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Partnership for Sustainable Health Impact (USAID Child Survival Grant XIV)

CARE-India's partnership with
Parivar Kalyan Sansthan &
Tata Steel Rural Development Society

Annual Report – FY99

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Contact persons

Tom Alcedo
Country Director
CARE-India

Laurie Noto Parker
ACD/Health, Nutrition & Population Program
CARE-India

K Gopalan
State Director
CARE-India, Bihar

Sanjay Sinho
Director/Health,
CARE-India

Manoj Kar
Project Manager
CARE-India, Bihar

Samath Banerjee
Project Coordinator, Child Survival
CARE-India, Bihar

Report prepared by
Leena Rajan, Ronal Bhagat and Samath Banerjee with inputs from Manoj Kar, Meenakshi Singh, Nalin Johri, Rachna Prabhakar and Sanjay Sinho

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ABBREVIATIONS

AED	Academy for Educational Development
AWW	Anganwadi Worker
ANM	Auxiliary Nurse Midwife
ANC	Antenatal Checkup
CARE	Co-operative for Assistance and Relief Everywhere
CBOP	Community Based Operating Partner
CBW	Community Based Worker
CSP	Child Survival Project
CS	Child Survival
DIP	Detailed Implementation Plan
FEW	Field Extension Worker
FP	Family Planning
GOI	Government of India
GIS	Geographical Information System
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
IFA	Iron and Folic acid
INHP	Integrated Health and Nutrition Program
IMCI	Integrated Management of Childhood Illness
KPC	Knowledge Practice and Coverage
NGO	Non Governmental Organization
PLA	Participatory Learning Appraisal
PKS	Parivar Kalyan Sansthan
RMP	Registered Medical Practitioner
PNC	Post Natal Checkup
SPSS	Statistical Package for Social Sciences
TBA	Traditional Birth Attendant
TCCI	Tata Council for Community Initiative
TELCO	Tata Electrical and Locomotive Company
TISCO	Tata Iron and Steel Company
TSRDS	Tata Steel Rural Development Society
USAID	United States Agency for International Development
WHO	World Health Organization

ANNUAL REPORT

SECTION A – MAJOR ACCOMPLISHMENTS AND CONTRIBUTING FACTORS

PKS and TSRDS – the partner NGOs - have both committed a substantial (48%) share of resources from the very beginning of the Child Survival project In the first year of implementation, both NGOs have shown tremendous enthusiasm and concern for the sustainability and viability of the project This commitment is borne out by their unilateral commitment of additional resources for the project in the form of

- An increase in the number of outreach clinics from 25 to 33
- TSRDS has hired four additional field staff including a medical doctor They have also acquired an extra vehicle
- PKS has hired three additional field staff
- Although the original proposal committed less than 10% of top management staff time, in practice they had been spending more than 50% of their time on the plan

1 IMPROVED COLLABORATION AMONG STAKEHOLDERS

One of the most significant accomplishments of the Child Survival project has been the collaborative spirit that has been fostered between CARE, NGO partners and government functionaries During the project development stage both NGO partners were skeptical about working hand–in-hand with the government The two NGOs were also intensely competitive With project implementation it has been possible to bring about a change in attitude from lack of trust and rivalry to mutually valued partnerships

Important fora created for better coordination and exchange of information include –

A Co-ordination between NGOs

A regular monthly meeting is held at the CARE-Jamshedpur office on the first Monday of each month During such meetings, both partners review their major achievements and impediments to progress and analyze deviations in activities against their monthly timelines These meeting also lead to the development of the work plan for the coming month Efforts are directed towards collaborative problem analysis and solutions and making contingency plans

B Co-ordination with government

Interaction of the project with government officials began with a formal interface workshop initiated by the Districts Deputy Commissioner This path-breaking meeting was attended by all senior government and NGO officials As a result committees for project progress review at block and district level were set up and the terms of reference and periodicity of joint action planning meeting was finalized

At the block level a co-ordination committee has been formed with representatives from partner NGOs, block Health and ICDS officials & CARE representatives This Block level

Committee meets on the last Tuesday of each month at Patmada and second Tuesday of each month at Potka This meeting provides a forum for discussions on supplies and stock related issues (i e IFA, vaccines, medicines, FP commodities etc) Block committees also prepare joint action plans which enables effective co-ordination between AWW, ANM and the projects CBW's thereby preventing duplication of efforts and resources The committee critically reviews project progress and identifies areas which need immediate attention by senior officials

At the district level a committee compromising of key government officials of Health & ICDS and members of the core group of Child Survival project meets quarterly This committee reviews the progress of the project and addresses the unresolved issues raised in the block level committee meetings

C Collaboration with other private and government institutions

Other successful collaborations include tie-up with the local government medical college and hospital This has resulted in medical interns being deputed to the TSRDS clinics to assist the medical officers for ANC check-ups and health & nutritional counseling TSRDS had also tied up with a local NGO - Tagore Society in Patmada This NGO helps in identification of dropouts and their follow-ups

PKS on the other hand identified 13 pre-existing active village institutions in the project area and provided training to 26 volunteers from these institutions to act as health educators, especially for the male population and implement monthly health & nutrition days

2 COMMUNITY PARTICIPATION ORGANIZATION

The Project had brought about a paradigm shift for both the NGOs and changed their approach to working in conjunction with communities rather than on behalf of them This change in approach has led to the project being successful in forming women's group i e community based operating partners in 125 villages These CBOPs have already undertaken project activities with a tremendous sense of excitement and are developing community action plans to further ownership of the project These CBOPs are demonstrating their commitment to project by tangible actions –

- Providing a venue for outreach clinic
- Providing furniture for clinics
- Incurring expenditures for organizing health campaigns
- Developing skits and participation in larger awareness campaign

Contributing factors –

The accomplishments of the project in this first year of operation were on account of –

- **Credibility of NGO in project area** - Having a presence in the area and pre-existing goodwill helped the NGOs in developing quick rapport with the community This facilitated the formation and strengthening of a large number of CBOPs within a short period of time
- **Specific training effort** - CARE's 4th annual international Child Survival workshop focussed on community participation and empowerment Two of the participating project staff subsequently organized an " echo" workshop to disseminate the learning with all the

project functionaries The "echo" session organized in Jamshedpur was attended by participants from the government medical college in addition to the NGO staff

- **Recruitment of local staff for project activities** - Both NGOs have recruited their grassroots level staff from the project villages Consequently, such personnel are acutely aware of the local cultural context and are easily acceptable to the community PKS adopted an approach wherein they began pre-implementation activity about 3 months in advance and subsequently selected committed enthusiastic volunteers in their team

