



Community Responsive Antenatal, Delivery and Life Essential

(CRADLE)

Support for Mothers and Newborns in Doti & Kailali, Nepal

CS XXIII Standard Category

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List of Abbreviations

AHW	:	Auxiliary Health worker
ANC	:	Antenatal Clinic
ANM	:	Auxiliary Nurse Midwife
BCC	:	Behavioral Change Communication
CB-IMCI	:	Community Based Integrated Management of Childhood Illness
CBMNC	:	Community Based Maternal and Neonatal Care
CBO	:	Community Based Organization
CDD	:	Control of Diarrheal Disease
CHD	:	Child Health Division
CHMC	:	Community Health Management Committee
CHW	:	Community Health Worker
CRADLE	:	Community Responsive Antenatal, Delivery and Life Essential
CSHGP	:	Child Survival and Health Grant Program
CSSA	:	Child Survival Sustainability Assessment
DACC	:	District AIDS Coordination Committee
DDC	:	District Development Office
DDIU	:	Demand Data Information Use
DEO	:	District Education Office
DIP	:	Detailed Implementation Plan
DPHO	:	District Public Health Office
Dr.	:	Doctor
EDP	:	External Development Partner
FCHV	:	Female Community Health Volunteer
FHD	:	Family Health Division
FWR	:	Far West Region
HA	:	Health Assistant
HFI	:	Health Facility In-charge
HMIS	:	Health Management Information System
HSC	:	Health Sector Coordinator
IEC	:	Information Education & Communication
IGA	:	Income Generation Activities
IR	:	Intermediate Result
JSI	:	John Snow Incorporated
KPC	:	Knowledge Practice and Coverage survey
LMIS	:	Logistic Management Information System
LRP	:	Local Resource Person
M&E	:	Monitoring and Evaluation
MCHW	:	Maternal Child Health Worker
MG	:	Mother Group
MINI	:	Morang Innovative Neonatal Intervention
MIRA	:	Mothers and Infant Research Activities
MNH	:	Maternal & Neonatal Health

MOHP	:	Ministry of Health and Population
MSC		Misoprostol/ Matra Suraksha Chakki
NFE	:	Non- Formal Education
NFHP	:	Nepal Family Health Program
NHEICC	:	Nepal Health Education, Information and Communication Center
NHTC	:	National Health Training Center
NTAG	:	Nepal Technical Assistance Group
PAC	:	Project Advisory Committee
PCM	:	Pneumonia Case Management
PHCC	:	Primary Health Care Center
PM	:	Project Manager
PMT	:	Project Management Team
PSC	:	Partners Selection Committee
PVO	:	Private Volunteer Organization
RBA	:	Right Based Approach
RHCC	:	Reproductive Health Coordination Committee
RHD	:	Regional Health Directorate
SL	:	Saving Loan
STA	:	Senior Technical Advisor
TOT	:	Trainers of Training
UNDP	:	United Nation Development Program
UNFPA	:	United Nation Population's Fund
UNICEF	:	United Nation Children's Fund
USAID	:	United States Agency for International Development
VHW	:	Village Health Development Worker

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A. Main Accomplishments

Dimension One: Health and Health Services

Health status and health services are intrinsically linked and are incumbent upon personal behavior access to services, and the quality of these services. The project conducted various capacity-building and behavior change interventions which are illustrated below.

1. Community Based Newborn Care Program (CB-NCP) training

The core activity under CB-NCP program was finalizing the training curriculum and preparing trainers. Although the process was delayed, the Child Health Division with the support of stakeholders organized the MTOT, followed by series of TOT 15 participants were trained to run district-level training sessions representing CARE Nepal, DHO (Doti, Kailali, Kanchanpur), regional medical store and partner organizations. Following the TOT, the district/HF level training began in the project district. Currently, HF-level training covers all DHO, CARE and local NGO partners. Altogether 63 health workers (18 women) have been trained. After completion of HF-level training, a new level of training will begin targeting the MCHWs, VHWs and FCHVs.

Support in FCHVs Basic Training

The DHO in Doti, in collaboration with CRADLE project and the Silgadhi municipality, organized a 9-day basic training for 30 FCHVs working in the Dipayal Silgadhi municipality.. The project team helped the DHO select the FCHVs through MG meetings and facilitated the training sessions. The project also provided some financial support for the training from funds received from Mr. and Mrs. Turton (CARE UK). The training includes the following topics: (1) Role of Female Community Health Volunteers (FCHV) (2) Safe Motherhood, (3) Newborn Care, (4) Post natal care, (5) Breast feeding and Nutrition (6) Child Health, Immunization, Diarrhoea: Prevention and control, (7) Acute Respiratory Infection (ARI) (8) Reproductive Health, Family Planning, HIV/AIDS (9) Mothers group meeting (10) First Aid, etc.

2. Birth Preparedness Package (BPP) Training

The Family Health Division, in collaboration with other stakeholders, organized Master Training of Trainers (MTOT) from April - May 2009 in Nepalgunj. Three staff from CRADLE project participated in the along with District Public Health Office (DPHO) Kailali (5 participants) and a senior trainer from Regional Health Training Center (RHTC). The remaining staff from the DPHO/Kailali and health facility was trained through the district-level trainings between July-September 2009. Due to a sudden outbreak of diarrhea in July, training was delayed and conducted intermittently in all the mid and far western districts. All Medical Officers (MO), Health Assistant/Sr. Auxilliary Health Workers (HA/SAHW), Staff Nurses, AHWs, MCHWs, and VHWs attended a 2 day training. Altogether, 135 health workers (49 women) and 82 VHW/MCHWs (46 women) have been trained as facilitators/ service providers at the community level. All the FCHVs will also be trained in their local settings during October/November 2009.

The BPP package includes: counseling to pregnant mothers and her family members on the importance of maternal and newborn health; the importance and need of antenatal preparation; planning for emergency obstetric care; institutional delivery; support to the FCHVs working in the community; and encouragement for communities to seek quality services and counseling

3. Piloting Misoprostol – *Matra Suraksha Chakki* or MSC

Since post-partum hemorrhage causes 47% of maternal deaths in Nepal, the project, in coordination with FHD/DOHS and DHO Doti, is piloting the use of Misoprostol tablets. The project has followed the FHD's policy of mobilising the HFs to distribute MSC. The project launched this activity by adapting and printing messages (IEC materials) and procuring drugs and accessories. The project aims to orient all health workers in the district. The main goal of this portion of the project is to motivate pregnant mothers to visit HF for 4th ANC during when she would get MSC and be counselled how to take the drug.

Exposure and Learning Visit

The Nepal Family Health Program II (NFHP II) has piloted MSC use through the FCHVs in Banke district. The FHD the project organised an exposure visit to Banke district for its staff along with the DHO and RHD staff to learn about the pill's effectiveness. During the visit, the team interacted with mothers (who had used the tablet immediate after delivery), FCHV, DPHO and HF staff. The team also met with the NFHP team who has been supporting this initiative intensively. Interaction focused on working modalities, logistic supply system, monitoring and supervision and potential challenges.

Training Health Workers on MSC

The project has oriented DHO staff to the project. The orientation was combined with CB-NCP training. Altogether 63 health workers have been trained on the proper use of MSC and how to counsel to the pregnant women. FCHVs in Doti will be oriented in a similar way.

4. CB-IMCI Review Meeting

CARE had implemented the CB-IMCI through CSXIX in coordination with MoHP / CHD in Doti from 2003 to 2007. CRADLE has continued to support the CSP-initiated key activities like CB-IMCI review meeting from national level to community level. The project provided technical support to the district and community level review meetings in Doti.

5. Strengthening Logistics/Supply system

The project team provided intensive support to the D(P)HO for HW capacity building and strengthening the supply system and reporting mechanism. The DHO Doti organized two-days training to all HF in-charges and storekeepers. In the training, the project contributed in rewarding the best performing HF and certificates of recognition to all the participating Health Facility staff.

6. Technical Support Visit

Program staff has made several rounds of visits to the health facilities to provide technical support (35 and 31 health facilities in Doti and Kailali districts, respectively). The purpose of the visit was to monitor the ongoing health interventions and community-level activities under the project. These visits have been quite important to encourage and motivate the health staff (DHO and partners). The field mobilizers have also regularly visited the FCHVs and mothers group to encourage and capacitate them in area of maternal and newborn health issues. The team has also focused on follow-up, supervision, and monitoring of CB-IMCI and other maternal and newborn health activities.

Dimension Two: Organizational Development

This project seeks to develop the capacity of local partners and MoHP networks. Under this dimension the project focuses on strengthening coordination and linkages among the organizations working in maternal and neonatal health. The project accomplished various capacity building, coordination and monitoring activities under this dimension.

7. Effective Planning and Monitoring

The project team trained health workers on effective planning and monitoring in conjunction CB-NCP and BPP training. The project staff, with the support from MoHP staff, oriented 135 and 63 health workers in Kailali and Doti districts, respectively.

LQAS survey

With the help of field mobilizers, health workers and DPGO supervisors, the project conducted a LQAS survey to systematically monitor project activities. Before conducting the survey, DPHO staff in Kailali and HF in-charge (22 health workers and supervisors) was trained on the survey. Findings are highlighted in the "update of Monitoring and

Evaluation (M & E) Plan (Annex 1) of this report. A separate report will be prepared and be disseminated to all the stakeholders including D/PHO, RHD, FHD and CHD

8. Strengthening RHCC

The project team has been actively involved in District Reproductive Health Coordination Committee (RHCC) meetings. Eighteen GOs, multi & bi-lateral organizations, INGOs and NGOs in Doti and two dozens organizations in Kailali are working in the reproductive health sector. All of these actors are the members of the RHCC.

Support in DACC Strengthening

The project has been supporting the District AIDS Coordination Committee (DACC) in Doti and Kailali districts. Project staff significantly contributed to the creation and publication of a 3-year "District AIDS Strategy" and annual Plan in Doti. The project partners are also playing a vital role to strengthen DACC through regularization of its meeting.

9. Strengthen Periodic Review Meeting

To strengthen networking and coordination, the project team participated in DDC, D(P)HO, and HF review and planning meetings in both districts which was intended to improve health service delivery and recording/reporting systems. The project team regularly met with partner NGO board member, helping to strengthen the partnership and build synergy among various projects of partner NGOs and CARE Nepal.

District level review meeting

Periodic review of the program at district and HF-level is one of the important activities of D(P)HO. One of the achievements of these meetings was the ability to analyze the HMIS data presented by health facilities of the districts. The project also supported for the publication of district annual report

Regional annual review workshop of health program

MoHP and FWRHD organized regional-level performance review workshop from September 20-22, 2009 in Dhangadhi, Kailali. CARE provided logistics and transportation support for the workshop. CARE representatives contributed to the preparation of the district's annual report and also shared/updated the group on the overall HIV/AIDS situation in the region.

10. Capacity-Building on RBA, GED and Social Inclusion

The project organized a two-days training on ***Right Based Approach (RBA) & Gender Equity and Diversity (GED) / Social Inclusion (SI)*** for quality health services to HF supervisors in all VDCs in Doti. A total of 49 HF supervisors participated in the training (9 women, 2 Dalit, and 7 Janajati). The main objective of the training was to share the meaning of empowerment of the poor and marginalized and to promote capacity building of supervisors to fulfill their responsibilities towards the people they serve. All trained health workers shared their learning with their respective HF staff.

11. Contribution of Other Projects in MNH

The CRADLE project staff oriented CARE's other project staff to MNH through review and planning meetings, joint monitoring and field visits of other project sites. The projects such as Safe Passage, ASHA Program, Doti Poverty Reduction Project, Water and Sanitation Project and Disaster Risk Reduction Project have contributed to MNH, by means of infrastructure development and capacity-building of health workers and the project staff.

