated malaria in the home, preventing STIs/HIV/AIDS, and on MHOs. This orientation culminated with the development of eight scripts for spots on MHOs that were translated into three languages, and then recorded, edited, and made ready for broadcasting.

Strengthened the capacities of the health workers and other partners in BCC/IEC and IPC

PISAF promotes the provision of quality reproductive health services in both public and private health facilities in its service area. In this context, it organized training and post-training follow-up for 16 providers from private health centers in contraceptive technology, interpersonal communication (IPC), and FP counseling.

Updated the inventory of IEC materials, analyzed the materials for the community level, and adapted them or translated them into local languages

Produced a popular theater video compact disc in Fon, a local language, on preventing HIV/AIDS and promoting FP in Zou/Collines

To compensate for the lack of IEC/BCC media in the waiting rooms of the health facilities in Zou/Collines, PISAF recorded a 50-minute DVD entitled "Le Bonheur du Ménage" ("The Happy Household") with two parts: 1) an awareness sketch on FP and 2) accounts from women, men, and community leaders on the advantages of family planning. The target audience for this video is women who seek antenatal and postnatal consultations and consultations for healthy children.

Developed, produced, and disseminated IEC/BCC materials

A series of job aids was produced to promote IEC/BCC activities at various levels in the PISAF intervention area. These materials are described in the table on page 17.

Supported IMCI and community EONC

Supported the training of 150 "community liaisons" in community IMCI in the DAA and DAGLA health zones

Community liaisons are trained for the purpose of contributing to lowering infant and neonatal mortality in Zou/Collines. In this fiscal year, PISAF supported the DASSA/GLAZOUE health zone in training the community liaisons in the Community Integrated Management of Childhood Illnesses (IMCI). A total of 30 community liaisons were trained this year, bringing the total number of liaisons trained in community IMCI in Zou/Collines to 150.

Provided orientation to artists and journalists in community EONC

This year, 16 theater artists and partner radio hosts learned about basic community EONC concepts and the strategy to implement them in Zou/Collines. With these different concepts, the radio hosts prepared radio spots, and the artists designed a theater play on community EONC. These different tools were broadcast over the appropriate channels to raise community awareness.

Raised awareness of community EONC in 30 villages in Zou/Collines

In the process of implementing community EONC, the three theater companies that partnered with PISAF reached 30 of the

150 villages covered by the community activities to raise people's awareness of community EONC. The purpose of this awareness campaign is to inform the communities of the danger signs in pregnant women, women in labor, and newborns. The campaign also sought to make people aware of the measures to be taken at the community level to provide care for women in dangerous situations. During the awareness sessions, the participating communities shared several accounts of women who had died in labor.

Carried out monthly follow-ups of "community liaisons" in Zou/Collines

Ten monthly follow-up sessions of community liaisons were held this fiscal year to strengthen their capacities, in particular in completing the management tools. Regarding ACTs, the analysis showed that 82% of the ACTs provided to the liaisons were distributed. The health facilities regularly replenished the supplies.

For the LLITNs, the liaisons sold them very quickly because demand outstripped supply. With support from PSI, the LLITNs available for the general population were sold for CFA 1,000 each (about $2.00).

Supported the Week of Social Mobilization in Zou/Collines

Supported the pregnancy and STI/HIV prevention drives for adolescents in the secondary schools of Zou/Collines

This year, PISAF extended its activities in the schools of Zou/Collines, targeting the students, teachers, and administrative officials. The purpose was to promote favorable behaviors in middle schools for sound sexual and reproductive health among adolescents and to reduce unwanted pregnancies. The study performed in March 2008 on pregnancy in the school environment was presented and discussed in a workshop that brought together students, school officials, and

BCC/IEC Materials Disseminated in 2009

Type of material	Target Population	Description
Flyer called *"My Compass for Life"*	• Distributed in 10 high schools and middle schools in Zou/Collines • Targeted at class student delegates, secondary school teachers, and administrators of middle schools and high schools	Intended to promote sexual and reproductive health to prevent unwanted pregnancies and HIV/AIDS/STIs in the school environment.
Image box on family health	Targeted at community liaisons and health workers at maternities	Serves as a job aid for facilitating educative chats on prenatal consultation, PMTCT, prevention of malaria in pregnant women and in children under 5, and family planning
Flyer on mutual health organizations (MHOs)	• For public health facilities that are already linked to an MHO in Borgou/Alibori • For MHO managers	Serves to strengthen awareness-raising activities for the 42 MHOs in Borgou/Alibori, and to win over new members and/or maintain current members
6 job aids adapted on the prevention of infections in birthing rooms and operating rooms	For health workers at the central district hospital, zone hospitals, and in birthing rooms at public health centers	The key points covered in these job aids are: • Simple hand-washing • Equipment needed for labor • Protective equipment for birthing rooms • Surgical hand-washing • Proper attire for the operating room
Flyer on family planning (already developed in 2008 and reproduced this year)	For use by popular traditional theater companies, community liaisons, women's groups and public and private health facilities	Serves to strengthen awareness-raising campaigns on family planning
Flyer on blood donation (developed in 2008 and reproduced this year)	For use by health workers at the Zou/Collines Department of Blood Transfusion	To support awareness-raising activities

Head of Aklampa health facility responding to community concerns

Community liaisons in the village of Sègbèya

departmental authorities in charge of education. This presentation and discussion culminated in preparing and implementing a preventive communication strategy to curtail this problem.

A school contest was launched around the theme of "preventing pregnancy and STIs/HIV/AIDS in the school environment: stakeholder roles and responsibilities." Ten middle schools took part in this contest and submitted scenarios to a panel of five independent judges. Six pre-selected middle schools performed their theater play in front of a total of 16,096 students (6,936 of whom were girls), 283 teachers, and 198 parents of students.

World AIDS Day awareness campaign

PISAF provided support to the health zones of ZOBOZA and SABA in organizing the awareness campaign to mark the 21st World AIDS Day. Three popular music groups and three popular theater companies received support to carry out an awareness campaign in 11 of the 15 communes in Zou and Collines on how to prevent STIs/HIV/AIDS. This year the theme was "Lead, Move, and Be Responsible."

Awareness drive for World Malaria Day

The second World Malaria Day was commemorated jointly with the ZOBOZA health zone, the DDS, NMCP, and the other social and community partners. The theme the international community chose was *Conquering Malaria: The Countdown Has Begun*. Four key activities were carried out:

- Stakeholders held a reflection day to analyze the current situation in malaria prevention and treatment;
- A school theater company performed in 11 school groups in Bohicon to raise awareness of the causes of malaria, how to prevent it, and how to treat it in the home;
- Local awareness-raising in three rural localities in Bohicon on the same theme by a partner popular theater company; and
- Awareness for the general public organized on the Bohicon City Hall mall.

Technical and financial support was provided this year to the Savè-Ouessè health zone to carry out an awareness and blood drive. The purpose of this activity is to meet the demand for blood in the hospitals, as demand is growing due to anemia caused by malaria, especially in children under five during the rainy season. The partner local radio stations, religious leaders, and theater companies participated in this drive. Subsequently, 303 pouches of blood were collected for the Savè Zone Hospital and the Ouessè Zone Hospital.

