

USAID Integrated Health Service Activity Benin

Program Year 1, Quarter 2 Progress Report (October 1 – December 31, 2018)

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Cover photo: USAID Integrated Health Service Activity (IHSA) team with the Ouémé MDSR Committee during the training on December 11, 2018.

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Submitted to:

Bertille Agueh-Onambele, Agreement Officer Representative (AOR) (USAID)

Fortuné Dagnon, Alternative AOR (USAID)

Jenelle Norin, USAID Benin Health Team Lead

Prepared by:

USAID Integrated Health Service Activity

Chief of Party: Floride Niyuhire

Management Sciences for Health

200 Rivers Edge Drive

Medford, MA 02155

Telephone: 617-250-9500

www.msh.org

TABLE OF CONTENTS

ACRONYMS	3
EXECUTIVE SUMMARY	5
PROJECT ACTIVITIES	6
MONITORING AND EVALUATION	16
PROJECT MANAGEMENT	17
QUARTERLY TRAVEL PLAN	19Error! Bookmark not defined.
Annex 1: EMMP QUARTERLY REPORT	20
Annex 2: Report from Scanning Exercise (Malaria): Northern Regions	23
Annex 3: Report from Scanning Exercise (Malaria): Southern Regions	24

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ACRONYMS

AMELP	Activity, Monitoring, Evaluation, and Learning Plan
ABMS	<i>Association béninoise pour le marketing sociale</i>
ABPF	<i>Association béninoise pour la promotion de la famille</i>
AMTSL	Active Management of the Third Stage of Labor
APESSA	<i>Association Pour l'Education, la Sexualité et la Santé en Afrique</i>
ASCQ	<i>Agents de santé communautaire qualifié</i>
CeRADIS	<i>Centre de Réflexions et d'Actions pour le Développement Intégré et la Solidarité</i>
CERRHUD	<i>Centre de Recherche en Reproduction Humaine et en Démographie</i>
CDEEP	<i>Comité Départemental d'Exécution et d'Evaluation des Projets/Programmes</i>
CHW	Community Health Worker
CNLS-TP	<i>Conseil National de Lutte contre le VIH/SIDA, la Tuberculose, le Paludisme, les Hépatites, les Infections sexuellement transmissibles et les Epidémies</i>
CODIR	<i>Comités de Direction</i>
CoGeCS	<i>Comité de Gestion de Centre de Santé</i>
COP	Chief of Party
CPS	<i>Centre de Promotion Sociale</i>
C/RAMS	<i>Chargé de Recherche à l'Appui de la Mobilisation Sociale</i>
CSO	Civil Society Organization
DDS	<i>Direction Départementale de la Santé</i>
DEDRAS	<i>Organisation pour le Développement Durable, le Renforcement et L'Autopromotion des Structures communautaires</i>
DHIS 2	District Health Information System 2
DIP	<i>Direction de l'informatique et le pré-archivage</i>
DNH	<i>Direction National des Hopitaux</i>
DNSP	<i>Direction Nationale de la Santé Publique</i>
DPFG	<i>Direction de la Promotion de la Femme et du Genre</i>
DPP	<i>La Direction de la Programmation et de la Prospective</i>
DSME	<i>Direction de la Santé de la Mère et de l'Enfant</i>
EMMP	Environmental Mitigation and Monitoring Plan
EmONC	Emergency obstetric and newborn care
ETAT	Emergency Triage Assessment and Treatment
FP	Family Planning
GBV	Gender-Based Violence
GoB	Government of Benin
HBB	Helping Babies Breath
HMIS	Health Management Information System
HR	Human Resources
HZ	Health zone
IHSA	Integrated Health Services Activity
IPTp	Intermittent preventative treatment
IR	Intermediate Result
LLIN	Long lasting insecticide treated net

L+M+G	Leadership, Management, and Governance
MCH	Maternal and Child Health
MDM	<i>Médecins du Monde</i>
MDSR	Maternal Death Surveillance and Response
MOH	Ministry of Health
MVA	Manual vacuum aspiration
OTSS	On-site training and supportive supervision
MSH	Management Sciences for Health
NGO	Non governmental organization
NMCP	National Malaria Control Program
PASS	<i>Projet d'Appui au Système de Santé de Enabel</i>
PLGHA	Protecting Life in Global Health Assistance
PMP	Performance Monitoring Plan
PROGRES	Program for Organizational Growth, Resilience, and Sustainability
PY	Project Year
Q	Quarter
QA	Quality Assurance
QI	Quality Improvement
REDISSE	Regional Disease Surveillance Systems Enhancement
SBCC	Social and behavior change communication
SMC	Seasonal Malaria Chemoprevention
UCOM	<i>Union communautaire de producteurs de coton</i>
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The USAID Integrated Health Services Activity (IHSA) in Benin is a five-year Activity financed by the United States Agency for International Development (USAID). It is implemented by Management Science for Health (MSH) with international partner Dimagi and four local partners: *Centre de Réflexions et d'Actions pour le Développement Intégré et la Solidarité* (CeRADIS), *Centre de Recherche en Reproduction Humaine et en Démographie* (CERRHUD), *Organisation pour le Développement Durable, le Renforcement et L'Autopromotion des Structures communautaires* (DEDRAS), and *Association Pour l'Education, la Sexualité et la Santé en Afrique* (APESSA).

Building on the achievements of current and past USAID-supported activities, the purpose of IHSA is to strengthen the delivery of high-impact malaria, family planning (FP), maternal and child health (MCH), and gender-based violence (GBV) services in the public sector in four departments in Benin, in order to ultimately contribute to the reduction of maternal, newborn, child and adolescent girls' mortality and morbidity, with strong government and citizen engagement in the health sector. This reduced mortality and morbidity and increased engagement will be achieved through the following intermediate results (IRs):

- IR1: Quality of high-impact services for malaria, MCH, family planning, and GBV increased
- IR2: Uptake of high-impact health services increased
- IR3: Local leadership, management, governance, and stewardship of health services strengthened
- IR4: Central government planning and coordination of high-impact health interventions supported

IHSA incorporates the guiding principles of USAID/Benin's strategic framework, as well as strategies that seek to strengthen health systems, improve service delivery quality, transform gender relations, increase demand for high-impact services, and reduce barriers to improved health and health-seeking behaviors. The Activity is implemented in the four departments of Alibori, Atacora, Ouémé, and Plateau (Figure 1), and also conducts limited central-level technical assistance (TA) activities in Cotonou with the Benin Ministry of Health (MOH) to support IR4. The four departments have a population of 3,362,501 people, representing 34 percent of the total population of Benin (2013 census), 29 communes, 169 arrondissements, 11 health zones (HZs), and 285 public health centers (65 in Alibori, 68 in Atacora, 90 in Ouémé, and 62 in Plateau). The Activity collaborates closely with the MOH at the central, departmental, and health zone level, local leaders, civil society organizations (CSOs), and community-based organizations to ensure effective implementation of activities.



