

PD-ABF-992

1991 22619

**WORLD RELIEF CORPORATION (WRC)/CHRISTIAN SERVICE SOCIETY (CSS)
BANGLADESH CHILD SURVIVAL VII PROJECT**

Khulna, Bangladesh

1992 ANNUAL REPORT
Submitted October 7, 1992

Submitted by: World Relief Corporation
P.O. Box WRC
Wheaton, IL 60189

World Relief Contacts: Dr. Muriel I. Elmer
Child Survival Director

Lisa Filoramo, MPH
Child Survival Administrative Coordinator

Bangladesh Contact: Mr. Paul Munshi, Director
Christian Service Society
Post Box 91
Khulna, Bangladesh

Project Dates: October 1, 1991—September 30, 1994

TABLE OF CONTENTS

	Page
1. RESULTS IN YEAR ONE	1
1.1 Major Results	1
1.2 Change in Approach to Individuals at Higher Risk	3
1.3 Staffing.	4
1.4 Continuing Education.	4
1.5 Technical Support.	5
1.6 Community Participation.	5
1.7 Linkages to Other Health and Development Activities.	7
2. CHILD SURVIVAL PROGRAM RESULTS AND LESSONS LEARNED	8
2.1 Constraints.	8
2.2 Unexpected Benefits.	10
2.3 Institutionalization of Lessons Learned.	11
3. CHANGES MADE IN PROJECT DESIGN	13
3.1 Change in Perceived Health Needs.	13
3.2 Change in Project Objectives.	13
3.3 Change in Planned Interventions.	14
3.4 Change in Potential and Priority Beneficiaries.	15
4. PROGRESS IN HEALTH INFORMATION DATA COLLECTION	16
4.1 Characteristics of the Health Information System	16
4.2 Special Capacities of the Health Information System	18
4.3 Management of the Health Information System	19
5. SUSTAINABILITY	20
5.1 Recurrent Costs	20
5.2 Strategies for Increasing Post-Project Sustainability	21
5.3 Cost Recovery	21
6. PROJECT EXPENDITURES AND JUSTIFICATION FOR BUDGET CHANGES .	22
6.1 Pipeline Analysis.	22
6.2 Justification of Budget Changes.	22

7. 1992/1993 WORK SCHEDULE AND BUDGET. 23

Appendix A Chart of Objectives 24

Appendix B Songs 25

Appendix C TBA Curriculum 29

Appendix D Revised Chart of Potential Beneficiaries 30

Appendix E HIS Forms 31

Appendix F HIS Instructions 39

Appendix G Financial Pipeline for FY92 53

Appendix H Work Plan 58

Appendix I FY93 Budget 61

1. RESULTS IN YEAR ONE

1.1 Major Results. Geographic Growth. During Year 1, the project expanded into three new unions: Surkhali Union (F) in Thana Batiaghata, Maghura Union (G) in Thana Tala, and Ward 15 in Khulna City Corporation. Due to a recent change of government in Bangladesh, the "Upazila" designation of this government administrative unit has been changed to "Thana". Interventions that were phased into the three new areas by the end of Year 1 were: EPI, Diarrhea Control, Nutrition, Vitamin A and Growth Monitoring.

Training. Initial training was given for 10 days to 5 new union officers, 10 new supervisors and 4 ladies' group attendants in the following interventions: Immunization, Diarrheal Disease Control, Maternal Care and Family Planning, Nutrition and Growth Monitoring and Vitamin A. The ladies' attendants were also trained in income generation activities and the supervisory staff received one day of training in conducting a house-to-house census.

Fifty-five Community Health Workers (CHWs) from the new-CSP have completed initial training in EPI, Diarrhea Control, Nutrition, Vitamin A and Growth Monitoring. The training took place for ten days. Seventy-eight CHWs from the old-CSP completed their training during the original project and now receive refresher training.

Two nurses were hired and trained as Maternal Health Trainers. They are currently selecting the traditional birth attendants (TBAs) who will be trained by the Child Survival Project (CSP). The TBA training has fallen behind schedule because more collaboration and coordination was needed in order not to overlap with the MOH TBA training program. Also, it has taken some discussion to determine the curriculum and the length of training. It has been extended from five days (as reported in the DIP) to ten days. The TBA training in the old and new CSP areas will take place during the first quarter of Year 2.

Baseline Survey. The baseline survey for the new-CSP area was conducted October 19-November 4, 1991 and the final evaluation survey for the old-CSP area was conducted March 18-24, 1992, which also provides baseline data for the next phase of implementation in the old-CSP area.

Household Census. A household census to calculate the total population and target populations for the old-CSP was conducted in November 1991 and in May 1992 for the new-CSP area.

Workshops. A workshop was conducted in collaboration with the MOHFP. Topics discussed were appropriate selection of TBAs, materials required for TBAs, referral care at MOHFP health complex for pregnancy management and complications, and the manner in which the CSP maternal health trainers and the MOHFP family welfare visitor (FWV) will work together.

Achievements. Progress on objectives from October 1, 1991 through June 30, 1992 is shown in the objectives chart in Appendix A.

1

**SUMMARY OF YEAR 1 PROGRESS
ON OBJECTIVES 1, 2, 8-10, 12, 15-18**

(Objectives 4-7 and 13-14 will be measured by K&P surveys)
(Objectives 3 and 11 were to be measured by the K&P but are now included in the revised HIS)

AREA	YEAR 1 GOAL EXCEEDED	YEAR 1 GOAL ACHIEVED	YEAR 1 GOAL NOT ACHIEVED
OLD-CSP	2, 8, 9, 10, 12	1*, 15, 17	11‡, 16, 18
NEW-CSP	9	15, 18*	1, 2, 10, 11‡, 12, 16, 17

Note: Objective 8 will not be phased into the New-CSP until Year 2 as stated in the DIP.

*At the end of the third quarter, these goals fall just short of the Year 1 goal. It is fully expected that the goal will be achieved at the end of the fourth quarter given the rate of progress to date.

‡Improved tracking of Objective 11 has been included in the revised HIS.

The growth monitoring intervention has been extremely successful for two reasons: (1) the target population was reduced from children 0-35 months to children 0-23 months, and (2) growth monitoring sessions are now being held together with the EPI sessions (as planned in the Detailed Implementation Plan [DIP]). Interviews with CSP supervisors, CHWs and many mothers show that this change enables mothers to attend growth monitoring sessions more often than before. The time burden on both CHWs and mothers has been reduced. The CHWs now have more time for follow-up and the mothers can now receive EPI/growth monitoring services in one rather than two visits.

It is felt that Objectives 2, 9 and 12 in the old-CSP may have been set too low for Year 1. Thus these objectives will be revised upward for Years 2 and 3. The high levels of achievement on Objective 12, "Percent of able couples using a modern contraceptive method" may be due to two innovative approaches to family that the Ministry of Health/Family Planning (MOHFP) initiated in the past year. One such approach is the new policy implemented whereby a family who has only one living female child (male children are preferred in this society) will receive free education for this child. Another way in which the MOHFP is promoting family planning is by paying (175 taka) for permanent methods of family planning (vasectomies and tubal ligations).

With regard to Objective 18 in the old-CSP, good progress has been made in the fourth quarter (45 committees established) although progress was slow during the first three quarters due to start up pressures on the staff.

Year 1 targets for Objectives 1, 2, 10-12 and 17 in the new-CSP have not been reached as the training of CHWs has fallen behind schedule due to heavy rain and flooding in June and July 1992. During this time, all of the CSP staff worked with CSS to build an embankment so that Khulna City would not be flooded and thus were not engaged in Child Survival (CS) work. Another reason that these objectives were not reached is that the original target populations were based upon the total populations for all five unions in the new-CSP area, but interventions were to be phased into only three of these unions. Therefore, the DIP targets for these objectives were overestimated.

Regarding Objective 11, "Mothers receiving 200,000 IU Vitamin A during the first two months post-partum", in both the old- and new-CSP, several unforeseen constraints existed in Year 1 which hindered project progress as follows:

- a. The MOHFP has not had adequate supply of Vitamin A throughout the year.
- b. The MOHFP has not maintained proper supervision of the Vitamin A activities. For instance, it is the responsibility of the MOHFP to distribute and train all CHWs how to keep records of Vitamin A distribution. However, the government forms which should be filled out according to the government Vitamin A project have never been supplied to the CHWs nor has training been given.

CSP staff will address this issue during Year 2 through discussion with MOHFP.

1.2 Change in Approach to Individuals at Higher Risk. The criteria for high risk women and children remains the same as in the DIP. However, the method of identifying these high risk children has been strengthened by a revised health information system (HIS) which is being phased in during the first quarter of Year 2. Training on the new HIS was given on August 30, 1992 for the union officers and a pilot test was conducted on August 31, 1992 with four CHWs who each visited a minimum of five homes.

In the new HIS, children 0-23 months who are not up-to-date on immunizations, whose growth decreased or remained the same, who are malnourished, or those who had diarrhea in the last two weeks will be flagged in the CHW household registry. Instructions are given in the CHW register how to refer and follow up on high risk children. Furthermore, the focus of growth monitoring has been changed from considering a child "high risk" once he becomes moderately or severely malnourished to the first point at which the child's weight decreases or remains the same. This will ensure that a child is followed up when the problem starts. Adequate counseling, follow-up and referral will be given at this point to prevent the child from becoming malnourished. The new HIS will also flag women 15-45 as high risk who are pregnant, under 18 or above 35 years of age, who have not had at least two doses of tetanus toxoid vaccine, and a woman who is pregnant but has not had a prenatal care visit in the first trimester.

Other high risk criteria not covered by the HIS will be assessed as stated in the DIP, and included in the curriculum for the CHWs and TBAs.

Services for high risk women and children have also been augmented in the following ways:

- a. Children who are both moderately and severely malnourished may now be referred to the Thana hospital's feeding program. The capacity of this program has recently been increased. The CHW will also accompany mothers of malnourished children to the Thana hospital so that the mothers will feel more comfortable going to the hospital.
- b. Women who have more than four children and are older than 35 years of age, or who have had a prior Caesarean section will be advised to have a tubectomy.
- c. Community Health Committees will be asked to assess the problem of transporting women with complications requiring emergency transport to the health complexes and formulate a plan to address this issue.

1.3 Staffing. No new senior staff have joined the project since the submission of the DIP. Job descriptions, resumes and an organizational chart were included in the DIP and have not changed.

1.4 Continuing Education. Continuing education activities for CSP managers and staff include the following:

- a. Union officers and supervisors received refresher training for one day each month from the CSP director at which time they were tested on their knowledge, discussed problems and learned about new technical information on interventions.
- b. CHWs received two days of refresher training each month. One intervention was discussed each month. In the first day of training a review was given on the intervention discussed in the prior month. During the second day, another intervention was updated and new information discussed.
- c. Mr. Hussain Bhai, CSP Administrative Coordinator and Mrs. Hasina Mamotaj, Ward Officer attended a regional EPI workshop held by USAID in Khulna City on June 25, 1992.
- d. During September 1992, Ms. Munsura Begum of Helen Keller (HKI) Bangladesh VITAP gave three days of training each to two groups of CSP supervisors on the problems uncovered in her evaluation, as well as new information on Vitamin A.
- e. A workshop was held by the local public health engineering staff to train CSP supervisors and CHWs on minor repair of tubewells to ensure continuous supply of safe water. These workers will train community residents to repair tubewells.

In Year 2 (October 1992), Dr. Gretchen Berggren, an expert on nutrition who teaches at the Harvard School of Public Health, will give nine days of training to union officers on food demonstrations, growth monitoring and other nutrition topics.

1.5 Technical Support. During the first year of its expansion, the Khulna CS Project received the following assistance from the CS Office of WRC in Wheaton:

- a. Assistance with written materials regarding health, CS and related themes.
- b. Assistance to CSP staff from WRC headquarters and Johns Hopkins University (JHU) PVO CSSP was given during the design process of the content of the survey used for the baseline and final evaluation K&P surveys.
- c. Dr. Muriel Elmer, WRC CS Director, accompanied by Dr. Ciro Franco of JHU, visited Khulna in October 1991 to train the CSP staff to conduct the final evaluation of the old-CSP area and the baseline survey for the new-CSP area. Dr. Elmer also visited the project in February to assist the CSP staff in preparing for writing the DIP.
- d. Mr. Kenneth Graber, WRC Microenterprise Development Coordinator, visited the project in February 1992 to train CSS and CSP management staff in implementation of income generation activities.
- e. Ms. Lisa Filoramo, WRC CS Administrative Coordinator, visited the project during March 1992 to assist in the writing of the DIP and Diarrhea Curriculum. During this time she also trained CSS teachers and other college students to reconduct the final evaluation survey of the old-CSP area. In August 1992 she visited to assist with the writing of the First Annual Report and to develop and train CSP management staff on the revised HIS.

Dr. Franco of the JHU School of Public Health visited the project in October 1991 to train the CSP staff how to conduct the 30 cluster randomized K&P survey for the old and new CSP areas. During the analysis of the data for the final evaluation survey, it was clear that the data had been biased. Dr. Franco's follow-up discrepancy survey helped WRC staff deal with this problem. Consequently, the project was closed for one month (November 1991) until adjustments were made to avoid such problems in the future. The final evaluation survey was reconducted in March 1992 with interviewers external to the program. The results obtained were much more realistic. Dr. Franco also gave some technical assistance on the implications of the baseline for the DIP.

1.6 Community Participation. Forty-five community health committees (CHCs) have been organized as of August 31, 1992 in the old-CSP area and 52 CHCs have been organized in the new-CSP area. The committees consist of an average of 6-7 community leaders, religious leaders, teachers and other influential persons in the community, as well as those who can volunteer time. These committees in the new-CSP selected the new CHWs for their

areas. Most of the CHCs met monthly with the CHWs to discuss health problems and solutions and ways they can help the CHW perform her duties. Several CHCs have met only bimonthly. The meetings held by the CHCs are not yet being monitored by CSP management staff to ascertain how well they are functioning. More attention will be given to this in Year 2.

The CHCs are playing an active part in the promotion of latrines in the new-CSP area. The CHCs are committed to helping the CHW motivate one family each month in the community to buy a latrine and install it. The members of the CHCs also tell their neighbors to increase participation in the program. The word is getting out that latrines are available through the CSP at a subsidized rate of 127 taka. Thus far the demand for latrines has been double the goal in Gangarampur Union. That is, rather than one family per month being motivated to install a latrine, an average of two families in each community have been willing to buy and install a latrine. Each family is giving 127 taka toward the cost of the latrine which is being subsidized by the government (actual cost is 600 taka). For 5 taka/latrine, the CSP staff is transporting the latrines to the CSP office, where the families pick them up. Each family will install the latrine with the help of the MOHFP sanitary inspector.