KEY RESULTS

- Seven IEC/BCC tools were developed and one film was produced;
- 74,820 people, 44,807 of whom were women, were educated about family health issues in 85 localities;
- 29,438 programs were broadcast on family health issues (malaria, STIs/HIV/AIDS, FP, and community EONC);
- 15 partner radio hosts in Borgou/Alibori were trained in MHOs and other family health topics;
- 16,096 students (6,936 of whom were girls), 283 teachers, and 198 parents of students were educated on how to prevent pregnancy and STIs/HIV/AIDS in the school environment in ten middle schools in Zou/Collines;
- 322 class student delegates, 78 secondary school teachers, and 22 administrators of ten public and private middle schools in Zou/Collines were involved in promoting good practices and attitudes in adolescent sexual behavior;
- 79 local elected officials and 48 religious leaders attended an advocacy workshop on their commitment and effective involvement in malaria control;
- 16 maternity center nurses and midwives from private health facilities were trained and monitored in interpersonal communication (IPC) and family planning counseling;

Head of Agoua health center, during a supervision visit to community liaisons in Kadjogbé village

The mayor of Ouesse commune donating blood during the blood donation campaign week

- 150 community liaisons were trained in community IMCI and given kits;
- 18 artists and journalists received orientation on the community EONC approach;
- 25 community liaisons were trained in community EONC; and
- 303 pouches of blood were collected for the Savè Zone Hospital and the Ouessè HC.

KEY ACTIVITIES PLANNED FOR 2010

Advocacy training

- 50 managers from the DDS and health zones will participate
- Six advocacy workshops will be organized for the religious and opinion leaders and for local elected officials on the promotion of FP

Counseling and interpersonal communication (IPC) training

- 100 providers from PMTCT sites
- 100 IPC and EONC counseling providers
- 75 providers from maternity centers in IPC and FP counseling
- 90 MHO managers in IPC and promoting FP

Reproductive health in the school environment

- Provide orientation to 180 members of the Parent and Teacher Associations of Zou/Collines for promoting sound sexual and reproductive health in the school environment
- Support peer education in the school environment and youth groups

Training for community liaisons

- 100 liaisons in community EONC
- 150 community liaisons in immunization and case surveillance
- Organize quarterly sharing meetings between the community liaisons from the same health zone

Social mobilization

- Organize three orientation workshops for 20 hosts and managers of partner radio programs on PMTCT, community IMCI, MHOs, and the minimum package of services offered in the health facilities
- Provide technical and financial support to 14 local radio stations (ten in Zou/Collines and four in Borgou/Alibori) to implement awareness campaigns on family health issues
- Provide technical and financial support to three popular and traditional media groups to carry out social mobilization campaigns on family health issues
- Provide support to three traditional theater groups to implement social mobilization campaigns on family health issues
- Organize 12 follow-up visits for the social mobilization campaigns
- Support awareness campaigns in 100 villages on community EONC

Develop and disseminate IEC/BCC materials

- Develop, print, and disseminate materials for advocacy in FP and PMTCT
- Develop and disseminate a poster on MHOs
- Develop and print posters on how to prevent pregnancy and STIs/HIV/AIDS in the school environment and post them on giant billboards in front of the secondary and middle schools in Zou/Collines
- Print and disseminate the flyer on double protection (My Compass for Life)
- Print and disseminate the blood donation flyer
- Record, produce, and disseminate three audio CDs in the local languages (Idaatcha, Fon, and Tchabe) on how to promote FP and prevent STIs/HIV/AIDS in Zou/Collines

4. Program Management

4.1
Administrative and personnel management

In May 2009, **Dr. Frantz Siméon** replaced **Dr. Aguima Tankoano** as PISAF Chief of Party. Dr. Siméon worked in Namibia as URC's Chief of Party from December 2005 to April 2009. He specializes in: strengthening health systems, and has a wide array of other technical skills such as HIV/AIDS prevention, tuberculosis, reproductive health, and maternal and child health.

Dr. Aguima Tankoano was appointed URC Chief of Party in Ghana for the new ProMPT Project "Promoting Malaria Prevention and Treatment" in April 2009. There was a ceremony on May 7, 2009 to commemorate Dr. Tankoano's eight years of service with URC in Benin under PROSAF and PISAF and to welcome Dr. Frantz Siméon as Chief of Party. URC partners took part in this ceremony.

To strengthen the URC office in Cotonou, the decision was made to transition the administrative/transportation assistant position to that of Administrative Manager in Cotonou effective in early July. The administrative duties in Bohicon were redistributed. The duties of telephone operator/receptionist were assigned to staff members who were previously in charge of maintenance, while vehicle fleet management was added to the job duties of the logistician.

Dr. Aguima Tankoano

Dr. Frantz Siméon

4.2
Facility Renovations

The project formally accepted the construction work to renovate the dispensary and administrative section of the following health facilities: the Glazoué HC; the Paouignan HC maternity center; the Djegbe maternity center; the Doyissa maternity center; the Agbangnizoun maternity center and housing for midwives; and the Ouinhi HC dispensary. The project also accepted the whitewashing of the maternity center and the straw hut of the Baname HC.

As part of these health infrastructure renovations in Zou and Collines, last April 7, PISAF hosted a delegation from MERCYSHIPS for a site visit to the Dasso maternity center in Ouinhi and the Mougnon HC in Abomey, which were selected for renovation, as well as the Djègbé maternity center in Abomey, which is one of the centers already renovated. With this visit, the delegation was able to evaluate the content of the report regarding the deterioration of the buildings in order to make a decision on which facilities to renovate.

This year, an additional 10 health facilities will be renovated.

Financial Report
Fiscal Year 2009

USAID/Benin
Period: October 1, 2008 to September 30, 2009
Cooperative Agreement No.: 680-A-00-06-00013-00

Total Estimated USAID Amount:	$19,172,604
Cost-Sharing Amount (Non-Federal):	$375,000
Total Program Amount:	$19,547,604
Current Obligation (as of Sept 30, 2009)	$11,942,616

Expenditures to Date by Result

CA Activities	Total Estimated Cost	Expended This Period (10/08-9/09)	Cumulative Expenditures to Date	Remaining Funds
IR 1: Supportive Implementation Environment Created	$3,572,871	$512,911	$2,726,300	$846,571
IR 2: Access to Quality Services and Products Increased	$5,682,213	$1,288,994	$4,230,277	$1,451,936
IR 3: Demand for Services, Products, and Preventive Measures Increased	$6,237,520	$669,252	$2,651,518	$3,586,002
IR 4: Presidential Malaria Initiative Activities (PMI)	$3,680,000	$1,277,878	$1,434,612	$2,245,388
Total	$19,172,604	$3,749,035	$11,042,707	$8,129,897

Expenditures to Date by Funding Source (October 1, 2008 - Sept 30, 2009)

Fund Source	Initial Obligation	Mod 1	Mod 3	Mod 4	Mod 5	Mod 6	Mod 7	Mod 8	Mod 9	Mod 10	Total Obligated	% Allocated	Expended This Period (10/08-9/09)	Cumulative Expenditures to Date	Remaining Obligated Funds
POP	$511,500	$803,786	$1,023,000		$188,443	$300,000	$723,000				$3,549,729	30%	$889,864	$3,459,877	$89,853
CSMH	$68,831	$728,312	$1,643,000		$226,557	$463,045	$156,955		$330,192		$3,616,892	30%	$906,701	$3,525,339	$91,553
ID	$738,270	$526,725									$1,264,995	11%	$317,115	$1,232,975	$32,020
HIV/AIDS	$231,399	$326,601	$434,000			$434,000					$1,426,000	12%	$357,477	$1,389,904	$36,096
Malaria				$1,685,000				$300,000		$100,000	$2,085,000	17%	$1,277,878	$1,434,612	$650,388
TOTAL	**$1,550,000**	**$2,385,424**	**$3,100,000**	**$1,685,000**	**$415,000**	**$1,197,045**	**$879,955**	**$300,000**	**$330,192**	**$100,000**	**$11,942,616**	**100%**	**$3,749,035**	**$11,042,707**	**$899,909**

ANNEX 1: Equipment and materials

Equipment/materials

- Wooden furniture was made for the meeting room in the DASSA zone office, consisting of 30 tables that seat two, one table that seats eight, one desk, and 110 padded chairs;
- Items were purchased as prizes for the contest to prevent pregnancy and STIs/HIV-AIDS. They included two TV sets, two DVD players, and two voltage regulators;
- Printed 10,000 copies of the flyer entitled "Ma boussole" ("My Compass") for the student awareness drive on preventing pregnancy and STIs/HIV-AIDS;
- Printed 5,500 copies of "Don de Sang" ("Donating Blood") flyers for the social mobilization drive on preventing malaria;
- Printed 250 copies of the Health Fund Study Report for the indigent and MHOs;
- Printed 580 copies of the curative care registers;
- Printed 50 copies of the DAGLA HZ Statistical Yearbook;
- Printed 1,500 copies of the 2007 Statistics Yearbook for the Ministry of Health;
- Printed malaria case management tools for the private sector;
- Purchased materials and equipment to support the PNLP in six departments for capacity building as follows: six projection screens, 12 conference tables, six DVD players, and seven multimedia projectors; and
- Purchased training materials for the PMI office in Cotonou as follows: four flip chart easels, two uninterruptible power supplies, four CEE extension cords, and one printer.