Figure 1: IHSA targeted departments

PROJECT ACTIVITIES

Project Year (PY) 1 Quarter (Q) 2 marked the official rollout of technical activities under IHSA. During this reporting period, IHSA technical staff participated in regular coordination meetings with health teams and partners in all four IHSA-supported departments to discuss progress made, challenges encountered, and plan for technical activities and support for the next quarter. During this time, IHSA staff also organized a presentation of the Activity's scope and objectives and agreed on proposed activities in each of the four IHSA-supported departments.

From October 16-19, 2018, the IHSA leadership team conducted an introductory orientation for all IHSA staff to present the Activity's goals and objectives and to create, as a team, a shared vision for strengthening Benin's health system in the intervention areas outlined in each IR. Representatives from the USAID mission in Benin also attended some of the event to meet the full technical team as well as conduct an initial orientation on Family Planning compliance and Protecting Life in Global Health Assistance (PLGHA) compliance.

During Q2, IHSA conducted an Activity-wide scanning exercise from November 11-December 18, 2018 to assess the current health situation and context of each targeted health zones. Findings from the scanning exercise with the results from the IHSA baseline study results (also conducted this quarter) will be used to inform future workplanning and program implementation. IHSA staff conducted a desk review to assess the quality of MCH, FP, malaria, and GBV indicators across the four departments, using data from the annual health statistics and yearly health performance reviews and met with key stakeholders in each of these health areas. Using results from the scanning exercise, the IHSA team selected 21 health facilities with the weakest performance indicators to collect data through direct observation to assess the quality of care delivered by healthcare providers; review available documentation; and interview health facility staff, community health workers (CHWs), and elected local officials to better understand the context and needs of these health facilities and departments. Findings from the scanning exercise, as well as key activities conducted during the quarter, are presented below under each IR.

INTERMEDIATE RESULT 1: QUALITY OF HIGH-IMPACT SERVICES FOR MALARIA, MATERNAL AND CHILD HEALTH, FAMILY PLANNING, AND GENDER-BASED VIOLENCE INCREASED

Activities conducted in PY1Q2

Maternal and Child Health and Family Planning

IHSA teams visited four health facilities in the communes of Adja-Ouèrè (Plateau), Karimama and Banikora (Alibori), and Cobly (Atacora) as part of the scanning exercise to assess performance in provision of MCH and FP services to better determine technical assistance and coaching needs. During this exercise, IHSA staff noted that in visited health facilities, most staff are trained in MCH and FP; however, protocols, procedures, and job aid materials specific to MCH and FP are not currently available at the facility level. For example, health facilities simply do not have the necessary job aids available to counsel patients on FP methods and at the DDS level, there are no anatomical models to conduct demonstrations during trainings and supervision visits. IHSA teams also observed that in general, health staff currently do not adhere to guidelines for the Active Management of Third Stage of Labor (AMTSL) nor are they currently discussing delivery options with their patients. While in Atacora and Alibori health facilities have and are correctly using forceps during delivery and manual vacuum aspiration (MVA) for post abortion care, not all facilities in Plateau and Ouémé have MVA equipment and those that do need additional training in its use for post abortion care. These will be key areas

of technical focus for IHSA moving forward in order to improve the provision of comprehensive care to patients. As such, IHSA has followed up with the *Direction de la Santé de la Mère et de l'Enfant* (DSME) to request copies and support the distribution of MCH and FP protocols, procedures, and job aids in short supply, or make plans for printing additional hard copies for distribution. IHSA has also shared electronic copies of these resources with each *Direction Départementale de la Santé* (DDS). In Q3, IHSA will conduct coaching and mentoring visits to health facilities to address these identified gaps.

From December 10-14, 2018, IHSA, in collaboration with national-level trainers from the DSME, CERRHUD, and the *Direction Nationale de la Santé Publique* (DNSP) conducted a training of trainers session on the Maternal Death Surveillance and Response (MDSR) protocol in Porto Novo. In Ouémé, IHSA trained 19 health workers and members of existing MDSR committees including doctors, midwives, nurses, statisticians, and social workers from the departmental hospitals and the DDS. The training focused on mandatory notification of maternal and neonatal deaths; conducting audits and ensuring compliance with auditing schedule and procedures; and developing, disseminating, and monitoring the implementation of audit recommendations. The newly trained trainers will support effective implementation of MDSR at the zonal and community levels.

Quality Assurance/Quality Improvement

During the scanning exercise, IHSA identified quality improvement (QI)/ quality assurance (QA) as a gap and area requiring technical assistance at the health facility and department level. The MOH for example has developed and validated an integrated supportive supervision tool but has not yet disseminated it at the decentralized level, and at the department-level, there is currently no standardized approach used to ensure quality improvement. As such, IHSA staff began working with departments, the DSME, and the *Direction Nationale des Hopitaux* (DNH) this quarter to identify and assess existing quality improvement methods and tools in order to see how to build on what is already available in order to strengthen these processes across the healthcare system.

Malaria

Within the scope of the scanning exercise, the IHSA teams visited health facilities in the health zones of Natitingou/Boukoumbe/Toucoutouna Tanguiéta/Cobly/Matéri (Atacora), Malanville/Karimama and Kandi/Segbana/Banikoara (Alibori), and Adjohoun/Bonou/Dangbo and Ajarra/Avrankou/Akpro-Missérété (Ouémé) to assess performance in provision of malaria care and commodities. Some of the key challenges noted by IHSA include the frequent stock-outs of malaria commodities across health facilities visited, as well as the inability of health staff to currently manage and track malaria commodities. In addition, IHSA teams reported that the majority of health staff within these facilities have not been adequately trained in malaria case management, data collection, and reporting, with frequent errors in the malaria data. In Q3, IHSA will conduct onsite coaching and mentoring visits to health facilities to review aspects related to malaria case management, data collection, and reporting.