Community Empowerment

Domjuri, a village located seven kilometers from the PKS office, has turned into a hot-bed of activities The presence of a CSP clinic in the village, coupled with a strong CBOP, has made a direct impact on the delivery of health services A unique feature of the CBOP functioning is the manner in which funds are generated and used The Jagriti Mahila Mandal, is a women's group consisting of 30 members This mandal aids the collection and management of health funds from the village In addition, members of this group assist in various clinic activities like writing prescriptions, weighing, counseling and distributing labor kits A commendable feature of this group is the enthusiasm and regularity with which they work Barely five months since its inception, this team has already collected a sum of Rs 3,100 These funds would be disbursed as loans to those who are needy and for emergency care services The rate of interest charged on loans is nominal This ensures accessibility of funds to those who require it the most This group is in the process of formulating guidelines for loan and payment thereafter Simultaneously, the clinic has been able to generate Rs 1,600 through its activities enhancing prospects of sustainability

3 ESTABLISHMENT OF OUTREACH SERVICE DELIVERY MECHANISM -

To provide outreach health service delivery for project participants 20 health clinics had been started in Patmada block by TSRDS and 13 clinics in Potka by PKS (Annex A Location of Clinics in the two blocks) All the clinics were established by July 1999 - within five months of the baseline with active community participation Communities contributed space and furniture for these clinics These clinics provide services like ANC, PNC, immunizations, birth spacing aids and health education The patient turnover at the clinic is very high indicating a definite need in the area Furthermore, informed exit interview with clients have demonstrated high degree of client satisfaction The flow of activities, lab facilities, data management and the organization of clinic deserve special mention

Contributing Factors –

Factors, which facilitated this accomplishment in such a short time, include -

- **Previous experience of the NGOs in organizing clinics** – the NGOs had some degree of previous experience in setting up and organizing clinics flow which helped them to accomplish this fast
- **Community's involvement in site selection** - the NGOs had extensive consultations with community members for deciding the villages in which these clinics should be set up In most cases provided for venue and furniture of these clinics Active community involvement had led to increased utilization of services available in the area

- **Technical support for quality assurance by CARE** – CARE India organized a technical capacity building workshop in Delhi for six days in which eight representatives from partner NGOs and three CARE Child Survival staff participated The sessions covered the following technical areas ANC/PNC, neonatal care, maternal nutrition, breast feeding and childhood immunizations The workshop included hospital visit to blend theoretical concepts with hands on experience Workshop participants were given literature and manuals which helped them to operate outreach clinics with ensured quality of care

A Great Start

An outreach clinic was established at Bhula - a village in Patamda block, situated 32 kilometers from the TSRDS office This clinic provides services to the adjoining 13 villages Within a very short span of its setting up, the clinic was able to provide 175 immunizations in a day A remarkable feature of this is that in spite of being in a remote location, the clinic has been able to deliver vital services to the vulnerable populations This reflects favorably on the coordination mechanism between the Government and NGOs, the attention to maintenance of cold chain to ensure that the vaccines are potent even across large distances The community participation was also a key highlight of this activity, signaling towards greater community awareness, appreciation and action

4 REPLICATION AND SCALE-UP POTENTIAL OF CORPORATE SECTOR PARTNERSHIPS -

This project is apparently attracting the attention of other corporate house as well as other geographical sites of the partnering house of Tatas It was planned that the project would approach scaling up with other corporate partners from the later half of the second year However, the corporate group Birla (a large industrial concern) has already shown interest in possible affiliation

Similarly, TSRDS has already begun dialogue with its parent company (TISCO) about replicating project activities in Gopalpur district or Orissa - an area with TISCO presence Furthermore, the Tata Council for Community Initiative (TCCI) an umbrella institution responsible for spearheading social responsibility initiative of the group has been kept abreast of such efforts to mobilize other TATA group companies besides TISCO & TELCO (PKS's parent corporate sponsor) to replicate similar programs

Contributing Factor -

Factors, which contributed for these accomplishments, included

- **Credibility of TATA group** – TATA group enjoys high credibility in the area of corporate with sense of social responsibility hence a partnership with them had provided a high profile and credible image to the project
- **Recognition of the partnering NGO within corporate associations and government** - The credibility of the partnering NGO by themselves in addition to their sponsoring house is very high by itself also

5 PROFESSIONAL PROJECT MANAGEMENT BY NGOs

A significant accomplishment had been the development of a professional approach to community based projects by the NGOs The NGOs have started using project management tools like annual operational plan and individual operational plans NGOs have started approaching project sustainability issues in a professional manner and the first step in that direction had been development of business plans for maintaining clinics and community health funds for institutional sustainability of monthly health days

Contributing factors

The factors, which led to this accomplishment, include -

- **Previous awareness about corporate approach** – Being supported by a corporate house, the NGOs were sensitive to the need for a professional approach to project management The NGOs had yearned for learning modern project management approach and they repeatedly requested CARE to conduct such training
- **Project management workshop-** In response to NGO demand a two-day workshop was organized by CARE to develop holistic view for project management A total of 19 people from the two NGO participated in the workshop The workshop sought to address components like planning, implementation, monitoring and evaluation, reporting & documentation and sustainability These concepts were delivered through project and performance management cycles
- **Financial management training** - A chartered firm appointed by CARE visited the project to train NGO in fiscal reporting and budgetary compliance issues They interacted with NGOs to review their administrative structure working systems and monitoring tools and provided them guidance for further improvement

6 COMPLETION OF CENSUS

After the baseline survey in February both NGOs have completed a household census to understand the demographic status in the project villages For conducting this census, a two day training of field staff was conducted followed by actual census from the period of April to July 1999 The collected demographic data helped in enumerating various target groups in the project area to help audience segmentation for project interventions

Contributing factors

Factors, which contributed to this accomplishment, included-

- **NGOs exposure to rigorous data collection process during baseline survey** - During the baseline survey the field staff of NGOs went through intensive training and data collection exercise which sensitized them to need of scientific vigil and rigor in data collection
- **NGOs experience and exposure to corporate concept of audience segmentation-** both NGOs due to their corporate background understood market segmentation and client targeting These corporate concepts helped them to understand the need of collecting good demographic profile of the project area

7 USE OF HEALTH INFORMATION SYSTEM -

In addition to bringing about changes in broad based issues vis-a-vis partner NGOs operating frameworks, changes are already apparent in the use of better data management and utilization of information technology tools (i e computerization) The NGOs have made significant progress towards creating appropriate health information system and are now showing inclination to learn geographic information system (GIS) to improve project monitoring and performance The census data is also being upgraded on a monthly basis by the project staff