Inventory

The LLITNs were distributed as follows:

- 1,100 were issued to the community liaisons
- 50 were provided to MERCYSHIPS
- As of June 30, 2009, 128 LLITNs remained

PISAF signed a contract with ALCRER, an NGO, to conduct a management audit of materials/equipment provided to six zone offices, the departmental hospital, and the Zou/Collines DDS. The results were presented and discussed.

ANNEX 2: Progress table

PISAF FY09 Plan de mise en œuvre	Réalisations	Obsérvations
Activités entre le 01 Octobre 2008 et le 30 Septembre 2009		
Projet globale		
Préparer et soumettre un rapport trimestriel	Réalisé	
Préparer et soumettre un rapport annuel	Réalisé	
Tenir des réunions trimestrielles avec les homologues au niveau departemental et zones sanitaires		
Participer aux reunions trimestrielles organisees par les zones sanitaires (y inclues les sessions d'harmonisation des plans d'action 2009)	Réalisé	
RI 1. Amélioration de l'environement politique		
RI 1.1 Mise en œuvre des politiques et approches de santé séléctionnés		
Fournir un appui technique pour le developpement d'un plan national AQ		
Soutenir financierement la participation des representants du niveau central du MS aux sessions d'apprentissage des collaboratifs		
Offrir régulièrement des opportunités de discussion des questions de décentralisation avec le personnel de santé et la société civile dans Zou/Collines		
Appuyer les zones sanitaires et la DDS dans la mise en oeuvre de la planification ascendante dans Zou/Collines		
Soutenir financièrement et techniquement la session d'harmonisation des plans d'action 2009 des zones sanitaires, du CHD et de la DDS de Zou/Collines		
Réunions régulières entre le MS et les bailleurs de fonds pour la coordination et la collaboration sur les questions relatives aux politiques sanitaires		
Mettre en oeuvre les recommandations du rapport de PISAF sur la bonne gouvernance		
Appuyer l'enquête sur la bonne gouvernance dans les structures sanitaires de Zou/Collines avec l'appui technique d'ALCRER		
Appuyer la mise en oeuvre de la PTME dans Zou/Collines et Borgou/Alibori et de la co-infection VIH-SIDA/Tuberculose dans Zou/Collines		
Appuyer financièrement la formation en PTME de 50 agents nouvellement affectés dans Borgou/Alibori		
Appuyer financièrement la formation de 60 prestataires de Zou/Collines en PTME		
Appuyer la DDS de Zou/Collines dans la mise en oeuvre la startegie nationale de reduction de la mortalite maternelle et neonatale		
Former 20 prestataires des cliniques privées de Zou/Collines sur la planification familiale et la CIP		
Faire le suivi des décès maternels et des échappées belles	La DDS Z/C a apporté un appui technique aux équipes chargées de la réalisation des audits dans les Collines au mois de juin 2009	Le but essentiel de cette visite est de relancer les équipes en vue d'une réalisation des audits selon les normes communiquées lors de la formation tenue en février 2008.
RI 1.2 Les capacités de gestion du système sanitaire sont accrues		
Appui au renforcement du système d'information sanitaire à travers le monitoring trimestriel des données et leur utilisation pour la prise de décision dans les formations sanitaires publiques et privées de Zou/Collines		
Collecter les données pour les indicateurs du PMP	Pour le calcul des indicateurs PMP, la collecte trimestrielle des données a été organisée en collaboration avec la DDS et les ZS	
Appuyer les statisticiens des zones sanitaires pour le suivis des chefs postes dans le contrôle de la qualité des données dans Zou/Collines	PISAF a appuyé la formation de 21 agents chargés de la gestion des statistiques sanitaires sur l'utilisation du logiciel révisé du SNIGS et l'installation de ce logiciel sur 14 ordinateurs des ZS et du CHD	
Fournir les supports de collecte des données du SNIGS et des registres aux cliniques privées agréées de Zou/Collines	PISAF a appuyé la DDS Z/C à fournir à 49 cliniques des supports de collecte de données du SNIGS	

PISAF FY09 Plan de mise en œuvre Activités entre le 01 Octobre 2008 et le 30 Septembre 2009	Réalisations	Obsérvations
Fournir un appui technique et financier pour l'édition de 100 copies de l'annuaire statistique 2007 de la zone sanitaire DAGLA		
Soutenir la revue trimestrielle de la performance des plans annuels des zones sanitaires et de la DDS Zou/Collines		
Soutenir les voyages d'études pour les cadres du Ministère de la Santé		
RI 1.3 La Participation de la société civile est accrue		
Fournir un appui technique et financier aux agents de mobilisation communautaire		
Former 396 membres COGECS sur la tenue de réunion et l'élaboration de procès verbale de réunion	368 Membres COGECS sont formés dans 2 ZS sur la conduite et l'élaboration de PV de réunion soit 93%	
Développer et tester la collaboration entre mutuelle et initiatives de micro-finance		
Appuyer l'organisation d'un atelier de réflexion sur le partenariat entre mutuelles de santé et organisation de micro-finance dans Zou/Collines et Borgou/Alibori	Les bases d'un partenariat ont été définies avec 5 institutions de micro-finances dans l'Alibori au cours des ateliers communaux ayant réuni 64participants dont 7 femmes	
Développer une stratégie pilote pour lier les mutuelles de santé et les activités à base communautaire	La stratégie est élaborée et a été validée au cours d'un atelier qui a réuni 12 cadres du Ministère de la santé	
RI 2. L'Accès aux services et produits de Santé Familiale de qualité est accru		
RI 2.1 Disponibilité des produits essentiels de santé familiale dans les formations sanitaires publiques		
Renforcer les capacités en gestion de la logistique dans le Zou/Collines		
Organiser un atelier départemental de quantification des besoins en médicaments essentiels avec les gestionnaires des dépôts et les CARs	Au cours de cette année fiscale 2009, vingt cinq (25) acteurs de gestion des médicaments ont bénéficié d'une formation pour améliorer leur connaissance sur le système de gestion logistique et sur la quantification des besoins en médicaments essentiels	Les ZS disposent de trois outils de gestion : i) Outil (Excel) d'évaluation du stock et de quantification des médicaments ; ii) Plan d'Approvisionnement Annuel des médicaments essentiels (PAA de MEG) ; iii) Chronogramme de mise en oeuvre du PAA MEG en vue de garantir la disponibilité et l'accessibilité des produits de santé familiale.
Mener une supervision trimestrielle de la logistique dans Zou/Collines	Au cours de cette année fiscale 2009, quatre (04) supervisions de la gestion logistique ont été menées dans les cinq dépôts répartiteurs fonctionnels et les quinze centres de santé de commune du Zou/Collines, aussi bien que dans la zone sanitaire ZOBOZA dont le dépôt est en cours de construction	Ces supervisions formatives ont permis de renforcer la compétence des prestataires et l'utilisation des meilleures pratiques de gestion logistique.
Soutenir l'expansion des produits de santé familiale à travers les relais communautaires et les ONG		
Appuyer l'identification des relais communautaires dans les zones sanitaires de DAGLA et DAA		
Doter les "Relais communautaires" en kits de santé familiale	8200 Plaquettes de CTA (5200 Plaquettes de 6 et 3000 Plaquettes de 12) ont été cédées par les relais communautaires	
RI 2.2 Disponibilité des produits de Santé Familiale sélectionnés au niveau des vendeurs privés		
Promouvoir le partenariat entre les communautés et les centres de santé pour la disponibilité et l'accès aux produits de santé familiale (y inclus les condoms et les MIILDs		
Soutenir la création de points de vente des produits de santé familiale (MIILDs et condoms) en partenariat avec PSI	8400 MIILD, 2000 boites d'Orasel/zinc et 6000 plaquettes d'Aquatabs ont été distribuées par les relais, les points de vente privés et les groupements de femmes ;	

