The Role of Values in Assessing Child Survival Sustainability

Christian Reformed World Relief Committee (CRWRC)

Written by

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I. INTRODUCTION

Sustainability, in the context of child survival projects, can be defined as "a contribution to the development of conditions enabling individuals, communities, and local organizations to reach their potential…beyond a project intervention (Sarriot et. al., 2004)." In order to assure the long-term success of their projects, it is critical for non-governmental organizations (NGOs) to build key factors of sustainability into their planning, implementation and evaluation activities. However, planning for and evaluating sustainability can be quite complicated. The process that leads to sustainable health does not follow a linear model as in most planning and management tools. Sustainable health outcomes are the result of a number of interacting and interconnected variables that are related to the entire development process. It is important for child survival projects to assess the key factors that influence sustainable health in order to determine which areas need to be addressed in the intervention design.

Underlying the behaviors and competencies that have a direct relationship with sustainability are the core values and beliefs of those in the community and organizations involved. Bryant Myers states that "everyone believes in something, and what we believe in shapes what we do and how we do it…core values and beliefs are where we get our understanding of who we are and what we are for (Myers, 2000)." If NGOs only assess the actions and behaviors that lead to child survival sustainability, then they may miss a chance to successfully address the underlying causes of those actions.

As part of a technical assistance grant from the US Agency for International Development (USAID) and the Child Survival Technical Support Plus (CSTS+) Project, the Christian Reformed World Relief Committee (CRWRC) held a series of workshops for their partner organization staff in Bangladesh. These workshops introduced the CSSA framework for assessing sustainability and provided an opportunity to explore the role of values in assessing sustainable health. Three CRWRC partner NGOs have used the Child Survival Sustainability Assessment (CSSA) framework to evaluate the sustainability of their child survival projects and developed and field tested an assessment tool for evaluating values in the communities in which they work.

This paper focuses on the findings of CRWRC and their partner NGOs in three areas: 1) using the CSSA framework to systematically evaluate progress towards sustainable health; 2) defining the crucial role of values in child survival sustainability; and 3) the importance of assessing values as part of the CSSA.


II. THE ASSESSMENT OF CHILD SURVIVAL SUSTAINABILITY

The CSSA provides a framework by which to quantify the improved health outcomes (Component 1) and also to measure determinants of these outcomes, incorporating all the key factors influencing sustainability. The CSSA methodology provides both a framework for measuring progress towards sustainability as well as a participatory process for assessment involving communities and local partners (Sarriot, 2002).

Background

The CSSA framework focuses on three main dimensions that are important for assessing sustainability. The three dimensions and their respective components are depicted in Figure 1. A detailed description of each component can be found in a number of publications by USAID, CSTS+, and the Child Survival and Collaborations Resource (CORE) Group (Sarriot, 2002; Sarriot et. al., 2004; Yourkavitch et. al., 2004; USAID, 2005).

Figure 1. The three dimensions and six components of the CSSA framework.
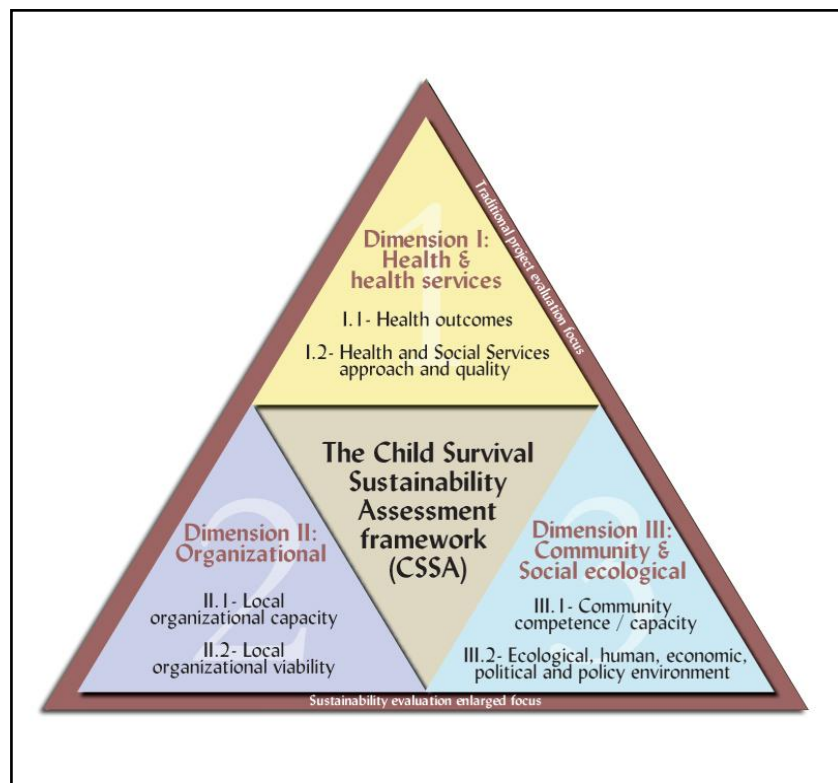
The process for planning interventions for and measuring progress in these six components involves participants from the local system and takes place in six steps (Figure 2). The vision, goals and objectives are defined by the local system so that the CSSA framework has contextual significance. Although the six components of the CSSA are consistent across all child survival projects, the indicators are created and defined by the local system. A variety of different qualitative and quantitative evaluation tools are used to define and measure appropriate indicators for each of the six components. A detailed list of evaluation tools can be found on the CSTS+ website (http://www.childsurvival.com/documents/CSTS/sustainability.cfm). Through a participatory approach, the local system identifies a set of indicators for each component that are valid, reliable, measurable, relevant, and easy to interpret. These indicators are aggregated into one summary score, or index, for each component. Then, the six indices are graphed or mapped using the sustainability dashboard. This dashboard can be interpreted and used to modify the program interventions in order to ensure the sustainability of child health. A detailed description and examples of the implementation of the CSSA process can be found in the same publications referred to in the paragraph above (Sarriot, 2002; Sarriot et. al., 2004; Yourkavitch et. al., 2004; USAID, 2005). The next section will describe how CRWRC used this six-step process with their partner organizations.

Figure 2. The CSSA six-step process.

1. Define the system to be assessed, its vision and goals
2. Identify elements/objectives for each dimension
3. Choose indicators to measure progress on the determined elements/objectives
4. Measure the status of these indicators, choosing appropriate evaluation tools
5. Combine the indicators and build indices to describe the situation in each dimension
6. Review results and modify programmatic interventions or policies

Planning for Sustainability Using the CSSA Methodology

CRWRC began using the CSSA framework in February 2005 as part of a technical assistance grant awarded by USAID in collaboration with CSTS+. The CSSA framework was introduced in the first year of the child survival project during the development of the detailed implementation plan. CRWRC works with three partner NGOs in three different districts in Bangladesh. Pari Development Trust works in two thanas in the northern tribal area of Netrokona, SATHI works in four slums in the city of Dhaka, and SUPOTH works in one thana in rural Panchagor. Following an introduction to the CSSA framework and the six components, each NGO developed a vision statement, a goal for each component and elements/indicators to measure each component. The results from this first workshop can be seen in Annex 1.

