United Republic of Tanzania

National Guidelines for Initiating and Managing Community Based Reproductive and Child Health Services

Reproductive and Child Health Section
Ministry of Health
P. O. Box 9083
Dar es Salaam

National Guidelines for Initiating and Managing Community Based Reproductive and Child Health Services

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Reproductive Child Health Mission

"To promote, facilitate and support in an integrated manner, the provision of RCH services to the men, women and children in Tanzania, such services include obstetric and gynaecological care, diagnosis, treatment, prevention of STIs and HIV/AIDS, family planning, integrated management of childhood illnesses, immunization, prevention and treatment of nutritional deficiencies."

Abbreviations

AIDS	-	Acquired Immuno Deficiency Syndrome
ANC	-	Antenatal Clinic
CBD	-	Community Based Distributor
CBHCS	-	Community Based Health Care Services
CBRCH	-	Community Based Reproductive and Child Health
CYP	-	Couple Year of Protection
CMT	-	Council Management Team
DHMT	-	District Health Management Team
DCHP	-	District Comprehensive Health Plans
FP	-	Family Planning
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management Information System
HSR	-	Health Sector Reform
IEC	-	Information, Education, Communication
ICPD	-	International Conference on Population and Development
IGA	-	Income Generating Activity
MTUHA	-	Mfumo wa Taarifa na Uendeshaji wa Huduma za Afya
MIS	-	Management Information System
NFPP	-	National Family Planning Programme
NGO	-	Non-Governmental Organization
OR	-	Operation Research
ORS	-	Oral Rehydration Salts
PHC	-	Primary Health Care
PHCC	-	Primary Health Care Committee
PNC	-	Postnatal Care
RH	-	Reproductive Health
RCHS	-	Reproductive and Child Health Section
RHC	-	Reproductive Health Services
RHMT	-	Regional Health Management Team
SMI	-	Safe Motherhood Initiative
STI	-	Sexually Transmitted Infection
TA	-	Technical Assistance
TOT	-	Trainer of Trainer/Training of Trainers

Acknowledgement

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Names of other participants who took part in the writing of the Guide are attached at the end of this document. Thanks are due to all of them.

Foreword

The Reproductive and Child Health Section (RCHS) is charged with the responsibility of Coordinating, among many other activities, the Community Based Reproductive and Child Health (CBRCH) services.

In executing its coordination and supportive role, RCHS has developed documents which are used by CBDs, Trainers and Supervisors as tools and reference materials for managing CBRCH activities.

These National CBD Guidelines are intended to guide, give direction and vision to the CBRCH programme in Tanzania. They are for individuals, groups or organizations initiating and Implementing Community Based Reproductive and Child Health activities in Tanzania.

In addition these guidelines will:

- Guide actors in the CBRCH Programme.
- Minimize discrepancies and divergences in the implementation of the programme.
- Provide linkages between various actors and principal institutions as stipulated in the Health Sector Reform i.e. HMIS, CHMTs, etc.
- Guide donors and partners to coordinate their inputs.
- Enhance streamlined collaborative efforts at all levels of programme planning, organization, implementation and evaluation.

The Reproductive and Child Health Section encourages all those who intend to initiate and those already implementing CBRCH activities in Tanzania to use this document.

The guidelines open avenues for all implementers to use other CBD documents: Strategy Training Guides, Curricula Manual, Protocols, IEC Materials and other behaviour change communication material.

This document provides guidance in planning organizing implementing and evaluating Community Based Services.

In addition the guidelines also address managerial and technical issues to be considered when carrying out programme activities such as Training, Logistics, Management Information System (MIS) and Community participation. Many programmes have not been integrating evaluation in their designs. These guideline stresses that, evaluation should be considered an integral part of the programme and therefore must be included in the initial programme design.

Sustainability need to be considered in the initial programme design stage and through out the planning and implementation process.

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Introduction

The National Family Planning Programme was launched in 1989 by the Ministry of Health (MOH) to address the identified constraints in the provision of Family Planning (FP) services, mostly inadequate trained personnel and insufficient FP commodities and equipment.

One of the goals of the programme was to make Family Planning services easily accessible and available to all couples and individuals who need them. In an effort to achieve the goals of Family Planning service delivery, the Ministry of Health formulated several strategies. One of the strategies was to design a national community based distribution programme in order to improve accessibility and availability of family planning services especially in rural and peri urban areas.