The first union health committee (UHC) was formed in August 1992 in Surkhali Union. The UHC is made up of one representative of each CHC, the MOHFP union family planning assistant and MOHFP doctors who live and work in the union. The UHC will meet every three months to discuss the progress of the CSP, problems encountered and strategize on ways to solve the problems. The UHC will also act as the liaison with the Thana health complex and family welfare centers. UHCs for other unions are currently being formed in the new-CSP area. By September 1992, each of these will have held their first meeting. Plans for forming the UHCs in the old-CSP area will be formulated during the first quarter of Year 2.

The village women and their mothers-in-law attend and participate in the group educational meetings held by the CHWs on a monthly basis. They also attend the EPI/growth monitoring sessions. Often, group educational meetings are held in the home of one of the villagers. The women and their families also start kitchen gardens and maintain them. They set aside seed to plant the gardens each year and share the seeds and knowledge with their neighbors. Women who want to receive an income generation loan meet in cooperatives on a monthly basis, save 10% of their profit and pay back the loan with 16% interest. Four percent of the interest is recycled directly into the CSP project to help pay for recurrent costs.

During Quarter 2 of Year 2 religious leader training sessions and training of other community leaders will begin. It is hoped that through these sessions religious leaders will begin to motivate their communities in family planning, to attend EPI/growth monitoring sessions and allow women to leave their homes to attend the women's group meetings.

1.7 Linkages to Other Health and Development Activities. Since one of the goals of the CSP is to strengthen the MOHFP by extending its services to greater numbers of people and increasing utilization of its facilities, the project linked many of its activities with the MOHFP and other government ministries this year. The CSP gives monthly reports to the MOHFP health complexes on all activities to enable the MOHFP to keep more accurate records of services in the region.

EPI. One way the CSP is achieving EPI objectives is by transporting MOHFP EPI workers to fixed immunization sites within each village and motivating the village women and children to attend these sessions. The MOHFP EPI workers administer immunizations and fill out EPI cards. Together, the MOHFP and CSP have been able to obtain high immunization coverage in the CSP region.

Vitamin A. The system that has been designed for Vitamin A activities is that MOHFP workers distribute Vitamin A in a mass campaign every six months to all children 12-71 months and record the date Vitamin A was given on the child's EPI card. The mass campaigns are held in the months April—May and October—November. The CSP CHWs then visit each family to check the EPI card and locate children who missed the campaign. The CHWs then distribute Vitamin A to these children, write the date of distribution on the EPI card and in the CHW register. A report of Vitamin A distribution is then given to the MOHFP. When a child suffers from diarrhea, the CHW distributes a Vitamin A capsule to the child and records this in the register. The same occurs for post-partum Vitamin A. The CHW then gives the MOHFP worker a report of those to whom Vitamin A was distributed. Due to the constraints described in Section 1.1, especially the linkage with MOHFP, this system has not yet been fully implemented. Training for the CHWs in filling out the EPI cards will become a focus during the first quarter of Year 2.

Maternal Care and Birthspacing. The CSP and MOHFP work jointly in maternal care and birth spacing on two levels. On the first level, the CSP maternal health trainers and the MOHFP family welfare visitors work together to train and supervise the family welfare assistants (FWAs), CHWs and trained TBAs. Training is combined and held alternately at the CSP offices and at the MOHFP satellite clinics by the family welfare visitors. In this way, the CSP and MOHFP work together on training, curriculum, share and exchange ideas on educational techniques, and strengthen the health messages being given.

On the second level, the CHWs and FWAs, along with trained CSP and MOHFP TBAs work together to deliver services directly to women 15-45. Women's meetings are held both in the villages and in the MOHFP satellite clinics to familiarize women with the clinics to improve utilization by women. Greater emphasis is also being given to the referral of complicated pregnancies to the satellite clinics to increase utilization of these clinics.

Finally, the CSP reports to the MOHFP on the distribution of all contraceptives so that duplication is avoided. These procedures are also greatly increasing coverage and strengthening health message dissemination.

Installation of Latrines. Working in collaboration with the MOHFP and UNICEF, the CSP has insisted that each CHW be the first to have a latrine in her household and then to motivate one family per month to install a latrine at the government subsidized price of 127 taka (actual price 600 taka). Each family pays for the latrines and the CSP pays for the transport of the latrine to the home. The CSP has also set up a demonstration tubewell and latrine for training on maintenance. The MOHFP sanitary inspector provides the training in maintenance of tubewells and latrines to CSP supervisors and CHWs who then train villagers.

Reforestry Program. Working in cooperation with the Ministry of Agriculture and Ministry of the Environment, the CSP along with CSS has agreed to distribute 5,000 fruit trees (guava, lemon, banana and papaya) to poor families in the CSP area to begin kitchen gardens and protect the environment for the government subsidized price of 2 taka (actual price is 4-5 taka). Transportation is provided by CSS.

Cooperation with other PVOs. CSP management staff visited World Vision Bangladesh and ICDDRB in March 1992 to discuss child survival issues and share information. Several meetings have also occurred between the WRC/CSS CS project staff members and Save the Children UK in Khulna to discuss and share helpful information regarding women's cooperatives. Mr. E.M. Mick, Director and Miss Midori Yangisawa of Food for the Hungry Bangladesh visited the WRC/CSS CS project to observe how CS is structured and is functioning to help them begin a CS project in Rangpur, Bangladesh. Finally, Lausuk, an NGO that develops dramas and songs to inform government officials and the public about development issues, worked together with CSP staff to develop a drama on the CSP objectives and UNICEF's Facts for Life. This was shown to Mr. Shaheedullah, the director general of the NGO Bureau, the CSS and CSP staff and other NGO representatives on July 22, 1992. This drama will also be adapted for use in the women's educational group meetings to communicate health messages to them.

2. CHILD SURVIVAL PROGRAM RESULTS AND LESSONS LEARNED

2.1 Constraints. Several constraints which have been encountered since October 1991 are listed below:

- a. Although the Civil Surgeon agreed in February 1992 to supply the project with an adequate amount of ORS, the supply has still been inadequate. Thus, the CSP bought some packets from the local market for emergency use. During the month of August a discussion was held with the Civil Surgeon to request that an adequate supply of ORS be given. The

Civil Surgeon agreed. If the problem occurs again, CSP staff will discuss the situation with UNICEF who supplies the MOHFP with ORS to request that they monitor the distribution of ORS or devise a solution to the problem.

b. Vitamin A capsules are unavailable at times from the MOHFP workers. Thus, it is often difficult for the CHWs to distribute Vitamin A to post-partum women. Ms. Munsura Begum, the HKI consultant who works extensively with the MOHFP Vitamin A program, conducted training sessions for the CSP supervisors. Several MOHFP officials and workers were invited to the training sessions to address this problem. Ms. Begum will also then be able to address other problems such as lack of training of our CHWs on the government forms and lack of monitoring of the Vitamin A program by the MOHFP. During Year 2, this problem will be addressed and proposed solutions monitored.

c. In the Ward 15 Khulna City slums there are several constraints: (1) A high level of migration (approximately 15% entering and 15% leaving at any one time) makes it difficult to obtain complete immunization status for children 12-23 months. (2) The high level of migration in the slums also makes loan recovery difficult, as it is difficult to track where people move. Thus, cost recovery is lower in Ward 15. (3) Many of the people living in Ward 15 do not own any land and there is very little space on which to grow kitchen gardens.

The constraint of migration is very difficult to address with regard to immunization. To enable these children to complete their immunization schedule, special emphasis will be given to educate families on where immunizations are available should the family move. Also, families leaving Ward 15 will be immediately deleted from the household registry system and new families will be added as soon as they move in to Ward 15.

To address the difficulty of loan recovery in the slums, loans will be given only to those who have lived in Ward 15 for two years (permanent residents) and to those already involved in a small business. In addition, saving 10 percent of profit in a bank is mandatory for those who are given loans in Khulna City slums and other areas. In order to improve loan recovery, debtors will be unable to draw out their money without CSS' prior knowledge.

The lack of land for kitchen gardens in the slums will be addressed by teaching these families to grow vegetables such as pumpkin and squash (which grow on vines) on their roofs.

d. In some communities in the new-CSP area, many families are hesitant to participate in CS activities since CSS is a Christian organization for fear that CSS is trying to convert them. To address this problem, meetings were held with government, religious and community leaders, teachers and members of the CHCs. During these meetings, the role and activities of the CSP were discussed. It was clarified that the program would be for the benefit of all people in the community and no one would be asked to become a Christian as a

requirement for services. These meetings seem to have largely solved the problem in the new CSP area.

e. A cultural constraint which has been especially difficult to overcome has been the fact that women do not want to eat more during pregnancy because they feel that their baby will be too large and cause a risky delivery. Also, because of morning sickness, they do not feel well and do not want to eat more. Furthermore, the mothers-in-law reinforce this behavior by telling the women to eat less food. In Bangladesh the women live with their mothers-in-law and are subject to obey them.

To overcome this constraint, the CHWs teach women why it is important to eat more during pregnancy. They also are inviting mothers-in-law to the women's group meetings so that they too can be taught the importance of eating additional food during pregnancy. Since the CHWs visit the homes regularly, they routinely come in contact with the mother-in-law in each home and have been taught to include them in the health discussions.

2.2 Unexpected Benefits. Several strategies implemented in Year 1 have yielded unexpected benefits which are shown below:

EPI/Growth Monitoring. Beginning in the fourth quarter of Year 1, EPI and growth monitoring, formerly held as separate meetings, were held together at the EPI site. Due to this change, the number of children 0-23 month who are monitored has almost doubled in the old-CSP since the baseline. On the baseline, only 46% of the children 0-23 months were weighed bimonthly, while at the end of Quarter 3, Year 1, 76% of the children 0-23 months were having their growth monitored. All of the supervisors and CHWs are pleased with the result. They remarked that it is because mothers need only visit the site once rather than twice. It also decreases the CHW work load as they have one less session to conduct. This gives them more time to carry out one-on-one health education activities.

Kitchen Gardens. By the end of Quarter 3 in Year 1, the CSP staff had exceeded their goal for families growing kitchen gardens by 1% in the old-CSP area and 29% in the new-CSP area. There are several explanations for this success. First, the CSP staff decided to work in conjunction with the Ministry of Agriculture and the Ministry of the Environment to promote reforestation by distributing 5,000 fruit trees to poor families who did not yet have kitchen gardens at the government subsidized price which the families could pay. At the time that the trees were planted, the families were encouraged to start kitchen gardens and eagerly accepted the idea.

A second reason for the success of this intervention is the children in the region. When the children of the neighbors of those who had kitchen gardens saw that their friends were getting special treats of fruit and vegetables, they asked their mothers to plant kitchen gardens. The pressure from their children gave the mothers the necessary motivation to start kitchen gardens. The CSP staff also learned from this experience that children are often

good transmitters of health messages to their parents and have asked teachers to give 10 minutes each day to disseminate health education messages to school children.

Meetings/Training Held with MOHFP Officials. Extra emphasis was given this year to meeting with the MOHFP, discussing CSP plans with them and inviting MOHFP officials and workers to training sessions given by the CSP to the union supervisors. One unexpected result of the inclusion of MOHFP personnel in the activities of the CSP is the joint cooperation between the MOHFP Maternal Care and Family Planning component and the CSP (see Section 1.7). The CSP maternal health trainers and the MOHFP family welfare visitors will now hold TBA training sessions together for the MOHFP-trained TBAs and the CSP-trained TBAs and CHWs where information and experience are exchanged. Meetings are alternately held at the MOHFP Family Welfare Centers and satellite clinics, and in the villages with women participating in CSP activities. This will serve to enhance the relationship between the CSP and the MOHFP, as well as make the MOHFP facilities more accessible both to CSP workers and the village mothers who also attend some training sessions at the satellite clinics. The CSP has decided to step up referral to these clinics for family planning services and prenatal care. The CHWs will accompany women to the clinics on their first visit to increase the woman's confidence in the MOHFP services.

2.3 Institutionalization of Lessons Learned. Several important lessons were learned in the past year. They are as follows:

a. The final evaluation survey was conducted by the CSP staff with the help of Dr. Franco of JHU and Dr. Elmer of WRC HQ CS staff. The interviewers for the survey were the CSP CHWs who were supervised by CSP supervisors. Due to the stake that the union officers and supervisors had in the project, some of them decided to bias the results to make the project look good. They did not seem to realize that the purpose of the survey was to identify strong and weak points in the project so that the project could address areas which needed help. Rather they saw it as an evaluation of their job performance. The bias was verified through a discrepancy survey using external interviewers (nurses recruited from the hospital in Khulna).

Due to the outcome of the final evaluation survey, the CSP management staff learned why it is important to get an assessment of the true impact of the project. Also, they learned that the best way to get unbiased results is to use interviewers external to the project who are more objective. They will be more likely to put truthful answers on the forms and not to use leading questions. Thus, when the final evaluation survey was redone, teachers from the CSS orphanage and college students acted as the interviewers. The results were much more realistic and gave the staff a clear picture of where the project stood so that management decisions could be made.

Several other lessons were learned during the K&P survey process. First, environmental conditions must be considered. For instance, diarrhea incidence is seasonal. When the final

evaluation survey was repeated in March 1992 (the end of the dry season) very few children had diarrhea, making all of the practice questions for diarrhea of questionable value. Second, cultural considerations are important. One negative consequence of using interviewers external to the project is that the mothers did not always feel comfortable telling these interviewers about pregnancy and contraception as Bangladeshi women are very conservative and private about these things.

Third, through the nutrition items on the survey, the CSP staff became aware that exclusive breastfeeding up until four months of age was very low in their region. During the writing of the DIP many women were interviewed and asked why they give food before four months and why they throw out colostrum. Important traditional beliefs which will need to be countered were learned. The project's health messages now address these.

