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## **USAID/GH/HIDN/NUT CHILD SURVIVAL AND HEALTH GRANTS PROGRAM**

### **GUIDELINES FOR ANNUAL REPORTS**

These Annual Report guidelines are to be used for reporting annually on Child Survival and Health projects, except for the years when a Mid-term Evaluation or Final Evaluation Report is submitted.

#### **Submission Instructions**

1. Please complete the Annual Report by following the outline provided below.
  - All annexes should be in English or accompanied with a translation.
  - Use a 12-point font that is clearly legible.
2. On the Annual Report cover page please include the following: Name of organization, program location (country and district), cooperative agreement number, program beginning and ending dates, date of submission, and (on the cover or on the next page) the names and positions of all those involved in writing and editing the Annual Report.
3. The Annual Report is due at GH/HIDN/NUT on or before October 31<sup>st</sup>. CSHGP suggests that programs allow sufficient time for fieldwork, writing and editing. Failure to submit an Annual Report on time to GH/HIDN/NUT could result in a material failure, as described in 22 CFR 226.61. If there are circumstances beyond the grantee's control that have had an impact on the ability to complete the Annual Report on time then contact the CSHGP as soon as possible.
4. The CSHGP Project Data Form should be reviewed and updated at the time of each annual report, and included with the Annual Report submission. This form is located on the CSTS+ website at [www.childsurvival.com](http://www.childsurvival.com) and was originally completed by the grantee during the DIP development stage. The information included in the data form is used by the CSHGP to provide accurate updates to USAID staff on active projects, key staff, program objectives and major activities. The form should be updated to reflect the current project's situation. Since the form periodically undergoes revisions, it is important to update it annually at the time of preparing the Annual, Mid-term or Final Evaluation report, to ensure that the project's activities and other information are accurately represented.

The Flexible Fund Project Data Form should be updated at the time of each annual report, and included with the Annual Report submission. This form is located at [http://www.flexfund.org/start\\_grantee\\_login.cfm?grantee=true](http://www.flexfund.org/start_grantee_login.cfm?grantee=true)



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5. Send to the CSHGP (address below) the original, one (1) copy of the Annual Report, and an electronic copy (CD) in Microsoft Word 2000. The original hard copy of the Annual Report should be double-sided and unbound. The copy of the report should be double-sided and bound. Annual Report annexes that are available in hard copy only should be scanned and included on the electronic copy version(CD)

Jill Boezwinkle  
Attn: Aimee Rose, Program Assistant  
USAID/GH/HIDN/NUT/CSHGP  
1300 Pennsylvania Avenue NW  
Room 3.7-44  
Washington, DC 20523-3700

6. Send CSTS+ (address below) a double-sided, unbound copy and an electronic copy (CD).

Attention: Deborah Kumper, Administrative Assistant  
ORC Macro – Child Survival Technical Support Plus Project  
(CSTS+)  
11785 Beltsville Drive  
Calverton, MD 20705  
[Deborah.K.Kumper@orcmacro.com](mailto:Deborah.K.Kumper@orcmacro.com)

7. Send one, double-sided, unbound copy of the Annual Report to the relevant USAID Mission.
8. In accordance with USAID AUTOMATED DIRECTIVES SYSTEM (ADS) 540.5.2, please submit one electronic copy of the Annual Report to the USAID/PPC/CDIE Development Experience Clearinghouse (DEC). Please include the Cooperative Agreement number on the electronic Annual Report submission. Electronic documents can be sent as email attachments to [docsubmit@dec.cdie.org](mailto:docsubmit@dec.cdie.org). For complete information on submitting documents to the DEC, see <http://www.dec.org/submit/>.
9. As these guidelines are updated on an annual basis, USAID is interested in getting feedback from grantees on the content of these guidelines, specifically, the Technical Instructions. This will ensure their future relevance to the grantees' programs.



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**Technical Instructions**

Grantees are encouraged to use the Annual Report as an internal tool for critically reviewing the project’s progress, as well as using it as an external communication and accountability tool. As an annual monitoring exercise, the project team may wish to think about or discuss the strengths of the management system that is in place, and the weaknesses limiting the project’s movement toward the long-term goals. These guidelines are to be used for all projects, however, sections or items relevant to a particular point in the life of a project (LOP) may be highlighted in the respective reports (see details below). It is understood that each project is unique, and that each year within a project may be different from the others, however, these guidelines are designed to be dynamic to accommodate the different intervals of project reporting. Please feel free to discuss issues that are pertinent or relevant to a particular project, even if they do not appear in the guidelines. Please indicate in the report which year is being reported on in the LOP.

