SASHA

Sweetpotato Action for Security and Health in Africa



Agriculture-Health PoCP in Western Kenya

Monitoring system

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SSP East Central Africa 2nd meeting, Kampala, December 15th, 2010

Background



- Objectives
 - 1. Understand the costs and benefits of linking an integrated OFSP agricultural-nutritional intervention to a health service delivery system serving pregnant women
 - 2. Strengthen IEC materials at both the health facility and community levels to support OFSP production and consumption
 - 3. Improve the evidence base of the health impacts on infants and their mothers and the use of health services by pregnant women

Background



- Implemented in selected health facilities in Western Kenya
- Introduction of interventions in three waves
 - Pilot wave: 12 months
 - Second wave: 20 months
 - Third wave: 14 months
- Integration with APHIA II (health) & Ag. NGO (agriculture)
- Two models of intervention
 - Higher intensity
 - Lower intensity

Background



Health Facility level

Community level

- ANC nurses trained for:

- Improved counseling on nutrition
- Voucher distribution to pregnant women

- Community Health Workers trained for:

- Pregnant women clubs established
- Home visits to pregnant women

- Vine multipliers trained for:

- Counseling on OFSP agronomy
- Provision of OFSP vines against voucher
- Demonstration plots established
- Agriculture extension officers trained for:
 - Technical support to vine multipliers
 - Home visits to pregnant women

Monitoring system: Objectives



- To establish the extent to which input deliveries, work schedules, other required activities are proceeding according to plan;
- To inform on outputs and outcomes

Monitoring system: Actors & Tools SASHA

Sweetpotato Action for Security and Health in Africa



Monitoring system: Actors & Tools SASHA

Monitoring forms	Main activities		
A1. Voucher tracking sheet	 Provision of vines to voucher beneficiaries Counseling on OFSP 	Vines multipliers	
			Actors on the ground
A2. Home visits sheet A3. Monthly summary	 Supervision of vine multipliers Home visits 	Agriculture extension officers	▲
A4. Checklist of Ag. Advice A5. Monitoring Ag. Ext. Off. A6. Knowledge assessment A7. FFQ	 Supervision/observation Counseling on OFSP Monitoring beneficiaries knowledge and consumption 	CIP agronomist Extensionist from NGO	Supervisors
			^
AH. Feedback meeting report form	<		Assistant data manager

A1. Voucher redemption tracking sheet



A1. VOU	CHER REDEN	IPTION TRACKIN	G FORM																	SASHA
				DIS	DIV				LOC		VIL	_								and a second second second
Name of vine	multiplier			Code					Sheet number		Month	n		YEAR	2010					
Date of redemptio n	ANC #	Name of recipie	ent on voucher	Name of household head	Village				Health facility on the v	ouche	Name of person who		lationship to voucher recipient		KABO			VITA		Signature of person picking up
Day of the month (1 to 31)		First name	Surname		Name	(Code	•	Name	Code	redeems voucher/ picks vines		ee code below)	Vou	icher #	# of cutting provid	js	Voucher #	# of cuttings provided	

A2. Home visit form



A2. FOLLO	W-UP OF VOUCH	ER BENEFICIAR	IES ON OFSP PRO	DUCTIO	ON THROU	JGH HOM	E VISIT:	S																									SASHA
			DIS			DIV			LOC			VIL																					
Name CHW or ag				ode CHW/	Extensionist					ealth facility li					Code of	f health facility			YEA	AR													
ANC #	Name of vouch	er recipient	Village		Home visit date	Month of first vine	Number of times	Growing OFSP on		for OFSP 1			f Yes, for OFS			Presence of kitchen	lf no, Why no	Length Width		Growing DFSP in			for OFSP fie				for OFSP		Who controls	Who maintains	Are Kabode o	How many days in past 7	Signature of pregnant
-	First name	Surname	Name	Code	Day Month	pick up (use number)	vines were picked up	family farm? (0-No; 1- Yes)	Date of planting	ion (See code <i>list</i>)	Approximate area under OFSP in the field (in meters)	Date of p	ion (S code)	iee area (ist) OFSF fie (in m	iximate under in the eld weters)	gardens? (0-No; 1-Yes)	kitchen garden? (See code list)	Kitche	en k n <i>(in</i> ga s) (0-1	kitchen ardens? -No; 1-Yes)		f planting	ion (See code list)	pproximate are under OFSP in the field (in meters) ength Width		te of planting	ion (See code list		a the kitchen garden? (See code list)	the garden? (See code	VITA	days has the household	woman/other family member
	T li activativo	ourname	Namo		Day Moren					-	Conger Wider			Congar	THOUSE			Conger	-					enger wider			-	Conger				<u> </u>	
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A3. Agriculture summary sheet, pg 1