Finally, the CSP staff has learned how to conduct a 30-cluster randomized K&P survey and hand tabulate the results. This will prove to be an invaluable tool in the future. They will be better able to analyze their progress and make informed decisions.

b. Visits made to the ICDDR, Urban Volunteer Program and the World Vision CS project in Dhaka gave staff many ideas on program strategy as well as important new technical information. The importance of networking with other NGOs and research institutions is an invaluable key to improving the program. Also, other programs are improved by sharing our lessons learned. Information on the management of diarrhea from ICDDR was included in the health messages and the CSP CDD intervention. The World Vision project helped the CSP staff to see the positive impact of forming CHCs which was included as a new focus of the expansion project. Visits made to the Save the Children, UK project in Khulna have led to the improvement of the CSP women's cooperatives. In the future, contact will continue with these NGOs and will be initiated with others to help staff improve the CSP.

c. Problems which may appear impossible at first may be overcome by persistence. One such example is that of the latrine motivation program. When the CHWs were first approached with the idea of each CHW first paying for and installing a latrine at the government subsidized price, then motivating one family per month to do the same, they said it was impossible. However, supervisory staff persisted and asked them to try. A report given by staff in Gangarampur showed that there was demand for 33 latrines in the first month of implementation of this program. This is an average of two latrines per CHW.

d. CSS field staff learned that the use of participatory educational techniques, such as role plays, songs, demonstrations and dramas, are more effective methods to educate the mothers than traditional education methods since women listen with interest and are involved in the educational process. During Year 2, CSP staff will focus more on training mothers through use of participatory techniques by including them in the curriculum and using the drama developed by Lausuk and songs developed by CSP staff. The songs developed by the CSP staff are included in Appendix B.

e. Libraries have been set up in each of the CSP training centers for use by the CHWs. This brings recent CS information and health education tools to the community level.

These lessons learned are also being institutionalized in several ways at the WRC HQ level. First, both the CS director and CS coordinator utilized these lessons wherever possible when consulting with other health and CS staff in other WRC projects. Second, lessons learned are published and distributed to other WRC CS programs. Finally, WRC HQ staff incorporate these lessons learned into proposals for new programs.

3. CHANGES MADE IN PROJECT DESIGN

3.1 Change in Perceived Health Needs. The MOHFP has now identified Acute Respiratory Infections and intestinal worms as health problems for children under five. The MOHFP is placing higher emphasis on control of intestinal worms than previously. Thus, the project secured excellent MOHFP treatment for children who have been referred to the health clinic for worms. This approach was outlined in the DIP. However, the project has not expanded into the ARI intervention, as diarrhea remains the major problem in the area. For the present, given the resources available and the large number of interventions presently being implemented in the project, it seems wise to focus on problems already identified.

3.2 Change in Project Objectives. Utilizing the results of the census taken in May 1992 for three of the five new unions and based on results of quarterly activity reports, adjustments were made to the percentages for several of the objectives as described below. See revised objectives chart in Appendix A.

Objective 1: Based on results from the third quarter activity reports and comments in the DIP technical review, this objective will be lowered from 85% to 75% in Year 2 and from 90% to 80% in Year 3 in both the old- and new-CSP areas.

Objective 2: The intermediate target for Year 2 was changed from 70% to 75% in the old-CSP and from 80% to 50% in the new-CSP. The goal for Year 3 in the old-CSP was also revised from 85% to 80% and from 85% to 70% in the new-CSP according to results from the Year 1 third quarter report. See results Section 1.1.

Objectives 3-7 remain the same.

Objective 8: The targets for Years 2 and 3 were changed from 60% and 70% to 80% and 82% respectively in the old-CSP based on high levels of coverage during Year 1. See Section 1.1. The objective for the new-CSP remains the same.

Objective 9: The wording was changed from "Percent of families growing kitchen gardens" to "Percent of women 15-45 who have a kitchen garden in their home". This revision was

made to enable the project to track this objective through the HIS, which tracks women 15-45 rather than families. Percentages targeted remain the same in the old-CSP. The goals for Years 2 and 3 in the new-CSP were raised from 35% and 50% respectively to 60% and 65% based on June 30, 1992 percentages achieved.

Objective 10 remains the same.

Objective 11: The wording was changed from "mothers who receive 200,000 IU Vitamin A in the *first two months* post-partum" to "mothers who receive 200,000 IU Vitamin A in the *first month* post-partum" so that it agrees with the MOHFP policy. Percentages targeted remain the same as in the DIP.

Objective 12: This objective has been increased in the old-CSP from 52% to 60% in Year 2 and from 60% to 65% in Year 3 since 51% coverage was reached by the end of the third quarter (June 30, 1992). In the new-CSP the target has been lowered from 52% to 45% for Year 2 and from 60% to 55% for Year 3 since only 35% coverage was reached by the end of the third quarter. We feel that the objective for the new-CSP was set too high in the DIP since contraception is not easily accepted in Bangladeshi Muslim culture.

Objective 13: "60% of women 15-45 in the old-CSP and 50% of women 15-45 in the new-CSP will know to consult a TBA during the first trimester of pregnancy" has been changed to "50% of pregnant women" in the old-CSP and "40% of pregnant women" in the new-CSP "will consult a TBA or health professional during the first trimester of pregnancy." This was changed from knowledge to practice and the objectives lowered since the new HIS will now track practice which is more difficult to impact.

Objectives 14-18 remain the same.

Target populations as shown in Appendix A have been revised based on household CSP census figures taken in May 1992 for Khulna City Ward 15, Surkhali and Magura Unions and MOHFP figures for Vandercoart and Jalalpur. The MOHFP figures have been used for Vandercoart and Jalalpur since interventions have not yet been phased into these unions. These figures will also be revised when a census is taken at the beginning of Year 2.

3.3 Change in Planned Interventions. The changes which have been made in the type or scope of the project's CS interventions are as follows:

Latrine Promotion. The project has begun to focus on the promotion of sanitary latrines in the villages. Each CHW has agreed to install a latrine in her home at the government subsidized price of 127 taka if she does not already have one. All CHWs have then agreed to try to motivate one family per month to buy and install a latrine. The CSP has agreed to transport these latrines to the local CS offices where the families can pick them up. This

program has been so successful in Gangarampur that the demand for latrines has been double what was anticipated. That is, an average of two families per month are buying the latrines.

Maternal Care and Birthspacing. Another new focus of the CSP has been to increase collaboration with the MOHFP with regard to maternal care and birthspacing. The MOHFP family welfare visitors (each of these supervise 6-7 Family Welfare Assistants) and the CSP TBA trainers are now working together much more closely. In each community, the CSP CHWs and trained TBAs work jointly with the MOHFP Family Welfare Assistants and MOH trained TBAs to provide increased maternal care and family planning services by stepping up referral to MOHFP satellite clinics and holding several women's group meetings there. In addition, the CSP Maternal Health Trainers and CHWs attend the MOHFP training of the family welfare visitors and assistants. Likewise, the MOHFP FWVs and FWAs attend the training sessions of the CSP Maternal Health Trainers and CHWs. In this way training is improved, ideas are exchanged and health messages to mothers are strengthened. The CSP reports on the distribution of contraceptives to the MOHFP so that duplication is avoided. With the increased collaboration of the CSP and MOHFP workers, a greater focus is being given to referral to the satellite clinics for complicated pregnancies. This is greatly increasing coverage and avoiding duplication of services.

Kitchen Gardens. The CSP staff has begun to work in conjunction with the Ministry of Agriculture and the Ministry of the Environment to promote reforestation by distributing 5,000 fruit trees (banana, guava, papaya and lemon) to poor families who did not yet have kitchen gardens at the government subsidized price of 2 taka (half price) which the families could pay. At the time that the trees were planted, the families were encouraged to start kitchen gardens and eagerly accepted them. As well, families who already had kitchen gardens with vegetables (the original focus of the gardening project) were encouraged to add the fruit trees to their gardens. In doing so, many families have increased the amount and variety of food they can give to their children to improve nutrition.

TBA Training. In response to the DIP technical review and in consultations with MOHFP, CSP staff have purchased certain supplies for the TBA kits. The CSP will supply the TBA with plastic sheeting and tincture of gentian violet. The TBAs themselves will be expected to secure a local clay pipe which works very well as a fetalscope, a locally grown *galli* (works as a brush), and soap. The mothers will be expected to supply the clean ties, a new razor blade and a covered rice pot in which to boil these items. It is expected that the experience of the TBAs during Year 2 will lead to further refinements in this plan. The TBA curriculum, particularly with regard to safe delivery practices, is found in Appendix C.

3.4 Change in Potential and Priority Beneficiaries. No changes have been made since the DIP with regard to project location or prioritization of services to potential beneficiaries. There have, however, been changes in the number of potential beneficiaries due to a CSP household census taken in May 1992 for Khulna City Ward 15, and Surkhali and Magura unions. See Appendix D for the revised chart of potential beneficiaries.

4. PROGRESS IN HEALTH INFORMATION DATA COLLECTION

4.1 Characteristics of the Health Information System.

4.1.1 A new Health Information System (HIS), based upon project objectives, was formulated with the help of Dr. Sally Stansfield of International Development Research Center. This HIS was introduced to CSP management and adapted to the needs of the CSP in Bangladesh. The Union Officers, 1 Supervisor and 5 CHWs were trained on its use on August 27-28 and a pilot test done in one union on August 29, 1992. The pilot test proved the new HIS simple to use and accurate. All CSP staff are being trained and will begin to use the new HIS within the first quarter of Year 2. The HIS used by the CHWs at the community level is shown in Appendix E, pages 31-35.

CHWs make routine visits to each home in their community at least once every two months. All mothers of children 0-23 months and women 15-45 are interviewed with regard to EPI, growth monitoring, Diarrhea Control, Vitamin A, Maternal Care and Birth Spacing objectives. Three sheets are kept in the register which records one year of activities for children 0-11 months, children 12-23 months and women 15-45. One sheet is kept per year for each of these. A Vitamin A register is also kept for children 12-71 months, as well as a women's group meeting attendance sheet. At the beginning of each new year, new sheets are filled out with names and the process is started again. All of the sheets needed for the remainder of the project are bound in booklet form for ease of use by each CHW. Also included in this booklet are the project objectives, along with health messages and instruction sheets on how to fill out the HIS. The HIS instructions are shown in Appendix F.

4.1.2 The new HIS is especially useful for identifying and directing services to the high-risk woman or child. After asking the mother or woman all of the questions for each register, the CHW looks back to see whether or not there is a yes response to any of the high risk categories. The high risk categories tracked by the HIS for children 0-23 months are:

- a. The child's immunization card was not up-to-date.
- b. The child's weight decreased or remained the same.
- c. The child was moderately or severely malnourished.
- d. The child had diarrhea in the last two weeks.

Regarding women 15-45, the HIS flags a woman as high risk when:

- a. The woman is pregnant and her age is less than 18 or greater than 35.
- b. The woman has not had at least two doses of tetanus toxoid vaccine.
- c. The woman is pregnant, but has not yet had a prenatal care visit.

If there is a yes response to at least one category on each register, the CHW marks the high risk column, which signifies that this child or woman needs follow-up. In addition, the instruction sheet informs the CHW how to counsel each woman during the home visit when the woman or child is found to be high risk.

Although all of the high risk criteria listed in the DIP are not included in the HIS, it does provide a means for follow up on the most important criteria. Other high risk criteria is included in the curriculum for training CHWs and TBAs, and women are taught about these at the women's group meetings.

4.1.3 Since the WRC/CSS Child Survival Project is primarily an educational program which supports the MOHFP health structure, no reports on clinic activity are made. However, the CHWs do keep a record in the CHW Register (see Appendix E) of the number of group meetings held and the number of women attending the group meetings, as well as each topic addressed. In addition, the supervisor attending the group meeting will keep a supervisory checklist for the meeting which records percentage of women in attendance, topic covered and whether or not participatory techniques such as discussion, demonstration or role plays were used. These records were developed and implemented in the past year.

4.1.4 During Year 1, each CHW would fill out a monthly report form from information obtained in her household register. This form would then be passed on to the supervisor who, in turn, passed it onto the union officer. Each union officer would then make a monthly report from all of the forms which would be passed onto the project coordinator and the MOHFP health complex. The project coordinator would consolidate these reports each month and make quarterly reports which were sent to WRC. The transference of data to so many different types of reports made the system prone to many errors. Consequently, the HIS was revised. In the revised HIS bimonthly reports appear in the same basic format as the CHW registers. However, the CHW no longer totals numbers from each page. Rather, the supervisor meets with each CHW at the end of each two-month period, checks the register for accuracy, then takes the totals from the bottom of each page, adds them and records the number on his report form. This minimizes errors, lessens the workload of CHWs and provides a time that the CHW can meet individually with the supervisor to discuss any difficulties she is having.

The supervisor passes this form to the union officer by the 5th of the month following each two-month period. The union officer then consolidates the supervisor's reports and puts the figures on the Union Officer Monthly Report which is the same format as the Supervisor Monthly Report. This report, along with a brief narrative, is then submitted to the CSS CS project coordinator and the CSS CS administrative coordinator by the 7th of the month following the two-month period. The CSS CS project coordinator and CSS CS administrative coordinator in turn fill out the quarterly objectives sheet on achievements attained by the end of the prior two-month period. Both the quarterly

objective sheet and a narrative report is sent to WRC headquarters by the 15th of the month. The WRC CS administrative coordinator then sends the quarterly reports to USAID by the 30th of the month and provides feedback to the field at the same time. All forms used in this system are shown in Appendix E.

Before the HIS was revised, data was difficult to use for management purposes. Several problems in the HIS surfaced. A revised HIS will be implemented at the beginning of Year 2. Since the new HIS has been greatly simplified at each level through the use of standardized forms and instruction sheets, it should prove beneficial to project management, giving a clearer picture of objectives achieved and those falling behind.

Beginning in Year 2, WRC HQ staff plans to provide feedback to the field in the form of charts and graphs, which will enable field staff to visualize progress on objectives. In addition, the use of the high risk column in the CHW register will enable each CHW to provide better follow-up to women and children.

4.2 Special Capacities of the Health Information System

4.2.1 As mentioned above in Section 4.1.3, the project does keep track of the number of group meetings held for mothers. The project also keeps a record of the dates of meetings held. Since it is a requirement that CHWs hold at least one group meeting in each village each month, supervisors will figure the percentage of scheduled meetings held. This is also recorded on the supervisor bimonthly report and through supervisory checklists. Thus, the supervisors will be able to see which CHWs are actively holding meetings in their communities. This has not yet occurred in Year 1, but will be a new focus in Year 2.

4.2.2 As mentioned above in Section 4.2.1, the project will begin to monitor the percent of trained CHWs still active in Year 2. Other sustainability indicators tracked remain as in the DIP.

4.2.3 CSP staff are not currently carrying out case-finding or surveillance activities for Polio or other diseases, as the MOHFP has not yet instituted a surveillance program. However, the MOHFP is currently planning to begin surveillance of vaccine preventable diseases. When the MOHFP initiates active surveillance, the CSP will integrate this into the project. Currently the HIS tracks mortality rates among infants and children 12-23 months. Plans are currently being made by CS staff to begin conducting verbal autopsies to find causes of mortality in the project area.