Support to Health Camp

Prolapsed uterus is a common health problem among the women of rural far west Nepal. This problem had been hidden due to social taboo, poor economic conditions and lack of education and awareness. And as MIL and MG are

CRADLES prime constituents, CARE Nepal with DHO, EDPs and NGPs, with financial support from CARE's ASHA program, organized a camp for the surgical treatment of third-degree prolapsed cases in Doti, Bajura and Achham districts DHO and local NGOs helped identify, communicate with and counsel affected women. A team of doctors from Nepalgunj Medical College provided surgical services at Doti district hospital on from March 24-29, 2009. Altogether, 78 women received surgery, and over 1,000 women received basic medical care and counseling to prevent and/or control cases from getting worse.

12. Coordinating Meeting with DLAs (DAO and DDC)

To gain a consensus for sustained improvement in MNH, an understanding meeting with all district stakeholders was held on 13 June 2009. Attendees expressed their commitment to mobilizing local resources for the betterment of health of mothers and newborns in Doti. The meeting shared program strategies for the successful implementation of CB-NCP and how stakeholder's sustained efforts would improve health of marginalized people. Participants were from the District Administrative Office, DDC, Education Office, Women Development Office, Municipality, CARE's partners NGOs, INGOs working in the district and major political parties.

Coordination with Different Line Agencies and Partners/stakeholders:

The project team has met district and local counterparts, partners, and line agencies in both districts. Local administration, local government, media, NGOs and civil society have expressed their full support in reducing maternal and neonatal morbidity and mortality. A few activities have been carried out in collaboration with the project's development partners. The project distributed IEC/BCC materials to FCHVs in Doti jointly with GTZ/HSSP. World Vision has agreed to conduct all the field level MNH activities in Kailali's six VDCs. Helen Keller International and the project will work together in nutrition and will share all activities at central and field-levels in Kailali. The project also collaborates with MS Nepal's partners and SPW for community mobilization and with BCC at the community-level in Doti. Seti Technical School is committed to providing meeting space, training materials and HR support CB-NCP trainings.

Dimension Three: Community and Ecological

SOURCE Nepal in Doti and FAYA Nepal in Kailali are NGO partners playing a lead role in carrying out the activities enabling communities and supporting the ecological environment to sustain project results. Most of the activities under this dimension are focused on behavior change and community empowerment and mobilization. leading to sustainable changes and enhanced quality of service delivery.

13. Interactions/Meetings with Pregnant and Recently Delivered Women (PW/RDW), Husbands Father in Law and (MiL)

Interaction meetings with Husband, Father-in-Laws: Meeting with MIL, PW/RDW

Women in Nepal face barriers to decision-making, including decisions concerning their RH. Meetings with husbands and father in laws of pregnant and recently- delivered women aim to bring about positive behavior change and to develop a positive environment in which to care for the health needs of mothers and newborns. The project held 16 events with husbands and father in- laws with the help of FCHVs recruitment efforts. In most cases, the targeted men showed reluctance to come to the meeting. After the first interaction, however their reluctance diminished, and they participated in future meetings.

Interaction and meetings with MIL, PW/RDW

Meetings with pregnant women, women who have recently delivered and their mother-in-laws aim to change beliefs, behavior and practices at the community-level. Project staff have carried out 94 events this year. The interactions have been carried out in select priority wards. The field staff relied on discussions, interviews, and delivering talks on selected in conjunction with various behavior-related educational materials on CB-IMCI/CB-NCP, and the Birth

Preparedness Flip Chart to teach about safe motherhood, newborn care and other MNH issues. This helped sharing information about MNH including safe pregnancy, safe delivery, neonatal care, and the importance of breast feeding. Project staff also provided advice regarding existing harmful practices and motivated women to have regular health education during MG meetings.

14. Day / Week Celebration

The project has supported D(P)HOs in both districts to celebrate various “Days and Weeks”, including National Immunization Day, FCHV Day, National Breast Feeding Week, and World AIDS day to sensitize people to health issues and to increase service utilization. Doti’s regional radio station broadcasted messages related to contribution of FCHVs to society on FCHV day. SOURCE Nepal and DHO/Doti carried out an awareness campaign in the project area. Street drama, a rally, and award distribution were the major highlights during the Breast Feeding week celebration this year.

15. School Health Education Program

Health Education Classes for Secondary School Children

School children are very effective means of disseminating information to their families and communities. The project applied a child-to-child education approach in an effort to improve the health status, specifically MNH. This approach focused on holding health education classes on MNH for secondary school children. The project staff held classes in 28 different schools selected from among the most marginalized VDCs in the Doti and Kailali districts.

16. Orientation to CBOs on Existing Policies and Provisions

Communities must understand existing policies on MNH. This effort was done to familiarize local CBOs has carried out 16 orientation events (9 in Doti, 7 in Kailali) in local CBOs. Areas covered were national health policy, FCHV program, safe motherhood strategy, maternity incentive policy (to improve the practice of hospital and skill birth attendant delivery), free health service policy, long term health plan, and the roles and responsibilities health workers at different levels. The orientation also included ways to seek support and mobilize existing resources to improve community health.

17. Application of SATH

To ensure regularity of MG meetings, to enhance basic knowledge of MNH issues, health rights and responsibility, and to enable mothers to obtain basic health services, the project staff and the partner NGOs continued social mobilization using Self Applied Technique for Quality Health (SATH). Since the technique encourages greater community participation in decision-making The SATH technique uses the Behavior Change Communication (BCC) Strategy. For details please see Annex 5 Results Highlights

18. Strengthening Community Health Information System (CHIS)

Record keeping of pregnancy outcomes at the community-level is a key CRADLE innovation. The project has initiated CHIS to strengthen the record keeping system for pregnancy outcomes, maternal and neonatal mortality and their causes in both districts. The CHIS gathers key maternal and neonatal health data at the community-level. The system engages community members, who are the “target and impact groups” of services, to verify service delivery and outcomes through MG meetings. This process allows the service providers to determine causes of deaths for women and newborns while also helping health workers to deliver quality service based on data findings. The project is in the process of collecting first-round data from the community. It will verify the collected data in December 2009. Based on the collected data, the project field staff will conduct verbal autopsies for mortality cases in January and February 2010.

B. Activity status

Project objectives/ Results	Related Key Activities (as outlined in DIP)	Status of Activities (Completed, On target, Not yet on target)	Comments
1. Health and Health Services	<p>1.1 Implementation of Community Based Newborn Care Package(CB-NCP) in Doti and Birth Preparedness Package (BPP) in Kailali.</p> <ul style="list-style-type: none"> Misoprostol (MSC) piloting in Doti (training and implementation) <p>1.2 Strengthening logistics / supply system (training)</p> <p>1.3 Establish supportive supervision system</p> <p>1.4 Implement community scoreboard techniques.</p> <p>1.5 Skill development on BCC and message delivery techniques</p>	<p>1.1.CB-NCP: On target BPP: Completed</p> <p>Orientation/. training is being provided together with CB-NCP training.</p> <p>1.2 Completed</p> <p>1.3 On target</p> <p>1.4 Not yet on target</p> <p>1.5 On target.</p>	<p>1.1 TOT is completed; HF level training is ongoing. Training upto FCHVs level will be completed by February 2009</p> <p>MSC will be distributed by HF as suggested by MoHP –</p> <p>1.2 Logistic management training was organized.</p> <p>1.3 On going.</p> <p>1.4 It will be implemented <u>in</u> next year in ten VDCs.</p> <p>1.5 It has been reviewed to make it compatible with CB-NCP package.</p>
2. Organizational Development	<p>2.1 Training on effective planning and monitoring to district supervisors, health workers of both DHOs. Strengthening District RHCC and DACC</p> <p>2.2 Strengthening periodic review meeting at region, district and Ilaka level</p> <p>2.3 Capacity building of NGOs, CBOs, FCHVs and HFOMCs on Social inclusion, RBA and GED</p>	<p>2.1 On target</p> <p>2.2 On target</p> <p>2.3 On going</p> <p>2.4 On target</p>	<p>2.1 Training is on going in conjunction with CB-NCP. RHCC and DACC meetings are going on regularly.</p> <p>2.2 Project team has been attending the meeting regularly.</p> <p>2.3 HWs (all in Kailali) has been trained and remaining staffs of Doti will be trained within next year.</p>

Project objectives/ Results	Related Key Activities (as outlined in DIP)	Status of Activities (Completed, On target, Not yet on target)	Comments
	<p>2.4 Mobilizing the resources and other support from CARE's other projects in the districts</p> <p>2.5 Mobilize DDC/VDC in planning and monitoring</p> <p>2.6 Strengthening the coordination and collaboration with district line agencies on periodic basis</p>	<p>2.5 Ongoing</p> <p>2.6 Ongoing</p>	<p>2.4 ASHA project constructed blood bank and supported Surgical Camp for Uterine Prolapsed cases Safe Passage project supported in HIV/AIDS awareness in 20 VDCs</p> <p>2.5/2.6 DDC and other stakeholders are committed to support the project activities</p>
3. Community and Ecological	<p>3.1 Interaction with pregnant and recently delivered women, fathers and mothers in law</p> <p>3.1.1 Orientation on Effective Meeting & Interaction (1 day) to FCHVs of selected VDCs</p> <p>3.1.2 Interaction with PW, RDW, Husbands & MIL</p> <p>3.2 Community mobilization for men's involvement in MNH (Interaction and orientation with FIL, Husband)</p> <p>3.3 Community mobilization and awareness through local folk media, day celebration and others</p> <p>3.4 Mobilize school students and teachers</p>	<p>3.1 On target:</p> <p>3.1.1 Completed: Accomplished in 6 VDCs in Doti & 5 VDCs in Kailali.</p> <p>3.1.2 Completed (150 in Doti and 44 in Kailali)</p> <p>3.2. On target: Seven events were accomplished in Doti and 5 in Kailali</p> <p>3.3 On target</p> <p>3.4 Ongoing</p>	<p>3.1 Programme has covered all VDCs, will be ongoing throughout the project period</p> <p>3.1.1 RH information bag has been distributed to 130 FCHVs in Doti with the help of GTZ</p> <p>3.1.2 Remaining events are ongoing</p> <p>3.2.1 Remaining events are ongoing</p> <p>3.3 SATH approach is applied. Street drama, song competition, exhibition, celebrating special days are ongoing</p> <p>3.4 54 and 11 secondary schools in</p>

Project objectives/ Results	Related Key Activities (as outlined in DIP)	Status of Activities (Completed, On target, Not yet on target)	Comments
	<p>3.5 Orient and mobilize CBOs on existing health policies and service provisions</p> <p>3.6 Social mapping and analysis at VDC level</p> <p>3.7 Strengthen CHIS-Community Health Information System</p> <p>3.8 Application of SATH for better health outcome at the community</p>	<p>3.5 On target</p> <p>3.6 On target:</p> <p>3.7 On target</p> <p>3.8 On target</p>	<p>Doti and Kailali were mobilized to deliver MNH message.</p> <p>3.5 Completed 9 events in Doti and 7 in Kailali</p> <p>3.6 Completed in 11 VDCs of Doti and 11 of Kailali</p> <p>3.7 Orient HWs along with CB NCP training</p> <p>3.8 Applied in 27 VDCs of both districts</p>
4. Other General Activities	<p>4.1 Support in sustaining CB-IMCI program (Support to conduct annual review meeting of health workers and focal persons)</p> <p>4.2 Monitoring and technical support visit</p>	<p>4.1 On target:</p> <p>4.2 On target:</p>	<p>4.1 All stakeholders are directly involved</p> <p>4.2 Monitoring and TSV is ongoing.</p>

C. Impeding factors and action taken (Challenges)

Some of the project's core activities were postponed due to the MoHP Child Health Division's delay in finalizing the CB-NCP package. These activities have recently been implemented. This delay has caused significant problem in meeting the project's workplan and managing the budget deficit, particularly for staff management. The MNH specialist and Social Mobilizers were provisioned to the second year in hopes that the major CB-NCP interventions would be complete. However, due to the year long delay, the project doesn't have sufficient funds to meet the cost of the aforementioned staff positions beginning project year three.

