



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

PD-ABG-826
ISN 84097

AUG 20 1992

Mr. James J. Bausch
President
Save the Children (SCF)
54 Wilton Road
Westport, CT 06881

Subject: Cooperative Agreement No. FAO-0500-A-00-2034-00

Dear Mr. Bausch:

Pursuant to the authority contained in the Foreign Assistance Act of 1961 and the Federal Grant and Cooperative Agreement Act of 1982, as amended, the Agency for International Development (hereinafter referred to as "A.I.D.") hereby provides to Save the Children (SCF) (hereinafter referred to as "Recipient") the sum set forth in Section 1C.2. of Attachment 1 of this Cooperative Agreement to provide financial support for the program described in Attachment 2 of this Cooperative Agreement entitled "Program Description."

This Cooperative Agreement is effective as of the date of this letter and funds obligated hereunder shall be used to reimburse the Recipient for allowable program expenditures for the period set forth in Section 1B. of Attachment 1 of this Cooperative Agreement.

This Cooperative Agreement is made to the Recipient on the condition that the funds will be administered in accordance with the terms and conditions as set forth in the attachments listed under my signature below, which together constitute the

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Cooperative Agreement

entire Cooperative Agreement document and have been agreed to by your organization.

Please acknowledge receipt and acceptance of this Cooperative Agreement by signing all copies of this Cover Letter, retaining one copy for your files, and returning the remaining copies to the undersigned.

Sincerely yours,



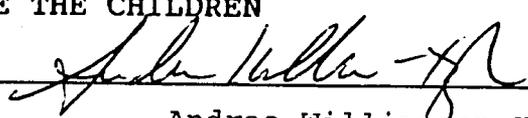
James A. Jeckell
Agreement Officer
Chief, FAO Branch
Office of Procurement

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions
4. Special Provision entitled "Restrictions on Lobbying
5. A.I.D. Eligibility Rules for Goods and Commodities

ACKNOWLEDGED:

SAVE THE CHILDREN

BY:  _____

TYPED NAME: Andrea Williamson-Hughes

TITLE: Acting Secretary

DATE: September 22, 1992

FISCAL DATA

A. GENERAL

- A.1. Total Estimated A.I.D. Amount: \$2,997,805
- A.2. Total Obligated A.I.D. Amount: \$2,997,805
- A.3. Cost-Sharing Amount (Non-Federal): \$999,579
- A.4. Other Contributions (Federal): \$N/A
- A.5. Project No.: 938-0500
- A.6. A.I.D. Project Office: FHA/PVC/CSH, J. Henriquez
- A.7. Funding Source: A.I.D./FHA/PVC
- A.8. Tax I.D. No.: 06-0726487
- A.9. DUNS No.: 07-212-9919
- A.10. LOC No.: 72-00-1351

B. SPECIFIC

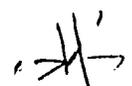
- B.1.(a) PIO/T No.: 938-0500-2685005
- B.1.(b) Appropriation: 72-112-1021.7
- B.1.(c) Allotment: 247-38-099-00-76-21
- B.1.(d) BPC: EDCA-92 16850 KG11
- B.1.(e) Amount: \$1,787,000

- B.2(a) PIO/T No.: 938-0284-2681200
- B.2(b) Appropriation: 72-112-1021.3
- B.2(c) Allotment: 243-38-099-00-76-21
- B.2(d) BPC: EDNA-92 16850 KG11
- B.2(e) Amount: \$307,000

- B.3(a) PIO/T No.: 938-0500-2685030
- B.3(b) Appropriation: 72-112/31021.7
- B.3(c) Allotment: 267-38-099-00-76-21
- B.3(d) BPC: EDC2-92 16850 KG11
- B.3(e) Amount: \$903,805

PROGRAM DESCRIPTION

The summary of the Recipient's proposal entitled "Child Survival 8" for Bangladesh, Burkina Faso, Mali, and Nepal and dated May 1, 1992 is attached hereto as the Program Description (Attachment 2) and is made a part of this Cooperative Agreement.