4.2.4 The project does not currently monitor hours of pre-service, in-service and continuing education training of CHWs.

4.2.5 Data which have been especially difficult to collect this past year include:

- a. The reasons why women who do not want more children in the next two years, but do not use modern contraception. This is primarily due to the fact that it is an extremely sensitive topic in Bangladeshi culture. For example, pregnancy and childbirth are considered impure events by both Muslims and Hindus and, thus should not be discussed freely. In addition, many women feel pressure from their husbands, mothers-in-law and others to have more children, especially male children. Also, some local religious leaders actively oppose family planning and some women may feel that it is against their religion to use contraception.
- b. Appropriate use of ORT. This data is difficult to collect as it is necessary to watch mothers actually prepare ORT and to measure amounts of water, sugar and salt used. It is also difficult to know how much ORT was given to the child during diarrhea.
- c. Exclusive breastfeeding in a child's first four months. In order to truly assess whether or not a mother is exclusively breastfeeding, it is necessary to ask specifically if she is feeding the child the foods commonly eaten. Since there are many foods commonly eaten, it would take a great deal of time to ask the mothers these questions and, in addition, not introduce bias into the mothers' answers. In addition, our CHW register for infants assesses health data for all children 0-11 months. It would be very difficult for the CHWs and supervisors to separate children 0-4 months and count them separately on bimonthly reports.
- d. Post-Partum Vitamin A. In the new HIS format it will be difficult to track post-partum Vitamin A since it is not found on the maternal health card. Another difficulty is that all other objectives tracked do not need to be cumulated as this must be.

4.3 Management of the Health Information System

4.3.1 It is estimated that \$2,821 was spent on the HIS since October 1991. This accounts for 1.4% of total expenditures. These costs covered staff time to develop the HIS, training expenses and printing.

4.3.2 The CSP last reviewed its indicators in August 1992 for the preparation of the annual report and the HIS revision. Based on this assessment, several objectives were changed. These changes are outlined in Section 3.2.

4.3.3 Feedback should be given on a monthly basis to CHWs, supervisors and union officers who collect health information. More emphasis will be given in Year 2 to monitoring this. The CSP union officers give a monthly report of health information to the MOHFP health complexes in Batiaghata and Tala. Feedback is given to community members at monthly CHC meetings and quarterly to the UHC meetings.

4.3.4 CHWs are responsible for the collection of data from the village women. The supervisors compile data from their CHWs, the union officers compile data submitted by the supervisors, and the CSS CSP project coordinator and CSS CSP administrative coordinator compile the data submitted to them by the union officers. They also are responsible to analyze and monitor the quality of the data. Further analysis and monitoring of the quality of data, as well as progress on objectives is done by the WRC CS administrative coordinator who provides feedback to the field staff on a regular basis. This process is outlined in further detail in Section 4.1.2.

4.3.5 In order to improve the staff's skills in data collection and management, the WRC CS administrative coordinator has provided ongoing training to CSP staff during each trip to Bangladesh. The most recent training was given for four days (one day to the CSS CSP project and administrative coordinators and three days to the union officers, 1 supervisor and 5 CHWs). She has also written instruction sheets for the ease and clarification of the HIS for the project staff at each level. Regular consultation is provided by both the WRC CS Director and CS Administrative Coordinator on an ongoing basis through fax and phone.

5. SUSTAINABILITY

5.1 Recurrent Costs

5.1.1 and 5.1.2 After USAID funding ends, CSS will continue to implement CS initiatives on a reduced scale. Of the recurrent costs that will continue after USAID funding ends, the government will continue to pay for the cost of delivering health services, e.g., EPI services, Vitamin A capsules, ORS, deworming services, etc. CSS will continue to maintain the service center offices, some consultation support to the community health committees, and assistance to the income generation program with women's cooperatives. The 16 percent interest collected during loan repayment will continue to be used in the following way: four percent of the interest, considered a surcharge, will be used towards payment of the salary of one CHW per union who will act as a liaison between the MOHFP and the community. The other 12 percent will be used to pay for work incentives for MOHFP employees to work in the communities, such as the transport of MOHFP EPI workers to vaccination sites so that they will continue to provide services to the project area, as well as to pay for emergency supplies of ORS and other medicines. Costs that are unlikely to continue being paid are stipends to the CHWs, salaries for the CSP staff, transportation costs, HIS maintenance costs and training costs for CHWs and TBAs. Given the widespread poverty in the Khulna district, it is unlikely that the communities will be able to contribute to cost recovery for services in the near future.

5.2 Strategies for Increasing Post-Project Sustainability

5.2.1 The project's approach to creating sustainable health programs remains the same as described in the DIP.

5.2.2 The revision of the HIS will increase the efficiency of the project in that it will significantly cut down the workload of CHWs and supervisory staff. However, this will not significantly cut recurrent costs. Other than this, no other activities have taken place to increase efficiency.

5.3 Cost Recovery

5.3.1 A modest cost recovery mechanism operates through the income generation loans given to cooperatives of 20-30 poor women who are involved in CS project interventions. Loans are given to these women enabling them to start up small businesses. Criteria for inclusion in the income generation loan program are as follows: (1) Must be a woman with a child under two years of age. (2) Must be actively involved in CS women's groups meetings. (3) Must be poor. This is determined by the combined income of the woman and her husband and amount of land owned. (4) Must complete two months of literacy training given by CSS. This is so that the woman will have the capability to sign her name on the loan application. It also gives an indication of her willingness to help herself. (5) Must have the basic capability to do some type of income generating work. However, CSS does give the women training on how to sharpen their skills.

Ten percent of the income generation profit goes into a mandatory savings account and 16% interest is paid back to CSS. The 16% interest is used to recover CS costs. Approximately \$600 has been recovered since the start of the project. These funds will be used to facilitate sustainability after USAID funding stops. The loan surcharge (4% of the interest) will be used toward payment of the salary of one CHW per union who will act as a liaison between the MOHFP and the community. The other 12% will be used to pay for work incentives for MOHFP employees to work in the communities, such as the transport of MOHFP EPI workers to vaccination sites so that they will continue to provide services to the project area, as well as to pay for emergency supplies of ORS and other medicines.

5.3.2 Community members view the loan program very positively since it enables poor families to increase their income. This program includes a cost recovery mechanism for the CSP. Since service delivery of CS interventions is not tied in any way to cost recovery activities, no inequities are created through this scheme.

5.3.3 Mr. Ken Graber, WRC Microenterprise Development Coordinator, spent one day training CSS income generation and CSP staff in managing and monitoring the loan program.

6. PROJECT EXPENDITURES AND JUSTIFICATION FOR BUDGET CHANGES

6.1 Pipeline Analysis. See Appendix G for a pipeline analysis of estimated project expenditures in FY92.

6.2 Justification of Budget Changes. Country Project Budget. At the end of FY92, the CSP Year 1 field budget was underspent by \$17,872 in USAID funds and overspent by \$1,073 in WRC funds. The underspending of USAID funds was largely due to the fact that only approximately 50% of the money budgeted for a full-time MPH was spent, being that the project has been able to employ only a part-time MPH. Another reason for the underspending was the fact that the project was closed down for the month of November. Thus, the unspent USAID money from Year 1 will be applied to Year 2 USAID funds in the following areas:

I. PROCUREMENT: Supplies: \$1,000 will be added to the budget to purchase plastic sheets, gentian violet and other supplies for the TBA training kits.* Since the MOHFP supply of ORS is not always reliable, another \$1,000 has been added to the original Year 2 budget for this purpose. Finally, an additional \$2,000 has been added to other miscellaneous supplies to give additional CHW incentives such as prizes.

II. EVALUATION: Midterm Evaluation: Estimated costs for the mid-term evaluation remain as stated in the DIP. However, these costs (\$5,658 in Staff Support and \$292 in Other) will be reallocated from WRC funds to AID funds.

III. PERSONNEL: A. Technical: \$269 was added to the Year 3 figure in order to better enable the project to attract a qualified full-time MPH. **B. Administration:** Remains the same as in the DIP. **C. Clerical:** Remains the same as in the DIP. **Other:** An additional \$1,310 was added to the budget to extend the TBA training period from five to ten days so that it coincides with the TBA training held by the MOHFP.

IV. TRAVEL/PER DIEM: Domestic Travel: \$200 will be added to the budget under AID funds to pay for the transport of latrines in the new latrine program.

V. COMMUNICATIONS: Printing: \$2,000 has been added to the budget to be applied to developing more types of educational materials.

VI. FACILITIES: Remains as stated in the DIP.

VII. OTHER DIRECT COSTS: A. Income Generation: Remains as stated in the DIP. B. Staff Training: An additional \$4,000 was budgeted to staff training for the purpose of providing training opportunities for staff with regard to the TBA training component. \$800 of the above \$4,000 was originally budgeted for an HIS consultant in Year 1. This \$800 will be used during Year 2 to help pay for nutrition training which will be given to staff by Dr. Gretchen Berggren of Harvard School of Public Health. C. Miscellaneous: A total of \$467 will be added to the budget for the electricity and maintenance of three new CSP offices in Surkhali, Vandercoart and Jalalpur Unions. The buildings for these offices are being provided to the CSP free of cost by residents in each of the communities.

Only a few revisions have been made with regard to the WRC portion of the Year 2 CSP field budget. These revisions are listed below:

I. PROCUREMENT: A. Equipment: Based on inflation that has recently occurred in Bangladesh, an additional \$364 was budgeted to Office Equipment for the estimated inflation of the two motorcycles yet to be purchased for the two new-CSP unions that will be phased in during Year 2. In addition, \$156 will be added to the budget for the procurement of tubewell repair kits for each of the six CSP offices. B. Supplies: \$78 has been budgeted to buy seed in some communities in the new-CSP for the initial start up of kitchen gardens where they have not yet been implemented. Once the first gardens have been initiated in these communities, CSP staff will teach the women how to save seed to replant the gardens and to share with other women in the village.

II. EVALUATION: Mid-term Evaluation: As stated above, the \$5,950 budgeted for Staff Support and Other was reallocated from WRC funds to AID funds.

III. PERSONNEL: Technical: In order to better enable the project to attract a qualified full-time MPH, \$2,000 was added to the WRC match for Year 2 and \$2,278 was added to Year 3.

TRAVEL/PER DIEM, COMMUNICATIONS, FACILITIES and OTHER DIRECT COSTS line items remain as stated in the DIP with regard to WRC funds.

Headquarters Budget. By the end of FY92, the CSP was underspent by a total of \$808 in AID funds and \$486 in WRC funds. However, the technical salary line item and the other salary line item were overspent. In order to compensate for this over-expenditure in Year 1 and to prevent the over-expense in Year 2, \$421 of WRC funds underspent in FY92 will be applied to the Year 2 (FY93) budget for technical personnel. As well, the budget for other personnel will also be increased by \$829 (AID funds) and \$65 (WRC funds) for Year 2. Other line items on the HQ budget will remain the same as in the DIP.

7. 1992/1993 WORK SCHEDULE AND BUDGET. The 1992/1993 Work Schedule and Budget are attached in Appendix H and Appendix I.

WORLD RELIEF/CSS CHILD SURVIVAL VII - CHART OF OBJECTIVES

OBJECTIVES	As of June 30, 1992		Year 2		Year 3							
	OLD	NEW	OLD	NEW	OLD	NEW						
1. Children 0-11 months completely immunized (OLD-CSP)	1,246	64%	-	-	-	-						
Children 12-23 months completely immunized (NEW-CSP)	-	-	1,345	72%	-	-						
Children 12-23 months completely immunized	-	-	-	-	-	-						
2. Women 15-45 immunized with two doses Tetanus Toxoid	13,791	64%	3,112	22%	16,574	75%	2,358	75%	1,638	80%	2,570	80%
3. Mothers of children 0-23 months who administer ORS/ORT when their children have diarrhea	No record due to revision in HIS		50%	50%	17,678	80%	15,093	70%				
4. Mothers of children 0-23 months who know to give greater amounts of fluids to a child with diarrhea	K&P	K&P	50%	50%	60%	60%						
5. Mothers of children 0-23 months who know to seek help when a child has signs of dehydration	K&P	K&P	50%	50%	60%	60%						
6. Mothers who exclusively breastfeed their children through the fourth month	K&P	K&P	50%	50%	60%	60%						
7. Mothers who know to introduce weaning foods at five months	K&P	K&P	55%	55%	65%	65%						
8. Children 0-23 months weighed bimonthly	K&P	K&P	75%	40%	80%	50%						
9. Families growing kitchen gardens	3,037	76%	Will not begin until Year 2	3,251	80%	1,818	30%	3,405	82%	3,714	60%	
Women 15-45 who have a kitchen garden in their homes	11,999	66%	6,896	49%	-	-	-	-				
10. Children 12-71 months who had two 200,000 IU doses of Vit A w/in last 12 months	-	-	-	-	16,574	75%	12,937	60%	18,034	80%	14,296	65%
11. Mothers who received 200,000 IU Vit A in first month postpartum	9,170	72%	1,998	23%	9,824	75%	11,376	75%	12,044	90%	13,947	90%
12. Able couples using a modern contraceptive method	No proper record due to revision in HIS		1,751	85%	1,895	65%	1,895	90%	2,382	80%		
13. Women 15-45 who know to consult a TBA during first trimester of pregnancy	8,487	51%	4,933	38%	10,263	60%	8,533	45%	11,342	65%	10,639	55%
Pregnant women who consult a TBA or health professional during first trimester of pregnancy	K&P	K&P	-	-	11,049	40%	8,624	30%	13,525	50%	10,997	40%
14. Pregnant women who eat more than usual during pregnancy	K&P	K&P	40%	30%	50%	40%						
15. CHWs trained	78	100%	55	100%	78	100%	87	100%	78	100%	87	100%
16. TBAs trained	-	-	-	-	85	100%	97	100%	85	100%	97	100%
17. Women's cooperatives established	115	76%	17	28%	172	100%	220	100%	172	100%	220	100%
18. CHCs functioning	14	18%	52	96%	78	100%	87	100%	78	100%	87	100%

Note: Objectives 4, 5, 6, 7 and 14 will be assessed through the K&P and not the HIS. For Year 1, it was intended to track Objectives 3 and 13 through the K&P. However, these will now be tracked through the revised HIS.

□ indicates a change in wording for Year 2.