After series of meetings, the Nepalese government has agreed to cover the cost of performance-based incentives to FCHVs. This decision has ended some debate between the USAID's working approach and the MOHP's recent policy on FCHV incentive scheme.

With the help of CIUK and CIUSA, CARE Nepal has been able to raise individual donor funds to manage some budget deficit, including the cost of social mobilizers through March 2010. The project is also coordinating with other like-minded organizations and local government to suggest cost sharing for some activities, such as community health worker and volunteer capacity building.

D. Technical Assistance

The project has received technical assistance from within and outside CARE Nepal. Below are a few examples of the types of support received:

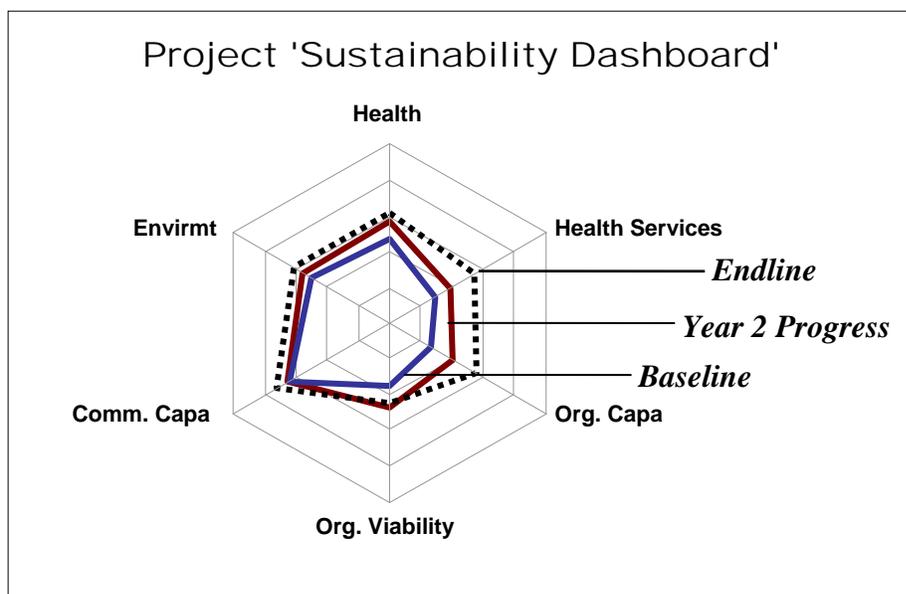
From CARE Country office: Livelihood Security Coordinator/Health (health technical inputs, coordination and networking with national level stakeholders, Research Manager/PDQA unit (training on UCP analysis, and GSI, BCC strategy development), Policy Advocacy and Impact measurement unit (M&E related training). CARE Nepal's cluster office also extended its support in partnership strengthening and financial management. The project obtained technical support regularly from the Child Health Technical Advisor, CARE USA. Areas that need technical assistance in the next year are the Mid Term Evaluation and data analysis for the CHIS. Both of these will be accessed through the back stop person from CARE Atlanta.

E. Substantial Changes - N/A

F. Sustainability Plan

CARE's program aims to make sustainable and equitable improvements in MNH. Sustainability issues were considered when developing the CRADLE support project (*design, implementation, monitoring and evaluation*). The project is based on the Child Survival Sustainability Assessment (CSSA) framework, and all the specific activities follow the framework's sustainability criteria. The project of the sustainability themes include a mixture of qualitative health, health provider capacity-building, and the creation of an enabling environment at the community-level. Based on LQAS survey findings, the sustainability framework has been assessed and updated using the spider web technique. Please see below a Spider Web along with table comparisons of the dashboard value during baseline, the current status and targeted values under sustainability plan.

As shown in the dash board, the project has achieved progress in six improvement areas. The community's capacity aspect appears maintained while other areas have improved. The project could have expected even greater improvements had the CB-NCP training not been delayed. Despite all of the constraints (delayed implementation of core intervention, frequent staff transition, and management change of CARE Nepal) the project is on track to meeting goals for all sustainability criteria (Dashboard values).



Component	Dimensions	Year 2 Achieved	Baseline Value – Need to say which year	End line Target
1	Health	57	47	62
2	Health Services	39	29	54
3	Organizational Capacity	39	26	56
4	Organizational Viability	48	35	45
5	Community Capacity	65	64	72
6	Environment	55	51	62

G. Specific Information Requisition in DIP - Not Applicable

H. Does not apply

I. Program Management System

The project is based in Doti Cluster. The project team is provided with technical and administrative support by the Cluster office and CO technical backstopping. A Project Management Team (PMT) consisting of Project Officers from each project district meet on quarterly basis to build synergy between the districts, to discuss project issues, tracks progress against the work plan, and take corrective actions.

Recently, CARE Nepal has made changes to the organizational structure at the CO level by shifting program management to the cluster level (led by Area Program Manager (APM)). The APM provides the Project Manager with administrative support and supervision. On the CO-level, the Livelihood Security Coordinator (previously known as the Program Coordinator-Health) provides technical backstopping for the project and links the project with national level initiatives and efforts organised by the CHD/FHD, USAI, and other stakeholders. The CO-based Child Health Technical Specialist has been changed as Community Health and M&E Specialist, and the duty station has moved to the Doti office. The Project Manager and Community Health and M&E Specialist coordinate and collaborate with the regional-level and share the responsibility with CO in maintaining coordination with central-level MoHP authorities. The project has also faced frequent staff transition. The (M&E Specialist left the project. The provision of MNH specialist got discontinued due to fund delay in CB-NCP implementation and funding shortages to cover project year three. These changes have caused some delay and interruption in implementing project activities.

Financial Management System

CO and the cluster office support the financial management of this project. Due to delay in some technical intervention, the burn rate on CB-NCP-specific activities appears to be low; however administrative expenditure is already at a higher level. The project's financial status is reviewed regularly. A summary of the financial status has been given in Annex 3

Human Resources

Community Health and Monitoring & Evaluation Specialist (CHM&ES) for the project was recruited and placed in Doti however, the MHM&ES left CARE Nepal in early August 2009. The project is in the process of filling the CHM&ES position, and hiring is expected to complete by the end of October 2009. As per the DIP, a project officer for Kailali was recruited, effective January 2009. The recruitment of the CRADLE team for this phase is completed. FAYA Nepal and SOURCE Nepal, partner NGOs of Kailali and Doti have 8 and 14 staff members, respectively.

Communication systems and team development

The project team meets on weekly and monthly basis to review the workplan, to have a detailed discussion on progress and constraints, and to plan activities for next period. All work is being carried out jointly with NGO partners and the project team. Through these meetings and periodic reporting/updates, the project is maintaining its communication systems.

Local partner relationships:

To strengthen NGOs' institutional capacity and partnership relationship, the project's technical staff helps them to plan and implement project activities effectively and efficiently. The cluster office-based Partnership Manager and Finance Officer visit the partners' offices and provide support in program and financial management. The project team also assessed the capacity of the partners during this fiscal year. All the programs are being carried out closely with DPHO and RHD.

PVO coordination/collaboration in country:

CARE Nepal is actively participating in various national-level task forces and technical committees on CB-NCP, CB-IMCI, MNH and FCHV formed by Child Health Division, Family Health Division/ Department of Health Services (DoHS)/MOHP. CARE Nepal is working closely with PLAN, NFHP II, Save the Children, and Mother and Infant Research Activities (MIRA) through a technical committee in CB-NCP among the PVOs. It is also holding and participating in various discussions, exchanging technical expertise, and sharing knowledge of maternal health and neo-natal care. CARE works in close coordination with USAID local mission by attending health partners quarterly progress review meetings, and by sharing project progress.

At the field-level, the project has developed a close relationship with GTZ/Health Sector Support Program (HSSP), Helen Keller International, World Vision and FHI. The coordination with these stakeholders is more focused on community-level activities.

Other relevant management support: The project has been visited by the OMT members from CO to ensure project's process and achievements are on track. The technical support for quality control is regularly being provided by the Livelihood Security Coordinator (health) from CO through field visit consultations other forms of communications. The program has been reviewing regularly in the meeting of Project Advisory Committee (PAC).

The project team members are regularly participating in DPHO's periodic performance review meetings, where the project achievement is also shared. At the district-level, joint monitoring visits have been carried out by RHD and D(P)HO.

J. Local Partner Organization Collaboration and Capacity Building

As part of strengthening NGO's capacity, the project, in close collaboration with the D/PHO, has provided various capacity building trainings to NGO partners (their executive members, and project staff). The following are capacity-building activities provided to the partner NGOs:

- **CB-IMCI review meeting:** A district and Illaka-level review meeting was organized by DHO Doti and DPHO Kailali for follow-up support and strengthening CB-IMCI.
- **Micro-planning for CB-NCP training:** DHO Doti and the project team worked together to plan to run different levels of CB-NCP training through the DHO networks. The meeting was held on 11-12 June 09. On the second day, DDC members, political representatives and all other district-level stakeholders were educated on CB-NCP and its action plan. They have also committed to support this program through their networks.
- **Progress review meeting:** As part of a partner progress review, FAYA Nepal organized a joint meeting with project staff and executive members in Kailali. Likewise, SOURCE Nepal also organized a meeting with the field mobilizers to update them on progress and upcoming plans.

- **Financial capacity building** – CARE financial staff builds capacity of the local partners on financial reporting and requirements.

The partners' staffs are involved together with CARE staff in various activities and campaigns. Such involvement has provided partners' staffs with programmatic exposure, improved their level of understanding and enhanced technical competency. The partners are also involved in CB-IMCI review meetings, FCHVs basic training, DACC strengthening, PHC-ORC strengthening, and micro-planning on CB-NCP.

K. Mission Collaboration

1. Collaboration and joint action with USAID local mission

The project has consulted and involved the USAID local mission in various processes from the project design to DIP preparation to baseline survey to the issue of CB-NCP and its implementation.

A Technical support group comprising of local mission, other MNCH partners (NFHP, Plan, HKI, ADRA) and CARE Nepal has been formed and meets regularly to share progress and coordinate activities to maintain consistency with the central-level GoN/MoHP and resolve any programmatic issues collectively.

2. Participation in Partner's Meeting and collaboration with other stakeholders

2.1 Contractors & Grantee (C & G) meeting at Nepalgunj (USAID)

C & G meetings were organized by USAID in Nepalgunj and in Kathmandu. CARE Nepal actively participated, shared progress and best practices, and held meetings about the project's achievements and constraints. Those meetings/interactions have been quite fruitful as they provided an opportunity to learn about various programs' initiatives and practices under USAID grants. The project team (Nirmala Sharma/LSC, R Sharan Pyakurel/ APM and Padam Uprety/ Project Officer, SOURCE Nepal) participated in these meetings. The project and CO have also regularly participated in Child Survival partners meetings

2.2 Technical support Visits from CARE USA:

- ✓ Dr Khrist Roy, Technical Advisor, Child Health and Nutrition, CARE USA visited CARE-Nepal and the CRADLE support project two times in the past year. During his visit, he also reviewed LOAS status, the BCC strategy and the overall M&E system jointly with the project team and updated the work plan for the year.
- ✓ Dr Benjamin Schwartz, Sr Director, Health Program, CARE USA also visited the project in August 2009 (1 week). He focused on understanding community-level activities, including the mobilization of FCHVs, MGs, strengthening of HFOMC to ensure access and quality of health care under the CRADLE project. He also held meetings with NGO partners, D(P)HOs, project staffs, CARE CO staff, USAID Nepal, MoHP/FHD representatives and NFHP II in a process of strengthening MNH and overall health program of CARE Nepal.