From November 26-30, 2018, IHSA took part a workshop in Grand Popo with the National Malaria Control Program (NMCP) and provided technical support to plan and develop tools for the roll out of the seasonal malaria chemoprevention (SMC) campaign. During this exercise IHSA provided support to the NMCP to (i) validate the SMC procedural manuals and training manual; (ii) review proposed activities and budget; and (iii) revise and update the roadmap for the rollout of the SMC campaign. The proposed activity budget is higher than the current available funding by approximately \$240,000 and as such, IHSA is providing support to the NMCP to identify areas where costs can be reduced, while also exploring other sources and funding mechanisms. Communications materials for the SMC campaign will be finalized in Q3 with the support of IHSA.

In addition, IHSA participated in weekly coordination and planning meetings with the NMCP this quarter. The IHSA team is working with the NMCP to adapt the OTSS tool for malaria and integrate components of malaria

prevention, treatment, and management of malaria commodities, in addition to the existing OTSS material for malaria diagnostics. In addition, IHSA plans to engage and work with specific MOH directorates (including the DNH, DNH DMSE, and the NMCP) to modify the OTSS tool for malaria for use with other integrated services, including MNCH, FP and GBV.

Gender Based Violence (GBV)

At the central level, IHSA participated in a joint coordination meeting with implementing and financial partners this quarter. During this meeting partners shared planned GBV activities and geographical areas of intervention and discussed how to best collaborate on these activities without duplicating efforts. The United Nations Children's Fund (UNICEF), Enabel, USAID, and *Medecins du Monde* (MDM) Suisse all participated in the meeting.

IHSA organized a separate meeting with MDM Suisse in Q2 to coordinate GBV activities in Alibori. With funding from UNICEF, MDM Suisse will conduct trainings on GBV case management for key actors (including health and social workers and judicial authorities), while IHSA will conduct advocacy activities and provide technical assistance to help communes create a budget line within their own MNCH activities that includes GBV. Additionally, IHSA and MDM Suisse, in collaboration with a government counterpart, will jointly conduct quarterly supervision visits to assess progress and ensure timely and accurate collection of GBV data.

IHSA also conducted four working sessions with the DSME this quarter to discuss and develop a collaboration plan between IHSA and the MOH (including setting up regular weekly meetings) and to review the 2019 work plan activities specific to GBV.

At the department level, IHSA conducted field visits to the communes of Avrankou and Adjohoun Dangbo (Ouémé) from November 15-16, 2018, to assess the quality of GBV services currently offered. During this time, IHSA visited the *Centre de Promotion Sociale (CPS)* and noted that these centers currently offer effective GBV prevention services targeting women's groups, through sensitization and educational activities led by social workers. The CPS also currently provides counseling services for GBV survivors and uses patient registers to track the types and numbers of cases managed.

Outside of the CPS however, IHSA staff noted that in the health facilities located in the above mentioned communes, there is currently no standardized understanding or application of GBV management protocols and guidelines. Medical and legal records of GBV clients are currently not well archived or managed, and as a result, follow-up with patients is poor and often times not even possible. However, there is a strong willingness among healthcare providers to address the problem and ensure provision of accessible and high quality services to victims. IHSA will train health professionals on existing GBV standard operating procedures that have not yet been disseminated. These trainings will initially be rolled out in the virtual One Stop Center in Porto Novo once it is launched.

Highlight activities in PY1Q3

MCH

- Organize an orientation for the MDSR Committee in Plateau to review the MDSR protocols;
- Provide coaching and supervision support to department level MDSR committees in Ouémé, Plateau, and Atacora, who will in turn be responsible for training health zone MDSR committees to conduct maternal death audits independently;
- Provide technical assistance to the DDS and health zone clinical teams in Atacora and Plateau to conduct on-site training and coaching for health workers in maternity and neonatal wards on AMTSL, prevention and management of (pre-) eclampsia, infection prevention, Emergency obstetric and newborn care (EmONC), and Helping Babies Breathe (HBB). IHSA will also conduct on-site coaching visits

in the Atacora hospital and health centers, and in the zonal hospital and health centers of Pobè, in the department of Plateau.

Malaria

- Finalize the revision of the OTSS tool for malaria at the national level and pre-test the tool in two health zones;
- Provide support to train trainers and supervisors for the SMC rollout and assist the NMCP to develop an SMC communications campaign;
- Assist the NMCP to finalize all microplanning for the SMC campaign in two health zones;
- Provide technical assistance to the MOH to monitor use and application of the updated Emergency Triage Assessment and Treatment (ETAT) tool for newborns and children less than five years old in three hospitals in the health zone of Pobè Adjahoun and at the central university teaching hospitals in Ouémé and Plateau. The ETAT training will focus on all pediatric emergencies, including malaria.
- Provide technical assistance to supervisory teams to conduct integrated supportive supervision visits to health facilities to assess quality of malaria prevention, case management, and intermittent preventive treatment (IPTp) administration by health staff, as well as to assess supply chain management of malaria-related commodities.

GBV Activities

- Provide technical assistance to the department hospital in Ouémé to create a virtual One Stop Center (located within a regular health facility) and train staff in GBV management, in order to provide care to victims not able to access one of the three physical One Stop Centers.