A3. MO	NITORING OF AG	RICULTURAL ACTI	VITIES	ŝ										Pg 1	SASHA
		DIS						DIV							
	Eutopoiopiet							Code							
	. Extensionist							Code							
1) Vine m	ultiplication and demons	-													
	Farme	r	1	Date of vis	it	v	/illage	Health facility	If vine	multiplier		If demonstration plot	farmer	Remark/advice given	Signature of farmer
								linked to	Area under OFSP	Observation	Area under OFSP	Observation	Number of visits by community members in past 7 days		
Code	First name	Sumame	Day	Month	Year		Code	Code	<i>m</i> 2	Code	m2	Code		Code	
		e multiplier; 2-Secondary vine m por, crop planted but not weede												ses; 3-Fair, modestly maintained, Other.	, not seriously
2) Genera	l assessment for this mo	onth													
Problems/	Challenges faced:								Possible soluti	ons:					
1.			Code						1.					Code	
2.			Code						2.					Code	
3.			Code						3.					Code	
4.			Code						4.					Code	
Additional	comments:														

A3. Agriculture summary sheet, pg 2



3) Monthly a	ctivity su	ummary																					
Type of activity		Date			C	Ouratio	on			Vil	llage	Tra	nsportatio	on			If meetir	ng or field da	у		Materi	als used	Remarks
				Time	e starteo	'	Time	endeo	1			Distance round trip	Transport mode	Round trip Cost		Attendar	ice (record n	umbers)		Topics/issues discussed	Туре	Expenses	
Code	Day	Month	Year	Hr	Min	'	Hr	Mii	'n	C	`ode	Km	Code	KSh	Women beneficiaries	Community leaders	Others	Health workers	Ag. Ext./ vine multiplier	Code	Code	KSh	

A4. Monitoring Ag. Ext. Off. form



A4. Monitoring agricultural extension staff field visits

Name of CIP staff vis			Month					Year	2010										
Name o	f farmer	Type of farmer	Health facility linked to		te of C rent st visit		Date	e of last		extension Code of the officer	Remarks/ advice given	Dat	te of last		extensio Code of the officer	n Remarks/ advice given	Area under OFSP	Crop observat ion	If demo plot, cummulative number of community members visiting
First name	Sumame	Code	Code	Day	Month	Year	Day	Month	Year	Code	Code	Day	Month	Year	Code	Code	m2	Code	in past 7 days

A5. Observation Ag. advice



A5. OBSERVATION CHECKLIST OF OFSP AGRONOMY COUNSELING

																_			
DIS			DIV				LOC			v	ΊL								
Name of	f the Vir	ne Multi	iplier							C	ode								
Name of	f health	facility	linked to	D						C	ode								
Name of	fthe ob	server								C	ode								
Observa	ation da	ite:	Day				Month			Y	'ear								
Group s	ession'	?		Yes	□No		lf yes,	Nb of	participa	ants									
Time the	ANC	session	begun	?			Hr			N	lin								
Time the	ANC	session	ended	?			Hr			N	lin								
Discussi	on poir	its of se	ession:																
Selection	n and p	repara	tion of s	sites	QYes		Sourc	ing and	d selectio	on of vine	es	QYes							
Planting							QYes	_											
Field ma			· ·	QYes															
Integrate	ed pest	and dis	sease n	nanage	ement	QYes	□No												
No.			OBS	ERVA		OF SES	SION	GIVIN	IG ADVI	ICE			(0-No	Answ ; 1-Yes	er ; 9-NA)		Con	nments	
	TECH	NICAL	CONT	ENT															
	SESS	ION M	ANAGE	EMENT	FAND	ORGA	NIZAT	ION											
	FACIL	ITATI	ON AN	D TEA	CHING	SKIL	LS												
	ATTIT	UDES	DISPL	AYED															
	VENU	E/ ENV	/IRONI	MENT															