Please address the following items in the Annual Report:

- A. Describe the **main accomplishments** of the project and what it has done well. Also, describe the factors that have contributed to achieving these accomplishments. **For Expanded Impact Projects**, please frame your project’s main accomplishments in the context of your overall strategy for contributing to scale. Briefly restate your strategy for contributing to scale, and then outline how the project’s progress toward its objectives is advancing this strategy. To complement this descriptive section, please include a table that highlights the key activities for project strategies for each project objective and separately for each technical intervention area. Charts should list the project objectives or technical interventions, key activities (as outlined in the DIP), status of each activity (ie; an overall estimation as to whether or not the progress toward achieving the objective is on target, and any additional comments that are important to note (optional). Please include all objectives (technical, capacity building and sustainability). The following are illustrative formats for the tables:

<b>Project objectives</b>	<b>Key Activities (as outlined in the DIP)</b>	<b>Status of Activities</b>	<b>Comments</b>



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<b>Technical Intervention</b>	<b>Key Activities (as outlined in the DIP)</b>	<b>Status of Activities</b>	<b>Comments</b>

- B. What factors have **impeded progress** toward achievement of overall goals and objectives and what actions are being taken by the project to overcome these constraints?
- C. In what areas of the project is **technical assistance** required?
- D. Describe any **substantial changes** from the project description and DIP or Midterm Evaluation that will require a modification to the Cooperative Agreement. Discuss the reasons for these changes.

Changes to any of the following may require a modification to the cooperative agreement: Project Objectives and Indicators, Intervention Mix (including LOE), Specific Activities, Location of Project, Number of Beneficiaries, Local Partner, and Budget. Even if you have already contacted the CSHGP about these changes, please document them in the report.

- E. Ensure that the Annual Report uses the project’s **monitoring plan** to describe progress, gaps and the programmatic responses proposed (i.e., How data are being used for monitoring).
- F. USAID feels that it is important for grantees to be thinking about issues related to **sustainability** throughout the life of the project, from the DIP development to the Final Evaluation. Please describe the sustainability plan for this project including steps taken and/or to be taken, targets reached or to be reached, and constraints to date. If the project is utilizing the CSSA Framework, provide an update on the status of measures in the different components of the framework, and any lesson learned from utilizing the framework, at the time of the annual report.
- G. If **specific information** was requested for response during the DIP consultation for this project or from the review of previous reports (AR, MTE) please provide the



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information as requested. For each issue or recommendation raised provide a thorough discussion of how the project is addressing the issue or recommendation.

H. For **Projects in the first year**, please be sure to include in the Annual Report any **baseline data** or assessment results that were not completed at the time of the DIP. For Projects in the first year, please describe your project's full **Social and Behavior Change Strategy** if this strategy was still in draft form at the time of the DIP. Be sure to include the following elements in the strategy:

1. Broad behavior change goals and objectives that correspond with overall project health objectives and a summary of the Behavior Change Strategy of the project.
2. A description of how the strategy will be operationalized, e.g. with communication, describe the channels that will be used; if materials will be developed by the project, or adapted from existing materials (name source); how messages will be tested; etc. For training, describe who will conduct the training and who will attend; which curricula will be used; etc. There may be other aspects of operationalizing the strategy that are not listed here.
3. A table (BEHAVE Framework) with columns listing the Priority and Supporting Groups, Behaviors, Key Factors, and Activities (see the BCC TRM for reference). Include all levels that the project is working at to change behavior (i.e. community, health facility). List indicators for evaluating progress in behavior change at the bottom of each section.
4. A description of how behavior change will be monitored and evaluated. In terms of process monitoring, state what incremental progress looks like for each target behavior and audience in each of the following phases: awareness, knowledge, attitudes/skills, trial, and behavioral maintenance. It may be useful to create a table to display that information. Also, describe how and how often indicators will be measured, who will review the data, and how the information will be used for project decision making (cross-reference to an updated project M&E plan, if appropriate).

See Appendix A for an example of a SBC strategy.

- I. **For projects entering their final year:** Discuss the current expectations on progress towards phase out, and how they have evolved or changed over the life of the program.
- J. **For programs receiving Family Planning support:** Complete the *Indicators Reporting Table* (see Appendix 9 in the *Flexible Fund Guidance for Grantees*). The document is available on the web at [www.flexfund.org](http://www.flexfund.org). Look on the lower



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right for the link to the Flexible Fund documents. Please note that Flexible Fund grantees are required to report on the core indicators *for which data are available* once per year. The indicators derived from services statistics (CYPs, new users) should be reported on an annual basis. Data related to population-based surveys should be reported whenever the project completes a population-based survey (typically at baseline and final surveys; perhaps at midterm also). When reporting estimates from surveys, be sure to include the numerators and denominators, along with the confidence intervals (properly calculated). Please note that projects conducting population-based surveys are required to report on a total of fifteen core indicators (which includes the number of beneficiaries). Projects not conducting population-based surveys will be required to report on eight core indicators (for the list of the family planning core indicators, see Table 1 on page 4 of the *Flexible Fund Guidance for Grantees*).