SAVE THE CHILDREN/BURKINA FASO

CHILD SURVIVAL 8 rev. 4/92

Section A. SUMMARY DESCRIPTION OF PROJECT

Target Area: Save the Children/Burkina Faso proposes to implement a project in collaboration with the MOH and local PVOs to protect child health and life in 26 villages of the Sapone and Ipelce Departments of Bazega Province in Burkina Faso. The total population in the target area is approximately 25,000. It includes 5,525 children under five and 7,788 women aged 10-45.

Key Interventions: Control of diarrheal diseases (train families, women's groups and CHWs in ORT, proper feeding and referral; promote appropriate hygiene, VHCS to monitor proper CDD practices). Nutrition/Vitamin A (growth monitoring for children under 3 years; nutrition education/demonstration workshops; distribution of Vitamin A capsules; promotion of home gardening, conservation and consumption of green vegetables). High risk births (train TBAs in pre/postnatal care, micronutrient deficiency, child spacing, AIDS prevention methods, risk factors for pregnancy requiring monitoring/referral). **Other Interventions:** Immunization (mobilization of unvaccinated children/women through HIS rosters; support MOH in EPI services and training). Malaria control (malaria prophylaxis and treatment, pilot efforts in treated bednets and destruction of breeding sites).

Goal: Sustainable reduction of morbidity and mortality of children under five.

Key Objectives: 80% of families competent in Oral Rehydration Therapy (including home available fluids, proper feeding and referral); 80% of VHWS competent in case management of diarrheal diseases; 70% of mothers of children under 24 months competent in proper weaning and child nutrition; 85% of children 6-59 months and 60% of immediately postpartum women receive appropriate megadose of Vitamin A; 75% of high risk pregnancies receive two prenatal and one postnatal visit, and will be delivered by a trained birth attendant who is appropriately equipped; 90% of women of childbearing age will have received at least 2 doses of TT; 80% of TBAs and CHWs will be able to inform and refer families with respect to family planning; 50% of couples will have been trained in how to procure and use at least one modern method of child spacing.

Sustainability Strategy: Local institution capacity building (train local PVOs, VHCS, Women's Groups, TBAs, VHWS; encourage literacy, income generation).

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IMMUNIZATION AND DISEASE SURVEILLANCE (15%):

- * 85% of children aged 12-23 months will be completely immunized with BCG, DPT 3, Polio 3, measles and yellow fever vaccines, and 90% of women of CBA will be immunized with 2 TT.

NUTRITION AND VITAMIN A (20%):

- * 70% of mothers of children <24 months will be competent in the preparation of appropriate weaning foods, and 80% of mothers with severely or moderately malnourished children will attend at least one nutrition demonstration session.
- * 85% of children 6-59 months and 60% of immediately postpartum women will receive an appropriate megadose of Vitamin A.
- * 80% of village health committees will have at least one member competent in home gardening

CONTROL OF DIARRHEAL DISEASES (20%)

- * 80% of families will have at least one member competent in the preparation and use of ORT (including home available fluids and cereal based ORT).
- * 40% increase in ORT usage rate above baseline survey data; monitored by VHCs.
- * 65% of village health committees will ensure proper maintenance of clean water points; and 60% of women will know the importance of acquiring clean water in a manner that maintains the cleanliness of the well or other sources, and know the importance of applying appropriate sanitation measures.

MALARIA PREVENTION (10%)

- * 50% of families will know how to prevent malaria through destruction of breeding sites and/or use of treated curtains and bednets.
- * Increase by 75% the number of villages which have a stock of Chloroquine tablets, and increase to 40% the VHWS who have a reliable supply in their kits.

D.2.(c) EXPECTED OUTPUTS

	Yr I 92-93	Yr II 93-94	Yr III 94-95
PLANNING AND REPORTING			
Baseline, DIP	1	each	
Annual Reports	1	1	1
Number of TA visits	3	3	3
HEALTH INFORMATION SYSTEM			
# villages w/active HIS	16	26	26
# registered households	3,050	5,000	5,000
LOCAL CAPACITY BUILDING			
# Family Promoters	6	8	8
# collaborating local PVOs	1	2	2+
# villages w/VHCs in place	16	26	26
# trained TBAs (+ AIDS)	16	26	26+
# trained Village Health Workers	16	26	26+
# persons trained in literacy	500	750	1000
# VHCs with >= 1 literate member	16	26	26