In June 2005, the three partners revisited the CSSA framework. They discussed which indicators would be most appropriate for each component and which evaluation tool would provide the best measurement for each indicator. CRWRC partners were well positioned to gather information on four out of six of the components. They used the Knowledge, Practices, and Coverage survey to collect data on health status in the areas in which they work. All three organizations have also developed a rigorous system for measuring organizational capacity and viability called Organizational Capacity Indicators (OCIs). A detailed description of this process can be found in *Partnering to Build and Measure Organizational Capacity* (CRWRC, 1997). There is also a system in place for measuring community competence/capacity called Community Capacity Indicators (CCIs). This process was developed from a staff-controlled scoring system, Skills Rating Score (SRS), into a community-owned monitoring system, CCIs. The OCI and CCI systems are now developed by the individual groups themselves and involve 3 different layers: the local NGO, the community-based organizations (also known as Thana Federations or People's Institutions) and the primary groups in the communities. This system follows an appreciative inquiry model that involves all participants in which each group has developed key indicators and a scoring system to measure progress towards capacity. Stories of actual events are also used to validate an indicator of achievement. Discussions about values also come into play during this measurement as the groups talk about positive and negative influences towards achieving the goal.

The two components in which CRWRC is lacking are health and social services and the ecological, human, economic, political and policy environment. A Health Facilities Assessment (HFA) was conducted following the completion of the CSSA workshop; therefore, more relevant information has been collected for that component. However, CRWRC and its partners are still wrestling with the best way to assess the "external factors" in the sixth component.

Although the validity of all the indicators selected was not ideal, the indicators still provided a useful snapshot of each partner's progress on the road to sustainable health. Annex 2 provides

the baseline sustainability dashboard for all three partner NGOs along with the final list of indicators for each component. CRWRC continues to work with each partner organization to select the most appropriate indicators for each of the six components.

Exploring the Role of Values in Child Survival Sustainability

Also part of the technical assistance grant from USAID and CSTS+, CRWRC was asked to explore the role of a community's core values and beliefs in child survival sustainability. All of the representatives from the three partner organizations that attended training in CSSA methodology, also participated in a 2-day workshop on the role of values in sustainable health. This workshop was conducted in the same format as the CSSA workshops using the adult dialogue education approach (Vella, 2002). A total of 34 participants creatively explored the values that are most important to the communities in which they work and the values that are most important to child survival sustainability. The partners identified four values that were considered most important to the communities in which they work. The values were unity, justice, equality, and honor. These four values emphasized the importance of a shared purpose and vision in the community; equal opportunities for all people with respect to gender, race, religion, and socioeconomic status; and respecting those who deserve to be respected as determined by the community. The participants then agreed upon a list of nine values that were critical to the sustainability of child survival in the communities in which they work. The values included knowledge, respect, service, responsibility, equality, honesty, unity, justice and self-confidence. The values that were identified as most important to the communities were also agreed upon as critical for sustainability; however, there were values selected as critical for sustainability that were not recognized as the most important to the communities. This simple assessment of values related to child survival was taken from an outside observer's point of view. In order to fully understand whether or not certain values exist or are understood within a community, one must ask those who are part of that community. Therefore, the latter part of the workshop was spent designing focus group discussion (FGD) questions that could assess the understanding of certain values that were identified as important to child survival sustainability. The process for creating the FGD questions followed the FGD guidelines from World Vision's Transformational Development Indicators Field Guide (WVI, 2003). The details on the process and results from the FGDs on values in select communities in Bangladesh are described in Section IV.

III. THE ROLE OF VALUES IN SUSTAINABLE HEALTH OUTCOMES

Values can be defined as what people consider to be important to them, and are often shared at the community level. For example, a value of privacy may determine the type of latrines to be installed and then used (Ferron et. al., 2002).   According to John Hubley "values are qualities at an abstract level such as bravery and intelligence (Hubley, 2004)." Hubley also states that a person's values could be shown in the way the following statement is completed, "the things that are important to me are…" (Hubley, 2004). Similarly, beliefs deal with an individual's understanding of themselves and their environment. Beliefs about the different possible outcomes from performing actions are especially important in understanding behavior (Hubley, 2004). It is important when studying health outcomes and health behaviors to get at the root – the values – and then build a child health program within a community because values have a significant impact on our behaviors.

Case Study #1: The Tree of Life

During the Child Survival Sustainability Workshop in August 2005, participants applied key community values to actual health related scenarios. Each group selected a positive health outcome (e.g. safe child birth) or a negative health outcome (e.g. malnourished child) and determined the health behaviors associated with the health outcome. Then, they decided which community values were associated with each health behavior. They created "Trees of Life," which displayed the linkages between values, behaviors and health outcomes. This approach has the potential to be used in the community in order to facilitate a discussion about which values are linked with certain desirable health outcomes. The community would identify values that currently exist and determine if those values promote positive health outcomes. The values that promote positive health outcomes would be acknowledged and celebrated. If the community identified certain values that prevent a positive health outcome, then the community would be challenged to consider how those values could be altered to promote positive health outcomes. In this type of exercise it is critical to understand the cultural foundation of the community. Value change can only occur in a community that identifies a need for change[1].
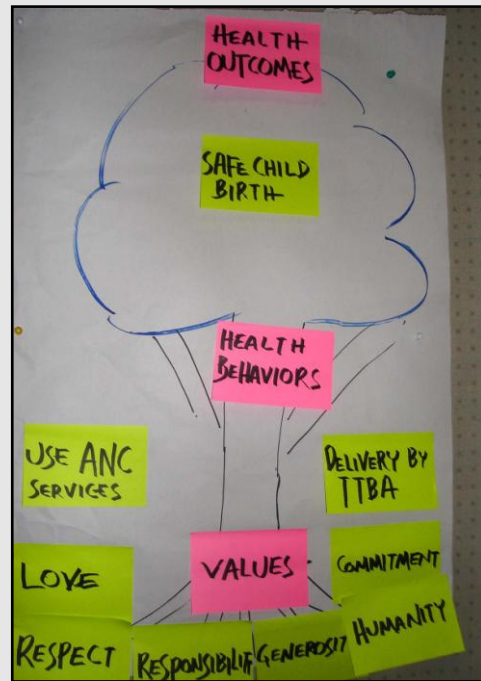
According to value-expectancy theories, such as the Health Belief Model (HBM), behavior is a function of the subjective value of an outcome and of the expectation that a particular action will result in the outcome. In the context of health-related behaviors, change is dependent on the desire to avoid illness (value) and the belief that a specific action will help to prevent the illness (expectation). The Health Belief Model proposes that the likelihood of behavior change is dependent upon one's belief regarding the threat of the illness, the benefits of changing their behavior, and the costs involved with changing their behavior. Along with an individual's confidence in changing their behavior (self-efficacy), their beliefs about the outcome and action have a tremendous impact on their likelihood to change.