- K. For **TB Programs**: Grantees should report on the monitoring indicators and benchmarks agreed upon in their DIPs. Progress can be reported as an annex or in tabular form. Any deviation from planned benchmarks should be explained. Grantees can review previous grantee reports by going to the Tuberculosis Virtual Resource Center (TB VRC) that CSTS maintains (<http://www.tbvrc.org/>). Among many other resources catalogued in the TB VRC, there are examples of formats already used in the "PVO Tools and Reports" section.
- L. Describe the project's **management system** and discuss any factors that have positively or negatively impacted the overall management of the program since inception. This section should include brief descriptions of the following:
- Financial management system
  - Human resources
  - Communication system and team development
  - Local partner relationships (How is the PVO doing as assessed by the local partner?)
  - PVO coordination/collaboration in country
  - Other relevant management systems
  - If an organizational capacity assessment of any kind has been conducted during the LOP, including a financial or management audit, describe how the PVO program has responded to the findings.

### **M. Mission Collaboration**

The CSHGP believes that USAID Missions are critical partners for their centrally-funded Child Survival and Health Grants. The USAID Mission



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represents and carries out the Agency's strategy for health at the country level, seeking to strengthen MOH efforts and policies through complementary health programming to maximize overall impact at the country level. The Missions and their bilateral programs can provide a forum for exploring ways to achieve scale at the country-level. In cases where CSHGP grantees have shown synergies with Mission priorities, Missions have sometimes co-funded these programs or taken on the programs once the CSHGP cycle has finished. Please describe this project's collaboration with the USAID Mission, particularly related to the role this project plays in contributing to the Mission's overall health objectives. Discuss how the project collaborates with or complements mission bilateral programs. Include information on the frequency and nature of interactions with Mission personnel, any joint planning activities with the Mission, and use of project results and lessons learned by the Mission and its partners.

- N. For **all** Annual Reports, please provide a **timeline of activities** for the coming year and explain any changes to the original work plan that have resulted.

**For projects receiving Flexible Fund Support:** Please complete the *Annual Report Workplan Table* (Appendix 8 in the *Flexible Fund Guidance for Grantees* document available on the web at [www.flexfund.org](http://www.flexfund.org). Look on the lower right for the link to the Flexible Fund documents.) Grantees may use the suggested format for the overall project. Alternatively, grantees may use their organization's format for workplans, as long as all the requested information is included.

### **O. Results Highlight**

The CSHGP is interested in innovative ideas, promising practices, and best practices that are emerging from its grantee community, for the purpose of providing practical and evidence-based examples to its stakeholders who want to learn about the contributions of the program to international health. These stakeholders include USAID leadership within the Bureau for Global Health as well as other parts of the agency, in addition to USAID Missions, other donors, and the US Congress. For the purposes of establishing a common language for defining grantee contributions, the CSHGP has adopted the following general definitions for "innovative ideas", "promising practices", and "best practices". We are interested in learning more about grantee contributions that may fall into any of these categories.



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**Innovative ideas:** These are practices that show creative solutions to common community health problems and may demonstrate effectiveness, but have no evidence base yet. These are ideas that a grantee may be testing while trying to further document the process for replication and evidence of effectiveness.

**Promising practice:** A program, activity, or strategy that has worked within one organization and shows evidence-based promise during its early stage for becoming a best practice with long term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have potential for replication among other organizations and in other settings.

**Best practice:** These are practices with evidence of both effectiveness and replicability, and are often supported by peer reviewed literature and international standards.

**Evidence:** This refers to data, quantitative or qualitative, that shows the effectiveness of the practice in a particular setting.

Considering these definitions, please provide a **one-page highlight of an innovative idea, promising practice, or best practice that is being advanced by this project, providing as much evidence-base as possible at the time of this report.**

Each highlight should include the following information:

- a. The problem being addressed (e.g. low immunization coverage)
- b. The project's input to address it (TA, logistics support, training, etc.)
- c. The magnitude of the intervention (number of direct beneficiaries, percentage of population covered by CSHGP, etc.)
- d. Some quantifiable or specific results (immunization increased from X% to X% in XX districts, a new policy enacted, or some other impact-oriented result).