Contributing factors

The factors which contributed to these accomplishments include

- **Training during baseline survey** – NGOs were trained about data entry and analysis during baseline survey including the training on SPSS package which led to staff becoming used to computer application PKS has procured an additional computer after the initiation of the project, providing an opportunity for project staff to use it
- **Commitment from top management** High level of interest and involvement had been displayed by the top management of the partners NGOs as well as their corporate sponsors TSRDS has shown particular interest for utilizing GIS
- **Exposure to HMIS of other organization** – Both NGO has been exposed to CARE's HMIS as well as the HMIS used by Dr Abhay Bang in the SEARCH project area during a cross visit The rigor of data management maintained by the SEARCH project has led to adoption on these by the NGOs PKS is considering verbal autopsy formats for assessing cause of infant mortality based on SEARCH model

SECTION B - FACTORS THAT HAVE IMPEDED PROGRESS TOWARDS ACHIEVEMENT OF OVERALL GOALS OF THE PROGRAM

External factors

Elections - Elections for the federal parliament were held in the month of September 1999 Bihar is a politically sensitive state hence in the month of August and September field activities like community mobilization and organization were suspended During this period, the focus was on staff capacity building activities

Strike by the Ministry of Health Officials - Government functionaries went on a strike for five months from January – May'99 This strike adversely affected supplies of vaccines, FP commodities and essential drugs to the NGOs Non availability of these supplies and manpower resulted in slowing down of implementation of monthly health days The NGOs used their contingency funds for procuring supplies In spite of this the availability was sub-optimal

Weather - Flood in other parts of Bihar in the month of July – August led to diversion of state funds to those areas adversely affecting the availability of government supplies in the project area

Internal factors

Delay in execution of contract with PKS - The execution of contract with PKS was delayed by about 2 months Their parent organization was in the midst of a long range business planning exercise before committing to a four year association with this project This delay slowed down the pace, however, continued participation by PKS in project activities in the pre-agreement period insulated the project from its effect to a great extent

DIP revision - Lack of clarity in the presentation of original DIP led to USAID and technical reviewers asking for clarifications Project staff had to spend substantial time in revising and clarifying the DIP in light of these comments

SECTION C - OVERVIEW

Project Management Coordination and infrastructure
A well-coordinated mechanism between the various stakeholders was prioritized in order to avoid the duplication efforts and also enhance the quality-output The four major stakeholders of the CS project are CARE, partner NGOs and other NGOs and the government departments active in health and welfare activities A fixed schedule has been developed to ensure coordination between CARE -Partner NGOs, Partner NGOs -other NGOs, Partner NGOs- CARE- Govt This sort of coordination has enabled in the planning and monitoring and timely detection and resolution of problems

A separate field office was set up for child survival project in Jamshedpur Although it was not envisaged earlier it became apparent that setting up office would facilitate better co-ordination with the partner NGO's and monitoring of the field level activities After an intense search with the assistance of NGO's a premises was identified and the child survival project team of CARE shifted to this office on 22nd July, 1999 The need of a separate vehicle was not envisioned, operational difficulties led to CARE procuring a separate jeep to ensure independent mobility

In the beginning of the project activities were managed by the Project Co-ordinator and the Program Assistant who were hired in the month of Dec 1998 & Feb 1999 respectively The Bihar Project Manager for INHP was supposed to oversee Child Survival and Linkages project It was becoming a stretch for him and the management time spent on the project was proving to be sup-optional To respond to these practical concerns and providing leadership to macro issues like building up other initiative of corporate sector partnerships and providing strategic direction and continued supervisor support, a separate position of Project Manager was created to look after child survival (67% time) and Linkages (33% time) project The Project Manager was recruited in September 1999

TSRDS had recruited 27 field workers at village level and PKS had recruited 19 community based workers and 8 FEWs The primary responsibility of these field workers is formation and strengthening of CBOP's, organization of monthly health & nutrition days, identification of target groups and conducting health education and individual/group counseling directed towards behavior change for care child survival interventions

Other supervisory and technical staff for the project consist of three medical officer, six paramedical and one laboratory technician and three block coordinators by TSRDS and two

medical officers, one para-technical and one laboratory technician and one project officer had been hired by PKS Vehicle to ensure mobility and computers for data analysis had also been procured

Capacity building and technical assistance received

The partners NGOs have historically concentrated their gamut of projects and activities on two different focus areas TSRDS approach is based on Integrated Rural Development whereas PKS follows family planning, primary health care concentrating on clinical care Since the earlier experience of these NGO had not prepared them to work for behavior changes in the community, the CS project is gradually orienting and building their capacity through bringing about a paradigm shift in their operational strategy

One of the key strategies of the Child Survival Project is to develop the capacity of all implementing partners (NGOs, CARE and government) for effective management, implementation, replication and scale up of the project This aspect has been given vital attention since the initiation of the project, beginning with the preparation of the project proposal and DIP The capacity building measures have been based on the principles of adult learning, cross visits, supportive supervision, technical updation and cross sectional training The focus of capacity building exercises is cross sectional training and on the job support for community action planning A number of training programs for the field workers of the project had been conducted These include capacity building for community empowerment, technical interventions and skill development An equal effort was made to improve the skills of other stakeholders of the project like TBA, ANM, AWW, RMP etc a detailed training schedule explaining ten various training program that the partner NGOs have completed during the first year of the project are attached in Annex B

The CS project received a variety of essential technical assistance within the first year of project life The efficacy of the IMCI in reduction of childhood illness is well established CARE had developed a package for Basic Health Worker using the IMCI approach This package is widely acclaimed and GOI is considering its adoption across the country The project is contemplating an efficacy trial for the package A consultant from WHO provided support in design of the trial and would further help in the implementation of IMCI strategy in the project area Two members from the partner NGOs attended IMCI workshop for Basic Health Workers conducted by WHO in Chandigarh

The other achievement is the inclusion of Dr Abhay Bang in the technical committee of the CS project who with his rich experience in reduction of infant mortality through community-based approach is guiding the project team and working on the replication of the same in the project area In order to have hands-on experience of the community based approach in neonatal care, a cross visit of the project team to the SEARCH area was undertaken The team spent a couple of days with Dr Abhay Bang in understanding the community based support structures and systems for enhancing child and particularly neonatal survival

CARE child survival project team along with 39 field workers from the NGOs visited the high impact blocks (Sisai and Bhandra) of CARE- Bihar These are the blocks in which under its Integrated Nutrition and Health program, CARE is trying to establish community structures and systems to support behavioral changes in the same target groups as in child survival project The highlight of the visit was an exposure to group formation, meeting with two strong women groups to discuss with them their future action plans, study of project linkages with various government schemes and observations of nutrition and health days