PISAF FY09 Plan de mise en œuvre Activités entre le 01 Octobre 2008 et le 30 Septembre 2009	Réalisations	Obsérvations
RI 2.3 Disponibilité du paquet de Santé Familiale de qualité dans des formations sanitaires ciblées du secteur sanitaire public		
Mettre en oeuvre l'offre intégrée des services (en mettant l'accent sur les SONU, la PF, le VIH/SIDA & IST et la PTME)		
Appuyer le suivi de la mise en oeuvre de l'offre intégrée et de la CIP dans les formations sanitaires de Zou et des Collines		
Apporter un appui financier pour l'impression de 1,000 copies de la composante "femmes" des protocoles de santé familiale dans Zou/Collines		
Appuyer les zones sanitaires dans le développement/renforcement des collaboratifs dans Zou/Collines et Borgou/Alibori		
Développer et valider les paquets de changement des collaboratifs PF, PTME et GRH	Le paquet de changement du collaboratif GRH a ete valide par les experts	
Orientation et mise en place des équipe d'amélioration des collaboratifs PF, PTME et GRH dans Zou/Collines	GRH : équipes d'amélioration de la qualité ont ete mises en placedans 12 sites; PF equipes d'amelioration installee dans 14 sites	L'installation des douze EAQ du collab GRH sont réalisées par les coaches d'un autre site couplée avec la collecte des données de base
Collecter les données complémentaires des collaboratifs PF, PTME et GRH	Collecte de base realisee pour les collaboratifs GRH et PF realisee	La performance pour chacun des 13 indicateurs est déterminée au démarrage du collaboratif
Former les coaches des collaboratifs PF, PTME et GRH	GRH: 17 coach formes, 2 sessions d'apprentissage; PF 12 coaches formes, 1 session d'apprentissage	
Organisation de 3ème SA du collaboratif Mutuelles de santé et qualité des soins dans B/A et de 1ère SA du collaboratif PF dans Zou/Collines	47 personnes venues des 14 sites de démonstration ont pris part à la 1ère session d'apprentissage du collaboratif PF	Cette 1ère session d'apprentissage a été consacrée à la restitution des résultats de l'évaluation complémentaire des besoins et à l'élaboration des plans d'action des sites
Revue du paquet de changement du collaboratif SONE/GATPA dans Zou/Collines		
Organiser le suivi mensuel du collaboratif mutuelles de santé et qualité des services dans Borgou/Alibori	Réalisé	Au terme de ce suivi, il a été constaté que 33 mutuelles parmi les 45 ont démarré effectivement l'offre de soins à leurs bénéficiaires
Développer et fournir des aide-mémoires appropriés		
Développer, multiplier et disséminer les aides mémoires sur la prévention des infections dans les centres de santé		
Fournir à des centres de santé sélectionnés, de l'équipement médical pour améliorer la qualité de l'offre des services de santé familiale		
RI 2.4. L'accès financier aux services de santé est accru		
Aider à la création d'une fédération régionale des mutuelles dans Zou/Collines et Borgou/Alibori		
Suivi post-formation des responsables des mutuelles de santé	Les responsables des 45 nouvelles mutuelles de santé ont bénéficié d'un suivi post formation. Ce qui a permis de constater que 33 mutuelles sont fonctionnelles	
Conduire une étude de faisabilité sur l'offre des soins par les hôpitaux de ZOU/Collines et de Borgou/Alibori dans le cadre de l'intercommunalité	La collecte des données sur les soins de références à été faite dans les quatre hôpitaux (dont 2 dans Z/C et 2 dans l'Alibori). L'analyse et le traitement des données sont finalisés.	
Introduire un mécanisme pour soutenir l'utilisation des services préventifs par les mutualistes		
Organiser un atelier pour définir les services préventifs à inclure dans le paquet de services dont bénéficient les mutualistes	Le draft de la stratégie a été validé au cours d'un atelier qui a réuni 12 cadres des niveaux central, intermédiaire et périphérique du Ministère de la santé. Le paquet de service et les axes opérationnels de la stratégie ont été définis	

PISAF FY09 Plan de mise en œuvre Activités entre le 01 Octobre 2008 et le 30 Septembre 2009	Réalisations	Obsérvations
Créer des mécanismes locaux de soutien technique continu aux mutuelles de santé dans le Borgou/Alibori		
Renforcer la capacité des comités communaux de soutien aux mutuelles de santé dans le domaine de leurs roles et responsabilites		
Concevoir et tester un mécanisme de réduction des barrières à l'accès aux services de santé par les plus démunis		
Développer et tester un mécanisme pour faciliter l'accès aux services de santé par les plus démunis à travers les mutuelles de santé	250 exemplaires du rapport de l'étude sur le fonds sanitaire des indigents et les mutuelles de santé ont été multipliés et disséminés	
RI 3. La demande des Services, des Produits et Mesures Préventives de Santé est accrue		
RI 3.1 Amélioration des connaissances, des comportements appropriés et des mesures préventives		
Renforcer la capacité des agents de santé et d'autres partenaires en CCC/IEC et CIP		
Organiser une session de formation des journalistes du Borgou/Alibori sur les mutuelles de santé		
Actualiser l'inventaire du matériel IEC, analyser le matériel pour le niveau communautaire et l'adapter ou traduire en langues locales		
Enregistrer et produire 4 VCDs sur la sensibilisation à la prévention du VIH/SIDA et sur la PF par le théâtre dans 4 langues locales de Zou/Collines		
Développer, produire et disséminer le matériel IEC/CCC		
Développer et disséminer un dépliant sur la double protection des adolescents dans les écoles secondaires (10 000 copies)		
Finaliser, imprimer et disséminer 500 copies d'une boite à images sur la santé familiale		
Développer et disséminer un dépliant et un poster sur les mutuelles de santé (12,000 copies)		
Mettre en oeuvre des campagnes multimédias (radio, MPT, etc.) sur des thèmes de santé familiale dans Zou/Collines		
Appuyer financièrement et techniquement 14 radios locales (10 dans Zou/Collines et 4 dans Borgou/Alibori) pour la conduite de campagne de sensibilisation sur les services de santé familiale à travers les radios	29 438 émissions radiophoniques ont été diffusées (dans les principales langues parlées dans Zou/Collines et Borgou/Alibori) sur des thèmes variées de santé familiale (paludisme, IST/VIH/SIDA, PF, SONU communautaire). Ces émissions ont couvert les deux départements d'intervention du PISAF	Pour raison de financement, le PISAF a dû suspendre, par courrier officiel en date du 17 juin 2009 et pour compter du 1er juillet 2009, le contrat avec 5 radios partenaires sur les 10
Appuyer financièrement et techniquement 5 Média Populaires et Traditionnels pour la mise en oeuvre de campagnes de sensibilisation sur les services de santé familiale dans Zou/Collines	Réalisé	Les SONU communautaires étaient une nouvelle activité pour les radios partenaires ; 12 microprogrammes ont été produits dans les principales langues
Appuyer techniquement et financièrement 5 troupes théâtrales et folkloriques dans la mise en œuvre de campagnes de sensibilisation sur les services de santé familiale dans Zou/Collines	3 troupes de théâtre ont reçu des contrats de prestation de service en vue de sensibiliser les communautés sur les SONU communautaires dans 30 Villages	6628 personnes de 30 villages sensibilisés sur les SONU communautaires (4090 femmes et 2538 hommes)
Appuyer la PCIME et les SONU Communautaires dans Zou/Collines		
Appuyer la formation de 100 "relais communautaires" en PCIME communautaire dans les zones sanitaires de DAA et DAGLA		
Appui au suivi/supervision des "relais communautaires" dans Zou/Collines	3 suivi/supervision sont réalisées ce trimestre pour voir les activités des relais communautaires	
Appuyer les semaines de mobilisation sociale dans Zou/Collines		
Appui aux campagnes de sensibilisation des élèves des établissements secondaires de Zou/Collines sur la prévention des IST/VIH et des grossesses chez les adolescentes.		
RI 3.2 Introduction d'interventions de services appropriés basés sur la recherche		
Conduire les tests pilotes et évaluer les résultats		

