

**Plan Nepal  
Rautahat/Bara Program  
Child Survival XIII  
Cost Extension Project  
NEPAL**



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**FOURTH ANNUAL REPORT**

**(OCTOBER 2004 – SEPTEMBER 2005)**

**IMPLEMENTING AGENCY**

**Plan Nepal Country Office  
in partnership with**

**HMG/N Ministry of Health**

**LOCATION**

***Bara District, Nepal  
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## ACRONYMS

AA	- Ayurvedic Ausadhalaya
ACHO	- Assistant Community Health Officer
AHW	- Auxiliary Health Worker (HP, Sub-HP)
ANM	- Auxiliary Nurse Midwife (HP, Sub-HP)
ARI	- Acute Respiratory Infection
BBO	- Bara Branch Office
BCC	- Behavioral Change Communication
CBO	- Community Based Organization
CDD	- Control of Diarrheal Disease
CHO	- Community Health Officer
CDP	- Community Drug Program
CS	- Child Survival
CSTS	- Child Survival Technical Support
CWS	- Child Welfare Society (Nepali NGO)
DD	- Diarrhoeal Disease
DHO	- District Health Office
DIP	- Detailed Implementation Plan
DR	- Drug Retailer
EPI	- Expanded Program of Immunization
FA	- Field Area
FAS	- Field Area Supervisor
FCHV	- Female Community Health Volunteers
FP/MNC	- Family Planning / Maternal and Newborn Care
GTOT	- General Training of Trainers
GWP	- General Welfare Pratisthan (Nepali NGO)
HA	- Health Assistants (HP, SHP)
HF	- Health Facility
HFMC	- Health Facility Management Committee
HMIS	- Health Management Information System
HP	- Health Post
IH	- International Headquarters (Plan)
IHFA	- Integrated Health Facility Assessment
IEC	- Information Education and Communication
IMCI	- Integrated Management of Childhood Illness

KPC	- Knowledge, Practice and Coverage
LQAS	- Lot Quality Assurance Sampling
MCHW	- Maternal and Child Health Worker (SHP)
MoH	- Ministry of Health, HMG/Nepal
MoLD	- Ministry of Local Development, HMG/Nepal
MTOT	- Master Training of Trainers
NBO	- North Branch Office (Plan Nepal)
NCO	- Nepal Country Office (Plan Nepal)
NEPAS	- Nepal Pediatric Society
NFE	- Non-Formal Education
NFHP	- Nepal Family Health Project
NID	- National Immunization Day
NTAG	- National Technical Assistance Group (Nepal NGO)
OSM	- Operation Support Manager
OSU	- Operation Support Unit
PC	- Project Coordinator
PHC	- Primary Health Care Center
PU	- Program Unit
PWG	- Pregnant Women Group
SBO	- South Branch Office (Plan Nepal)
SC	- Support Center
SCM	- Standard Case Management
SC/US	- Save the Children/ United States
SHP	- Sub Health Post
SO2	- Strategic Objective Two
TBA	- Traditional Birth Attendants
TFH	- Transformation for Health
TH	- Traditional Healer
USAID	- United States Agency for International Development
USNO	- US National Office (Plan International)
VDC	- Village Development Committee
VHW	- Village Health Worker (SHP)

## Table of Contents

<b>1.0</b>	<b>PLAN NEPAL CHILD SURVIVAL COST EXTENSION PROJECT AT A GLANCE .....</b>	<b>1</b>
<b>2.0</b>	<b>MAIN ACCOMPLISHMENTS OF YEAR FOUR .....</b>	<b>2</b>
2.1	MAJOR ACHIEVEMENT ON DIP INDICATORS: .....	7
2.1.1	<i>Objective on Behavior:</i> .....	7
2.1.2	<i>Objective on increased access to Services and Supplies:</i> .....	7
2.1.3	<i>Objective on Quality of Care:</i> .....	8
2.1.4	<i>Institutional objectives:</i> .....	9
2.1.5	<i>Sustainability:</i> .....	9
<b>3.0</b>	<b>SUSTAINABILITY PLAN: .....</b>	<b>10</b>
<b>4.0</b>	<b>PHASE OUT PLAN: .....</b>	<b>10</b>
<b>5.0</b>	<b>CONTRIBUTING FACTORS FOR SUCCESS: .....</b>	<b>10</b>
<b>6.0</b>	<b>HINDRANCE FACTORS: .....</b>	<b>11</b>
<b>7.0</b>	<b>REQUIRED TECHNICAL ASSISTANCE.....</b>	<b>11</b>
<b>8.0</b>	<b>CHANGE IN PROJECT DESIGN .....</b>	<b>11</b>
<b>9.0</b>	<b>OVERALL MANAGEMENT OF THE PROJECT .....</b>	<b>11</b>
9.1	FINANCIAL MANAGEMENT.....	12
9.2	HUMAN RESOURCES .....	12
9.3	COMMUNICATION SYSTEM AND TEAM DEVELOPMENT .....	13
9.4	RELATIONSHIP WITH LOCAL PARTNERS .....	13
9.5	PVO COORDINATION/COLLABORATION IN COUNTRY .....	13
9.6	OTHER RELEVANT MANAGEMENT SYSTEMS .....	14
<b>10.0</b>	<b>RELATIONSHIPS WITH LOCAL MISSION.....</b>	<b>14</b>
<b>11.0</b>	<b>RESPONSE TO PRIORITY RECOMMENDATIONS ON MID-TERM EVALUATION.....</b>	<b>15</b>
<b>12.0</b>	<b>OTHERS .....</b>	<b>17</b>
<b>13.0</b>	<b>WORK PLAN FROM OCTOBER 2005 TO SEPTEMBER 2006 .....</b>	<b>18</b>
<b>14.0</b>	<b>CSHGP DATASHEET.....</b>	<b>20</b>

### Annexes:

**Annex 1: LQAS report July 2005**

**Annex 2: Brief Report on CSSA Framework Workshop**

**Annex 3: Monitoring Board Indicators**

**Annex 4: Concept and Approach: Pregnant Women Group (PWG)**

**Annex 5: List of Pregnant Women Group (PWG)**

## 1.0 PLAN NEPAL CHILD SURVIVAL COST EXTENSION PROJECT AT A GLANCE

Project duration	30 September 2001 – September 29, 2006
Project area	98 VDCs in Bara district of the central Terai plain
Total population in the project Area:	525,799
Target beneficiaries	266,313
MOH health facilities and staff, volunteers in project area	1 hospital, 3 PHC centers, 11 HPs, 84 SHPs and 2 AAs
Social and economic profile of population in the project area	The inhabitants of the project comprise various ethnic groups dominated by a caste system. Percentage of distribution of some of the major ethnic and caste groups in the district include; Yadav 20%, occupational castes 20%, Muslims 17%, so called untouchables 10%, Malaha 9% Kurmi and others 5%. The target group lives below the subsistence level working mostly as tenant farmers. As the project area lies in the bordering area of India there are large numbers of migrants groups. The literacy rate in female aged above 5 yrs. in the district is 14% while it is 42% in males. Population in the most of the project area lives without proper sanitation (a few latrines) and safe drinking water.
Overall Goal	To assist the MOH to improve the health status of children aged under five and women of reproductive age (15-49 years) in Bara district.
Project interventions	<ul style="list-style-type: none"> <li>- Diarrhea Case Management (DCM)</li> <li>- Pneumonia Case Management (PCM)</li> <li>- Maternal and New Born Care (MNC)</li> <li>- Child Spacing (FP)</li> </ul>
Strategies	<ul style="list-style-type: none"> <li>- Improved training</li> <li>- Improved supervision and follow-up training to MOH health workers and volunteers</li> <li>- Support and non-financial incentives for community health volunteers.</li> <li>- Strengthened community partnership and cost recovery</li> <li>- Development and support to community drug program</li> <li>- Promotion of project's objectives through innovative BCC/IEC strategies</li> <li>- Integration of CS activities with Plan's other domains</li> <li>- Collaboration with other local partners and NGOs.</li> </ul>
End objectives	<p><b>1. Behavioral:</b> Women of reproductive age and mothers of children under-five years will be practicing healthy behaviors and seeking medical care by trained health service providers;</p> <p><b>2. Increased access to services:</b> Communities and families will have increased access to health education and quality care and essential medicines;</p> <p><b>3. Quality of care:</b> MOH personnel, community health volunteers and other service providers will be practicing appropriate integrated management of sick children particularly pneumonia and diarrhea case management. Practitioners and volunteers will also deliver quality family planning, and maternal and preventive newborn care.</p> <p><b>4. Institutional strengthening:</b> Community based organizations; local NGOs and district MOH facilities will be developed and strengthened to support and implement activities that enhance child survival.</p>

## 2.0 MAIN ACCOMPLISHMENTS OF YEAR FOUR

The overall performance of the project during the reporting period has been found impressive despite the ongoing conflict in Nepal. The LQAS done last July showed that the project is poised to achieve its targets. Some of the major tasks performed during the fourth year of Plan Nepal's Child Survival (CS) Cost Extension Project in Bara district are: basic training on Community Drug Program (CDP) to health facility management committee members of MoH in order to enhance capacity of local management committee, refresher training to female community health volunteers (FCHVs) on family planning and maternal and newborn care and Community Based-Integrated Management of Childhood Illness training. Traditional Birth Attendants (TBAs) were included in the family planning and maternal and newborn care training. Dissemination of child survival messages was done in local language through FM radio station and local 'Mithila' art. The messages were included in wall calendars which were distributed to Community Health Workers (CHWs), health facilities, other partners and line agencies. Training on rational use of drugs was conducted to drug retailers in the program area.

The project has adopted a small group approach to upgrading knowledge and skills of health workers. In addition, it aims to improve recording, reporting and monthly planning at Ilaka level (catchments area of Health Post covering 7-9 health facilities). This is a new initiative introduced at Health Post level which is known as Ilaka based approach. The reasons for focusing this activity at this level are to work around the frequent disruptions and difficulty in travel that made it difficult to maintain a schedule due to the conflict. It has multiple objectives that focus on problem based discussion (review of past performance), learning and preparation of action plan. The experiences so far are very encouraging as these help to maintain contact with peripheral health facilities even during Bandha (Closure/Curfew) and travel difficulties due to conflict. It strengthens Health Management Information System (HMIS) of MoH for quality assurance. It also allows mainstreaming of project data to the regular MOH system for long-term sustainability. Ilaka based review sessions were conducted by using monitoring boards for review and reflection of progress against major indicators (see annex 3). District level monthly review sessions were followed by Health Post level review sessions.

The LQAS questionnaires for the 7<sup>th</sup> project LQAS were reviewed with CS staff during the June monthly. The questionnaires were designed to capture both DIP and rapid Core Assessment Tool for Child Health (CATCH) Indicators. LQAS fieldwork was carried out between 1-9 July 2005 and tabulation was done between 13-15 of same month. During the last survey, DHO staff, NGOs partner staff and Bara Plan staff were involved in the whole process of the survey. This is the first time Plan has involved its partners in the LQAS process. All the partners' representatives were given training before the LQAS process began. This is part of the skill transfer and sustainability strategy. The project has planned to institutionalize the LQAS monitoring process during the coming year especially with the District Health System.

There are 4,232 pregnant women members distributed in 512 Pregnant Women Groups (PWGs) in Bara and Rautahat districts. A graduation plan of PWG was prepared and implementation is up to date. Graduation of a PWG is defined as the PWG ability to organize and hold its monthly meeting for two consecutive months without any support from the project. Out of total, 53% (271) will have graduated by December 2005. A summary plan is presented in table A.

Table A: PWG Graduation Plan by December 2005

Particulars	Numbers	Planned Month for Graduation (2 consecutive meetings without support from project) by December 2005						Total
		July	Aug	Sep	Oct	Nov	Dec	
Number of PWG plan for graduation	-	28	33	55	53	58	44	<b>271</b>
Percentage of PWG plan for graduation	-	5%	6%	11%	10%	11%	9%	<b>53%</b>
Average members per PWG	8							
Total PWG by August , 2005	512							
Total PWG Members by August 30, 2005	4232							

There are plans to upgrade the skills of CS staff for their future professional career after the life of the CS project. The skill upgrading trainings given to CS staff this year focused on basic project management, project proposal and report writing, Do No Harm, Child Centered Community Development Approach (CCDA) to name a few (see details of training information in annex 3).

The following matrix demonstrates project accomplishments during the fourth year against the objectives and key activities as identified in the DIP.

Goal: to reduce maternal and child morbidity and mortality in Bara district of Nepal

Project Objectives	Key Activities (as outlined in the DIP)	Status of Activities	Comments
<b>1. Objective on Behavior:</b> Women of reproductive age, pregnant women and caregivers of children under 5 practice healthy behaviors and seek medical care from a trained provider when it is needed	<ul style="list-style-type: none"> <li>Control of Diarrhoeal Diseases               <ul style="list-style-type: none"> <li>Training FCHVs, health facility staff, community groups on management of DD</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>2 (times) refresher trainings on CDD were given to all FCHVs and TBAs</li> <li>99% FCHV have adequate knowledge and skill on ORS preparation.</li> <li>94% of under-five children with simple diarrhea are getting appropriate treatment (ORT) at Health Facility (HF).</li> </ul>	As per LQAS July 2005
	<ul style="list-style-type: none"> <li>Supervision and quality assurance monitoring of volunteer and health worker skills for management of diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>100% Community health volunteers and health staffs of MoH health Facility were supervised through CS project, NGOs and District Health Office staff.</li> </ul>	

Project Objectives	Key Activities (as outlined in the DIP)	Status of Activities	Comments
	<ul style="list-style-type: none"> <li>▪ Behavior change communication using mass media and individual counseling on diarrhea management and prevention</li> </ul>	<ul style="list-style-type: none"> <li>▪ More than half the population of mothers (57%) is using ORS and recommended home made fluid for their children with diarrhea at home.</li> <li>▪ 47% of mothers wash their hands with soap or ash before food preparation, feeding and after touching fecal matter.</li> </ul>	
	<p><b>Pneumonia Case Management</b></p> <ul style="list-style-type: none"> <li>▪ Train health facility staff and FCHVs in pneumonia case management;</li> <li>▪ Supervision and quality assurance monitoring of volunteer and health worker skills for pneumonia case management</li> <li>▪ Behavior change communication about signs of pneumonia</li> </ul>	<ul style="list-style-type: none"> <li>▪ All FCHVs and all HF staffs were trained twice on refresher IMCI training.</li> <li>▪ 83% of communities have access to pediatric Cotrimoxazole tablet.</li> <li>▪ 93% mothers know when to bring their child to HF if they have ARI.</li> </ul>	
	<p><b>Family Planning/ Maternal and Newborn Care</b></p> <ul style="list-style-type: none"> <li>▪ Train FCHVs, TBAs on family planning</li> <li>▪ Individual/couple counseling at facility and community level on family planning</li> <li>▪ Behavior change communication about the benefits of family planning and care during and after pregnancy using mass media and folk media</li> </ul>	<ul style="list-style-type: none"> <li>▪ All FCHVs and TBAs have received refresher training on FP/MNC</li> <li>▪ The quality of counseling at HF is gradually improving. The project has initiated the display of counseling charts at ANC/PNC clinics of all HFs.</li> <li>▪ Mass media through air broadcasting via local FM radio station in the local language Bhojpuri and Mithila Art wall painting;</li> <li>▪ Two mobile family planning outreach clinics to remote areas were organized which helped to increase the contraceptive prevalence rate.</li> </ul>	

Project Objectives	Key Activities (as outlined in the DIP)	Status of Activities	Comments
<p><b><u>2. Objective on increased access to Services and Supplies:</u></b> Communities have increased sustainable access to health education, quality care and essential medicines.</p>	<ul style="list-style-type: none"> <li>▪ Establish FCHV/TBA revolving drug scheme and provide initial drug kits</li> <li>▪ Train FCHVs/TBAs in management of the revolving drug fund</li> <li>▪ Establish and support CDP at the HFs</li> <li>▪ Train SCs to manage the fund</li> <li>▪ Facilitate links between VDC, HP/SHP, mothers' groups, FCHVs, TBAs</li> </ul>	<ul style="list-style-type: none"> <li>▪ 18 % FCHVs are hooked up to a revolving fund that helps to ensure the availability of essential drugs.</li> <li>▪ 80% (78 out of 98 as of August 2005) HFs are implementing CDP (cost recovery) in order to ensure drug availability throughout the year.</li> <li>▪ 96 Support Committees of HFs (out of 98) have been trained on CDP</li> <li>▪ There is active linking of PWG, Mother's Group and Community volunteer with local HF staff.</li> </ul>	
<p><b><u>3. Objective on Quality of Care:</u></b> MOH personnel and community volunteers (FCHVs, TBAs) practice appropriate case management of diarrhea and pneumonia and provide quality family planning and maternal and newborn care services.</p>	<p><b>Control of Diarrhoeal Disease</b></p> <ul style="list-style-type: none"> <li>▪ Train HF staff on DCM, improved supervision</li> <li>▪ Implementation of clinical IMCI</li> <li>▪ Improved supervision and quality assurance monitoring</li> <li>▪ Training of FCHVs</li> <li>▪ Joint supervision of FCHVs, use of checklists to ensure and improve performance</li> <li>▪ Establishment of CDPs and FCHV revolving funds to ensure ORS availability</li> </ul>	<ul style="list-style-type: none"> <li>▪ Frequent periodic/ planned supportive supervision was done through CS and DHO staff</li> <li>▪ All HFs (98) of Bara district implemented clinical IMCI;</li> <li>▪ Joint supportive supervision and monthly review meetings at health post level ensure the quality of health services;</li> </ul>	
	<p><b>Pneumonia Case Management</b></p> <ul style="list-style-type: none"> <li>▪ Training for HF staff, improved supervision</li> <li>▪ Establishment and support of CDPs to increase availability of cotrimoxazole</li> <li>▪ Implementation of clinical IMCI</li> <li>▪ Improved supervision and quality assurance monitoring</li> <li>▪ Training of FCHVs</li> <li>▪ Joint supervision of FCHVs, use of checklists to ensure and improve performance</li> </ul>	<ul style="list-style-type: none"> <li>▪ All FCHVs and TBAs are trained on CDD/ARI refresher training.</li> <li>▪ All HFs (98) of Bara district implemented clinical IMCI;</li> <li>▪ Joint supportive supervision and monthly review meetings at health post level ensure the quality of health services;</li> </ul>	

Project Objectives	Key Activities (as outlined in the DIP)	Status of Activities	Comments
	<p><b>Family Planning and Maternal and Newborn Care</b></p> <ul style="list-style-type: none"> <li>▪ Training of FCHVs/ TBAs about FP and MNC; improved supervision</li> <li>▪ Training for mothers' groups and mass media BCC about importance of prenatal care, safe motherhood practices, pregnancy/postpartum and neonatal danger signs</li> <li>▪ Training for MCHWs in MNC; improved supervision</li> <li>▪ Encourage/support VDCs to develop emergency evacuation plans</li> <li>▪ Establishment of CDPs and FCHV/TBA revolving funds to increase availability of contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refresher trainings were conducted twice on FP/MNC for all FCHVs and TBAs</li> <li>▪ There was dissemination of key CS message to PWGs</li> <li>▪ All MCHWs were supervised by HP and DHO staff and CS project staff on a routine basis (bimonthly)</li> <li>▪ Birth preparedness plan was done through the PWG.</li> <li>▪ 18 % FCHVs are hooked up to a revolving fund that helps to ensure the availability of essential drugs.</li> </ul>	
<p><b>4. Institutional objectives:</b> Local NGOs, MOH and community-based institutions have developed and strengthened capacity to support child survival activities on a sustainable basis.</p>	<ul style="list-style-type: none"> <li>▪ FCHV mobilization of mothers' groups</li> <li>▪ FCHV and project staff mobilization of community committees</li> <li>▪ Training of FCHV and supportive supervision</li> <li>▪ Training of NGOs in planning and execution, regular follow-up</li> <li>▪ Community education of need for emergency health funds and support for community cost recovery mechanisms</li> <li>▪ Support for community, HP and SHP support committees to establish drug fund</li> <li>▪ Joint supervision with MOH staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ 84% FCHVs are able to mobilize community people for the health activities;</li> <li>▪ All VDCs (98) have Health Management Committees.</li> <li>▪ 100% FCHVs are supervised through project and HF staffs.</li> <li>▪ All NGO partners have planning and follow-up mechanism.</li> <li>▪ 80% (78 out of 98 as of August 2005) HFs are implementing CDP (cost recovery) in order to ensure drug availability throughout the year.</li> <li>▪ Joint supervision with MoH staff has been regular.</li> </ul>	

## 2.1 Major Achievement on DIP indicators:

### 2.1.1 Objective on Behavior:

Women of reproductive age, pregnant women and caregivers of children under 5 practice healthy behaviors and seek medical care from a trained provider when it is needed.

Indicators	Baseline (October 2001)	Achievement (As of July 2005)	Target (September 2006)
<b>Control of Diarrheal Disease</b>			
Increase % of children under 2 whose diarrhea is managed at home: % of children under 2 (who had diarrhea in last two weeks) who were given the same or more:			
1. Breast milk	62%	90%	80%
2. Liquids	24%	91%	65%
3. Solid/semi solid food	27%	81%	50%
4. % of children < 2 years treated with ORS (ORS packet and home made solution) in past two weeks	16%	57%	50%
<b>Pneumonia Case Management:</b>			
5. % of mothers seeking medical care from a trained provider (health facility, trained volunteers) when their child shows signs of pneumonia (rapid breathing, chest in –drawing)	79%	93%	90%
6. % of mothers of children <2 years who know at least 3 signs of pneumonia.	15%	92%	50%
<b>Family Planning / Maternal and Newborn Care</b>			
7. % of women of reproductive age who know at least one place where they can obtain a method of child spacing	54%	98%	80%
8. % of mothers of children <2 who know at least 2 danger signs in pregnancy.	26%	95%	50%
9. % of mothers with children <1 who have had 2 TT	13%	32%	50%
10. % of mothers who consumed iron and folic acid supplements for at least one month while pregnant with the youngest child < 2 months	36%	87%	65%
11. % of mothers using Clean Home Delivery Kits for last delivery	11%	73%	40%

### 2.1.2 Objective on increased access to Services and Supplies:

Communities have increased sustainable access to health education, quality care and essential medicines.

Indicators	Baseline (October, 2001)	Achievement (As of July 2005)	Target (September 2006)
<b>Control of Diarrhoeal Disease</b>			
1. % of FCHVs who distribute ORS and have supplies	20%	57%	80%
<b>Pneumonia Case Management</b>			
2. % of communities who have access to Cotrimoxazole (through FCHVs and CDP) (No baseline data)		83%	
<b>Family Planning and MNC</b>			
3. % of FCHVs and TBAs who distribute contraceptives	5%	95%	90%
4. % of FCHVs and TBAs who sell / distribute CHDK	20%	86%	60%
<b>General</b>			
5. % of FCHVs who have:			
▪ ORS available during the survey year around.		56%	
▪ Clean Home Delivery Kits available year around.		41%	
▪ Cotrimoxazole available year around.		97%	

**2.1.3 Objective on Quality of Care:**

MOH personnel and community volunteers (FCHVs, TBAs) practice appropriate case management of diarrhea and pneumonia and provide quality family planning and maternal and newborn care services.

<b>Indicators</b>	<b>Baseline (October, 2001)</b>	<b>Achievement (As of July 2005)</b>	<b>Target (September 2006)</b>
<b>Control of Diarrhoeal Disease</b>			
1. % of children <5 years presenting at the health facility with simple diarrhea who received ORT	29%	94%	80%
2. % of FCHVs and TBAs who can correctly demonstrate the preparation of ORS and demonstrate Standard Case Management (SCM) for Diarrhoeal Disease (DD) according to MOH protocols.	30%	99%	90%
3. % of children <5 years presenting at the health facility with simple diarrhea who received an antibiotics or anti diarrheal	75%	35%	10%
<b>Pneumonia Case Management</b>			
4. % of children referred by FCHVs in last two weeks with pneumonia who are treated with Contrimoxazole		0%	50%
5. % of pneumonia cases (in children <5 years) presenting at the health facility that receive an appropriate antibiotic	69%	96%	80%
<b>Family Planning and Maternal and Newborn Care</b>			
6. % of mothers of children <12 months who had at least one prenatal visit during pregnancy (based on cards)	45%	74%	70%
7. % of mothers with children <12 months with last delivery attended by trained provider (Trained TBA or higher)	32%	68%	65%
8. % of women with obstetric emergency that are referred to next level of care and treated by MOH clinician		27%	

**2.1.4 Institutional objectives:**

Local NGOs, MOH and community-based institutions have developed and strengthened capacity to support child survival activities on a sustainable basis.

Indicators	Baseline (October, 2001)	Achievement (As of July 2005)	Target (September 2006)
<b>Institutional:</b>			
1. % of VDCs that have at least three mothers groups / PWG with demonstrated health promotion activities and plans for future BCC activities (not included in baseline)		66%	80 %
2. % of HFCs or mothers group that are planning and monitoring local health activities– <i>Mothers Group all 4 points a) Regular Meeting, b) Establishment of health saving fund, c) PWG formation &amp; Safer Motherhood service and d) Support to Out Reach Clinic</i> (not included in the baseline)		15%	25 %
3. % of FCHVs that have established community health funds and mechanism for cost recovery (not included in baseline)		18%	25 %
4. % of FCHVs who are involved in education and community mobilization efforts at least 8 times in last 12 months.	10%	84%	70%
5. % of VDC that commit some financial support to CS activities at community level.	10%	76%	60%
6. % of local health facilities that have established CDP's and community drug management committees	9%	80% at the end of August 2005	50%
7. % of health workers that had at least one supervisory visit from the MOH in the last 3 months.	7%	86%	75%

**2.1.5 Sustainability:**

S.N.	Sustainability	Accomplishments/Activity
1.	Behavioral Sustainability	<ul style="list-style-type: none"> <li>- 93% of mothers having children aged 0-23 months with cough and fast / difficult breathing in the last two weeks were taken to a health facility or received treatment (LQAS July 2005);</li> <li>- Service utilization rates show an increasing trend such as ANC/PNC visit, immunization coverage;</li> <li>- Increased demand for health services by community.</li> </ul>
2.	Institutional Sustainability	<ul style="list-style-type: none"> <li>- Local HF management committees were formed at all HFs and among them 80% were managing the CDP program by the end of August 2005;</li> <li>- Existing linkages between the PWG and local HFs and smooth graduation of PWG (53% by December 2005);</li> <li>- Skill transfer to DHO, NGOs and Plan Nepal regular staffs on CS activities including LQAS.</li> </ul>
3.	Financial Sustainability	<ul style="list-style-type: none"> <li>- All programs are implemented through MOH and DHO;</li> <li>- 76% of VDC commit some financial support to CS activities at community level (LQAS July 2005)</li> </ul>

### **3.0 SUSTAINABILITY PLAN:**

- CS sustainability assessment framework workshop was held in Kathmandu from August 30 – September 1, 2005. Key stakeholders like MoH (Child Health Division, DHO), Local Mission representatives and partners participated in workshop. The stakeholders defined the vision of the local system of Bara District and this was “That our community will stay healthy, especially our mothers and children”. They identified 36 indicators along the 3 dimensions of the framework and were able to give measurements of these indicators through a combination of LQAS results they had collected, District level Reports and consensus building during the workshop. (see annex 2).
- CHOs have been assigned to oversee the entire population of VDCs in their respective field area (FA) from this year on. This will provide seamless supervision at field area level. Previously ACHOs and CHOs were assigned to different VDCs within a particular field area creating multiple reporting lines within each field area.
- Major CS activities will be continued by Plan Nepal at end of project (after September 29, 2006) using core funds. Plan Nepal is still working on a detailed workplan to gradually handover activities to DDC, DHO and local health facilities committees.