However, a weakness of HBM is that it does not consider social pressure from others in the family or community and ignores enabling factors (Hubley, 2004). The Theory of Reasoned Action (TRA), includes the social component that contributes to the likelihood of behavior change, the "subjective norm. The subjective norm measures the degree to which society approves or disapproves of the behavior as well as the motivation of the individual to comply with the societal norm (Glanz et. al., 2002). TRA not only focuses on the individual's perception of the behavior and outcome, but it also emphasizes the society's, or community's, role in influencing behavior change. This factor has also been termed the "perceived social acceptability" of the behavior change (Davis, 2004).

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[1] Another approach that CRWRC has used is Appreciative Inquiry where the community identifies the best of "what is" in regards to their values and subsequent behaviors.

A third approach that adds enabling factors to TRA is the BASNEF model which was developed by John Hubley (Hubley, 2004). BASNEF (Beliefs, Attitude, Subjective Norm and Enabling Factors) implies that people may react differently to specific health messages based on their beliefs, social pressures or the presence or absence of enabling factors (Table 1). The BASNEF model is very helpful in understanding the role of values and beliefs in health behavior.

Table 1. BASNEF Model (Hubley, 2004)

	Influences	Actions Needed
Beliefs/Attitudes	Culture Values Traditions Mass Media Education Experiences	Health education to modify beliefs and values of individuals or whole community
Enabling Factors	Health Services Income/Poverty Inequalities Gender Barriers/Discrimination Employment Agriculture Transportation	Service improvement to promote acceptability, effectiveness and quality; advocacy to raise profile of issues, influence policy and promote intersectoral collaboration; skill training
Subjective Norm	Family Community Social Network Culture Social Change Power Structures Family Structure	Health education targeted at influential persons in family and community

Health behavior theories point to numerous factors that influence behavior, but at the root of each factor are embedded an individual's and community's core values and beliefs. It is clear that a positive change in health behavior leads to a positive change in health outcomes; therefore, it is reasonable to conclude that values and beliefs that lead to healthy choices will result in the long-term impact of positive health outcomes.

Values are also closely linked with spirituality and, therefore, must be approached with sensitivity and understanding. However, the connection between values and religion, or spirituality, should not cause us to ignore the impact of values on sustainability. For example, an individual's perception of divine will might be one of the most powerful determinants of behavior change (Davis, 2004). A negative behavior that is connected with the belief that it is acceptable and pleasing to the Creator[2] is difficult to change. In this case, the intervention may not be successful in the context of the current belief system. Therefore, the values and beliefs associated with the current belief system may need to be challenged in order to achieve long-term health benefits. It is important to be aware of belief systems that are disempowering as well as identify social and religious practices that are doing more to empower people for growth and change (Myers, 2000).

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[2] CRWRC is working primarily with Muslims in Bangladesh, so the term Creator was used

Case Study #2: Value Change

A. CRWRC

In Bangladesh, many religious teachers have a mistaken understanding that the Koran teaches that early marriage is good. However, CRWRC partner organizations have designed programs for Muslim religious leaders looking at the importance of later marriage for the purpose of better health and survival of the mother and the child. CRWRC partners have also designed a lesson for the importance of maintaining clean water. This lesson emphasizes the value of responsibility in the Muslim context and begins by stating that "water is the most important resource of all the natural resources created by Allah. However, people pollute and waste water in many different ways and as a result people suffer all kinds of problems. Therefore, it is our responsibility to properly manage water resources." CRWRC uses many other modules for values formation that are not specifically related to health. CRWRC partner organizations integrate values into their business, agriculture and health projects such as honesty, integrity, equality, and service. These values are promoted with the hope that they will lead to sustainable community development.

B. EFICOR

The Evangelical Fellowship of India Committee on Relief (EFICOR) has described the process of value change as in the following table (Myers, 2000):

Value	Today's distorted version	More Biblical version
Loyalty	Only to our family	To all in our community
View of person	Only powerful matter	All men, women, and children matter
Compassion	For those who can help us	For those who are in need
Repentance	Only if I get caught	Personal responsibility for wrong
Forgiveness	Only to our equals	To all who injure us
Sharing	Only with our family	With all who are in need
Equality	For those who own land	For all men and women
Justice	Only for the powerful	For all, even the weakest
Peacemaking	Within the family	Within the community and world

Although people may believe in positive values such as unity and equality, these values can be distorted in a way that undermines their social good (Myers, 2000). If positive values are distorted or a community embraces values that prevent positive change, then positive health outcomes will be difficult, if not impossible, to sustain.

The Importance of Values Assessment

Just as the six components of the CSSA assess the potential for achieving sustainable health, the assessment of values related to child survival can be used as an indicator of whether or not a community is moving towards sustainable health. Anderson and Woodrow (1989), co-directors of the International Relief and Development Project at Harvard University, proposed a framework for analyzing capabilities and vulnerabilities of communities. They divided this analysis into three domains: physical and material, social and organizational, and motivational and attitudinal. Although this framework was developed for disaster situations, the CSSA framework closely matches the physical and material (Dimension 1) and the social and

organizational (Dimensions 2 and 3) domains. However, the CSSA does not emphasize the importance of the motivational-attitudinal domain, which tackles issues rooted in values, such as the marred identity of the poor, the power of the non-poor and inadequate worldview.

World Vision has been integrating aspects of the motivational-attitudinal domain, or values, into their Transformational Development Indicators (TDI) since 2002. The purpose of TDI is "to show the status of the quality of life of communities, families, and children where World Vision is facilitating community based, sustainable, transformational development programs (WVI, 2003)." Transformational development is defined by World Vision as "a process through which children, families, and communities move toward wholeness of life with dignity, justice, peace and hope (WVI, 2003)." Values are integrated into the TDI with a creative tension between the values embraced by each community and the values that World Vision believes are important to sustainable development. This integrated approach to assessing the sustainability of health and development is a good example of incorporating values into an assessment framework.

Values assessment is important to consider at both the level of the NGO and the level of the community for child survival projects. An NGO can assess the values that are critical to sustainable health in the areas in which it works. These locally determined values can be used as a standard by which to assess the values in the communities in which they work. At the community level, the values assessment can be used in three non-exclusive ways. First, a values assessment can serve as a gauge of the values which promote sustainable health outcomes. The values that promote sustainable health may differ from community to community; therefore, it is important to understand which values the community identifies as supportive of positive health outcomes. By comparing the values currently present within a community to the values that are necessary for sustainable health, an NGO can discern the cultural-spiritual environment in which it is working. In the same manner as the external factors measured in the sixth component of the CSSA framework, the progress made toward positive values will help assess the prospect of sustainability of child survival. Secondly, a values assessment can help to inform culturally sensitive interventions. Cultural sensitivity can be categorized into two dimensions: surface structure and deep structure. Surface structure incorporates observable social and behavioral characteristics of target populations into health messages and materials. However, deep structure, includes the understanding of how cultural, social, psychological, environmental, and spiritual factors influence health behaviors across different communities. Therefore, a health behavioral intervention can be tailored around certain core values that are unique to a community. Lastly, a values assessment can be used to identify both values that promote and prevent sustainable health. Those values that are identified in a community as encouraging positive changes in health behavior should be celebrated. However, those positive values that may have become distorted over time and discourage positive changes in health need to be addressed.