APPENDIX B

JARI SONG OF EPI

Oh! Jari song of EPI (two times)
Please listen carefully
Throw out six diseases by six ways,
Oh! Jari song of EPI (two times)
Tuberculosis is one of the six diseases
Previously nobody could save his life if
he is attacked by this disease

Oh! Jari song of EPI (two times)
Polio is the name of the second disease
A child is paralyzed or dies
Oh! Jari song of EPI

Whooping cough the third disease attacks the children
By coughing, coughing, and the eyes change their color

Number four is Tetanus, it is very dangerous
Shortly after delivery, a lot of
Children and Mothers die from this
Oh! Jari of EPI

The fifth disease is called Measles
Its work is to bring diarrhoea and pneumonia with it.

The sixth disease is called Diphtheria
A child dies and breathing stops
Oh! Jari of EPI (two times)

If the mother and baby are vaccinated in time
Their whole life will be safe from these diseases

(continued)

WHO promised that by the Year 2000
Health will be provided to all
To keep this promise we must have a program
And an EPI program is the best of these
There are vaccination centres at the Thana hospital
The Union health centres and other centres
Vaccinations are given there on a certain day
If they go there, mothers and children will receive vaccines

I have finished my jari up to this
Each meeting call on God once.

Prepared and developed by a team of CHWs

NUTRITIONAL SONG

I like my mother,
I like my mother,
Mother loves me.
I have seen my mother after birth
And live by drinking mother's milk
After the fourth month, with mother's milk
Give fruit juice and light food
So, I am telling to all mothers to keep in mind
After birth of the child give yellow milk.
At least two years give breast milk
After three years have the next child
There is no loss for that & the mother will be well
All mothers keep in mind this message

I am giving another message for all
A child will not suffer by night blindness
If you give the Vitamin A capsule
There is Vitamin A in yellow fruit and green leafy vegetables
Egg yolk, liver, cauliflower
And there is Vitamin A in mother's milk also
Please mother, give carefully to the baby
We give you this message through this song

I like my mother (two times)
Mother loves me (two times)

Written by Jane Roh, CSP Nutritionist
Prepared and Developed by Purnendu Bairagi, CSP Supervisor

"ই, পি, আই এর জারী"

- (১) (আয়) প্রথমে বন্দনা করি দয়াল আল্লাহর নাম
সবখানে আছেন তিনি সবখানে তার ধাম॥
(আয়) তারপরে বন্দনা করি আখেরী রসূল,
তার নামে দরুদ পড়িতে হয় না যেন ভুল॥
তারপরে বন্দনা করি যত নবী গণ,
আউলিয়া দরবেশ আরো যত বৃহৎগণ॥
তার পরে বন্দনা করি বাপ মায়ের চরণ,
যাদের উজ্জ্বলায় ধরেছি এ-ছার জীবন॥
পতাস্থলে উপস্থিত যত মহদয়গণ
সবার তরে রইল আমার স অভিবাদন॥
এই পর্যন্ত বন্দনা মোর সাঙ্গি হয়ে গেল
ই, পি, আই এর মধ্যে এবার আরম্ভ হইল॥

আহা ই, পি, আই এর জারী (২বার)
শোনেন দিয়া মন
ছয়টি উপায় ছয়টি ব্যধি করুন বিতান
আহা ই, পি, আই এর জারী (২বার)

ধূয়া

ছয়টি ব্যধির একটি ব্যধি নাম বলো তার যশ্বা
পুরাকালে এই ব্যধিতে পাইত না কেউ রক্ষা॥
আহা ই, পি, আই (২বার)
পোলিও নামেতে আছে দুই নম্বরের ব্যধি
পোনা পানের অঙ্গ অবাস জীবন অবধি॥
আহা
তিন নম্বরের হুপিংকাশি বাচ্চাদেরই হয়
কাশেতে কাশেতে চোখ ছানা বড়া মসে রয়॥
চার নম্বরে ধনুষ্কঙ্কার বড়ই মারাত্মক
আতর ঘরে মা ও বাচ্চা মরে বেধড়ক॥
পাঁচ নম্বরের ব্যধি তাইরে নামটি হল হাম
ডায়রিয়া, নিউমনিয়া সংগে আনা তার ঝম॥
ছয় নম্বরের ব্যধিরে তাই নামে ডিপথেরিয়া
এই ব্যধিতে শ্বাস বন্ধ হইয়া বাচ্চা যায় মরিয়া॥
আহা
যক্ষা, পোলিও, হুপিংকাশি, টংকার হাম, ডিপথেরিয়া
টিকা দিয়া ছয় ব্যধিকে দিন দূর করিয়া
.....

সময়মত নিলে টিকা বাচ্চা মা অবধি
সারা জীবনের তরে হবে না এই ব্যধি॥
১৯৭৮ সালে আলমা আটায়
বিলুপ্তাস্থ্য সংস্কার এক সম্মেলন হয়॥
.....

২০০০ সালের মধ্যে সকলের তরে
সুস্বাস্থ্য নিশ্চিতের জন্য প্রতিজ্ঞা করে॥
সেই ওয়াদা পালন নিতে হবে যে সব কর্যোক্রম
ই, পি, আই এর কর্মসূচী তাদের মধ্যে অন্যতম॥
উপজেলা হাসপাতালে আছে পাইমারী সেক্টর
ইউনিয়ন স্বাস্থ্য কেন্দ্রে আছে সা সেক্টর॥
নির্ধারিত দিনে সেখায় টিকা দেওয়া হয়।
মা ও বাচ্চা গিয়ে টিকা নিবেন নিশ্চয়॥
এই পর্যন্ত জারী আমার সাঙ্গি হইয়া গেল
পতাস্থলে সবাই একবার আল্লা বল।

পঞ্চি বিষয়ক গান,

মাকে ভাল লাগে,
আমার মাকে ভাল লাগে
মা যে আমায় আদর করে,
জন্মে মাকে দেখতে পেলাম
মায়ের দুধে বড় হলাম॥

মায়ের দুধের পাশাপাশি চারটি মাস হলে পার
ফুলের রস খেতে দিবে তরলও খাবার
তাইতো বলি সব মায়েরা রেখো গো মনে
জন্মের পর হৃদয় দুধটা শিশুকে খাওয়াবে॥
কমটি করে দুইটি বছর বুকের দুধ দিবে
তিনটি বৎসর হলে পরে মাগো আরেক সন্ধান বিবে
তাতে মায়ের হয়না কৃতি থাক যে মা ভাল -
এই কথাটি সব মায়েরা রেখো গো মনে॥
আর একটি কথা জানাই আমি সর্বজনী ভাবে
ভিটামিন 'এ' দিলে শিশুরাতকানা না হবে
হৃদয় ফল আর সবুজ সাক ভিটামিন 'এ' আছে
ডিমের কুসুম কলিজা আর ফুলকপির মাঝে
তাছাড়া এ আছে মায়ের প্রথম দুধে
যত্ন করে খাওয়াবে মা ছোট্ট সেনাদের
আমাদের এ কথাগুলো দিলাম পানে গানে॥

APPENDIX C

TBA TRAINING CURRICULUM

Local beliefs and practices that relate to pregnancy, delivery and the postnatal period

High risk factors during pregnancy (listed in the DIP)

Signs and symptoms of pregnancy

Normal development during pregnancy, detecting abnormalities

Prenatal care, including two doses of TT and diet

Materials needed for a safe delivery

Safe delivery practices

- a. Recognizing the 3 stages of delivery
- b. Creating a clean environment for the delivery
- c. Hand washing technique
- d. Recognizing complications during delivery
- e. Guiding the delivery process, positioning, breathing, preventing tears, abnormal presentations, what to do if the cord is around the baby's neck
- f. What to do if the baby doesn't breath
- g. Tying and cutting the cord, including care of the cord
- h. Putting the baby to breast
- i. Delivery of the placenta
- j. Immediate care of the mother and the newborn

Postnatal care, including Vitamin A supplementation, postnatal complications, care of the newborn, breastfeeding and family planning

APPENDIX D

REVISED CHART OF POTENTIAL BENEFICIARIES

OLD-CSP POPULATIONS/POTENTIAL BENEFICIARIES			
	YEAR 1	YEAR 2	YEAR 3
Families†	18,236	18,603	18,977
Children 0-11 months‡	2,016	2,060	2,105
Children 12-23 months‡	1,961	2,004	2,047
Total Children 0-23 months‡	3,977	4,064	4,152
Children 24-71 months‡	10,858	11,094	11,335
Total Children 12-71 months‡	12,819	13,098	13,382
Women 15-45†	21,663	22,098	22,542
Able Couples†	16,768	17,105	17,449

†Yearly increase of 2.01%

‡Yearly increase of 2.17%

NEW-CSP POPULATIONS/POTENTIAL BENEFICIARIES			
	YEAR 1*	YEAR 2**	YEAR 3**
Families†	14,048	20,411	20,821
Children 0-11 months‡	1,654	2,915	2,978
Children 12-23 months‡	1,857	3,144	3,212
Total Children 0-23 months‡	3,511	6,059	6,190
Children 24-71 months‡	6,755	12,024	12,285
Total Children 12-71 months‡	8,612	15,168	15,497
Women 15-45†	14,100	21,561	21,994
Able Couples†	12,833	18,962	19,343

*Year 1 includes only three new unions.

**Years 2 and 3 include five new unions total and population increase with regard to population growth.

†Yearly increase of 2.01%

‡Yearly increase of 2.17%

WORLD RELIEF/CSS CHILD SURVIVAL VII - QUARTERLY SUMMARY SHEET

Fiscal Year 1993 Prepared by:

OBJECTIVES	Year-to-Date		Year 2 Goal		YR 2 % Realized		END OF PROJECT (EOP)					
	OLD	NEW	OLD	NEW	OLD	NEW	Project-to-Date		EOP Goal		EOP % Realized	
							OLD	NEW	OLD	NEW	OLD	NEW
1. Children 12-23 months completely immunized			1,503	2,358								
2. Women 15-45 immunized with two doses Tetanus Toxoid			16,574	10,781					1,638	2,570		
3. Mothers of children 0-23 months who administer ORS/ORT when their children have diarrhea			50%	50%					17,678	15,093		
4. Mothers of children 0-23 months who know to give greater amounts of fluids to a child with diarrhea			K&P	K&P					60%	60%		
5. Mothers of children 0-23 months who know to seek help when a child has signs of dehydration			K&P	K&P					60%	60%		
6. Mothers who exclusively breastfed their children through the fourth month			K&P	K&P					60%	60%		
7. Mothers who know to introduce weaning foods at five months			K&P	K&P					65%	65%		
8. Children 0-23 months weighed bimonthly			3,251	1,818					80%	50%		
9. Women 15-45 who have a kitchen garden in their homes			16,574	12,937					3,405	3,714		
10. Children 12-71 months who had two 200,000 IU doses of Vit A w/in last 12 months			9,824	11,376					18,034	14,296		
11. Mothers who received 200,000 IU Vit A in first month postpartum			1,751	1,895					12,044	13,947		
12. Able couples using a modern contraceptive method			10,263	8,533					1,895	2,382		
13. Pregnant women who consult a TBA during first trimester of pregnancy			11,049	8,624					11,342	10,639		
14. Pregnant women who eat more than usual during pregnancy			K&P	K&P					13,525	10,997		
15. CHWs trained			78	87					50%	40%		
16. TBAs trained			85	97					78	87		
17. Women's cooperatives established			172	220					85	97		
18. CHCs functioning			78	87					172	220		
									78	87		

Note: Objectives 4, 5, 6, 7 and 14 will be assessed through the K&P and not the HIS.
 indicates a change in wording for Year 2.

APPENDIX F

WRC/CSS HEALTH INFORMATION SYSTEM INSTRUCTIONS

Community Health Workers (CHWs) will be responsible to keep:

1. Register of Children 0-11 months.
2. Register of Children 12-23 months.
3. Register of Women 15-45 years.
4. Vitamin A Register for Children 12-71 months.
5. Group Meeting Attendance Sheet.

The CHWs will collect data for the registers at immunization-growth monitoring sessions and on home visits. Each CHW will be responsible to visit each family in his/her village once every two months. The CHW will counsel mothers according to the answers they give. At the end of the two-month period the CHW will meet with his/her supervisor and relay the figures from the register to the supervisor.

Supervisors will be responsible to:

Meet with each CHW he/she is responsible for at the end of the two-month period. At this time the supervisor will record totals from the CHWs' register onto the Supervisor Bimonthly Report. He will also fill out the checklist on the back of the report and counsel any CHWs who may be having difficulty in keeping the register properly or visiting all homes.

Union Officers will be responsible to:

Collect and consolidate information from the supervisors' reports onto the Union Officer's Bimonthly Report. A brief narrative on progress in the union and any good results or difficulties you have encountered should be described and submitted to the Project Coordinator. The information gained should be utilized for management decisions. For example, if the targets for growth monitoring are consistently not being met, a change may be needed in the program. He should approach the Project Coordinator with the problem and the two of them, along with the help of the supervisors involved, should work to resolve the problem.

The CSP Project Coordinator and Administrative Coordinator will be responsible to:

Use the information from the Union Officer's Bimonthly Reports to consolidate information and fill out the quarterly summary reports, as well as write a narrative on quarterly activities, problems and plans for the next quarter. The quarterly reports are to be sent to the WRC headquarters CS Administrative Coordinator by the 30th of the months they are due. Again, information from the data collected should be used to make management decisions.

The HQ CS Administrative Coordinator will:

Analyze all quarterly reports and give feedback to the field in the form of graphs which plot progress and suggestions to improve the program. These will be submitted to the field 30 days after the quarterly reports were received at headquarters.

CHW FORMS

CHILDREN 0-11 MONTHS REGISTER

Fill in all of the following during the home visit to each family. Each family must be visited at least one time every two months.

1. SERIAL NUMBER: Fill in the serial number for each child 0-11 months.
2. FATHER'S NAME: Write the name of the child's father in the space provided.
3. CSS HOUSE NUMBER: Write the number given to the house where the child lives.
4. CHILD'S NAME: Visit each home in your village and write the first and last name of all children 0-11 months in your village.
5. DATE OF BIRTH: Fill in the month, day and year the child was born. If the mother does not know this information, ask what month or season the child was born and put the approximate month and year in the blank.
6. 12 MONTH COMPLETE DATE: Add 12 months to the date of birth and write this date (month/day/year) in the blank. When this date arrives, cross out the child's name and all information about the child. Then write the child's name, father's name, DOB and house number in the Children 12-23 Month Register and the Children 12-17 Months Vitamin A Register.
7. POST-PARTUM VIT A: Place a check mark in the column if the woman received a Vitamin A capsule in the first month post-partum. If the woman did not receive post-partum Vitamin A, put an "X" in the column.
8. IMMUNIZATION CARD: Ask the mother if she has an immunization card for (child's name) and place a check mark in the column if she answers yes. If the mother answers no, put an "X" in the column and advise her to go to the next immunization session to have a card filled out and to update any immunizations the child may need.
9. UP-TO-DATE: Look at the child's immunization card and compare with the child's age according to the chart below to see if the child is up-to-date. If the child is up-

to-date on all immunizations, put a check mark in this column. If the child is behind schedule, put an "X" in the column and advise the mother to attend the next immunization session.