### **4.0 PHASE OUT PLAN:**

- Child Survival Project Phase-out Strategy Planning Workshop was held from 11 to 12 July 2005 at Hotel Vishuwa, Birgunj. There were participation from NCO team, Central OSM, R/B PU and BBO and NBO including CS team. The key findings and recommendation are as follows:
  - The achievements of the CS project are good and should be maintained by all the stakeholders including Plan Nepal after the CS project phases out from Bara/ Rautahat on 29<sup>th</sup> September 2006. Plan Nepal should play a lead role in gradually handing over to local partners.
  - The committed and skilled human resources of the CS team are assets of Plan Nepal and the Bara community. They should be absorbed within Plan’s core program and that of local NGOs as far as possible.

### **5.0 CONTRIBUTING FACTORS FOR SUCCESS:**

#### *Staff and team:*

- Competent staff
- High morale and good team work

#### *Backstopping and management support*

- Adequate technical backstopping from NCO and IH
- Adequate management support from NCO, PU and OSU

#### *Partnership and networking*

- Good partnership with local NGOs and local HFs and MOH
- Good networking and coordination with all stakeholders from district to national levels

#### *Community mobilization*

- Mobilization of specific interest groups linked with the program intervention e.g. mothers groups, PWGs and child clubs;
- Mobilization of community health volunteers in health activities
- Mobilization of local health committees

## 6.0 HINDRANCE FACTORS:

CONSTRAINTS	ALLEVATING STRATEGIES
MOH HF staff turnover	The issue is regularly raised in different fora including FCHV sub-committees, DDC, DHO and at central level forums like IMCI working Group. This is a general problem in Nepal and it has not been easy to address the frequent transfer of MoH staff. The project is providing training and orientation for newly transferred staff on all intervention areas on an annual basis. The project is focusing on community-based interventions and working more with local health facility committees.
Conflict	The project has adopted the small group approach (see text) to overcome travel difficulties. Also Interest groups like mothers' groups, pregnant women groups and child clubs are working closely with the project and health facilities and this greatly assists field level work. There exists a buffer stock of essential drugs and a cold chain sub-center is being established at the Ilaka level (Health Post) to cushion disruption of services.

## 7.0 REQUIRED TECHNICAL ASSISTANCE

- Technical assistance will be required for the final evaluation.

## 8.0 CHANGE IN PROJECT DESIGN

- No significant changes have been made in the project design and implementation during this period (October 2004 to September 2005).

## 9.0 OVERALL MANAGEMENT OF THE PROJECT

In line with the overall management strategy outlined in the DIP, the project work has been divided into seven field areas and staffed accordingly. The project staff worked very closely in collaboration with the local health facility staff and volunteers (FCHVs and TBAs), mothers' groups, pregnant women groups, child clubs, local health facility support committees and partners. Altogether, there are 22 field staff that include: Seven Community Health Officers (CHOs), and 15 Assistant Community Health Officers (ACHOs). CHOs and ACHOs operate their field activities from their own assigned supervisory field area offices. In addition, there are also 6 core technical staff in the project to support CS Project Coordinator and the field team. The core team is responsible for undertaking training, health information system management, BCC/IEC coordination and administrative and financial function, and overall coordination and management of the project activities. Plan Nepal's Country Office through Program Unit Office located at Birgunj technically and administratively supports the core team. It receives regular support and as and when needed from National Health Coordinator. In addition, the project is also getting technical, management and administrative backstopping from Plan's Washington Office that is also the project's link between Plan and USAID.

The management structure of the project has been designed in a way that facilitates a participatory approach to decision making. While project staff and the different Plan and partner's offices perform distinct roles and responsibilities, day to day planning, decision-making and implementation is done at the field level. Management and staff review work during monthly staff meetings.

A field team is assigned to each of the 7 field areas. This field team consists of CHO (Field Area Supervisor) and 1-3 ACHO who are working with FCHVs, TBAs, Mothers Group, pregnant women groups, child clubs and Local Health Facility Support Committees. Each of the field teams covers approximately 14 Village Development Committee (VDCs), a maximum of 126 FCHVs, 42 trained TBAs, and 14 support committees. The core team has strengthened the capacity of NGO Partners to perform their assigned activities. The Project Coordinator and Senior Community Health Officer coordinate work with the district health office. The Project Coordinator is responsible for overall management, implementation and quality of the project as well as for technical backstopping to the field team. The Assistant Field Area Supervisors report to the Field Area Supervisor who heads the field team. The Field Area Supervisors report to the Senior CHO. All the core team members including Senior Community Health Officer report to the Project Coordinator. The Project Coordinator administratively reports to the Program Unit Manager but technically reports to the National Health Coordinator.

## 9.1 Financial Management

Monthly financial reports, following a pre-agreed format, are sent by Project Coordinator (PC) to NCO and then to IH. Plan Nepal's already established financial system (General ledger) tracks project expenditure. Expenditure is broken down according to specific codes like training, equipment, supplies and supervision. Project expenditure reports are reviewed for USAID compliance and then submitted to USAID. The project annual budget for the coming fiscal year, based on its DIP approved workplan, is consolidated with the Plan Nepal Budget for the following year and is sent to the Asia Regional Office of Plan for approval. Annual budget approval from IH and RO is received each year before stating the Fiscal Year. Plan's corporate general ledger system assigns a project specific number to enable accurate tracking of project expenditures.

The project works with sub grantee partner organizations to monitor and ensure monthly financial reporting of budget spent as per planned.

## 9.2 Human Resources

**Community level Volunteers (4-8 hours per week):** FCHVs are responsible for working with mothers in the project intervention areas. They are responsible for diagnosing sick children with pneumonia and diarrhea and providing first level treatment as described in the intervention sections. FCHVs also support maternal and neonatal care by providing iron supplementation and motivating pregnant women to avail of antenatal care. They distribute condoms and replenish oral contraceptive pills. FCHVs are responsible for working with SHPs and HPs to manage revolving drug program and work with communities to identify common health problems and find solutions together. They are responsible for convening Mothers' Group and pregnant women group meetings on a monthly basis.

On average there are nine FCHVs and three TBAs in each VDC for a total of 882 FCHVs and 294 TBAs working in the entire project area. On average a FCHV covers around 87 households in her catchments area.

**MoH staff:** An Auxiliary Health Worker (AHW) is charged with running the SHP supported by a Village Health Worker (VHW), a Maternal Child Health Worker (MCHW) and a helper (peon). A Health Assistant is charged with running the HP and is supported by an Auxiliary Nurse Midwife (ANM), an AHW, a VHW and a helper (peon). These facility staff is responsible for regular MoH health interventions including IMCI and MNC services. VHW and MCHW are responsible for outreach activities and supportive supervision to FCHVs and TBAs.

**NGO Partners:** The NGO partners are responsible for providing training in BCC/IEC activities and logistic management. They also build governance capacity of the local health facility management committee and Community drug management committee. They also serve to strengthen Interest groups e.g. PWGs and Child Clubs.

**Core CS Staff (100% effort):** There is a total of 34 staff including administration/finance and support. The field area supervisors and assistant field area supervisors work directly with health facility staff and community volunteers to support and monitor project activities. All the field level staff speaks the local dialects and has great advantage to work at community level. The major task of Project staff is to build community and DHO capacity to demand for and deliver quality service. Project staffs do not directly deliver services.

**Plan Staff:** The Senior Health Program Manager (IH) and the Health Associate (IH) dedicate 10% and 25% of their time respectively as project backstops. The Plan Nepal National Health Coordinator dedicates 15% of his field time whereas District Program Coordinator dedicates 25% of his time for management support towards the project.

### **9.3 Communication Systems and Team Development**

The technical backstopping team at Plan's Washington DC Office shares relevant technical information to the field office as they receive it, particularly from CSTS and CORE. The CS Project Coordinator is in the CSTS list-serve and receives periodic Bookmarks via the Internet, which the project has access to. The PC and majority of project staff are fluent in English. The project office has reliable email, Internet, telephone, and fax facilities.

### **9.4 Relationship with Local Partners**

The major partners of Plan CS Project are District Health Office (DHO), Local Health Facilities and its management committees, Community Welfare Centre (CWC), Child Welfare Society (CWS), General Welfare Pratisthan (GWP) and Saprah Youth Awareness Club (SAYAC). In addition, other collaborating partners are Nepal Family Health Program (NFHP), Nepal Salt Trading Corporation (NTC), WHO and Nepal Pediatrics Society (NEPAS). Plan CS Project coordinates actively with these local partners while designing and implementing programs in the project area and always in close collaboration with the community and DHO. Coordination meetings are held with all the district level partners on a monthly basis. The project had included the staff of partner organizations in relevant training to build their capacity in their respective interventions.

### **9.5 PVO Coordination/Collaboration in Country**

Save the Children (US), Care Nepal, National Technical Assistance Group (NTAG), UNICEF and Nepal Family Health Project (NFHP) are the collaborating PVOs at the national level. Regular communication and sharing through e-mails and meetings has taken place on a regular basis. This has been helpful in enhancing field level capacity through sharing best practices. Plan is one of the members of National IMCI Working Group. Plan IMCI interventions are based on the MoH work plan. Plan Nepal is a partner of the national zinc supplementation work plan and is also a member of the national FCHV Sub-committee. In Banke district, Plan is one of the collaborating partners with Family Health Division, NFHP and others tasked with implementing pilot interventions for Community Based Maternal and newborn Care.

## **9.6 Other Relevant Management Systems**

The project follows the Plan Nepal system for the procurement. All requests for equipment and supplies are made to the Support Center located at Hetauda in Makawanpur district. The support center examines prices and quality from several suppliers, collecting at least three official bids on items costing more than \$ 250 as per guidelines. The support center makes a purchase order once the vendor is chosen and the item is shipped directly to the CS Project Office. The support center is also responsible for purchasing and delivering items not available in local markets. The Administration and Finance Officer inspects the goods upon receipt to ensure their quality. Items valued at more than \$250 are recorded in the inventory at the SC. A copy of this inventory is also maintained at the CS project office for dual tracking. Each item is given a number before being sent to the regular users. Items valued at less than \$ 250 are recorded in the same way but the inventory is maintained only at the CS Project Office. In case an item requires technical inspection, SC invites appropriate persons to be a part of the assessment team.

## **10.0 RELATIONSHIPS WITH LOCAL MISSION**

Plan Nepal has an excellent relationship with Local Mission at Kathmandu. Plan has been participating regularly in SO2 partner meetings. Plan receives regular invitations to the security meetings and the Country Director or her assignees attend the same. Local Mission representatives participated in the Child Survival Sustainability Assessment Workshop conducted by Plan last August-September. Plan Nepal and the Local Mission maintain regular communication. During each visit from IH, Plan has always organized debriefing meetings at the Mission.

## 11.0 RESPONSE TO PRIORITY RECOMMENDATIONS ON MID-TERM EVALUATION

### (ACTION PLAN)

Activity	Steps	Actors	By When	Status
Formation of a national advisory group to review project progress and provide support	Preliminary meeting/Workshop with stakeholders	National Health Coordinator, Project Coordinator	November 2004	Not Done
Explore the possibility formation of Advisory Group by Nov 2004	Formation of Committee			
Split of CWC and CWS partnership and allow to work separately	Separate agreement with NGOs	DPC, National Health Coordinator and Project Coordinator	July 04	Completed in July 2004
Use a short list of indicators for discussion with project partners	Pickup selected indicators as per requirement	Project coordinator	July 04	Completed in July 2004
Incorporate local art forms in project and educational materials	Exploration	Project Coordinator	Sep '04	All planned activities were completed in January 2005
Explore the potential art	Corresponding Visit	BCC Coordinator	Nov '04	
Preparation Implementation	Pre-test Finalization Developing / production / Dissemination / displaying		Dec '04 – Feb '05	

### Response to MTE recommendations:

#### 1. Formation of a national advisory group to review project progress and provide support:

The feasibility of crafting a separate advisory group to support Plan's project only was discussed extensively with Child Health Division (MOH HQ) and contact person for Plan at Local USAID Mission. Since there already exist forums to discuss and share about the project, Plan felt that forming a separate advisory group would duplicate the function of National IMCI Working Group. Most of the proposed members for the advisory group (except for 2 local Plan partners) were already members of the National IMCI Working Group, including Plan Nepal. The National IMCI Working Group regularly reviews progress on child survival interventions implemented by the MoH system and supported by different agencies including Plan. At the district level, a Reproductive Health Coordination Committee meets monthly and this includes Plan, CWC and CWS (the 2 local partners). Plan shares progress of the project in this committee on a regular basis including after each LQAS. Therefore in a nutshell, all of the proposed advisory forum members were already engaging with Plan in regular meetings already. In consultation with other stakeholders, Plan Nepal made a decision not to form an advisory group but use existing forums to meet the proposed objective.

2. Split of CWC and CWS partnership and allow to work separately

CWC and CWS, both local NGOs, were legally separated from July 2004. As per recommendation, the agreements were made separately for the separate programs with each NGO. The partners are working in separate interventions for the project.

3. Use a short list of indicators for discussion with project partners:

The CS project has been using short listed indicators, which were selected jointly. These indicators are the basis for comparison in the monthly meeting with partners NGOs, District Health Office, MoH, NFHP (Nepal Family Health Program) and Marie Stoppes International who are working in the health sector in Bara District. Most of the indicators are the same for LQAS and service outlet data of HMIS. Project is using these indicators for Ilaka level review sessions each month and compare with LQAS data every six months. The indicators are displayed in each health post on a white board where the review meeting is conducted. The data are updated every month during the review. **There are ± 16 indicators (see annex 3).**

4. Incorporation local art in the educational materials of the project

As per recommendation of MTE, local traditional Mithila art has been adopted in the project BCC/IEC materials. The art was painted in fifteen (15) different public places in the project areas in January 2005. These murals are providing messages on safe motherhood, prevention of HIV/AIDS and family planning.

There was a field trip to Janakpur to explore the potential of local traditional art. The local traditional Mithila art painters were brought to Bara and painted the murals. They also trained three local painters in the project area and local artists have taken up the art. Prior to scaling up of the local painting, pretesting was done to assess effectiveness and understanding of the messages. The attached picture is a sample of Mithila art used as part of the project's IEC materials to disseminate Child survival messages.



## **12.0 OTHERS**

Plan Nepal was invited to present the PWG concept and status to the national Safe Motherhood network meeting of the Department of Health Services. The National Health Coordinator made this presentation. It has drawn plenty of interest among stakeholders and Plan Nepal is preparing to conduct an assessment study before scaling up this approach.

Abstracts on LQAS and Pregnant Women Group experiences in the project have been accepted for poster presentation at this year's APHA conference (American Public Health Association) that will be held in Philadelphia in December.

### 13.0 WORK PLAN FROM OCTOBER 2005 TO SEPTEMBER 2006

ACTIVITIES	YEAR 5 (October 2005 - September 2006)											Remarks	
	First Quarter			Second Quarter			Third Quarter			Fourth Quarter			
	Oct'05	Nov'05	Dec'05	Jan'06	Feb'06	Mar'06	Apr'06	May'06	Jun'06	Jul'06	Aug'06		Sep'06
<b>Project Start-up and orientation</b>													
- Biannual meeting of CS Working Group		X						X					
<b>Training</b>													
- Basic training on IMCI to local health facility staff (HA, Sr. AHWs, ANMs, Medical Doctors, Staff Nurse, Project Staff) (only for new comers)		X											
- Follow-up training on IMCI to health facility staff (HA, Sr. AHWs, ANMs, Medical Doctors, Staff Nurse, Project Staff)													NFHP has done this in August 2005
- Follow-up visits at all local health facilities to improve IMCI skills of health workers	X	X	X	X	X	X	X	X	X				
- Refresher training to FCHV/TBA on FP/MNC			X										
- Refresher training on CDD/ARI (IMCI) to FCHVs			X										
- Basic training on iron intensification to FCHVs						X							
<b>Community Drug Program</b>													
- District Level planning of CDP (review)		X			X			X			X		
- Training of local health facility staff on CDP (new comers)	X	X											
<b>BCC Activities</b>													
- Preparation of Calendar with CS Messages (Pictorial)			X										
- On site coaching of FCHVs, TBAS and Local Health Facility Staff (CHO and ACHO facilitation skill orientation)	X	X	X	X	X	X	X	X	X	X	X		
- Erection of Bill Boards with key CS messages (repainting and repair)					X	X							
- Launching of audio tower program (FM radio broadcasting)	X	X	X	X	X	X	X	X	X	X	X	X	
- Formation of pregnant women group and delivery of key CS messages and study of PWG	X	X											
- Equipment and materials support to local health facilities (HP, SHP, PHC)	X	X											
- Identification of list of essential equipment required for local health facilities in Bara	X												

ACTIVITIES	YEAR 5 (October 2005 - September 2006)												Remarks
	First Quarter			Second Quarter			Third Quarter			Fourth Quarter			
	Oct' 05	Nov' 05	Dec' 05	Jan' 06	Feb' 06	Mar' 06	Apr' 06	May' 06	Jun' 06	Jul' 06	Aug' 06	Sep' 06	
- Procure and delivery of equipments /medicines to local health facility (ARI Timers and sphygmomanometer with stethoscope) (Cotrim +ORS)	X	X	X										
<b>Support to national campaigns</b>													
- Strengthening routine immunization	X	X	X	X	X	X	X	X	X	X	X	X	
- Support to Maternal and Neonatal tetanus elimination campaign (Measles and TT campaigning if initiated by MOH Nepal)							X						X
- Vitamin A dosing campaign	X						X						X
- Deworming	X						X						X
- Iron and folic acid distribution to pregnant/lactating women and adolescent girls ( <b>this will follow a joint need assessment done with the DHO</b> )											X		
<b>Establishment/Strengthening of Monitoring and Support System</b>													
- LQAS basic training to Plan core staff and GO and I/NGOs staff.		-	X	X									
- Collect data by using supervision check lists and use it to monitor performance of volunteers	X	X	X	X	X	X	X	X	X				
- Training on quality record keeping and reporting (DHO staff)		X											
- Biannual data collection to monitor CS indicators				X						X			
- EPI Info training to CS staff				X									
<b>Evaluation:</b>													
- Final Evaluation of CS Project										X	X	X	
<b>Miscellaneous activities</b>													
- Joint supportive supervision to local health facilities by/with DHO (supervision schedule)	X	X	X	X	X	X	X	X	X	X	X	X	X
- Joint supportive supervision to communities by/with local health facilities	X	X	X	X	X	X	X	X	X	X	X	X	X
- Monthly program review meeting (CS staff)	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Others activities</b>													
- Quarterly reports			X			X			X				
- Annual report	X												
- Final report												X	

## **14.0 CSHGP DATASHEET**



**Plan Nepal**  
**Rautahat/Bara Program**  
**Child Survival XIII**  
**Cost Extension Project**  
**NEPAL**

**Seventh LQAS Report**

**JULY 2005**

# Table of Content

## Page No.

Acknowledgements: .....	4
List of Acronyms:.....	5
1. Program Overview: .....	6
2. Project Strategies and Interventions: .....	6
3. Program Monitoring and Evaluation Strategy:.....	7
4. Methodology: .....	7
5. LQAS Results:.....	9
5.1.1. Mother with children 0 – 11 months (Table # 2): .....	10
5.1.1. 1. Breast Feeding and Child Nutrition: .....	10
5.1.1.2. Prenatal Care:.....	10
5.1.1.3. Delivery place and attendant:.....	10
5.1.1.4. Newborn Care: .....	11
5.1.2. Mother with children 12-23 months (Table # 3):.....	11
5.1.2.1. Breast Feeding and Child Nutrition: .....	11
5.1.2.2. Childhood Immunization: .....	11
5.1.2. 3. ARI:.....	11
5.1.2. 4. Diarrhea Case Management: .....	11
5.1.3 Family Planning/ Child Spacing Module -Women 15-49 years (Table # 4): .....	11
5.1.4. HIV AIDS -Women 15-49 years (Table # 4): .....	12
5.2. Assessing Coverage Proportions of Each Intervention: Tracking the Progress of Project Area (Table5):.....	12
5.2.1. Breastfeeding and Child Nutrition: .....	12
5.2.2. Childhood Immunization: .....	12
5.2.3. Sick Child: .....	13
5.2.4. Diarrhea Case Management: .....	13
5.2.5. ARI:.....	13
5.2.6. Prenatal Care:.....	13
5.2.7. Place of Delivery and Delivery Attended: .....	13
5.2.8. Postpartum Care:.....	14
5.2.9. Child Spacing:.....	14
5.2.10. Maternal Knowledge on Danger Signs During Pregnancy, Natal, Post Natal Period and Newborn:.....	14
5.2.11. Maternal Knowledge on Danger Signs of Pneumonia and Diarrhoea:.....	14
5.3. Cost Analysis:.....	14
6. Recommendations: .....	15
6.1. FA-wise Recommendations for Improvement in Poor Indicator Data During LQAS on July 2005 .....	16
FA # 1 (Simara and Nijgudh PHCs) .....	16
FA # 2 (Rampurwa and Haraiya HPs) .....	17
FA # 3 (Rampurtokani and Bhodaha HPs).....	18
FA # 4 (Parsauni and Phetaha HPs) .....	19
FA # 5 (Ganjabhawanipur PHC and Bariyarpur HP).....	20
FA # 6 (Chiutaha and Gadahal HPs).....	21
FA # 7 (Simrahanj and Hardia HPs) .....	23
6.2. Indicator-wise Recommendations for Improvement in Poor Indicator Data During LQAS on July 2005 .....	24

***Name of Tables:***

<b><u>Table No.</u></b>	<b><u>Description</u></b>	<b><u>Page No.</u></b>
<b>Table 1:</b>	Decision Rules for Sample Sizes of 12-30 and Coverage Targets/ average of 5% - 95%.	31
<b>Table 2:</b>	Number of Mothers with children 0-11 months with inadequate knowledge or with practices according to LQAS thresholds and decision rules [ <i>benchmark percentage (based on monitoring targets) of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> LQAS; and details figures/numbers presented against program average and monitoring targets for the seventh LQAS</i> ].	32
<b>Table 3:</b>	Number of Mothers with children 12-23 months with inadequate knowledge or with practices according to LQAS thresholds and decision rules [ <i>benchmark percentage (based on monitoring targets) of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> LQAS; and details figures/numbers presented against program average and monitoring targets for the seventh LQAS</i> ]	33
<b>Table 4:</b>	Number of Women age 15-49 years with inadequate family planning practices according to LQAS thresholds and decision rules [ <i>benchmark percentage (based on monitoring targets) of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> LQAS; and details figures/numbers presented against program average and monitoring targets for the seventh LQAS</i> ]	34
<b>Table 5:</b>	Comparison of coverage proportion for key indicators collected between four-time period of ( <i>First, Second, Third, Fourth, Fifth, Sixth and Seventh LQAS</i> )	35
<b>Table 6:</b>	Rapid Core Assessment Tool for Child Health (CATCH) from <i>October 2001 to July 2005</i>	41
<b>Table 7:</b>	DIP – Target, Achievement and Baselines	43
<b>Table 8:</b>	Comparison of costs between First, Second, Third, Fourth, Fifth, Sixth and Seventh LQAS.	45

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**List of Acronyms:**

ARI	: Acute Respiratory Infection
ACHO	: Assistant Community Health Officer
ANC	: Ante Natal Care
BCC	: Behavioral Change Communication
CPR	: Contraceptive Prevalence Rate
CBIMCI	: Community Based Integrated Management of Childhood Illness
CHO	: Community Health Officer
CHDK	: Clean Home Delivery Kit
CS	: Child Survival
DCM	: Diarrhea Case Management
DHO	: District Health Office
DHS	: Demographic Health Survey
DPT	: Diphtheria Pertusis & Tetanus
EPI	: Expanded Program on Immunization
EmOC	: Emergency Obstetric Care
FAS	: Field Area Supervisor
FCHV	: Female Community Health Volunteer
FP	: Family Planning
HIV/AIDS	: Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HMG	: His Majesty's Government
IMR	: Infant Mortality Rate
KPC	: Knowledge Practice and Coverage
LQAS	: Lot Quality Assurance Sampling or Local Quality And Supervision
MCHW	: Maternal and Child Health Worker
MG	: Mothers' Group
MMR	: Maternal Mortality Ratio
MNC	: Maternal and Newborn Care (Safer Motherhood)
MoH	: Ministry of Health
NGO	: Non-governmental Organization
NRs	: Nepalese Rupees
ORS	: Oral Dehydration Salt
ORT	: Oral Dehydration Therapy
PCM	: Pneumonia Case Management
PWG	: Pregnant Women's Forum
TBA	: Traditional Birth Attendants
TT	: Tetanus Toxoid
UCI	: Universal Child Immunization
VDC	: Village Development Committee

## **CHILD SURVIVAL INITIATIVES IN BARA DISTRICT AN ASSESSMENT REPORT BY USING LQAS-JULY 2005**

### **1. Program Overview:**

Plan Nepal has been implementing Child Survival Project in Bara district of Nepal. USAID Washington has funded the project for a period of five years starting from October 2001 with a view of translating the success and experience obtained in the previous cycle as the current project has been expanded from previous 17 to all 98 VDCs of Bara district.

Bara district is located in the Terai that extend along the boarder of Bihar State of India. Various ethnic groups dominated by caste system including a sizeable Muslim population (15%) and so-called lower caste/Dalit (25%) are the major inhabitants of the project area.

The target group is very poor, working as mostly tenant farmers and wage labors. Most of the project area is deprived from basic infrastructure like electricity, sanitation and clean water supply (up to half of the families). The total population of the district according to 2001 census is approximately 525,799. Of these 110,418 are women of reproductive age and 78,870 are infants and children under-five years of age.

According to Nepal DHS survey (2001) the national under-five mortality was 91 per 1,000 live births with an IMR 64 per 1,000 live births. Mortality is constantly higher in rural areas. DHS report has revealed that maternal education is strongly related to mortality. Children born to mothers with no educational experience has much higher levels of mortality than children born to mothers with some education. The current maternal mortality ratios (MMR) are 415/100,000 live births, which are very high and have been considered to be the highest in the Asia Region (Tenth Five Year Plan/2003-2007, 2003 March). Institutional deliveries are not common in Nepal. DHS (2001) has revealed that only 13% births are attended by a trained health professional.

According to the KPC Survey conducted in November 2001, many health indices on child health were observed poor. The following are the major findings:

- Less than 10% of children of age 0-11 months were breast-fed within first hour of birth.
- Only 55% of mothers were treating diarrhea with ORS.
- 41% of the mothers knew about how to make ORS correctly.
- The EPI coverage as recorded in immunization cards is very low (10%)

The project was designed to address problems identified in the survey. Its main goal is to assist the District Health Office (DHO) to improve the status of children of under-five and the women of reproductive age (15-49 years) in the project area. The project is intended to achieve the following four major objectives during the project period:

- Women of reproductive age and mothers of children under-five years of age will be practicing healthy behavior and seeking medical care from trained providers.
- Communities and families will have access to health education, quality care and essential medicines;
- DHO/ MOH personnel, community volunteers and other service providers will be practicing appropriate integrated management of sick children particularly pneumonia and diarrhea case management. Practitioners and volunteers will also deliver quality family planning and maternal and newborn and preventive care.
- Community based organizations; local NGOs and district MOH facilities will be developed and strengthened to support and implement activities that enhance child survival.

### **2. Project Strategies and Interventions:**

The major interventions of the project area are diarrhea case management, pneumonia standard case management, maternal and newborn care and spacing. CBIMCI is the major strategy to address the problem of

child health. FASs are actively involved to strengthen a pregnant women's group (PWG) in the communities through FCHVs and linking them with local health facilities. The group session focuses to provide maternal and child health services in terms of educational session, distribution of iron and folic acids, Vitamin "A" supplementation for postnatal women, immunization for children, TT for pregnant women and contraceptives for eligible couples. In addition to training and PWG meeting, the FAS supports health facility staff in management and leadership development, supervision skills and technical skills. FASs also train them to use supervision checklist to assess the skills of FCHVs and TBAs.