These visits from CARE USA have been quite instrumental in maintaining the work quality and the team's commitment to CARE Nepal's health programs.

3. Visit by USAID Local Mission Nepal

Ms. Sharon Arcsott and Mr. Deepak Paudel from USAID Nepal visited Doti district on December 15th and 17th 2008 as a part of their program monitoring with communities (FCHVs, MGs) and project staff on CB-IMCI-related and other on-going project activities. This visit was quite helpful in building common understanding about the project's modality and achievements, and in strengthening the coordination with the local mission.

4. Collaboration and Representation in Different Working Groups and Committees:

- **CB-NCP Technical Working Group:** This is a high level technical group to work on CB-NCP, which is being piloted by the Child Health Division/MOHP in 8 districts in collaboration with different EDPs, including CARE Nepal. The working group is responsible for finalizing the components of package. The working group has formed technical sub-committees, such as training, M&E, logistics and policy/ advocacy. CARE Nepal is a member of M&E and BCC sub-committees and attends the working meetings regularly.
- **FCHV Sub-Committee:** CARE Nepal is a member for FCHV sub-committee formed by FHD to provide policy feedback, update and review progress, and strengthen FCHV programs at the community-level in Nepal. CARE has played a key role in sharing field-level experiences and enhancing the capacity of FCHVs, which is crucial for community-based health programs. CARE Nepal contributed to finalizing the FCHV strategy.
- **Safe Motherhood & Neonatal Care/BCC Sub-committee:** This committee was formed by the National Health Education Information and Communication Center (NHEICC) in which CARE Nepal is a member. The major responsibility of this committee is to influence policy through joint advocacy on safe motherhood and newborn care. CARE's participation in this committee has been useful in carrying out the safe motherhood and MNH activities under the CRADLE project.
- **RHCT and AIN Regional Committee:** Regional Health Coordination Team (RHCT) has been formed in the far west where staff regularly shared project knowledge and supported joint monitoring in different districts. Similarly, the project staff also participated in an another regional forum of International NGOs known as Association of International NGOs (AIN).

L Not Applicable

Annexes

Annex 1: M & E Table

Annex 2: Work plan

Annex 3: Budget

Annex 4: Presentation about Project

Annex 5: Results Highlight

Annex 6: Social Behaviour Change Strategy

Annex 7: Scope of Work of Project Advisory Committee

Annex 8: Progress against OP indicators for MCH components

Annex 1: M&E Plan (Updated based on LQAS Survey Aug-Sep 2009)

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations ¹							
Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress of this year (Based on LQAS Aug 09)	EOP Target	Related Activities
IR 1. Improved maternal and newborn outcomes especially amongst the marginalized populations	% of mothers who delivered at health institution for their youngest child	KPC, LQAS	Annual	20	26	35	CB-NCP, SM
	% of mothers whose last delivery was assisted by SBA	KPC, LQAS/ HMIS	Annual	19	29	35	CB-NCP, SM
	% of mothers who reported using CHDK or clean instrument to cut the cord (among home delivery cases)	KPC, LQAS	Annual	23	36	40	CB-NCP, SM
	% of mothers with birth preparedness (on at least two components) plan for their last delivery	KPC, LQAS	Annual	44	39	60	CB-NCP, SM
	% of mothers who consumed at least 180 tablets of IFA during their last pregnancy	KPC, LQAS/HMIS	Annual	53	54	65	CB-NCP, SM
	% of mothers who received at least two TT during their last pregnancy	KPC, LQAS/HMIS	Annual	56	84	65	CB-NCP, SM
	% of newborns immediately wrapped after birth	KPC, LQAS	Annual	92	95	92	CB-NCP, SM

¹ Marginalized population will include: Dalit; Disadvantaged Janjatis; Disadvantaged non Dalit Tarai Caste Group; and Religious Minorities as classified by Ministry of Health and Population for recording in health management information system.

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations ¹							
Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress of this year (Based on LQAS Aug 09)	EOP Target	Related Activities
	% of newborns who were initiated breastfeeding with one hrs of births	KPC, LQAS	Annual	64	71	75	CB-NCP, SM
	% of mothers reporting to consume increased (and diversified) food during pregnancy and postpartum period ©	KPC, LQAS	Annual	73 (LQAS 08)	59	80	CB-NCP, SM
	% of diarrhea cases receiving oral rehydration (ORS or home made fluid)	HMIS/CB-IMCI/CB-NCP/LQAS	Annual	41	45	55	CB-NCP, SM
	% of children who received measles vaccine	KPC, LQAS	Annual	80	88	85	CB-NCP, SM
IR 2. Improved maternal and neonatal services	# of deliveries conducted at health institutions or by SBA	HMIS	Annual	3288	5308	6000	CB-NCP, SM
	% of mothers who reported a postnatal visit within three days of birth of their baby (PNC) – to where HF, FCHV, or was it a home visit	KPC, LQAS	Annual	6.8	48	20	CB-NCP, SM
	% of mothers received at least four ANC visits (as % of expected pregnancy)	KPC, LQAS	Annual	32	55	50	CB-NCP, SM
	# of HFs having delivery services in operation on regular basis	HFS Supervision Reports	Annual	Doti (HP/PHCC) : 9/12 Kailali (HP/PHCC) : 13/13	Doti: 12 Kailali: 13	Doti: 12 Kailali: 13	

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations ¹							
Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress of this year (Based on LQAS Aug 09)	EOP Target	Related Activities
	Number of FCHVs providing essential newborn care services (for PSBI, LBW, Hypothermia)	HMIS/CB-IMCI/CB-NCP	Annual	0 NA Not 0	0 NA Not 0	FCHV - 450	Not started CB-NCP and BPP at community level
	# of neonatal PSBI cases treated with FCHV and CHWs	HMIS/CB-IMCI/CB-NCP	Annual	CHW- NA FCHV- NA	NA	CHW- 400 FCHV- 1000	Not started CB-NCP
	% of children age 6-23 months who received a dose of Vitamin A in the last 6 months	KPC, LQAS/HMIS	Annual	74	84	85	
	# of health facilities having their plan for service delivery and supervision	HFS Supervision Reports	Annual	Doti-31% Kailali-55%	NA	Doti-60% Kailali-60%	
	Average number of supervision visits received in the last six months	HFS Supervision Reports	Annual	1	1	At least 2 at all level	
	% of CHWs and FCHVs who report that the last supervision visit was helpful	HFS Supervision Reports	Annual	Doti-19% Kailali-64%	NA	Doti-40% Kailali-75%	
IR 3. Improved capacity of MOHP/DPHOs and other sectors for	# of HFs who are providing timely (on the same day) disbursement of Safe Delivery Incentives	Supervision report	Annual	Doti:12/51 Kailali: 13/43	NA	Doti: 45/51 Kailali: 35/43	

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations ¹							
Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress of this year (Based on LQAS Aug 09)	EOP Target	Related Activities
Maternal and newborn care	Extent to which health facilities are collecting, analyzing and reporting MNH data	District Stakeholders Workshop	Baseline, Midterm and Final	1/5	NA	3/5	
	# of community health workers and FCHVs trained on MNH issues (BPP, Sepsis management, Hypothermia, Low Birth Weight, Asphyxia, Misoprostal)	Training Report	Annual	CB-NCP: 0 Other training: NA	CB-NCP: 78 (Doti) BPP 226 (Kailali)	CB-NCP: 855 (Doti) Safe motherhood: 650 (Kailali)	
	# of master trainers developed at district and local level on MNH	Training Report	Annual	3	22 (7 BPP, 15 CB-NCP)	30	
IR 4. improved viability of maternal and neonatal services	% of health facilities with essential drugs and supplies available (Cotrim, Gentamicin, Amoxycillin, CHDK, IFA, (for Doti))	HFS Supervision visits	Annual	Cotrim P-96 Amoxy - 93 CHDK - 52 IFA - 93	NA	Cotrim P-100 Amoxy - 100 CHDK - 100 IFA - 100	
	% of health facilities with Misoprostal (for Doti)	HFS - Base, End; LQAS -Annual]	Annual	0	NA	80	Will be initiated on December 09

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations¹

Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress of this year (Based on LQAS Aug 09)	EOP Target	Related Activities
	# of Health facilities with stock out of specific tracer drugs	HFS Supervision visits	Annual	NA	8	0	
	# of VDC and DDC allocating funds for health programs	Supervision visits	Baseline, Midterm and Final	27	60	94	
IR 5. Improved community commitment for maternal and newborn care	% of VDCs with an emergency transport system in place	District Stakeholders Workshop	Baseline, Midterm and Final	NA	NA	20	
	% of mothers who were able to report at least two danger signs of pregnancy, delivery and post natal period	KPC, LQAS	Annual	45/50/52	78/72/76	60	
	% of mothers who were able to report at least two danger signs of neonatal illness	KPC, LQAS	Annual	48	72	60	
	% of mother who are aware about the safe delivery incentive	KPC, LQAS	Annual	49	66	60	
	# of VDCs with FCHV (endowment) fund	HFS	Baseline, Midterm and Final	All	All	All	
IR 6. Improved environment for maternal and newborn care	% of mothers involved in income generation activity	KPC	Baseline, MidTerm, Endline	18	32	25	
	% of health facilities with at least one maternal and child health service provider (SN, ANM or	HFS	Baseline, Midterm, Endline	74	88	80	

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations¹

Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress of this year (Based on LQAS Aug 09)	EOP Target	Related Activities
	MCHW) on the day of visit						
	% of mothers who are involved in at least one group activity	KPC, LQAS	Annual	30	34	50	
	% of mothers who are aware about at least two roles of FCHVs	KPC, LQAS	Annual	74	68	80	
	Inclusion of the project activities in the Annual Plan of Action of Government at central and local level and reported on Annual Report (of RHD and DoHS)	Review of DHO/DoHS Annual Plan	Baseline, Midterm, Endline	1 district	2 districts CHD	2 districts	
	# of activities carried out in conjunction with other CARE projects	Cluster level meeting	Annual				
	<ul style="list-style-type: none"> Cluster level 			1	7(SP, Disaster, ASHA)	8	
	<ul style="list-style-type: none"> District level 			3	9 (ASHA, SP, PRP Samadhan, WATSAN,)	12	
	<ul style="list-style-type: none"> Community level 			6	57 (SP VDC, WATSAN VDC, ASHA)	100	

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations ¹							
Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress of this year (Based on LQAS Aug 09)	EOP Target	Related Activities
					VDC, PRP VDC Samadhan VDC		

Remarks: The data provided in the "HMIS and the project information "column is based on the annual report of DHO Kailali and Doti, the narration of the project annual report and other relevant documents of the project. However, the complete data is not available in HMIS. These data may differ with the data available after LQAS survey. Some of the information can be added after initiation of the CB-NCP as well as other relevant training and capacity building activities in both the districts.

Note: EoP target will be achieved for both marginalized and non-marginalized groups, not only in average. If district disaggregated target is not available, the target is common for both districts.