IV. VALUES ASSESSMENT IN BANGLADESH

As discussed earlier in Section II., CRWRC partner staff identified nine values that were critical to the sustainability of child survival in the communities in which they work. The values included knowledge, respect, service, responsibility, equality, honesty, unity, justice and self-confidence. From this list, the participants chose five values based on a group consensus as to which values seemed the most important in relating to health. These five values became the basis for the content of their Focus Group Discussion (FGD) questions. These questions were

used to assess the understanding of values in the communities as well as the presence or absence of specific values important to child survival sustainability.

The objectives of the FGDs were to 1) understand the values and the effect/influence of values on the health of members of family and society; 2) understand the effect/influence of values on mother and child health services; and 3) understand the effect/influence of values on the availability of government and non-government (NGO) health care services. The focus groups were composed of eight to ten people separated by gender. There was a mixture of race and religion as well as socioeconomic status; however, more poor people were included. The FGD participants included female members from the primary groups in each project area, separate groups for husbands of the female members. PARI interviewed 151 people from the Netrokona working area; SATHI interviewed 112 people from the Dhaka working area; and SUPOTH interviewed 253 people in the Panchagor working area. Each focus group met in the home of one of the participants and each discussion lasted 1.5 to 2 hours. There was one moderator and one recorder for each group. The six FGD topics were the role of values in health, the importance of equality to health, the role of integrity in health, knowledge of health, justice, and responsibility. An example of the questions used by SATHI for the FGDs is described in Annex 3.

The concept of values in the communities varied greatly. The majority of responses centered around knowledge, justice, respect, and the love for their family. However, there was a wide variety of ideas expressed about values in the community and the participants did not all agree on one value or group of values that was most important to them. The word "value" is difficult to translate in the Bengali language and, therefore, this may have led to a different understanding of the question. Some respondents gave examples of values while others simply named them. It was also clear that values had a significant impact on health-seeking behavior and decision making. One respondent answered, "Since our children are our future…as a responsible guardian or parent, we shall arrange for their treatment with resources what we have even at the cost of our cows/goats or collecting money on interest. This is how our values affect in our decision making." It is clear that the health of the family comes first and that a lack of resources are not a significant barrier to health care in promotive, preventive, curative and rehabilitative health.

With regards to gender equality, most respondents said that they would treat both girls and boys the same and give them the same opportunities. However, each region differed slightly in their responses. In the tribal area of Netrokona, those who were Muslim or from the Hajong community preferred to have a male child and those who were from the Garo community, a matrilineal tribe, preferred to have a female child. However, when asked whether boys or girls would get preferential treatment when sick, nearly all participants from all three working areas responded that they would get equal treatment. However, some quantitative data shows a difference in treatment of boys and girls in Bangladesh. The FGD data must be supported by other data due to the fact that respondents may say one thing and behave in the opposite way.

When asked about justice issues regarding discrimination between the rich and the poor when seeking health services, all working areas reported some discrimination. In the tribal region of Netrokona, many of the women in the Garo community felt that Bengalis received preference when being treated at a health facility. Also, nearly all of the respondents in Netrokona said that there was discrimination between the rich and the poor. "The poor get less preference because

they do not have enough money, whereas the rich get more preference, because they have enough money."

Some of the questions about integrity, knowledge and responsibility were either difficult for the respondents to understand or were not worded very well by the moderator. These questions did not yield any conclusive results. However, the questions were very helpful in understanding what type of content is important for a good FGD question.

Alternative Values Assessment Strategies

In August 2005, CRWRC hosted a workshop on child survival sustainability that included a number of governmental and non-governmental maternal and child health stakeholders from Bangladesh with an interest in learning about assessing the sustainability of health outcomes. This group of participants reviewed the values assessment work by one of the CRWRC partner organizations and developed a list of FGD questions that may be more effective in the communities in which they work. This group also suggested a number of alternative ways to assessing values. This list included Theatre for Development – collecting stories from a community and reenacting them on stage for the community; free listing of values; prioritizing the values in terms of health; case studies; bringing community people to a workshop for a day to talk about values; matrix ranking; participatory rural appraisal; generating ideas from different generations; immersion – spend one night in a community in someone's house; stories from the past – revisiting old values; and studying different reports and documents about the community (historical documents). CRWRC would like to field test some of these other standard qualitative research methods for values assessment in order to determine the most effective way to understand a community's core values.

V. INTEGRATING VALUES ASSESSMENT INTO THE CSSA FRAMEWORK

During the August 2005 Child Survival Sustainability Workshop mentioned above, the participants had the opportunity to redesign the CSSA framework by adding core values to the assessment. The participants had spent two days learning about the CSSA framework and understood the different components very well. The new frameworks were unanimous; core values were a cross-cutting dimension that affected all of the other three dimensions. Every new framework that was presented contained a values piece that touched all of the other components. As a result of this collaborative effort the framework in Figure 3 is one possibility for viewing the CSSA framework with an emphasis on a foundation in values.

Figure 3: A New View of the CSSA Framework
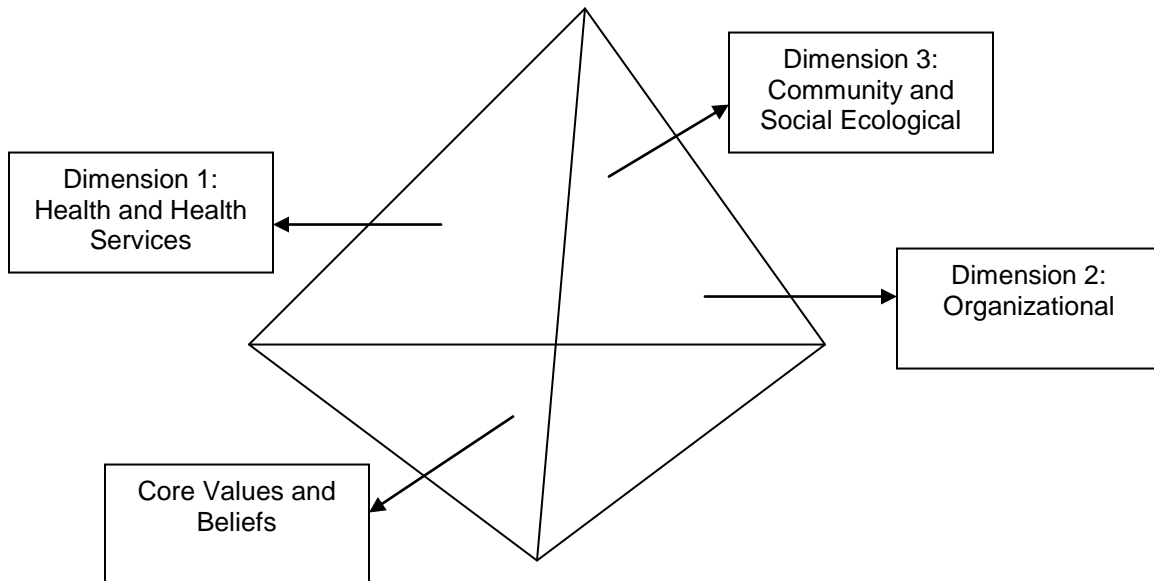
Next Steps in Applying Values Assessment with the CSSA