The implementation of a Ministry of Health supported Community Based Distribution (CBD) of Contraceptives programme started in 1992. This approach was in line with the Tanzanian emphasis on community participation.

In the Tanzanian context, Community Based Distribution of Contraceptives (CBD) entails utilizing non medical personnel in the community who are trained to provide non prescriptive methods at the community level.

The CBD programme in Tanzania was set up to complement the static clinic based service delivery approach because the latter did not adequately satisfy the needs of different segments of the population who could not access static clinics, such as remote rural populations, males, youth, commercial sex workers, etc.

Even where these clinic based services were accessible, women did not utilize them because of, among other reasons, their heavy work load at home, long waiting time and inadequate privacy at the clinics.

In 1994, the International Conference on Population and Development (ICPD) took place in Cairo. In this meeting a more comprehensive integrated reproductive health approach was defined and agreed upon by sovereign states representatives who attended the meeting.

As a result of ICPD the following components were integrated in the CBD programme: Family Planning, Maternal Health, STIs/HIV/AIDS and Child Survival.

In 1998 following the restructuring of the MOH in line with Health Sector Reform (HSR) the Family Planning Unit was upgraded to Reproductive and Child Health Section. The Section comprises of 6 programmes: Family Planning (FP), Safe Motherhood Initiative (SMI), Integrated Management of Childhood Illness (IMCI), Community Based Health Care (CBHC), School Health Programme (SHP) and Expanded Programme on Immunization (EPI).

Given the increased complexity of RCH interventions, the need for standard guidelines was felt. These Guidelines have been developed and it is necessary that Community Based Reproductive and Child Health (CBRCH) programmes in Tanzania adhere to them. The guidelines are meant to direct those planning to initiate and those already implementing CBRCH activities to avoid duplication of efforts and to be in line with the Health Sector Reform (HSR).

This document is a revised edition of the guidelines which were first published in 1999. Recent developments in Reproductive and child Health issues including: Adolescent Reproductive Health, Gender and HIV/AIDS care among others have given some amount of impetus to the revision.

Another impetus, and probably more pertinent, has been evaluation of CBRCH programme which has also necessitated revision of all CBRCH documents.

1.0. Goal

The main goal of the CBRCH programme is to maximize access to quality Reproductive and Child Health services through strengthening the capacity and capability of initiators and implementers to manage the CBRCH programmes by using these standardized guidelines. The goal aims at contributing towards attainment of RCH mission.

2.0. Objectives

The objectives of the National CBRCH Guidelines to:

2.1. Assist initiators and implementers of CBRCH activities to manage programmes in a more effective and efficient manner.

2.2. Ensure standardization in initiating and implementing CBRCH activities.

3.0. Indicators for initiating CBRCH Activities in Tanzania

Since the guidelines aim at maximizing the impact of the CBRCH programme and avoiding wastage of limited resources, areas with the following indicators should be give priority:

- High infant and maternal morbidity and mortality rates.
- Poor access to health facilities due to geographical, social, cultural, economic and functional conditions.
- High demand by the community for Reproductive and Child Health Services.
- Low Family Planning prevalence and high fertility rates.
- Prior positive experience with Community Based Health Care Services (CBHCS).
- High STI/HIV/AIDS Prevalence.
- Existence of Harmful RCH Traditional Practices, such as Female Genital Mutilation (FGM), removal of plastic teeth and ovulaectomy.
- Existence of referral health facility to support the programme.

Apart from the mentioned indicators a project write up is of necessity. An individual or a group of people who want to start or initiate CBRCH activities in Tanzania should come up with a comprehensive project write up, based on these guidelines and which include elements of community based health care and sustainability. Before actual implementation of the CBRCH activities, the project design/write up should go through Council Health Management Team (CHMT) to the Ministry of Health for approval.

4.0. Community Based Reproductive and Child Health Settings

CBRCH settings can be urban or rural.

In urban settings the recommended number of households to be served by a CBD should be 100 to 150.

In rural settings the recommended number of households to be served should be 25 to 100.

5.0. Initiating and Managing Community Based Reproductive and Child Health (CBRCH) services

5.1. There are four major stages in initiating CBRCH program

- *Planning*
  Before starting activities in the field a plan must be developed. The plan will aim at responding to the identified CBRCH needs and priorities. It will include objectives, indicators, activities and resources necessary to meet the needs.