Save the Children/Burkina Faso..6

MATERNAL AND ADOLESCENT HEALTH

# villages w/trained TBA	16	26	26
# pregnant women rcvg prenatal care /assisted delivery	250	600	975
# villages with evacuation system	16	26	26
# couples trained in child spacing	500	1200	2450
# villages - contraceptives supplies	16	26	26
# girls 12-19 know nutritional needs	250	550	720
# adolescent 12-19 knowing AIDS/STD prevention	500	1200	2450
# girls 15-19 know protective behaviors for pregnancy and motherhood	200	500	650

IMMUNIZATION AND DISEASE SURVEILLANCE

# fully immunized under 5 children	1,300	3,500	5,000
# fully immunized- women of CBA	1,300	3,500	5,000
# Disease Surveillance units	1	2	2

NUTRITION AND VITAMIN A

# children weighed quarterly	1,500	2,500	3,500
# mothers competent in weaning food preparation	800	1,300	1,650
# mothers attended demonstration	350	800	1,200
# children 6-59 receiving Vitamin A	3,000	4,000	4,500
# mothers received Vitamin A	1,000	2,000	3,000
# VHCs trained in home gardening	16	26	26

CONTROL OF DIARRHEAL DISEASES

# mothers competent in ORT prep.	1,300	3,500	5,000
# VHCs trained to monitor ORT use	16	26	26
# VHCs trained in clean water use	16	26	26
# women competent in clean water use	1,300	3,500	5,000
# new water points installed	5	10	15

MALARIA CONTROL

# mothers competent in Malaria control	1,300	3,500	5,000
# VHCs w/reliable supply of chloroquine	16	26	26

D.3 Proposed Project Interventions

LOCAL CAPACITY BUILDING (15%):

Train staff of local PVOs in implementation of primary health care activities, and how to seek financial resources; implement project through local PVOs gradually; train promoters who eventually will be supported by local PVOs; train TBAs and CHWs; organize and train village health committees, promote women's involvement in decision making; provide literacy training; develop and train VHCs to use a simple written information system to track their village health indicators; promote economic development activities (credit, income generation, cereal banks, savings groups); use informal, income-oriented women's groups to promote health messages.

MATERNAL AND ADOLESCENT HEALTH (20%)

Provide training and equipment to TBAs and MOH maternity staff in a) appropriate pre-postnatal care, b) diagnosis and referral of high risk pregnancies, c) use of iron and folic acid, and d) AIDS prevention and education; ensure availability of iron and folic acid at the village level; promote pre-postnatal consultations among pregnant women (high risk pregnancies receive one extra

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SAVE THE CHILDREN/BANGLADESH

CHILD SURVIVAL 8 rev. 4/92

Section A. SUMMARY DESCRIPTION OF PROJECT

The Bangladesh Field Office of Save the Children proposes to improve child survival among the poorest segments of a significantly large population in two rural areas, each consisting of multiple government administrative units: 5 unions in Nasirnagar (Brahmanbaria District) and 2 unions in Rangunia (Chittagong District). Demonstrating impact in such large geographic and administrative areas through the utilization of integrated techniques developed and tested in earlier CS projects will enhance the visibility of those techniques and the potential to influence national policy and to cooperate more effectively with government. The project will cover a population of about 150,000 which includes about 25,000 children under 5 years, about 5,000 children under 1 year and about 30,000 women 15-44 years of age.

GOAL: Sustained reductions in infant and child mortality and morbidity by integrating CS interventions into programs designed to socioeconomically empower poor women and their families and by strengthening the skills of selected community workers.

This project will make gains in child survival sustainable by promoting child protective behaviors (EPI, ORT, Infant Feeding Practices, Detection/Treatment of Neonatal Infection, Family Planning/Maternal Care and Vitamin A) at the family level and through women's savings groups (WSGs), progressively shifting from paid staff, and by strengthening the health efforts of local government and private medical practitioners. This project will disseminate more widely lessons from earlier CS projects demonstrating that mothers' WSG membership leads to improved children's health. Interventions, including postpartum visits, breastfeeding promotion and maternal nutrition, designed to address recent SC findings regarding neonatal mortality and maternal morbidity, will be emphasized.