CRWRC found that core values and beliefs have a significant impact on health behavior in the Bangladeshi culture. The FGDs revealed that the values of justice and equality may be distorted in certain communities, which has led to health care discrimination based on gender, race, and socioeconomic status in CRWRC working areas. Therefore, CRWRC recommends that values and beliefs be assessed within a community in order to determine the root cause of sustainable health. This assessment should take place on two levels. First, the local organization(s) working in a community should assess the values most important to child survival sustainability. This can be done in one day using participatory exercises that have been developed by CRWRC. Secondly, a values assessment should take place within the community. This assessment should be done by the community and facilitated by the organization working in the community. However, a gold standard for assessing values has not been developed. CRWRC used the FGD methodology, but did not find it effective. A more participatory and community-owned methodology (such as PRA) may be more useful for this type of assessment. CRWRC proposes the following next steps towards assessing community values:

1) Continue to investigate published literature on the topic of values, sustainability and health.

2) Continue to collaborate with other PVOs that are working in this area (WVI, Food for the Hungry).

3) Develop a qualitative research tool to that will help to understand the values that are important to the communities in which we work. This tool could be developed in a participatory workshop similar to the one held in August 2005.

4) With the communities, determine which values affect health in positive and negative ways. This could be done using the Tree of Life mentioned in Case Study #1.

5) Based on the data received from the communities, develop a transformational indicator/values check list that is specifically related to health and the areas CRWRC is trying to address in the child survival program. This information will also serve as the baseline.

6) With the community, decide which values are the most important to address.

7) Using Theatre for Development, story modules and music; engage the community in addressing the most important values.

8) Measure change using the transformational indicator/values tool (annually)

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Annex 1

CSSA Workshop – Part 1

SATHI PROJECT:

Vision Statement – Urban people are physically, mentally and economically well and they make a healthy society.

1) Health Outcomes:

Goal: Local people in the area learn awareness of health and the learned individuals ensure good health to mother and child through family and their society.

Indicators/Elements:
1. Pregnant and delivered mothers get good care
2. Newborn baby gets care
3. Safe delivery is held
4. Exclusive breast feeding (up to six months)
5. Additional food is given to the child (after six months)
6. Good eating practice is present
7. Necessary immunization is given
8. Use birth control process
9. Pregnant mothers are conscious of their danger period and take necessary service.
10. Local people know about their general diseases and take require treatment
11. People use safe drinking water and use sanitary latrine
12. Child receives enough nourished food and it helps them in their growth.
13. Childs receives breastmilk up to two years
14. Mother and child use necessary deworming medicine
15. Mother and child get necessary micro nutrient
16. Women's receive TT immunization, vitamin A and folic acid

2) Health & Social Services:

Goal: Local people of the area know about social health services and they receive services through appropriate and effective communication.

Indicators/Elements:
1. Trained volunteer nurses give health services (TTBA, HV) to mother and child in society
2. Pregnant women receive health service four times before delivery
3. Pregnant women get necessary vitamin A, iron and folic acid at time of intervals
4. After delivery, mother gets necessary vitamin, iron and folic acid

3) Organizational Capacity:

Goal: There is necessary administrative structure in the organization where mother and child are able to conduct the health program

Indicators/Elements:
1. There are certain rules in the organization that are followed
2. There is a legal registration from the Government to work
3. There is a good relationship with like minded organizations where services are exchanged
4. There is an opportunity to learn in the organization continuously for both men and women
5. Workers are employed as per qualification and experiences

6. Organization is able to develop fund and able to run the program
7. There is an account of income and expenditure and a clear account process in the organization

4) <u>Organizational Viability:</u>

Goal: There are internal and external good relationships in the organization where mother and child are able to keep the health program successfully

Indicators/Elements:
1. There is policy on transparent responsibilities and regular monitoring in the organization
2. Board is conscious of staff responsibilities, economic and other policies
3. Effective program is taken that helps to achieve the goal according to demand of the target people
4. Board plans to conduct a mutual training course for staff development and give training
5. Leaders visit the program activities regularly

5) <u>Community Capacity:</u>

Goal: There are experienced and trained volunteer people (HV, TTBA) who know about health and social welfare training in the society and who ensure good health to the community people through their experiences

Indicators/Elements:
1. All members of the area save their money regularly of their own accord
2. They point out their problems and solve them
3. Five of all present members make a plan and keep record everything of the area and all the members follow them.
4. There is a skilled leader and it changes every year through participatory process
5. They received practical education and encourage other people and practice it regularly to retain their experienced knowledge
6. All members write their pass books and help to write others as well
7. People know the leaders and the members in the area very well and they have a good relationship and mutual respect with them
8. All groups and members are aware of their local resources and they are able to use them
9. Groups and members in the area communicate with different government and non-government organizations and take advantages through their people organizations.
10. People organization has their own house where they perform their necessary works

6) <u>Ecological, human, economic, political and policy environment:</u>

Goal: Organization is aware of the socio-economic, political, ecological environment of the area and takes step as needed. As a result, the people in the area enjoy all the facilities of national and local policies.

Indicators/Elements:
1. Local people drink safe water and use sanitary latrines
2. Local people aware of marriage law and they follow it
3. Local people receive functional literacy and they use this in persons, in family and in society.
4. Local people now know about early marriage, they know about the bad effect of becoming a "mother" in their early age and they now use it in the society.

PARI PROJECT:

Vision Statement - Community is a place where mothers and children are taken care, living with good health and have access to health services so that they can together experience peace.

1) <u>Health Outcomes:</u>

Goal: Every mother in the society is aware of health and their children deserve good health

Indicators/Elements:
1. Pregnant mother concerned about risks in their pregnancy times
2. Increase weight in time of pregnancy
3. Every child should be above two and a half kg
4. Mothers are delivered by trained mid-wife
5. Pregnant mothers are taking two immunization at least at their pregnancy time
6. New born baby is taking colostrums milk an hour after birth
7. The baby is taking breast milk and taking extra food side by side after 6 months.
8. People identify the problems of sick and take decision
9. Children above five years are well nourished
10. Children under five years continue to receive extra food with breast feeding side by side even if they get diarrhea
11. Use safe drinking waster
12. All mothers are aware of respiratory disease
13. After birth each mother gives her colostrums milk to the baby and take weight
14. Regular weight is done every month and weight of the baby is increased
15. Deworming medicine is used
16. Every child is given six immunizations
17. Vitamin A capsule, iron tablet, folic acid and iodine are given to the child after six months.
18. Every mother skips 3 years of time from 1st issue to 2nd issues
19. Children take zinc when they suffer from diarrhea and ARI
20. Every family uses bed net
21. Every mother feeds child her breast milk only up to six month

2) <u>Health & Social Services:</u>

Goal: Local people of the area know about social health services and they receive services through appropriate and effective communication.