ANNEX 3: Visitor's table

PERIOD: October 1, 2008 to September 30, 2009

Order Nº.	First and last names	Organization/Position	Purpose of the visit/consultation	Persons involved	Period
01	David Cherry, Mark Palmer, Karl Schmutter	Mercyship	Visit the sites as part of the renovation of health infrastructures in Zou/Collines	David, Adjaho	April 7, 2009
02	Zachary Saley	URC Niger	Provide technical support for holding the fifth collaborative learning session on EONC/AMTSL	Gaston, André	April 26 to May 1, 2009
03	Nathan Miller, Daouda Ndiaye	Conseiller PMI/USAID Consultant IMAD	Request clarifications on the supervision activities of the HZs and the DDS financed by URC/PMI, because IMAD will also have the financial authority to finance supervision activities under the PMI	Eléonore	April 30, 2009
04	Ousmane Sarr, Barbara Mathys, Urbain Amegbedji, Ramani Saliou	Equipe IMAD	Discuss the standardization of financing for supervision activities under the PMI	Eléonore	June 3, 2009
05	Tisna Veldhuyzen Van Zanten	URC Bethesda		Frantz/David/ all technicians	June 21 to 27, 2009
06	Suzanne Gold	URC Bethesda	Technical and administrative support	Frantz/David/ all technicians	

ANNEX 4: Supplementary tables

Tableau N° 1 : Nombre Moyen de jours de rupture de stock de produits dans les CS

Nombre Moyen de jours de rupture de stock de produits sélectionnés (CTA, Oxytocine, Condom, MILD, SRO, Contraceptif Oral et injectable) au niveau des centres au cours de l'année 2009

Zone Sanitaire	CTA	Oxytocine	MILD	Condom	Contraceptifs Oraux	Contraceptifs injectables	SRO	Nombre moyen de jours de rupture des 07 produits
Djidja-Abomey-Agbangnizoun (DAA)	2	3	15	3	9	12	2	7
Zogbodomey-Bohicon-Zakpota (ZOBOZA)	1	6	27	6	7	9	17	10
Covè-Zangnanado -Ouinhi (COZO)	7	2	8	5	6	6	11	6
Dassa-zoumè-Glazoué (DAGLA)	7	7	31	0	11	5	4	9
Savalou-Bantè (SABA)	2	2	28	4	10	10	9	9
Savè-Ouessè (SAO)	4	7	29	2	9	11	5	10
Zou/Collines	**4**	**5**	**23**	**3**	**9**	**9**	**8**	**9**

Au cours de l'année 2009, les MIILD ont connu plus de jours de rupture soit en moyenne 23 jours par trimestre suivies des contraceptifs oraux et injectables (9 jours en moyenne par trimestre). Le SRO et l'oxytocine ont connu respectivement 8 jours et 5 jours de rupture en moyenne par trimestre. Les CTA et les condoms ont connu le moins de jours de rupture. Le nombre moyen de jours de rupture en 2009 est en baisse par rapport à l'année 2008 (9 jours contre 10 jours). Au cours des deux derniers trimestres cette moyenne est de 4 jours. Cela peut s'expliquer par une amélioration dans l'estimation des quantités de médicaments à commander par les centres de santé et un meilleur fonctionnement des dépôts répartiteurs des zones sanitaires.

Tableau N° 2 : Nombre Moyen de jours de rupture dans les départements du Zou et des Collines au cours du 4ème trimestre 2008 et des trois premiers trimestres 2009

Périodes	CTA	Oxytocine	MIILD	Condoms	Contraceptifs oraux	Contraceptifs injectables	SRO	Nombre moyen de jours de rupture des 07 produits
4è trim 08	5	6	55	5	14	12	8	15
1er trim 09	4	6	33	4	13	10	7	11
2è trim 09	4	4	4	1	6	7	6	4
3è trim 09	3	3	0	4	3	6	10	4

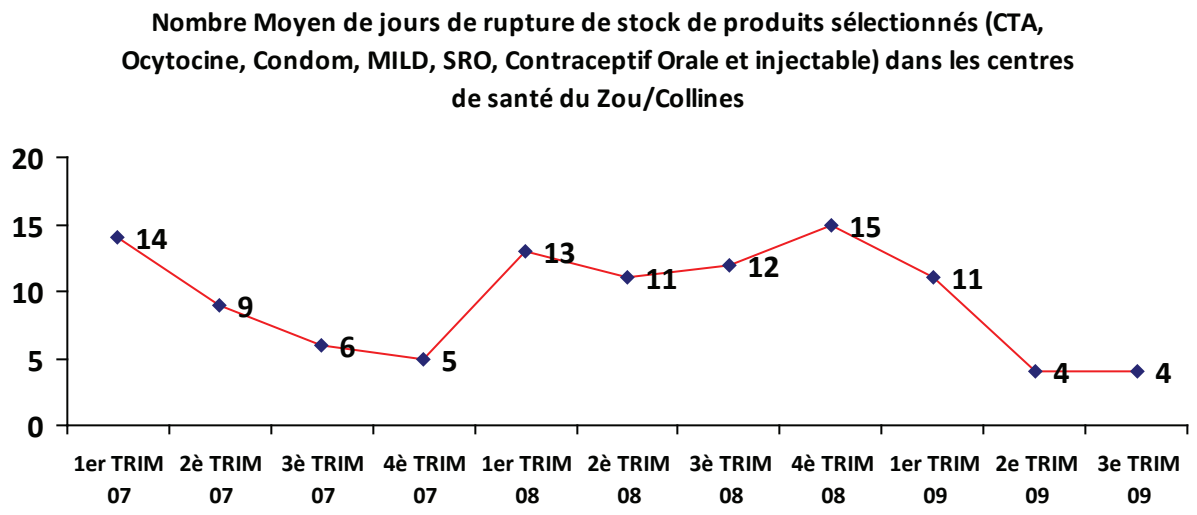


Tableau N° 3: Mise en œuvre de systèmes de supervision

Performance en supervision formative des centres de santé par les zones sanitaires du Zou et des Collines au cours de l'année 2009.