Age of Child (months completed)	Vaccinations needed to be Up-to-Date
1 month	BCG
2 months	BCG, DPT 1, OPV 1
3 months	BCG, DPT 1 & 2, OPV 1 & 2
4 months	BCG, DPT 1,2 & 3; OPV 1,2 & 3
5 months	BCG, DPT 1,2 & 3; OPV 1,2 & 3
6 months	BCG, DPT 1,2 & 3; OPV 1,2 & 3
7 months	BCG, DPT 1,2 & 3; OPV 1,2 & 3
8 months	BCG, DPT 1,2 & 3; OPV 1,2 & 3
9 months	BCG, DPT 1,2 & 3; OPV 1,2 & 3; Measles
10 months	BCG, DPT 1,2 & 3; OPV 1,2 & 3; Measles
11 months	BCG, DPT 1,2 & 3; OPV 1,2 & 3; Measles

10. **COMPLETED IMMUNIZATIONS:** Look at the child's immunization card. If the child has completed all immunizations (BCG, DPT3, OPV3 and Measles vaccines), place a check mark in this column. If the child has not yet completed all immunizations, put an "X" in the column and advise the mother when her child should receive his/her next immunization.
11. **WEIGHED LAST 2 MONTHS:** Ask to see the child's growth chart. If the child was weighed in the last two months, place a check mark in the column. If the child does not have a growth chart, advise the mother to take the child to the next growth monitoring session and put an "X" in the space provided.
12. **WEIGHT IN KG:** Look at the growth chart and record the child's weight in kg. from the growth monitoring session in the last two months. If the child was not weighed in the last two months, put an "X" in the space provided.
13. **WEIGHT GAIN:** Look at the child's growth chart. If the child gained weight in the last two months, put a check mark in the column. If the child lost weight or remained the same (this is a danger signal), put an "X" in the column and advise the mother on how to feed the child.

14. **NUTRITION STATUS:** Look at the child's growth chart. If the child's weight in the last two months fell into the normal curve, write "N" in the space. If the child's weight fell into the mild-moderately malnourished curve, write 'M' in the space and advise the mother how to better feed the child and to take the child to the health complex for rehabilitation and deworming. If the child's weight fell into the severely malnourished curve, write "S" in the space and advise the mother how to better feed the child and to take the child to the health complex for rehabilitation and deworming.

15. **DIARRHEA LAST 2 WEEKS:** Ask the mother the following question:

Did your child have diarrhea in the last two weeks?

If the mother answers "yes", place a check mark in the column. If she answers "no", put an "X" in the column and skip the next question.

16. **ORS/ORT:** If the mother answered "yes" to the above question, ask the following question:

What did you do when your child had diarrhea in the last two weeks?

If the mother answers that she gave the child ORS (government packet) or the home made ORT solution of water, sugar or molasses and salt, place a check mark in the column. If she did not give her child ORS or the home-made ORT solution, put an "X" in the column and advise the mother to give her child ORS/ORT and home fluids, and to feed her child during diarrhea. Also advise the mother to feed her child extra meals during recovery. Demonstrate to the mother how to make ORS/ORT and invite her to the next group meeting.

17. **ADD FOODS TO BREAST MILK:** Ask the mother the following question:

Are you giving your child additional foods or fluids to breast milk?

If the mother answers "yes", place a check mark in the column. If the mother answers "no", put an "X" in the column.

If the child is 0-4 months old and the mother answered yes to the above question, explain to the mother that it is healthier to feed only breast milk to her child through 4 months of age because it is pure and prevents her child from becoming sick. If the mother answered no, tell her she is doing what is good for her child.

If the child is 5 months or older and the mother answered no to the above question, explain to the mother that the child needs more food to grow and tell her which foods are good to give to her child. If the mother answers yes, tell her that by giving her child additional food she is helping him to grow and be healthy.

18. **HIGH RISK:** Look back at the previous columns for the last two month period. If one or more of the following are true, place a star in this column.
- The child's immunization card was not up-to-date.
 - The child's weight remained the same or decreased.
 - The child is mild-moderately malnourished or severely malnourished.
 - The child had diarrhea in the last two weeks.

If the child is high risk, he/she needs special attention. Make sure you make a follow up visit with the mother in the next week. If necessary, refer this child to the health clinic.

19. **TOTALS:** At the bottom of the page is a row for recording the total number of yes answers to each question. For each column count the number of check marks and write the total number for each column in the space. With regard to the nutrition status column, add the total number of "M" answers and "S" answers and write the totals in the spaces provided.

Notes:

- * When a child is born, assign a serial number to the child and write the child's name, father's name, serial number and date of birth after the last child in the register.
- * When a child dies, write "child died from _____" and fill the cause of death into the blank under the two-month period during which the child died.

CHILDREN 12-23 MONTHS REGISTER

Fill in all of the following during the home visit to each family. Each family must be visited at least one time every two months.

- SERIAL NUMBER:** Fill in the serial number for each child 12-23 months.
- FATHER'S NAME:** Write the name of the child's father in the space provided.
- CSS HOUSE NUMBER:** Write the number given to the house where each child lives.
- CHILD'S NAME:** Visit each home in your village and write the first and last name of all children 12-23 months in your village.
- DATE OF BIRTH:** Fill in the month, day and year the child was born. If the mother does not know this information, ask what month or season the child was born and put the approximate month and year in the blank.
- 24 MONTH COMPLETE DATE:** Add 24 months to the date of birth and write this date (month/day/year) in the blank. When this date arrives, cross out the child's name and all information about the child.

7. **IMMUNIZATION CARD:** Ask the mother if she has an immunization card for her child that is 12-23 months and place a check mark in the column if she answers "yes". If the mother answers "no", put an "X" in the column and advise her to go to the next immunization session to have a card filled out and to update any immunizations the child may need.
8. **COMPLETED IMMUNIZATIONS:** Look at the child's immunization card. If the child has completed all immunizations (BCG, DPT3, OPV3 and Measles vaccines), place a check mark in this column. If the child has not yet completed all immunizations, put an "X" in the column and advise the mother that her child should be taken to the next EPI session to complete his/her immunization schedule.
9. **WEIGHED LAST 2 MONTHS:** Ask to see the child's growth chart. If the child was weighed in the last two months, place a check mark in the column. If the child does not have a growth chart, advise the mother to take the child to the next growth monitoring session and put an "X" in the space provided.
10. **WEIGHT IN KG:** Look at the growth chart and record the weight in kg. from the growth monitoring session that was held in the last two months. If the child was not weighed in the last two months, put an "X" in the space provided.
11. **WEIGHT GAIN:** Look at the child's growth chart. If the child gained weight in the last two months, put a check mark in the column. If the child lost weight or remained the same, put an "X" in the column and advise the mother on how to feed the child. If the child is moderately or severely malnourished, refer the mother to the health complex to have the child dewormed and rehabilitated.
12. **NUTRITION STATUS:** Look at the child's growth chart. If the child's weight in the last two months fell into the normal curve, write "N" in the space. If the child's weight fell into the mild-moderately malnourished curve, write "M" in the space and advise the mother how to better feed the child and to take the child to the health complex for rehabilitation and deworming. If the child's weight fell into the severely malnourished curve, write "S" in the space and advise the mother how to better feed the child and to take the child to the health complex for rehabilitation and deworming.
13. **DIARRHEA LAST 2 WEEKS:** Ask the mother the following question:

Did your child have diarrhea in the last two weeks?

If the mother answers "yes", place a check mark in the column. If she answers "no", put an "X" in the column and skip the next question.
14. **ORS/ORT:** If the mother answered yes to the above question, ask the following question:

What did you do when your child had diarrhea in the last two weeks?

If the mother answers that she gave the child ORS (government packet) or the home made ORT solution of water, sugar or molasses and salt, place a check mark in the column. If she did not give her child ORS or the home-made ORT solution, put an "X" in the column and advise the mother to give her child ORS/ORT and home fluids, and to feed her child during diarrhea. Also advise the mother to feed her child extra meals during recovery. Demonstrate to the mother how to make ORS/ORT and invite her to the next group meeting.

15. **HIGH RISK:** Look back at the previous columns for the last two month period. If one or more of the following are true, place a star in this column.
 - a. The child's immunization card was not up-to-date.
 - b. The child's weight remained the same or decreased.
 - c. The child is mild-moderately malnourished or severely malnourished.
 - d. The child had diarrhea in the last two weeks.
16. **TOTALS:** At the bottom of the page is a row for recording the total number of yes answers to each question. For each column count the number of check marks and write the total number for each column in the space. With regard to the nutrition status column, add the total number of "M" answers and "S" answers and write the totals in the spaces provided.

Note:

- * When a child dies, write "child died from _____" and fill the cause of death into the blank under the two-month period during which the child died.

CHILDREN 12-71 MONTHS VITAMIN A REGISTER

Fill in all of the following during the home visit to each family. Each family must be visited at least one time every two months.

1. **SERIAL NUMBER:** Fill in the serial number for each child 12-71 months.
2. **FATHER'S NAME:** Write the name of the child's father in the space provided.
3. **CSS HOUSE NUMBER:** Write the number given to the house where each child lives.
4. **CHILD'S NAME:** Visit each home in your village and write the first and last name of all children 12-23 months in your village.
5. **DATE OF BIRTH:** Fill in the month, day and year the child was born. If the mother does not know this information, ask what month or season the child was born and put the approximate month and year in the blank.

6. **71 MONTH COMPLETE DATE:** Add 71 months to the date of birth and write this date (month/day/year) in the blank. When this date arrives, cross out the child's name and all information about the child.

7. **PROPHYLACTIC DOSES OF VITAMIN A:**

YEAR 1, 2 OR 3:

DATE: Look at the child's EPI card. If the child received a prophylactic dose of Vitamin A in the last two months, write the date it was given in the space provided.

QUANTITY: Record the amount of Vitamin A given in the last two months if the child received a Vitamin A supplement.

8. **REMARKS:** If you notice anything you would like to comment on with regard to a child's Vitamin A supplementation, write the comment in this space.

9. **TOTALS:** At the bottom of the page is a row for recording the total number of children who received prophylactic doses of Vitamin A during each mass campaign. Count the number of children who received a dose of Vitamin A during the April campaign and the number of children who received a dose of Vitamin A during the October campaign each year for Years 1, 2 and 3. Write the total number for each column in the space provided.

Note: If a child is suffering from measles or severe diarrhea, refer the child to the health complex to receive a treatment dose of Vitamin A.

WOMEN 15-45 YEARS REGISTER

Fill in all of the following during the home visit to each family. Each family must be visited at least one time every two months.

1. **SERIAL NUMBER:** Write the serial number of each woman who is listed.
2. **WOMAN'S NAME:** Write the name of each woman 15-45 years old in the village in the space provided.
3. **HUSBAND/FATHER'S NAME:** Write the names of the husbands of women who are married and the fathers of women who are unmarried.
4. **CSS HOUSE NUMBER:** Write the number of the house where the woman lives.
5. **AGE:** Write the age in years of the woman in this column.
6. **MATERNAL CARD:** Ask the woman if she has a maternal card. If she says "yes", place a check mark in the column and fill in the next column according to the instructions given. If she does not have a maternal card, put an "X" in the column

and advise her to attend the next immunization session to have one filled out and get immunized if necessary.

7. **TT2 COMPLETE:** Look at the maternal card. If the woman has had two doses of tetanus toxoid vaccine, put a check mark in the column. If she has not yet had two doses, put an "X" in the column and advise her to receive two doses according to the MOHFP schedule.
8. **PREGNANT NOW:** Ask the woman if she is presently pregnant. If she answers "yes", put a check mark in this column. Put an "X" in the column if she is not pregnant.
9. **PRENATAL VISIT:** If the woman is pregnant now, ask her if she has gone to the TBA or the health complex for a prenatal check up in the first trimester (within the first 3 months) of pregnancy. If she answers "yes", put a check mark in this column. If she answers "no", put an "X" in the column and advise her to go to the TBA or health complex for a prenatal visit.
10. **CONTRACEPTIVE USE:** If the woman is not presently pregnant, ask her if she is using any method of birthspacing. If she is using a modern method of birthspacing, write the letter which represents each modern method of birthspacing in the column as follows:

A = Pills	C = Injection
E = IUD (Copper T)	G = Vasectomy
B = Condoms	D = Diaphragm
F = Norplant	H = Tubectomy

If the woman is not currently using one of the birthspacing methods listed above, write an "X" in the column.

11. **KITCHEN GARDEN:** Observe if the house where the woman lives has a kitchen garden. If the home where the woman lives has a kitchen garden, place a check mark in the space. If the woman's family does not have a kitchen garden, put an "X" in the column.
12. **HIGH RISK:** Look back at the previous columns for the last two month period. If one or more of the following are true, place a star in this column.
 - a. The woman is pregnant and her age is less than 18 or more than 35.
 - b. The woman has not had at least two doses of tetanus toxoid vaccine.
 - c. The woman is pregnant but has not yet had a prenatal care visit.

If the woman is high risk, make follow up visits as necessary until she completes her pregnancy or her condition improves.

13. **TOTALS:** At the bottom of the page is a row for recording the total number of yes answers to each question. For each column count the number of check marks and write the total number for each column in the space.

For the contraceptive column, count up the total number of letters in the column and write this number at the bottom of the page.

Notes:

- * When a woman dies, write "woman died from _____" and fill the cause of death into the blank under the two-month period during which the woman died.
- * When a girl becomes 15 years old, add her name to the register and begin to visit her every two months.
- * If the woman moves out of the community, or is above age 45, cross her name off the register and all the spaces following her name. If a new woman 15-45 moves into the community, add her name to the bottom of the women's register.

MOTHERS GROUP MEETING ATTENDANCE REGISTER

Fill in the following information at each women's group meeting that is held during the year. Each year, a new register is filled out.

1. **SERIAL NUMBER:** Write the serial number of each woman whose name is listed.
2. **HUSBAND/FATHER'S NAME:**
Write the names of the husbands of women who are married and the fathers of women who are unmarried.
3. **CSS HOUSE NUMBER:** Write the number of the house where the woman lives.
4. **VILLAGE:** Write the name of the village where the current group meeting is taking place.
5. **WOMAN'S NAME:** Write the name of each woman 15-45 years old in the village in the space provided. This need be done only once, at the beginning of each year. Once the list has been made of each woman's information, only the date, topic discussed and attendance need be checked.
6. **AGE:** Write the age in years of the woman in this column.
7. **TOPIC DISCUSSED:**

DATE: Fill in the month, day and year of the women's group meeting currently taking place.