- *Organizing*
  Before implementation the planned activities need to be arranged in order, and resources need to be mobilized and put in place.

- *Implementing*
  Implementation of activities and use of resources must be done according to plan. Supportive supervisions need to be conducted regularly during implementation to enhance the capacities of actors. Monitoring during this stage will help ensure proper implementation.

- *Evaluation*
  Evaluation helps to assess whether the programme is reaching its objectives (effectiveness) with optimum use of resources (efficiency) and is covering the needs of the community (adequacy). It provides information for decision making.

5.2. Ensuring community involvement in Community Based Reproductive and Child Health services

The initial planning process of CBRCH programmes should involve sectors at different levels of the district and community, thus avoiding the top down approach. This stage is crucial for the future sustainability of the programme as it is here where the question of ownership, accountability and responsibility is determined and defined. A CBRCH programme belongs to the community; and thus the community should be empowered through information, education and advocacy activities that lead to sensitization, motivation, mobilization and active support and participation. This can be done in the form of seminars, meetings, workshops or campaigns. Time should be invested to make sure that the community and potential CBDs understand the task ahead of them.

It may take weeks or even months before the idea is internalized by the respective community. The CHMT who are the immediate coordinators should take the leading role. Initiators should make sure that the programme design/write up includes activities and enough resources to enlist the active support and participation of the community in the CBRCH programme. **Do not rush the community - invest time to clear their doubts.**

The steps in ensuring community participation in CBRCH in a given district are as follows:

- Liaise with the CHMT on the identified needs for CBRCH activities and do the following:
    - Identify key players of different sectors, NGOs, institutions and agencies active in the area. Inform and involve them on the intended programme.
    - Collaborate with the CHMT and organize a multi-sectoral meeting at district levels to discuss the proposal.
    - The CHMT in collaboration with stakeholders should identify influential, individuals and groups in the community.
    - Approach the leaders and plan for a sensitization seminar whereby they will be informed on the subject and will discuss and agree upon the roles and responsibilities.
- The CHMT and stakeholders should sensitize the selected community on the need for having CBRCH activities through:
    - Organizing meetings with communities in selected areas.
    - Discussing with community on the jobs and tasks of the CBDs and criteria for selecting them.
    - Allowing the community to air out their health needs and assisting them to set realistic priorities.
    - Involving the community in decision making during the programme planning process.
    - Involving the Village Health Committee (VHC) and CBD at the village level.

6.0. The Community Based Distributors (CBDs)

6.1. Roles of the Community Based Distributor in Reproductive and Child Health (CBRCH)

1. Manage CBRCH activities within the catchment area.

2. Provide FP services and other selected Reproductive and child Health services including referrals and follow up within the catchment area.

3. Provide integrated reproductive and child health IEC and Basic Counselling to community members using interpersonal communication skills.

4. Advocate for RCH rights and services at the community, communicate with other health institutions and individuals dealing with similar issues.

5. Collaborate with other stakeholders including village leaders and other formal and informal groups.

6.2. The basic selection criteria for the CBD

- Selection of CBDs should be participatory in the sense that, community leader (Village Government) and community members are actively involved
- Ability to read and write Kiswahili
- Ability to carry out tasks assigned to them
- Irrespective of sex
- Resident of the particular community
- Accepted and respected by the community
- Minimum level of education should be standard seven
- Willingness to volunteer
- A person with behaviour which is consistent with the CBRCH objectives of the programme
- Age range from 18 years – 45 years

6.3. Training

The following elements should be considered before and when training CBDs:

- Adherence to selection criteria of CBDs
- 30 Participants per training
- Duration of initial training – two weeks
- Training to be residential
- Refresher training for 1 week after every two years
- Three trainers, one lead trainer and two co-trainers per course of 30 participants
- The following standardized materials and documents in their most current edition must be used:
  - Guide for Trainers of Community Based Reproductive and Child Health Services
  - Protocols for Community Based Distributors of Reproductive and Child Health Services
  - Flip chart (Mhudumu wa Afya ya Uzazi na Mtoto na Mteja)

6.4. Equipment

After training, the CBDs should be provided with a kit containing the following items:

- Metal Box
- Carrier bag/rack pack for IEC materials
- Samples of FP methods available and approved by the MOH in Tanzania
- Register Book, Dairy/Note book, pen, pencils, erasers and sharpeners, ruler and manila sheet for mapping
- Means of transport – (where applicable/possible)