For the qualitative research and strategy design of the project, insights related to the community practices in the near by area of Bihar were explored via a formative research conducted under the CARE-AED project, Linkages for improved maternal and infant health These insights have been widely used A curriculum has been developed for the capacity building of TBAs in the Linkages project, which has been adopted by CS project

The DIP writing process was an activity which both partner NGOs made significant contributions Immediately following the baseline survey, an Atlanta-based consultant led a session attended jointly by PKS and TSRDS describing the purpose of the DIP, content areas, and their role in the documentation exercise This was followed by a process wherein each NGO chose two intervention areas and took the initial onus for completing those sections These activities were not conducted in isolation but included frequent interaction with the other NGO as well as the CARE team The first draft of each respective section was returned to both NGOs with CARE's comments to refine the document After receiving the second version, the CARE team finalized the document for submission to USAID

SECTION D - FUTURE TECHNICAL ASSISTANCE

The need for technical assistance in Child Survival activities is great, and attempts have been made to identify both areas in which assistance is immediately required and resources that can provide appropriate inputs

Dr Karunesh Tuli from MACRO International visited the project on April 20 and 21, 1999 The objectives of his visit were to understand the organizational and administrative structure and the current monitoring tools of both the partner NGOs Interactions also centered around identifying areas where technical assistance may be required Documentation, reporting, monitoring and evaluation were identified as important areas where NGOs required special support

Qualitative Data Survey
Skills in conducting qualitative research among the project staff has been identified as an important requirement Drs Bert Pelto and Ravi Verma will begin a five-phased qualitative survey beginning in October 1999 culminating in December 1999 The process will involved identifying gaps in the quantitative survey, conducting a training for CARE, TSRDS, and PKS (including field staff), data collection, analysis, and documentation Dr Bert Pelto will take the primary responsibility in training and analysis with the residual areas to be handled primarily by Dr Verma

Participatory Education
A participatory education model is needed to improve transfer of information with respect to technical intervention areas Participatory education activities avoid the top-down lecture approach in favor of engaging participants through role playing, real life situational analysis, etc As each of the Child Survival interventions involve several vital components, it is felt that appropriate PE assistance will improve retention rates vis-a-vis healthy behaviors and practices thereby increasing the likelihood that program participants will act on such information

Community based neonantal care
Dr Bang has agreed to provide the Child Survival team inputs on neonatal care using community based health workers in addition creating field-level tools that can assist village-level functionaries in assessing new-born health status

IMCI
Inputs have been sought from WHO for operationalizing IMCI in the project area However, the project is still in need of modules related to training project personnel regarding IMCI Furthermore, the project staff needs to be trained in a community outreach package so that the project can effectively build community support and promote utilization of the initiative

Monitoring and Evaluation
Both NGOs are collecting substantial data to monitor project performance Both data management tools and trainings will be necessary as neither NGO is able to cope with the data demands of the project Geographical Information Systems (GIS) would be very relevant to such training but it could also be held independent of this exercise as well The support of MACRO International can be entailed for this activity

Breast feeding promotion
The project will secure expertise from personnel involved in the Linkages project (AED funded) which is an operational research project taking place in Ranchi - 100 kilometers from the project site This project has conducted extensive field trials and will be in a position to offer key input vis-a-vis behavior change counseling skills necessary to promote optimal breastfeeding

Documentation
Both NGOs are keen to learn more "process documentation" along with how they can effectively go about such an activity As the project will serve as a model for other corporate houses to initiate socially responsible actions, PKS and TSRDS want to record the various stages of project activities and lessons learned to present to a larger corporate audience In addition to traditional methods of documentation, alternative means of detailing project activities (such as films and audio-recordings) are planned

Participatory Rural appraisal/ PLA training
The "echo" workshop on community participation and empowerment introduced the concept of PRA/PLA to project personnel along with a few tools to perform the same However, more in-depth training in terms of the entire PRA/PLA activities including creating appropriate tools, recording relevant information, and data interpretation are urgently required Praxis has been identified as an organization that will provide support in this regard

RESPONSE TO DIP REVIEW MEETING MINUTES

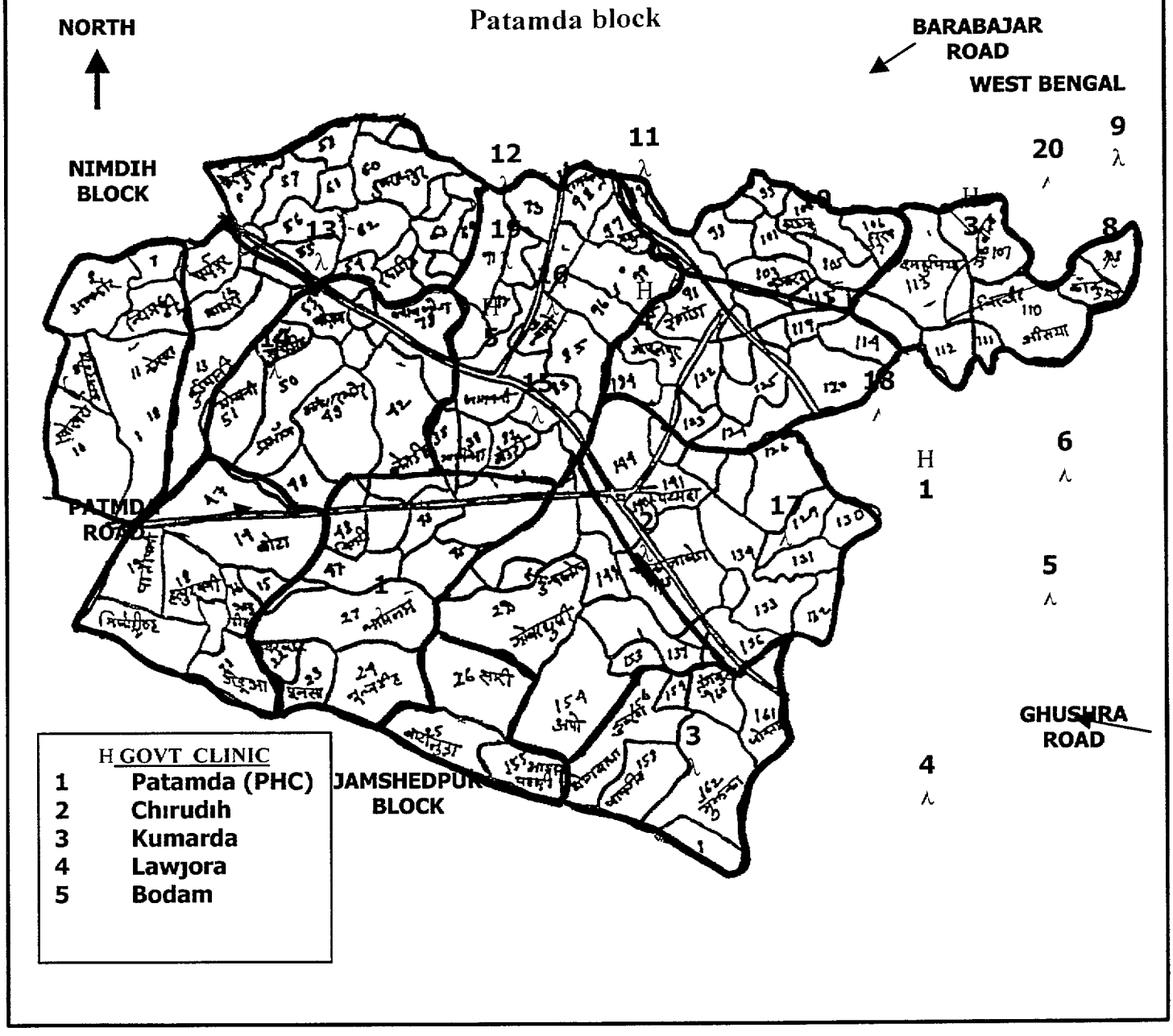
The Detailed Implementation Plan (DIP) Review process offered CARE's Child Survival team many areas of constructive criticism that could enhance project approach and creative solutions by which such inputs could be addressed The nature and scope of such comments were both significant and substantial enough for the CARE-India team to revise the entire DIP Consequently, instead of addressing all of the concerns that made their way into the meeting minutes in the annual report, a table has been annexed which highlights reviewer comments (meeting minutes & Frank Andersen's) with corresponding responses and reference points in the revised DIP Finally, we found many (but not all) of the individual reviewers' comments important enough to make further alterations in the implementation plan However, a schedule of those changes with commensurate responses is not available