KEY OBJECTIVES: 80% of children 12-33 months to be completely immunized; 80% of women to receive TT2 by time of delivery; 60% of women to receive prenatal care; 70% of mothers to use ORT for diarrhea; increase exclusive breastfeeding by 10%; increase contraceptive prevalence rate by 10%; 80% of TBAs to be trained as per government training module; 80% of 6-71 mos. old children will receive VAC and their mothers will know the reason for use of VAC and/or foods rich in Vitamin A; in three selected unions of Nasirnagar: 80% of pregnant women to receive pre- and post postpartum care; 90% of identified neonatal infections to be treated; 90% TBAs to receive enhanced training.

1. **Immunization:** 80% of children aged 12-23 months will be completely immunized; 90% of 15-44 year old women will have received TT2 at the time of birth.
2. **ORT:** In 70% of households where a child has had diarrhea in the last 2 weeks, that child will have been treated with ORT.
3. **Improved prenatal, intrapartum, postpartum and neonatal care:**
 - 3.1 **Nasirnagar and Rangunia**
 - a. 80% of pregnant women will receive iron/folic acid supplementation during the last trimester of pregnancy and the first two months after delivery.
 - b. 80% of mothers with a child under 6 months and their mothers-in-law will know about good breastfeeding and weaning habits. Exclusive breastfeeding prevalence among children under 5 months will be increased by at least 10% above baseline level (baseline estimate: 39% - see page 3).
 - c. 80% of TBAs who conduct more than 10 deliveries per year will know about safe and hygienic delivery practices.
 - d. 60% of pregnant women who have delivered in the past 12 months will have received 2 antenatal check ups.
 - 3.2 **Three Unions of Nasirnagar (to be determined)**
 - a. 80% of pregnant women who delivered in the past 12 months will have received 2 antenatal and 1 post postpartum check up.
 - b. 90% of practicing TBAs who conduct more than 3 deliveries a year will receive enhanced training on the management and referral of complications.
 - c. 90% of identified neonatal infections (especially respiratory) will be treated.
4. **Family planning:** 80% of fertile couples will be able to give at least two reasons for postponing first birth and increasing intervals between births, and will be familiar with at least two modern methods of contraception. Contraceptive prevalence rate will increase by 10% above baseline (baseline estimate from current PMIS records: 32% in Nasirnagar, 45% in Rangunia).
5. **Vitamin A:** 90% of mothers of children >6 will receive VAC
6. **Malaria:** 80% of village practitioners in Rangunia (endemic malaria zone) will know how to treat

Expected Outputs:

	Year 1	Year 2	Year 3
1. Family Registration conducted	5 unions	3 unions	
2. Child survival knowledge and practice survey in the areas	1	1	1
3. Women's savings groups formed	300	200	
4. Staff trained	100	140	40
5. TBAs trained/retrained	100	100	200
6. Village "doctors" trained/retrained	100	100	200
7. Govt. EPI workers, trained/retrained	50	50	50
8. Govt. FP workers trained/retrained	50	50	50
9. Children complete EPI schedule	2500	4700	4800
10. Women complete TT2	4700	5600	6300
11. People trained in ORT	10000	11750	4350
12. People trained in infant feeding practices	1700	3000	4000
13. Mothers introduced weaning food at 6th month	1000	2000	2500

14. Women received antenatal check ups	1700	2500	3000
15. Women received post-natal and neonatal check ups	500	800	800
16. Treatment of neonatal infections	120	160	160
17. Fertile couples trained	8800	6000	10700
18. Adolescent girls trained	500	800	1000
19. Technical consultations received	2	2	2

D.3 Proposed Project Interventions funded by AID and SC

Maternal Care (30%): Train pregnant and lactating women in exclusive breastfeeding; counsel fertile couples on birth spacing and maternal health; deliver antenatal care; train TBAs in improving birth practices; train WSGs to collect data on all pregnancies in the community and to promote prenatal care; train government family planning staff; in MotherCare project area provide post-natal care, treatment of neonatal infections and enhanced TBA training.

Empowerment of Women (20%): Form women's savings groups; train WSG leaders to train women in child protective behaviors; provide adult literacy training to WSG members; provide training in income generation and use of credit; develop and recruit adolescent women into appropriate income generating/educational activities.