The highlight may touch on any topic that the grantee feels is relevant at the project site, but the CSHGP is particularly interested in highlights related to contributions in the following areas:

**Contribution to Scale/Scaling Up:** if the project's strategy is designed to contribute significantly to scale, the CSHGP is interested in highlights focusing



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on evidence that the project has: a) utilized strategic networks or partnerships to reach beneficiaries at the district, regional, or national levels; b) partnered with Mission-funded bilateral programs to support implementation of national strategies in geographic regions that are not covered by other partners; c) strengthened the health system at the district or higher level in such a way that it has the capacity to carry out proven interventions at scale; d) influenced national policy related to proven health interventions; and, e) identified other successful approaches, strategies, or mechanisms to scaling up.

**Increased governance capacity in local institutions:** Please describe any accomplishments related to building the governance capacity of civil society institutions (e.g., village health committees) or government institutions (e.g., district MOH, municipal government). We are interested in highlights that feature clear evidence of increased capacity of these institutions to manage themselves, attract local resources, etc.

**Equity:** Many CSHGP grantees are addressing equity issues at the local level in a variety of ways—different strategies have been applied to address socio-economic equity, gender equity; ethnic identity, geographic equity, etc. The CSHGP is particularly interested in highlights that demonstrate how projects have used evidence of inequities in the project area to target interventions and activities to the most disadvantaged populations, and what results these strategies have yielded.

- P. If a topic in these guidelines **does not apply** to the program, please indicate this in the Annual Report. If the program has not yet obtained sufficient information to fully describe an element, then please describe plans to obtain this information.
- Q. Include in the Annual Report, **other relevant aspects** of the program that may not be covered in these guidelines.
- R. If project team members have **published** any papers that highlight project results, **or presented** on the project at any major conferences or events since the last annual report, please include a list of these papers/presentations as an annex to this report.



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**APPENDIX A**

**SBC Strategy Example: Iron/Folate**

**Broad behavior change goal:** Improve maternal health practices

**Specific behavioral objective:** pregnant women should consume the recommended amount of iron/folate

**Summary of strategy:** This project will improve maternal health practices by increasing iron/folate consumption among pregnant women. Pregnant women’s behavior will be changed by increasing education about the benefits of iron/folate, changing attitudes toward taking iron/folate, and improving the supply management of iron/folate. Education and attitude will be addressed through radio messages and dramas performed by mothers’ support groups, and training for mothers’ support groups, CHWs, and health facility staff to improve counseling skills regarding iron/folate. The supply will be improved by linking district health centers to provincial administration through improved record keeping and communication.

**Channels of Communication:**

Radio messages will be delivered by local DJs. The project has a standing partnership with a local station. Approximately 85% of the population has a radio at home, and all health centers have radios. The messages are based on national messages, though adapted for local context (local language). Messages will be tested through pre-and post-tests with a random audience selection. CHWs will carry out an oral pre-and post-test.

Dramas will be performed by mothers’ support groups, which currently perform dramas in villages and at health centers on various topics. The messages will be the same as the radio messages. Oral pre- and post-tests will be conducted with the audience.

Interpersonal communication includes counseling given by health facility staff, CHWs, and mothers’ support groups.

**BEHAVE Framework**

Priority and Supporting Groups	Behavior	Key Factors	Activities
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Pregnant women	Take iron/folate tablets	Barriers: taste, supply Facilitators: desire for healthy outcome; more energy	Radio messages, drama groups, training for health workers and support groups, improving supply management
Family members	Encourage pregnant women to take iron/folate tablets	Barriers: lack of knowledge Facilitators: desire for healthy outcome	Radio messages; training for health workers
Indicators: % pregnant women taking recommended amount of iron/folate % family members reporting correct information about iron/folate			
Health workers	Counsel pregnant women regarding iron/folate tablets	Barriers: lack of time; lack of knowledge; lack of supply Facilitators: desire to perform job well; desire to improve outcomes	Training in counseling, improved supportive supervision, improved record keeping forms, monthly record keeping contest
Indicators: % records indicating counseling regarding iron/folate % health workers that can correctly state information about iron/folate			

Behavior change indicators will be monitored and evaluated in accordance with the project's M&E plan (see M&E section, p. XX)

**Monitoring table**

<b>Priority Group</b>	<b>Awareness</b>	<b>Knowledge</b>	<b>Attitudes/skills</b>	<b>Trial</b>	<b>Behavioral maintenance</b>
Pregnant women	Pregnant women are counseled about iron/folate during prenatal visits; radio messages	KPC survey, FGDs, and client exit interviews indicate that women know the benefits of taking	Health facility records indicate that an appropriate amount of iron/folate is distributed; FGDs and client exit	Reported increase in consumption at mid-term; reduced cases of anemia at mid-term	Consistent or increased amount of iron/folate distributed (in proportion to number of pregnant



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	broadcast 3 times each day; mothers' groups perform drama once each week	iron/folate	interviews indicate if women are planning to take the tablets		women counseled); consistent reported consumption; consistently reduced cases of anemia
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