The process of the DIP revision was as follows Initially, CARE-India discussed the various comments that the reviewers had made and assessed them against the backdrop of the Indian context After debating certain points and reaching agreement as to what aspects of the program need to be changed and how to incorporate that change, we shared our ideas of potential revisions with both NGO partners and key government functionaries in the project area We gave our project partners adequate time to internalize the reviewer comments and negotiated with these partners to arrive at a common platform vis-a-vis what strategies and processes will change We then shared out new plans with other Project Directors of USAID funded Child Survival projects in India to benefit from their insight and experiences which, collectively, culminated in the revised DIP Furthermore, opinions with respect to technical support were sought from different agencies, at different stages, with varying degrees of engagement, during the revision process, these institutes included MACRO, The Indian Institute of Population Studies, Bert Pelto, and WHO

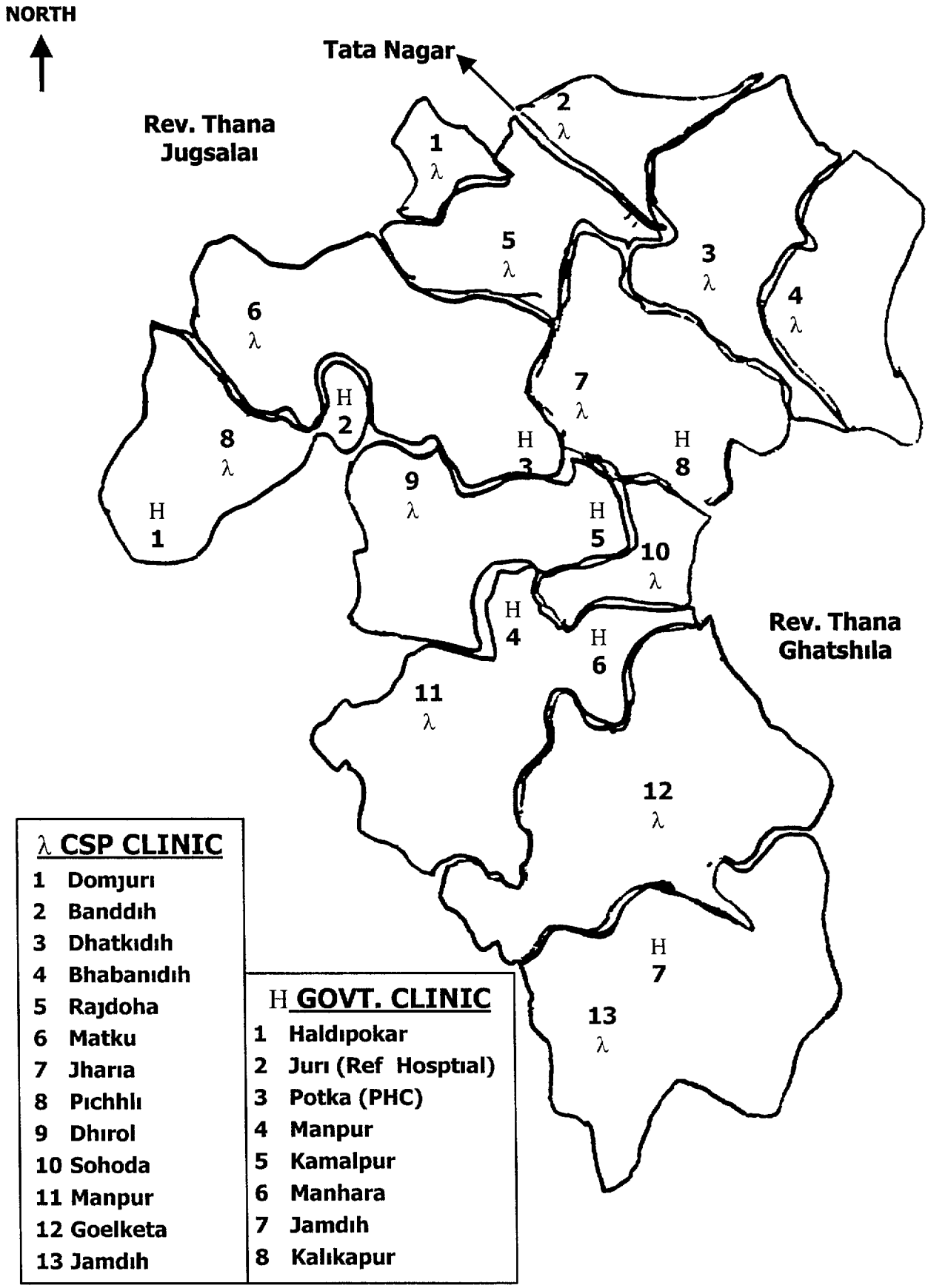
The detailed responses to the DIP can be found in Annex C