### **3. Program Monitoring and Evaluation Strategy:**

The project has treated monitoring and evaluation as the core project activity. Therefore, during the project design phase it has planned to use LQAS to monitor and assess local/field area and project level activity and utilize the finding of LQAS with the broad objective of improving the management and project intervention.

Indeed, LQAS methodology has been introduced into the program not only to assess the program but also applied for routine community based monitoring. It has been observed as a rapid tool to know if the field area reaches benchmark of individual indicator, compare the performance between the FAs and observe the progress trend of individual indicator over the period. So far, between November 2001 and July 2005 FASs have already collected LQAS data seven times. The last six LQAS data collection were conducted between six months interval and compared the progresses of each indicators that were identified during the baseline.

### **4. Methodology:**

This section explains briefly about LQAS methodology, sample size, training and questionnaire development, and sampling and about the concept of threshold and decision rule.

#### **4.1. Genesis of LQAS:**

LQAS stands for lot quality assurance sampling or local quality and supervision. LQAS was developed in the 1920s for quality control of industrial production goods. The basic principle is that a line manager/supervisor takes a small random sample of a recent batch or lot of goods from a production unit such as an assembly line. If the number of defective goods in a sample exceeds a predetermined number then the lot is rejected otherwise it is accepted. The allowable number is called the decision rule. This allowable number is based on a production standard and the sample size. Recently, the industrial monitoring experience was transferred to monitor the quality of the health indicators and to improve the supervision of the field area. First time the project had used this tool in June 1999 with the assistance of Joe Valadez in previous project.

#### **4.2. Threshold and Decision Rule:**

Initial threshold/benchmark for assessing the indicators were selected using average proportion obtained by aggregating the data of all seven FAs collected in October 2001. In regard with threshold for subsequent LQAS benchmark/threshold were decided/fixed in previous LQAS, which we call monitoring/coverage target of the project for respective indicator. However, in all LQAS surveys FAs are compared against the benchmark that was calculated from program average coverage (Table #1). Program average coverage is the percentage of people in a catchments area who know or practice a recommended health behavior or received particular service.

#### **4.3. Purpose of LQAS:**

LQAS method can be used for various purposes however in the CS project it has been applied for:

- Whether the field area has above or below average coverage;
- Which indicators within a field area are doing well and which are not; and
- How supervision areas within a program area compare with one another.

#### **4.4. Data Collection and Management of Data:**

The LQAS data was collected from 1<sup>st</sup> July to 12<sup>th</sup> July 2005 and tabulation was done from 13<sup>th</sup> July to 15<sup>th</sup> July, 2005. This time in addition to usual three modules we also used another two modules, FCHV and Health Facility modules. The data from these two modules were used for monitoring the DIP indicators, target versus achievement. In the present Cost Extension Project Field Area Supervisors (FASs) have already collected data seven times which includes baseline data of November 2001 and monitoring data for five times in six months interval starting from January 2003. The FASs, Support staff and Project Coordinator preferred to collect the data in six months interval. The program regularly measured indicators to monitor the knowledge and behavior related to diarrhea and pneumonia standard case management, maternal and newborn care, family planning and immunization. Based upon the findings of the monitoring survey the project coordinator together with FASs during the hand tabulation session identifies the reasons of the problems and develops the strategies to solve the problems accordingly.

#### **4.5. Sample Size:**

A sample size of nineteen was selected from each FA for this assessment. While adding up samples from all seven-field areas the aggregate sample size is 133. LQAS manual has recommended a minimum sample size of 95 to estimate coverage proportion for the entire project area. In consideration of above fact a sample of 133, which is above recommended number giving additional advantage to estimate the coverage proportion more precisely.

The reason for choosing 19 samples for the supervisory area is that any sample that is less than 19 will have alpha or beta errors that are greater than 10%. Similarly by increasing the sample size one creates more works and do not necessarily reduce the number of FAs that are incorrectly assesses.

Alpha and beta errors tells you how often the judgment will be wrong about an FA that has reached performance benchmark.

#### **4.6. Training and Questionnaire Development:**

District Health Office (DHO) staff, NGOs partners, Plan Core staff, seven FASs (Community Health Officers and Assistant Community Health Officers) and project support staff were oriented data collection of LQAS at Kalaiya, Bara from July 3 to July 4, 2005. DHO, NGOs and Plan staff were assigned to interview 19 households in their field area.

Three short questionnaires targeting three-client population prepared during previous LQAS survey were reviewed. Three-reviewed questionnaires include women aged 15-49 years, mothers of children 12-23 months and mothers of children 0-11 months. Interventions were assessed using one or more of these client populations. Women aged 15-49 years were sampled to assess the family planning interventions and calculate contraceptive prevalence rate (CPR), Mothers of children 0-11 months were selected to assess knowledge of PCM and MNC. Mothers of children 12-23 were visited to assess EPI and Vitamin A coverage, continuing breastfeeding, and knowledge on diarrhea case management. Practice on diarrhea case management was assessed using the stratum of mothers of children 0-23 months whose children had had diarrhea in the last 2 weeks.

In addition to usual three modules as mentioned above, we also used another two modules, FCHV and Health Facility modules. The data from these two modules were used for monitoring the DIP indicators to compare the target versus achievement.

#### 4.7. Sampling:

A standard procedure was applied for data collection. First a sampling frame was constructed for each field area consisting of 8-16 VDCs, their 9 wards with population sizes. Secondly, dividing the total population size of a field area by the LQAS sample size of 19 created a sampling fraction. Third, random number between 1 and the sampling fraction was selected. The ward having the corresponding person in the sampling frame's cumulative population column was determined selected as the first sample. Adding up the sampling fraction to the selected sample identified the next ward. All remaining samples were selected by continuing the addition of the sampling fraction to the preceding sum.

Once the single house was selected randomly the interviewer inquired whether a woman in union reside there. If so, she was asked her consent to answer question in the FP questionnaire. If a woman in household had either child 0-11 months or 12-23 months she was invited to answer questions in the corresponding questionnaire. Two children, one from either cohort were never selected from the same household since the diarrhea case management questions required analyzing children 0-23 months. All children for this analysis, therefore, had to reside in different households. Otherwise, the diarrhea case management (DCM) practices of a single household would be over represented. Therefore, the minimum number of the households that an interviewer could visit to carryout a survey in any ward was two and the maximum was three. The FP questionnaire took five minutes, the mother of children 0-11 months and the mother of children 12-23 months took 20 minutes each. The search for appropriate households took little time. Nearly always, a woman 15-49 years resided in the first house. One child in either age group also located rapidly.

Three health facilities from each FAs were selected from the random table, total 21 HFs were in the sample. 19 FCHVs from each FA were selected randomly, total 133 FCHVs were in the sample. The survey was conducted from 1<sup>st</sup> July to 12<sup>th</sup> July 2005. The entire sample was collected within twelve days and data tabulation was done in three days.

### 5. LQAS Results:

The findings of all LQAS assessment are recorded in three sections to show how the Child Survival Project is progressing over the time.

**(i) The first section** presents LQAS results at four points time to show the progress trends of each FA for a given interventions in terms of reaching performance standard. This shows how FASs used LQAS data to identify their FA priorities and their relative performance to other FAs. In both cases it helps FASs and Project Coordinator to determine problems in interventions and FASs requiring technical and managerial support.

**(ii) The second section** aggregates data from the LQA samples in seven FASs to calculate coverage proportions for the entire program area at six points in time. This helps Project Coordinator to track the entire community program over time.

**(iii) The third section** includes the cost analysis of the last LQAS survey.

Following sub-sections summarizes the monitoring finding observed during the survey.

#### 5.1. Assessing Field Areas: Tracking the Progress of Field Area:

The FA wise comparative picture of each indicator is annexed as table # 1, 2 and 3 of the report. This further demonstrates which indicators within a field area are doing well and which are not.

**5.1.1. Mother with children 0 – 11 months (Table # 2):****5.1.1. 1. Breast Feeding and Child Nutrition:**

- In general early initiation (within one hour) of breastfeeding is fair; FA # 4 and 6 have observed below both average coverage and monitoring target where as FA # 1 and 7 have observed below monitoring target only.
- Mothers who have given colostrums (within in three days after delivery) in FA # 6 has been found below both program average coverage and monitoring target.
- Children 0-11 months who were given only breast milk within three days after delivery was found below monitoring target in FA # 2, 4, 5 and 6 where as both program average and monitoring target was below in FA # 3 only.
- Children 0-11 months who were properly fed (only breast-feeding for the children 0-5 months and breast feeding plus one semisolid food) in last 24 hours were found below monitoring target in FA # 5 and 7.

**5.1.1.2. Prenatal Care:**

- Mothers who have seen health workers (up to MCHW level as well as up to trained TBA level) during their pregnancy were found below both program average and monitoring target in FA # 5, 6 and 7.
- The quality of counseling during pregnancy by health workers was found good in FA # 1 and 3. Mothers who were counseled on delivery preparation, breastfeeding, child spacing, EPI, informed on danger signs of pregnancy, nutrition and follow up visit were low in FA # 2, 4, 5 6 and 7.
- All FAs except FA # 3 were below monitoring target in regards with having TT/mothers card.
- All FA except 2 and 6 were met program and monitoring targets in regard with TT coverage (at least two TT shot during last pregnancy).
- The level of adequate prenatal visit (minimum 4 visits) was observed good in FA # 1, 2, 3, 4, and 5; but below monitoring target in FAs # 7; and in FA # 6 below both program average and monitoring target.
- All FAs met the program average of prenatal iron supplementation/coverage. But in regards with monitoring target FAs # 6 were found below.

**5.1.1.3. Delivery place and attendant:**

- FAs # 2, 3, 5 and 7 have met both program average and monitoring target set for delivery attended by skilled attendant (includes trained TBAs). But FA # 6 was below both monitoring and program average where as FAs # 1 and 4 were only below the monitoring target set for this period for this indicator.
- All FAs except FA # 4 and 6 has met monitoring and program average target on usage of Clean Home Delivery Kit (CHDK).
- In connection with application of clean instrument for curd cutting all FAs were observed outstanding for program average and monitoring target.
- The mothers who had post-natal check-ups were found low in four FAs namely FA # 1, 2, 5 and 6. But FA # 3, 4 and 7 were met average and monitoring target where as FA # 6 are below both monitoring and program average target.
- FA # 2, 3, 4 & 7 were found adequate for both monitoring and program average target for having postnatal high dose Vitamin “A” supplementation. FAs # 6 was below both monitoring and program average target whereas FA # 5 and 7 were observed below monitoring target.
- FAs # 2, 3, 5 and 7 met both monitoring and program average target for postnatal iron supplementation (at least two months). FA # 6 was found below monitoring and program average targets where as FAs # 1 and 4 were only below monitoring target.

**5.1.1.4. Newborn Care:**

- FA # 2 & 7 were found below monitoring target in terms of proper placement of the child immediately after birth.
- Knowledge of neonatal danger signs (at least any three) was observed adequate for both program average and monitoring target in all seven FAs.

**5.1.2. Mother with children 12-23 months (Table # 3):****5.1.2.1. Breast Feeding and Child Nutrition:**

- All FAs were outstanding for feeding high doses of Vitamin “A” for children aged 12-23 months. Both monitoring and program average target was met for this indicator.

**5.1.2.2. Childhood Immunization:**

- FA # 3 and 7 have met both monitoring and program average target in possessing immunization card. Remaining FA # 1, 2 & 5 were found below monitoring target and FA # 4 and 6 were found below in both monitoring and program average targets.
- Monitoring and average program targets were met by FA # 3 and 7 for EPI access (child with first DPT vaccine). Remaining FA # 1, 2 & 5 were found below monitoring target and FA # 4 and 6 were found below in both monitoring and program average targets.
- FA # 3 and 7 has met both monitoring and program average target for measles vaccination coverage. The remaining FAs # 1, 2, 5 and 6 were found below the benchmark set for monitoring target and FA # 4 was found below both monitoring and program average targets.
- EPI coverage as confirmed by card was found adequate in FA # 2, 3 and 7. In FA # 1 and 5 were found inadequate (below the monitoring target) where as FA # 4 and 6 were below both monitoring and program average targets.

**5.1.2. 3. ARI:**

- All FAs except 1 and 3 have met both monitoring and program average targets on knowledge of mothers on danger signs on ARI (any three).

**5.1.2. 4. Diarrhea Case Management:**

- All FAs was above both program average and monitoring targets set for proper knowledge of mother who had at least three danger sign of diarrhoea.
- FA # 2, 3, 6 and 7 were found above the benchmark for maternal competency in ORS preparation where as FAs # 1, 4 and 5 were below monitoring target.
- All FAs except FA # 7 were above both program average and monitoring targets for maternal hand washing before food preparation.

**5.1.3 Family Planning/ Child Spacing Module -Women 15-49 years (Table # 4):**

- The usage of modern contraceptives among women of reproductive age in FAs # 2, 3, 5 and 6 were observed above program average and monitoring target. In FA # 1 and 4 was observed both below program and monitoring targets where as in FA # 7 only below the monitoring target.
- All the seven FAs were outstanding in knowing the source/place of getting child spacing method.

**5.1.4. HIV AIDS -Women 15-49 years (Table # 4):**

- The knowledge on at least one mode of transmission of HIV AIDS was met both above program average and monitoring target in FAs # 1, 2, 3 and 4. In FA # 6 was observed both below program and monitoring targets and the remaining FA # 5 and 7 lies below the monitoring target.
- The knowledge on at least one method of prevention of HIV AIDS was met both above program average and monitoring target in FAs # 1, 2 3 and 4. In FA # 6 was observed both below program and monitoring targets and the remaining FA # 5 and 7 lies below the monitoring target.

**5.2. Assessing Coverage Proportions of Each Intervention: Tracking the Progress of Project Area (Table5):**

This section demonstrates how the CS indicators for the entire project are progressing over the time. The table in LQAS is generally used to track the entire community program. In this section the data collected for each FA are aggregated and average coverage proportions of all major indicators are calculated with confidence interval (Table # 5).

Coverage proportion of entire project area for 52 key variables assessed in the last LQAS assessment (Table # 5). Forty-six variables have corresponding previous data which includes baseline (October 2001), first, second, third, fourth, fifth, sixth and seventh monitoring data collected in six months apart (January 2003, July 2003, January 2004, July 2004, January 2005 and July 2005). The reason for adding new variables and deducting old is that FASs decided during preparation of the subsequent studies to collect additional information on the new variable.

In general while analyzing the coverage of all the indicators the increment trend observed over the period was very impressive (Table # 5).

**5.2.1. Breastfeeding and Child Nutrition:**

The coverage proportion of all the indicators on breast-feeding and child nutrition is in increasing trend. In last 45 months breastfeeding initiation (breast feeding within one hour) has been reported to be increased from 9% to 48%, however the data shows that the exclusive breast-feeding have been decreased to 80% ( CI: 10.41)from 93% although it is observed that it has been increased with compared to level of 62% in first LQAS.

In regard with complementary and continued breast feeding the increment was observed a gradual increasing trend from the previous LQAS studies. The percent of children aged 6-23 months who were given a high dose of Vitamin “A” in the last campaign was noted 95%.

**5.2.2. Childhood Immunization:**

The EPI coverage as confirmed by card has been found increased by more than three folds. Much of this can be attributed availability of vaccination card and effort made by the project to keep the card safely. There is strong correlation between having a card and being vaccinated. If the child has a card, they tended to be fully vaccinated. Therefore the project will need to increase card retention to get an accurate measure of EPI coverage.

The EPI coverage (BCG, DPT 3, Polio 3 and measles vaccine) is found 50% although the figure was lower than the 52% in last LQAS of January 2005 however the existing figure is seem to be 5 times higher than the level of 10% in baseline. Likewise the dropout rate has reduced to 5% in the sixth LQAS from a level of 14% of the baseline.

**5.2.3. Sick Child:**

With respect to percentage of mothers those who have child aged 0-23 months who know at least three signs of childhood illness that indicate the need for treatment has increased to 97% in the seventh LQAS from the first LQAS (73%) in Oct. 2001.

**5.2.4. Diarrhea Case Management:**

The diarrhea prevalence in the seventh LQAS was noted 22%. The prevalence for the same was observed slightly higher than in the first LQAS (20%). The prevalence of diarrhea in last five LQAS studies conducted in different point of time ranges from 17% to 22%. The difference noted might be attributed to seasonal variation.

The ORT use during diarrhea episode was increased from first LQAS 16 % to the seventh LQAS 57%. Likewise, the increment in the coverage of increased breast-feeding; increased fluid, increased food during diarrhea episode were found quite impressive. But with regard to care seeking behavior of mothers when their children have diarrhea, there was slight decrement.

The maternal competency in ORS preparation was reached to 75% from the level of 67% in last LQAS and 34% in the baseline.

In regard with maternal hand washing before food preparation, the increment from first LQAS 23% to the seventh LQAS 81% (last LQAS 77%).

**5.2.5. ARI:**

Percent of children aged 0-23 months with cough and fast/difficult breathing that was taken to health facility or received treatment was increased from 79% in first LQAS to 93% in seventh LQAS.

**5.2.6. Prenatal Care:**

The consumption of iron/folic acid (consumed at least one month) by pregnant women reached to 87% in the seventh survey. The percent for this was noted 36% in the first LQAS. With respect to prenatal care visit (one visit) the increment from first LQAS (45% to seventh LQAS 74%) has noted. Likewise in regard with tetanus toxoid coverage (as confirmed by cards) was gradually increased from 13% in base line to 32 % in seventh LQAS. Our DIP target is 50% by Sept 2006, therefore project needs to give emphasis on to increase TT coverage in the program area in the remaining period.

**5.2.7. Place of Delivery and Delivery Attended:**

With regard to delivery attended by a skilled health personal up to TBA level (at current Nepal Government Policy TBA and MCHWs are not included in the skilled birth attendants) was increased from 32% in first LQAS to 68% in seventh LQAS where as up to MCHWs it was increased from 30% in sixth LQAS to 40% in seventh LQAS.

Likewise percentage of mothers of children aged 0-11 months whose delivery involved use of clean birth kit was noted 73% in the seventh LQAS. In this variable 30% was observed in the third LQAS conducted 24 months ago.

**5.2.8. Postpartum Care:**

In regard with the indicators on postpartum contact and maternal postnatal Vitamin-A consumption the increment was noted by more than four-fold between baseline and the seventh LQAS. Likewise the level of postnatal iron consumption (at least one month consumption) has reached to 62% in seventh LQAS from 48% in last LQAS and 10% in the first LQAS.

With respect to knowledge of mother's maternal danger signs during post partum period and neonatal danger signs (at least any two) the level has reached to 93% and 97% respectively.

Based upon the results the project should give focus to increase the postnatal contact (only 48%), postnatal iron consumption (62%) and Vitamin-A consumption (67%) through PWG in coming period.

**5.2.9. Child Spacing:**

There has been an impressive increment in the use of modern contraception over last 45 months. CPR has reached to 40% in the seventh LQAS from a level 24% in the first LQAS though it was decreased 15% from last LQAS. The reason behind the decrease was due to poor supply of contraceptives at community level and local health facilities. In regard with the knowledge on source of contraceptive method was increased from 54% with confidence interval plus minus 8.47 in first LQAS to 98% with confidence interval plus minus only 2.07 in seventh LQAS.

**5.2.10. Maternal Knowledge on Danger Signs During Pregnancy, Natal, Post Natal Period and Newborn:**

Maternal knowledge with respect to danger signs during pregnancy, natal, postnatal and newborn has observed impressive.

**5.2.11. Maternal Knowledge on Danger Signs of Pneumonia and Diarrhoea:**

Percentage of mothers who know at least three danger signs /symptoms of pneumonia was very impressive which was increased from 15% in first LQAS to 92% in seventh LQAS. Percentage of mothers who know at least three danger signs /symptoms of Diarrhoea was also increased from 14% in first LQAS to 85% in seventh LQAS and 77% in sixth LQAS.

**5.2.12. Knowledge on HIV/AIDS/STD:**

The percentage of mothers who knows at least one mode of transmission and prevention of HIV/AIDS/STD was increased from 47% to 53%.

**5.3. Cost Analysis:**

The details of the total cost are in table # 6. The total essential cost in first, second, third, fourth, fifth, sixth and seventh were US\$ 3,475.<sup>00</sup>, US\$ 1,504.<sup>00</sup>, US\$ 1,145.<sup>00</sup>, US\$ 4,392.<sup>00</sup> US\$ 1,379.<sup>00</sup> , US\$ 1,427.<sup>00</sup> and US\$1,904.<sup>00</sup>. The essential cost calculation as shown in the table includes salaries of the staff, transportation cost, material procured, and food and accommodation expenses.

In summary the total per observation cost of this study was calculated US\$ 5.<sup>00</sup>, which is little more than previous LQAS surveys, it was due to involvement of Plan core staff, partners staff of DHO and NGOs in training and LQAS process.

## **6. Recommendations:**

The following section based on monitoring results obtained in the seventh LQAS included the field areas-wise and detail indicator-wise results/problems and recommendation. During the hand tabulation session, the result was presented and strategies for action were recommended. While recommending the strategies project staff has been given priorities for the most problematic indicators, which are both below the program average and monitoring targets.

**6.1. FA-wise Recommendations for Improvement in Poor Indicator Data During LQAS on July 2005**

SN	Mod #	Indicator	Recommended strategies / activities
		<b>FA # 1 (Simara and Nijgudh PHCs)</b>	
1	M1	<ul style="list-style-type: none"> <li>- Breastfeeding Initiation</li> <li>- Procession of TT card</li> <li>- Maternal Health Card</li> </ul>	<ul style="list-style-type: none"> <li>- ANC clinic to be regularized</li> <li>- Out reach clinic to be regularized</li> <li>- Counseling corner to be established or strengthened</li> </ul> <p><b><u>Methodology</u></b></p> <ul style="list-style-type: none"> <li>- Community planning</li> <li>- Regular supply of EPI card &amp; plastic cover</li> <li>- Supportive supervision for PWG, ANC, ORC, Counseling Corner</li> <li>- Sharing of LQAS report on Health Post (Ilaka) level review meeting</li> <li>- PWG strengthening (FCHV/TBA/ORC)</li> </ul>
2	M1	<ul style="list-style-type: none"> <li>- Delivery by skilled health personnel</li> <li>- Post partum contact</li> <li>- Maternal Vit "A" / Iron Supplement</li> </ul>	<ul style="list-style-type: none"> <li>- MCHW/TBA kit box to be updated</li> <li>- Placement of Information board for safer motherhood</li> <li>- Counseling chart</li> </ul> <p><b><u>Methodology</u></b></p> <ul style="list-style-type: none"> <li>- Coordination with CS Office &amp; DHO</li> <li>- Coordination with CDP support committee (at VDC level)</li> </ul>
3	M2	<ul style="list-style-type: none"> <li>- EPI</li> <li>- ARI Danger Sign</li> <li>- ORS preparation</li> </ul>	<ul style="list-style-type: none"> <li>- Regularized EPI and Supply</li> </ul> <p><b><u>Methodology</u></b></p> <ul style="list-style-type: none"> <li>- Supportive supervision</li> <li>- Mobilization of HF staffs for health message to school children</li> <li>- Orientation to school teacher</li> <li>- Mobilization of Child Club</li> <li>- Message deliver through various forum/groups</li> <li>- Radio programming</li> </ul>
4	M3	<ul style="list-style-type: none"> <li>- Contraceptive use</li> </ul>	<ul style="list-style-type: none"> <li>- FP counseling corner strengthening and establishment</li> </ul> <p><b><u>Methodology</u></b></p> <ul style="list-style-type: none"> <li>- Supportive supervision</li> </ul>
			<p><b><u>Lesson Learnt</u></b></p> <ul style="list-style-type: none"> <li>- Community Planning</li> <li>- PWG linkage with ORC</li> <li>- Review/refresher and monitoring based review/refresher of FCHV/TBA</li> <li>- Mobilization of staff of Maternity Home, Nijgadh for PWG</li> </ul> <p><b><u>Recommendation</u></b></p> <ul style="list-style-type: none"> <li>- Placement of information board for safer motherhood on each HF</li> <li>- Counseling chart (Pictorial)</li> <li>- MCHW/TBA kit box to be updated</li> <li>- Orientation to school teacher</li> <li>- Regularization of radio programming</li> <li>- Monitoring based review/refresher (community &amp; HF level)</li> </ul>

SN	Mod #	Indicator	Recommended strategies / activities
		<b>FA # 2 (Rampurwa and Haraiya HPs)</b>	
1	M1	- Quality of counseling	<ul style="list-style-type: none"> <li>- Out reach clinic strengthening</li> <li>- Anti-natal clinic date fixed</li> <li>- Refresher to MCHW/ANM during review meeting ????</li> <li>- More focus on monthly review meeting</li> <li>- More focus on PWG</li> <li>- Integration with other program e.g. LGP</li> </ul>
2	M1	- TT card	<ul style="list-style-type: none"> <li>- Regular supply TT card</li> <li>- Support visit in EPI session</li> <li>- Counseling on TT card at EPI session</li> <li>- Sharing at review meeting and PWG</li> <li>- Strengthening out reach clinic</li> </ul>
3	M1	- CHDK	<ul style="list-style-type: none"> <li>- Encourage private medical hall to keep CHDK</li> <li>- CHDK placement at SHP/HP through CDP</li> <li>- FCHV/TBA cost sharing</li> <li>- Supply from CS office</li> </ul>
4	M1	- Post partum contact	<ul style="list-style-type: none"> <li>- Include untrained TBA at refresher training</li> <li>- Focus on PWG and ORC</li> </ul>
5	M2	- EPI	<ul style="list-style-type: none"> <li>- EPI have not been functioning at Kakadi SHP since last 1 and half year which need to be functioned by coordinating with DHO;</li> <li>- Peer education to MCHW/VHW</li> <li>- Card and plastic cover supply</li> <li>- Support visit in EPI session</li> <li>- Educate in EPI session on EPI card</li> <li>- Focus on PWG</li> <li>- Review/refresher meeting</li> </ul>
			<p><b><u>Lesson Learnt</u></b></p> <ul style="list-style-type: none"> <li>- Good team work</li> <li>- Coordination with HF staff</li> <li>- Joint supportive supervision visit with HF staff</li> <li>- Monthly review meeting</li> <li>- Refresher training of FCHV/TBA</li> <li>- PWG</li> <li>- Child Club</li> <li>- Regular supply</li> <li>- Use of Salter scale for baby weight in LQAS</li> <li>- Support visit FCHV/VHW/MCHW/HF</li> <li>- Mobilize based on Health Workers' plan</li> </ul>

SN	Mod #	Indicator	Recommended strategies / activities
		<b>FA # 3 (Rampurtokani and Bhodaha HPs)</b>	
1	M2	- ARI danger sign	<ul style="list-style-type: none"> <li>- Increase awareness to mothers</li> <li>- Sharing with HF staff, FCHV, TBA during refresher training</li> <li>- On side coach FCHV during supportive supervision, mothers group meeting, PWG, home visit, EPI session and ORC</li> <li>- Supply to pictorial material</li> <li>- Mobilization of social group like Child club, youth club, women group for awareness of mothers' about danger sign of ARI</li> <li>- Sharing of LQAS finding in Ilaka meeting</li> </ul>
			<p><b><u>Lesson Learnt</u></b></p> <ul style="list-style-type: none"> <li>- Sharing of LQAS finding</li> <li>- Quiz contest in refresher training</li> <li>- Supply Vit A, TT card, Iron, Cotrim</li> <li>- Inform program to different women group</li> <li>- Support to ORC on ANC check up</li> <li>- Delivery message at PWG and encourage feedback mechanism</li> <li>- Delivery message of importance of EPI card during EPI session</li> <li>- Joint supervision</li> <li>- Involve FCHV/MCHW in PWG</li> </ul>