Nutrition (20%): Counsel pregnant and lactating women on their own nutritional needs and breast-feeding and weaning practices; supplement iron/folic acid to pregnant and lactating women; provide scales, growth charts, weight-charts for adolescent girls and scales to WSGs in which members are willing to monitor the growth of their children.

Immunization (10%): Promote immunization through motivation and mobilization of parents, women, TBAs, village practitioners and community leaders; train WSGs to collect data on immunization status of those eligible and to promote timely immunization; strengthen and support EPI program through provision of equipment and training of government workers and community volunteers.

ORT (8%): Promote home-mix and use of ORS packets; train village practitioners, TBA's and mothers in ORT and dietary management of diarrhea.

Infant Respiratory Infection (5%): Train SC staff, village practitioner, and mothers in detection of ARI and other important infections; train SC staff and village practitioners in treatment; provide free antibiotics to mothers of neonates with pneumonia and other important infections.

Vitamin A (5%): Educate mothers in VAC and Vitamin A rich foods; provide at cost seeds and saplings of Vitamin A rich vegetables and fruit trees; institute reliable delivery of VAC.

Malaria Control-Rangunia (2%): Train village practitioners in treatment of malaria; teach residents household prevention.

D.4 Project Approach

SC will expand CS activities within the Nasirnagar and Rangunia Upazilas in this project in integrated phases:

1. Community mobilization and enrollment of the population.
2. Formation, Strengthening and Utilization of WSGs: In new villages, WSGs will be formed and skill development training,

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SAVE THE CHILDREN/MALI
CHILD SURVIVAL 8 rev. 4/92

SECTION A. SUMMARY DESCRIPTION OF PROJECT

TARGET AREA: The Mali Field Office of Save the Children (SC/M) proposes to strengthen MOH child survival activities in Kolondièba district in rural southern Mali, and to expand into neighboring Bougouni district. Combined target population of 137,900 persons includes 30,476 children < 5 (6,757 children < 1) and 33,012 women aged 15-45. The project will place a special emphasis on the area's 16,139 adolescent females for specific relevant interventions.

Goals: 1) Sustainable reduction of morbidity and mortality of mothers and children through the practice of protective behaviors, and training of VHCS to take over the health promotion and management roles of SC/M's current paid health workers, ensuring post-project continuation of behaviors and benefits.

PROJECT ACTIVITIES IMPROVING COMMUNITY HEALTH STATUS include Maternal and adolescent female health (refresher trainings w/MOH for TBAs, assisting VHCS and mothers' groups in identifying high risk women, increasing high-risk women's use of ante-natal care and contraceptives); EPI support (logistics, training, and village mobilization); Nutrition/ breastfeeding (supporting MOH ID and follow-up of children at risk children of malnutrition; exclusive breastfeeding to 3 months, supplementation at 4 months, proper weaning food preparation); CDD (ORT, continued feeding, appropriate referral, hygiene and sanitation training); Malaria control, Clean water access/use/disposal, and Vitamin A nutritional message promotion, including increased breastfeeding and gardening activities.

PROJECT ACTIVITIES ENSURING SUSTAINABILITY: Comprehensive Literacy and village management training focused on primary health care will ensure the gradual transfer of knowledge, skills, and responsibilities from health workers to VHCS, women's groups, and individual mothers, ensuring sustainability of behaviors and benefits. SC/M's activities in other sectors also foster health benefit sustainability: credit/savings (generating local capital for health activities), ag (food security and gardening), well-digging, school construction, and WID.

KEY OBJECTIVES AND INDICATORS: 1) 80% of VHCS able to sustain health activities after end of grant; 2) 80% of children aged 12-23 months and 90% of women fully immunized; 3) 80% of pregnant women know how to seek prenatal care and have assisted deliveries; 4) 60% of girls aged 15-19 years know protective behaviors for pregnancy and motherhood; 5) 60% of adolescents know how to prevent STDs and AIDS; 6) 90% of mothers trained in ORT preparation/use; 7) 65% of mothers with children under five know appropriate malaria prevention; 8) Increase by 80% the number of couples using a modern method of child spacing.

3b) 75% of reported cases diagnosed by FTs, VHCs, or VHWS as measles, polio, neonatal tetanus, or pertussis, will be followed up by the health center/dispensaries for treatment and for appropriate preventive measures.