	4ème trimestre 2008	1er trimestre 2009	2ème trimestre 2009	3ème trimestre 2009	Performance (moyenne)
Djidja-Abomey-Agbangnizoun (DAA)	100%	100%	91%	100%	98%
Zogbodomey-Bohicon-Zakpota (ZOBOZA)	27%	95%	86%	82%	73%
Covè-Zangnanado -Ouinhi (COZO)	100%	100%	100%	100%	100%
Dassa-zoumè-Glazoué (DAGLA)	100%	95%	45%	30%	68%
Savalou-Bantè (SABA)	21%	100%	68%	95%	71%
Savè-Ouessè (SAO)	64%	93%	100%	64%	80%
Zou/Collines	67%	97%	80%	78%	81%

La performance moyenne en supervision formative dans les zones sanitaires est passée de 69% en 2008 à 81% en 2009. L'amélioration de la performance pourrait s'expliquer par l'appui de PISAF aux zones sanitaires pour les supervisions formatives.

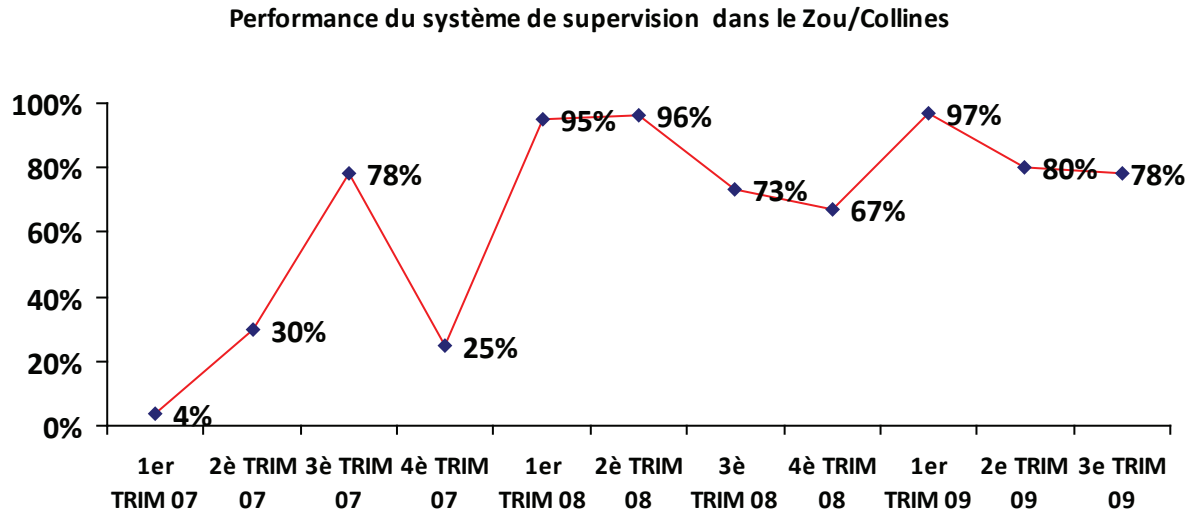


Tableau N° 4 : Mise en œuvre de la prise de décisions basée sur des données par les équipes d'encadrement des zones sanitaires

Performance des EEZS dans l'organisation de sessions de prise de décisions basées sur des données au cours de l'année 2009.

	4ème trimestre 2008	1er trimestre 2009	2ème trimestre 2009	3ème trimestre 2009	Performance (moyenne)
Djidja-Abomey-Agbangnizoun (DAA)	100%	100%	100%	100%	100%
Zogbodomey-Bohicon-Zakpota (ZOBOZA)	100%	100%	100%	100%	100%
Covè-Zangnanado -Ouinhi (COZO)	100%	100%	100%	100%	100%
Dassa-zoumè-Glazoué (DAGLA)	100%	100%	100%	100%	100%
Savalou-Bantè (SABA)	100%	100%	100%	100%	100%
Savè-Ouessè (SAO)	100%	100%	100%	100%	100%
Zou/Collines	100%	100%	100%	100%	100%

Au cours des quatre trimestres de l'année 2009 toutes les zones sanitaires ont organisées des sessions de prise de décisions basées sur les données.

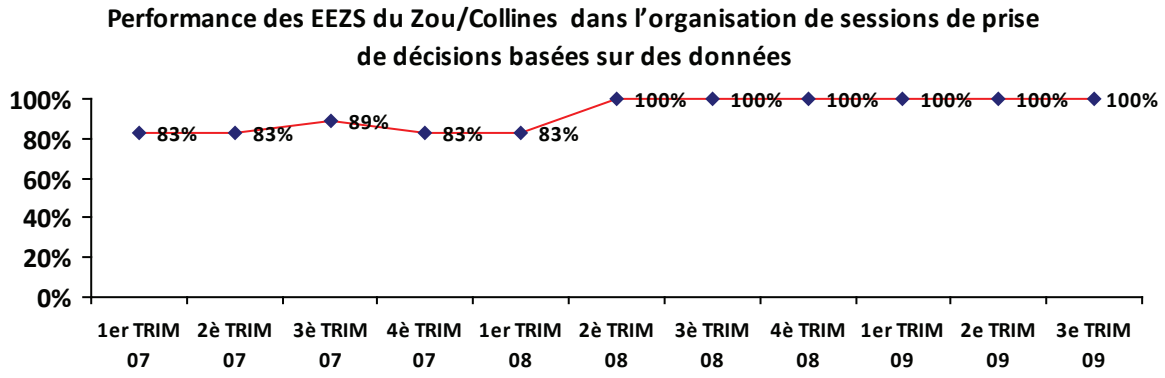


Tableau N° 5 : Accès au paquet de santé familiale

Nombre total de personnes qui ont accès au paquet de services de santé familiale au cours de l'année 2009

	4è trimestre 2008	1er trimestre 2009	2è trimestre 2009	3è trimestre 2009	Total
Counseling	42533	45838	38105	45136	171612
la consultation prénatale	35962	35094	30366	35165	136587
accouchements assistés	9306	10066	8658	8820	36850
Les soins obstétricaux et néonatals d'urgence (SONU)	451	667	705	1909	3732
la consultation postnatale	8676	10717	7481	9087	35961
planification familiale	4746	6979	3544	15756	31025
femmes enceintes qui reçoivent un counseling en VIH	13955	8739	5907	10574	39175
femmes enceintes qui reçoivent un test de dépistage pour la PTME	12259	5335	4706	6547	28847
PCIME	7112	6110	6407	13080	32709
	135000	129545	105879	146074	516498