NB: SP=Safe Passage, PRP= Poverty Reduction Project, WATSAN= Water and Sanitation, VDC= Village Development Committee.

Annex 2: Work Plan

S.N.	Activities	Unit	Target	Year 3				Responsibility
				Q1	Q2	Q3	Q4	
1	Health and Health Services (DIMENSION ONE)							
1.1	Implementation of Community Based Newborn Care Package (CB- NCP)							
1.1.4	Training of Trainers on CB-NCP to MoHP & CARE staffs	Event						May want to delete this if you want to see it empty
1.1.5	Training of Health Workers on CB-NCP (Doti) and Safe motherhood (Kailali)	Event	3	X				PO, SFM, PM
1.1.6	Training of VHW/MCHW on CB-NCP (Doti) and Safe motherhood (Kailali)	Event	4	X				PO, SFM
1.1.7	Training of FCHVs on CB-NCP (Doti) and Safe motherhood (Kailali)	Event	117	X	X			PO, SFM
1.1.8	Training of FCHVs on CB-NCP - Misoprostal Tablets (MSC) – Doti	Event	51	X	X			PO, SFM
1.1.11.	Mothers Group Orientation on CB-NCP (Doti) and Safe motherhood (Kailali)(Half day)	Event	1888	X	X			PO, SFM
1.1.12	VDCs/HFOMC Orientation on CB-NCP (Half day)-Doti	Event	51		X	X		PO, SFM
1.1.13	Traditional Healers/Religious Leaders/Family Priest Orientation on safe motherhood (1 day) to 264 persons in Kailali (6/VDC)	Event	15		X	X		PO, SFM
1.1.14	Orientation Training to hospital staff	Event	2	X				CH&MS, PO
1.1.15	Annual review, refresher, WS of HF in charges on CB-NCP (3 days) with DHO/HF and CARE/ Partner staffs	Event	4			X	X	PO,SFM
1.1.16	Community level refresher review workshop on CB-NCP (1 day)	Event	51			X	X	PO,SFM
1.1.17	Exchange Visit to CB-NCP/MNC districts (DHO/HF/project staff)-7 days	Event	1		X			PM, PO

1.1.18	Exchange Visit to CB-NCP/MNC districts (VHW 3/MCHW 3/FCHV 12, and FM 2)-7 days	Event	1			X		PM, PO
1.2	Strengthening Logistics/Supply System							
1.2.1	Training of Health Workers on Logistics/Supply (2 day)	Event	1					PO, PM
1.2.2	Monitoring For Health Workers/HFI/ VHWs/MCHWs and FCHVs)	Event	15		X	X	X	PO, SFM
1.3	Establish Supportive Supervision System							
1.3.1	District Training on Supportive Supervision Techniques (2 day)	Event						MNHS, PO
1.3.2	Ilaka Level Orientation on Supportive Supervision Techniques (1 day)	Ilaka	25		X	X		MNHS, PO, SFM
1.3.3	Printing checklist for Supervision/monitoring	Event	1	X				MNHS
1.4	Implementation of Community Scoreboard Technique							
1.4.1	District Orientation on Community Scoreboard Techniques (1 day)	Event	2					PM, MNHS
1.4.2	HF Level Training on Community Scoreboard Techniques (3 day)	Event	20					PO, SFM
1.4.3	Review and Monitoring meeting in conjunction of SATH (half day) What about FU in these cases, ALL meetings, trainings need a follow up plan	Event	10				X	PM and Team
1.5	Skill Development BCC and Message Delivery Techniques							
1.5.2	Review workshop on progress of BCC activities (DHO, EDPs, project staffs)	Event	1		X			PO
1.5.4	Production of BCC materials and program							MNHS, PM
	a) Material production	Event	1			X		MNHS, PM
	b) Radio/FM program broadcasting	Event	1					MNHS, PM
	C) Drama demonstration	Event	1		X			MNHS, PM
1.5.5	Ilaka level Review and Monitoring meeting on BCC in conjunction of SATH & other activity (half day)	Event	25				X	PO, FMs
2	Organizational Development (DIMENSION TWO)							
2.1	Training on Effective Planning and Monitoring							
2.1.1	District/HF Training on Effective Planning and Monitoring (2	Event	3	X				CH&MS, MNHS

	day)							
2.1.2	Training on Effective Planning and Monitoring of MNH Services (1 day) to 20 NGOs & project staffs	Event	1	X				MNHS, PM
2.1.3	Ilaka level Training on Effective Planning and Monitoring of MNH Services (1 day) (link with 1.3.2)	Event	25					PO, SFM
2.1.5	Conduct LQAS Survey in Doti and Kailali	Event	1				X	CH&MS, POs
2.2	Strengthen and Mobilize District RHCC and DACC							
2.2.1	Annual Reflection Review workshop of RHCC including VDC secretary on Effectiveness of MNH Services (1 day) with 25 participants/VDC Secretaries- Doti	Event	1					PM and Team
2.2.2	Quarterly Meeting of RHCC (2 hours)	Event	6	X	X	X	X	PO
2.3	Strengthen Periodic Review Meeting at Region, District and Ilaka level							
2.3.2	Annual review of the project	Event	1				X	PM
2.3.3	District Semi Annual Review Meeting	Event	2			X		PO
2.3.4	Ilaka level annual review meeting (2 days)	Event	12			X		
2.3.5	Regional Annual Review Meeting of Health Program (100 persons) support from Safe Passage project	Event	2				X	PM
2.4	Build/Strengthen Capacity of NGOs, CBO, FCHVs and HFOMCs on Social Inclusion, RBA and GED							
2.4.1	Training on Social Inclusion, RBA/GED to Project staffs (3 day) to 20 staffs	Event	1					PM, MNHS, CH&MS
2.4.2	Training on Social Inclusion, RBA/GED to DHO staffs (2 day) to 20 staffs in Doti & Kailali	Event	1					MNHS, PM
2.4.3	Orientation on Social Inclusion, RBA/GED to HF staffs (1 day) at Ilaka level with other activity	ongoing						PO, SFM
2.5	Support and Contribution of Other projects of CARE Nepal in MNH							
2.5.2	Annual Reflection Review Workshop at cluster level	Event	1				X	PM
2.6	Mobilize DDC/VDC in Program Planning and Monitoring							
2.6.1	Understanding Meeting with DAO, DDC and DLAs (half day)	District	2					PM, MNHS
2.6.2	Meeting of Project Advisory Committee (PAC) half day in semiannual basis with RHCC meeting	Event	6		X		X	PM, PO

2.6.3	Exposure visit of Project Advisory Committee (PAC) 5 days in CBNCP/MNC District	Event	1			X		PM, PO
3	Community and Ecological (DIMENSION THREE)							
3.1	Interaction with Pregnant and Recently Delivered Women (PW/RDW), Fathers and Mothers inLaw (MIL)							
3.1.1	Orientation on Effective Meeting and Interaction (1 day) to FCHVs of CHIS VDCs	Event	10					PO, FMs
3.1.2	Interaction and Meeting with PW, RDW, Husbands and MIL (half day)	MG	100			X		PO, FMs
3.2	Community Mobilization for Men's Involvement in MNH							
3.2.1	Interaction and Orientation with Fathers in Law (FIL), Husbands (half day)	VDC	10		X		X	PO, FMs
3.3	Community Mobilization and Awareness through local Folk Media, Day Celebration, and others							
3.3.1	Day Celebration (Mother's, FCHV & others Day)	Year	1	X		X		PO, FMs, SFM
3.3.2	Exhibition for Health Education on MNH	Year	1		X			PO, FMs, SFM
3.3.3	Health Campaign (Support to DHO/RHD)	Year	1		X			PO, FMs, SFM
3.4	Mobilize Schools and School Teachers							
3.4.1	Orientation on Effective Education on MNH (1 day) to School Teachers of Secondary School	Event	1					MNHS, PO
3.4.2	Health Education Classes for Secondary School Students	School	45					FMs, SFM
3.4.3	Teaching Materials Printing for Health Education Classes	Event	1					FAYA
3.5	Orient and Mobilize CBOs on Existing Policies and Provisions							
3.5.1	Orientation on Existing Policies and Provisions to CBOs, NGOs and Groups (half day)	Event	5					PO
3.6	Social Mapping and Analysis at VDC Level (linkage with 1.4 & 3.7)							
3.6.1	Orientation and Exercise Social Mapping and Analysis (half day) in CHIS VDCs	Event	20					PO, SFM, FMs
3.7	Strengthening Community Health Information System (CHIS)							
3.7.1	Training to Health Workers and Volunteers on CHIS (4 day)	Event	93					PM
3.7.2	Semi-annual Review Meeting with health workers (Half day) for CHIS feedback	Event	93					PO, SFM

3.7.3	Annual review on CHIS with health workers and volunteers.(1 day)	Event	2			X		PO, SFM
3.8	Policy and Policy Feedback							
3.8.1	Participation in various Forums, Teams, Committees, and Groups, etc. –Regularly/Ongoing	Event	20	X		X		PO
3.9	Cross learning and exposure visit							
3.9.1	Cross visit to CB-NCP/MNC district(HF staff, HFOMC-20)	Event	1		X			PM and team
3.10	Application of SATH for better outcome at community level							
3.10.1	Coordination with VDC level stakeholders for integration of MNH issues (2 hours)	VDC	20	X	X	X	X	FM, SFM, PO
3.10.2	Analysis of HMIS Data in each Health Facility	Event	66	X	X	X	X	FM, SFM, PO
3.10.3	Monthly Reflection Review between HF and Community	Event	20	X	X	X	X	FM, SFM, PO
4	Others							
4.1	Support in sustaining CB-IMCI program							
4.1.1	Support in review meetings at district level	Event	2					PO, SFM, FMs
4.1.2	Support in review meetings at community level	HF	66					PO, SFM, FMs
4.1.4	Coordination meeting (1/2 day)	Meeting	12		X			PM
4.2	Monitoring and technical support visit							
4.2.1	Monitoring of Health Facility	Times	144					PO, SFM, FMs
4.2.2	Monitoring of Community Health Worker	Times	288					PO, SFM, FMs
4.2.3	Monitoring of FCHVs	Times	300					PO, SFM, FMs
4.2.4	Monitoring of Mothers Group (MGs)	MG	144					PO, SFM, FMs
4.3	Integration of HIV and AIDS							
4.3.1	Include HIV and AIDS messages in MG meetings in coordination with Safe Passage Project	MG	600					PO, SFM, FMs
4.3.2	Support in days celebration (World AIDS, Condom)	Event	4					PO, SFM, FMs
4.3.4	Strengthening DACC through regular meeting	Event	8					PO, SFM, FMs

Annex 3: Budget

Budget Table:

SN	Description	Total Budget in USD	Total Expenses as of August '09 in USD	Budget Balance as of August '09	% Spent
1	Personnel	328,332	147,876.80	180,455.20	45
2	Fringe Benefit	196,507	79,719.97	116,787.03	41
3	Travel	14,807	18,981.81	(4,174.10)	128
4	Supplies	7,254	17,013.67	(9,759.67)	235
5	Contractual (Baseline)	23,381	17,263.31	6,117.69	74
6	Program / Activities cost	646,505	141,856.18	504,648.82	22
7	Indirect Cost	88,217	41,467.80	46,749.20	47
Total Cost (1-7)					
8	Total Field Office cost	1,305,002	464,178.83	840,824.17	36
9	Total Matching Fund	515,526	114,491.79	401,034.21	22
Grand Total		1,820,528	578,670.62	1,241,858.38	32
Time elapsed					48
Expenditure					32

Annex 4: Presentation about project

The project team has participated and shared about project and its progress, modality in different forums, both at project and CO Nepal level.