NUTRITION AND BREASTFEEDING (15%):

4a) 80% of mothers with severely or moderately malnourished children will attend at least one nutrition demonstration session, and 60% of mothers of children <24 months will be competent in the preparation of appropriate weaning foods.

4b) Increase by 80% the number of infants who are exclusively breastfed up to 3 months old, and receive appropriate supplementation from 4 months on.

CONTROL OF DIARRHEAL DISEASES (10%)

5a) 90% of mothers are trained by VHC members in ORT preparation and use, including home available fluids and cereal based ORT.

5b) Increase by 80% the number of mothers who use ORT in the treatment of diarrhea and provide appropriate feeding during the last 2 weeks; this figure will be monitored by VHCs.

MALARIA PREVENTION (10%)

6a) 65% of mothers with children under five know appropriate preventive measures against malaria, and how to access care in serious cases.

6b) Increase by 90% the number of village pro-pharmacies which have a stock of Chloroquine tablets, and increase to 40% the VHCs which have a reliable supply of tablets in their kits.

CLEAN WATER ACCESS/USE/DISPOSAL (10%)

7) 60% of women know the importance of acquiring clean water in a manner that maintains the cleanliness of the well or other sources, and know the importance of applying appropriate sanitation measures.

D.2.(c) EXPECTED OUTPUTS

	Yr I 92-93	Yr II 93-94	Yr III 94-95
PLANNING AND REPORTING			
Baseline, DIP	1 each		
Annual Reports	1	1	1
Number of TA visits	3	3	3
HEALTH INFORMATION SYSTEM			
# subdistricts w/active HIS	6	6	6
# registered households	27,580	27,580	27,580
VILLAGE LITERACY AND SELF-MANAGEMENT FOR HEALTH			
# Family Trainers	30	32	22
# villages w/VHCs in place	206	250	250
# persons trained in literacy since 1988	9,000	14,000	20,000
# VHCs with >= 1 literate member	175	225	250
# VHCs with >= 1 literate woman member	75	125	200
# VHCs phased over to self-mgmt	70	150	200
IMMUNIZATION AND DISEASE SURVEILLANCE			
# fully immunized under 5 children	16,345	17,925	19,505
# fully immunized- women of CBA	26,120	27,915	29,711
# Disease Surveillance units	1	4	6

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NUTRITION AND BREASTFEEDING

# children weighed quarterly	13,449	16,124	18,800
# infants <4mos exclusively breastfed	1,321	1,642	1,965
# women of CBA competent in weaning food preparation	19,807	23,108	26,410
# infants 3-24 mos breastfed/supp.	4,134	6,268	8,404

MATERNAL AND ADOLESCENT GIRLS' HEALTH

# villages w/trained TBA	70	125	188
# pregnant women rcvng prenatal care /assisted delivery	2,850	3,705	4,560
# of women practicing child spacing	660	1,320	3,300
# girls 12-19 know nutritional needs	3,257	4,886	6,514
# adolescent 12-19 knowing AIDS/STD prevention	7,544	9,430	11,316
# girls 15-19 know protective beha- viors for pregnancy and motherhood	2,934	3,668	4,401

CONTROL OF DIARRHEAL DISEASES

# women of CBA competent in ORT	19,807	23,108	26,410
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MALARIA CONTROL

# mothers competent in Malaria control	9,904	14,855	19,807
# VHCs w/reliable supply of chloroquine	50	75	100

CLEAN WATER ACCESS/USE/DISPOSAL

# women of CBA competent in clean water use	13,204	16,506	19,807
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D.3 Proposed Project Interventions

20% Literacy and Village Self-Management for Health: FTs to concentrate increasingly on specialized training of VHCs and women's groups in village health care management, health decision making based on manual HIS systems, and accessing outside health resources. Train at least 1,000 women/adolescent girls each year in basic literacy, focusing on health education. (See Appendix I for a outline of SC/M's literacy program.)

20% Maternal and Adolescent Health: Train TBAs in literacy/numeracy, proper pre and postnatal care, diagnosis/referral of high risk pregnancies, importance of iron and folic acid, and HIV prevention and education. Train VHCs and women's groups to motivate mothers to seek ante-natal and post-natal care and to recognize at-risk pregnant women. Equip 2 sub-district maternity wards (with non-CS funds). Train FTs and VHCs to promote child spacing and improve access to contraceptives through community-based distribution. Ensure iron and Folic acid is available for anemic women through TBAs, or pro-pharmacies.