Identified gaps	Proposed Activities in PY1Q3
Lack of available informational and training tools in MCH and FP in health facilities	Provide technical support to the NMCP in the development and first steps of validation of the Malaria SBCC campaign Advocate for the dissemination of FP training tools by the DDS with the DSME. Once this has taken place, IHSA will provide support to the DDS to disseminate these tools to health facilities.
Lack of understanding or appropriate use of updated ETAT tool in hospitals surveyed	IHSA will provide technical assistance to the MOH in the use of the updated ETAT tool for newborns and children under five in three hospitals in Pobè, and at the central university teaching hospitals in Ouémé and Plateau
Weak capacity of health staff in the management and procurement of malaria commodities	Strengthen the capacity of health staff in the management and procurement processes for malaria commodities. Activities will include supportive supervision visits, in collaboration with the “Young Logistician Professional Program under USAID-funded Global Health Supply Chain project.
Lack of awareness and understanding of the GBV standard operational procedures by health staff	Train and build capacity of health professionals on these procedures. This will first be rolled out in the

	virtual One Stop Center in Porto Novo.
Lack of formal agreed coordination process between DCME and IHSA for GBV workplanning	IHSA and DCME will coordinate regularly to address GBV workplans and priorities

INTERMEDIATE RESULT 2: UPTAKE OF HIGH-IMPACT HEALTH SERVICES INCREASED

Activities conducted in PY1Q2

During the scanning exercise conducted this quarter, the IHSA team visited the communes of Adjohoun-Bonou-Dangbo and Adjarra-Arankou-Akpro Missérété (Oueme); Adja-Ouere (Plateau); Kandi, Banikoara, Karimama, and Malanville (Alibori); and Natitingou Boukombé Toucoutouna and Tanguiéta Matéri Coby (Atacora). The IHSA team noted that at the zonal and commune levels the majority of health actors are not aware of the existence of a national policy on community health nor do any of these communes currently have an integrated communication strategy available. In addition, it was observed that while CHWs are present in all communes in Plateau, Alibori, Atacora, as well as in the two health zones in Ouémé visited during the exercise, their overall capacity to manage commodities is weak. However, community-level authorities and partners are engaged and committed to promoting community health at the municipal and department level.

IHSA teams in Atacora and Alibori also looked at factors hindering uptake of FP commodities. Some of the common challenges identified include the ongoing stock-outs of FP commodities at health facilities, the price, and reluctance from beneficiaries to adopt FP methods. However, there is strong engagement of community groups and leaders in awareness and sensitization efforts around FP, which has helped to increase uptake of services in recent years. IHSA will plan to build on this commitment and progress made in order to continue to strengthen uptake of FP services and commodities.

Activity highlights in PY1Q3

- Provide support to the MOH to adapt the integrated health communication strategy at the DDS and central level or if relevant, to support the MOH to revise the plan so that it identifies and can respond to new challenges related to MNCH, FP and GBV;
- Liaise with the “Young Logistician Professional Program” to explore ways to work together to better manage health commodities, including malaria, MNCH, and FP commodities;
- Prepare to conduct a demand analysis survey with the health communication teams in Alibori and Atacora, to assess barriers and facilitators to accessing health care for women and girls.

Identified gaps	Proposed Activities in PY1Q3
Lack of awareness and knowledge of the National Community Health Policy and Guidelines	Facilitate dissemination of these policies and guidelines to key community decision makers (including HZMTs and mayors) and orient and train them as needed.

Lack of close supervision of CHWs in many communities	Conduct advocacy activities at the commune level to allocate funding and resources for improving supervision of CHWs, particularly in communes that do not have <i>Agents de santé communautaire qualifié</i> (ASCQ).
Currently no strategy to integrate communication tools	Organize a meeting with other implementing partners (including UNICEF, Enabel, MDM, Care International, Plan Benin, as well as with the DNSP and NMCP) to discuss the adaptation of the integrated health communication strategy at the department level and develop a first set of integrated communication tools for validation

INTERMEDIATE RESULT 3: LOCAL LEADERSHIP, MANAGEMENT, GOVERNANCE, AND STEWARDSHIP OF HEALTH SERVICES STRENGTHENED

Activities conducted in PY1Q2

Increased capacity of local leaders in planning, monitoring, and accountability

In Q2, IHSA staff participated in coordination meetings in all four departments, each led by the respective prefect of the *Comité Départemental d'Exécution et d'Évaluation des Projets/Programmes* (CDEEP). During this time, IHSA was given an opportunity to introduce the Activity at the CDEEP. The forum provides a platform to discuss critical information on departmental planning, execution, and monitoring of ongoing initiatives under the leadership of the prefects and mayors, as well as opportunities for improvement.

The IHSA team conducted an initial visit and meeting with health and administrative authorities in Kandi, Banikoara, and Karimama (Alibori) and Natitingou, Cobly, and Tanguiéta (Atacora) and visited the DDS and prefects at the department level as well as mayors and health zone teams. Additionally, IHSA established contact with influential economic actors in the health zones, including *Union communautaire de producteurs de coton* (UCOM) which provides substantial funding to health zones in Banikora, Kandi, and Cobly. Several challenges and opportunities for improvement were identified, including the following:

- Strategic documents, such as community health strategies are currently not disseminated or known to key actors;
- Communication forums at both department and health zone levels exist but are very formal, with too many competing priorities for the administrative officials to be fully engaged in solving health performance challenges (e.g., the CDEEP at the department level);
- Budget allocations are pre-established, insufficient, and not aligned with identified health priorities and needs;
- There is a need for more efficient coordination of departmental partners.

Nevertheless, a number of opportunities were also identified, as outlined below:

- It was noted that in Alibori and Atacora, health agents have the opportunity to collaborate with cotton producers to disseminate key health messages to the community;
- At the zone level, health zones do not have appropriate fora to conduct in depth discussions of health performances and emerging health concerns. Identification of such a forum can help foster ownership of health matters by officials and communities themselves;

- The Union of Communal Cotton Producers (*les Unions Communales des Producteurs de Coton – UCOM*) is a well organized union. UCOM also contributes to commune health funds and can influence how communes allocate budget funds for health activities;
- The DDS and prefect offices have expressed the need for support to strengthen their governance capacity and are eager to collaborate with IHSA;
- The majority of communes have appointed health focal points, which can be engaged in support of health activities at the community level;
- UNFPA has introduced social community scorecards at the commune level, which are now also being used by UNICEF. These could be a good vehicle for engaging communes in managing and monitoring the performance of community health programs.

Improved use of health data for decision-making

In Q2, IHSA conducted a training on MDSR in Ouémé (please refer to section IR1 for further details).