Annex A - Location of TSRDS's Child Survival Project Clinics

Patamda block



Annex A (cont'd) Location of PKS's Child Survival Project Clinics
Potka block*



* Part of POTKA block showing CSP area only

Annex B - NGO Training Schedules

Summary of the Training Conducted by the Partner NGOs -TSRDS

Topic of Workshop	Date	No of Participants	Types of Participants	Comments
TBA Training	28-30/04/99 12-14/05/99	68 nos 59 nos 24 nos	TBAs	Experience sharing of current prevalent practices and their linkage with CSP
ANM Training	19/05/99	19 nos	ANMs	Motivation to strengthen CSP project by mutual cooperation
AWW Training	26/05/99 14/06/99	59 AW Sevikas 60 nos	AWWs	otivation and decision for oncerted team effort for CSP nterventions
Orientation to block level MOH Officials	22/07/99	27 nos	18 ANMs 5 Block Health Workers 1 Local Health Worker 1 Block Extension Educator 1 Family Planing Worker 1 Sanitary Inspector 1 Block Medical Officer	Aware the Local Government of CSP interventions and seek their cooperation for sustenance Avoid duplicity and to strengthen CSPWs in the field
Orientation To local NGO officials		47	18 Health Workers of Tagore Society for Rural Society for Rural development 15 ANM/ Health Workers 14 CSPWs of TSRDS	Networking of Tagore Society for Rural Devt , Government Health workers & TSRDS
Training to Bihar Education Project grassroot level workers	29/07/99	20 Mahila Samakhya Sahyogini	20 M S S	The M S S are the leader who address women problems specially related to literacy and hence their cooperation could contribute to CSP success
Orientation to local Health Service Providers (Pvt)	19-05-99	19 practitioners	Local Health Service Providers	
Workshop of field personnel of CSP, TSRDS	7-9/-7/99	33	30 CSPWs 3 Block Coordinators	Familiarizing with CSP in detail Capacity building for technical interventions, I O P documentation
Para Medical Staff	25/09/99	16 nos	PMS	Familiarizing with CSP
Orientation to MGM Medical College Interns & Staff	√	√	√	Networking for their active cooperation in CSP
Training at FRCH , Pune	17-21/06/99	7nos	BCs	For exposure on improving health of community by women empowerment

Annex B - NGO Training Schedules (con'd)

Summary of the Training Conducted by the Partner NGOs - PKS

Workshop Topic	Date	No of participants	Types of participants	Comments
Training for Community Health Workers	9 -16 Dec, '98	20	Rural female youth	Motivated the girls to work with PKS
Identification of target group	9 - 11 March, '99	45	Male and female youth	Skill development in the subject
Training for CBW and FEW	12-18 April	30	CBWs and FEWs	Role Definition of these personnel
Training for Birth Attendants	May	30	Educated female youth	Skill development in the subject
Training for TBA	May	20	Traditional Birth Attendants from Potka	Exposed to scientific practice
CBOP Training	14-19 June	50	Rural women	Oriented to CSP project & explained the purpose of CBOP
PMS Training	2-4 May	9	Paramedical Staff	Their role in clinic
TBA orientation (2nd batch)	21-23 June	20	TBAs	Exposed to scientific precaution
Immunization for PMS	July 3	9	Paramedical Staff	Cold chain maintenance
CBOP Training (2nd batch)	5-10 July	50	Rural women	Oriented to CSP project & explained the purpose of CBOP
Workshop for Govt Service Providers	July 13	80	ANMs and Govt doctors	Role of ANM in sustaining CSP project
RMP orientation	19-20 July	30	RMPs	Orientation to CSP
CBOP Training (3rd batch)	19-24 July	30	Rural Women	Oriented to CSP project & explained the purpose of CBOP
Orientation to AWW	July 30	60	AWWs from Potka	Oriented to CSP project, their role

Summary Of The Training Conducted By The Partner NGOs - PKS (con'd)

Workshop Topic	Date	No of participants	Types of participants	Comments
Orientation to VLIs	20-21 August	40	Male members of village clubs	Oriented to CSP project, their role
Participation for Community Empowerment	23-25 August	34	CBWs, FEWs & RMPs	Lack of practical training of PLA tools
RMP orientation	28-29 August	30	CBWs, FEWs & PMS	Keen for enhanced knowledge
AIDS awareness workshop	September 4	33	Male representatives of VLIs	Enhanced motivation and awareness
First Aid	6-9 September	27	Male representatives of VLIs	Skill development in the subject
Orientation to CSP and their role	22-25 September	2	Core group members	Concept of partnership was clear

Annex C - Response to DIP Comments (Meeting minutes)

REVIEWER'S COMMENTS	RESPONSE	REFER
Add more information on IMCI emerging as a strategy in which the program will be involved and periodical progress report	A complete section for IMCI has been prepared at length and gives details as to the roles and strategies to be followed in the project Progress in this regard will be reported in annual reports	Section M, IMCI section IMCI Annex
Strategies for engagement with the public sector	Joint Action Planning with government officials, NGOs, and CARE occur on a monthly basis Additionally, Child Survival Project capacity building and IEC/BCC exercises include the role of government functionaries It is hoped that by engaging government partners a sense of ownership for project activities will ensue	Section E, Partnerships Section M, capacity building plans and IEC/BCC matrices for all interventions
Strategy for a quality assurance including reference material and guidelines	The project will enhance the quality of care currently provided by capacity building exercises for all project partners and will include supportive supervision skills Additionally, an IMCI component should serve to ensure quality of care as well Reference material and guidelines will be distributed to NGOs	Section M, introduction Section M, quality assurance section in Birth Spacing Intervention Section E, Partnerships
Describe M&E System	The Child Survival Project will follow a similar M&E format as CARE-India's INHP project The INHP project is undergoing major changes as a mid-course correction and will be finalized shortly	Expected to be finalized by January 2000
Develop IEC Matrices and training plan for each intervention	Prepared for each intervention	Section M, capacity building plans and IEC/BCC matrices for all interventions
Review technical issues and recommendations for intervention	Numerous technical resources have already been contacted, negotiated and involved in project Others had been utilized for the revision of the DIP	Section N, Technical Assistance
Correct inconsistencies (beneficiaries, indicators, etc)	Corrected	Throughout
Project as corporate model	The project will act as a model to demonstrate successful corporate/PVO collaboration A key aspect of this project will be to persuade other corporates to develop an ethic of social responsibility	Section B, related activities, facilities, plans Section E, Innovations subhead