15% Immunization/Disease Surveillance: Support MOH delivery of EPI services; motivate mothers to attend vaccination sessions; identify incompletely immunized children and defaulters through HIS rosters; track village coverage rates. Training for women's groups, adolescent girls, and literacy classes in the importance of timely and completed immunization. Refresher training for health post staff in cold chain maintenance, sterilization, immunization procedures and supervision techniques. Assist health center in establishing disease surveillance units, monitor

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SAVE THE CHILDREN/NEPAL
CHILD SURVIVAL 8 rev. 4/92
EMPOWERING FAMILIES TO PROMOTE CHILD SURVIVAL IN NUWAKOT DISTRICT
KINGDOM OF NEPAL
October 1, 1992 - September 30, 1995

Section A. SUMMARY DESCRIPTION OF PROJECT

The Nepal Field Office of Save the Children proposes to build on its twelve years experience in community development and child survival programming to provide a sustainable, multi-sectoral child survival model for His Majesty's Government. This proposed new project will be implemented in Ilakas 5, 6, and 7 of Nuwakot District, Central Development Region, in close collaboration with the Ministries of Health and Education at the national level, as well as the District Public Health Office (DPHO) and District Education Office (DEO). The target population of 48,235 includes 6,315 children under-five years, and 9,886 women between 15 to 45 years of age.

GOAL: Sustained reduction in infant, child and maternal mortality and morbidity by empowering families to address their health, educational and developmental needs and by creating an increased demand for improved government health services.

This proposed project will focus on sustainability through the strengthening of women's groups and the integration of child survival initiatives (EPI, Diarrheal Disease Management, Maternal Health, AIDS Prevention, ARI, and Vitamin A) with a broad range of nonformal education activities, especially Literacy and Early Childhood Education and Nutrition. Child survival messages will be taught through Basic and Advanced Literacy Classes, Child Care Cooperatives, Parenting Classes (for both fathers and mothers), Mother's Groups (initiated previously by MOH), and Women's Savings Groups for production credit (established from the Advanced Literacy Classes). CS messages will also be taught through a Child to Child Program. The service delivery systems of the DPHO will be strengthened through intensive training for DPHO and health clinic staff, local health volunteers (CHVs and TBAs), and community leaders. Support will be provided for mobile health clinics.

SOME KEY OBJECTIVES: *75% of children 12-23 months will be fully immunized and 50% of 15-45 year old women will receive TT according to MOH norms; *25% of under-five children who had diarrhea in last two weeks will be treated with ORT; *50% of births attended by trained TBA or medical professional; *Female literacy rate increased to 35% of 15-45 year old women, including 80% of CHVs and trained TBAs, *50% of men and women will know three main methods of AIDS/HIV transmission and protective behaviors; *85% of children attending health posts and assembly points will receive Vitamin A supplementation according to MOH norms.

Objectives to be achieved by September 1995 are:

- 1) 75% of children 12 and 23 months will be fully immunized against BCG, DPT, polio, and measles; and 50% of women between 15 and 45 years will be immunized against tetanus, by MOH norms.
- 2) At least one member in 50% of families with under-5 children will prepare ORS correctly, and 25% of children with diarrhea in the last two weeks will be treated with ORT.
- 3) Female literacy rate increased to 35% of 15-45 year population, including 80% of CHVs and trained TBAs.
- 4) 50% of men and women will be knowledgeable about three main modes of AIDS/HIV transmission and three protective behaviors.
- 5) 75% of under-three children attending health posts and assembly points will be weighed at least quarterly and 75% of at-risk children will receive follow-up visits.
- 6) 75% of mothers will be knowledgeable about the benefits of exclusive breastfeeding through six months and one member in 60% of families will be competent in the preparation and feeding of weaning foods at an appropriate age.
- 7) 85% of children attending health posts and assembly points and will receive vitamin A supplementation by MOH norms.
- 8) 90% of VHVs, 80% of CHVs, 60% of TBAs and 25% of families will be competent at early detection of ARI and referral of cases to health posts for treatment.
- 9) 50% of pregnant women will receive at least two antenatal check-ups at MCH clinics.
- 10) 50% of births will be attended by trained TBAs or medical professionals.
- 11) 10% of eligible couples will be using temporary methods of contraception.