SN	Mod #	Indicator	Recommended strategies / activities
		<b>FA # 4 (Parsauni and Phetaha HPs)</b>	
1	M1	- Initiation Breastfeeding	<ul style="list-style-type: none"> <li>- Awareness raising in PWG</li> <li>- Facilitate to TBAs for PNC contact</li> <li>- Facilitate to MCHW for ANC</li> <li>- Council mothers in ANC visit</li> <li>- Coordination with hospital</li> </ul>
2	M1	- Appropriate feeding	<ul style="list-style-type: none"> <li>- Facilitate to mothers about importance of PWG, ORC, EPI session.</li> <li>- Facilitate to TBAs for PNC visit</li> </ul>
3	M1	<ul style="list-style-type: none"> <li>- ANC counseling part</li> <li>- Delivery preparation</li> <li>- Breastfeeding</li> <li>- Child spacing</li> </ul>	<ul style="list-style-type: none"> <li>- Facilitate to ANM/MCHW</li> <li>- Support to ANC clinic</li> <li>- Sharing LQAS data in Ilaka meeting</li> <li>- Coordination with DHO and hospital</li> </ul>
4	M1	- TT and MCH card	<ul style="list-style-type: none"> <li>- Insure supply</li> <li>- Support and council in ANC/EPI session, PWG</li> <li>- Facilitate to VHW/MCHW/FCHV for council on TT/MCH card</li> </ul>
5	M1	- Delivery skill by health personnel	<ul style="list-style-type: none"> <li>- Facilitate in PWG to call TBA before delivery</li> </ul>
6	M1	- CHDK	<ul style="list-style-type: none"> <li>- Ensure supply through CDP</li> <li>- Encourage FCHV and TBA for cost sharing</li> <li>- Inform in PWG about CHDK supply</li> </ul>
7	M1	- Vit A & Iron in PNC	<ul style="list-style-type: none"> <li>- Insure supply</li> <li>- Awareness raising in PWG to mother</li> <li>- Facilitate to TBA/FCHV to give iron &amp; Vit "A" in PNC visit</li> <li>- Facilitate to FCHV in refresher</li> </ul>
8	M2	- Vaccine card	<ul style="list-style-type: none"> <li>- Insure supply through coordination with DHO/SHP/HP</li> <li>- Support &amp; counseling in EPI session</li> <li>- Incorporate charge system if possible to those who lost the card</li> <li>- Sharing LQAS data during HP (Ilaka) Meeting</li> <li>- Orientation to school children about importance of card</li> </ul>
9	M2	- ORS preparation	<ul style="list-style-type: none"> <li>- Orientate to private clinic to educate their clients</li> <li>- Demonstration in PWG, community &amp; school</li> </ul>
10	M3	- Contraceptive use	<ul style="list-style-type: none"> <li>- Run ORC</li> <li>- Counsel to mothers in PWG</li> <li>- Counsel to male group</li> <li>- Coordinate with partner NGOs to support to counsel to male about Family Planning in community</li> </ul>

SN	Mod #	Indicator	Recommended strategies / activities
		<b>FA # 5 (Ganjabhawanipur PHC and Bariyarpur HP)</b>	
1	M1	<ul style="list-style-type: none"> <li>- Prenatal care upto MCHW</li> <li>- Prenatal care upto TBA</li> <li>- Delivery preparation</li> <li>- Breastfeeding</li> <li>- Child spacing</li> <li>- EPI, nutrition</li> <li>- Next visit</li> </ul>	<ul style="list-style-type: none"> <li>- Re-functioning ORC</li> <li>- Regularize ANC clinic day and fix date</li> <li>- Awareness raising during PWGs meeting</li> <li>- Counsel mother during TT vaccine session</li> <li>- Sharing finding of LQAS with HF's staff during monthly Ilaka meeting</li> <li>- Counseling check list should be display in ANC corner</li> <li>-</li> </ul>
2	M1	<ul style="list-style-type: none"> <li>- Possession of TT card</li> <li>- Maternal health card presentation</li> </ul>	<ul style="list-style-type: none"> <li>- TT card and cover supply</li> <li>- Counsel to mother about importance of TT/MHC card</li> <li>- Ensure card supply</li> </ul>
3	M1	<ul style="list-style-type: none"> <li>- Post partum contact</li> <li>- Maternal Vit A supplementation</li> <li>- Placement at Birth</li> </ul>	<ul style="list-style-type: none"> <li>- PWGs session and ANC/PNC visit</li> <li>- Encourage FCHVs to send mother for regular ANC/PNC checkup</li> </ul>
4	M2	<ul style="list-style-type: none"> <li>- Possession of vaccination card</li> <li>- EPI card</li> <li>- Measles vaccination coverage</li> <li>- EPI coverage</li> <li>- ORS preparation</li> <li>- Hand washing before food preparation</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure vitamin "A" supply</li> <li>- Encourage mother about importance of vitamin "A" during PWG session</li> <li>- Encourage PNC visit</li> <li>- Encourage FCHVs to distribute Vit A to mothers</li> <li>- Card supply (EPI) and counseling about importance of card</li> <li>- Facilitate FCHVs to demonstrate how to prepare ORS during PWGs and MG meeting</li> <li>- Ensure ORS supply/ORT corner re-functioning at HF's</li> </ul>
			<p><b><u>Lesson Learnt</u></b></p> <ul style="list-style-type: none"> <li>- Sharing of LQAS finding in Ilaka review meeting and different forum</li> <li>- To find out solution of week data indicator in Ilaka review meeting</li> <li>- Supportive supervision at FCHV/TBA and HF</li> </ul>

SN	Mod #	Indicator	Recommended strategies / activities
		<b>FA # 6 (Chiutaha and Gadahal HPs)</b>	<b><u>Lesson Learnt</u></b> <ul style="list-style-type: none"> <li>- HF review meeting need to continued.</li> <li>- Link PWG with ANC, PNC.</li> <li>- CDP program implement</li> <li>- Support supervision at HF level</li> </ul>
1	M1	<ul style="list-style-type: none"> <li>- Breastfeeding initiation</li> <li>- Colostrums feeding</li> <li>- Appropriate feeding</li> </ul>	<ul style="list-style-type: none"> <li>- Regularize PWG</li> <li>- Regular supplies e.g. PWG materials</li> <li>- Organize Supportive supervision from CS office/DHO</li> <li>- Give counseling at ANC clinic</li> <li>- Regularize ORC</li> <li>- Coordination with HF staff for PWG &amp; MGM</li> <li>- Problem/ indicators sharing with HF staffs in Ilaka meeting, review/refresher training &amp; visit</li> </ul>
2	M1	<ul style="list-style-type: none"> <li>- Prenatal care upto TBA/MCHW</li> <li>- Counseling</li> <li>- Maternal health card</li> <li>- 4th visit</li> <li>- Iron supplementation</li> </ul>	<ul style="list-style-type: none"> <li>- Linkage PWG with ANC/PNC, ORC clinic</li> <li>- Encourage to MCHW/VHW to run ANC clinic weekly</li> <li>- Supply Cards (ANC, TT), Iron register</li> <li>- More emphasis for EPI vaccination</li> <li>- Coordination with DHO &amp; HF staff for Human resources, MCH Kit</li> </ul>
3	M1	<ul style="list-style-type: none"> <li>- TT coverage &amp; card coverage</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure card distribution</li> <li>- Regularize EPI program</li> <li>- Organize supervision visit during EPI session</li> <li>- Problem/indicators sharing with VHW, MCHW &amp; HF staffs during Ilaka meeting</li> </ul>
4	M1	<ul style="list-style-type: none"> <li>- Delivery by skilled health person</li> <li>- Curt cut – new razor &amp; CHDK</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure CHDK supply at Health Facility through CDP.</li> <li>- Should be encouraged to trained MCHW to attend during delivery.</li> <li>- Supply of CHDK &amp; MCHW kit</li> <li>- Coordination with DHO</li> </ul>
5	M1	<ul style="list-style-type: none"> <li>- Post partum contact</li> <li>- Vit A</li> </ul>	<ul style="list-style-type: none"> <li>- Regularize PWG and give more focus on related message during PWG session.</li> <li>- Adequate supply of Vit A &amp; Iron</li> <li>- Link PWG in ORC, ANC, PNC clinic</li> <li>- Sharing with HF staffs &amp; refresher training</li> <li>- Frequent visit in ANC, PNC clinic.</li> </ul>
6	M1	<ul style="list-style-type: none"> <li>- Vaccination cards – EPI access/coverage</li> </ul>	<ul style="list-style-type: none"> <li>- Establish Sub center.</li> <li>- Share with HF/VHW/MCHW</li> <li>- Regular EPI program</li> <li>- Ensure Card supply</li> <li>- Supervision by CSP &amp; DHO</li> <li>- Do not organize any other program during 17-21 of Nepali date (No other program like staff meeting)</li> </ul>
7	M2	<ul style="list-style-type: none"> <li>- Hand washing</li> </ul>	<ul style="list-style-type: none"> <li>- Raise awareness in PWG/MGM.</li> <li>- Share in review/refresher training</li> <li>- Child club mobilization</li> <li>- IEC material supply</li> </ul>
8	M3	Contraceptive use	<ul style="list-style-type: none"> <li>- Ensure Regular supply</li> <li>- Coordination with DHO</li> <li>- Regularize ANC/PNC, ORC clinic</li> <li>- Should be organized FP camp at HP to coordination/support DHO</li> <li>- Establish counseling corner at HP/SHPs (specially ANM, MCHW)</li> </ul>

<b>SN</b>	<b>Mod #</b>	<b>Indicator</b>	<b>Recommended strategies / activities</b>
9	M3	HIV/AIDS	<ul style="list-style-type: none"><li>- PWG, child club mobilization to raise awareness.</li><li>- Focus on review/refresher training</li><li>- Share with Yowa Suchana Kendra</li></ul>

		<b>FA # 7 (Simrahanj and Hardia HPs)</b>	
1	M1	Breast feeding initiation	<ul style="list-style-type: none"> <li>- Discuss with HF staff at Ilaka meeting</li> <li>- Message delivery through PWG, EPI, ANC, ORC, MGM</li> <li>- Coordination with NGOs</li> <li>- Child Club mobilization</li> </ul>
2	M1	Post natal contact	<ul style="list-style-type: none"> <li>- Discuss with HF staff at Ilaka meeting</li> <li>- Message delivery through PWG, EPI, ANC, ORC, MGM</li> <li>- Coordination with NGOs</li> <li>- Child Club mobilization</li> <li>- Establish PNC clinic in HF</li> <li>- Neonatal care program</li> </ul>
3	M1	TT/Maternal Card	<ul style="list-style-type: none"> <li>- Discuss with HF staff at Ilaka meeting</li> <li>- Regular supply</li> <li>- Distribute TT/Maternal card during ANC &amp; EPI session</li> <li>- Message delivery through on EPI/PWG, ANC, ORC, MGM importance of TT/Maternal card</li> </ul>
4	M1	Placement of birth	<ul style="list-style-type: none"> <li>- Discuss with HF staff at Ilaka meeting</li> <li>- Message delivery through on FCHV/TBA during refresher training</li> </ul>
5	M2	Maternal Hand washing before food preparation	<ul style="list-style-type: none"> <li>- Message delivery through EPI/PWG, ANC, ORC, MGM, FCHV/TBA on importance of hand washing</li> <li>- Child Club mobilization</li> <li>- Integrate with NGO's program.</li> <li>- organize awareness raising campaign program for personal hygiene</li> </ul>
6	M3	Contraceptive use	<ul style="list-style-type: none"> <li>- Discuss with HF staff at Ilaka meeting</li> <li>- Message delivery through on EPI/PWG, ANC, ORC, MGM, FCHV/TBA refresher training about contraceptive</li> <li>- Establish IUD insertion camp / FP counseling corner at HF</li> <li>- More focus on temporary methods in Muslim community</li> </ul>
7	M3	HIV/AIDS (transmission prevention)	<ul style="list-style-type: none"> <li>- Give Message through PWG, MGM, ORC about HIV/AIDS transmission prevention</li> <li>- Child club mobilization</li> <li>- Integrate with NGOs program.</li> <li>- Organize Training on Mother To Child Transmission</li> <li>- Organize Basic training to FCHV/TBA for HIV/AIDS</li> <li>- Product IEC materials use effectively.</li> <li>- Organize Street drama</li> <li>- Radio program need to be continued.</li> </ul>
			<p><b><u>Lesson Learnt</u></b></p> <ul style="list-style-type: none"> <li>- Support in EPI by child club, FCHV/TBA need to be continued.</li> <li>- Message delivery through PWG, MGM play an importance role.</li> </ul>

## 6.2. Indicator-wise Recommendations for Improvement in Poor Indicator Data During LQAS on July 2005

SN	Mod #	Indicator	Results	Recommended strategies / activities
1	M1	Breastfeeding Initiation	<ul style="list-style-type: none"> <li>- In general early initiation (within one hour) of breastfeeding is fair; FA # 4 and 5 have observed below both average coverage and monitoring target.</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen PWG (particularly in areas where Dalit/ or socially and economically marginalized population resides) and deliver the message to pregnant women about the benefit of early initiation of breastfeeding.</li> <li>- Encourage local health facility staff and volunteers to deliver the message to mothers/pregnant women on importance of early initiation of breast-feeding during the ANC visit and mothers group meeting.</li> <li>- Assist local health facility staff (during supportive supervision) to run regular ANC clinic at local health facility level and out reach clinics.</li> </ul>
2	M1	Exclusive breastfed	<ul style="list-style-type: none"> <li>- All FAs have met the targets of children 0-11 months who were given only breast milk within three days after delivery</li> </ul>	<ul style="list-style-type: none"> <li>- All FAs need to maintain present level.</li> </ul>
3	M1	Colostrum feeding	<ul style="list-style-type: none"> <li>- Mothers who have given colostrums (within in three days after delivery) in FA # 5 and 7 have been found below and monitoring target.</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen PWG (particularly in areas where Dalit/ or socially and economically marginalized population resides) and deliver the message to pregnant women about the benefit of colostrums.</li> <li>- Encourage local health facility staff and volunteers to deliver the message to mothers/pregnant women on importance of colostrums feeding during the ANC visit and mothers group meeting.</li> <li>- Assist local health facility staff (during supportive supervision) to run regular ANC clinic at local health facility level and out reach clinics.</li> </ul>
4	M1	Appropriate feeding	<ul style="list-style-type: none"> <li>- Children 0-11 months who were properly fed (only breast-feeding for the children 0-5 months and breast feeding plus one semisolid food) in last 24 hours were found below program average in FA # 5 and 7.</li> </ul>	<ul style="list-style-type: none"> <li>- Give emphasis to strengthen the existing PWG group in FA # 5 and 7 ;</li> <li>- Deliver the message to mothers during their antenatal period (follow up during the post natal visits) on importance of exclusive breast feeding for the children aged 0-5 months; and breastfeeding and additional nutritious feeding (solid/semisolid) for the children aged 6 months and above.</li> <li>- Counseling on PNC clinics.</li> </ul>
5	M1	Maternal Knowledge of child danger sign	<ul style="list-style-type: none"> <li>- All FAs have met both monitoring and program target in maternal knowledge of child danger sign.</li> </ul>	<ul style="list-style-type: none"> <li>- All FAs need to maintain present level.</li> </ul>

SN	Mod #	Indicator	Results	Recommended strategies / activities
6	M1	Prenatal Care Coverage	<ul style="list-style-type: none"> <li>– Mothers who have seen health workers (up to MCHW level as well as up to trained TBA level) during their pregnancy were found below both program average and monitoring target in FA # 5, 6 and 7.</li> </ul>	<ul style="list-style-type: none"> <li>– Strengthen the existing PWG in the inaccessible communities where so-called Dalits are residing and deliver the messages on the importance of having ANC check-up by health workers.</li> <li>– Ensure regular operation of ANC clinic in all facility as well as out reach clinics (specifying ANC clinic day and fixed schedule for ORC). FA # 5, 6 and 7 needs to give more attention to reactivate the clinic in the local health facilities and out reach clinics of their field areas.</li> </ul>
8	M1	Quality of Counselling	<ul style="list-style-type: none"> <li>– The quality of counseling during pregnancy by health workers was found good in FA # 1 and 3. Mothers who were counseled on delivery preparation, breastfeeding, child spacing, EPI, informed on danger signs of pregnancy, nutrition and follow up visit were low in FA # 2, 4, 5 6 and 7.</li> </ul>	<ul style="list-style-type: none"> <li>– Designing of counseling check list and discussion with DHO staff and finalization;</li> <li>– Display of counseling chick list at ANC clinic;</li> <li>– Encourage and motivate the HF staff counseling during the ANC by displaying a monitoring board at Health Post where the monthly review meeting take place.</li> </ul>
9	M1	Possession of TT Card	<ul style="list-style-type: none"> <li>– All FAs except FA # 3 were below monitoring target in regards with having TT/mothers card.</li> </ul>	<ul style="list-style-type: none"> <li>– Ensure regular supply of card and plastic cover;</li> <li>– Counseling of pregnant mother on the importance of TT cards during the immunization;</li> <li>– Keeping both cards maternal and child in one plastic cover;</li> </ul>
10	M1	Tetanus Toxoid Coverage	<ul style="list-style-type: none"> <li>– FA# 2, was found very low in regard with TT coverage (at least two TT shot during last pregnancy) and all other FAs except FA # 3 were found below the monitoring target.</li> </ul>	<ul style="list-style-type: none"> <li>– Strengthening tracking system in placement by the PWG members,</li> <li>– Give emphasis on benefits of having two TT shot during PWG sessions,</li> </ul>
11	M1	Maternal Health Card Presentation	<ul style="list-style-type: none"> <li>– All FAs except FA # 3 were below monitoring target in regards with having TT/mothers card.</li> </ul>	<ul style="list-style-type: none"> <li>– Strengthening tracking system in placement by the pregnant mother group members or FCHVs,</li> <li>– Ensure regular supply of card and plastic cover;</li> <li>– Counseling of pregnant mother on the importance of TT cards during the immunization;</li> <li>– Keeping both cards maternal and child in one plastic cover;</li> </ul>
12	M1	Prenatal Visit	<ul style="list-style-type: none"> <li>– The level of adequate prenatal visit (minimum 4 visits) was observed good in FA # 1, 2, 3, 4 and 5; but below monitoring target in FAs # 7; and in FA # 6 below both program average and monitoring target.</li> </ul>	<ul style="list-style-type: none"> <li>– Strengthen the existing PWG and deliver the benefit by having health facility visit during antenatal period.</li> <li>– Assist local health facility to run the regular ANC clinic.</li> <li>– Work with DHO to assign ANMs at their concerning health facilities instead of assign them to district and Health Post levels.</li> </ul>

SN	Mod #	Indicator	Results	Recommended strategies / activities
13	M1	Iron Supplimentation Coverage	<ul style="list-style-type: none"> <li>All FAs except FA # 6 met the program average of prenatal iron supplementation coverage. But in regards with monitoring target FAs # 1 and 5 were found below.</li> </ul>	<ul style="list-style-type: none"> <li>MCHWs and TBA kits to be updated</li> <li>CHOs and ACHOs need to provide assistance to FCHVs and VHWs to ensure the report of iron and folate consumption pregnant women should be reported to HFs for HMIS for the reflection of district data.</li> </ul>
14	M1	Delivery by skilled Health Personnel	<ul style="list-style-type: none"> <li>FAs # 2, 3, 5 and 7 have met both program average and monitoring target set for delivery attended by skilled birth attendant (includes trained TBAs). But FA # 7 is below both monitoring and program average where as FAs # 1 and 4 are only below the monitoring target set for this period for this indicator.</li> </ul>	<ul style="list-style-type: none"> <li>Placement of an information board for safe motherhood at HFs.</li> <li>Make ready a delivery room at HFs where there is nursing staff;</li> <li>Need to develop skilled birth attendants followed by supply of medicine and equipments, then after social mobilization on important of delivery attendant by skilled birth attendant</li> <li>Skilled birth attendant is up to ANM and onward health personnel as per recent MOH policy so we should modify our indicator</li> </ul>
15	M1	Clean Cord Care (CHDK + New Razor)	<ul style="list-style-type: none"> <li>In connection with application of clean instrument for curd cutting all FAs were observed outstanding for program average and monitoring target.</li> </ul>	<ul style="list-style-type: none"> <li>All FAs need to maintain present level.</li> </ul>
16	M1	Clean Cord Care	<ul style="list-style-type: none"> <li>FAs # 1, 3 and 5 have met monitoring and program average target on usage of Clean Home Delivery Kit (CHDK).</li> </ul>	<ul style="list-style-type: none"> <li>Selling of CHDK in CDP at HFs;</li> <li>Encourage private medical halls to sell CHDK</li> <li>Cost revolving of CHDK by FCHVs and TBAs</li> <li>FAS Needs to prioritize its efforts to deliver the message on importance using CHDK through various sessions (PWG, Mothers Group Meeting, ANC visits).</li> </ul>
17	M1	Postpartum Contact	<ul style="list-style-type: none"> <li>The mothers who had post-natal check-up have met the both targets by FA # 3, 4 and 7. FA # 6 was below both monitoring and program average target and FA # 1, 2 and 5 were below monitoring target.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage FCHv and PWG meeting to send the post natal mother to ORC/ANC/PNC clinics.</li> <li>Coordination with DHO and HP in charges for postnatal check up during the immunization day especially when children bring for BCG vaccine.</li> </ul>

SN	Mod #	Indicator	Results	Recommended strategies / activities
18	M1	Maternal Vitamin A supplementation	<ul style="list-style-type: none"> <li>FA # 2, 3, 5 &amp; 7 were found adequate for both monitoring and program average target for having postnatal high dose Vitamin "A" supplementation. FAs # 6 was below both monitoring and program average target whereas FA # 1 and 4 were observed below monitoring target.</li> </ul>	<ul style="list-style-type: none"> <li>Need to feed vitamin "A" during the national immunization day also to mothers having under six months children</li> <li>Need to inform all the health workers and volunteers staff including FCHVs on the important of postnatal Vitamin A for breast fed children in different forum.</li> </ul>
19	M1	Maternal iron supplementation	<ul style="list-style-type: none"> <li>FAs # 2, 3, 5 and 7 met both monitoring and program average target for postnatal iron supplementation (at least two months). FA # 6 was found below monitoring and program average targets where as FAs # 1, 4 and 6 were only below monitoring target.</li> </ul>	<ul style="list-style-type: none"> <li>FA # 1, 4 and 6 need to increase its efforts to increase the coverage of iron by strengthening existing PWG in remote communities and disseminating the information on importance of iron consumption during pregnancy and postnatal period in various forums (MG, PWG, ANC).</li> <li>Coordination with DHO for regular supply of iron and folate tablets to HPs, SHPs and to FCHWs.</li> <li>Need assessment of the medicine by DHO and timely ask for support to MOH for ensures the medicine is not out of stock. Plan Nepal plays as a facilitating role.</li> </ul>
20	M1	Placement at Birth	<ul style="list-style-type: none"> <li>FA # 2 &amp; 7 were found below average and monitoring target in terms of proper placement of the child immediately after birth.</li> </ul>	<ul style="list-style-type: none"> <li>FA # 2 and 7 were recommended to improve this variable by disseminating the message to pregnant women on importance of proper placement of child immediately after birth through PWG, MG and other appropriate activity (home visit).</li> </ul>
21	M1	Knowledge of Neonatal Danger Signs	<ul style="list-style-type: none"> <li>Knowledge of neonatal danger sings (at least any three) was observed adequate for both program average and monitoring target in all seven FAs.</li> </ul>	<ul style="list-style-type: none"> <li>Continue and maintain present strategies/activities and performance level.</li> </ul>

		<b>Module 2:</b>		
22	M2	Vitamin "A" Coverage	<ul style="list-style-type: none"> <li>- All FAs were outstanding for feeding high doses Vitamin "A" for children aged 12-23 months. Both monitoring and program average target was met for this indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Continue and maintain present strategies/activities and performance level.</li> </ul>
23	M2	Possession of vaccination Card	<ul style="list-style-type: none"> <li>- FA # 3 and 7 have met both monitoring and program average target in possessing immunization card. Remaining FA # 1, 2 &amp; 5 were found below monitoring target and FA # 4 and 6 were found below in both monitoring and program target.</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure regular supply of card and plastic cover;</li> <li>- Counseling of parents on the importance of EPI cards during the immunization;</li> <li>- Keeping both cards maternal and child in one plastic cover;</li> <li>- Work together with local health facility staff/ DHO staff to run the monthly regular EPI sessions in all pre-determined locations.</li> </ul>
24	M2	EPI Access	<ul style="list-style-type: none"> <li>- Monitoring and average program target were met by FA # 3 and 7 for EPI access (child with first DPT vaccine). Rest of the FAs was found below monitoring target for this indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly regular review of immunization program along with other program at Health Post level supported by jointly DHO and other supporting NGOs/INGOs (Plan and NFHP) staff followed by review at district level.</li> <li>- Give emphasis on benefits of having complete immunization within first year of childhood and need of keeping the card safely.</li> </ul>
25	M2	RAPID Catch Indicator: Measles Vaccination Coverage	<ul style="list-style-type: none"> <li>- Only FA # 3 and 7 have met both monitoring and program average target for measles vaccination coverage. But remaining FAs were found below the benchmark set for monitoring target for the same indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly regular review of immunization program along with other program at Health Post level supported by jointly DHO and other supporting NGOs/INGOs (Plan and NFHP) staff followed by review at district level.</li> <li>- Display of monitoring board at HP where review meeting take place and discussion on how to improve the coverage with commitment from front line staff;</li> <li>- Give emphasis on benefits of having complete immunization within first year of childhood and need of keeping the card safely.</li> </ul>
26	M2	Rapid Catch Indicator EPI Coverage	<ul style="list-style-type: none"> <li>- EPI coverage as confirmed by card was found adequate in FA #3 and 7 but in remaining FAs it was inadequate (below the monitoring target). But EPI coverage by liberal criterion-verbal confirmation was found adequate in FAs # 2, 3 and 7.</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly regular review of immunization program along with other program at Health Post level supported by jointly DHO and other supporting NGOs/INGOs (Plan and NFHP) staff followed by review at district level.</li> <li>- Display of monitoring board at HP where review meeting take place and discussion on how to improve the coverage with commitment from front line staff;</li> <li>- Give emphasis on benefits of having complete immunization within first year of childhood and need of keeping the card safely.</li> </ul>

27	M2	Danger signs/ symptoms of pneumonia/ ARI	<ul style="list-style-type: none"> <li>- All the FAs except 1 and 3 have met both monitoring and program average target on knowledge of mothers on danger signs on ARI (any three).</li> </ul>	<ul style="list-style-type: none"> <li>- FA # 1 and 3 should give more attention to improve this indicator through appropriate forums/sessions (PWG and MG etc).</li> </ul>
28	M2	Danger signs / symptoms of diarrhea/ dysentery	<ul style="list-style-type: none"> <li>- All FAs have met both monitoring and program average target on knowledge of mothers on danger signs on Diarrhoeal diseases.</li> </ul>	<ul style="list-style-type: none"> <li>- Continue and maintain present strategies/activities and performance level.</li> <li>-</li> </ul>
29	M2	Maternal Competency in ORS Preparation	<ul style="list-style-type: none"> <li>- FA # 2 , 3, 6 and 7 were found above the benchmark for maternal competency in ORS preparation. FAs # 1, 4 and 5 were below monitoring target for maternal competency in ORS.</li> </ul>	<ul style="list-style-type: none"> <li>- Delivery of the message along with demonstration on how to prepare ORS to mothers having under- five children through PMG and Mother's Group.</li> <li>- Counseling by FCHVs to thier clins during the distribution of ORS;</li> <li>- Orientation to private medical halls representative to educate their clients during the selling of ORS</li> </ul>

		<b>Module 3:</b>		
30	M3	Contraceptive use among women aged 15-49 years	<ul style="list-style-type: none"> <li>- The usage of modern contraceptives among women of reproductive age in FAs # 2, 3, 5 and 6 were observed above program average and monitoring target. In FA # 1 and 7 were observed both below program and monitoring targets where as in FA # 7 below the monitoring target.</li> </ul>	<ul style="list-style-type: none"> <li>- With coordination with local health facilities, concerning CHO and ACHO should ensure that the out reach clinic are operated as per planned schedule regularly.</li> <li>- Coordination with DHO and HPs for timely adequate supply of contraceptives</li> <li>- Coordination and promotion of establishment of FP counseling corner at health facilities</li> <li>- Counseling to male groups;</li> <li>- Campaigning of IUD;</li> <li>- More focus on temporary family planning methods in Muslim community.</li> </ul>
31	M3	Knowledge of source of Child spacing methods	<ul style="list-style-type: none"> <li>- All the seven FAs were outstanding in knowing the source/place of getting child spacing method.</li> </ul>	<ul style="list-style-type: none"> <li>- Continue and maintain present strategies/activities and performance level.</li> </ul>

**Table 1: Decision Rules for Sample Sizes of 12-30 and Coverage Targets/ average of 5% - 95%.**

Sample Size	Average Coverage (Baselines) / Annual Coverage Target (Monitoring and Evaluation)																		
	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	0	0	0	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11
13	0	0	0	1	1	2	3	3	4	5	6	6	7	8	8	9	10	11	11
14	0	0	0	1	1	2	3	4	4	5	6	7	8	8	9	10	11	11	12
15	0	0	0	1	2	2	3	4	5	6	6	7	8	9	10	10	11	12	13
16	0	0	0	1	2	2	3	4	5	6	7	8	9	9	10	11	12	13	14
17	0	0	0	1	2	2	3	4	5	6	7	8	9	10	11	12	13	14	15
18	0	0	0	1	2	2	3	5	6	7	8	9	10	11	11	12	13	14	16
19	0	0	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20	0	0	0	1	2	3	4	5	6	7	8	9	11	12	13	14	15	16	17
21	0	0	0	1	2	3	4	5	6	8	9	10	11	12	13	14	16	17	18
22	0	0	0	1	2	3	4	5	7	8	9	10	13	13	14	16	16	18	19
23	0	0	0	1	2	3	4	6	7	8	10	11	12	13	14	16	17	18	20
24	0	0	0	1	2	3	4	6	7	9	10	11	13	14	15	16	18	19	21
25	0	0	1	2	2	4	5	6	8	9	10	12	13	14	16	17	18	20	21
26	0	0	1	2	3	4	5	6	8	9	11	12	14	15	16	18	19	21	22
27	0	0	1	2	3	4	5	7	8	10	11	13	14	15	17	18	20	21	23
28	0	0	1	2	3	4	5	7	8	10	12	13	15	16	18	19	21	22	24
29	0	0	1	2	3	4	5	7	9	10	12	13	15	17	18	20	21	23	25
30	0	0	1	2	3	4	5	7	9	11	12	14	16	17	19	20	22	24	26

**Table-2:** Number of Mothers with children 0-11 months with inadequate knowledge or with practices according to LQAS thresholds and decision rules [benchmark percentage (based on monitoring targets) of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> LQAS; and details figures/numbers presented against program average and monitoring targets for the seventh LQAS].