In coordination with the *Direction de l'informatique et le pré-archivage* (DIP) and Dimagi, IHSA conducted field visits to Alibori and Atacora from November 14-23, 2018, to assess and gather information related to Benin's mHealth strategy and the strengths and challenges of existing mHealth and CommCare platforms. During these visits, the IHSA team, accompanied by a Dimagi staff member, met with central-level representatives from the *Direction de la Programmation et de la Prospective* (DPP), DIP, and the DNSP, as well as with key department and health zone level stakeholders from Alibori and Atacora, where Commcare was previously rolled out. Following the visits, the MOH engaged IHSA in discussions regarding the potential role of CommCare within the context of the MOH's national health management information system (HMIS) strategy, and to determine the way forward in light of the information collected and lessons learned during the assessment. The points agreed upon include:

- The server for community health information systems will be based in country;
- The system will be interoperable with the District Health Information System (DHIS)2;
- The focus will be on training and strengthening the capacity of the MOH to implement and manage the application in order to ensure local ownership of the community health information system;
- Guarantee sustainability of the application (with open access by the MOH) after closeout of IHSA.

IHSA also participated and supported all four departments, the NMCP, DSME, and DPP in the development of their annual work plans. IHSA significantly contributed to identifying key high-impact interventions, especially in the areas of MCH/FP, malaria, QA/QI, and leadership, management, and governance (L+M+G), to be included in each department's annual work plan. IHSA provided support to Alibori to validate their work plan. The same validation exercise will be conducted in Q3 in the remaining three departments.

Increased local government health financing and local resource mobilization

During the scanning exercise IHSA teams visited Karimama, Banikoara, Kandi, and Malanville (Alibori) and Adjohoun, Bonou, and Avrancou (Ouémé), where it was noted that forums do exist for consultation and coordination between the commune authorities and their citizens. The topics regularly discussed pertain to social and health infrastructure, recruitment of medical personnel, recruitment of CHWs, and collaboration with community and religious leaders. However, IHSA staff noted that there is a lack of organized structures currently in place for demanding quality services; that the *Comité de Gestion de Centre de Santé* (CoGeCS) does not have a forum where they review collected information and health data; and that there is limited or insufficient communication between CHWs and health agents. To respond to some of these challenges, IHSA will make it a priority in Q3 to strengthen the engagement of key actors (including the CoGeCS and CSOs) in health-related matters.

Activity highlights in PY1Q3

Increased capacity of local leaders in planning, monitoring, and accountability

- Support the Atacora and Alibori DDS to organize and lead regular department stakeholder coordination meetings, including with local branches of the *Association des Consommateurs*;
- Promote the dissemination of key strategic documents for community health in all zones;
- Identify and include relevant economic actors in IHSA-supported initiatives related to MCH/FP in Banikoara and Kandi;
- Adapt the Program for Organizational Growth, Resilience, and Sustainability (PROGRES) for better management of L+M+G interventions with CSO and other non-state actors, and pilot-test implementation in Plateau.

Improved use of health data for decision-making

- Implement and monitor use of MDSR data in Ouémé to inform decisions and interventions at the zonal and department level;
- Organize a stakeholder consultation meeting with the MOH to develop a roadmap for an integrated community health information system;
- Continue to facilitate discussions between IHSA/Dimagi, the DIP, and the DPP prior to the design and roll out of new Commcare strategy.

Increased local government health financing and local resource mobilization

- Identify target community groups (including women and youth) for capacity-building in the departments of Ouémé and Plateau, and develop a harmonized civil society strategy with these groups;
- Support the department of Alibori to organize regular data review sessions to address health challenges;
- Support the zones of Banikoara and Karimama to develop resource mobilization plans;
- Work with members of the zonal council to establish a forum for review of health data and secure their involvement in solving health challenges in their communities;
- Identify opportunities for local health financing – including in the private sector – in the zones of Bonou (Ouémé), Adja Ouere (Plateau), and Kandi (Alibori).

Identified gaps	Proposed Activities in PY1Q3
Lack of resources available to fund community health activities	<p>Identify health-funding opportunities within the public-private partnership framework in a number of select communes.</p> <p>Conduct advocacy activities alongside the union of cotton producers from the basin communes to increase their participation in community health activities.</p> <p>Create formal mechanisms to coordinate with the <i>Association des Consommateurs</i> at the central and decentralized levels.</p>
Weak coordination and dissemination of health	Provide support to establish a platform for

information among community health actors (at the department, health zone, and municipal level)	information sharing and exchange among key health actors at the department, health zone, and municipal level.
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INTERMEDIATE RESULT 4: CENTRAL GOVERNMENT PLANNING AND COORDINATION OF HIGH-IMPACT HEALTH INTERVENTIONS SUPPORTED

Activities conducted in PY1Q2

Technical assistance for development of relevant health policies and guidelines

IHSA, in collaboration with other technical partners, supported the DPP this quarter to conduct activities aimed at overhauling the DHIS 2. Activities are described below.

- From November 27-30, 2018, IHSA participated in a workshop with the MOH in Cotonou to assess the national HMIS. The analysis yielded critical information about data completeness, timeliness, availability, and quality. Particular attention was given to critical information that is not currently collected through the HMIS (e.g. logistics management information system, human resources (HR), and community health information systems); and to the resources needed to operate this system (e.g. HR, infrastructure, and funding). The MOH and partners agreed to develop a plan for resolving identified challenges that they will implement in the short term. IHSA's scope of work remains similar to what was approved in the work plan. IHSA will provide technical support to improve quality and timeliness of health data, strengthen and support harmonization of community health data, and use of data for decision-making.
- December 3-7, 2018, IHSA participated in a MOH-led workshop in Grand Popo to assist the MOH in the development and validation of a work plan and budget for the next two years, aimed at revamping the national HMIS. IHSA ensured that the DHIS 2 optimization roadmap was used by the MOH as a resource document during this exercise. At this time, the MOH and partners have also agreed to develop an HMIS strategic plan that they will roll out after the two-year implementation period. As mentioned above, IHSA's scope of work, at least for the remainder of the first year, will remain the same as what has been approved in the work plan.

IHSA is supporting the MOH in reviewing executive text, regulations, and standard operating processes, related to the prevention of GBV and management. In Q2, IHSA organized two working sessions with *the Direction de la Promotion de la Femme et du Genre* (DPFG) to learn more about how this department manages GBV interventions; activities planned for this year; and potential opportunities for collaboration and synergy with IHSA. The goal is to promote GBV case management that integrates medical, social and judicial support and develop an IHSA gender strategy in PY2.