A6. Assessment of women's knowledge

SASHA Sweetpotato Action for

A6. ASSE	SSN	IENT	OF	KNOW	LEDGE	E TR	ANS	MISS		AND A	DOP		N VOUCHER BE	NEFICIARIE	SFIELDS	SASH	A
DIS								DIV					LOC		VIL		
Date		1		1									Name of health facility			Code	
Name of the	vouc	her rec	ipient					ANC	:#:			Name	e of the observer		Co	de	
General																	
Growing OFSP on				or OFSP f	ield 1					r OFSP f	ield 2						
family farm? (0- No; 1-Yes)	Date	of plant	ing	Observat ion (See code list)	Approxi area ur OFSP ir field (in met	nder n the	Dat	e of pla		Observat ion (See code list)	area OFSP field	under					
	Day	Month	Year	1	Length	Width	Day	Month	Year		Length	Width					
Growing OFSP in			If Y	es, for OF	SP field 1	1				lf Yes, fo	or OFSP	field 2					
kitchen gardens? (0-No; 1-Yes		Date of	' plantin	ig Obser ion (S code li	st) the f	er OFS	3P in	Da	ite of pla	anting	Observa ion (See code list)	area	roximate a under in the field (in meters)				
	Da	y Mo	nth Y	ear	Leng	յեի \	Width	Day	Month	Year		Length	Width				
Codes list for and disease; seriously affe	3-Fair,	modest	ly main	tained, not s													
Questions to b	e ask	ed and	obsen	rations to b	e made o	nce you	u reacl	h the O	FSP plo	ot							
I. Can she	corre	tly iden	tify the	sweetpotat	o varieties	?					0-No	1-Yes	9-N/A (didn't plant)				
														Kabode V	ITA		
		-		n of the plar													
				t appearan e variety ha			onotog	rapns?									
				e/s: what a			r not la	belina t	he varie	etv?							
		- "															
												6		A A A A A A		V 6 1 1 2 1	_

A7. Food frequency monitoring form



Monitoring system: Actors & Tools SASHA

		Main activities	Monitoring Forms
	Community Health Workers	 Pregnant women' clubs Home visits 	 H1. Women's group profile H2. Club attendance sheet A2. Home visits sheet H3. Monthly summary
Actors on the ground			
	ANC nurses	1. Nutrition counseling 2. Voucher distribution	H4. ANC delivery sheet H5. PNC delivery sheet
Supervisors	Program Officer APHIA District nutritionists	Supervision/observation of 1. Counseling & 2. Women's clubs	H6. Checklists for ANC H7. Checklist for women's clubs
Assistant data manager			AH. Feedback meeting report form

H1. Women's club profile form



																			20 C - 25	potat				
A1. V	VOMEN'S	S CLUB PROFILE F	FORM																				-S	ASHA
					DIS					DIV				LOC				VIL						
Name o	fCHW		Code of CHW				Name of	health fao	cility			Code of	health fac	ility				CLUB				YEAR		
No	ANC #	First name	Surname	Date i	oined th			Age		Sex		ication I		· ·	rital stat	116	No. of			Em	ployme			
NU		riistiidille	Sumanie	Day	Month	Year	0-14	15-24	25+	JEA	P	S	T	S	M	W	living	g	ы В	ଅ କ	pioyine ច	ात ि स	stic	र वृ
				,			yrs	yrs	yrs			-					children	Formal	Skille	Unskilled worker	Farmer	Tra	Domestic	Not employed
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2																								
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10																								
11																								
12																								

H2. Women's club attendance tracking sheet



H2. WOM	MEN'S CLUBS AT	TENDANCE TRAC	KING FOR	M																									SASHA
				DIS					DIV				LOC				VIL												
Name of CHV	N	Code of CHW		1	Name	of health	facility				Code	of health	facility				CLUB												
ANC #	First name	Surname	Nb of month	1								20)10											20	011			Month of atual	Place of
			of	1	PR		AY		JN	1	UL	1	JG		EP		СТ	N	OV		EC		AN		EB		AR	(1 to 12)	delivery
			pregnancy at first meeting	Attendance (0-No; 1-Yes)	Remark (see code list)	(11012)																							
		Total n	umber attending				-																				1		

H3. CHW monthly summary form, pg 1



H3. CHW OR FACILITATOR MONTHLY SUMMARY FORM

					DIS			DIV		LOC				VIL							
Name of	Lead CHW			Code of Lead	I CHW		Name of hea	ith facility linke	d to					Code of h	ealth facility				YEAR		
									Total No. of	Participants							Referrals	\$			
No.	Gro	oup Name/Ty	/pe	Topic (s	ee code)	Duration	0-1 M	4 yrs F	15-2 M	4 yrs F	25+ M	⊦yrs F	VC.	ART	PMCT	ANC	MAL	тв	FP	IMMUNIZ ATION	CONDOMS
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
			Key Issues E	iscussed / Qu	estions Asked	:															

