



# Plan International USA, Inc. d/b/a Plan USA

# **Local Innovation for Better Outcomes for Neonates Project** (LIBON)

Sunsari, Parsa and Bara Districts of Nepal

Plan Nepal Child Survival Project XXII

Cooperative Agreement No. GHN-A-00-07-00006-00

30 September 2007 – 29 September 2011

# 2<sup>nd</sup> Annual Report

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# **ACRONYMS**

ADLC - Assistant District LIBON Coordinator AHW - Auxiliary Health Worker (HP, SHP)

ANC - Antenatal Care

ANM - Auxiliary Nurse Midwife ARI - Acute Respiratory Infection

BCC - Behavior Change Communication

CATCH - Core Assessment Tool for Child HealthCB-NCP - Community Based - Newborn Care Program

CBO - Community Based Organization

CHD - Child Health Division, Ministry of Health and Population

CHX - Chlorhexidine

CSSA - Child Survival Sustainability Assessment

CSTS - Child Survival Technical Support
DDC - District Development Committee

DEO - District Education Office DHO - District Health Office

DIP - Detailed Implementation PlanDLC - District LIBON Coordinator

DoHS - Department of Health Service, MoHP

DPHO - District Public Health OfficeDTOT - District Training of Trainers

EPI - Expanded Program on Immunization FCHV - Female Community Health Volunteer

FHD - Family Health Division, MoHP

FP - Family Planning

GHC - Global Health Council GoN - Government of Nepal HA - Health Assistant (HP, SHP)

HF - Health Facility

HFMC - Health Facility Management CommitteeHMIS - Health Management Information System

HP - Health Post

HPC - Health Program Coordinator (Plan Nepal)

HRBAD - Human Rights Based Approach to Development
 HSISS - Health Sector Information System Strategy
 IEC - Information Education and Communication

IH - International Headquarters (of Plan International)

IHFA - Integrated Health Facility Assessment

IMCI - Integrated Management of Childhood IllnessINGO - International Non Governmental Organization

IOM - Institute of Medicine IR - Intermediate Result

KPC - Knowledge, Practice and Coverage

LIBON - Local Innovation for Better Outcomes for Neonates

LMIS - Logistic Management Information System

LQAS - Lot Quality Assurance Sampling
 MCHW - Maternal and Child Health Worker
 M&EO - Monitoring and Evaluation Officer

MG - Mother's Group

MINI - Morang Innovation for Neonatal Intervention

MIRA - Mother Infant Research ActivitiesMNC - Maternal and Newborn Care

MoHP - Ministry of Health and Population, Government of Nepal

MPH - Master in Public HealthMTE - Mid-Term EvaluationMTOT - Master Training of Trainers

NCO
 Nepal Country Office (Plan Nepal)
 NFHP
 Nepal Family Health Program
 NGO
 Non Governmental Organization
 NID
 National Immunization Day

NNH - Neonatal Health NNM - Neonatal Mortality

OP - Output

OR - Operational Research
ORS - Oral Rehydration Solution
PC - Project Coordinator (LIBON)

PHC - Primary Health Center

PHCORC - Primary Health Care Outreach Clinic

PNC - Postnatal Care

PRA - Participatory Rural Appraisal
PSBI - Possible Severe Bacterial Infection

PU - Program Unit

PVO - Private Voluntary Organization PWG - Pregnant Women's Group RBA - Rights-Based Approach

RHCC - Reproductive Health Coordination Committee

RHD - Regional Health Division

RHFA - Rapid Health Facility Assessment

RHO - Regional Health Office

RYC - Ramgunj Youth Club (Partner NGO)

SBA - Skilled Birth Attendant
SC - Save the Children
SHP - Sub Health Post

TBA - Traditional Birth Attendant

TOT - Training of Trainers
TU - Tribhuwan University
USA - United States of America

USAID - United States Agency for International Development

USG - United States Government

USNO - United States National Office (Plan International)

Village Development Committee
Village Health Worker (SHP)
Women's Development Organization
Women of Reproductive Age VDC VHW

WDO

WRA

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#### A. KEY PROGRESS AND MAIN ACCOMPLISHMENTS

The USAID-funded Local Innovation for Better Outcomes for Neonates (LIBON) project awarded to Plan USA and implemented by Plan Nepal in partnership with the Government of Nepal (GoN) Ministry of Health and Population (MoHP) and local partner organizations has made substantial progress during a dynamic second year of implementation. Despite a challenging environment in project districts throughout the year, LIBON was able to recruit, hire and train qualified project staff for Parsa district.