TOPIC: Fill in the letter which symbolizes the topic being discussed in the meeting.

D = Diarrhea

E = EPI

MC = Maternal Care

F = Family Planning

N = Nutrition

B = Breast Feeding

VA = Vitamin A

KG = Kitchen Gardens

O = Others

During each meeting, place a check mark under the DATE/TOPIC column for each woman who attended the meeting.

8. **REMARKS:** Write any comments about the meeting in the space provided.
9. **TOTALS:** Under each DATE/TOPIC column, count the number of check marks and write the total number who attended the meeting at the bottom of the page.

SUPERVISOR BIMONTHLY REPORT

Each supervisor must meet with each CHW individually that he/she is responsible for beginning on the 25th of November, January, March, May, July and September. During this meeting, the supervisor will take the totals for each piece of information for children 0-11 months, children 12-23 months, children 12-71 months, and women 15-45 and record the totals directly onto his bimonthly report. The information will be filled out as follows:

1. **CHW NAME:** Write the name of the CHW with whom you are now meeting in the space.
2. **CHILDREN 0-11 MONTHS:** Record the following by adding together the totals on the bottom of each page of the CHW Children 0-11 Month Register and record the sum for each under the proper column (Post-Partum Vitamin A, Immunization Card, Up-to-Date, Completed Immunization, Weighed Last 2 Months, Weight Gain, Nutrition Status, Diarrhea Last 2 Weeks, ORS/ORT and High Risk).
3. **CHILDREN 12-23 MONTHS:** Record the following by adding together the totals on the bottom of each page of the CHW Children 12-23 Month Register and recording the sum for each under the proper column (Immunization Card, Completed Immunization, Weighed Last 2 Months, Weight Gain, Nutrition Status, Diarrhea Last 2 Weeks, ORS/ORT and High Risk).
4. **CHILDREN 12-71 MONTHS VITAMIN A:** Record the number of children who received a Vitamin A supplement in the last two months by adding together the totals at the bottom of each page of the CHW Children 12-71 Months Vitamin A Register.
5. **WOMEN 15-45:** Record the following by adding together the totals on the bottom of each page of the CHW Women 15-45 Years Register and writing the sum for each

under the proper column (Maternal Card, TT2 Complete, Pregnant Now, Prenatal Visit, Contraceptive Use and Kitchen Gardens).

6. **NO. OF CHILDREN BORN:** Look at the CHW's register for the previous two month period. Count the number of children from the Children 0-11 Months Register at who were born in the last two months and record this number in the space provided.
7. **NO. OF CHILDREN DIED:** Look at the CHW's register for the previous two-month period. Count the number of children who died in the last two months from the Children 0-11 Months Register and Children 12-23 Months Register. Add these two numbers together and write the sum in the space provided.

After the above information has been compiled from the CHW register, turn to the back of the report and fill in the following:

8. **TOTAL NO. OF WOMEN 15-45 IN CHW'S COMMUNITY:** Write the total number of women 15-45 in the CHW's community.
9. **MOTHERS GROUP MEETINGS ATTENDANCE:** Record the total number of women who attended the last mothers group meeting by adding together the totals from the bottom of the CHW Mothers Group Meeting Attendance Register.
10. **% TARGET POP ATTENDING LAST GROUP MEETING:** Divide the number of mothers who attended the last mothers group meeting by the total number of women 15-45 in the CHW's community.
11. **NO. OF HOUSE VISITS:** Look at the CHW Women 15-45 Register and count the total number of women 15-45 each CHW visited in the last two-month period and write this number in the space.
12. **% OF WOMEN 15-45 VISITED:** Divide the number of house visits by the total number of women 15-45 in the CHW's community and write this number in the space provided. If the percent is less than 95%, advise the CHW to visit more homes and discuss possible solutions to problems the CHW might be having.

After filling in the information described above from the CHW's register, visit at least 5 families in each CHW's community to make sure that the CHW has filled in the register correctly. If the CHW has not filled in the register correctly, go with her to several homes and demonstrated how to properly fill in the register.

13. **NO. OF CHECK UP VISITS:** Fill in the number of check up visits (spot checks) you made for each CHW.
14. **TOTALS:** Add together the numbers in each column and write the totals in the row provided.

When you have completed this form, submit it to your union officer by the 5th of the month following the previous two-month period.

UNION OFFICER BIMONTHLY REPORT

Fill in the following information from the each supervisor's bimonthly report:

1. **SUPERVISOR NAME:** Write the name of the Supervisor with whom you are now meeting in the space.
2. **CHILDREN 0-11 MONTHS:** Record the totals from the bottom of the Supervisor's Bimonthly Report for each supervisor under the proper column (Post-Partum Vitamin A, Immunization Card, Up-to-Date, Completed Immunization, Weighed Last 2 Months, Weight Gain, Nutrition Status, Diarrhea Last 2 Weeks, ORS/ORT and High Risk).
3. **CHILDREN 12-23 MONTHS:** Record the totals from the bottom of the Supervisor's Bimonthly Report for each supervisor under the proper column (Immunization Card, Completed Immunization, Weighed Last 2 Months, Weight Gain, Nutrition Status, Diarrhea Last 2 Weeks, ORS/ORT and High Risk).
4. **CHILDREN 12-71 MONTHS VITAMIN A:** Record the total from the bottom of the Supervisor's Bimonthly report for the column Children 12-71 Months Receiving Vitamin A.
5. **WOMEN 15-45:** Record the totals from the bottom of the Supervisor's Bimonthly Report for each supervisor under the proper column (Maternal Card, TT2 Complete, Pregnant Now, Prenatal Visit, Contraceptive Use, Kitchen Gardens and High Risk).
6. **NO. OF CHILDREN BORN:** Record the number of children who were born in the last two months from the Supervisor's Bimonthly Report in the space provided.
7. **NO. OF CHILDREN DIED:** Record the number of children who died in the last two months from the Supervisor's Bimonthly Report in the space provided.

After the above information has been compiled from the Supervisor's Bimonthly Report, turn to the back of the report and fill in the following:

8. **TOTAL NO. OF WOMEN 15-45 IN SUPERVISOR'S REGION:** Write the total number of women 15-45 in the supervisor's region.
9. **MOTHER GROUP MEETINGS ATTENDANCE:** Record the total from the bottom of the Supervisor's Bimonthly Report for the column Mothers Group Meeting Attendance.
10. **% OF WOMEN 15-45 VISITED:** Divide the number of house visits by the total number of women 15-45 in the supervisor's region and write this number in the space provided.

11. **NO. OF HOUSE VISITS:** Count the total number of women 15-45 visited in each supervisor's region and write this number in the space.

After filling in the information described above from the supervisor's register, visit at least 3 families in each of the supervisor's regions and check the register of the CHW responsible for each family. If the CHW has not filled in the register correctly, notify the supervisor of the problem and remind him/her that it is necessary to monitor the CHW's work. Ask the supervisor to go with the CHW on several homes and demonstrate how to fill in the register properly.

12. **NO. OF CHECK UP VISITS:** Record the number of house visits you made for each supervisor to monitor his/her work.
13. **TOTALS:** Add the numbers in each of the columns for each category and record the sums in the row provided.

Submit this report along with a brief narrative report of progress on objectives to M.A. Baten, the Project Coordinator by the 7th of the month following the previous two month period.

QUARTERLY REPORTS

The Project Coordinator and Administrative Coordinator will work together to prepare a quarterly objectives chart utilizing the information from the union officer's bimonthly reports. The numbers from the union officers' reports will be compiled and written on the World Relief/CSS Child Survival VII Objectives Summary Sheet. This summary sheet, along with a narrative report written by the CSP Administrative Coordinator, will be submitted to WRC headquarters by January 15, April 15, July 15 and October 15.

The narrative report will be written in the following format:

- I. Key Achievements and Activities Completed.
- II. Narrative of Activities.
- III. Reasons why Established Goals were met or were not met.
- IV. Plans for the Next Quarter.

FIELD	ESTIMATED ACTUAL EXPENDITURES TO DATE OCT/1/91--SEP/30/92			PROJECTED EXPENSE AGAINST REMAINING OBLIGATED FUNDS			TOTAL AGREEMENT BUDGET OCT/1/91--SEP/30/94		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
PROCUREMENT									
A. Office Equipment									
Office	0.00	5,568.15	5,568.15	0.00	2,920.85	2,920.85	0.00	8,489.00	8,489.00
Other	0.00	1,317.52	1,317.52	0.00	760.48	760.48	0.00	2,078.00	2,078.00
Subtotal Equipment	0.00	6,885.67	6,885.67	0.00	3,681.33	3,681.33	0.00	10,567.00	10,567.00
B. Supplies									
Office	752.36	0.00	752.36	2,987.64	0.00	2,987.64	3,740.00	0.00	3,740.00
EPI	465.03	0.00	465.03	2,495.97	0.00	2,495.97	2,961.00	0.00	2,961.00
ORT	758.31	0.00	758.31	2,046.69	0.00	2,046.69	2,805.00	0.00	2,805.00
Other	726.70	422.44	1,149.14	3,272.30	4,293.56	7,565.86	3,999.00	4,716.00	8,715.00
Subtotal Supplies	2,702.41	422.44	3,124.85	10,802.59	4,293.56	15,096.15	13,505.00	4,716.00	18,221.00
C. Consultants									
Local	0.00	0.00	0.00	800.00	0.00	800.00	800.00	0.00	800.00
External	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Consultants	0.00	0.00	0.00	800.00	0.00	800.00	800.00	0.00	800.00
D. Services									
Manpower Services	748.34	0.00	748.34	809.66	0.00	809.66	1,558.00	0.00	1,558.00
CHW/Supervisor Training	233.52	0.00	233.52	1,305.48	0.00	1,305.48	1,539.00	0.00	1,539.00
Subtotal Services	981.86	0.00	981.86	2,115.14	0.00	2,115.14	3,097.00	0.00	3,097.00
EVALUATION									
Baseline Survey									
Consultant/Contract	0.00	3,045.57	3,045.57	0.00	(897.57)	(897.57)	0.00	2,148.00	2,148.00
Staff Support	0.00	3,031.68	3,031.68	0.00	(65.68)	(65.68)	0.00	2,966.00	2,966.00
Other	0.00	1,731.92	1,731.92	0.00	1,052.08	1,052.08	0.00	2,784.00	2,784.00
Subtotal Baseline	0.00	7,809.16	7,809.16	0.00	88.84	88.84	0.00	7,898.00	7,898.00
Midterm Evaluation									
Consultant/Contract	0.00	0.00	0.00	3,330.00	0.00	3,330.00	3,330.00	0.00	3,330.00
Staff Support	0.00	0.00	0.00	0.00	5,658.00	5,658.00	0.00	5,658.00	5,658.00
Other	0.00	0.00	0.00	0.00	292.00	292.00	0.00	292.00	292.00
Subtotal Midterm	0.00	0.00	0.00	3,330.00	5,950.00	9,280.00	3,330.00	5,950.00	9,280.00

FIELD	ESTIMATED ACTUAL EXPENDITURES TO DATE OCT/1/91--SEP/30/92			PROJECTED EXPENSE AGAINST REMAINING OBLIGATED FUNDS			TOTAL AGREEMENT BUDGET OCT/1/91--SEP/30/94		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
Final Evaluation									
Consultant/Contract	0.00	0.00	0.00	3,663.00	0.00	3,663.00	3,663.00	0.00	3,663.00
Staff Support	0.00	0.00	0.00	0.00	6,274.00	6,274.00	0.00	6,274.00	6,274.00
Other	0.00	0.00	0.00	0.00	292.00	292.00	0.00	292.00	292.00
Subtotal Final Eval	0.00	0.00	0.00	3,663.00	6,566.00	10,229.00	3,663.00	6,566.00	10,229.00
PERSONNEL									
A. Technical	2,522.60	0.00	2,522.60	19,138.40	0.00	19,138.40	21,661.00	0.00	21,661.00
B. Administration	24,237.24	0.00	24,237.24	82,526.76	0.00	82,526.76	106,764.00	0.00	106,764.00
C. Clerical	5,735.26	0.00	5,735.26	8,988.74	0.00	8,988.74	14,724.00	0.00	14,724.00
D. Other	7,491.30	0.00	7,491.30	53,966.70	0.00	53,966.70	61,458.00	0.00	61,458.00
Subtotal Personnel	39,986.40	0.00	39,986.40	164,620.60	0.00	164,620.60	204,607.00	0.00	204,607.00
TRAVEL/PER DIEM									
A. Domestic	1,855.96	0.00	1,855.96	12,014.04	0.00	12,014.04	13,870.00	0.00	13,870.00
B. International	0.00	6,664.00	6,664.00	0.00	459.00	459.00	0.00	7,123.00	7,123.00
Subtotal Travel/Per Diem	1,855.96	6,664.00	8,519.96	12,014.04	459.00	12,473.04	13,870.00	7,123.00	20,993.00
COMMUNICATIONS									
A. Printing	984.58	0.00	984.58	1,764.42	0.00	1,764.42	2,749.00	0.00	2,749.00
B. Postage/Delivery Sys	111.05	0.00	111.05	356.95	0.00	356.95	468.00	0.00	468.00
C. Telephone/Fax/Telex	2,593.67	0.00	2,593.67	6,756.33	0.00	6,756.33	9,350.00	0.00	9,350.00
Subtotal Communications	3,689.30	0.00	3,689.30	8,877.70	0.00	8,877.70	12,567.00	0.00	12,567.00
FACILITIES									
A. Equipment Rentals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Facilities Rentals	0.00	857.89	857.89	0.00	1,950.11	1,950.11	0.00	2,808.00	2,808.00
C. Other	0.00	238.30	238.30	0.00	411.70	411.70	0.00	650.00	650.00
Subtotal Facilities	0.00	1,096.19	1,096.19	0.00	2,361.81	2,361.81	0.00	3,458.00	3,458.00