Indicators/Elements:
1. One community health volunteer (CHV) is giving health service to mother and child of twenty families.
2. CHV examines health of the pregnant women and gives iron tablet
3. All kinds of health services are received
4. Pregnant women and all under five children are taken care of
5. All mothers feed their breast milk to their children up to two years at least
6. Most women in the area use family planning process
7. All women wash their hands with soap regularly
8. All people in the society use mosquito net
9. It is free access to health services in the society
10. Pure drinking water and sanitary latrines are available
11. There is a continued process of weighing children in the society

3) <u>Organizational Capacity:</u>

Goal: Local people's organization is such a dependable organization where there are legal rights, gender based leadership, justice, economic solvency that play an important role in development of health services.

Indicators/Elements:
1. There is a certain rule and they follow it
2. There is legal registration of local organization to work
3. There is an agreement to work in participatory way with co-organization
4. People utilize their experiences and knowledge in work
5. Men and women take part equally in receiving training and responsibility
6. There are written accounts of income and expenditure
7. Men and women take part equally on the basis of competence
8. There is a way to collect funds

4) Organizational Viability:

Goal: Local people's organization is run by a Management Board in which there is good leadership, responsibility and acceptable policy, who organize training and make good relationships with all of them.

Indicators/Elements
1. Workers are aware of their responsibilities and financial policy in the organization. They also know that there is a board in their organization.
2. The activities of the organization are under taken on demand of target people
3. Board and employees make plan and give training through mutual understanding.
4. Transparent responsibility and regular progress are observed
5. Leaders visit works and progress of the members of the organization regularly

5) Community Competence/Capacity:

Goal: People in the society identify their own problems and solve them. They collect resources and use them properly and take decision of their health services.

Indicators/Elements:
1. All members make savings regularly. They identify their own problems and solve them.
2. All members of the group received literacy education and they now read and write.
3. Members write their savings book properly
4. Five of all members make a plan in participatory way and everybody knows it.
5. Members select a new leader in a democratic way
6. Group is respected in the society
7. Groups know the advantages and disadvantages of the local resources and they use it accordingly.
8. Groups have an active role in the society and they are in different government positions and in the CCC as well.

6) Ecological, economic, political and policy environment:

Goal: People are concerned about the ecological, economic, political and policy environment in the society and they protect the environment and they enjoy their good result.

Indicators/Elements:
1. Most people in the society drink arsenic free water
2. Families install their sanitary latrines little away from water level
3. Local people made social forestations
4. IMP process method is used in agriculture
5. No poly thin is used now
6. Nobody smokes openly

SUPOTH PROJECT:

Vision Statement - A self reliant, educated society where everybody enjoys health services and builds a "healthy society".

1) Health Outcomes:

Goal: All pregnant women will deliver a healthy child. Beside this, lower mortality rate of the children will be ensured through proper immunization and families will make proper treatment.

Indicators/Elements:
1. Mothers have increased their awareness of health learning through proper health training.
2. The mothers received health services before and after delivery properly and regularly
3. Every family has used safe drinking water and sanitary latrines
4. Every mother has received two doses of TT immunization and received vitamin A, iron tablets and nourished food properly
5. All child are taking nourished food as per their age and their weight and growth is increasing
6. To prevent six dangerous diseases, all child are taking immunization
7. After delivery all mothers feed their colostrums milk within an hour and after six months they feed their children extra food side by side
8. Mother of child can understand two signs of the child whether he/she is sick and bring to the nearby clinic
9. Under five malnourished children have decreased and death rate also decreased.
10. All conceivable unmarried and married women are taking 2 doses of immunization regularly
11. All mothers and their under five children taking deworming medicine and taking vitamin A regularly

2) Health & Social Services:

Goal: People in the area are aware of health and Government and non-government institutions and receive these services.

Indicators/Elements:
1. There is a health clinic at a walking distance
2. Mother and child are insured at the government and non-government health service clinic
3. There are community health volunteers and they visit regularly
4. Pregnant mother and child are receiving health service in the health family welfare clinic
5. They are getting VA capsule, iron tablet and family planning materials free of cost from government and non-government organization
6. Immunization program is being implemented for the adolescent girls and mothers from the government organization
7. Tube-well and sanitary latrines are getting from PHE office at subsidy rate
8. Safe delivery is being ensured by TTBA

3) Local Organizational Capacity:

Goal: Organization has skilled workers to implement and experience to conduct health training and program activities.

Indicators/Elements:
1. There is a policy to run the programs
2. Work on a participatory method
3. Women and men both are responsible to work equally
4. There is a good relationship and networking between Government and non-Government organizations.
5. There is skilled staff to run the program
6. There is a training cell to increase staff skills
7. There is a skilled management team
8. There is a framework for sustainability
9. There is an experienced leader to run the organization

10. There is a financial policy
11. There is a personnel policy
12. There is government approved accounting system

4) **Local Organizational Viability:**

Goal: Local organization is able to give services to people and subsequently is able to run the service program

Indicators/Elements:
1. There is good relationship between board and staff
2. Staff are hired according to their qualification
3. Responsibility is done through proper dissemination
4. Work plan is done through participatory method
5. Activities of the organization are monitored regularly
6. There is a training program to train to all the staff

5) **Community Capacity:**

Goal: People's organization has ensured to acquire health service to the target people

Indicators/Elements:
1. There is a health committee in Thana Federation and People's organization
2. Health committee takes care of the health service organizations and they have a list of that.
3. Health committee advises all participants about health
4. Thana federation has formed a health fund
5. Thana federation has formed a revolving fund for sanitary latrines and tube-well program
6. They give consultation and advise for financial support and better treatment of risky pregnancy mothers

6) **Ecological, human, economic, political and policy environment:**

Goal: To ensure health services for human resources, ecological, economic, political and policy environment is helpful.