Overcoming inconsistent supply of government services	In addition to trying to build government ownership in the program and thereby making the government supply stream more consistent, activities such as social marketing of commodities, village health funds, and the outreach clinic should blunt the impact of government shortcomings	Section E, Partnerships Section M, ANC care, MNC sustainability, Child Spacing, IEC/BCC matrices Business Plan, Annexed
No explicit coordination with NGOs Explicit coordinating of CARE with NGOs, clarity of roles and responsibilities	A common organizational chart has been prepared showing the roles and responsibilities of CARE and both NGOs Monthly meetings will be held with NGOs which is in addition to a common monthly meeting that will also include government officials and is headed by the district magistrate Capacity building exercises for all stakeholders along with IEC/BCC activities has also been prepared Finally, CARE is currently undergoing a process of revising its own structures and systems to provide better support to field activities	Section E, Partnerships
TSRDS and PKS looking to CARE to bring them up to international standards in health care	CARE is seeking to bring both NGOs to international levels, not just in health care but in approaches as well A vast resource of technical resources will be used in creating capacity building plans, conducting workshops, and transferring relevant knowledge and skills	Section M, capacity building plans and IEC/BCC matrices for all interventions Section N, Technical Resources
Inconsistencies in Baseline Survey	Gaps in the quantitative survey will be addressed in the qualitative survey	Qualitative Scope of Work, Annex
Maternal and newborn care component is incomplete	The chapter Maternal & Newborn care has been revised providing details of its components i e pregnancy, antenatal, delivery care, post-partum neonatal care, access to emergency services, postpartum care services, IEC/BCC, supervision and capacity building plan It also provides details of birth planning as well as the "Plan your first baby"campaign	Maternal & newborn care (MNC) chapter in section 'M' of DIP
Visit to Dr Abhay Bangs area	Project team visited Dr AbhayBangs project area and had a chance to interact with field based workers and TBAs Dr Bang has given his consent for providing technical support from time to time	Under the subhead IEC/BCC in MNC chapter in sec 'M' of DIP

Strategy TBA training	The training plan has been outlined for both senior and new TBAs and contents include update and transfer of skill on care during pregnancy, birth planning and safe delivery practices including clean birth kit and infection prevention, high risk cases and danger signs, EOC, etc whereas skills include behavioural counselling, community PRA/PLA techniques and prevention, identification and management of post-partum maternal sepsis, neonatal septicemia, low birth weight and hypothermia	Capacity Building subhead in MNC chapter Access to Emergency Services subhead in MNC chapter TBA training is annexed
Quality assurance of hospital services for obstetric care	Quality assurance will occur through capacity building, supportive supervision and networking with corporate hospitals and other local hospitals The guidelines for ensuring quality had been shared with NGOs	Maternal and Newborn care (MNC) chapter in section M Delivery care subhead in MNC section M Annex J Facility Assessment MNC Chapter in section M
Quality of birth kits	Assessment plan for clean birth kit has been prepared	
Community based depots	Delivery care section in maternal and newborn care describes the plan for distribution of clean birth kits as well as CBOPs involvement to work as depot holders	Delivery care subhead under maternal and newborn care of section M
Post-partum care efficacy and practicality of doctors visit to post partum women Educating TBAs, family members to respond appropriately to danger signs and influences positive mother and baby care	Doctors will visit only for providing support and on the spot training to paramedics about what constitutes effictive post partum visits This is addressed in the capacity building and IEC/BCC plan The project proposes to develop protocol for CBWs to visit every post-partum case with 48 hours	Subhead post-partum care services in MNC chapter neonatal care and capacity building and IEC/BCC plan of MNC
Antenatal care plan lacks identification or treatment of STDs	Though this is not the focus area for the project, it has been mentioned in building plan in the chapter "Child Spacing"	Child Spacing chapter in section'M' of DIP
Administration of IFA and leverage its supplies in case of shortage	Attempts will be made to streamline government supplies in this area Alternative sources of procuring IFA include social marketing, or utilizing the NGO matching grants or village health funds	Subhead sustainability in the MNC chapter of section M ANC subhead in MNC
Qualitative research to determine why women in TSRDS sector eat less during pregnancy	A qualitative survey for assessing gaps in the baseline survey has been sanctioned and a scope of work included in the annex along with a study plan	Annex

Standardizing ICDS services with take home ration	Strategy of Nutrition and Health Days is to provide comprehensive nutrition and health services and information including ICDS interventions	IEC/BCC subheads in Maternal Nutrition, breast feeding and childhood feeding practices in section M
LINKAGES IEC messages about eating during pregnancy and infant feeding	IEC matrix for maternal nutrition, breast feeding and childhood feeding practices has been designed using the Linkages examples	Section M, MNC
Possibility of distributing multi-vitamins	NGO are taking care of distribution of multivitamins through matching grants	MNC section of M section
Quality of FP services and provision of government products, availability of wide variety of options to project beneficiary	Quality assurance would be ensured through building capacities, adopting cafeteria approach to promote community informed choices as well as through IEC/BCC Joint Action Planning with local government officials should work to enhance FP supplies and the quality thereof	Capacity building, commodity management & contingency plan as well as IEC/BCC subheads of 'Child spacing Section M Partnership section
The target for initial family planning activities should be better described	Primary target population comprising Adolescent girls and newly wed couples, currently pregnant women, mothers of children with in two years Family members, specifically husbands and mothers in law and influential persons of the community who are involved in decision making are secondary target populations	Subhead "Client identification' in 'Child spacing' chapter of section M
Matrix to address different groups for child spacing messages and learning from the Bangladesh project of the World Bank	The IEC/BCC matrix and capacity building matrix is developed covering different groups from pregnant/lactating women to senior project functionaries to disseminate information and update knowledge This also includes mother-in-law along with other family members and influential community individuals The project staff is planning a trip to Bangladesh to learn more about it	IEC/BCC and capacity building subheads of 'Child spacing' chapter of section 'M'
CDD		
Explore relationships between care giver and prevalence of diarrhea	Qualitative data collection will take place and will address this issue	Study plan annexed
Matrix on MNC and FP IEC	Same has been developed and incorporated	IEC/BCC subhead under the chapter MNC and Child spacing
Training plans		
Include who will train, who will be trained, in what and how will be followed-up	The capacity building plan takes care of the various trainee groups for different interventions It also mentions trainers, contents of training, skills to be imparted and ways and means to follow-up	Capacity building' subhead of each intervention in section 'M' of DIP