Outputs by the end of year one: *Project staff recruited and trained. *Orientation, planning, and training focused on supervision and quality assurance conducted with appropriate DPHO staff; technical, HIS and ECE training for health post staff; training and quarterly meetings for 162 CHVs and 90 TBAs. *Orientation conducted with DEO staff with emphasis on parenting skills and ECE. *Enrollment of 100% of population. *Baseline survey completed. *15 SC Nepali staff and health post staff receive ECE training. *12 home-based Child Care Cooperatives (CCC) established and members of 12 CCC families trained in ECE. *12 Parenting Class facilitators trained in ECE and communication of MCH/CS messages; 12 Parenting Classes organized. *50 Mothers' Groups revitalized/organized. *125 Literacy Class facilitators trained in NFE and CS messages and conduct Basic Literacy Classes.

By the end of year two: *Annual seminar/project review conducted with DPHO and DEO staff; quarterly CHV/TBA meetings. *Refresher training conducted with health post staff. *Update of 100% family enrollment. *12 on-going and 12 new Parenting Classes conducted; 12 additional Parenting Class facilitators receive training. *12 new home-based CCC established. *50 on-going and 60 additional Mothers' Groups revitalized/organized. *125 NFE facilitators receive second year of in-service training. *75

Basic Literacy Classes completed for CHVs, TBAs, and other women 15-45 years. *100 Advanced Literacy Classes completed. *50 Women's Groups organized from Advanced Literacy Classes. *40 Out-of-School Children Classes completed. *Child-to-Child program initiated. *90 TBAs receive basic TBA training. *IEC methods/materials developed. * Midterm evaluation conducted.

By the end of year three: *Annual seminar/project review with DPHO, health post and DEO staff. *Update of 100% family enrollment. *24 home-based CCC on-going. *In-service training to Parenting Class facilitators; 24 Parenting Classes continued. *In-service training to 80 NFE facilitators. *60 Advanced Literacy Classes completed. *30 Advanced Literacy Classes will form Women's Groups. *80 Women's Groups ongoing. *20 Out-of-school Children classes completed. *Child-to-child program ongoing. *110 Mothers' Groups ongoing and 50 additional Mothers' Groups organized. *Final evaluation conducted.

D.3. Proposed Project Interventions

Literacy/Women's Empowerment for Health: Collaborate with DEO to increase women's literacy and with Women's Development Division to promote leadership skills and MCH/CS protective behaviors. Conduct 200 6 mo. Basic Literacy Classes for CHVs, TBAs, and other women (25 students/class) followed by 160 6 mo. Advanced Literacy Classes for graduates (20 students/class) with emphasis on EPI, ORT, MCH (including AIDS), and child health/nutrition messages. Form 80 Women's Groups from Advanced Classes with focus on savings/revolving funds and advanced CS messages. Conduct 60 Out-of-School Children Classes of 6 months duration (25 students/class) with emphasis on health. Collaborate with local NGOs on prevention of trafficking of girls to India. 20%

ORT/Diarrheal Disease Management: Collaborate with DPHO to train VHWs, CHVs, TBAs, mothers' groups, literacy classes, and ECE program participants in recognition and appropriate treatment of diarrhea (including continued breastfeeding, extra feeding during recovery, referral of severe cases), prevention of diarrhea (including basic hygiene and sanitation), and communication of diarrhea treatment and prevention messages. Facilitate availability of ORS in the community. 20%

Early Childhood Education and Nutrition: Collaborate with DEO to establish experimental ECE program linked to EPI and nutrition. Provide ECE training to SC, DEO and DPHO staff, Parenting Class facilitators, CCC participants, and Child-to-Child program leaders. Establish 24 home-based Child Care Cooperatives to provide sustainable day care for children (5-7 children per caretaker). Organize 24 Parenting Classes (fathers and mothers groups of 20-30/class) and 24 Child-to-Child groups. Train all groups in benefits of EPI, MCH, breastfeeding, use of weaning foods and supplementary foods, and growth monitoring. Provide growth monitoring scales to VHWs. 15%

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