- Other working materials/tools umbrella, rain coats, gum boots, torch, etc.
- CBRCH Management Form including MIS Forms

6.5. Incentives

All CBRCH programmes must include an appropriate and sustainable incentive package to motivate CBDs. The following comprises packages:

- On the job training and updates incentive
- Provision of basic working tools throughout the working period
- Planned exchange visits
- Supportive supervision taking place as planned
- Moral and Materials support from the community or other sources
- Reliable and regular supply of contraceptives and other commodities
- Frequent feedback
- Appreciation of the work
- Frequent review of CBD's tasks to adjust their work load
- Rewards – including money

7.0. Community Based Distributors (CBD) Trainers

There are two types of trainers for the CBRCH programme; namely CBRCH Trainers and Trainers of Trainers. CBRCH trainers drawn mainly from the districts provide training to CBD agents. The Trainers of Trainers drawn mainly from the Central, Zonal and Regional levels provide training to CBD Trainers and CBD Supervisors.

7.1. Selection criteria for CBD Trainers

- A professional background in Teaching, social work, public health or related field
- A minimum of one year experience in community based activities
- Proficiency in Kiswahili and English in which the training is to be conducted
- Knowledge in Family Planning and RCH

7.2. Training

- Adherence to selection criteria
- Duration – two weeks
- Training to be residential
- 20 participants per training/course
- Three Trainer of trainers per course
- Resource people as needed
- A one week Refresher training after every three years

The following standardized materials and documents in their most current edition must be used:

- Guide for Trainers of Community Based Distributors of Reproductive and Child Health Services
- Protocols for the Community Based Reproductive and Child Health Providers - CBD
- CBD Supervisors' Guide
- National Policy Guidelines for RCH services
- National RCH Components and Services Standards

8.0. CBD Supervisors

8.1. Clinic Based CBD Supervisors

These are immediate supervisors of CBDs:

(a) Selection criteria

- They should be recruited from the backup health facilities and within the CBRCH project area
- They must have prior knowledge and experience of RCH
- They should have successfully completed a course in supervision of CBDs

(b) Training

The following should be considered when training clinic based CBD supervisors:

- Adherence to selection criteria
- Duration of initial training – one week
- Training to be residential
- A one week Update or refresher training after every three years
- 25 participants per course
- Two trainers
- One facilitator from the central level

The following standardized training materials and documents in their most current edition must be used:

- Curriculum for Training Trainers and Supervisors of Community Based Distributors of Reproductive and Child Health Services
- Protocols for Community Based of Reproductive and Child Health Providers - CBD
- CBD Supervisors' Guide
- National Policy Guidelines
- National RCH Components and Service Standards

- National Guidelines for Initiating and Managing Community Based Reproductive and Child Health Services.

(c) Roles

The main roles of the clinic based supervisor will be to focus his/her supervisory activities on the CBDs. Specifically the supervisor will:

1. Help the CBDs to carry out a community analysis in their catchment area.
2. Conduct advocacy among the community and their leaders so as to solicit support which they require in the community based distribution of reproductive and child health services.
3. Identify the CBDs training needs and the plan for meeting those needs.
4. Help the CBDs plan their activities.
5. Help the CBDs to implement their planned activities.
6. Ensure quality of various CBD activities by using the checklist.
7. Ensure that CBD's are supplied with equipment and supplies necessary for providing Reproductive and Child Health services.
8. Prepare supervision meetings for CBDs and other relevant people in the catchment areas.
9. Assess CBDs performance.
10. Manage implementation problems and re-solving conflicts.
11. Help CBDs in writing reports.
12. Ensure that there is communication to the CBD and other stakeholders from the national level and from relevant organizations.
13. Ensure that there is collaboration among the various sectors operating in the catchment area so as to obtain necessary help in the distribution of Reproductive and Child Health services.
14. Establish good relationship with the community.
15. Write monthly and quarterly reports and submit them to the district authorities at the right time.
16. Attend RCH clients referred by CBDs; these include FP, STIs, Ante-natal, Post-natal, under five children and Adolescents.
17. Supply contraceptives, vitamin supplements, ORS, various MIS forms and IEC materials.
18. Order and replace CBD Kits.
19. Provide technical assistance to CBD e.g. health talks.
20. Provide feedback to CBD and the community on the progress of CBD activities.