Training of TBA's through open university	Training plan is in the process, modalities needs to be worked out with Ranchi/Jamshedpur Medical college, Bihar For other functionaries tie-up with National Open Universities are being developed	MNC section's IEC/BCC
Capacity Building		
Needs Assessment	Needs assessment for field staff and other key project personnel has been prepared	Needs assessment form annexed
Strengthening the synergy between AWW/ANW	Proposed capacity building plan for each intervention includes capacity building of AWWs and ANMs along with project partners as part of project implementation Project will particularly focus on training of ANM and AWW together and create forums such as NHDs when they will work together	Capacity building subhead of each intervention in section M of DIP
Services Fee	Nutrition & Health Days involve a community contributions which go into a village health fund for meeting community needs and the outreach clinics involve a minor payment Also, people attending clinics will be asked to make token contributions that we hope can be leveraged to make the clinics financially viable	Section E, Innovations Business Plan Annex
Business plan for sustainability	A business plan specifically for the sustainability clinics has been created along with a sample framework for assessing feasibility and sustainability of such clinics	Annexure - Business plan for sustainability as well as partnerships in section F of DIP
Identification of impact indicators including a separate cluster of capacity indicators	To be included in the M&E section	M&E Section

Response to Frank Anderson comments begin		
Maternal & newborn care Section is incomplete and is in outline form	The chapter maternal & newborn care has been revised and describes specific activities to be undertaken for pre-pregnancy, antenatal care, delivery care, post-partum neonatal care, access to emergency services and post-partum care services An IEC/BCC and capacity building plan has also been incorporated	Maternal and newborn care(MNC) chapter in Section 'M'
Antenatal Care		
Lack of access	Government facilities are precarious therefore to make the services accessible project proposes 25 fixed day clinics for provision of ANC but will simultaneously work for improvement of Govt facility and number of clinics will be reduced once they improve	Subhead 'Antenatal Care' in MNC chapter of section 'M'
Lack of quality	Facility assessment would be carried out in addition to Capacity Building and creating new collaboration for ensuring the quality	Annexure - 'Facility assessment criteria' as well as 'capacity building plan' subheaded in MNC chapter
Who will be providing the ANC and details pertaining to the components of prenatal care & action in case of emergency	Antenatal care services would be provided by ANMs during monthly Nutrition & Health days and 3 visits will be made to doctors in fixed day clinics Prenatal care services include 1) Physical exam & ANC checkups including BP and treatment of complecations, 2) Distribution of IFA, C9TT administration, diet counselling and sample collection for pathological tests, 3) ANC registration, weight recording and behaviour counselling etc , and 4) 'Birth planning' capacity building plan for all the stakeholders with special emphasis on TBA training (curriculum annexed)	Subhead-'Antenatal care', 'Delivery care' & 'capacity building' of 'MNC' chapter
Education of mothers about danger signs	Proposed IEC/BCC strategy and capacity building plan envisages educating pregnant and lactating mothers, adolescent girls, family and influential community members and service providers on danger signs and action required	Subhead 'antenatal care' and subhead 'delivery care' and capacity building in the chapter MNC
What facilities (Private or public) will be linked to these clinics	The programme will develop referal linkages with established hospitals such as UCIL, TCIL , PKS, MGM and TELCO maternity hospital for emergency obtretic cases	Subhead' post-partum neo-natal care' in 'MNC' chapter IMCI section in section 'M'

Why will maternal hemoglobin be checked each month for each woman?	Hemoglobin estimation will be done once in each trimester	Antenatal care subheading in MNC chapter
Describe the 'Plan your first baby campaing'	Strategy adopted to address family size as well as early pregnancy is the 'plan your first baby campaign' in which focus would be on the high risk population age group of 15-25 targeting newly wed couples for providing them access to suitable birth spacing information and supplies & use them for peer counselling	Subhead 'Pre pregnancy' in MNC chapter of section 'M'
Delivery care Detail of the efforts to improve capacity of all workers in delivery care	Delicery care component has been revised to explain the activities and strategy to be adopted Moreover, a capacity building plan including training of TBA's is also envisaged to improve the capacity of all the workers	Subhead 'Delivery care' and 'Capacity building plan' for MNC TBA training curriculum is annexed
Neo-natal care - how community based workers and others are going to address it	Project team visited Dr Abhay Bang's project area that provided insight for community based management of LBW, Neonatal septicemia, birth asphyexia and hypothermia The capacity building plan is designed in to train community based project functionaries as well as communityfor knowledge and skills for identification of danger signs and management	Capacity Building plan' subheaded in MNC chapter of section 'M' IMCI section in section 'M'
How will project facilities addressing those?	The fixed day clinic manned by Doctor will provide neonatal care services alongwith ANC/PNC services Project will develop referal linkages with established hospitals such as UCIL, TCIL, MGM and Tata hospitals for tertiary level referal and treatment support	
New born care initiatives details	PP visit every newborn with 48 hours by community based worker Screening for danger signs of puerperal and neonatal sepsis ,LBW, birth asphyxia, hypothermia & breast feeding advice and in case needed, referrals	Subhead 'Postpartum Neonatal care' in MNCchapter of DIP
Assessment of home practices	Assessment will be under taken at the time of qualitative survey	Annexure on Qualitative
Interventions aimed at immediate stimulation, drying and crying	Included in contents for knowledge update and skill transfer for capacity building for MNC	Subhead 'capacity building' in MNC chapter of section 'M' of DIP
TBA training contents	The contents are described in capacity building plan in MNC chapter and the training curriculum can be seen as annexed	Capacity building plan in MNC TBA curriculum is annexed

Maternal mortality teaching family members and TBAs about danger signs & information about care seeking behavior	The capacity building plan intends to cover various groups to provide them knowledge and skills relating to 1 Birth planning, 2 Access to * ANC care including TT, IFA ** Early registration of pregnancy *** When to seek card ,3 TBA taining for safe delivery 4 Recognizing danger signs	Subhead antenatal care & delivery care and capacity building in the MNC section
Child Spacing Questionable quality of government supplies	Project has a provision of social marketing apart from the government supplies Moreover to take care of shortfall contingency arrangements would be made by partners through matching grants Project has adopted cafeteria approach for providing wider choice and to ensure quality	Commodity management and contingency plan, quality assurance in Chapter Child Spacing of section 'M'
Malaria activities	NGO has been doing it on their own and intends to continue as part of their activity at organisation lelvel However, it is no more part of CSP DIP	Removed from DIP document