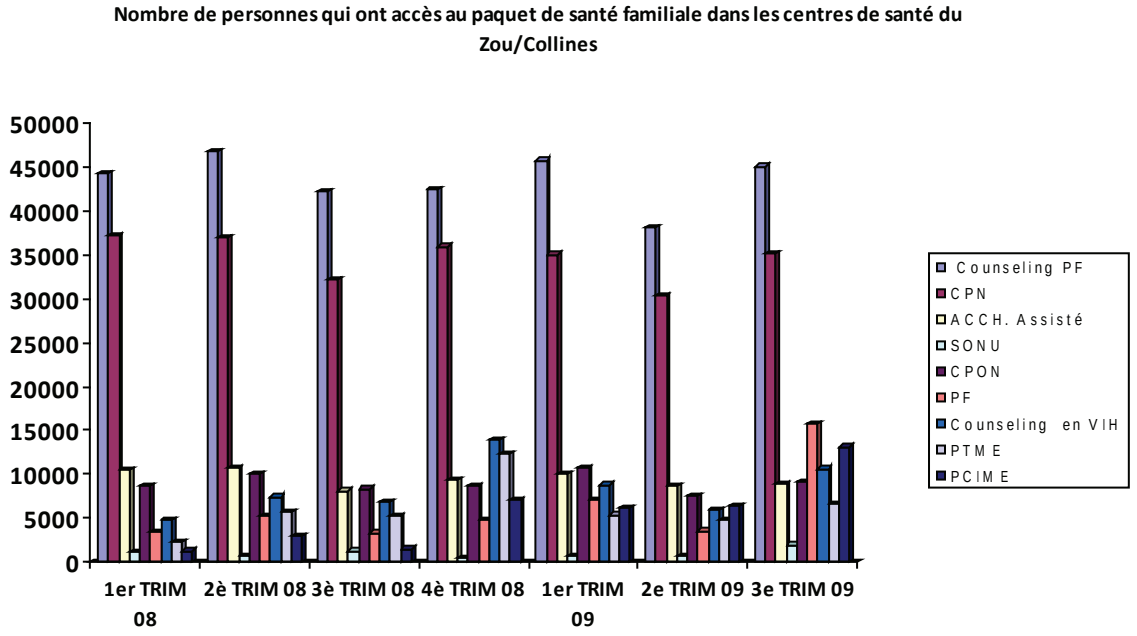


Tableau N° 6 : Utilisation du paquet de services de santé Familiale

% de la population ayant accès (recevant au moins un élément du) paquet de services de santé familiale dans les départements du Zou et des Collines

	4è trim 08	1er trim 09	2è trim 09	3è trim 09	Nbre total de personnes ayant accès aux services	Population cible	Taux d'utlisation des services
1. la planification familiale	4746	6979	3544	15756	31025	329 625	9%
2. les soins prénatals	35962	35094	30366	35165	136587	70 404	194%
3. l'accouchement	9306	10066	8658	8820	36850	61 221	60%
4. la prise en charge intégrée des maladies de l'enfant (PCIME)	7112	6110	6407	13080	32709	266 864	12%
5. les soins postnatals	8676	10717	7481	9087	35961	61 221	59%
6. les soins obstétricaux et néonatals d'urgence (SONU)	451	667	705	1909	3732	70 404	5%
7. les soins curatifs	69803	34317	46271	78685	229076	1 425 792	16%
8.1 le dépistage VIH	0	0	0	0	0	1 425 792	0%
8.2 le dépistage/la prise en charge des IST	0	0	0	0	0	1 425 792	0,0%
9.1 la vaccination enfants	53089	43130	56945	61536	214700	55 934	384%
9.2 la vaccination femmes	10519	6942	10022	12411	39894	70 404	57%
10. le suivi de la croissance	30700	28401	27244	40101	126446	213 924	59%
11. l'IEC/CCC	59107	40394	20923	15164	135588	329 625	41%
12. la PTME	12259	5335	4706	6547	28847	70 404	41%
13.1 le TPI (Nombre de femmes enceintes ayant reçu la 2ème dose de SP)	4590	3787	3743	7256	19376	70 404	28%
13.2 MIILD (Nombre de femmes enceintes ayant acquis une MIILD)	2954	3184	8071	13756	27965	70 404	40%

Tableau N° 7 : Disponibilité du Paquet Minimum de Services Intégrés de Santé Familiale au 3è Trimestre 2009

Zones Sanitaires	Nbre de CS offrant le PMSISF	Nbre de CS visités	Performance en %
Djidja-Abomey-Agbangninzoun	17	22	77%
Zogbodomey-Bohicon-Zakpota	17	22	77%
Covè-Zangnanado-Ouinhi	12	13	92%
Dassa-Glazoué	11	20	55%
Savalou-Banté	19	19	100%
Savè-Ouessè	7	14	50%
Zou-Collines	84	110	76%

NB : Dix (10) services sont offerts en intégration (la planification familiale, les soins prénatals, l'accouchement, les soins postnatals, les soins obstétricaux et néonatals d'urgence (SONU), les soins curatifs, la vaccination, le suivi de la croissance, l'IEC/CCC et la TPI + MIILD)

Zones Sanitaires	Nbre de CS offrant le PMSISF	Nbre de CS visités	Performance en %
Djidja-Abomey-Agbangninzoun	8	22	36%
Zogbodomey-Bohicon-Zakpota	0	22	0%
Covè-Zangnanado-Ouinhi	0	13	0%
Dassa-Glazoué	2	20	10%
Savalou-Banté	0	19	0%
Savè-Ouessè	0	14	0%
Zou-Collines	10	110	9%

NB : Treize (13) services sont offerts en intégration (la planification familiale, les soins prénatals, l'accouchement, les soins postnatals, les soins obstétricaux et néonatals d'urgence (SONU), les soins curatifs, la vaccination, le suivi de la croissance, l'IEC/CCC, la TPI + MILD, la PCIME, le dépistage/la prise en charge des IST/VIH et la PTME)

Tableau No 8 : Distribution de contraceptifs

Produit	Djidja-Abomey-Agbangninzoun	Zogbodomey-Bohicon-Zakpota	Covè-Zangnanado-Ouinhi	Dassa-Glazoué	Savalou-Banté	Savè-Ouessè	Cliniques Privées	Zou-Collines
Condoms	262	489	186	409	267	206	9 700	11 519
Contraceptifs oraux	887	1145	632	1453	1451	203	21525	27 296
Contraceptis injectables	932	1359	643	1189	2614	437	2634	9 808
DIU	195	102	86	72	389	59	553	1 456
Nombre total	2276	3095	1547	3123	4721	905	34 412	50 079

Les produits les plus cédés au cours de l'année 2009 sont les produits contraceptifs injectables et oraux puis viennent les condoms. Le DIU est très peu cédé dans les formations sanitaires.

Tableau N° 9 : Nombre total des produits contraceptifs cédés au cours de l'année 2009

	4ème trimestre 2008	1er trimestre 2009	2ème trimestre 2009	3ème trimestre 2009	Année 2009
Djidja-Abomey-Agbangnizoun (DAA)	467	469	567	773	2 276
Zogbodomey-Bohicon-Zakpota (ZOBOZA)	696	877	686	836	3 095
Covè-Zangnanado -Ouinhi (COZO)	396	368	355	428	1 547
Dassa-zoumè-Glazoué (DAGLA)	862	642	792	827	3 123
Savalou-Bantè (SABA)	997	1296	1271	1157	4 721
Savè-Ouessè (SAO)	204	336	157	208	905
Cliniques Privées	14702	8338	7706	3666	34 412
Zou/Collines	18 324	12 326	11 534	7 895	50 079

Tableau No 10 : Couple – Année Protection (CYP) de l'année 2009

Méthode contraceptive	Quantité cédée	Facteur de conversion	Couples - Années Protection
Condom	11519	1/120	96
Comprimés vaginaux moussants	78	1/120	1
Contraceptifs oraux	27359	1/15	1824
Depo-Provera (injectable)	151	1/4	38
Noristerat (injectable)	23308	1/6	3885
Diaphragme	0	1	0
DIU	1465	3,5	5128
Norplant	556	3,5	1946
Stérilisation (ligature de trompes)	58	8	464
Méthode des jours fixes (collier)	93	2	186
Méthode de l'aménorrhée	1289	1/4	322
Nombre de couples protégés pendant l'année 2009			13889

L'indicateur Couple Année Protection a connu une baisse de niveau au cours de l'année 2009. Les rupture de produits PF dans les formations sanitaires pourrait expliquer en partie cette situation.