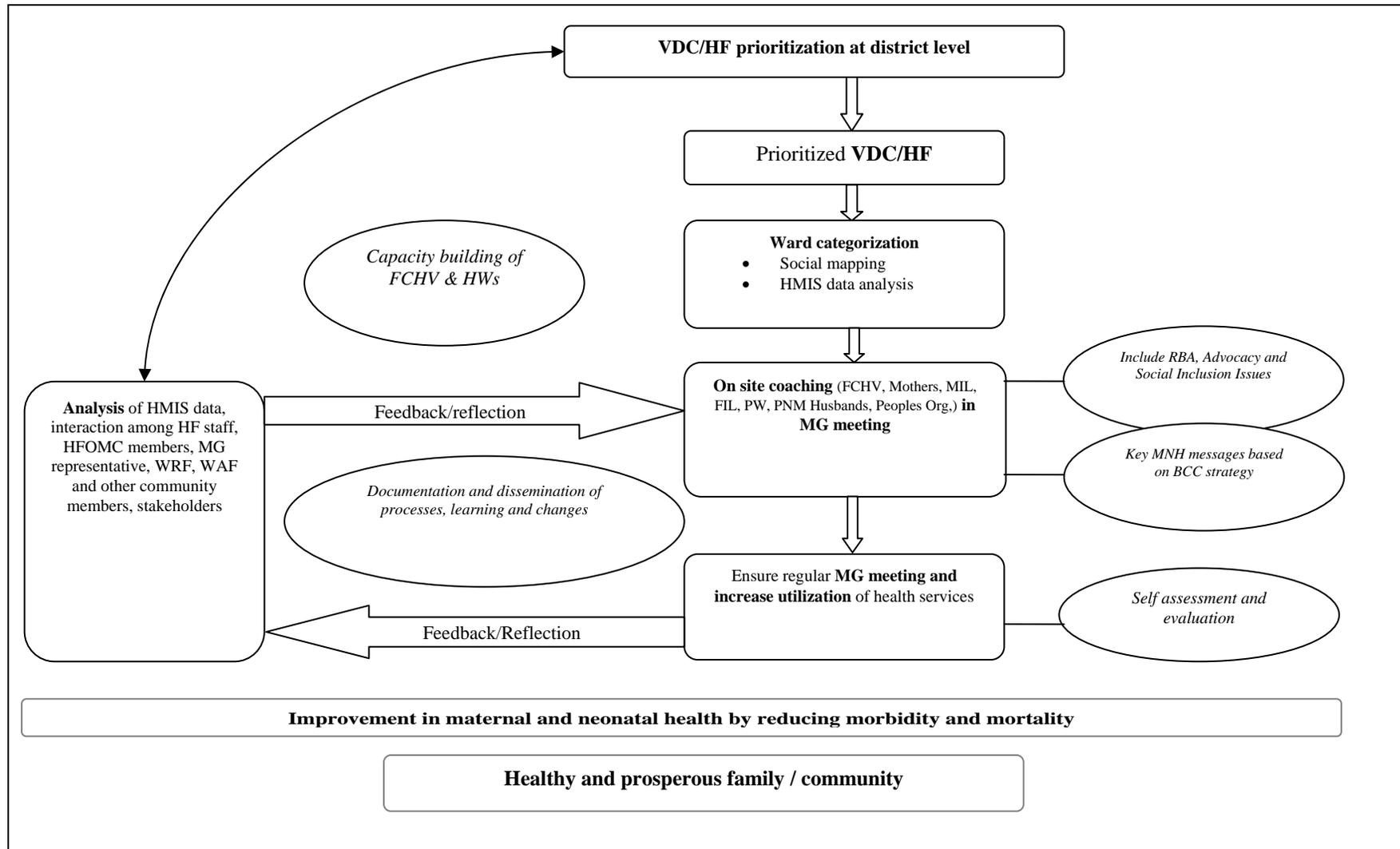
- i. **Progress update:** During the Annual regional performance review meeting of Regional Health Directorate, Far western region, 20-22 Sept 2009, in Dhangadhi
- ii. **Promoting Social Inclusion in Health,** during sharing meeting on MNH studies, organised by MIRA, in Makwanpur district, 5 December 2009.

Annex 5: Result highlights

Community Mobilization and Empowerment Process

Mother groups are pillar for sustainable health outcomes at community and household level. In order to ensure regularity of mothers group meeting at each community, and enhance their basic knowledge and understanding on MNH issues and their own responsibility, and their rights to obtain basic services from the health providers, a mobilization tool has been developed as "Self Applied Technique for Quality Health (SATH)" which has been applied in the selected communities. This is a technique for greater community involvement; regularize MG meeting and making it meaningful. It also puts pressure on mother for changing their behavior in the community using the Behavior Change Communication (BCC) Strategy. On the basis of learning and experience from the previous Child Survival Projects, and other health programs (e.g. NFHP), a mixture of various quality assurance tools (e.g. REFLECT, Partnership Defined Quality (PDQ), Social Mapping/RRA) are used to design SATH. The technique is being applied in 12 VDCs (5 VDCs in Doti, and 7 VDC in Kailali district). Under this technic, 150 and 44 number of Interaction meeting with PW, RDW, Husbands & MIL In Doti and Kailali respectively has already been conducted.

The Framework: Self Applied Technique for quality Health (SATH)



Annex 6: Social Behaviour Change Strategy

The practices and behaviors related to maternal and neonatal health care have been identified through multiple consultations and interactions with stakeholders at all levels during the process of DIP development, and baseline data collection. These include Mothers, government service providers (MCHW, ANM and AHW) working at the local level health facilities, community volunteers such as female community health volunteers (FCHV), traditional healers, health facility management committee members and mothers group. Observations at the community level were made by DIP team.

Based on the experience of CS XIX project, CARE had determined Community Mobilization and BCC as key strategies to engage communities in influencing behavior change. Therefore a BCC strategy document was developed together with DPHO focused on Kanchanpur district. During the project period, the same strategy was used with necessary revision and updates to make it in line with CRADLE results framework. The project has used the findings from the baseline, and other information gathered from the consultations and observations to establish benchmark and design BCC strategy in specific to project need.

Social Behaviour Change Strategy

Birth Spacing

Expected Behavior	Current Behavior	Target group	Barriers	Message	Channel of Communication	Activities
MWRA use birth spacing methods and will be found of having birth spacing at least 2 yrs.	Low use of birth spacing methods	Primary: Married couples with at least one child Secondary: Mothers in law	Superstitious beliefs. Doubt on the effectiveness towards FP devices/ methods. Women's decision and control over her fertility and sexuality. Son preference. Lack of ineffective FP counseling to mothers	Effectiveness of FP methods More messages as per barrier needed	IEC Interaction Home visit	Counseling on spacing methods by FCHV, HWs using flip chart, posters, FP devices. Interaction session with MG and MIL
Indicator: Percentage of children age 0-23 months who were born at least 24 months after the previous surviving child						

Antenatal Care

Expected Behavior	Current Behavior	Target group	Barriers	Message	Channel of Communication	Activities
<p>ANC visit regularly (this is NOT specific)</p> <p>Birth preparedness plan involving family members</p> <p>Prepare for institutional delivery</p> <p>Knowledge on maternity incentives and free maternity service</p> <p>Identification of danger sign for pregnancy, delivery, post partum (this is NOT specific)</p> <p>4 ANC visit and TT2 injections by pregnant women (this is specific)</p> <p>These are NOT specific and are too many, please reduce and make specific</p>	<p>Low visit in HF and service center for ANC</p> <p>Late contact to HWs and delay identification of pregnancy</p> <p>Drop out for 4th ANC visit after first contact</p> <p>Unaware on free service policy</p>	<p>Primary: Pregnant women and husband</p> <p>Secondary: MIL, family members FCHVs and HWs</p>	<p>Social taboos.</p> <p>Unaware on benefits of ANC</p> <p>Lack of family support</p> <p>Inappropriate counseling during first visit</p> <p>Lack of women friendly service</p> <p>Possibly barriers should be identified and organized/stated by their strength and the most influential ones or easy ones should be taken on first</p>	<p>Benefits and importance of ANC regarding ANC check up, iron consumption and TT immunization.</p> <p>Importance of family support.</p> <p>Possible danger signs during pregnancy, delivery and postnatal period.</p> <p>Existing policies of free maternity service and incentives.</p>	<p>IEC materials</p> <p>Action card, BPP flip chart</p> <p>Home visit by FCHVs, HWs</p> <p>Mother group meeting</p> <p>PHC/ORC</p> <p>School teachers and students</p> <p>Video show</p>	<p>HF and community based counseling using IEC materials: Flip Charts, Brochures, message clips of 1st and 4th ANC visit</p> <p>Community mobilization through regular mothers group meeting</p>

Expected Behavior	Current Behavior	Target group	Barriers	Message	Channel of Communication	Activities
Mothers taking adequate and diversified food during pregnancy and after delivery	Practice of not having increased and diversified food during pregnancy Low consumption of green vegetables after delivery	Primary: Pregnant women, Secondary: Husbands MIL, family members	Unaware on benefits of extra diversified foods Lack of family support Inappropriate counseling during ANC visit Unavailability of required foods Low knowledge on importance of albendazole during pregnancy	Benefits and importance of diversified food, green veg during pregnancy and postpartum period Importance of family support	IEC materials & IPC Action card, BPP flip chart Home visit by FCHVs, HWs Mother meeting group PHC/ORC and School teachers and students	HF and community based counseling using IEC materials: Flip Charts, Brochures, message clips of 1 st and 4 th ANC visit Community mobilization through regular mothers group meeting

Indicators:

1. Percentage of mothers seeking antenatal care by trained providers during last delivery
2. Percentage of women who receive 4 ANC visit among expected pregnancies
3. Percentage of mothers receiving pre-antenatal care who were counsel in at least 2 of the following: delivery preparation, breast feeding and danger signs
4. Percentage of mothers reporting to consume increased and diversified food during pregnancy and postpartum period
5. Percentage of women who receive 180 iron tablet during pregnancy
6. Percentage of mother who receive 45 iron tablet during postpartum period
7. Percentage of mother who know at least two danger signs of pregnancy
8. Percentage of mother who know at least two danger signs of delivery
9. Percentage of women who receive TT2/2+ during pregnancy

HIV

Expected Behavior	Current Behavior	Target group	Barriers	Message	Channel of Communication	Activities
Community people will be able to cite at least two risk reduction ways of HIV infection Regular and proper use of condom during sex	Poor knowledge of mothers on HIV & AIDS risk, and mode of transmission Risky sex behavior among men	Primary: Migrant men and women (spouse) Secondary: Community/ Health workers,	Lack of appropriate knowledge on importance and consistent use of condom Lack of skill for proper use of condom Seasonal migration among men Lack of correct and adequate information for HIV&AIDS	Mode of transmission of HIV Preventive measures of HIV & AIDS Importance of condom and its proper use	IEC: posters, pamphlets, IPPC by PEs Mothers group meeting Hoarding board Street drama DIC center	Support to distribute IEC materials Incorporate HIV & AIDS message to MG meeting Education and counseling by PEs

Indicator: Percentage of mothers of children age 0-23months who cite at least two known ways of reducing the risk of HIV infection

Hygiene and Sanitation (Hand washing)

Mothers with children < 5 years practicing appropriate hand washing practice with soap before cooking, feeding, after defecation, after attending to a child who has defecated and before and after handling the sick children	Less practice of hand washing in different conditions Hand washing without soap	Primary: Mother and caretaker and community people Secondary: FCHV	Inadequate knowledge on the benefits of hand washing Unavailability of sufficient water Poor economic status Use of open defecation	Importance and advantages of hand washing Appropriate hand washing practice with soap before cooking, feeding, after defecation, after attending to a child who has defecated and before and after handling the sick children	IPC IEC material Demonstration MG meeting	Demonstration of hand washing Awareness raising on hand washing and use of toilet in MG meeting and home visit
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Expected Behavior	Current Behavior	Target group	Barriers	Message	Channel of Communication	Activities
Indicators: Percentage of mothers of children age 0-23 months who live in household with soap at the place for hand washing and who washed their hands with soap at least 2 of the appropriate times (before food preparation, before feeding children, after defecation and after attending to a child who has defecated) during the last 24 hours						

Post partum visit

Expected Behavior	Current Behavior	Target group	Barriers	Message	Channel of Communication	Activities
Pregnant mothers go for institutional delivery; and those who choose home delivery seek assistance from SBA and use CHDK	Most of deliveries occur in home without using CHDK.	Primary: Pregnant women Secondary: Mothers in law and husband, health workers, relatives, TBAs.	Poor decision making power of pregnant women Absence of health workers in health facility. Perception of delivery as normal process and does not give any focused to Birth Preparedness Plan. Inadequate knowledge on benefits of CHDK.	Give Priority to institutional delivery and use CHDK for home delivery.	IPC Interaction Mass Communication IEC materials: BPP Flip Charts, action card.	Effective and regular MG meeting. Mobilization of Women advocacy forum. Increase and Ensure the participation of pregnant women in MG meeting. participation of MIL, Husband in interaction program. Strengthen to HFOMC through CHIS modalities.