Indicators/Elements:
1. Ecology is helpful for good environment
2. To implement the program environment is very important
3. Shebok/Shebika are available
4. Thana federation is agreed to give health service
5. Political environment is favorable
6. Government NGOs and other NGOs are interested to help the Health services program.
7. They are also interested to help local NGO such as Upazilla and local government
8. Government policy is very helpful for the organization

Annex 2

PARI Project – Indicators and Dashboard

<u>Component 1 – Health Outcomes</u>
1. Percent of children age 0-23 months who are under-weight
2. Percentage of children age 0-23 months whose delivery was attended by skilled health personnel
3. Percentage of mothers with children 0-23 months who received at least two tetanus toxoid injections before the birth of the youngest child less than 24 months of age
4. Percentage of severe under nourished children under 2 years.
5. Percentage of children under 12 months who are fully immunized against the six vaccine preventable disease before the first birth day
6. Percentage of children aged 0-5 months who were fed breast milk only in the last 24 hours
7. Percent of infant aged 6-9 months who received semi-solid or family foods in the last 24 hours
8. Percent of mothers of children age 0-23 months who mentioned at least two of the responses that relate to safer sex or practices involving prevention of HIV
9. Percentage of mothers of children age 0-23 months that have soap readily available for hand washing
10. Percentage of mothers of children age 0-23 months who report at least two child danger signs/symptoms
11. Percentage of children aged 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness
12. Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness.

<u>Component 2 – Health and Social Services</u>
1. One CHV per 16 households will be trained to work in key area related to maternal child health.
2. One supervisor visits 20 CHVs at least quarterly.
3. Percentage of Vitamin A capsule consumption during postnatal care.
4. Rate of deworming use in children 2-5 years of age every six months.
5. Percentage of pregnant women who received at least 4 prenatal visits.

<u>Component 3 – Organizational Capacity</u>
1. They have constitution/bylaws and policy guideline.
2. There is legal registration of local organization to work in the area
3. There is an agreement to work in a participatory way with other like minded organizations.
4. There is a transparent accounting system.
5. There are representatives from all communities.
6. They hold meeting regularly (once a month)
7. There is participatory planning and implementation.
8. There is an elected and approved management committee.

<u>Component 4 – Organizational Viability</u>
1. Leaders are aware of their responsibilities and financial policy in the organization.
2. The activities of the people's institution are taken on the basis of the demand of the community.
3. Leaders make plans and give training through mutual understanding
4. Transparent responsibility and regular progress are observed.
5. Leaders regularly visit the project activities, progress of works and members of the PI.

<u>Component 5 – Community Competence/Capacity</u>
1. All members accumulate savings regularly.
2. They identify their own problems and solve them by themselves.
3. Five of all members make a plan in a participatory way and everybody knows it.
4. Members select new leaders in democratic way.
5. Groups are respected in the society.

<u>Component 6 – Ecological, Human, Economic, Political and Policy Environment</u>
1. Increase the percentage of household that will have access to sanitary latrine
2. Mothers literacy rate

3. Tubewell water use
4. Tree plantation for keeping ecological balance

PARI CSP
Project 'Sustainability Dashboard'
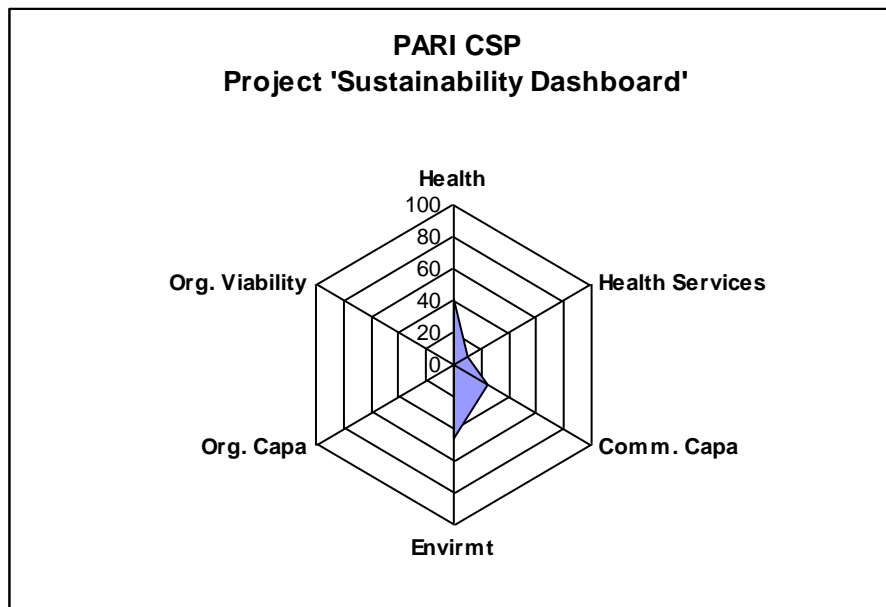
SATHI Project – Indicators and Dashboard

<u>Component 1 – Health Outcomes</u>
1. Deliveries attended by TTBAs.
2. Pregnant mothers are immunized at least two dozes of TT.
3. Pregnant mothers know at least two danger signs of pregnancy.
4. Pregnant mothers dietary practices during pregnancy.
5. All eligible children are immunized.
6. Children continue exclusive breast feeding.
7. Children continue breast feeding up to two years.
8. Children receive complementary food from 6 months.
9. Children under 2 years of age received anti-helminthic every 6 months.
10. Children received extra fluid during diarrhea and illness.
11. Children are taking zinc during diarrhea.
12. Children under age 2 are growing according to their age and height.

<u>Component 2 – Health and Social Services</u>
1. The community has trained TBAs and CHVs who provide services to the community on CSP.
2. Pregnant mothers received a check –up during pregnancy at least 4 times.
3. The postpartum and lactating mothers received Vitamin A capsule within 6 weeks after delivery.
4. The pregnant mothers received iron tablet during pregnancy.
5. The People's Institution (PI) health fund is being used for addressing emergency maternal and child illness as per their policy.

<u>Component 3 – Organizational Capacity</u>
1. Policies are in place which are followed regularly and reviewed as necessary.
2. PI has registration.
3. There are equal opportunities for both male and female members for learning and training.
4. The PI practices equal responsibilities as well as opportunities for both male and female members.
5. PI has visionary and every PI has 5 good leaders.
6. PI has strong fund raising plan as well as capacity.
7. PI has approved and transparent account keeping system and 5 members are capable of maintaining accounts.

Component 4 – Organizational Viability
1. PI executive committee is well aware of the policies and they practice them.
2. PI implements community based program effectively.
3. PI has training program for group members on health.
4. PI executive committee is well known about GO/NGO health services and they have a good relationship with them.
5. There is a clear accountability and regular monitoring system.

Component 5 – Community Competence/Capacity
1. All members of the groups are doing savings regularly of their own accord and managing by themselves.
2. Group is well respected and accepted in the society.
3. They have five skilled members who are implementing the plan following the participatory way.
4. All groups have their own bylaws which they follow.
5. They have skilled leaders and change the leadership body each year through participatory and democratic process.
6. Group members continue the literacy course and encourage others in the community to take the literacy course and practice it regularly.
7. Members can properly write the passbooks as well as understand about the keeping of accurate passbooks and help others in writing.
8. Group plays an active role in GO and NGO bodies through their intermediary group for receiving their services for the community.