During this quarter, IHSA teams participated in weekly staff meetings and monthly meetings with the *Comités de Direction* (CODIR) in all four departments; provided technical support to the DDS to develop integrated annual work plans, and participated in the bi-annual CDEEP, led by prefects. This provided IHSA an opportunity to better understand the interactions and collaboration between health and administrative officials at the departmental level.

On December 18, IHSA participated in the FP coordination meeting led by the DSME. Other partners in attendance included United Nations Population Fund (UNFPA), the *Association beninoise pour la promotion de la famille* (ABPF), and the *Association beninoise pour le marketing sociale* (ABMS). Some of the priority activities discussed during this meeting include the scale up of the Sayana Press method and the development

of an FP-specific communication plan. IHSA will provide support to the DSME to develop an FP communication plan and to operationalize and roll out the plan at the DDS and zones level. IHSA will also work alongside other implementing partners to support a number of other FP activities. In Gogounou and Ségbana (Alibori) for example, IHSA will strengthen community leadership and promote awareness and community mobilization around FP services; APC be responsible for scale up of Sayana press; and ABMS/PSI will be responsible for training health workers and CHWs on use of Sayana press and other FP commodities.

Planning and coordination with CNLS-TP and MOH

In Q2, IHSA met with the *Conseil National de Lutte contre le VIH/SIDA, la Tuberculose, le Paludisme, les Hépatites, les Infections sexuellement transmissibles et les Epidémies* (CNLS-TP) to introduce the Activity’s goals and objectives and discuss potential areas for collaboration. IHSA (with consent from the NMCP) initiated discussions with CNLS-TP on whether resources from the Regional Disease Surveillance Systems Enhancement (REDISSE) project, funded by the World Bank, could be leveraged for the SMC (seasonal malaria chemotherapy) initiative and LLIN (long lasting insecticide nets) campaign. More broadly, participants also used this opportunity to discuss broader areas for collaboration in order to strengthen community health services provision at the decentralized level, namely at the commune and health zone level, including placing and revising the role of ASCQs to provide more integrated health services. As a result, REDISSE will provide financial support in the direct implementation of these activities, and IHSA will be responsible for providing technical assistance and system strengthening support. Further discussions are planned prior to the start up of the REDISSE Project in June 2019.

Activity highlights for PY1Q3

- Establish contact with the Ministry of Decentralization to revise decentralization policies pertaining to mayors’ responsibilities regarding stewardship of community health;
- Participate in the review of the two-year plan to strengthen the national health information system;
- Continue to participate in weekly staff meetings, monthly CODIR meetings, and CDEEP;
- Continue to provide technical support to operationalize the national integrated strategic plan;
- Coordinate with the CNLS-TP to establish ASCQ and community-based malaria interventions.

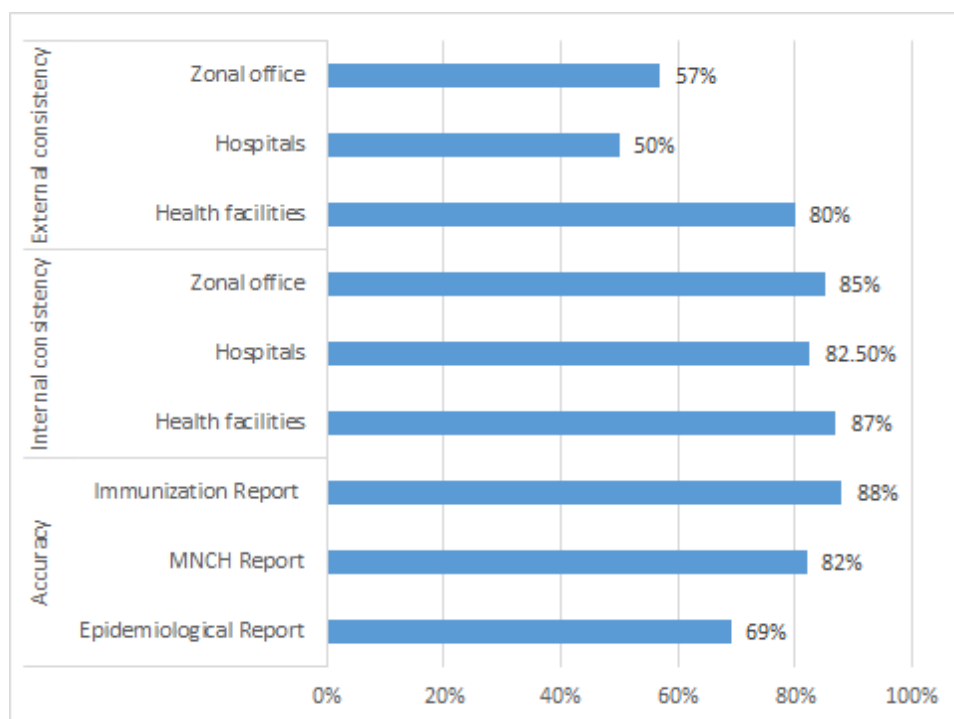
Identified gaps	Proposed Activities in PY1Q3
Poor quality of data available at the health facility level	Organize data quality review workshops at the DDS and health zone levels. Develop and roll out periodic data validation procedures
Poor use of data for decision making at the health zone and department level	Develop, roll out, and orient health actors on a manual on use of data for decision-making.

MONITORING AND EVALUATION

Activities conducted in PY1Q2

From December 3-7 2018, IHSA organized visits to the DDS office, hospitals, and health facilities in Atacora to assess the level of consistency and accuracy of health data and provide technical assistance to strengthen their data quality control systems. Visits were carried out with the Atacora DDS and partner *Project d'Appui au Système de Sante de Enabel (PASS)*. The objective of this activity was for IHSA to introduce a new process for data quality control at the DDS level, and ultimately ensure harmonization with data quality control systems at the national level. Graph 1 below presents the percentage of zonal offices and health facilities producing consistent and accurate health data in the health zones visited.

Graph 1: Consistency and accuracy of data of health zones visited



Results presented in Graph 1 show that in general, there is a problem with data quality across all levels of the health system. A more in-depth audit is required in order to identify where gaps exist at each level and what concrete actions are required to improve the quality of health data.