Indicator: 1) Percentage of institutional delivery. 2) Percentage of CHDK used during home delivery.

Immediate newborn care

Expected Behavior	Current Behavior	Target group	Barriers	Message	Channel of Communication	Activities
<p>Within 28 days of birth, the new born will receive four visits (the day baby is born; 3rd day of birth; 7th day of birth and 28th day of birth)</p> <p>Within 42 days of birth of baby mothers will have Vit A capsules</p>	<p>FCHV home visit not regular for new born care. FCHV making home visits for new born care only upon family requests.</p> <p>No practice among FCHV to record new born death etc.</p> <p>Mothers are unaware about having Vit A at post natal period</p>	<p>Primary target: Pregnant women, Post natal mothers</p> <p>Secondary target: MILs, Husbands</p>	<p>FCHV are not required to provide new born care. FCHV not skilled to provide new born care.</p> <p>Insufficient Vit A among FCHVs</p>	<p>Make home visits for new born care and ensure the health status of baby and mother as per schedule.</p> <p>One dose of Vit A to post partum women within 6 weeks in post natal period</p>	<p>IPC Training IEC Demonstration Role play</p>	<p>Training of FCHV. Mothers group meeting focused on new born care and involvement of FCHV. Orientation to community stakeholders to fulfill the gap between providers and service seekers. Interpersonal communication through FCHVs and interaction program Home visit Pictorial diagram Distribution of IEC materials</p>

Indicator: 1) Percentage of new born receiving care between 1-3 days of birth. **2)** Percentage of new born receiving care between 4-7 days of birth. **3)** Percentage of mothers of children who received Vit A within 42 days of their birth **4)** Percentage of CHDK used during home delivery. **5)** Percentage of institutional delivery.

<p>Keep the baby warm , no bathing for initial 24 hours</p> <p>Almost all cord will be cut using new blade.</p> <p>Almost all cord will be dry and nothing applied on that.</p> <p>Almost all child will be wiped and wrapped</p>	<p>Baby bathing within 24 hours of birth.</p> <p>Use of sickle on cord cutting.</p> <p>People have the practice of applying oil, ash etc on cord.</p> <p>People have the practice of bathing immediately after</p>	<p>Primary : Care takers</p> <p>Secondary: Recently Delivered Women, FCHVs , SBAs, TBAs</p>	<p>Cultural Practices</p> <p>Concept of people to prevent from skin infection.</p> <p>Unaware about the effect of using sickle on cord cutting.</p> <p>Unavailability of CHDK.</p>	<p>Do not bathe newborn within 24 hours of birth.</p> <p>Use of CHDK on cord cutting.</p> <p>Do not apply anything on cord stump.</p> <p>Keep the cord dry.</p>	<p>Interpersonal counseling</p> <p>Video Shows</p> <p>Demonstration</p> <p>Posters, Pamphlet</p>	<p>Home Visit by FCHVs</p> <p>MG meeting</p> <p>Interaction programme</p> <p>School Health Programme</p>
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Expected Behavior	Current Behavior	Target group	Barriers	Message	Channel of Communication	Activities
<p>immediately after birth.</p> <p>Almost all child will be put skin to skin contact with mother immediately after birth.</p> <p>Almost all child having breastfed within 1 hour of birth</p>	<p>birth.- mostly in hilly VDCs</p> <p>Practice of contact between mothers and neonates only after bathing of both.</p> <p>No practice of breastfed within 1 hour. There is delay in feeding.</p>		<p>Social cultural belief/practice - fast falling of stump and infection prevention</p> <p>Socio cultural belief/practice</p>	<p>Immediately wiped and wrapped the baby after the birth of baby.</p> <p>Put the baby in skin to skin contact with mothers immediately after birth.</p> <p>Breast fed the baby within 1 hour of birth.</p>	<p>Pictorial Diagrams</p> <p>Hoarding board.</p>	
<p>Indicator: 1) Percentage of new born who was wiped and wrapped immediately after birth 2) Percentage of new born who was put skin to skin contact with mother immediately after birth. 3) Percentage of newborn who was not bathed during first 24 hours after birth. 4) Percentage of newborn who had nothing applied on cord stump5) Percentage of newborns who breastfed within 1 hour of birth</p>						

Annex 7: Scope of Work of Project Advisory Committee (PAC)

The CRADLE Support Project has attempted to go beyond health sector alone. It has initiated strong coordination and network building with multi-sectoral actors who could contribute to community's health. These actors are District Health Office, District Development Council, District Education Officer, Women Development Officer, District Agriculture Officer, other I/NGOS, and Civil Society members. The PAC is expected to review project progress, and ensure program quality and provide guidance to the project team on periodic basis. It facilitates in developing smooth working environment and creates tremendous opportunities of coordination and collaboration with multi-sectoral stakeholders to assimilate the learning of different organization and build synergy.

The major objectives

- To enhance the project progress with valuable guidance and recommendation.
- To develop a forum to share finding of the project achievement and challenges faced.
- To monitor the project activity and enhance the quality of work.
- To develop ownership of district line agencies on the project interventions.
- To suggest appropriate measures and provide feedback for necessary improvement and replication of best practices into other districts. So that the project can be steered towards a competitive performance for the benefit of the rural community.

Composition and Structure of Project Advisory Committee:

There will be two level of Project Advisory Committee, one at region and other at district. Both the committees work for the better performance of project and are independent bodies. They will be interlinked with each other but are not of hierarchy protocol. The Advisory Committee will can also be used as an informal forum to share and exchange ideas, review progress and make the program interventions effective and sustainable. At the district level, the existing RHCC and other relevant committees will play the role of PAC. But at the regional level there is a regional committee separately formed for the project purpose.

Regional Advisory Committee (7 member)

1. Chairperson	Regional Director, RHD, Far-west
2. Member	DHO Doti DHO Kailali
3. Member	CARE- CO representatives
4. Member	Representatives - 1 person from Civil Society
5. Member	i. Invitee, RHTC and RMS Dhangadhi ii. Invitee, Senior Pediatrician /Gynecologist
6. Member secretary	PM, CRADLE Support Project

District Advisory Committee (7-9 members)

1. Chairperson	District (Public) Health Officer, D(P)HO
2. Member	Representatives DDC
3. Member	Representative WDO
4. Member	Representative DEO
5. Member	Representatives 2 people from Civil Society (Dalit /Women/NGO/CBO)
6. Member	i. Invitee, Partner Organization ii. Invitee, Pediatrician/Gynecologist/Medical Officer
7. Member	DHO, MNH Focal Person
8. Member secretary	PO/PM, CRADLE District Office

Roles and Responsibilities of PAC:

The roles and responsibilities of PAC are as following;

1. Conduct meeting regularly (bi-annual) and update the project progress
2. Provide necessary guidance and support to the program.
3. Create opportunities for cross learning across the member organization and explore replication of best practices.
4. Participate in monitoring through field visits, review the progress frequent intervals and provide constructive feedback to the project team.
5. Take accountability of project progress and achievement and weaknesses.
6. Create favorable operating environment for smooth implementation of the intervention.
7. Provide support, contribution during the planning and implementation of project activities as necessary.

Financial and Logistic Support:

The PAC will be treated, as a contributor of the project. The nature of their contribution will be focused towards complimenting the project in periodic planning, implementation, monitoring and evaluation of the activities to obtain its goal. PAC takes lead role in organizing the committee's meeting, and initiates the joint monitoring and supervision of field level activities.

Deliverables:

It is expected that both level of PAC will document their initiatives, learning and sharing with other committees and to the related stakeholders as relevant.

Annex 8: Progress against OP indicators for MCH components

SN	Indicator	District	Type	Year 2	
				Target	Achievement
1	No of post partum visits within 3 days of birth	Doti		840	Will be provided later
		Kailali		1628	
2	No of people trained in maternal/newborn health	Doti	CB-NCP	745	78 (63+15 ToT)
			Program planning, monitoring Supportive Supervision Training	20	63
			Social inclusion and program sustainability Training /orientation	200	49
			Community Health Information System	165	63
			School teachers for mobilization of school children	20	20
		Kailali	Safe motherhood(BPP and institutional delivery) training	530	224 (217+7 ToT)
			Program planning, monitoring supportive supervision training	--	217
			Social inclusion and program sustainability Training /orientation	25	--
			Community Health Information System	330	7
			School teachers for mobilization of school children	25	24

3	No of newborn receiving antibiotics treatment for infection from appropriate health workers.	Doti	HF/CHW	400	NA (will be started after completion of training)
			FCHV	800	NA (will be started soon)

Project Data Form CRADLE October 2008

CSHGP Project Data Form (Sub Form 1 of 7)

Project: CARE Nepal (2007 - 2011) Standard

General Project Information: <Help>

Cooperative Agreement Number:	GHS-A-00-07-00027
CARE Headquarters Technical Backstop:	Khrist Roy
Field Program Manager:	Ram Sharan Pyakurel
Midterm Evaluator:	
Final Evaluator:	
Headquarter Financial Contact:	
Project Grant Cycle #:	23
Project Start Date:	10/1/2007
Project End Date:	9/30/2011

USAID Mission Contact Person:	Dharmphal Raman
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Project Field Contact Information:

Field Program Manager

Name: Min Raj Gyawali

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Mr

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Address2:

City:

Doti

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Nepal

Telephone:

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+977-94-4205

Alternate Field

CSHGP Project Data Sheet (Sub Form 2 of 7)

Project: CARE - Nepal (2007 - 2011) - Standard Project

Partner Name:	Partner Type:	USAID \$ Allocated:	Delete:
District Health Office, Doti	Collaborating Partner		<input type="checkbox"/>
District Public Health Office, Kailali	Collaborating Partner		<input type="checkbox"/>
SOURCE Nepal (Doti)	Subgrantee	\$22237	<input type="checkbox"/>
FAYA Nepal (Kailali)	Subgrantee	\$29195	<input type="checkbox"/>

Save and Continue

CSHGP Project Data Form (Sub Form 3 of 7)

Project: CARE Nepal (2007 - 2011) Standard

Project Location/ Subareas:

[<Help>](#)

Does this project collect, monitor and report on Rapid CATCH data for different *geographic* project subareas ?