FIELD	ESTIMATED ACTUAL EXPENDITURES TO DATE OCT/1/91--SEP/30/92			PROJECTED EXPENSE AGAINST REMAINING OBLIGATED FUNDS			TOTAL AGREEMENT BUDGET OCT/1/91--SEP/30/94		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
OTHER DIRECT COSTS									
A. Income Generation	23,131.07	0.00	23,131.07	24,497.93	0.00	24,497.93	47,629.00	0.00	47,629.00
B. Staff Training	0.00	0.00	0.00	0.00	2,000.00	2,000.00	0.00	2,000.00	2,000.00
C. Miscellaneous	5,625.44	0.00	5,625.44	15,072.56	0.00	15,072.56	20,698.00	0.00	20,698.00
Subtotal ODC	28,756.52	0.00	28,756.52	39,570.48	2,000.00	41,570.48	68,327.00	2,000.00	70,327.00
INDIRECT COSTS @ 24.7%	24,909.93	0.00	24,909.93	59,629.07	0.00	59,629.07	84,539.00	0.00	84,539.00
TOTAL BANGLADESH EXPENSES	102,882.38	22,877.47	125,759.85	305,422.62	25,400.53	330,823.15	408,305.00	48,278.00	456,583.00

HEADQUARTERS	ESTIMATED ACTUAL EXPENDITURES OCT/1/91--SEP/30/92			PROJECTED EXPENSE AGAINST REMAINING OBLIGATED FUNDS			TOTAL AGREEMENT BUDGET OCT/1/91--SEP/30/94		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
PROCUREMENT									
Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Office Supplies	34.73	0.00	34.73	565.27	0.00	565.27	600.00	0.00	600.00
Consultants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Procurement	34.73	0.00	34.73	565.27	0.00	565.27	600.00	0.00	600.00
EVALUATION									
Baseline Survey	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Midterm Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Final Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PERSONNEL									
Technical	0.00	24,586.95	24,586.95	79.00	25,176.05	25,255.05	79.00	49,763.00	49,842.00
Administration	2,740.47	12,285.40	15,025.87	3,803.53	12,874.60	16,678.13	6,544.00	25,160.00	31,704.00
Other	2,049.62	11,021.19	13,070.81	3,558.38	10,428.81	13,987.19	5,608.00	21,450.00	27,058.00
Subtotal Personnel	4,790.09	47,893.54	52,683.63	7,440.91	48,479.46	55,920.37	12,231.00	96,373.00	108,604.00
TRAVEL/PER DIEM									
Domestic	0.00	3,686.62	3,686.62	0.00	4,894.38	4,894.38	0.00	8,581.00	8,581.00
International	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Travel/Per Diem	0.00	3,686.62	3,686.62	0.00	4,894.38	4,894.38	0.00	8,581.00	8,581.00
COMMUNICATIONS									
Printing	51.80	0.00	51.80	(51.80)	0.00	(51.80)	0.00	0.00	0.00
Postage/Delivery System	59.53	0.00	59.53	(59.53)	0.00	(59.53)	0.00	0.00	0.00
Telephone	120.45	0.00	120.45	879.55	0.00	879.55	1,000.00	0.00	1,000.00
Fax	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Communications	231.78	0.00	231.78	768.22	0.00	768.22	1,000.00	0.00	1,000.00
FACILITIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER DIRECT COSTS	156.57	0.00	156.57	143.43	(0.00)	143.43	300.00	0.00	300.00
INDIRECT COSTS @ 24.7%	14,027.95	0.00	14,027.95	13,536.05	0.00	13,536.05	27,564.00	0.00	27,564.00
TOTAL HQ EXPENSES	19,241.12	51,580.16	70,821.28	22,453.88	53,373.84	75,827.72	41,695.00	104,954.00	146,649.00

	ESTIMATED ACTUAL EXPENDITURES OCT/1/91--SEP/30/92			PROJECTED EXPENSE AGAINST REMAINING OBLIGATED FUNDS			TOTAL AGREEMENT BUDGET OCT/1/91--SEP/30/94		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
	TOTAL FIELD EXPENSE	102,882.38	22,877.47	125,759.85	305,422.62	25,400.53	330,823.15	408,305.00	48,278.00
TOTAL HQ EXPENSE	19,241.12	51,580.16	70,821.28	22,453.88	53,373.84	75,827.72	41,695.00	104,954.00	146,649.00
GRAND TOTALS - YEAR 1	122,123.50	74,457.63	196,581.13	327,876.50	78,774.37	406,650.87	450,000.00	153,232.00	603,232.00

APPENDIX H - WORK PLAN

PVO: WRC/Christian Service Society	Year 1				Year 2				Year 3			
	1	2	3	4	1	2	3	4	1	2	3	4
1. Personnel in Position												
a. Director CSP	C											
b. CSP Project Coordinator	C											
c. CSP Administrative Coordinator	C											
d. Supervisory Staff												
Union Officers A-H	C		C									
Union Officers I, J					X							
Project Supervisors (31) Unions A-H	C		C			X						
Project Supervisors I, J					X							
Maternal Health Trainers				C								
e. Community/Village Health Workers												
CHWs/A-H	C		C									
CHWs/I-J					X							
TBAs/A-H					X							
TBAs/I-J						X						
f. Other Support Staff	C			C		X						
2. Health Information System												
a. Baseline Survey	C	C										
- Design/Preparation	C											
- Data Collection and Analysis	C	C										
- Dissemination & Feedback to Community & Project Management		C	C									
b. Census/Unions F, G, Ward 15 Census/Union I, J			C		X							
c. Consultants/Contract to Improve HIS												
d. Develop and Test HIS Improvement			C	C	X							
- Implementation					X							
- Development & Feedback to Community & Project Management		C		C		X	X	X	X	X	X	X
3. Training												
a. Design		C	C	C								

PVO: WRC/Christian Service Society

Country: Bangladesh

	Year 1				Year 2				Year 3			
	1	2	3	4	1	2	3	4	1	2	3	4
b. Training of Trainers			C	C	X	X	X	X	X	X	X	X
c. Training Sessions (NEW-CSP)			C	C	X	X	X	X	X	X	X	X
d. Evaluation of Knowledge of Skills			C	C	X	X	X	X	X	X	X	X

4. Procurement of Equipment/Supplies	C	C	C	C	X	X	X	X	X	X		
--------------------------------------	---	---	---	---	---	---	---	---	---	---	--	--

5. Service Delivery to be Initiated												
a. Area 1: OLD-CSP												
- ORT	C											
- Immunization, includes TT	C											
- Nutrition:	C											
Breastfeeding	C											
Maternal Nutrition	C											
Vitamin A	C											
Growth Monitoring/Promotion	C											
- ALRI/Pneumonia												
- Family Planning/Maternal Care	C											
- Other: TBA Training					X	X						
b. Area 2: NEW-CSP												
- ORT				C		X						
- Immunization, includes TT				C	X							
- Nutrition:				C		X						
Breastfeeding				C		X						
Maternal Nutrition				C		X						
Vitamin A				C	X	X						
Growth Monitoring/Promotion					X		X					
- ALRI/Pneumonia												
- Family Planning/Maternal Care					X	X						
- Other: TBA Training					X	X						

PVO: WRC/Christian Service Society

Country: Bangladesh

	Year 1				Year 2				Year 3			
	1	2	3	4	1	2	3	4	1	2	3	4
6. Technical Assistance												
a. HQ/HO/Regional Office Visits	C	C		C	X		X					X
b. External Consultants					X		X					
c. Local Consultants				C								
d. External Technical Assistance	C				X		X					X
7. Progress Reports												
a. Monthly Financial Report	C	C	C	C	X	X	X	X	X	X	X	X
b. Quarterly Activity Report	C	C	C	X	X	X	X	X	X	X	X	X
c. Detailed Implementation Plan		C	C									
d. Annual Project Reviews			C				X				X	
e. Annual Reports/ISTI Questionnaire				C				X				X
f. Mid-Term Evaluation							X					
g. Final Evaluation												X

Key: X = Scheduled
C = Completed

Note: A-H symbolizes the five Old-CSP Unions (A-E) and the three New-CSP unions phased in during Year 1. I-J symbolizes the two New-CSP unions to be phased in during Year 2.

World Relief/Bangladesh	ESTIMATED								
	YEAR 1 - ACTUAL		YEAR 2		YEAR 3		TOTAL YEARS 1-3		
	USAID	WRC	USAID	WRC	USAID	WRC	USAID	WRC	TOTAL
PROCUREMENT									
A. Office Equipment									
Office	0	5,568	0	3,829			0	9,397	9,397
EPI							0	0	0
ORT							0	0	0
Other	0	1,318					0	1,318	1,318
Salter Scales				831			0	831	831
Subtotal Equipment	0	6,886	0	4,660	0	0	0	11,546	11,546
B. Supplies									
Office	752	0	1,247		1,246		3,245	0	3,245
EPI	465	0	1,117		1,117		2,699	0	2,699
ORT	758	0	1,935		935		3,628	0	3,628
Other	727	422	4,102	1,636	884	1,559	5,713	3,617	9,330
Subtotal Supplies	2,702	422	8,401	1,636	4,182	1,559	15,285	3,617	18,903
C. Consultants									
Local	0	0					0	0	0
External	0	0					0	0	0
Subtotal Consultants	0	0	0	0	0	0	0	0	0
D. Services									
Manpower Svcs (House Srvy)	748	0	545				1,293	0	1,293
CHW/Supervisor Training	234	0	487		390		1,111	0	1,111
Subtotal Services	982	0	1,032	0	390	0	2,404	0	2,404
EVALUATION									
A. Baseline Survey									
Consultant/Contract	0	3,046					0	3,046	3,046
Staff Support	0	3,032					0	3,032	3,032
Other	0	1,732					0	1,732	1,732
Subtotal Baseline	0	7,809	0	0	0	0	0	7,809	7,809

World Relief/Bangladesh	ESTIMATED									
	YEAR 1 - ACTUAL		YEAR 2		YEAR 3		TOTAL YEARS 1-3			
	USAID	WRC	USAID	WRC	USAID	WRC	USAID	WRC	TOTAL	
B. Midterm Evaluation										
Consultant/Contract			3,330				3,330	0	3,330	
Staff Support			5,658	0			5,658	0	5,658	
Other			292	0			292	0	292	
Subtotal Midterm Eval	0	0	9,280	0	0	0	9,280	0	9,280	
C. Final Evaluation										
Consultant/Contract					3,663		3,663	0	3,663	
Staff Support						6,274	0	6,274	6,274	
Other						292	0	292	292	
Subtotal Final Eval	0	0	0	0	3,663	6,566	3,663	6,566	10,229	
PERSONNEL										
A. Technical	2,523	0	7,939	2,000	8,207	2,278	18,669	4,278	22,947	
B. Administration	24,237	0	39,010		42,914		106,161	0	106,161	
C. Clerical	5,735	0	5,075		5,581		16,391	0	16,391	
D. Other	7,491	0	23,983		22,820		54,294	0	54,294	
Subtotal Personnel	39,986	0	76,007	2,000	79,522	2,278	195,515	4,278	199,793	
TRAVEL/PER DIEM										
A. Domestic	1,856	0	5,239		6,285		13,380	0	13,380	
B. International	0	6,664		2,829			0	9,493	9,493	
Subtotal Travel/Per Diem	1,856	6,664	5,239	2,829	6,285	0	13,380	9,493	22,873	
COMMUNICATIONS										
A. Printing	985	0	2,959		700		4,644	0	4,644	
B. Postage/Delivery System	111	0	156		156		423	0	423	
C. Telephone/Fax/Telex	2,594	0	3,117		3,117		8,828	0	8,828	
Subtotal Communications	3,689	0	6,232	0	3,973	0	13,894	0	13,894	

World Relief/Bangladesh	ESTIMATED		YEAR 2		YEAR 3		TOTAL YEARS 1-3		
	YEAR 1 - ACTUAL		USAID	WRC	USAID	WRC	USAID	WRC	TOTAL
	USAID	WRC							
FACILITIES									
A. Equipment Rentals	0	0					0	0	0
B. Facilities Rentals (Tala)	0	858		936		936	0	2,730	2,730
C. Other (office construction)	0	238					0	238	238
Subtotal Facilities	0	1,096	0	936	0	936	0	2,968	2,968
OTHER DIRECT COSTS									
A. Income Generation	23,131	0	24,252				47,383	0	47,383
B. Staff Training	0	0	4,000	2,000			4,000	2,000	6,000
C. Miscellaneous	5,617	0	7,065		6,595		19,277	0	19,277
Subtotal Other Dir Costs	28,748	0	35,317	2,000	6,595	0	70,660	2,000	72,660
INDIRECT COSTS (24.7%, 22.7%, 20.7%)	24,908		35,314		24,001		84,223	0	84,223
T O T A L	102,872	22,878	176,822	14,061	128,611	11,339	408,305	48,278	456,583

World Relief/Bangladesh	ESTIMATED								
	YEAR 1 - ACTUAL		YEAR 2		YEAR 3		TOTAL YEARS 1-3		
	USAID	WRC	USAID	WRC	USAID	WRC	USAID	WRC	TOTAL
PROCUREMENT									
Equipment									
Office Supplies	35		150		150		0	0	0
Consultants							335	0	335
Services							0	0	0
TOTAL PROCUREMENT	35	0	150	0	150	0	335	0	335
EVALUATION									
Baseline Survey							0	0	0
Midterm Evaluation							0	0	0
Final Evaluation							0	0	0
TOTAL EVALUATION	0	0	0	0	0	0	0	0	0
PERSONNEL									
Technical	0	24,587		13,165	79	13,381	79	51,133	51,212
Administration	2,740	12,285	1,342	5,806	2,183	5,873	6,265	23,964	30,230
Other	2,050	11,021	2,353	5,387	2,032	5,171	6,435	21,579	28,014
TOTAL PERSONNEL	4,790	47,894	3,695	24,358	4,294	24,425	12,779	96,677	109,456
TRAVEL/PER DIEM									
Domestic		3,687		2,270		2,321	0	8,278	8,278
International							0	0	0
TOTAL TRAVEL/PER DIEM	0	3,687	0	2,270	0	2,321	0	8,278	8,278

World Relief/Bangladesh	ESTIMATED								
	YEAR 1 - ACTUAL		YEAR 2		YEAR 3		TOTAL YEARS 1-3		
	USAID	WRC	USAID	WRC	USAID	WRC	USAID	WRC	TOTAL
COMMUNICATIONS									
Printing	52						52	0	52
Postage/Delivery System	60						60	0	60
Telephone	120		250		250		620	0	620
Fax							0	0	0
TOTAL COMMUNICATIONS	232	0	250	0	250	0	732	0	732
FACILITIES							0	0	0
OTHER DIRECT COSTS	157		75		75		307	0	307
INDIRECT COSTS (24.7%, 22.7%, 20.7%)	14,028		6,991		6,524		27,543	0	27,543
TOTAL	19,241	51,580	11,161	26,628	11,293	26,746	41,695	104,954	146,649