H3. CHW monthly summary form, pg 2



H3. CH	H3. CHW OR FACILITATOR MONTHLY SUMMARY REPORT																				
	Questions U	nanswered or	More Informa	tion Needed:																	
	Problems/Ch	hallenges Fac	ed:																		
	1																				
	2																				
	3																				
	4																				
	Recommend	lations For Imp	provement / S	uggestions for	New Activitie	s															
	Other Activ	ities Conduc	tod											Т	otal No. of	Participan	ts		Dave	Time	
	Other Activities Conducted					Name of Act	ivity	No.		Desc	ription		0-1	4 yrs		4 yrs		+ yrs	Days	TIME	
	(This might include youth activities conducted in the village, additional										M	F	M	F	M 201	F					
											M	F	IVI	F	M	F					
	conducted if	i ine village, a stiss tellis	uulluonal															<u> </u>			
	nearth educa	ation talks or n	neetings, or																		
	other activiti	es organized.)																			
																			1		
																		<u> </u>	-		

H4. ANC delivery tracking sheet, pg 1



H4. ANC	DELIVERY TR	ACKING FORM																SASHA
				DIS		DIV			LOC	,	VIL							
		Name of health facility			Code o	f health facility				Starting Month			Year	2010				
No	ANC #	First name	Surname	Village code		VISIT	1			VISIT 2			VISIT 3			VISIT 4		
					Date	Weight (kg)	Hb (g/dL)	Voucher If no,	Date	Weight (kg)	Voucher If no,	Date	Weight (kg)	Voucher If no,	Date	Weight (kg)	Hb (g/dL)	Voucher If no, taken (1- reason for
							1	taken (1- Yes, 0- No) voucher			taken (1- reason for Yes, 0- not taking No) voucher		-	taken (1- Yes, 0- No) voucher	or g			taken (1- Yes, 0- No) voucher
								(see			(see			(see				(See
					Day Month Year	-		code)	Day Month Year		code) Da	y Month Year	-	code)	Day Month Year			code)
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H5. PNC & growth monitoring tracking sheet



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H5. PNC SE	RVICE DELIVERY	AND INFANT GROWTH M	ONITORING TRACKING F	FORM																					ASHA
					DIS		DIV			LOC			VIL												
		Name of health facility			Code health faci	ity	Starting M	onth		Year	201	0													
No	ANC #	First name	Surname	Village		DEL	VERY		POS	TNATAL VI	SIT		CHILD VIS	IT 1	CHILD	VISIT 2	CHILD VI	SIT 3	CHIL	D VISIT 4	Vitamin	CHILD VIS	IT 5	CHILD VI	SIT 6
				code	Date		Child's Child's	Mother	Date	Vouch	ier <i>If no,</i>		Date	Weight	Date	Weight	Date	Weight	Date	Weight	A at 6 months	Date	Weight	Date	Weight
						delivery (see code)	sex birthweigh			taker (1-Yes,	reason for			(kg)		(kg)		(kg)		(kg)	(1-Yes, 0- No)		(kg)		Weight (kg)
						(300 0000)	(9)	postpartum		No)	voucher										NOJ				
								(1-Yes, 0- No)	-		(see code)														
					Day Month Y	ear			Day Month	/ear		Day N	Month Year		Day Month Y	Year	Day Month Year		Day Month Y	Year		Day Month Year		Day Month Year	
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H6. Observation checklist ANC counseling



H6. OBSERVATION CHECKLIST OF ANC COUNSELING

DIS			DIV				LOC			۱ ۱	VIL [
Name o	fhealth	facility									Code								
								-											
Name o	fthe nur	rse									Code								
Name o	f the obs	server									Code								
Observ	ation dat	te: I	Day				Month			۱	Year								
Group s	ession?	•		□Ye:	□No		lf yes,	Nb of p	articipa	ants									
Time the	e ANC s	ession	begun	?			Hr			1	Min								
Time the	e ANC s	ession	begun	?			Hr			1	Vlin								
Discuss	ion poin	ts of se	ssion:																
1.Eating				nd brea	astfeedi	ng	QYes	□ No	2. Drin	king more	e water	during	pregna	ncy an	d breastfe	eding	□Ye:	No	
3. Regula	ar antena	tal care	visits	□Ye:	□ No	4. Exc	lusive b	reastfeed	ding	□ Yes	□No		5. Cor	npleme	entary feed	ling	□Ye:	No	
6. Healt	hy food [□ Yes	□No			7. Hyg	ienic foo	d prepa	ration	□ Yes	□No								
8. Import	tance and	l food se	ources	of vitam	in A	QYes	□No		9. OF 8	SP growin	ng and o	consun	nption	□Ye:	□No				
No.	ANC O	BSER	VATIO	N										Answ	er		Con	ments	
													(0-No	; 1-Yes	; 9-NA)				
	TECHN	ICAL	CONT	ENT															
	SESSI	ON M/	ANAGE	MEN	r and	ORGA	NIZAT	ION											
	FACIL	ITATIC	N ANI	D TEA	CHIN	3 SKIL	LS												
	ATTITU	JDES I	DISPL	AYED															
	VENUE	E/ ENV	IRONI	IENT															
													and the second se						