Plan Nepal coordinated with the Child Health Division and Save the Children (SC) to develop the training manual of the Community Based-Newborn Care Program (CB-NCP). There were coordination and technical inputs to prepare the training modules with Save the Children, Care Nepal, UNICEF, Nepal Family Health Program II and Plan Nepal. Plan Nepal and LIBON supported CB-NCP training module finalization workshops and Regional CB-NCP Training of Trainers (TOT) in Eastern Region at Biratnagar to produce a Regional pool of trainers. DHO Sunsari trained all 143 health workers and 104 Village Health Workers/Maternal & Child Health Workers (VHWs/MCHWs) in the district as trainers on CB-NCP. 140 out of 1,244 Female Community Health Volunteers (FCHVs) were trained on CB-NCP in Sunsari district. In Parsa district, 5 of 11 TOT batches (comprising 128 health workers) had been trained on CB-NCP for health workers by the end of September 2009. All trained FCHVs were provided with pictorial job aids, service and referral forms and registers, and a flipchart on newborn care and support for use during health education sessions at Pregnant Women's Group (PWG) and Mothers' Group (MG) gatherings. In addition, they were equipped with color-coded thermometers to detect hypothermia and hyperthermia and color-coded weighing scales to assess low birth weight and determine the need for skin-to-skin care for newborns. They were also provided with De Lee suction, bag and mask for resuscitation of newborns with birth asphyxia. The FCHVs and health workers were trained on resuscitation by practicing on resuscitation dolls. The CB-NCP program is recognized as a MOHP-led program being piloted in 10 districts, with credible supporting organizations like Plan Nepal (2 districts), UNICEF, Care Nepal and Save the Children. The program is implemented through the Government of Nepal's existing health system under the Child Health Division (CHD) and monitoring and evaluation support is provided by the HMIS section, Management Division of DoHS.

308 new PWGs were formed, 195 in Sunsari and 113 Parsa districts. There are 2,336 pregnant women members in these PWGs among which 64% are illiterate, 24% are from Dalit (so called "untouchables") and 38% are from Janajati (deprived group). Also, of the 430 PWGs previously formed in Bara (pre-LIBON), 323 (or 75%) PWGs are still functional as of August 2009. The main reasons for their sustainability are (1) support from VHWs/MCHWs, (2) supportive supervision from local health facility workers or CBOs, (3) literate, motivated and active FCHVs, (4) sense of ownership by PWG/Mothers' Group, (5) sharing of life experiences of older members (now lactating mothers) during PWG meetings, (6) supply of PWG mat/Tikas and other materials, and (7) linkage of PWG meetings with ANC/PNC clinic or with primary health care outreach clinic.

FCHVs, with the assistance of VHWs/MCHWs, have been facilitating PWG monthly meetings. Key messages are offered via pictorial flipcharts. During the meeting, the pregnant women self

assess utilization of services using a community behavioral map which has six major indicators. These are:

- 1. Red dot (Tika): Antenatal care checkup
- 2. Blue dot: Tetanus toxoid
- 3. Black dot: Iron and folic acid
- 4. Green dot: Preparation for delivery (money, transport and blood) and procurement of clean home delivery kit
- 5. Yellow dot: Postnatal Vitamin A
- 6. Parrot color dot: Birth registration.

This map can be used even by illiterate women, a factor that is responsible for its increased utilization.

The PWG has been documented as a best practice and shared at national and international levels. MIRA organized a field visit to PWGs in Bara for INGOs working in Nepal's health sector and organized sharing workshops of best practices (which included PWGs) for all organizations in the five regions of Nepal. The PWG approach was selected for a panel presentation during the GHC Annual Conference 2009.

## **B. ACTIVITY STATUS**

# Result 1: To increase access to neonatal health services in Sunsari and Parsa.

To ensure equitable access to services, LIBON formed PWGs where there was less coverage and in areas (wards) of relative disadvantage within the districts. (Please see detailed information in Annexes 6 and 8.)