(d) Incentives

The incentive package for Clinic Based Supervisors

All CBRCH programmes should include an appropriate and sustainable incentive/package to motivate clinic based CBD supervisors.

The following comprise an incentive package for CBD supervisors:

- Training – including on the job and refresher training
- Provision of working tools throughout the working period
- Supportive supervision and monitoring takes place as planned
- Frequent feedback
- Planned exchange visits
- Reliable supply of contraceptives and other commodities
- Appreciation for the work done

9.0. Reporting System

The reporting system in the CBRCH program comprises of forms that are filled at community level and MTUHA book no. 10 filled at the facility level. Eight community level forms are filled by CBRCH agents. These forms include; referral form, referral feedback form, monthly order/receipt form, client daily register form, client card, monthly report form, monthly under 5 growth and development form, and monthly report for STIs, HIV/AIDS forms.

Data are collected and compiled by CBRCH agents on a monthly basis and timely handed over to the immediate supervisor at health facility. The supervisor then summarises his data and compiles for the area he/she is supervising. The data is then entered into MTUHA system at the health facility. This data is then forwarded to the district level where CHMT includes these data in the MTUHA (HMIS) system. The CHMT then compiles CBRCH data and forwards it to the central/national level for consolidation and dissemination.

Feedback and feedforward mechanisms are required at all levels to create mutual understanding. At community level, CBRCH agents are required to handover information on number of maternal and under fives deaths to the respective village government. The supervisor needs to provide feedback to the CBRCH agent on issues pertaining to data collected. On the other hand, CHMTs needs to give feedback to the facility level supervisors on issues pertaining to CBRCH services.

10.0. Supplies and Equipment

Contraceptives:

- CBDs should dispense the contraceptives approved and registered by MOH
- CBDs who have field supervisors should get their supplies from them
- CBDs who have clinic based supervisors should collect their supplies from their supervisors at the back-up health facility or during monthly supervisory visits
- Field supervisors should get their supplies for the CBDs from clinic-based supervisors
- NGOs, Private Partners and Voluntary Agencies should purchase supplies and equipment which are approved by MOH from other sources as per agreement.

Equipment

- Should be maintained according to stipulated guidelines.
- Any damaged equipment should be reported to the appropriate level.
- Replacement of the damaged or worn out equipment should be made appropriately and timely.

11.0. Roles of the Major Stakeholders in Community Based Reproductive and Child Health (CBRCH)

11.1. The Role of the Ministry of Health (MOH)

The Role of the MOH is to:

- Coordinate all CBRCH programmes in the country
- Provide standardized CBD guidelines to the CHMT and other stakeholders
- Conduct Operations Research (OR) to determine appropriate CBD modalities for Tanzania
- Ensure CBRCH activities fit into the National Reproductive and Child Health strategy
- Solicit resources for initiating and supporting CBRCH projects
- Establish evaluation standards, procedures and conduct overall monitoring and evaluation of activities by various CBRCH projects
- Set standards and develop CBRCH service delivery and management protocols
- Set standards to ensure the quality and uniformity of training e.g. developing training curricula/guides for CBDs, trainers, supervisors etc.
- Facilitate capacity development for Community Based RCH Implementers at all levels
- Give frequent feedback on the progress of the programme to appropriate levels through meetings, seminars, letters etc.
- Provide backstopping to CBDs

11.2. The Role of the Regional Health Management Team (RHMT)

The role of RHMT is to give support to the CHMT in coordinating and supervising CBRCH programmes.

11.3. The Role of the Council Health Management Team

The role of the CHMT is to:

- Provide leadership and support to the CBD programme
- Seek support from Primary Health Care Committee, local authorities and community for CBRCH activities
- Facilitate NGO/MoH collaboration and integration of sub project activities within the district PHC programme
- Liaise with NGOs and government institutions initiating/implementing CBD activities to facilitate smooth running of the programme
- Ensure smooth running of CBRCH activities by providing material support, technical assistance, supplies and contraceptives
- Co-ordinate all CBRCH activities in the district
- Be solely responsible for compiling, reporting and recording information from NGOs and government projects on CBRCH activities and submit them to higher levels of the MoH and relevant NGOs
- Incorporate CBRCH activities in the district health plans (DHP)
- Set a strategy on how to support CBRCH projects in case the exercise of cost sharing is being implemented in the area
- Devise mechanisms to ensure effective supportive supervision to CBD agents quarterly