Yes No

If this is true, click *Yes* and enter each distinct subarea name:
If this is false, click *No*.

Subarea 1:

Doti [Rename](#)

Subarea 2:

Kailali [Rename](#)

CSHGP Project Data Form (Sub Form 4 of 7)

Strategies: <Help>

The following 3 boxes list different kinds of general strategies, assessment tools and BCC strategies that could be implemented during the life of this CSHGP project. Please check those boxes that are planned for this project.

<i>General Strategies:</i>	
Microenterprise <input type="checkbox"/>	Social Marketing <input type="checkbox"/>
Private Sector Involvement <input type="checkbox"/>	Advocacy on Health Policy <input type="checkbox"/>
Strengthen Decentralized Health System <input checked="" type="checkbox"/>	Information System Technologies <input type="checkbox"/>
Use Sustainability Framework (CSSA) <input checked="" type="checkbox"/>	

<i>M&E Assessment Strategies:</i>	
KPC survey <input checked="" type="checkbox"/>	Health Facility Assessment <input checked="" type="checkbox"/>
Organizational Capacity Assessment with Local partners <input checked="" type="checkbox"/>	Organizational Capacity Assessment for your own PVO <input type="checkbox"/>
Participatory Rapid Appraisal <input type="checkbox"/>	Participatory Learning in Action <input type="checkbox"/>
Lot Quality Assurance Sampling <input checked="" type="checkbox"/>	Appreciative Inquiry-based strategy <input type="checkbox"/>
Community-based Monitoring Techniques <input checked="" type="checkbox"/>	Participatory Evaluation Techniques(for mid-term or final evaluation) <input checked="" type="checkbox"/>
Use of Pocket PCs or Palm PDA Devices <input type="checkbox"/>	TB Cohort Analysis <input type="checkbox"/>

<i>Behavior Change & Communication (BCC) Strategies:</i>	
Social Marketing <input type="checkbox"/>	Mass Media <input type="checkbox"/>
Interpersonal Communication <input checked="" type="checkbox"/>	Peer Communication <input checked="" type="checkbox"/>
Support Groups <input checked="" type="checkbox"/>	Use of BEHAVE Framework <input type="checkbox"/>

Capacity Building: <Help>

Please check the box next to each capacity building area or group that is targeted for

institutional strengthening during the life of this CSHGP project:				
PVO	Non-Govt Partners	Private Sector	Govt	Community
US HQ (General) <input type="checkbox"/>	PVOs/NGOs (Int'l./US) <input type="checkbox"/>	Pharmacists or Drug Vendors <input type="checkbox"/>	National MOH <input type="checkbox"/>	Health CBOs <input type="checkbox"/>
US HQ (CS Unit) <input type="checkbox"/>	Local NGO <input checked="" type="checkbox"/>	Business <input type="checkbox"/>	Dist. Health System <input checked="" type="checkbox"/>	Other CBOs <input type="checkbox"/>
Field Office HQ <input type="checkbox"/>	Networked Group <input type="checkbox"/>	Traditional Healers <input type="checkbox"/>	Health Facility Staff <input checked="" type="checkbox"/>	CHWs <input checked="" type="checkbox"/>
CS Project Team <input checked="" type="checkbox"/>	Multilateral <input type="checkbox"/>	Private Providers <input type="checkbox"/>	Other National Ministry <input type="checkbox"/>	FBOs <input type="checkbox"/>

Project Interventions & Components: <Help>			
<p>Enter a percentage representing the amount of funds your project is targeting towards each intervention. If you are not implementing a particular intervention then leave the box blank. On the same line as the intervention percentage, check the boxes indicating whether or not this intervention is part of an overall IMCI strategy and also check the kinds of training (CHW or HF) envisioned for this particular intervention. For each intervention implemented, check the specific intervention components that are planned.</p>			
Immunizations <input type="text"/> %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Polio <input type="checkbox"/>	Classic 6 Vaccines <input type="checkbox"/>	Vitamin A <input type="checkbox"/>	Surveillance <input type="checkbox"/>
Cold Chain Strengthening <input type="checkbox"/>	New Vaccines <input type="checkbox"/>	Injection Safety <input type="checkbox"/>	Mobilization <input type="checkbox"/>
Measles Campaigns <input type="checkbox"/>	Community Registers <input type="checkbox"/>		
Nutrition 5 %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
ENA <input type="checkbox"/>	Gardens <input type="checkbox"/>	Comp. Feed. from 6 mos. <input type="checkbox"/>	Hearth <input type="checkbox"/>
Cont. BF up to 24 mos. <input type="checkbox"/>	Growth Monitoring <input type="checkbox"/>	Maternal Nutrition <input type="checkbox"/>	
Vitamin A <input type="text"/> %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
	Post Partum <input type="checkbox"/>	Integrated with EPI	Gardens <input type="checkbox"/>

Supplementation <input type="checkbox"/>		<input type="checkbox"/>	
Micronutrients <input type="checkbox"/> %		CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Iodized Salt <input type="checkbox"/>	Iron Folate in Pregnancy <input type="checkbox"/>	Zinc (Preventive) <input type="checkbox"/>	Food Fortification <input type="checkbox"/>
Pneumonia Case Management <input type="checkbox"/> 5 %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Pneum. Case Mngmnt. <input type="checkbox"/>	Case Mngmnt. Counseling <input type="checkbox"/>	Access to Providers Antibiotics <input type="checkbox"/>	Recognition of Pneumonia Danger Signs <input type="checkbox"/>
Zinc <input type="checkbox"/>	Community based treatment with antibiotics <input type="checkbox"/>		
Control of Diarrheal Diseases <input type="checkbox"/> 5 %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Water/Sanitation <input type="checkbox"/>	Hand Washing <input type="checkbox"/>	ORS/Home Fluids <input type="checkbox"/>	Feeding/Breastfeeding <input type="checkbox"/>
Care Seeking <input type="checkbox"/>	Case Mngmnt./Counseling <input type="checkbox"/>	POU Treatment of water <input type="checkbox"/>	Zinc <input type="checkbox"/>
Malaria <input type="checkbox"/> %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Training in Malaria CM <input type="checkbox"/>	Adequate Supply of Malarial Drug <input type="checkbox"/>	Access to providers and drugs <input type="checkbox"/>	Antenatal Prevention Treatment <input type="checkbox"/>
ITN (Bednets) <input type="checkbox"/>	ITN (Curtains and Other) <input type="checkbox"/>	Care Seeking, Recog., Compliance <input type="checkbox"/>	IPT <input type="checkbox"/>
Community Treatment of Malaria <input type="checkbox"/>	ACT <input type="checkbox"/>	Drug Resistance <input type="checkbox"/>	Environmental Control <input type="checkbox"/>

Maternal & Newborn Care 75 %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Emerg. Obstet. Care <input type="checkbox"/>	Neonatal Tetanus <input type="checkbox"/>	Recog. of Danger signs <input checked="" type="checkbox"/>	Newborn Care <input checked="" type="checkbox"/>
Post partum Care <input type="checkbox"/>	Delay 1st preg Child Spacing <input type="checkbox"/>	Integr. with Iron & Folate <input type="checkbox"/>	Normal Delivery Care <input checked="" type="checkbox"/>
Birth Plans <input type="checkbox"/>	STI Treat. with Antenat. Visit <input type="checkbox"/>	Home Based LSS <input checked="" type="checkbox"/>	Control of post-partum bleeding <input checked="" type="checkbox"/>
PMTCT of HIV <input type="checkbox"/>	Emergency Transport <input type="checkbox"/>		
Child Spacing <input type="checkbox"/> %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Child Spacing Promotion <input type="checkbox"/>	Pre/Post Natal Serv. Integration <input type="checkbox"/>		
Breastfeeding <input type="checkbox"/> %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Promote Excl. BF to 6 Months <input type="checkbox"/>	Intro. or promotion of LAM <input type="checkbox"/>	Support baby friendly hospital <input type="checkbox"/>	PMTCT of HIV <input type="checkbox"/>
Peer support <input type="checkbox"/>			
HIV/AIDS 10 %		CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
OVC <input type="checkbox"/>	Treatment of STIs <input type="checkbox"/>	Behavior Change Strategy <input type="checkbox"/>	Access/Use of Condoms <input checked="" type="checkbox"/>
STI Treat. with Antenat. Visit <input type="checkbox"/>	ABC <input type="checkbox"/>	PMTCT <input type="checkbox"/>	Nutrition <input type="checkbox"/>
Home based care <input checked="" type="checkbox"/>	PLWHA <input type="checkbox"/>	ARVs <input type="checkbox"/>	HIV Testing <input checked="" type="checkbox"/>

Family Planning <input type="text"/> %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Knowledge/Interest <input type="checkbox"/>	FP Logistics <input type="checkbox"/>	Community-Based Distribtuion <input type="checkbox"/>	Social Marketing <input type="checkbox"/>
Male Reproductive Health <input type="checkbox"/>	Youth FP Promotion <input type="checkbox"/>	Quality Care <input type="checkbox"/>	Human Capacity Development <input type="checkbox"/>
FP/HIV integration <input type="checkbox"/>	Maternal/Neonatal Integration <input type="checkbox"/>	Cost Recovery Schemes <input type="checkbox"/>	Community Involvement <input type="checkbox"/>
Access to Methods <input type="checkbox"/>	Policy <input type="checkbox"/>		
Tuberculosis <input type="text"/> %	IMCI Integration <input checked="" type="checkbox"/>	CHW Training <input checked="" type="checkbox"/>	HF Training <input checked="" type="checkbox"/>
Facility based treatment/DOT <input type="checkbox"/>	Microscopy <input type="checkbox"/>	Monitoring/Supervision Surveillance <input type="checkbox"/>	Community IEC <input type="checkbox"/>
Drug managment <input type="checkbox"/>	Advocacy/Policy <input type="checkbox"/>	Linkages with HIV services <input type="checkbox"/>	Community based care/DOT <input type="checkbox"/>
Pediatric TB <input type="checkbox"/>			

CSHGP Project Data Sheet (Sub Form 5 of 7)

Project: CARE Nepal (2007 - 2011) Standard

<i>Target Beneficiaries:</i> <Help>		
	Doti	Kailali
Infants < 12 months:	<input type="text" value="7,281"/>	<input type="text" value="23,882"/>
Children 12-23 months:	<input type="text" value="6,926"/>	<input type="text" value="23,694"/>
Children 0-23 months:	<input type="text" value="14,207"/>	<input type="text" value="47,576"/>
Children 24-59 months:	<input type="text" value="18,820"/>	<input type="text" value="68,361"/>

Women 15-49 years:	56,691	170,923
Population of Target Area:	229,504	725,508

CSHGP Project Data Form (Sub Form 6 of 7)

Project: CARE Nepal (2007 - 2011) Standard

Rapid CATCH Data:

Under the 'Sample Type' column please select either 30 cluster or LQAS to define the type of sample used for this particular survey. This information will be used in estimating the confidence interval for each indicator.

If data has already been entered for a particular phase, the date of first entry will appear under the 'Date' column and an 'X' will appear under the 'Entered' column.

Click on the Red link (under the 'Stage' column) to view/access/update Rapid Catch data for that phase of the project.

Date	Stage	Sample Type	Entered
07-Aug-08		<input checked="" type="checkbox"/> 30 Cluster <input type="checkbox"/> LQAS	X
		<input checked="" type="checkbox"/> 30 Cluster <input type="checkbox"/> LQAS	
		<input checked="" type="checkbox"/> 30 Cluster <input type="checkbox"/> LQAS	