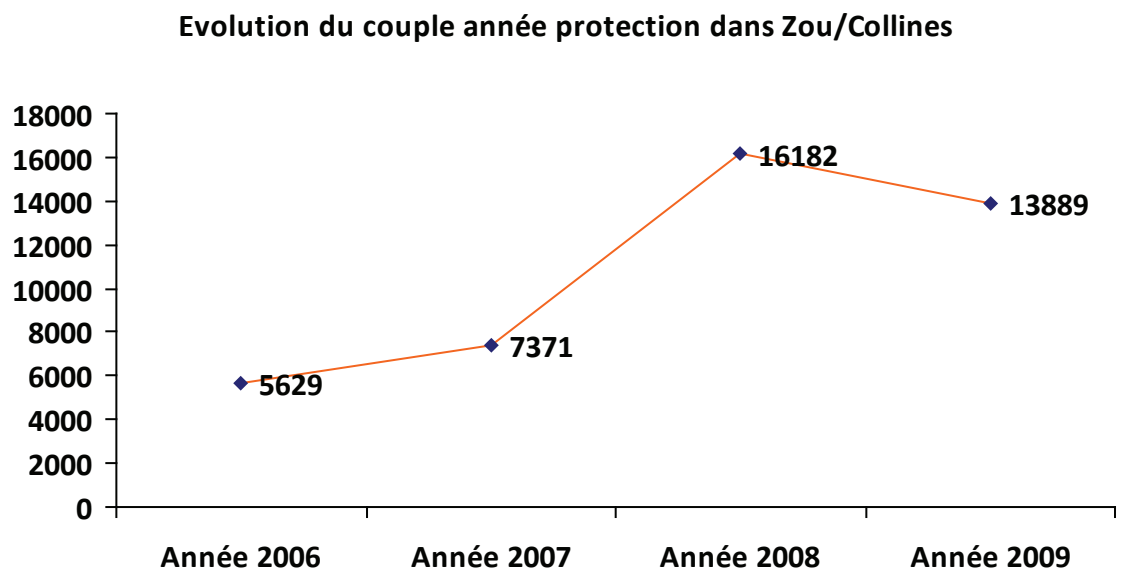


Tableau N° 11 : Participation des femmes aux structures de la société civile

Pourcentage des COGECS avec une femme dans le bureau exécutif au cours de l'année 2009	Performance
Zou/Collines	37%

La situation est identique à celle de l'année 2008 car il n'y a pas eu de renouvellement des instances.

Tableau N° 12 : Mise en œuvre du processus de la planification ascendante

Pourcentage des EEZS utilisant la planification ascendante pour élaborer leur plan d'action	Performance
Djidja-Abomey-Agbangnizoun (DAA)	100%
Zogbodomey-Bohicon-Zakpota (ZOBOZA)	100%
Covè-Zangnanado -Ouinhi (COZO)	100%
Dassa-zoumè-Glazoué (DAGLA)	100%
Savalou-Bantè (SABA)	100%
Savè-Ouessè (SAO)	100%
Zou/Collines	100%

Tableau N° 13 : Intégration des activités à base communautaires dans les services du système sanitaire publique

EEZS ayant inclus les activités à base communautaire dans les descriptions de poste des agents de santé.	Réalisé
Djidja-Abomey-Agbangnizoun (DAA)	
Zogbodomey-Bohicon-Zakpota (ZOBOZA)	
Covè-Zangnanado -Ouinhi (COZO)	Oui (1)
Dassa-zoumè-Glazoué (DAGLA)	Oui (1)
Savalou-Bantè (SABA)	Oui (1)
Savè-Ouessè (SAO)	Oui (1)
Zou/Collines	4/4 (100%)

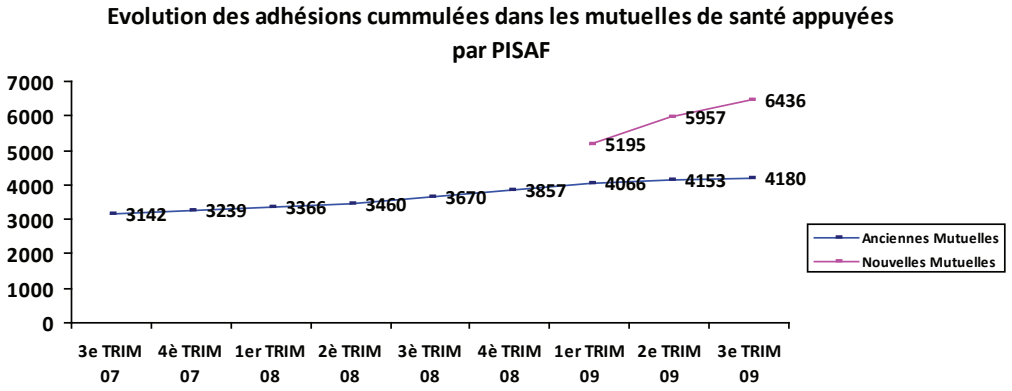
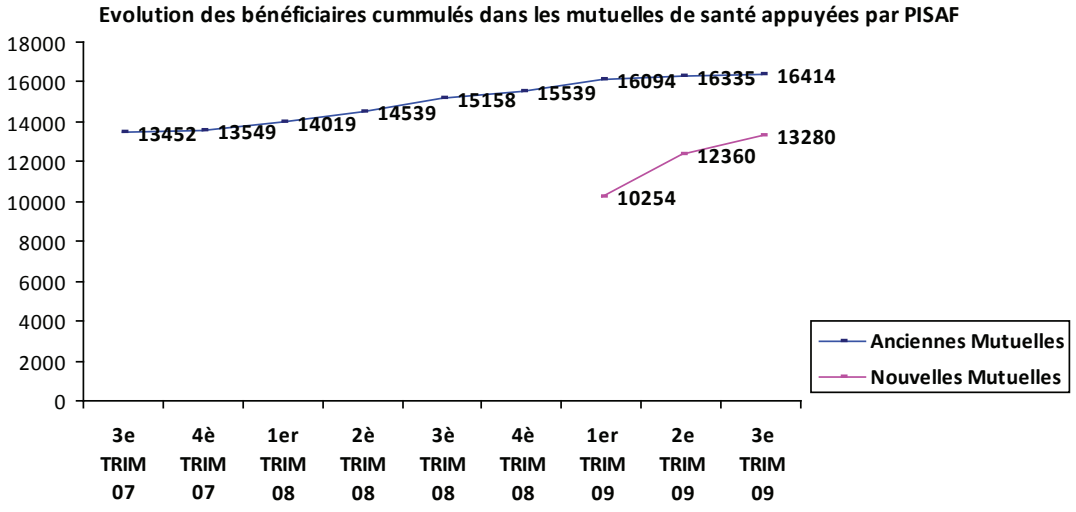
Au cours de l'année 2009, la zone DAGLA en plus des trois zones pilotes dans lesquelles les activités à base communautaires ont été introduites en 2008 ont pu élaborer les descriptions de poste qui incluent les activités à base communautaires pour les agents de santé. Les zones sanitaires (DAA et ZOBOZA) sont des zones d'intervention de l'UNICEF

Tableau N° 14 : Intégration des activités de santé dans les efforts des Organisations à Base Communautaire (OBC)

Pourcentage d'Organisation à Base Communautaire (OBC) sélectionnés menant des activités de santé

	Nombre d'OBC Sélectionnées	Nombre d'OBC qui ont menées des activités de santé	Performance
Zou/Collines	15	15	100%

Toutes les OBC identifiées et sélectionnées au cours de cette année 2009 ont pu mener leurs activités qui sont focalisées sur les sensibilisations sur les IST/VIH/SIDA, la PF, le don de sang, la contraception, le paludisme et les SONU communautaires.

Tableau N° 15 : L'Accès financier aux services de Santé

Performance des mutuelles (Borgou/Alibori)	
% de mutuelles conservant au moins les 2/3 des adhérents de l'année précédente (1er/10/08 au 30/09/09)	23%
% de communes/arrondissements de la zone cible ayant des mutuelles fonctionnelles (depuis la création des mutuelles au 30/09/09)	90%
Proportion (%) de la population adhérant aux mutuelles de santé (projection population 2009)	12%