Component 6 – Ecological, Human, Economic, Political and Policy Environment
1. Community people have access to safe water.
2. The community people are aware of the marriage law and can state at least 4 issues.
3. The community people are aware of civil rights and they are enjoying.
4. The literacy rate increases in women of reproductive age.
5. Community people have access sanitary latrines.

SATHI 'Sustainability Dashboard'
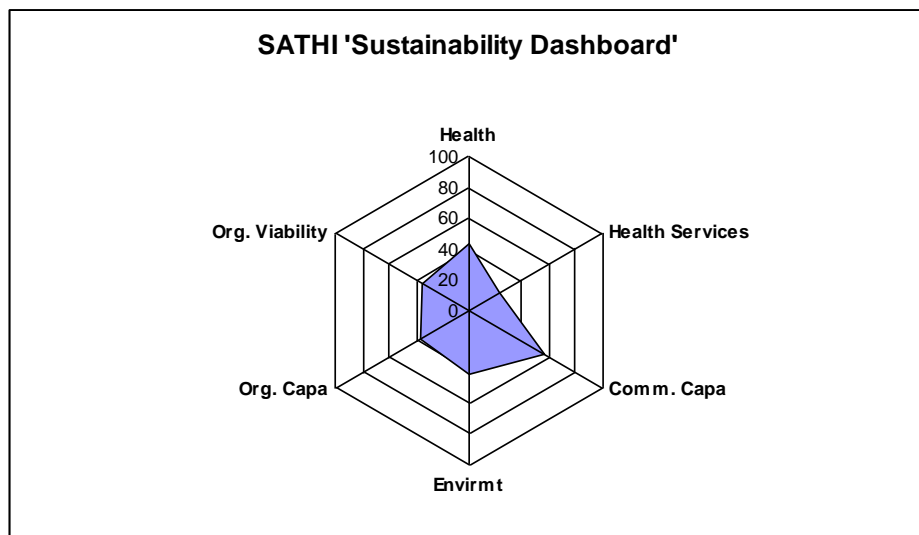
SUPOTH Project – Indicators and Dashboard

Component 1 – Health Outcomes
Same as PARI

Component 2 – Health and Social Services
1. One Community Health Volunteer for every 37 households will be trained to work in key areas related to maternal-child health.
2. Every 20 health volunteers will have a supervisor who visited and observed their job performance at least quarterly.

3. Percentage of pregnant women given standard doses of iron tablet and V-A at proper intervals.
4. Percentage of postpartum and lactating women given standard doses of iron, folate, and V-A at proper intervals.
5. Percentage of pregnant women given anthelmintic treatment during their second trimester of pregnancy.

Component 3 – Organizational Capacity
1. Policies are in place and assured they are regular.
2. The organization has legal permission to work.
3. Working agreement with other partners and other collaborating organizations are in place.
4. There is demonstrated fund raising /marketing ability.

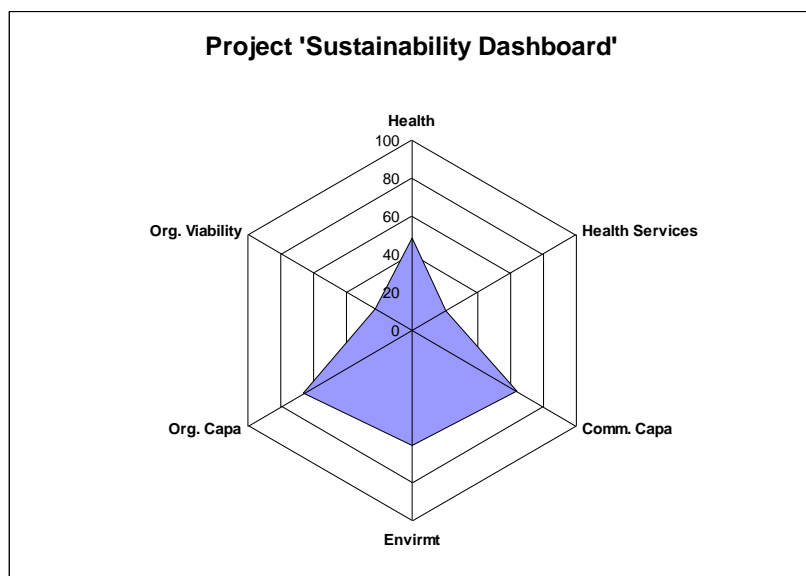Component 4 – Organizational Viability
1. The board understands staff roles and responsibilities as well as the organization's finance and policies that are in place.
2. Programs are relevant to the needs of the people and are effective and reach our target population.
3. Board and staff have a monitoring plan and a training/career development plan which provides opportunities for mutual training.

Component 5 – Community Competence/Capacity
1. All members are saving regularly and this is managed by the group independently and group can correct problems independently.
2. 5 members make the plan, keep writing the plan, and follow it with all group members' participation.
3. Members independently follow a democratic process each year to select new leadership.
4. Members can properly write the passbooks and understand about keeping an accurate passbook.
5. Group is well respected and accepted in the society.
6. Group plays an active role in community in various government and NGO bodies through their intermediary group.

Component 6 – Ecological, Human, Economic, Political and Policy Environment
1. Percentage of households with access to safe and arsenic free water from piped water source or covered well within 15 minutes walking distance.
2. Proportion of household with access to sanitary latrines.
3. Government, NGOs and other CBOs are interested to help the health services program.
4. Government policy is very helpful for the organization.

Project 'Sustainability Dashboard'

Annex 3

Focus Group Discussion Questionnaires

Topics	Key Concept	Guide Questions
1.Role of values in health	a) Understanding and awareness of values in everyday life b) Perception of the way values affect their health behavior	**Can you describe what you understand by the term "values"?** **How do your values affect your everyday decisions?** **What are some examples of how your values affect your decision-making when…your child is sick? ….you are sick?**
2. Importance of equality to health	a) Perceived differences between girls and boys b) Health behaviors related to gender	**Do families prefer to have a boy or a girl baby? Why?** **What differences are there between the opportunities that boys and girls have?** **Are boy and girl children provided different levels of care when sick or the same? Why?**
3. Role of integrity on health	a)Relationship between the service providers and recipients b) Integrity among the family members receiving health services	**Whose cooperation do you receive during sickness, and what types of initiative do you take?** **Whose opinion do you get in receiving health services during sickness of your child?**
4. Knowledge on health	a) Health behavior for family members b) Concept on family member's health c) Concept on heath service providers	**What do you do for good health of your family members?** **What do you do for good health of pregnant women?** **What should be done for good health of your family members?** **What are the health service providers in your area and what are their services?**
5. Justice	a) Knowledge on adolescent marriage b) Knowledge on equitable distribution of health services between poor and rich	**Whose opinion gets priority during marriage of family members?** **Please mention the existing roles and regulations on marriage in Bangladesh.** **Can you mention the problems may arise due to early marriage?** **Do you think that there is any discrimination of receiving health services between poor and rich?**
6. Responsibility	a) Responsibility of family members in receiving health services	**How do family members cooperate with one another during sickness?**