*Threshold: Decision Rules (Baseline-Nov'01)																								Total substandard intervention			
	20%:1			35%:4		20%:1										30%:3	30%:3		20%:1	35%:4	85%:14		20%:1		25%:2	20%:1	25%:2
*Threshold: Decision Rules (LQAS-Jan'03)	30%:3			50%:7		40%:5										40%:5	40%:5		30%:3	50%:7	90%:15		40%:5	45%:6	30%:3	40%:5	75%:12
*Threshold: Decision Rules (LQAS-Jul'03)	40%:5			70%:11		55%:8											50%:7		50%:7	60%:9		40%:5	50%:7	50%:7	40%:5	50%:7	80%:13
*Threshold: Decision Rules (LQAS-Jan'04)	50%:7	90%:15	90%:15	80%:13	70%:11	65%:10	25%:2	25%:2	25%:2	30%:3	30%:3	60%:9	40%:5	30%:3	30%:3	60%:9	25%:2	65%:10	70%:11	95%:16	50%:7	55%:8	60%:9	55%:8	60%:9	90%:15	
*Threshold: Decision Rules (LQAS-Jul'04)	60%:9	90%:15	90%:15	100%:	70%:11	75%:12	30%:3	30%:3	30%:3	40%:5	40%:5	70%:11	50%:7	40%:5	35%:4	40%:5	35%:3	80%:13	75%:12	95%:16	60%:9	60%:9	70%:11	65%:10	70%:11	95%:16	
*Threshold: Decision Rules (LQAS-Jan'05)	65%:10	90%:15	95%:16	95%:16	75%:12	80%:13	40%:5	40%:5	40%:5	55%:8	40%:5	75%:12	60%:9	60%:9	40%:5	60%:9	40%:5	85%:14	80%:13	95%:16	70%:11	65%:10	75%:12	70%:11	75%:12	95%:16	
** Program Average %: Decision Rule (LQAS-Jan'05)	47%:7	86%:15	92%:16	92%:16	65%:10	67%:11	19%:1	30%:3	14%	46%:7	25%:2	56%:9	39%:5	24%:2	21%:2	23%:2	21%:2	79%:13	63%:10	100%	78%:13	40%:5	59%:9	48%:7	70%:11	94%:16	
*Threshold: Decision Rules (LQAS-Jul'05)	70%:11	95%:16	95%:16	95%:16	80%:13	85%:14	50%:7	50%:7	50%:7	65%:10	50%:7	80%:13	65%:10	60%:9	40%:5	60%:9	50%:7	90%:15	85%:14	95%:16	65%:10	70%:11	80%:13	80%:13	80%:13	95%:16	
** Program Average %: Decision Rule (LQAS-Jul'05)	48%:7	92%:16	86%:15	96%:	71%:12	73%:12	27%:3	34%:4	23%:2	56%:9	51%:8	63%:10	58%:9	31%:4	30%:3	31%:4	36%:5	87%:15	68%:11	100%:	50%:7	48%:7	67%:11	62%:10	74%:12	94%:16	
Field Area	Quality of Counseling																										
	Breastfeeding Initiation	Colostrums feeding	Appropriate feeding	Maternal Knowledge of childhood danger sign (Any 3)	Prenatal Care upto MCHW	Prenatal Care upto TBA	Delivery Preparation	Breastfeeding	Child Spacing	EPI	Danger signs of pregnancy	Nutrition	Next Visit	Possession of TT Card	TT Coverage	Maternal Health Card Presentation	Prenatal Visit (4 visit)	Iron supplementation prenatal iron Coverage	Delivery by skilled Health Personnel	Clean cord cut (CHDK + New Razer)	Clean cord cut (CHDK)	Postpartum Contact	Maternal Vitamin A supplementation	Maternal iron postnatal supplementation	Placement at Birth	Knowledge of Neonatal Danger Signs (Any three)	
1	9*	19	17	19	14	16	9	11	8	14	14	13	11	8*	8	8*	10	15	10*	19	12	8*	12*	10*	15	16	7*
2	11	18	17	17	16	16	6*	6*	4*	12	8	12*	13	0*	0*	0*	8	17	16	19	9*	7*	13	14	12*	17	10*
3	15	19	18	19	16	16	9	9	8	12	9	15	14	12	12	12	9	18	17	19	12	12	17	14	18	19	
4	4*	18	16	19	18	18	2*	5*	1*	16	16	17	16	5*	5	5*	7	19	12*	19	7*	11	13	9*	14	18	9*
5	13	17	15*	18	11*	11*	1*	4*	2*	6*	8	9*	7*	6*	6	6*	7	16	13	19	13	10*	12*	13	14	19	11*
6	5*	15*	16	19	9*	9*	2*	3*	3*	6*	6*	8*	7*	4*	4*	4*	2*	14*	7*	19	4*	0*	7*	7*	16	17	21*
7	7*	17	15*	17	10*	11*	7	7	5*	9*	7*	10*	9*	6*	5	6*	5*	17	15	19	9*	16	15	15	9*	19	12*
Total substandard	4*	1*	2*		3*	3*	4*	4*	5*	3*	2*	4*	3*	6*	2*	6*	2*	1*	3*		4*	4*	3*	3*	2*		

\* Decision rule based on Monitoring/Coverage Target; \*\* Decision rule based on Program Average Coverage.

- Number with circle (O) is below program average coverage; - Number with asterisk (\*) is below monitoring/coverage target; - Number with asterisk and circle is below program average coverage and monitoring/coverage target.

**Table-3:** Number of Mothers with children 12-23 months with inadequate knowledge or with practices according to LQAS thresholds and decision rules [benchmark percentage (based on monitoring targets) of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> LQAS; and details figures/numbers presented against program average and monitoring targets for the seventh LQAS].

* Threshold: Decision Rules (Baseline-Nov'01)	95%: 16	30%: 3	30%: 3	30%: 3	30%: 3	25%: 2	25%: 2	40%: 5	30%: 3	20%: 1	Total substandard intervention	
* Threshold: Decision Rules (LQAS-Jan'03)	95%: 16	45%: 6	45%: 6	45%: 6	45%: 6	40%: 5	40%: 5	60%: 9	50%: 7	30%: 3		
* Threshold: Decision Rules (LQAS-Jul'03)	95%: 16	50%: 7	50%: 7	50%: 7	50%: 7	70%: 11	60%: 9	70%: 11	55%: 8	40%: 5		
* Threshold: Decision Rules (LQAS-Jan'04)	95%: 16	60%: 9	60%: 9	60%: 9	60%: 9	75%: 12	65%: 10	80%: 13	65%: 10	50%: 7		
* Threshold: Decision Rules (LQAS-Jul'04)	95%: 16	70%: 11	70%: 11	65%: 10	65%: 10	85%: 14	75%: 12	85%: 14	75%: 12	50%: 7		
* Threshold: Decision Rules (LQAS-Jan'05)	95%:16	75%:12	75%:12	70%:12	70%:11	90%:15	85%:14	90%:15	80%:13	65%:10		
** Program Average %: Decision Rule (LQAS-Jan'05)	99%:	59%:9	59%:9	52%:8	56%:9	89%:15	77%:13	67%:11	77%:13	50%:7		
* Threshold: Decision Rules (LQAS-Jul'05)	95%:16	80%:13	80%:13	75%:12	75%:12	95%:16	90%:15	90%:15	85%:14	70%:11	Total substandard intervention	
** Program Average %: Decision Rule (LQAS-Jul'05)	95%:15	59%:9	55%:8	50%:7	55%:8	89%:15	87%:15	75%:12	81%:14	47%:7		
Field Area	Vitamin "A"	Possession of vaccination Card	EPI Access	Measles Vaccination Coverage	EPI Coverage II (Liberal Criterion)	ARI danger sign (any three)	Diarrhea danger sign (any three)	Maternal Competency in ORS Preparation	Maternal Hand Washing before Food Preparation	Maternal Hand Washing before Food Preparation before feeding/after attending to a child who has defecated		
1	17	12*	12*	8*	10*	14*	15	13*	14	12		6*
2	19	12*	9*	10*	12	19	19	17	17	5*		4*
3	18	15	14	14	14	13*	16	15	14	11		1*
4	18	8*	7*	5*	6*	19	18	12*	17	13		5*
5	18	11*	11*	10*	11*	19	16	14*	15	9*	6*	
6	18	8*	7*	7*	7*	17	16	14	18	3*	5*	
7	18	13	13	13	13	17	15	15	13*	10	1*	
Total substandard FA#		5*	5*	5*	4*	2*		3*	1*	3*		

\* Decision rule based on Monitoring/Coverage Target; \*\* Decision rule based on Program Average Coverage.

- Number with circle (0) is below program average coverage; - Number with asterisk (\*) is below monitoring/coverage target; - Number with asterisk and circle is below program average coverage and monitoring/coverage target.

**Table 4:** Number of Women age 15-49 years with inadequate family planning practices according to LQAS thresholds and decision rules [benchmark percentage (based on monitoring targets) of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> LQAS; and details figures/numbers presented against program average and monitoring targets for the Seventh LQAS].

* Threshold: Decision Rules (Baseline-Nov'01)	25%: 2	60%: 9	25%: 2	20%: 1	<b>Total substandard intervention</b>
* Threshold: Decision Rules (LQAS-Jan'03)	45%: 6	70%: 11	35%: 4	35%: 4	
* Threshold: Decision Rules (LQAS-Jul'03)	55%: 8	80%: 13	35%: 4	35%: 4	
* Threshold: Decision Rules (LQAS-Jan'04)	60%: 9	90%: 15	45%: 6	45%: 6	
* Threshold: Decision Rules (LQAS-Jul'04)	60%: 9	95%: 16	50%: 7	50%: 7	
* Threshold: Decision Rules (LQAS-Jan'05)	65%:10	95%:16	60%:9	60%:9	
** Program Average %: Decision Rule (LQAS-Jan'05)	55%:8	98%	47%:7	46%:7	
* Threshold: Decision Rules (LQAS-Jul'05)	70%:11	95%:16	65%:10	65%:10	
** Program Average %: Decision Rule (LQAS-Jul'05)	61%:10	99%:	53%:8	53%:8	
<b>Field Area</b>	Contraceptive use among women/mothers who want to limit or space birth	Knowledge of source of child spacing method	HIV/AIDS Knowledge (Mode of transmission at least one)	HIV/AIDS Knowledge (prevention at least one)	
<b>1</b>	9*	19	12	12	<b>1*</b>
<b>2</b>	14	19	14	14	
<b>3</b>	14	19	12	12	
<b>4</b>	8*	19	12	12	<b>1*</b>
<b>5</b>	10	19	8*	8*	<b>2*</b>
<b>6</b>	15	19	3*	3*	<b>2*</b>
<b>7</b>	10*	17	9*	9*	<b>3*</b>
<b>Total substandard FA#</b>	<b>3*</b>		<b>3*</b>	<b>3*</b>	

\* Decision rule based on Monitoring/Coverage Target; \*\* Decision rule based on Program Average Coverage.

- Number with circle (O) is below program average coverage; - Number with asterisk (\*) is below monitoring/coverage target; - Number with asterisk and circle is below program average coverage and monitoring/coverage target.

Table 5: Comparison of coverage proportion for key indicators collected between seven-time period (first, second, third, fourth, fifth, sixth, Seventh LQAS - *From October 2001 to July 2005*)

SN	Mod#	Indicator	Indicator/ Definition	Baseline (LQAS) Oct'01	Confidence Interval CI	LQAS Jan'03	Confidence Interval CI	LQAS Jul'03	Confidence Interval CI	LQAS Jan'04	Confidence Interval CI	LQAS Jul'04	Confidence Interval CI	LQAS Jan'05	Confidence Interval CI	LQAS Jul'05	Confidence Interval CI
<b>BREAST FEEDING AND CHILD NUTRITION INDICATORS</b>																	
1	M1	Breastfeeding Initiation	Percent of children aged 0-11 months who are breastfed with in the first hour after birth	9	4.87	18	6.58	29	7.74	32	7.90	36	8.16	40	8.32	48	8.49
2	M1	Exclusive Breast feeding Rate	Percent of infants aged 0-5 months who were fed breastfed milk only in the last 24 hours	62	8.26	95	5.15	83	8.94	90	6.73	75	11.58	93	6.03	80	10.41
3	M1	Complementary Feeding Rate	Percent of infant aged 6-9 months who received breast milk and solid foods in the last 24 hours	73	15.82	64	15.69	82	10.84	81	13.91	81	9.70	87	9.54	88	9.18
4	M2	Continued breast feeding	Percent of children aged 20-23 months who are still breast feeding	77	14.72	87	11.80	74	14.48	78	15.68	89	9.18	95	9.55	88	11.14
5	M2	Vitamin "A" Coverage	Percent of Children aged 6-23 months who received a vitamin A does in the last six months	91	4.17	88	4.68	98	2.07	98	2.52	97	2.90	99	1.47	95	3.80
<b>CHILDHOOD IMMUNIZATION INDICATORS</b>																	
6	M2	Possession of vaccination Card	Percent of Children aged 12-23 months who have a Vaccination Card	19	6.64	25	7.34	36	8.16	44	8.43	51	8.50	59	8.35	59	8.35
7	M2	EPI Access	Percent of children aged 12-23 months who received DPT 1	16	6.20	18	6.54	35	8.12	43	8.41	50	8.50	59	8.35	56	8.44
8	M2	RAPID Catch Indicator: Measles Vaccination Coverage	Percent of children aged 12-23 months who received measles vaccine	11	5.22	14	5.81	29	7.68	38	8.26	41	8.35	52	8.49	53	8.49
9	M2	Droup Out Rate	Percent of drop out- rates between DPT1 and DPT 3	14	14.97	17	14.91	2	4.04	10	7.84	6	5.59	5	4.83	5	5.15

SN	Mod#	Indicator	Indicator/ Definition	Baseline (LQAS) Oct'01	Confidence Interval CI	LQAS Jan'03	Confidence Interval CI	LQAS Jul'03	Confidence Interval CI	LQAS Jan'04	Confidence Interval CI	LQAS Jul'04	Confidence Interval CI	LQAS Jan'05	Confidence Interval CI	LQAS Jul'05	Confidence Interval CI
10	M2	Rapid Catch Indicator EPI Coverage	Percent of children aged 12-23 months who received BCG, DPT3, OPV3 and measles vaccines before the first birthday	10	5.05	11	5.38	29	7.68	34	8.04	40	8.32	52	8.49	50	8.50
11	M2	EPI Coverage II (Liberal Criteriaon )	Percent of children aged 12-23 months who received OPV 3	14	5.95	16	6.20	35	8.08	37	8.20	48	8.49	56	8.43	55	8.46
			<b>SICK CHILD</b>														
12	M1 & M2	Maternal Knowledge of child danger sign	Percent of mothers of children aged 0-23 months who know at least <b>THREE</b> signs of childhood illness that indicate the need for treatment	73	5.34	62	5.83	80	4.77	83	4.51	90	3.57	95	2.68	97	1.92
			<b>DIARRHEA INDICATORS</b>														
13	M1 & M2	Diarrhea prevalence	Percent of children aged 0-23 months with diarrhea in the last two weeks	20	4.83	18	4.58	17	4.51	20	4.77	17	4.54	17	4.51	22	4.96
14	M1 & M2	ORT use during a Diarrhea Episode	Percent of children aged 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/ or recommended home fluids (RHF)	16	9.78	13	9.54	36	13.99	35	12.93	46	14.39	31	13.53	57	12.75
15	M1 & M2	Increased breastfeed During a Diarrhea Episode	Percent of children aged 0-23 who received breastfed same amount or more during diarrhea in last two weeks.	62	12.84	62	13.90	82	11.17	87	9.28	87	9.73	89	9.18	90	7.84
16	M1 & M2	Increased drink during a diarrhea Episode	Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered the same amount or more drink / fluid during the illness	24	11.23	34	13.55	71	13.24	63	13.09	83	10.95	76	12.56	91	7.22
17	M1 & M2	Increased food during a diarrhea Episode	Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness	27	11.77	28	12.79	62	14.17	54	13.55	70	13.30	67	13.77	81	10.09

SN	Mod#	Indicator	Indicator/ Definition	Baseline (LQAS) Oct'01	Confidence Interval CI	LQAS Jan'03	Confidence Interval CI	LQAS Jul'03	Confidence Interval CI	LQAS Jan'04	Confidence Interval CI	LQAS Jul'04	Confidence Interval CI	LQAS Jan'05	Confidence Interval CI	LQAS Jul'05	Confidence Interval CI
18	M1 & M2	Care-seeking for Diarrhea	Percent of Children aged 0-23 months with diarrhea in the last two weeks whose mothers Sought outside advice or treatment for the illness	76	11.23	72	12.79	80	11.69	81	10.71	80	11.46	80	11.69	71	11.71
19	M2	Maternal Competency in ORS Preparation	Percent of mothers who can correctly prepare ORS	34	8.60	39	8.29	64	8.16	71	7.74	74	7.41	67	8.00	75	7.34
20	M2	Maternal Hand Washing before Food Preparation	Percent of mothers who usually wash their hands with soap or ash before food preparation.	23	7.10	22	7.02	40	8.32	64	8.16	61	8.29	77	7.19	81	6.64
21	M2	Maternal Hand Washing before Food Preparation before feeding /after attending to a child who has defecated	Percent of mothers who usually wash their hands with soap or ash before food preparation, before feeding children, after defecation, and after attending to a child who has defecated.	5	3.80	4	3.23	18	6.54	26	7.41	33	8.00	50	8.50	47	8.49
			<b>ARI INDICATOR</b>														
22	M1 & M2	ARI Care -seeking	Percent of Children aged 0-23 months with cough and fast / difficult breathing in the last two weeks who were taken to a health facility or received treatment.	79	9.99	73	10.82	75	9.89	61	9.71	45	9.39	51	10.44	93	8.16
			<b>PRENATAL CARE INDICATORS</b>														
23	M1	Maternal Health Card Presentation	Percent of mothers with a maternal card (Card-confirmed) for the youngest child less than 12 months of age	17	6.43	22	7.02	26	7.48	24	7.26	30	7.79	21	6.93	31	7.85
24	M1	Tetanus Toxoid Coverage	Percent of mothers who received at least <b>TWO</b> tetanus toxoid injections (Card confirmed) before the birth of the youngest child less than 12 months of age.	13	5.67	21	6.93	18	6.80	20	7.16	24	7.44	22	7.26	32	8.18

SN	Mod#	Indicator	Indicator/ Definition	Baseline (LQAS) Oct'01	Confidence Interval CI	LQAS Jan'03	Confidence Interval CI	LQAS Jul'03	Confidence Interval CI	LQAS Jan'04	Confidence Interval CI	LQAS Jul'04	Confidence Interval CI	LQAS Jan'05	Confidence Interval CI	LQAS Jul'05	Confidence Interval CI
25	M1	Prenatal Care Coverage	Percent of mothers who had at least <b>ONE</b> prenatal visit prior to the birth of her youngest child less than 12 months of age	<b>45</b>	<b>8.46</b>	<b>53</b>	<b>8.48</b>	<b>56</b>	<b>8.43</b>	<b>66</b>	<b>8.04</b>	<b>68</b>	<b>7.95</b>	<b>65</b>	<b>8.08</b>	<b>74</b>	<b>7.48</b>
26	M1	Iron Supplementation Coverage	Percent of mothers who received /brought iron supplements while pregnant with the youngest child less than 12 months of age.	<b>36</b>	<b>13.30</b>	<b>53</b>	<b>8.48</b>	<b>74</b>	<b>7.41</b>	<b>77</b>	<b>7.19</b>	<b>83</b>	<b>6.31</b>	<b>79</b>	<b>6.93</b>	<b>87</b>	<b>5.67</b>
			<b>PLACE OF DELIVERY AND DELIVERY ATTENDED</b>														
27	M1	Delivery by skilled Health Personnel	Percent of children aged 0-11 months whose delivery was attended by a skilled health personal upto TBA level	<b>32</b>	<b>7.95</b>	<b>47</b>	<b>8.49</b>	<b>53</b>	<b>8.48</b>	<b>68</b>	<b>7.90</b>	<b>65</b>	<b>8.08</b>	<b>63</b>	<b>8.20</b>	<b>68</b>	<b>7.95</b>
28	M1	Delivery by skilled Health Personnel	Percent of children aged 0-11 months whose delivery was attended by a skilled health personal upto MCHW level									<b>33</b>	<b>8.00</b>	<b>30</b>	<b>7.79</b>	<b>40</b>	<b>8.32</b>
29	M1	Clean Cord Care	Percent of children aged 0-11 months whose delivery involved use of a clean birth kit or whose cord was cut with a new razor	<b>96</b>	<b>3.23</b>	<b>95</b>	<b>3.53</b>										
30	M1	Clean Cord Care	Percent of children aged 0-11 months whose delivery involved use of a clean birth kit					<b>30</b>	<b>7.79</b>	<b>51</b>	<b>8.50</b>	<b>53</b>	<b>8.49</b>	<b>78</b>	<b>7.02</b>	<b>73</b>	<b>7.55</b>
31	M1	Immediate Breast Feeding	Percent of children aged 0-11 months who were immediately breastfed with the mother immediately after birth.	<b>2</b>	<b>2.52</b>	<b>14</b>	<b>5.95</b>										
32	M1	Placement at Birth	Percent of children aged 0-11 months who were placed with the mother immediately after birth	<b>25</b>	<b>7.34</b>	<b>28</b>	<b>7.62</b>	<b>51</b>	<b>8.50</b>	<b>66</b>	<b>8.04</b>	<b>74</b>	<b>7.48</b>	<b>70</b>	<b>7.79</b>	<b>74</b>	<b>7.48</b>
			<b>POSTPARTUM CARE</b>														
33	M1	Postpartum Contact	Percent of mother who had at least <b>ONE</b> postpartum check-up	<b>11</b>	<b>5.38</b>	<b>14</b>	<b>5.81</b>	<b>15</b>	<b>6.07</b>	<b>31</b>	<b>7.85</b>	<b>41</b>	<b>8.35</b>	<b>40</b>	<b>8.32</b>	<b>48</b>	<b>8.49</b>