IHSA also completed the baseline study this quarter, following USAID approval of LEADD, the baseline study firm, and approval from the Benin Ethics Committee and MOH to conduct the study. With support from the IHSA M&E team, LEADD staff trained the baseline study investigators on data collection tools and provided ongoing supervision and support throughout the data collection process. IHSA submitted a preliminary baseline report to USAID on December 31, 2018. The final baseline study that includes a full data analysis of study results was finalized by IHSA and LEADD and submitted with annexes on January 31, 2019.

During this reporting period, IHSA also received and responded to feedback from USAID on the Activity, Monitoring, Evaluation, and Learning Plan (AMELP) and the Activity's performance monitoring plan (PMP).

Beginning next quarter (PY1Q3) IHSA will begin to submit the PMP along with the quarterly report in order to report on results and progress made.

CHALLENGES ENCOUNTERED

The main challenge this quarter has been the delays in completing the baseline study report and revised PMP and in sharing and disseminating these results with IHSA partners and stakeholders. The primary reasons for this delay was the additional time required to obtain approval by the Ethics Committee and the different levels of the MOH to conduct the study, as well as the time required to select LEADD as the baseline firm. In order to make up for the time lost, LEADD and IHSA increased the number of data collectors trained in all four departments and made it a priority to redistribute data collectors as needed to ensure greater coverage and support in the areas running behind schedule. In addition, data quality at the health facility level is another key challenge that IHSA will prioritize in the next quarter. IHSA will conduct regular data quality reviews, using a representative sample of health facilities. The outcome of these reviews will inform actions and activities aimed at improving quality of data at the health facility level.

Activities planned for PY1Q3

1. Finalize and submit the IHSA baseline study report;
2. Finalize and submit the updated PMP with new baseline indicators and targets;
3. Disseminate the baseline study to MOH, departments, and partners;
4. Provide technical assistance to strengthen the health information system across all levels of the health system.

PROJECT MANAGEMENT

Activities conducted in PY1Q2

In PY1 Q2, IHSA mobilized staff and resources to complete several key operational activities during the reporting period. Key achievements are highlighted below:

- **Human Resources:** IHSA finalized recruitment and onboarding of staff to begin to roll out activities. Since project start up, IHSA has recruited and deployed 27 staff to the IHSA-supported intervention zones. The IHSA team is currently in the process of developing the HR manual, statutes, and internal operating procedures manual. In Q3, IHSA will recruit a Compliance Officer and Operations Specialist based in Porto Novo. In addition, APESSA will complete the recruitment of two staff after they sign their contract.
- **Office space:** In December, IHSA officially moved into the new central office location in Porto Novo. In collaboration, and with support from USAID, IHSA staff also officially moved to the DDS offices in Atacora and Ouémé. With the support of the DDS in Alibori, IHSA also identified and secured an alternative office location in the department. However, the office space will require renovations before staff can move in. IHSA is currently in discussions with USAID to seek approval for these renovations. At the central level in Cotonou, IHSA continues to explore options with the MOH and USAID to identify office space for the Chief of Party (COP) and Malaria Technical Advisor.
- **Financial management:** IHSA completed several key activities to establish the needed financial systems and structures this quarter. Activities include the following:
 - Trained IHSA leadership and finance staff on the online banking system platform;

- Trained IHSA leadership team, finance, and administrative staff on MSH administrative and finance procedures, financial reporting, and the online accounting systems ;
 - Developed administrative and financial procedures as guidance towards ensuring effective project start up and implementation;
 - Reorganized the organogram structure (specific to location and roles and responsibilities of administrative and financial staff) to more effectively respond to needs of IHSA and promote efficiency. All administrative and financial staff will now be based in Porto Novo to strengthen financial management and monitoring, reduce risks, ensure better organization and roll out of project activities.
- **Contracts:** IHSA has issued sub agreements to the following IHSA partners: CERRHUD, CeRADIS, and DEDRAS. Partners signed their agreement and began activity implementation this quarter. IHSA is currently working with APESSA to revise specific terms of their agreement and budget, which will be finalized and signed in Q3. Following the ongoing discussions with the MOH regarding CommCare implementation, IHSA extended Dimagi's pre subaward agreement in order to allow them to continue to participate in technical discussions with the MOH and USAID in the coming quarter. Dimagi's final contract will be dependent on the outcomes of these discussions.
 - **Collaboration and partnership:** IHSA has made it a priority to integrate itself within the four departments, and IHSA technical staff have already begun to participate in meetings with coordinating bodies, including the CODIR and the CDEEP. IHSA also participated in and provided support to the development of the annual work plans in the departments and at the central level.
 - **IHSA team building activities:** IHSA organized an all staff meeting this quarter to review project priorities and promote collaboration and a sense of team among staff working to achieve one common objective. Some of the issues discussed during the meeting included strategies for integrating activities across the different thematic components of IHSA; time management (particularly when unforeseen issues arise); the need for a strong team spirit and strong interpersonal communication; integration of teams in project supported health zones; and how to ensure full engagement and collaboration of staff. During this meeting, IHSA staff also had an opportunity to share thoughts and discuss how they plan to effectively organize implementation of IHSA activities, keeping in mind the logistics of traveling across departments in a limited amount of time.
 - **Cost share:** MSH, under IHSA, has committed to generating a total contribution of 8.6% cost share for the Activity. Project CURE, a global provider of donated medical supplies and equipment to developing countries around the world, will cover a portion of this cost share through the donation of medical supplies and equipment to a select number of health facilities. As such, IHSA initiated discussions with Project CURE on their engagement and in Q2 began planning for an initial needs assessment scoping visit by Project CURE to identify health facility needs to help determine the shipment of donated medical supplies. IHSA has planned the scoping visit for Q3. In addition, the IHSA team developed a revised life of project cost share plan this quarter that is currently under review by the IHSA leadership team.
 - **Compliance:** The IHSA team has developed a draft PLGHA Compliance plan and will share with USAID prior to finalization and roll out. IHSA will orient staff in these compliance frameworks and monitoring tools in close coordination with USAID Benin Family Planning and Gender focal point, as per USAID requirements.