11.4. The Role of Non-Governmental Organizations (NGOs) is to:

- Initiate and support sustainable projects following the National RCH Strategy and CBRCH Guidelines
- Cooperate with the CHMTS/CMTs (e.g. sharing of resources and where applicable, offering quality services and logistics)
- Share experiences/reports with CHMTs/CMTs and other stakeholders
- Solicit resources for initiating and supporting CBRCH activities
- Set annual targets, goals and objectives of the CBRCH activities
- Submit reports to CHMT on agreed – upon format and in specified time frame
- Ensure that implementation is consistent with the CBD strategy

11.5. The Role of the Private Sector and other Ministries

The role of the private sector and other ministries is to:

- Support CBRCH initiatives in their area (e.g. sharing of resources where applicable)
- Provide Technical Assistance (TA) in their specialized fields
- Work closely with CHMT/CMT and the community at all stages of project implementation

11.6. The Role of the Backup Clinic

The role of the back up clinic where there is no Clinic Based CBD Supervisor is to attend to RCH clients referred by CBDs.

11.7. The Role of the Community

The community is the backbone of the CBRCH programmes and it is responsible for the project ownership and sustainability. This should be made clear and accepted by the community before the project starts. The community should be empowered and supported to make decisions on their health needs and available resources and to oversee CBRCH activities and resources.

The role of the community is to:

- Initiate a sustainable financing mechanism for CBRCH activities, setting realistic commitments which are achievable and affordable.
- Participate in decision making, planning, implementation, regular monitoring and evaluation of the project through appropriate facilitation by CHMT/CMT and other stakeholders.
- Implement commitments made with CHMT/CMT stakeholders etc.
- Give frequent feedback on the progress of the programme to appropriate levels through meetings, seminars, letters etc.
- Initiate and support sustainable Income Generating Activities
- Facilitate adequate organizational and managerial support at the community level.
- Set and promote community norms, behaviour, decision making system, and arrange village health events and activities responding to their RCH felt needs.
- Exchange information and experience with other interested parties
- Facilitate planning using available community information/data.

12.0. Sustainability

Sustainability of Community Based Reproductive and Child Health Services refers to the ability to financially, technically and managerial maintain community based services and the capabilities to continue providing services using the available resources and with little or without external assistance.

CBRCH programmes should include sustainability plans in their design. The plans should cover financial, technical and managerial sustainability components.

12.1. Financial Sustainability

Financial sustainability includes:

- Community contribution in money or in any kind, can be in a form of material, labour and others
- Cost containment such as reducing or limiting increase in cost of providing services
- Cost sharing requiring the beneficiaries to pay a portion of the cost to avail the services
- Cost recovery requiring the beneficiaries to pay for up to the full cost of the services
- Income Generating Activities (IGA) – these are activities that are non RCH related but they generate income either for the programme or the CBD or for both
- Cross subsidies – involve using the fees that are charged for one type of service to finance others
- Social marketing such as sale of Insecticide Treated Nets (ITNs) to generate income
- Government subsidies

12.2. Technical Sustainability

Technical sustainability means developing and maintaining the capacity and capabilities to provide and manage services. This can be achieved through:

- Hiring staff
- Developing mechanisms to retain qualified staff/service providers at all levels
- Development of human resource capacity

12.3. Managerial Sustainability

Managerial sustainability means the development, use, institutionalization and maintenance of appropriate management systems such as management of:

- Human resources
- Financial resources
- Equipment and supplies
- Information systems including Monitoring and Evaluation

In addition CBD programmes should observe the following to sustain their activities:

- Community involvement and participation
- Inter and multi-sectoral collaboration
- Use of locally available human and materials resources
- Appropriate orientation and training
- Continuous and effective supervision to CBD Agents

Evaluation

- An evaluation component should be built in the programme design.
- An evaluation in the form of a Baseline Survey or Needs Assessment must be conducted before the starting of the project
- An evaluation should be conducted midway and at the end of the CBD programme in all levels of implementation
- Ensure that evaluation covers all components of RCH under the CBRCH programme
- Ensure involvement of community and RCH implementing partners in the development of evaluation tools
- Results of the evaluation should be disseminated to all key stakeholders
- Ensure that the evaluation results are used to make management decisions

13.0. Operational Research

Projects are encouraged to conduct Operational Research (OR) which are in line with Reproductive and Child Health Strategies, share results with all stakeholders and use the result to make management decisions which are rational for the program process.