SN	Mod#	Indicator	Indicator/ Definition	Baseline (LQAS) Oct'01	Confidence Interval CI	LQAS Jan'03	Confidence Interval CI	LQAS Jul'03	Confidence Interval CI	LQAS Jan'04	Confidence Interval CI	LQAS Jul'04	Confidence Interval CI	LQAS Jan'05	Confidence Interval CI	LQAS Jul'05	Confidence Interval CI
34	M1	Knowledge of maternal Danger Signs	Percent of mothers able to report at least <b>TWO</b> known maternal danger signs during the postpartum period	<b>41</b>	<b>8.37</b>	<b>52</b>	<b>8.49</b>										
35	M1	Knowledge of Neonatal Danger Signs	Percent of mothers able to report at least <b>THREE</b> known neonatal danger signs					<b>91</b>	<b>4.87</b>	<b>90</b>	<b>5.05</b>	<b>95</b>	<b>3.80</b>	<b>94</b>	<b>4.04</b>	<b>94</b>	<b>4.04</b>
36	M1	Knowledge of Neonatal Danger Signs	Percent of mothers able to report at least <b>TWO</b> known neonatal danger signs	<b>71</b>	<b>7.68</b>	<b>87</b>	<b>5.67</b>	<b>96</b>	<b>3.23</b>	<b>98</b>	<b>2.52</b>	<b>98</b>	<b>2.07</b>	<b>98</b>	<b>2.52</b>	<b>97</b>	<b>2.90</b>
37	M1	Maternal Vitamin A supplementation	Percent of mothers who received a Vitamin A dose during the first six weeks after delivery	<b>16</b>	<b>6.20</b>	<b>17</b>	<b>6.43</b>	<b>34</b>	<b>8.04</b>	<b>42</b>	<b>8.39</b>	<b>50</b>	<b>8.50</b>	<b>59</b>	<b>8.35</b>	<b>67</b>	<b>8.00</b>
38	M1	Maternal iron supplementation	Percent of mothers who received at least 1 month iron tablets during the first two months after delivery	<b>10</b>	<b>5.05</b>	<b>28</b>	<b>7.62</b>	<b>42</b>	<b>8.39</b>	<b>52</b>	<b>8.49</b>	<b>45</b>	<b>8.46</b>	<b>48</b>	<b>8.49</b>	<b>62</b>	<b>8.26</b>
			<b>CHILD SPACING</b>														
39	M3	Contraceptive Use Among Mothers Who Want to limit or space births	Percent of non pregnant mothers who desire no more children in the next two years or are not sure, who are using a modern method of child spacing	<b>24</b>	<b>7.54</b>	<b>32</b>	<b>7.90</b>	<b>44</b>	<b>8.44</b>	<b>43</b>	<b>8.41</b>	<b>46</b>	<b>8.47</b>	<b>55</b>	<b>8.46</b>	<b>40</b>	<b>8.32</b>
40	M3	Knowledge of source of Child spacing methods	Percent of mothers who report at least one place where she can obtain a method of child spacing	<b>54</b>	<b>8.47</b>	<b>71</b>	<b>7.74</b>	<b>81</b>	<b>6.64</b>	<b>93</b>	<b>4.27</b>	<b>97</b>	<b>2.90</b>	<b>98</b>	<b>2.52</b>	<b>98</b>	<b>2.07</b>
41	M3	Adequate birth interval between surviving children	Percent of children aged 0-23 months who were born at least 24 months after the previous surviving child	<b>58</b>	<b>11.10</b>	<b>58</b>	<b>10.96</b>	<b>56</b>	<b>10.74</b>	<b>68</b>	<b>11.37</b>	<b>59</b>	<b>12.34</b>	<b>67</b>	<b>10.78</b>	<b>76</b>	<b>9.42</b>
42	M3	Adequate Birth interval Between youngest Surviving Children (Less Stringent Criteria)	Percent of children aged 0-23 months who were born at least 36 months after the previous surviving child	<b>12</b>	<b>7.26</b>	<b>13</b>	<b>7.42</b>	<b>21</b>	<b>8.77</b>	<b>23</b>	<b>10.24</b>	<b>41</b>	<b>12.34</b>	<b>38</b>	<b>11.15</b>	<b>32</b>	<b>10.26</b>
			<b>KNOWLEDGE OF DANGER SIGNS DURING PREGNANCY, POSTNATAL AND NEW BORN CHILD</b>														

SN	Mod#	Indicator	Indicator/ Definition	Baseline (LQAS) Oct'01	Confidence Interval CI	LQAS Jan'03	Confidence Interval CI	LQAS Jul'03	Confidence Interval CI	LQAS Jan'04	Confidence Interval CI	LQAS Jul'04	Confidence Interval CI	LQAS Jan'05	Confidence Interval CI	LQAS Jul'05	Confidence Interval CI
43	M1	Danger signs/symptoms during pregnancy	Percent of mothers (15-49 years) who know at least <b>TWO</b> danger signs/symptoms during pregnancy	<b>29</b>	<b>7.68</b>	<b>41</b>	<b>8.35</b>	<b>87</b>	<b>5.67</b>	<b>90</b>	<b>5.05</b>	<b>95</b>	<b>3.80</b>	<b>95</b>	<b>3.53</b>	<b>95</b>	<b>3.53</b>
44	M1	Danger signs/symptoms during pregnancy	Percent of mothers (15-49 years) who know at least <b>THREE</b> danger signs/symptoms during pregnancy	<b>26</b>	<b>7.48</b>	<b>41</b>	<b>8.35</b>	<b>69</b>	<b>7.85</b>	<b>74</b>	<b>7.48</b>	<b>85</b>	<b>6.07</b>	<b>84</b>	<b>6.20</b>	<b>92</b>	<b>4.48</b>
45	M1	Danger signs after delivery	Percent of mothers who knows at least <b>TWO</b> danger signs/symptoms of after delivery	<b>41</b>	<b>8.37</b>	<b>52</b>	<b>8.49</b>			<b>80</b>	<b>6.74</b>	<b>86</b>	<b>5.81</b>	<b>92</b>	<b>4.48</b>	<b>93</b>	<b>4.27</b>
46	M1	Danger signs after delivery	Percent of mothers who knows at least <b>THREE</b> danger signs/symptoms of after delivery	<b>11</b>	<b>5.22</b>	<b>62</b>	<b>8.23</b>			<b>59</b>	<b>8.37</b>	<b>75</b>	<b>7.34</b>	<b>76</b>	<b>7.26</b>	<b>89</b>	<b>5.22</b>
47	M1	Danger signs of new born	Percent of mothers who know at least <b>TWO</b> danger sign of new born	<b>71</b>	<b>7.68</b>	<b>87</b>	<b>5.67</b>	<b>96</b>	<b>3.23</b>	<b>98</b>	<b>2.52</b>	<b>98</b>	<b>2.07</b>	<b>98</b>	<b>2.52</b>	<b>97</b>	<b>2.90</b>
48	M1	Danger signs of new born	Percent of mothers who know at least <b>THREE</b> danger sign of new born	<b>37</b>	<b>8.20</b>	<b>62</b>	<b>8.23</b>	<b>91</b>	<b>4.87</b>	<b>90</b>	<b>5.05</b>	<b>95</b>	<b>3.80</b>	<b>94</b>	<b>4.04</b>	<b>94</b>	<b>4.04</b>
			<b>DANGER SIGNS OF PNEUMONIA AND DIARRHEA</b>														
49	M2	Danger signs/symptoms of pneumonia	Percent of mothers who know at least <b>THREE</b> danger signs/symptoms of pneumonia	<b>15</b>	<b>6.07</b>	<b>39</b>	<b>8.29</b>	<b>71</b>	<b>7.74</b>	<b>85</b>	<b>6.07</b>	<b>90</b>	<b>5.05</b>	<b>90</b>	<b>5.05</b>	<b>92</b>	<b>4.68</b>
50	M2	Danger signs / symptoms of diarrhea/ dysentery	Percent of mothers who know at least <b>THREE</b> danger sign of diarrhea / dysentery	<b>14</b>	<b>5.95</b>	<b>17</b>	<b>6.31</b>	<b>50</b>	<b>8.50</b>	<b>62</b>	<b>8.26</b>	<b>69</b>	<b>7.85</b>	<b>77</b>	<b>7.10</b>	<b>85</b>	<b>6.07</b>
			<b>KNOWLEDGE ON HIV/AIDS/STD</b>														
51	M3	Knowledge about HIV/AIDS and STD transmission	Percent of mothers who knows at least <b>ONE</b> HIV/AIDS and STD transmission (MOT)	<b>14</b>	<b>5.95</b>	<b>18</b>	<b>6.54</b>	<b>28</b>	<b>7.62</b>	<b>37</b>	<b>8.20</b>	<b>42</b>	<b>8.39</b>	<b>47</b>	<b>8.49</b>	<b>53</b>	<b>8.49</b>
52	M3	Knowledge about HIV/AIDS and STD Prevention	Percent of mothers who knows at least <b>ONE</b> HIV/AIDS and STD prevention (MOT)	<b>14</b>	<b>5.95</b>	<b>17</b>	<b>6.31</b>	<b>26</b>	<b>7.48</b>	<b>36</b>	<b>8.16</b>	<b>42</b>	<b>8.39</b>	<b>46</b>	<b>8.47</b>	<b>53</b>	<b>8.49</b>

Table 6: Rapid Core Assessment Tool for Child Health (CATCH) from October 2001 to July 2005

SN	Mod#	Indicator	Indicator/ Definition	Baseline (LQAS) Oct'01	Confidence Interval CI	LQAS Jan'03	Confidence Interval CI	LQAS Jul'03	Confidence Interval CI	LQAS Jan'04	Confidence Interval CI	LQAS Jul'04	Confidence Interval CI	LQAS Jan'05	Confidence Interval CI	LQAS Jul'05	Confidence Interval CI
			<b>SENTINEL MEASURE OF CHILD HEALTH AND WELL-BEING</b>														
1	M1 & M2	Underweight Children	Percentage of Children age 0-23 months that is underweight (-2 SD from the median weight-for-age, according to the World Health Organization (WHO)/National Center for Health Statistics (NCHS))													29	5.45
2	M3	Birth Spacing	Percent of children age 0-23 months that was born at least 24 months after the previous surviving child	58	11.10	58	10.96	56	10.74	68	11.37	59	12.34	67	10.78	76	9.42
3	M1	Delivery Assistance	Percent of children age 0-23 months whose birth were attended by skilled health personal upto MCHW	17	6.31	23	7.19	31	7.19	33	8.00	33	8.00	30	7.79	40	8.32
4	M1	Maternal Tetanus Toxoid (TT)	Percent of mothers with children age 0-23 months that received at least <b>TWO</b> tetanus toxoid injections before the birth of their youngest child.	13	5.67	21	6.93	18	6.80	20	7.16	24	7.44	22	7.26	32	8.18
5	M1	Exclusive Breastfeeding	Percent of children age 0-5 months that was exclusively breastfed during the last 24 hours	62	8.26	95	5.15	83	8.94	90	6.73	75	11.58	93	6.03	80	10.41
6	M1	Complementary Feeding	Percent of children age 6-9 months that received breast milk and complementary foods during the last 24 hours	73	15.82	64	15.69	82	10.84	81	13.91	81	9.70	87	9.54	88	9.18
7	M2	Full Vaccination	Percent of children age 12-23 months that is fully vaccinated (against the five vaccine preventable diseases) before the first birthday	10	5.05	11	5.38	29	7.68	34	8.04	40	8.32	52	8.49	50	8.50
8	M2	Measles	Percent of children age 12-23 months that received a measles vaccine	11	5.22	14	5.81	29	7.68	38	8.26	41	8.35	52	8.49	53	8.49
9	M1 & M2	Bednets	Percentage of children age 0-23 months that slept under an insecticide-treated net (in malaria risk areas) the previous night													1	1.04

SN	Mod#	Indicator	Indicator/ Definition	Baseline (LQAS) Oct'01	Confidence Interval CI	LQAS Jan'03	Confidence Interval CI	LQAS Jul'03	Confidence Interval CI	LQAS Jan'04	Confidence Interval CI	LQAS Jul'04	Confidence Interval CI	LQAS Jan'05	Confidence Interval CI	LQAS Jul'05	Confidence Interval CI
10	M3	HIV/AIDS	Percent of mothers with children age 0-23 months that cited at least <b>TWO</b> known ways of reducing the risk of HIV infection	9	4.87	12	5.53	20	6.74	25	7.34	26	7.41	38	8.26	37	8.20
11	M2	Hand Washing	Percent of mothers with children age 0-23 months that reported they wash their hands with soap or ash before food preparation and feeding children and after defecation and attending to a child who has defecated	5	3.80	4	3.23	18	6.54	26	7.41	33	8.00	50	8.50	47	8.49
			<b>MANAGEMENT/TREATMENT OF ILLNESS</b>														
12	M1 & M2	Danger Signs	Percent of mothers of children aged 0-23 months that knew at least <b>TWO</b> signs of childhood illness that indicate the need for treatment	84	4.42	88	3.91	94	2.94	98	1.63	100	0	98	1.46	99	1.04
13	M1 & M2	Sick Child*	Percent of sick children age 0-23 months that received increased continued feeding during an illness in the past two weeks	62	12.84	62	13.90	82	11.17	87	9.28	87	9.73	89	9.18	90	7.84
14	M1 & M2	Sick Child*	Percent of sick children age 0-23 months that received increased fluids during an illness in the past two weeks	24	11.23	34	13.55	71	13.24	63	13.09	83	10.95	76	12.56	91	7.22

**Note:**

\* Indicators indicated \* (indicator # 13 and 14) are merged in generic RAPID CATCH but the Plan Nepal, CS Project in the same indicators has been collecting information separately.

## Table 7: DIP – Target, Achievement and Baselines

### **GOAL: To reduce Maternal and Child Morbidity and Mortality in Bara District of Nepal**

**Behavior:** Women of reproductive age, pregnant women and caregivers of children under 5 practice healthy behaviors and seek medical care from a trained provider when it is needed.

Indicators	Baseline (October 2001)	Achievement (As of July 2005)	Target (September 2006)
<b>Control of Diarrheal Disease</b>			
Increase % of children under 2 whose diarrhea is managed at home: % of children under 2 (who had diarrhea in last two weeks) who were given the same or more:			
1. Breast milk	62%	90%	80%
2. Liquids	24%	91%	65%
3. Solid/semi solid food	27%	81%	50%
4. % of children < 2 years treated with ORS (ORS packet and home made solution) in past two weeks	16%	57%	50%
<b>Pneumonia Case Management:</b>			
5. % of mothers seeking medical care from a trained provider (health facility, trained volunteers) when their child shows signs of pneumonia (rapid breathing, chest in –drawing)	79%	93%	90%
6. % of mothers of children <2 years who know at least 3 signs of pneumonia.	15%	92%	50%
<b>Family Planning / Maternal and Newborn Care</b>			
7. % of women of reproductive age who know at least one place where they can obtain a method of child spacing	54%	98%	80%
8. % of mothers of children <2 who know at least 2 danger signs in pregnancy.	26%	95%	50%
9. % of mothers with children <1 who have had 2 TT	13%	32%	50%
10. % of mothers who consumed iron and folic acid supplements for at least one month while pregnant with the youngest child < 2 months	36%	87%	65%
11. % of mothers using Clean Home Delivery Kits for last delivery	11%	73%	40%

**Increased access to Services and Supplies:** Communities have increased sustainable access to health education, quality care and essential medicines.

Indicators	Baseline (October 2001)	Achievement (As of July 2005)	Target (September 2006)
<b>Control of Diarrheal Disease</b>			
1. % of FCHVs who distribute ORS and have supplies	20%	57%	80%
<b>Pneumonia Case Management</b>			
2. % of communities who have access to cotrimoxazole (through FCHVs and CDP) (No baseline data)		83%	
<b>Family Planning and MNC</b>			
3. % of FCHVs and TBAs who distribute contraceptives	5%	95%	90%
4. % of FCHVs and TBAs who sell / distribute CHDK	20%	86%	60%
<b>General</b>			
5. % of FCHVs who have:			
▪ ORS available during the survey year around.		56%	
▪ Clean Home Delivery Kits available year around.		41%	
▪ Cotrimoxazole available year around.		97%	

**Quality of Care:** MOH personnel and community volunteers (FCHVs, TBAs) practice appropriate case management of diarrhea and pneumonia and provide quality family planning and maternal and newborn care services.

Indicators	Baseline (October 2001)	Achievement (As of July 2005)	Target (September 2006)
<b>Control of Diarrheal Disease</b>			
1. % of children <5 presenting at the health facility with simple diarrhea who received ORT	29%	94%	80%
2. % of FCHVs and TBAs who can correctly demonstrate the preparation of ORS and demonstrate SCM for DD according to MOH protocols to MOH protocols.	30%	99%	90%
3. % of children <5 presenting at the health facility with simple diarrhea who received an antibiotics of anti diarrheal	75%	35%	10%
<b>Pneumonia Case Management</b>			
4. % of children referred in last two weeks with pneumonia who are treated with cotrimoxazole		0%	50%
5. % of pneumonia cases (in children <5) presenting at the health facility that receive an appropriate antibiotic	69%	96%	80%
<b>Family Planning and Maternal and Newborn Care</b>			
6. % of FCHV, TBA and health facility staff who correctly counsel and provide FP methods according to MOH protocols	25%	HFA	80%
7. % of mothers of children <12 months who had at least one prenatal visit during pregnancy (based on cards)	45%	74%	70%
8. % of mothers with children <12 months with last delivery attended by trained provider	32%	68%	65%
9. % of MCHW that are trained and practice MOH protocol for prenatal, delivery and postnatal care.	55%	HFA	100%
10. % of women suffering obstetric emergency that are referred to next level of care and treated by MOH clinician		27%	

**Institutional:** Local NGOs, MOH and community-based institutions have developed a strengthened capacity to support child survival activities on a sustainable basis.

Indicators	Baseline (October 2001)	Achievement (As of July 2005)	Target (September 2006)
<b>Institutional:</b>			
1. % of VDCs have at least three mothers groups / PWG with demonstrated health promotion activities and plans for future BCC activities (not included in baseline)	0 % (Formation of PWG)	66%	80 %
2. % of HFCs or mothers group that are planning and monitoring local health activities– <i>Mothers Group all 4 points a) Regular Meeting, b) Establishment of health saving fund, c) PWG formation &amp; Safer Motherhood service and d) Support to Out Reach Clinic</i> (not included in the baseline)		15%	25 %
3. % of FCHVs have established community health funds and mechanism for cost recovery (not included in baseline)	10%	18%	25 %
4. % of FCHVs who are involved in education and community mobilization efforts at 8 times in last 12 months.	10%	84%	70%
5. All NGO partners have project plans and monitoring system in place			
6. % of VDC commit some financial support to CS activities at community level.	10%	76%	60%
7. % of local health facilities that have established CDP's and community drug management committees	9%	47%	50%
8. % of health workers had at least one supervisory visit from the MOH in the last 3 months.	7%	86%	75%

**Table 8: Comparison of costs of First, Second, Third, Fourth, Fifth, Sixth and Seventh LQAS.**

SN	Description	November, 2001		January, 2003		July, 2003		Jan-04		Jul-04		Jan-05		Jul-05		Remarks	
		NRs	US\$	NRs	US\$	NRs	US\$	NRs	US \$								
1	Salaries	142,746	1,903	74,749	984	60,116	791	151,955	2,058	80,099	1,064	81,951	1,123	138,550	1,876		
2	Transportation	11,020	147	7,136	94	7,384	97	2,808	38	2,040	27	2,064	28	7,064	96		
3	Materials	1,890	25	2,850	38	1,189	16	12,250	166	465	6	1,016	14	3,232	44		
4	Food/Accommodation	105,000	1,400	29,537	389	18,333	241	157,328	2,130	21,180	281	19,154	262	61,703	836		
	<b>Total Costs</b>	<b>260,656</b>	<b>3,475</b>	<b>114,272</b>	<b>1,504</b>	<b>87,022</b>	<b>1,145</b>	<b>324,341</b>	<b>4,392</b>	<b>103,784</b>	<b>1,379</b>	<b>104,185</b>	<b>1,427</b>	<b>210,549</b>	<b>2,851</b>		
	<b>Total Cost Per Set (3 obser.)</b>	<b>1,960</b>	<b>26.1</b>	<b>859</b>	<b>11.3</b>	<b>654</b>	<b>8.6</b>	<b>2,439</b>	<b>33.02</b>	<b>780</b>	<b>10.37</b>	<b>783</b>	<b>10.73</b>	<b>1,904</b>	<b>26</b>		<b>5 Set (4 set=133 &amp; 1 set=21)</b>
	<b>Total Cost Per Observation</b>	<b>653</b>	<b>8.7</b>	<b>286</b>	<b>3.8</b>	<b>218</b>	<b>2.9</b>	<b>813</b>	<b>11.01</b>	<b>260</b>	<b>3.46</b>	<b>261</b>	<b>3.58</b>	<b>381</b>	<b>5</b>		<b>Total 553 observation</b>

Description	Days	Staff	Days	Staff	Days	Staff	Days	Staff	Days	Staff	Days	Staff	Days	Staff/Part	Remarks
* Training	4 days	21	3 days	11	0	0	4	27	0	0	0	0	3 days	22	
* Data Collection	3 days	14	2 days	21	2 days	21	2 days	21	2 days	23	2 days	23	2 days	27	
* Data tabulation	3 days	21	2 days	29	2 days	27	2 days	27	2 days	31	2 days	28	3 days	44	
* Refresher Training	0.5 days				0.5 days	27									
* Total set	133 sets														
* Total Observations	399 nos														

**Child Survival**

**Sustainability Assessment Framework Workshop**

**August 30 – September 1, 2005**

**Godawari Village Resort**

**Kathmandu**

**Major Outcomes of the Workshop**

**Plan Nepal**  
**Rautahat/Bara Program**

**Dimension 1: Component 1: Health Outcomes**

Indicators	Source of information	Measured value (% or Scale)	Score	Definition of Scale (where we are using scale)
- Underweight Children < 2yrs	- LQAS	29%	<b>56.1</b>	
- Birth Spacing (Two years gap)	- LQAS	76%	<b>61.3</b>	
- Delivery Assistance (MCHW)	- LQAS	40%	<b>25.0</b>	
- Maternal Tetanus Toxoid (2 doses)	- LQAS	32%	<b>18.3</b>	
- Exclusive Breastfeeding <5 m	- LQAS	80%	<b>66.7</b>	
- Complementary Feeding 6-9 m	- LQAS	88%	<b>77.4</b>	
- Full Vaccination (six vaccine)	- LQAS	50%	<b>35.1</b>	
- Measles	- LQAS	53%	<b>38.1</b>	
- Bednets < 2yrs	- LQAS	1%	<b>0.6</b>	
- HIV/AIDS (at least 2 point of prevention)	- LQAS	37%	<b>22.0</b>	
- Hand Washing	- LQAS	47%	<b>32.1</b>	
- Danger Signs (mother <2 yr child)	- LQAS	99%	<b>98.0</b>	
- Sick Child	- LQAS	90%	<b>80.0</b>	
		<b>Total</b>	<b>610.8</b>	
		<b>Average</b>	<b>47.0</b>	

**Dimension 1: Component 2: Health Services (System)**

Indicators	Source of information	Measured value (% or Scale)	Score	Definition of Scale (where we are using scale)
- % of health facilities regularly opened during working hours	- HF record - KII	70%	<b>55.1</b>	
- % of health workers filling in IMCI register correctly	- Register review during supervisory visit	55%	<b>40.0</b>	
- % of FCHVs who are treating pneumonia round the year	- FCHV record - LQAS	60%	<b>45.0</b>	
- % of health facilities with essential drugs throughout the year	- HF record - IHFA - KII	30%	<b>17.2</b>	
- % of peripheral level health workers who received supportive supervisory visit against planned schedule	- DHO & HF record	3	<b>40.0</b>	1. No visit 2. Occasionally visit 3. 25% visit /area coverage as per plan 4. 50% coverage visit as per plan 5. 80% coverage visit as per plan 6. 100% visit as per plan
		<b>Total</b>	<b>197.3</b>	
		<b>Average</b>	<b>39.5</b>	

**Dimension 2: Component 3: Organization Capacity**

<b>Indicators</b>	<b>Source of information</b>	<b>Measured value (% or Scale)</b>	<b>Score</b>	<b>Definition of Scale (where we are using scale)</b>
- Proportion of women and or marginalized representative in the committee	- Health Committee minute register	2.5	<b>30.1</b>	<ol style="list-style-type: none"> <li>1. No representation;</li> <li>2. Some representation of female but no for 'Janajati' (disadvantaged group);</li> <li>3. Proper representation but irregular and passively participation;</li> <li>4. Proportionately representation in all meeting and decision making in 50 % to 75% of HFs;</li> <li>5. Active participation in all meetings and decision making process in 50% to 75% of HFs; and</li> <li>6. Active participation in all meetings and decision making process in 75% to 100 % of HFs.</li> </ol>
- Annual plan in place	- Health committee document	3	<b>40.0</b>	<ol style="list-style-type: none"> <li>1. No annual plan;</li> <li>2. Plan in place but not use;</li> <li>3. Plan in place but poorly use;</li> <li>4. Plan in place &amp; use in less than 50 % of HFs;</li> <li>5. Plan in place &amp; use in 50% to 75 % of HFs; and</li> <li>6. Plan in place &amp; use in more than 75 % of HFs.</li> </ol>

Indicators	Source of information	Measured value (% or Scale)	Score	Definition of Scale (where we are using scale)
<ul style="list-style-type: none"> <li>- Institutional policy with clearly spelled-out roles and responsibility is in place (duty segregation such as separate purchase and booking sub-committee)</li> </ul>	<ul style="list-style-type: none"> <li>- Health committee document</li> </ul>	4	<b>60.0</b>	<ol style="list-style-type: none"> <li>1. No institutional policy;</li> <li>2. Policy in place but no clearly spell out roles and responsibilities;</li> <li>3. Policy in place with clear spell out roles and responsibilities but 25% HFMC (Health Facility Management Committee) enforced properly;</li> <li>4. Policy in place with clear spell out roles and responsibilities with full enforcement by 25% to 49 % HFMC;</li> <li>5. Policy in place with clear spell out roles and responsibilities with full enforcement by 50% to 75 % HFMC; and</li> <li>6. Policy in place with clear spell out roles and responsibilities with full enforcement by more than 75 % HFMC.</li> </ol>
<ul style="list-style-type: none"> <li>- Annual participatory review/reflection</li> </ul>	<ul style="list-style-type: none"> <li>- Health committee minute/ review report</li> </ul>	3	<b>40.0</b>	<ol style="list-style-type: none"> <li>1. No annual review reflection;</li> <li>2. Annual activities review but no participatory way;</li> <li>3. Annual review with partial participatory;</li> <li>4. Annual review with full participation in less than 50% HF's;</li> <li>5. Annual review with full participation in 50% to 75% HF's; and</li> <li>6. Annual review with full participation in more than 75% HF's.</li> </ol>
<ul style="list-style-type: none"> <li>- Majority of decisions were taken in consensus</li> </ul>	<ul style="list-style-type: none"> <li>- Minute review / Interview with member</li> </ul>	3	<b>40.0</b>	<ol style="list-style-type: none"> <li>1. No consensus is taken in decision making;</li> <li>2. Consensus is taken in few meetings of HF's;</li> <li>3. Consensus is taken in all meetings in 25 % of HF's;</li> <li>4. Consensus is taken in all meetings in 25%-50% of HF's;</li> <li>5. Consensus is taken in all meetings in 50% - 75% of HF's; and</li> <li>6. All decision are taken with consensus in all meeting of more than 75% of HF's.</li> </ol>
		<b>Total</b>	<b>210.1</b>	
		<b>Average</b>	<b>42.0</b>	

**Dimension 2: Component 4: Organization Viability**

<b>Indicators</b>	<b>Source of information</b>	<b>Measured value (% or Scale)</b>	<b>Score</b>	<b>Definition of Scale (where we are using scale)</b>
- Participation of children, woman, marginalized, disabled people in various health activities against planned	- Observation - Annual reports - Periodic study report - Minutes	4	<b>60.0</b>	1. No participation; 2. Partial participation; 3. Full participation in less than 25% of HFs; 4. Full participation in 25% to 49% of HFs; 5. Full participation in less than 50% to 74% of HFs; and 6. Full participation in more than 75% of HFs.
- % of satisfied clients from health services	- Exit interview during supervisory visit IHFA	3.5	<b>50.1</b>	1. Clients are not satisfied; 2. Clients are partially satisfied; 3. Fully satisfied clients are less than 25%; 4. Fully satisfied clients are from 25% to 49%; 5. Fully satisfied clients are 50% to 74%; and 6. Fully satisfied clients are more than 75%.
- % of local contribution in the annual budget (in cash or kind)	- Budget review	5	<b>80.0</b>	1. No contribution; 2. <25% contribution in 25% HFs; 3. 25% contribution in 25% HFs; 4. 25% contribution in 25% to 50% HFs; 5. 25% contribution in 50% to 75% HFs; and 6. 25% contribution in >75% HFs.
- Key stakeholders will participated in annual review/reflection session	- HF record	3	<b>40.0</b>	1. No annual review reflection 2. Annual review without key stakeholders 3. Annual review with partial representation of key stakeholders 4. Annual review with key stakeholders in less than 50% HFs 5. Annual review with key stakeholders in 50% to 75% HFs 6. Annual review with key stakeholders in more than 75% HFs
		<b>Total</b>	<b>230.1</b>	
		<b>Average</b>	<b>57.5</b>	