Activities planned for PY1Q3

- Organize a quarterly staff meeting to discuss IHSA progress and results, review finances, and agree on strategic or operational changes as needed;
- Submit all programmatic and financial reports as outlined in the agreement;
- Complete the needs assessment scoping visit by Project CURE to determine needs of target health facilities and identify list of donated medical supplies.
- Share revised budget for the renovations
- Submit revised life of project cost share plan
- Finalize FP and PLGHA compliance guidelines
- Finalize contract with APESSA

TRAVEL CONDUCTED IN PY1Q2

The following trips were conducted in Q2 in support of project implementation:

Name of traveler	Scope of work	Travel dates	Itinerary
Jessica Long (Dimagi)	Scoping trip - Meet with key MOH staff members at the central and district level, as well as the IHSA team and other consortium partners, to gather information related to Benin's mHealth strategy and the strengths and challenges of existing mHealth and CommCare programs in pilot health zones; affirm high-level project goals; and begin to prioritize which program areas to focus on supporting with a digital workflow.	November 14-24, 2018	Dakar-Cotonou-Dakar
Gordon Kihuguru	Finance and operations support - review existing finance and operations systems and processes and provide technical support and capacity-building to strengthen them as needed.	December 3-12, 2018	Abuja-Cotonou-Abuja

ANNEX 1: EMMP QUARTERLY REPORT

BENIN IHSA: ENVIRONMENTAL MITIGATION AND MONITORING PLAN REPORT

Context

The USAID Integrated Health Services Activity (IHSA) in Benin is a five-year Activity financed by the United States Agency for International Development (USAID). It is implemented by Management Science for Health (MSH) with international partner Dimagi and four local partners: *Centre de Réflexions et d'Actions pour le Développement Intégré et la Solidarité* (CeRADIS), *Centre de Recherche en Reproduction Humaine et en Démographie* (CERRHUD), *Organisation pour le Développement Durable, le Renforcement et L'Autopromotion des Structures communautaires* (DEDRAS), and *Association Pour l'Education, la Sexualité et la Santé en Afrique* (APESSA).

Building on the achievements of current and past USAID-supported activities, the purpose of IHSA is to strengthen the delivery of high-impact malaria, family planning (FP), maternal and child health (MCH), and gender-based violence (GBV) services in the public sector in four departments in Benin, in order to ultimately contribute to the reduction of maternal, newborn, child and adolescent girls' mortality and morbidity, with strong government and citizen engagement in the health sector. This reduced mortality and morbidity and increased engagement will be achieved through the following intermediate results (IRs):

- IR1: Quality of high-impact services for malaria, MCH, family planning, and GBV increased
- IR2: Uptake of high-impact health services increased
- IR3: Local leadership, management, governance, and stewardship of health services strengthened
- IR4: Central government planning and coordination of high-impact health interventions supported

To achieve these objectives, IHSA will work in close collaboration with the MOH at both the central and decentralized level to implement activities in accordance with the MOH action plan.

In conducting these technical activities, IHSA is committed to ensuring that appropriate measures are consistently taken to ensure proper management, handling, and disposal of medical waste. The Activity also will ensure that the appropriate processes are in place and staff is adequately trained in all IHSA-supported health zones to properly handle, label, treat, store, transport, and dispose of blood, sharp objects, and medical waste. IHSA will also make it a priority to ensure that all trainings conducted during the life of project include environmental health considerations. Social and Behavior Change Communication (SBCC) messaging and best practices focused on environmental protection will be developed and disseminated.

Below is an update on progress made in Q2 on the implementation of the USAID-approved IHSA Environmental Mitigation and Monitoring Plan (EMMP).

Activity Implementation

Within the framework of the EMMP, IHSA has identified the following activities to mitigate potential impact on the environment:

- Provide technical assistance to train health zone teams, DDS stakeholders, and CHWs to provide environmentally friendly services;
- Provide technical assistance to ensure environmentally friendly measures are observed during:
 - Laboratory testing and quality control of antimalarial commodities;
 - Design and implementation of the SMC campaign;
 - Correct malaria case management in health facilities and at the community level;
 - Correct management of the integrated management of childhood illness;
 - Technical support to the NMCP, DSME, and the DNH to revise and add modules to the revised OTSS tool.
- Support the *Chargé de Recherche à l'Appui de la Mobilisation Sociale (C/RAMS)*, health zones, and DDS to organize and roll out SBCC campaigns and activities. Although the majority of messages are not likely to result in significant negative environmental impact, the promotion of long lasting insecticide treated nets (LLINs) may result in environmental harm if used for anything other than what they are intended for, such as for fish farming, which may affect human health and pollute waters. In addition, the improper disposal of LLIN packaging may also negatively affect the environment.

During this quarter, IHSA was not able to begin to implement the EMMP technical activities to monitor and mitigate potential impact on the environment due to the ongoing startup of IHSA technical and operational activities. Nevertheless, the mitigation and environmental protection measures were discussed with stakeholders this quarter during the planning of the SMC campaign, the MDSR training with the Ouémé DDS, as well as during the review of the revised OTSS tool.

In Q3, IHSA will begin to implement EMMP interventions in close coordination with the roll out of its technical activities. IHSA will also begin to collect data during supervision visits to monitor mitigation activities.

Table 1: Data on EMMP Indicators as of December 31, 2018

EMMP Indicators	Data as of December 31, 2018
Reports and other written materials include discussion on prevention and mitigation of potential negative environmental effects	N/A ¹
Number of health facilities with improper management of commodities and equipment identified	Atacora = 23% (25/110) Alibori = 40% (31/78) Ouémé = 30% (28/92) Plateau = 16% (10/62) Total = 27% (94/342)
Number of people trained on compliance (handling, use and disposal of medical waste, including blood, sputum, and sharps)	N/A
Number of health facilities that have jobs aids and SOP posted	N/A
Number of health facilities with a nearby incinerator or safe waste collection site	Atacora = 59% (65/110) Alibori = 85% (66/78) Ouémé = 70% (64/92) Plateau = 84% (52/62) Total = 72% (247/342)
Number of messages printed	0

¹ N/A= Not Available. This data will be collected during field visits by the IHSA team. They will be reported in Q3.

Number of dramas/role plays conducted	0
Inclusion of pharmaceutical and healthcare waste management standards and implementation plan included in malaria in pregnancy and malaria case management roadmap.	N/A

ANNEX 2: REPORT FROM SCANNING EXERCISE (MALARIA): NORTHER REGIONS

Please see separate file.

ANNEX 3: REPORT FROM SCANNING EXERCISE (MALARIA): NORTHER REGIONS

Please see separate file.