H7. Observation checklist Women's club



H7. O	BSE	RVA	ΓΙΟΝ	CHE	CKL	IST I	PREC	SNA		NOW	EN'	S CL	UB \$	SESS	SION			SASH	A
DIS			DIV				LOC				VIL								
Name of	theCH	w									Code				CLUB				
Name of	health	facility li	nked to	,							Code								
Name of	the ob	server									Code			1					
Observa	tion da	te:	Day				Month				Year								
Time the	ANC s	session	begun	?			Hr				Min								
Time the	ANC s	session	ended	?			Hr				Min								
Venue:		Someb	ody's I	nome	QYes		Schoo	QYes		Churc	h	QYes							
		Other	Yes		Specif	y other													
Attendee	s																		
		Nb wo	men wi	ho atten	ded				Total	women	who a	attende	d						
		Nb wo	men wi	ho came	e late				Total	women	recor	ded							
		Nb chil	dren						Nb fat	thers									
		Nb Gra	andmot	hers					Nb of	her									
		Nurse				QYes			Ag. E	xtensio	n office	er		Yes	No				
Discussio	on poin	ts of ses	sion:																
Eating we	ell during	pregnar	icy and	breastfe	eding		QYes		Drinkir	ng more	water	during p	regnand	y and b	reastfee	ding	QYes		
Regular a	ntenatal	care vis	its	QYes	□ No	Exclus	ive brea	stfeedir	ıg	QYes			Compl	ementar	y feedin	g	QYes	□No	
Healthy f	foods	QYes	□ No			Hygier	nic food p	preparat	tion	QYes									
Importanc	e and fo	ood sourc	es of vi	itamin A		QYes	□ No		OFSF	growin	g and o	consum	ption	QYes					
No.	CLUB	SESS		BSERV	ATION	1	Answer (0-No; 1-Yes; 9-1										Com	nents	
	TECH	NICAL	CONT	ENT															
	SESS	ION M/	ANAGE	MENT	AND C	RGAN	IZATIO	N											
	FACIL	ITATIC	N ANE	D TEAC	HING	SKILL	S												
		UDESI																	
	VENU	E/ ENV	IRON	IENT															

AH. Feedback meeting guide



AH. SASHA FEEDBACK MEETING GUIDE

Name	of health facility	linked to						Code									
Obser	vation date:		Day				Month				Year						
Mee	ting agenda	1															
	1. Prayer a	nd quick int	roductions					6. Report fro	m Ministry	of Ag ext	ension age	nt					
	2. Agenda	for the mee	ting (Lead C	HW)				7. Miscellane									
	3. Report f	rom ANC nu	irses					8. Next feedback meeting date and time									
	4. Report f	rom CHWs i	n charge of o	clubs				9. Close mee	ting (Lead	CHW)							
	5. Report f	rom Vine m	ultipliers														
Feed	back meeti	ng attendan	ce														
	Acto	or	Nu	mber					1	Name of a	bsent mem	ber					
No. c	of CHWs																
ANC	Nurse																
No. c	of vines mul	tipliers															
No. c	of Ag extens	ion agents															
Ag N	GO rep																
								ANC Nurse R	eport								
Total	number of	vouchers gi	ven this mo	nth													
No. c	of first visits	(Total)		First	visit (1st trir	nester)		Fi	rst visit (1s	t trimester)			First vis	sit (1st trime	ester)		
No. c	of second vi	sits					•	•				•	·				
No. c	of third visit	s															

Monitoring system: Procedures



• Data capture

- Routinely (actors on the ground)
- During monthly supervision visits (supervisors)
- Forms collection and centralization
 - During monthly supervision visits
 - During monthly feedback meetings
 - Sent monthly to the data manager
- Data entry: modules developed under CSPro
- Archiving: files for hard copies

Monitoring system: Lessons learned SASHA

• Forms filling in

- Increased workload, hence need forms as simple as possible
- Failure to complete forms mainly because of low level of education, hence, be careful with recruitment
- Forms collection and centralization
 - Interest of feedback meetings to collect and correct forms there
 - Difficulty of forms collection (copies not legible, on-field data entry impossible), hence use of portable scanner
- Monitoring data management
 - How to use data from the APHIA II monitoring system?
 - Forms have been changing



THANKS