**Dimension 3: Component 5: Community Competence/Capacity**

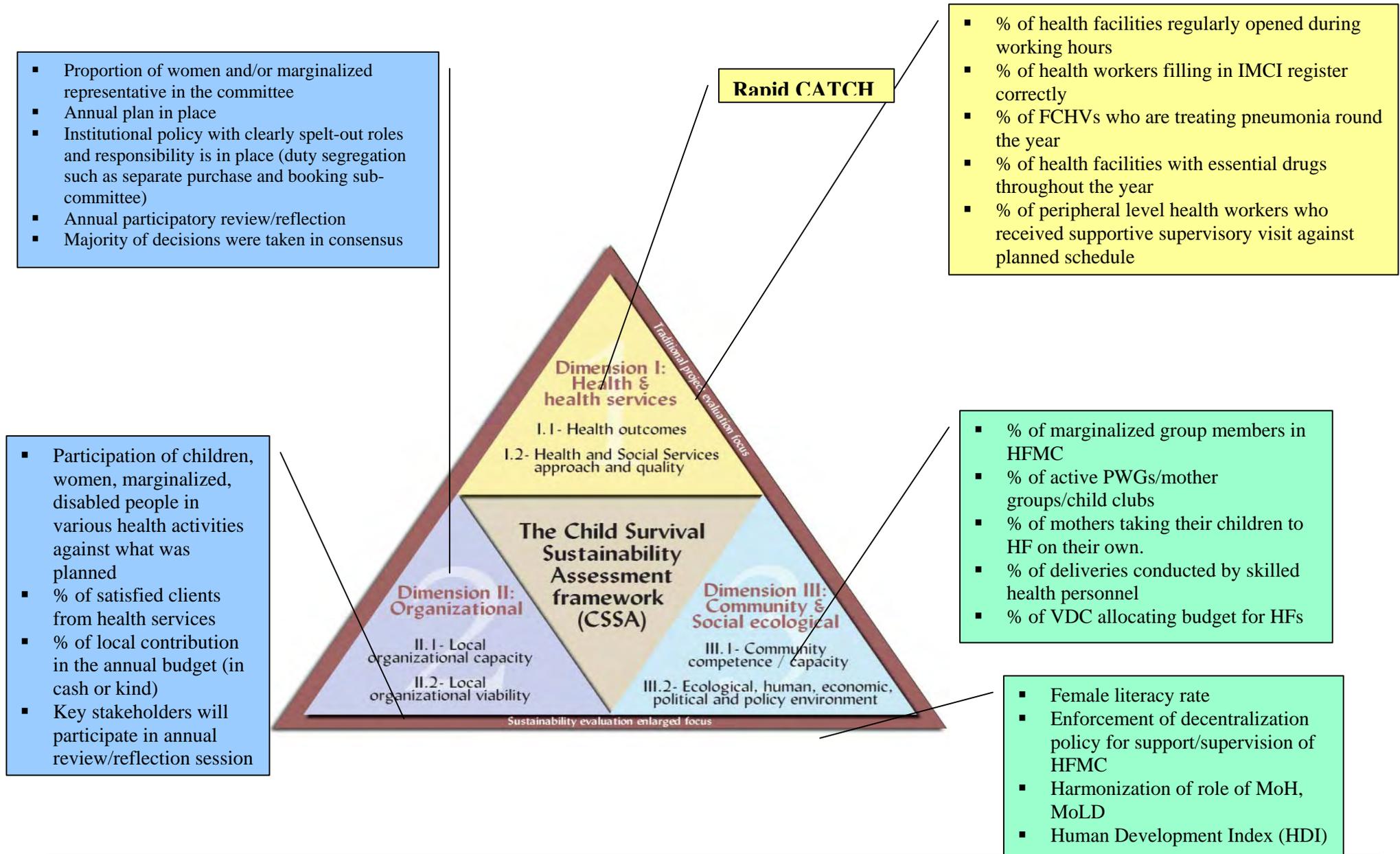
<b>Indicators</b>	<b>Source of information</b>	<b>Measured value (% or Scale)</b>	<b>Score</b>	<b>Definition of Scale (where we are using scale)</b>
- % of marginalized group members in HFMC	- HF record - Minutes	22%	<b>100.0</b>	
- % of active PWGs/mother groups/child clubs	- Periodic study - Review record	35%	<b>20.0</b>	
- % of mothers taking their children for HF on their own.	- LQAS - Study	30%	<b>17.2</b>	
- % of deliveries conducted by skilled health personnel	- LQAS - Study	40%	<b>25.0</b>	
- % of VDC allocating budget for HFs	- VDC record - HF record - Financial record	50%	<b>35.1</b>	
		<b>Total</b>	<b>197.3</b>	
		<b>Average</b>	<b>39.5</b>	

**Dimension 3: Component 6: Ecological, Human, Economic, Political & Policy**

<b>Indicators</b>	<b>Source information</b>	<b>Measured value (% or Scale)</b>	<b>Score</b>	<b>Definition of Scale (where we are using scale)</b>
- Female literacy rate	- DEO - CBS report - Study	34%	<b>19.5</b>	
- Enforcement of decentralization policy for support/supervision of HFMC	- Policy document - Newspaper	3	<b>40.0</b>	1. No policy 2. Policy at place but not implemented 3. Policy at place but planning to implemented 4. Policy implemented 5. Policy implemented with monitoring, evaluation and supervision 6. Policy implemented and sustained
- Harmonization of role of MoH, MoLD	- Policy document - Newspaper	4	<b>60.0</b>	1. No policy 2. Policy exist centralized (push policy) 3. On and off communication/ meeting between MoH and MoLD 4. Regular basis communication/ meeting between MoH and MoLD 5. Implemented agreed decision 6. Collaboration, fully harmonized (joint decision, sharing resources, policy in place)
- Human Development Index (HDI)	- UNDP annual report - ICIMOD/SNV report - DDC	2	<b>20.0</b>	1. 64-75 2. 51-63 3. 38-50 4. 26-37 5. 13-25 6. 0-12
		<b>Total</b>	<b>139.5</b>	
		<b>Average</b>	<b>34.9</b>	

## Outcome of CS Sustainability Assessment Framework Workshop

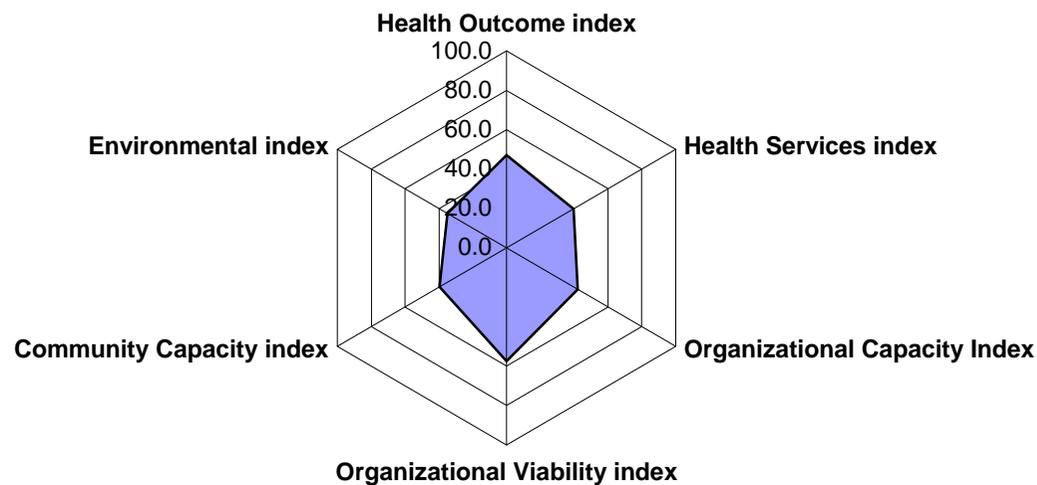
30 August – 1 September 2005, Godawari, Kathmandu, Nepal



**VISION: That all our community members, especially mothers and children stay healthy.**

Dimension	Component #	Component	Indices
1	1	Health Outcome index	<b>47.0</b>
	2	Health Services index	<b>39.5</b>
2	3	Organizational Capacity Index	<b>42.0</b>
	4	Organizational Viability index	<b>57.5</b>
3	5	Community Capacity index	<b>39.5</b>
	6	Environmental index	<b>34.9</b>

### Sustainability Dashboard



Note: This is an exercise of the training, might not represent the current status of the Bara district, Nepal. Project is planning to apply CSSA Framework in Feb, 2006 after LQAS involving all stakeholders.





CM = Current Month

## Concept and Approach: Pregnant Women's Group

**Pregnant Women's Group:** An approach to increase coverage of maternal health services in Rural Nepal

### 1. Background

In February 2003, during a staff meeting held to review the findings of a lot quality assessment, an important issue was raised. The mothers' groups conducted by female community health volunteers were not serving a useful purpose. Pregnant women and mothers of under-five children were not participating as expected and key project messages were not being delivered to intended target i.e. pregnant mother, mother of under five children. During the discussion, the project team came up with a strategy to rejuvenate mother's groups -- the creation of pregnant women's groups: targeted sub-group for interventions.

### 2. What is Pregnant Women's Group?

This is a group comprising of 7-15 pregnant women living in the same village who meet once a month to discuss issues related to mother and child health. Postnatal mothers, mothers of under-five children, and mother in laws are also encouraged to participate. Female community health volunteers facilitate the meetings. Outreach workers from the local health facility, especially Village Health Workers and Maternal and Child Health Workers, are encouraged to participate and support the sessions technically and managerially. In some areas group meetings are linked with outreach clinics operated by the outreach workers.

The administrative boundary of a particular community is not the chief criterion in constituting a group. Easy access for members is more important. In general, walking distance for participating women should not be more than ten minutes. Staff members from the Plan project and the local health facility help the volunteer in managing the group. The aim is to empower the group in such a way that members are able to demand basic health services of a high quality from government and non-governmental health care providers. The volunteers and participating women make all the decisions required to form and operate the group.

### 3. Goal and Objectives

The goal is to empower female community health volunteers, traditional birth attendants, and pregnant women by enhancing their ability to organize themselves in groups to discuss health issues, gain access to health services, and improve the health status of under-five children and women of reproductive age.

The specific objectives are, by the end of the project FY 06, to increase the proportion of participants who

- Consume iron and folic acid supplements for at least four months during pregnancy from 5% to 80%
- Consume iron and folic acid supplements for at least four months during the lactation period from 3% to 80%
- Receive at least two tetanus toxoid injections during pregnancy from 13% to 90%
- Have at least four antenatal checkups by local health facility staff from 5% to 70%
- Are prepared for delivery (have collected clean delivery materials or a clean home delivery kit) from 10% to 85%
- Are delivered by trained attendant to 50%
- Receive a vitamin A supplement during the postpartum period from 16% to 70%

In addition, 90% of infants born to participants should be completely immunized during the first year of life.

#### **4. Indicators**

The following indicators are updated for each participant during monthly meetings by placing a colored dot on the social map (see Figures 1 and 2 at the end of this report for examples of social maps; Figure 3 is a form used to summarize indicator information).

- Number of tetanus toxoid injections received
- Number of months she has consumed an iron supplement
- Number of antenatal checkups
- Whether she has procured a clean home delivery kit (or other safe delivery materials) in preparation for delivery
- Whether she consulted facility staff for any danger signs

#### **5. Formation and Management of Group**

The following steps are followed to form and manage the groups and to share health-related information during group sessions:

- Project staff members discuss the concept with local health facility staff (chief of health post or sub-health post, auxiliary nurse midwife, auxiliary health worker, maternal and child health workers, and village health workers).
- Project and health facility staff members orient female community health volunteers and traditional birth attendants to the strategy. The volunteers decide the number of participants and the geographical area from which participants will be drawn.
- Pregnant women are invited to get together for a social mapping session. They draw a map of their community on the ground. Volunteers use participatory rural appraisal techniques to facilitate the session. Participants identify major trails, roads, intersections, temples, schools, and the volunteer's house on the map. Then they locate their own houses by placing a stone or piece of brick on the map.

- The map is copied onto a large piece of white cloth. Marker pens are used to draw lines and boundaries. Volunteers stick printed icons on the map to show the location of public, private, and religious institutions and houses, schools, and health posts. If the new pregnant women are enrolled in the groups, the maps are updated by indicating their houses.
- Each pregnant woman is asked to update the status of health indicators (listed in Section 4) by sticking colored dots next to her house on the map.
- The volunteer distributes iron tablets to participants. She also administers vitamin A capsules to postnatal women and family planning commodities to married women who join the session.
- Participants discuss and schedule a date and time for the next session.
- The volunteer delivers an educational talk of 10-15 minutes at the end of the session.
- The volunteer makes home visits to deliver supplements (such as vitamin A) to those women who are unable to attend the session.

## **6. Role of Female Community Health Volunteers, Health Workers, and Project Staff**

The following are the major responsibilities of female community health volunteers.

- Explain the purpose of the group to pregnant women and schedule a date and venue for social mapping.
- Procure materials required for the social mapping session from project staff.
- Invite Maternal and Child Health Worker, Village Health Worker, and project field staff to join the group during the first few sessions (especially the first two meetings).
- Contact pregnant women prior to the first session to ensure that they understand the purpose of the session and to remind them about the date, time and venue.
- Bring necessary educational materials and other supplies to the sessions.
- Facilitate the sessions.

Health workers from the local health facility and project field staff are expected to provide technical and managerial support to the female community health volunteer. Health workers are responsible for supplying iron supplements, high dose vitamin A capsules, family planning commodities, oral rehydration solution packets, and cotrimoxazole tablets. Project field staff are expected to provide commodities that are not available at the local health facility.

## **7. Status**

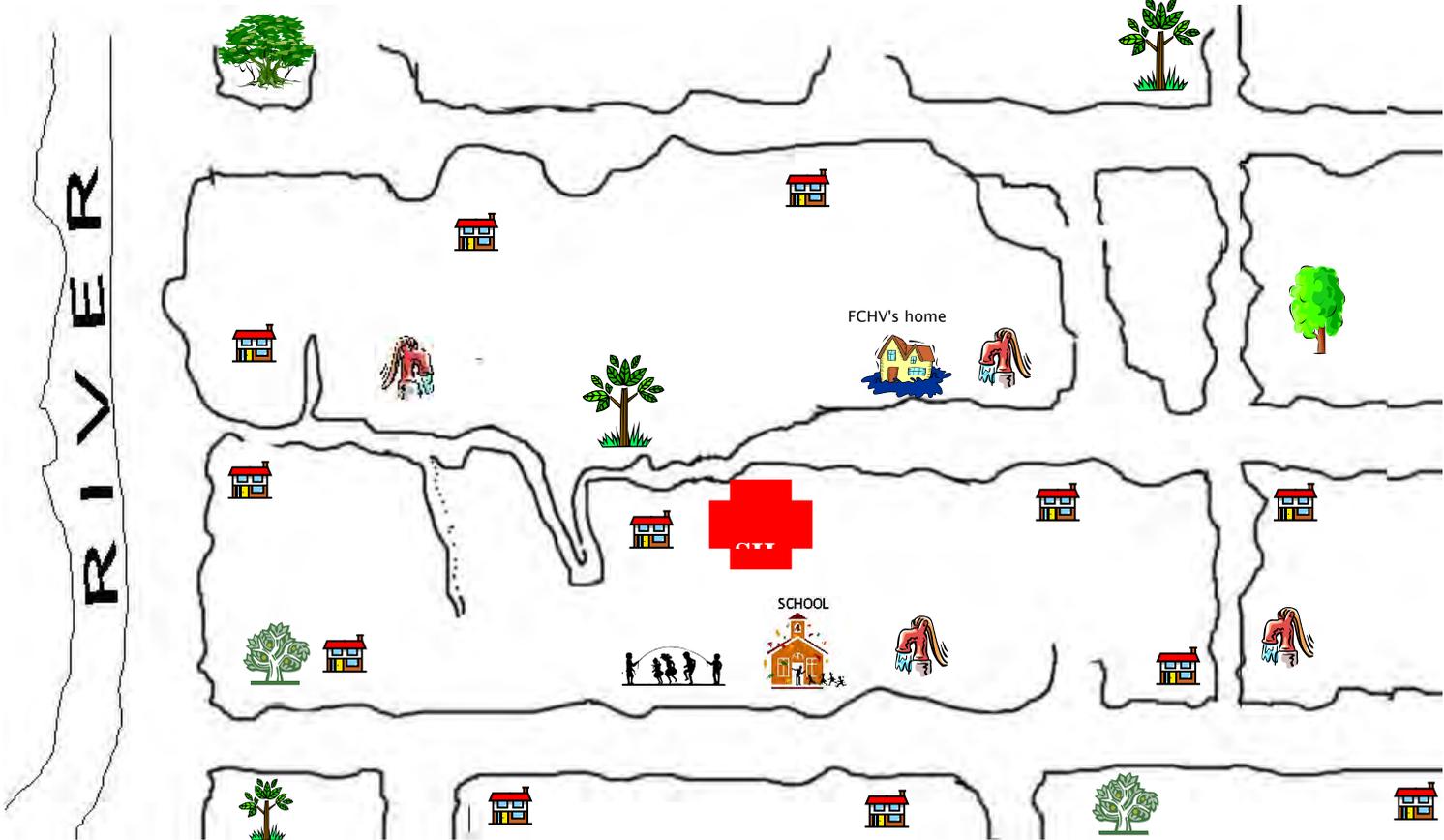
As of August 2005, 512 Pregnant Women's Groups have been formed and have met for at least one session other than the initial preparatory meeting.

## **8. Sustainability**

Pregnant women's groups are likely to continue meeting after project funding finishes because of the following reasons.

- The groups do not require a lot of resources. Start-up supplies (materials for preparing the social map) cost less than one US dollar per group. Most materials are locally produced.
- Constitution of mothers' groups is an important component of the national strategy for community mobilization for health. Therefore, Ministry of Health (MOH) workers from local facilities will continue to support female community health volunteers in forming and facilitating pregnant women's groups in future. Currently MOH is reviewing and discussing the concept and achievement.
- Pregnant women who participate in group meetings benefit from them. They get easy access to health advice and nutritional supplements; this motivates them to participate in future sessions.

Figure 1. Social map



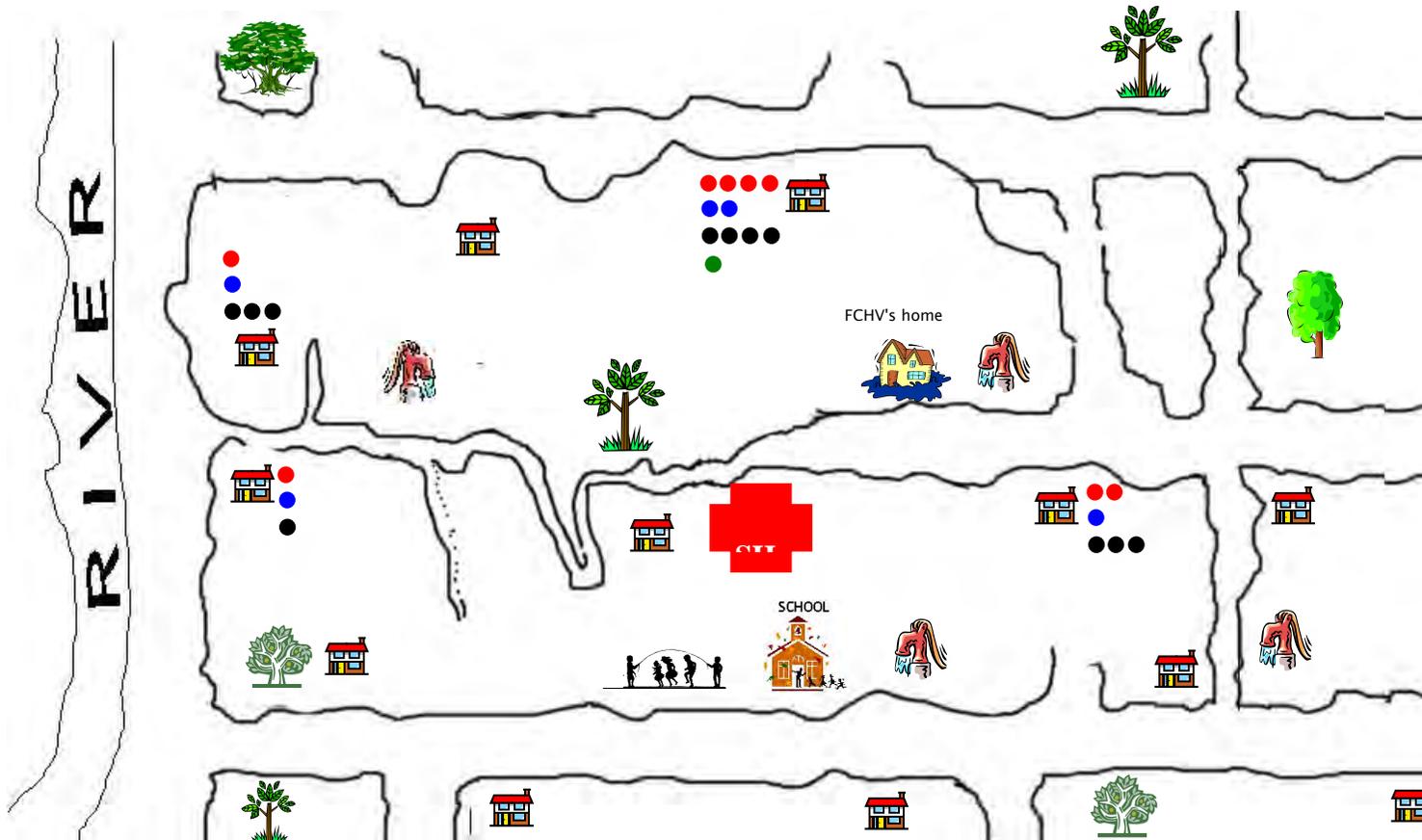
**Figure 2. Social map with information on health indicators**

*Legend*

(1) Red dots: Antenatal care checkup (2) Blue dots: Tetanus toxoid

(3) Black dots: Iron and folic acid (4) Green dots: Preparation for delivery and procurement of clean home delivery kit

*FCHV: Female Community Health Volunteer*



**Figure 3. Pregnant women's group reporting form**

Plan Nepal

Rautahat/Bara PU

Child Survival Project

Year: \_\_\_\_\_ FA#: \_\_\_\_\_ VDC Name: \_\_\_\_\_ VDC Code: \_\_\_\_\_ Ward#: \_\_\_\_\_

**Pregnant Women's Group Recording sheet**

Indicators	Month												Total
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
<b>1) ANC Check-up</b>													
1a) First (I)													
1b) Second (II)													
1c) Third (III)													
1d) Fourth (IV)													
<b>2) Iron consumption</b>													
2a) First (I)													
2b) Second (II)													
2c) Third (III)													
2d) Forth (IV)													
<b>3) TT</b>													
3a) TT 1 (I)													
3b) TT 2 (II)													
<b>4) Delivery preparation</b>													
4a) # of CHDK purchase													
<b>Total # of pregnant women</b>													
5) # of mothers delivered													
6) Vitamin A given													

Revised and Updated: Kedar: 10 October, 05



**Picture 1: Pregnant Mother Meeting**



**Picture 2: Pregnant Mother Meeting**

## Annex: 5

**Graduation Plan of Pregnant Women's Groups (PWG) by December 2005**  
**(List updated in August 2005)**

SN	Location, Ward no & Tole	PWG formation date	# PWs attended	Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005					
				July	Aug	Sep	Oct	Nov	Dec
	<b>FA # 1, Bara</b>								
1	Amlekh ganj - 1,2	26/03/04	7						
2	Amlekh ganj - 3,4	25/03/04	17			1			
3	Amlekh ganj - 5,6	29/03/04	5						
4	Amlekh ganj - 7,8	24/02/04	8						
5	Amlekh ganj - 9 Chakari	26-Apr-03	17				1		
6	Bharatganj, Singol - 1,2,3	21-May-03	9		1				
7	Bharatganj, Singol - 4,5,6	25-Apr-03	17						
8	Bharatganj, Singol - 9	24-Mar-03	10	1					
9	Dumarwana - 1,2,3	04-Aug-04	7				1		
10	Dumarwana - 6	20-May-03	15	1					
11	Dumarwana, (7) Mahendranagar	28-Apr-03	22				1		
12	Dumarwana, Tangiya basti	27-Apr-03	27	1					
13	Dumarwana - 8	02-Aug-04	7		1				
14	Dumarwana - 9	03-Aug-04	8		1				
15	Fattepur -1,2	26-Apr-04	7						
16	Fattepur -3,4	23-Mar-04	10						
17	Fattepur -3,6	12-Jun-03	9						
18	Fattepur -7	02-Aug-04	17						
19	Fattepur -8	29-Apr-03	7		1				
20	Fattepur -9	28-Apr-04	6						
21	Jeetpur 1,2,5,6	23-Mar-03	13	1					
22	Jeetpur 4	25-Jun-04	13					1	
23	Jeetpur 7	05-Jul-04	7						1
24	Jeetpur 8	07-Nov-04	11					1	
25	Jeetpur 9	07-Mar-03	9						1
26	Nijgadh- 2	10-Sep-04	9			1			
27	Nijgadh- 4	20-Jul-04	9		1				
28	Nijgadh- 7	12-Feb-05	7			1			
29	Ratanpuri - 1,2	02-May-03	13	1					
30	Ratanpuri - 3,4	09-May-03	16		1				
31	Ratanpuri - 5	08-Aug-04	8		1				
32	Ratanpuri - 6,7	07-May-03	17			1			
33	Ratanpuri - 8,9	08-May-03	22			1			
34	Simara-1	08-Sep-03	7			1			
35	Simara-5	09-Sep-03	6						1
36	Simara-6	22-Jul-03	18						1
37	Simara-7	22-Jul-03	6						1
38	Simara-8	23-Mar-04	10						1
39	Simara-9	19-Aug-04	5						1
40	Nijgadh-1	05-Jun-05	17					1	
41	Nijgadh-2	04-Jun-05	9			1			
42	Nijgadh-3	03-Jun-05	11					1	
43	Nijgadh-4	18-Jun-05	9						

SN	Location, Ward no & Tole	PWG formation date	# PWs attended	Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005					
				July	Aug	Sep	Oct	Nov	Dec
44	Nijgadh-5	02-Jun-05	13					1	
45	Nijgadh-6	22-May-05	12						1
46	Nijgadh-7	21-May-05	5						1
47	Nijgadh-8	29-May-05	3						1
48	Nijgadh-9	30-May-05	8					1	
49	Nijgadh-9	31-May-05	7					1	
	<b>Total of FA # 1</b>		<b>532</b>						
	<b>FA # 2, Bara</b>								
50	Sapahi -9	16-Apr-03	6						
51	Kolvi -4	02-May-03	5			1			
52	Sihorwa -5	13-May-03	3	1					
53	Sihorwa -1,2	15-May-03	7						
54	Rampurwa -5	16-May-03	7						
55	Bachhanpurwa -4	20-May-03	5	1					
56	Kakadi -6	21-May-03	11	1					
57	Kolvi -8	22-May-03	3	1					
58	Kolvi -9	26-May-03	11			1			
59	Tetariya -6	09-May-03	11						
60	Singasani -4	15-Apr-03	7			1			
61	Rampurwa -4 Khagade	27-Jul-03	3	1					
62	Parsauna -9	25-Jun-03	7		1				
63	Rampurwa-2	04-Aug-03	9	1					
64	Rampurwa-6	06-Aug-03	7	1					
65	Sapahi-2,4	08-Aug-03	11	1					
66	Sihorwa-9	11-Aug-03	3						
67	parsauna-8	13-Aug-03	8				1		
68	Rampurwa-1	25-Aug-03	6	1					
69	Kolvi-6	10-Sep-03	6		1				
70	Sapahi -8	12-Sep-03	9			1			
71	Sapahi-5	16-Sep-03	7			1			
72	Sapahi-6	21-Nov-03	8				1		
73	Parsauna-6/7	23-Feb-04	5						1
74	Sapahi-9	27-Feb-04	9						
75	Kakadi-7/8/9	05-Mar-04	7					1	
76	Siharwa-6	25-Mar-04	5						
77	Khopuwa-1	31-Mar-04	6					1	
78	Bachhanpurwa-6	02-Apr-04	7	1					
79	Parsauna-5	14-May-04	3				1		
80	Singasani -3	27-May-04	3		1				
81	Parsauna-2	01-Jun-04	3						1
82	Haraiya-4	09-Jun-04	5						
83	Parsauna-4	10-Jun-04	4						
84	Haraiya-9	11-Jun-04	4						
85	Haraiya-8	21-Jun-04	5						
86	Haraiya-7	23-Jun-04	3						
87	Amaw-1	22-Jun-04	3			1			
88	Amaw-2	22-Jun-04	4						
89	Karaiya-7	23-Jun-04	5						
90	Bishunpurwa-7	24-Jun-04	4			1			
91	Singasani-2	24-Jun-04	3		1				
92	Karaiya-5	28-Jun-04	3						

SN	Location, Ward no & Tole	PWG formation date	# PWs attended	Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005					
				July	Aug	Sep	Oct	Nov	Dec
93	Kakadi-4/5	11-Aug-04	5						1
94	Tetariya-1, 2	03-Aug-04	9						
95	Umjan-6	24-Sep-03	10						
96	Umjan-4	24-Sep-03	6						
97	Umjan-3	25-Sep-03	7						
98	Umjan-2	25-Sep-03	10						
99	Umjan-5	25-Sep-03	8						
100	Umjan-3	04-Oct-04	7						
101	Umjan-1,7	13-Jan-04	13						
102	Umjan-8,9	26-Jan-04	11						
103	Karaiya-8	16-Aug-04	7						
104	Tetariya-8	18-Aug-04	4						
105	Karaiya-3	10-Aug-04	6						
106	Khopawa-5	10-Oct-04	7						
107	Khopawa-6	09-Oct-04	7						
108	Khopawa-7	03-Nov-04	7						
109	Khopawa-3	05-Nov-04	6						
110	Khopawa-4	05-Nov-04	9						
111	Khopawa-2	07-Nov-04	9						
112	Khopawa-8	03-Nov-04	8						
113	Tetariya-7,9	09-Jan-05	7						
114	Tetariya-5	10-Jan-05	4						
115	Tetariya-3,4	10-Jan-05	8						
	<b>Total of FA # 2</b>		<b>426</b>						
	<b>FA # 3, Bara</b>								
116	Banjariya -3,4,5	03-Mar-05	15						1
117	Banjariya -2	06-Aug-03	8						
118	Banjariya-6	03-Mar-05	10						
119	Bhatauda - 3	16-Apr-03	9						
120	Bhatauda - 6	14-Jul-03	12				1		
121	Bhatauda - 8	01-Mar-03	5						
122	Bhatauda - 2	25-Feb-05	12						1
123	Bhatauda-5	07-Mar-05	11			1			
124	Bhatauda-1	18-Jun-03	9				1		
125	Bhatauda-4	03-Jun-03	7						
126	Bhatauda-7	23-Feb-05	5				1		
127	Bhatauda-9	08-Aug-03	7			1			
128	Bhodaha -8	15-Aug-03	10		1				
129	Bhodaha -3	17-Dec-03	8						
130	Bhodaha -9	20-Aug-03	7						
131	Buniyad -6	14-Feb-05	17						1
132	Buniyad -7,8	22-Aug-03	10				1		
133	Buniyad-1	22-Aug-03	5				1		
134	Buniyad-2	08-Aug-03	11						1
135	Buniyad-3	15-Aug-03	10						1
136	Buniyad-4	17-Dec-03	14						
137	Buniyad-5	25-Jul-03	5						
138	Buniyad-9	20-Aug-03	15						
139	Chhatapipara - 2,3,4	10-Apr-03	10				1		
140	Chhatapipara - 6	19-Dec-03	14						1
141	Chhatapipara-7	22-Aug-03	7						

SN	Location, Ward no & Tole	PWG formation date	# PWs attended	Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005					
				July	Aug	Sep	Oct	Nov	Dec
142	Chhatapipara-8	22-Aug-03	11						
143	Dohari -1,2	20-May-03	10					1	
144	Dohari -6	28-May-03	9			1			
145	Dohari -3	06-Jun-03	15				1		
146	Dohari -5	27-Aug-03	9						
147	Dohari -7	09-Dec-03	8						
148	Inarwasira -2	09-Dec-03	8						
149	Inarwasira -6	13-Aug-03	4						
150	Khutuwa -3	01-May-03	9				1		
151	Khutuwa -4,5	09-Sep-03	4						
152	Khutuwa-1,2	11-Feb-04	12			1			
153	Khutuwa-4	24-Feb-04	4						
154	Khutuwa-9	01-Mar-04	3						
155	Lipnimal-1	23-Apr-03	11			1			
156	Lipnimal-2	22-May-03	11			1			
157	Lipnimal-8	16-Mar-04	6					1	
158	Lipnimal-9	19-Jul-04	10						
159	Lipnimal-6	23-Dec-03	7					1	
160	Mahespur-2,4	22-Jun-04	4					1	
161	Mahespur-7	23-Jun-04	10				1		
162	Manharwa- 7	02-Jul-04	5						
163	Manharwa- 5	03-Jul-04	4						
164	Manharwa-4	19-Jul-04	10						
165	Parstoka-6	02-Aug-04	14					1	
166	Prastoka-8	10-Aug-03	7						
167	Rampur -2,4	11-Aug-04	11						
168	Rampur -3	11-Aug-04	3						
169	Rampur-7,8,9	18-Aug-04	8						
170	Uttarjhitkaiya-1	04-Aug-03	19				1		
171	Uttarjhitkaiya-2	13-Aug-04	5						
172	Uttarjhitkaiya-5	01-Oct-04	18					1	
173	Uttarjhitkaiya-7	02-Oct-04	8			1			
	<b>Total of FA # 3</b>		<b>530</b>						
	<b>FA # 4, Bara</b>								
174	Bahareniya-6	03-Jun-03	7						
175	Batara -8	07-May-03	8						
176	Bhahuari-2,4	10-Jun-'03	6						1
177	Bhahuari-7	21-Jul-03	9		1				
178	Bhaluhi bhalbaliya -6	06-May-03	11					1	
179	Bhaluhi bhalbaliya -8	16-Sep-03	4					1	
180	Bhluhibhalbaliya-5	8Sep'03	6				1		
181	Bishrampur-5	23-Jul-04	5	1					
182	Bishrampur-7,8	13-Aug-03	9			1			
183	Bishrampur-9	14-Jul-04	4				1		
184	Bisrampur-6	26-May-03	9	1					
185	Chhatwa-4,5	09-Jun-03	13						1
186	Itiyahi-1	05-Mar-04	5					1	
187	Itiyahi-4	20-Feb-04	3				1		
188	itiyahi-5	09-Sep-03	10		1				
189	Itiyahi-6	06-Jan-04	6				1		
190	Itiyahi-7,8	14-May-03	11						1

SN	Location, Ward no & Tole	PWG formation date	# PWs attended	Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005					
				July	Aug	Sep	Oct	Nov	Dec
191	Itiyahi-9	26-Apr-04	6						1
192	Matiarwa-4	27-May-03	7					1	
193	Motisar-1	25-Apr-03	7	1					
194	Motisar-3,4	03-Aug-04	8						1
195	Motisar-5,6	23-Jun-04	10			1			
196	Motisar-9	29-May-03	7		1				
197	Parsaini-1	09-Jun-04	8						
198	Parsaini-2	18-Dec-03	6		1				
199	Parsauni-3	31-Mar-04	10			1			
200	Parsauni-7	05-Sep-03	5						
201	Pheta-1	17-Jul-03	4				1		
202	Pheta-2	18-Mar-04	6						
203	Pheta-5	04-Jun-03	10						
204	Purainiya-9	23-Jul-03	5						
205	Raghunathpur-1	23-08-05	9						
206	Raghunathpur-3	05-Feb-04	6					1	
207	Raghunathpur-8,9	09-Feb-05	7		1				
208	Ragunathpur-1,2	28-Jan-04	4		1				
209	Ragunathpur-6	18-May-03	9	1					
210	Ragunathpur-7	29-Jul-03	4	1					
211	Sisaniya-7	28-Jul-03	4				1		
212	Sishaniya-1	15-May-03	9		1				
213	Sishaniya-9	11-Jun-04	8					1	
214	Sishaniya-5	02-Aug-04	8			1			
	<b>Total of FA # 4</b>		<b>293</b>						
	<b>FA # 5, Bara</b>								
215	Babuain -9	16-May-03	8						
216	Bagwan -6	12-May-03	10						
217	Bagwan-8	23-Jul-03	5						
218	Balirampur -2	21-May-03	9			1			
219	Balirampur-3	23-Jan-04	6	1					
220	Balirampur-5	20-Jan-04	4						
221	Balirampur-6	24-Jan-04	5						
222	Balirampur-7	27-Aug-03	6						
223	Balirampur-8	25-Aug-03	9						
224	Balirampur-9	28-Jan-04	4						
225	Bariyarpur -9	15-May-03	10			1			
226	Bariyarpur-3	30-Jan-04	10	1					
227	Dahiyar-9	23-Jan-04	6				1		
228	Dharamnagar-9	08-Aug-03	8		1				
229	Ganjbhawanipur-3	26-Aug-03	11						
230	Kabahi jabdi -5,7	19-May-03	13			1			
231	Kabahi jabdi-8	25-Aug-03	14						
232	Kabahijabdi-2	21-Aug-03	7	1					
233	Madhurijabdi-4	18-Aug-03	5	1					
234	Majhariya -8	15-Jun-03	6						
235	Majhariya-7	24-Jan-04	7						
236	Majhariya-7,9	27-Aug-03	20						
237	Patharhatti-4	24-Jul-03	8						
238	Patharhatti-5	08-Aug-03	8						
239	Piparpati jabdi -1,2	02-Apr-03	14						

SN	Location, Ward no & Tole	PWG formation date	# PWs attended	Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005					
				July	Aug	Sep	Oct	Nov	Dec
240	Piparpati jabdi -3	08-May-03	8						
241	Pipra Birta-1	28-Jan-04	4						1
242	Piprabirta-3	25-Aug-03	6		1				
243	Piprabirta-4	22-Jul-03	7	1					
244	Piprabirta-5	07-Aug-03	5						1
245	Piprabirta-6	27-Jun-03	7						1
246	Piprabirta-8	08-May-03	14						
247	Pipradi-6	13-Aug-03	6						
248	Rahuahi -7	15-May-03	10						
249	Telkuwa-7	15-Aug-03	4						
250	Telkuwa-9	21-Jan-04	2						
251	Telkuwa-5	24-Feb-04	4						
252	Bagwan-4	02-Sep-04	6			1			
253	Bagwan-5	24-Sep-03	4						
254	Dharmanagar- 4	25-Mar-04	10		1				
255	Balirampur-1	01-Mar-04	7						
256	Bagawan -1	14-Jul-04	6			1			
257	P.Jabdi-4	27-Jul-04	4						
258	P.Birta-2	02-Mar-04	8		1				
259	Bariyarpur-6	27-Feb-04	4					1	
260	Babuin-3	03-Mar-04	3						
261	Madhurijabdi-1	03-Jan-05	9						
262	Madhurijabdi-2	24-Jan-05	3						
263	Madhurijabdi-3	04-Jan-05	7						
264	Madhurijabdi-7	24-Dec-04	6						
265	Madhurijabdi-6	13-Jan-05	8						
266	Madhurijabdi-5	05-Jan-05	9						
267	Madhurijabdi-8	24-Jan-05	4						
268	Madhurijabdi-9	24-Jan-05	2						
269	Pipradi-1	28-Jan-05	10						
270	Pipradi-2,3	28-Jan-05	6						
271	Pipradi-2	28-Jan-05	7						
272	Pipradi-5	02-Feb-05	4						
273	Pipradi-4	07-Feb-05	4						
274	Pipradi-7	09-Feb-05	7						
275	Pipradi-9	09-Feb-05	4						
276	Babuin-8	10-Feb-05	6						
277	Babuin-7	10-Feb-05	4						
278	Babuin-6	15-Mar-05	4						
279	Babuin-2	11-Mar-05	5						
280	Babuin-9	11-Mar-05	7						
281	Babuin-1	16-Mar-05	6						
282	Babuin-4,5	16-Mar-05	8						
	<b>Total of FA # 5</b>		<b>472</b>						
	<b>FA # 6, Bara</b>								
283	Amarpati -3	01-Jun-03	10				1		
284	Amarpati-1	26-Jan-04	3			1			
285	Amarpati-2	26-Jan-04	3				1		
286	Amarpati-4,6,7	01-Jun-03	10						
287	Bhagwanpur -8	01-May-03	8						1
288	Bhagwanpur-9	01-May-03	8						1

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				July	Aug	Sep	Oct	Nov	Dec
289	Chiutaha-1	24-Dec-03	5						
290	Chiutaha-7	05-Nov-03	7						
291	Dewapur-5	01-Jun-03	7						1
292	Gadahal -8	09-Jul-03	4				1		
293	Gadahal -9	22-Apr-03	5				1		
294	Gadahal-1,2	12-Jan-04	4						1
295	Hariharpur-2	01-May-03	9		1				
296	Hariharpur-3	03-Oct-04	5				1		
297	Hariharpur-4	10-Dec-03	8					1	
298	Hariharpur-6	03-Sep-04	6			1			
299	Hariharpur-8	19-Dec-03	5		1				
300	Hariharpur-9	01-Aug-03	8						
301	Inarwamal -2	21-Jul-03	7					1	
302	Inarwamal-1	01-Jun-03	7				1		
303	Inarwamal-7	17-Sep-03	6			1			
304	Inarwamal-8	17-Dec-03	5						1
305	Kacharwa-3	26-Aug-03	7						
306	Kacharwa-9	14-Aug-03	9						
307	Kocharwa-8	01-May-03	14						1
308	Kotwali-9	03-Oct-04	9				1		
309	Kuduwa -9	01-Jun-03	16						1
310	Kuduwa-4	01-Mar-03	8			1			
311	Narahi-2	30-Jan-04	12					1	
312	Narahi-3,4,5	17-Apr-03	12		1				
313	Narahi-6	28-Jan-04	8			1			
314	Narahi-7	28-Jan-04	6			1			
315	Narahi-8,9	13-Aug-03	11						1
316	Paterwa -1	08-Jul-03	8			1			
317	Paterwa-3	01-Jun-03	6		1				
318	Pathara -5,6	07-Aug-03	9			1			
319	Pathara -7,8	08-Aug-03	10				1		
320	Pathara-2	22-Jan-04	6						1
321	Pathara-3	21-Jan-03	5					1	
322	Piprabasatpur-1,2	15-Aug-03	13					1	
323	Piprabasatpur-5,6	27-Feb-04	7						1
324	Piprabasatpur-8,9	28-Feb-04	13						1
325	Amarpatti 5,8,9	July '04	24			1			
326	Kuduwa-1	Oct' 03	5		1				
327	Kuduwa-6	Nov' 03	7			1			
328	Kuduwa-7	Aug '04	10					1	
329	Kuduwa-8	Dec '04	3			1			
330	Kotwali5,6	04-Aug-04	20						1
331	Kotwali7,8	04-Aug-04	12						1
332	Pathara-9	02-Feb-04	9				1		
333	Piprabasatpur-3,4	27-Feb-04	8						1
334	Bhagawanpur-5,6	27-Feb-04	6				1		
335	Tedhakatti-7	Nov '04	9			1			
336	Tedhakatti-1	Dec '04	8			1			
337	Paterwa-6,7	Mar '04	9						
338	Dewapur-2	Feb '04	8				1		
339	Dewapur-7	Mar '04	8						1

SN	Location, Ward no & Tole	PWG formation date	# PWs attended	Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005						
				July	Aug	Sep	Oct	Nov	Dec	
340	Kacharwa-7	Feb '04	9							1
341	Pipra Basatpur-2	11-Jan-05	14							
342	Pipra Basatpur-5	26-Oct-04	7							
343	Pipra Basatpur-7	26-Oct-04	3							
344	Pipra Basatpur-7,9	31-Jan-05	7							
345	Pathara-5	18-Jan-05	5							
346	Pathara-6	18-Jan-05	5							
347	Pathara-8	27-Oct-04	5							
348	Gadhahal-2	13-Feb-05	14							
349	Gadhahal-6,7	13-Feb-05	7							
350	Gadhahal-4	10-Mar-05	4							
351	Narahi-4	09-Mar-05	5							
352	Narahi-3	09-Mar-05	6							
	<b>Total of FA # 6</b>		<b>566</b>							
	<b>FA # 7, Bara</b>									
353	Amritganj -6	11-Jul-03	9				1			
354	Amritganj-1	23-Dec-03	5			1				
355	Amritganj-2	12-Jun-03	8			1				
356	Badki phulbariya - 1 (?)	28-Jul-03	8							
357	Badki phulbariya - 7	25-Jul-03	15				1			
358	Basatpur -1	18-Jun-03	12						1	
359	Basatpur -4,5	23-Jul-03	9							1
360	Basatpur -6	25-Sep-03	6						1	
361	Basatpur -7	28-Jul-03	7							
362	Basatpur-9	14-May-03	10						1	
363	Basatpur-9 (A)	20-Dec-03	11						1	
364	Beldari -5,6	16-Jun-03	14						1	
365	Benauli-4,6	15-Sep-03	13						1	
366	Benauli-5	14-Aug-03	6						1	
367	Bisanpur 4,5	24-Jul-03	9						1	
368	Bnagahi-2,3	25-Aug-03	14				1			
369	Chi- pakadiya-7,8	24-May-03	9				1			
370	Golaganj-2,3	24-Nov-03	7							1
371	Hardiya -3,8	23-Jul-03	8							1
372	Hardiya -9	12-May-03	7				1			
373	Hardiya-3	23-Jul-03	8			1				
374	Hardiya-5,6	08-Aug-03	10		1				1	
375	Kabahigoth -3	28-Apr-03	12			1			1	
376	Kabahigoth -7	09-Jun-03	11							1
377	Parsurampur -2,3	28-Jul-03	15			1				
378	Parsurampur -9	13-Nov-03	9	1						
379	Parsurampur-4	10-May-03	9				1			
380	Piparpati parchauta-1	18-Jul-03	9				1			
381	S. Jhitkaiya-4	13-May-03	12						1	
382	South Jhitkaiya- 4 (A)	26-Jan-04	9						1	
383	South Jhitkaiya-3	22-Sep-03	9				1			
384	South Jhitkaiya-5	24-Dec-03	10							1
385	Srinagar Bairiya-3	03-May-03	7							
386	Srinagar Bairiya-6	15-Aug-03	7		1					
387	Srinagar Bairiya-8,9	25-Sep-03	11							1
388	Uchidi- 3	13-May-03	10							1

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				July	Aug	Sep	Oct	Nov	Dec
389	Uchidi-2,4	12-Nov-03	10						
390	Uchidi-9	23-Jul-03	8	1					
391	Srinagar Bairiya -1	09-Feb-04	5		1				
392	Uchidih -5	10-Feb-04	8			1			
393	Amritganj -5	16-Feb-04	5				1		
394	Amritganj-9	17-Feb-04	5				1		
395	Amritganj-7	21-Feb-04	6	1					
396	Srinagar Bairiya -7	24-Jun-04	5						
397	Uchidih -7	28-Jun-04	5						
398	Srinagar Bairiya -5	24-Aug-04	4					1	
399	Uchidih -1	10-Aug-04	9				1		
400	Bagahi-6	02-Feb-04	6				1		
401	Kabahigoth-2	03-Feb-04	17				1		
402	Kabahigoth-9	09-Feb-04	6					1	
403	Kabahigoth-6	10-Feb-04	5				1		
404	Bisunpur -6,7	13-Feb-04	12			1			
405	Bisunpur -8,9	13-Feb-04	6			1			
406	Piparpati parchauta-8	02-Mar-04	3				1		
407	kabahigoth-8	21-Jun-04	9					1	
408	kabahigoth-1	22-Jun-04	4			1			
409	Bagahi-9	21-Jul-04	4					1	
410	kabahigoth-5	26-Jul-04	6						1
411	S. Jhitkaiya-2	26-Jul-04	13			1			
412	B. Phulbariya-9	23-Jun-04	5				1		
413	S. Jhitkaiya-7	20-Feb-04	6				1		
414	Hardiya-4	30-Jan-04	7					1	
415	Hardiya-7	26-Feb-04	6					1	
416	Parsurampur-8	03-Feb-04	9				1		
417	Parsurampur-6	02-Mar-04	2						1
418	Parsurampur-7	11-Feb-04	11					1	
419	Hardiya-1	16-Jul-04	10						1
420	Parsurampur-5	22-Jul-04	9					1	
421	Parsurampur-1	18-Aug-04	6					1	
422	Parsurampur-3	12-Jul-04	3				1		
423	Golaganj-1	13-Dec-04	4			1			
424	Amritgunj-4	09-Dec-04	4		1				
425	S.Bairniya-8	06-Dec-04	7		1				
426	Uchidih-2	24-Nov-04	5			1			
427	Bagahi-5	05-Feb-05	6						
428	Bagahi-7	02-May-05	4						
429	Hardiya-6		4						
	<b>Total of FA # 7</b>		<b>614</b>						
	<b>Total of Bara District</b>		<b>3433</b>						
	<b>NBO, Rautahat</b>								
430	Jayanagar-9	28-Apr-04	12						
431	Gedahiguthi-1,2,3	30-Apr-04	11						
432	Gedahiguthi-4,5	22-Jul-04	6						
433	Gedahiguthi-7,8	23-Jul-04	8						
434	Madanpur-4	20-May-04	10						
435	Dumariya-4	28-May-04	12						
436	Dumariya-6	29-May-04	11						

SN	Location, Ward no & Tole	PWG formation date	# PWs attended	Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005					
				July	Aug	Sep	Oct	Nov	Dec
437	Dumariya-3	07-Dec-04	7						
438	Dumariya-8	08-Dec-04	7						
439	Santapur-4	17-May-04	6						
440	Santapur-6	19-May-04	9						
441	Judibela-9	22-May-04	6						
442	Paurahi-3	08-Jun-04	5						
443	Paurahi-1,2	23-Jun-04	6						
444	Simara Bhawanipur-1,2	21-Oct-04	13						
445	Samanpur-6	08-Dec-04	11						
	<b>Total of NBO</b>		<b>140</b>						
	<b>SBO, Rautahat</b>								
446	Dharahari-2	23-Jul-03	13						
447	Pothiyahi-8	18-Aug-03	18						
448	Jetharahiya-8	10-Aug-03	21						
449	Laukaha-1	08-Sep-03	15						
450	Debahi-7	25-Jul-03	16						
451	Basantapatti-8	08-Sep-03	7						
452	Jhunkhunuwa-5,8	09-Jan-04	10						
453	Bheriyahi-1,2	04-Feb-04	7						
454	Bheriyahi-4,5	04-Feb-04	7						
455	Jetharahiya-3,4	12-Apr-04	11						
456	Rajpur Tulsi-7	11-Dec-04	10						
457	Jhunkhunuwa-3,4	07-Apr-04	9						
458	Dharahari-7,8	25-Apr-05	10						
459	F.Maheshpur-	02-May-05	11						
460	Pourahi-5,6	13-Jan-05	6						
461	Pourahi-8	09-Feb-05	8						
462	Pourahi-7,9	17-Mar-05	7						
463	Shantapur-1,3	07-Jan-05	7						
464	Shantapur-8	10-Dec-04	7						
465	Shantapur-2	09-Jan-05	8						
466	Shantapur-3,4	21-Jan-05	12						
467	Shantapur-9	12-Jan-05	9						
468	Shantapur-6 'A'	14-Mar-05	18						
469	Shantapur-6 'B'	14-Mar-05	11						
470	Shantapur-4,7	20-Jan-05	11						
471	Judibela-1	02-Feb-05	9						
472	Judibela-2	06-Jan-05	7						
473	Judibela-3	07-Jan-05	6						
474	Judibela-7,8	20-Jan-05	6						
475	Judibela-5,6	23-Jan-05	5						
476	Judibela-4	10-Feb-05	5						
477	Simara Bhawanipur-5	30-Jan-05	7						
478	Simara Bhawanipur-3,4	28-Jan-05	10						
479	Simara Bhawanipur-7	28-Jan-05	19						
480	Simara Bhawanipur-9	02-Feb-05	5						
481	Simara Bhawanipur-6	02-Feb-05	13						
482	Simara Bhawanipur-5,6	02-Mar-05	11						
483	Pothiyahi-3,5	09-Feb-05	6						
484	Pothiyahi-4	09-Feb-05	6						
485	Pothiyahi-1,2,3	17-Mar-05	9						

SN	Location, Ward no & Tole	PWG formation date	# PWs attended	Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005					
				July	Aug	Sep	Oct	Nov	Dec
486	Sakuhawa-3,4	08-Dec-04	11						
487	Sakuhawa-2	23-Jan-05	9						
488	Sakuhawa-1	18-Jan-05	6						
489	Sakuhawa-5,6	25-Jan-05	5						
490	Sakuhawa-7,8	18-Mar-05	30						
491	Sakuhawa-9	18-Mar-05	9						
492	Mithuawa-6	13-Dec-04	11						
493	Mithuawa-4,5	14-Jan-05	5						
494	Mithuawa-8,9	27-Feb-05	5						
495	Bhedyahi-3	10-Dec-04	10						
496	Bhedyahi-8,9	20-Dec-04	13						
497	Bhedyahi-6,7	03-Jan-05	8						
498	Jayanagar-4	31-Jan-05	12						
499	Jayanagar-7	02-Feb-05	5						
500	Jayanagar-2	28-Feb-05	7						
501	Jayanagar-3	04-Mar-05	10						
502	Jayanagar-1	04-Jan-05	6						
503	Jayanagar-5	18-Mar-05	10						
504	Jathraiya-1,2,3	19-Mar-05	9						
505	Dumariya-2	26-Jan-05	7						
506	Dumariya-7	25-Jan-05	9						
507	Dumariya-9	05-Mar-05	7						
508	Dumariya-7	20-Jan-05	7						
509	Gedaigothi-5,6	16-Mar-05	7						
510	Jingarwa-1,2	26-Jul-05	13						
511	Jingarwa-6,7	27-Jul-05	22						
512	Phatuwa Maheshpur-1,2	28-Jul-05	13						
	<b>Total of SBO</b>		<b>659</b>						
	<b>Total of Rautahat District</b>		<b>799</b>						
<b>SN</b>	<b>Grand Total of Bara and Rautahat Districts</b>		<b>4232</b>	<b>28</b>	<b>33</b>	<b>55</b>	<b>53</b>	<b>58</b>	<b>44</b>
1	Total PWG by August 2005	512	4232	5%	6%	11%	10%	11%	9%
2	Bara	429	3433	84% PWGs are in Bara district					
3	Rautahat	83	799	16% PWGs are in Rautahat district					
4	Average members per PWG	8		CS Project is working in 98 VDCs in Bara District					
5	Average number of PWG per VDC	4		Follow up in 33 VDCs in Rautahat District					

**Plan Nepal, CS Project, PWG Graduation Plan by December 2005**

S.NO.	Particulars		Planned Month for Graduation (2 consecutive meetings without support of project) by December 2005						Total
			July	Aug	Sep	Oct	Nov	Dec	
1	Number of PWG plan for graduation		28	33	55	53	58	44	<b>271</b>
2	Percentage of PWG plan for graduation		5%	6%	11%	10%	11%	9%	<b>53%</b>
3	Average members per PWG	8							
4	Total PWG by August 2005	512							
5	Total PWG Members by August 2005	4232							