PWG Summary Information for Parsa and Sunsari Districts - Sept 2009

Name	# of	# of					_		
of	PWG	Pregnant	# Literate			Ethni	c Group		
District		Women	Yes	No	D	J	M	О	DAP
Sunsari	195	1535	748	787	332	423	0	780	0
Parsa	113	801	91	710	218	459	51	73	0
Total	308	2336	839	1497	550	882	51	853	0
			36%	64%	24%	38%	2%	37%	
Notes:	On a	average,							DAP =
	1 P	WG= 8							Differently
	pregna	int women			D =	J =	$\mathbf{M} =$	O =	Able
					Dalit	Janajati	Muslim	Other	People

The Community Based-Newborn Care Program (CB-NCP) was rolled out to Sunsari and Parsa districts to increase knowledge and skill of health workers and FCHVs in order to increase access to neonatal health services at community level. Plan Nepal/LIBON coordinated with local and national level stakeholders to develop a training manual on CB-NCP. The master trainer for

CB-NCP was trained in Kathmandu with financial support from UNICEF and technical support from SC. Regional TOTs were supported by UNICEF in Kathmandu and Bharatpur, by Plan Nepal in Biratnagar, and by Care Nepal in Dhangadhi.

LIBON provided technical and financial support for the -NCP Regional TOT, which trained 24 District/Ilaka level trainers on CB-NCP. Likewise, both district orientation and training of health workers have been completed in Sunsari and Parsa districts. To date, 271 (143 from Sunsari and 128 from Parsa) health workers have been trained as CB-NCP trainers at health facility level. Additionally, 104 VHWs/MCHWs were trained on CB-NCP, while 140 FCHVs benefited from community (FCHV) level CB-NCP training in Sunsari district.

# Result 2: To increase demand for NNH Services in Sunsari and Parsa.

PWGs were targeted with health information via radio spots and pictorial flipcharts. The five key messages were: (1) dry and wrap the newborn immediately after birth with warm, soft clothes; (2) provide skin-to-skin contact with mother's chest to warm the newborn; (3) do not apply anything on the cord after cutting it, simply dry and clean the cord stump; (4) initiate immediate breastfeeding within one hour of birth and maintain exclusive breastfeeding for six months; and (5) wait at least 24 hours after birth to bathe the newborn.

A pregnant women counseling summary chart for health workers was also developed and distributed to all health workers to ensure that they cover each counseling point. (Please see the chart in Annex 9.)

# Result 3: To increase quality of NNH services in Sunsari and Parsa districts.

At all levels, various tools were used to ensure quality. PWGs used the community behavior map to monitor behaviors. Trainings on CB-NCP maintained standardized facilitator-to-participant ratios and adhered to stringent pre-test to post-test cut-offs to award certificates to qualified trainees. Monthly Ilaka level meetings and quarterly district level partner meetings were also carried out to review progress, determine gaps and agree on action plans for the next quarter. These meetings were graced with DHO and LIBON staff who provided technical assistance. Issues raised at Ilaka level meetings were discussed at district level review meetings.

Lots Quality Assurance Sampling (LQAS) training was provided to 40 students of the Institute of Medicine (IOM), Tribhuvan University (TU) to build capacity for monitoring and evaluation. LIBON also built partner capacity for PWG formation.

Monthly staff meetings were held to review program progress and prepare work plans based on the DIP master plan.

# **Result 4: Strengthened support for NNM reduction in Nepal**

Plan Nepal has official agreements with national level partners including MOHP, IOM and NFHP II which guide national level coordination of activities. There was regular participation in the coordination meetings with stakeholders. Plan Nepal staff participated in the CB-NCP

Technical Working Group under the Child Health Division and Family Health Division. LIBON staff participated in regular coordination meetings held by USAID/Nepal together with the Nepal Family Health Program (NFHP), Care Nepal, UNICEF, Helen Keller International and Save the Children. The LIBON project Steering Committee (SC), consisting of the Plan Nepal Country Director, the Director of Family Health at the MoHP, the Director of Child Health at the MoHP, and the Dean of the IOM, met on two occasions to review project progress with the LIBON Project Coordinator (PC).

Documentation of the PWG approach to reduce neonatal mortality rates was shared at national level meetings and forums and through the Plan Nepal Khabar January 2009 issue. The video on PWG was also launched at these meetings. Quarterly review meetings were held with the local USAID mission and other Child Survival Project grantees.

The concept note on operational research (OR) on chlorhexidine (CHX) for Parsa district was prepared and has been approved by USAID. The pilot will study application of 4% chlorhexidine lotion to the umbilicus stump within 2 hours of birth. (Please see the CHX concept note in Annex 12.) Parsa has been selected for the CHX pilot by the MOHP with financial support from the Plan Nepal LIBON project. Other districts to be included, with financial support from NFHP II, are Juma, Banke and Bajang.

**Table 1: Year Two Activities** 

Project Objectives	Key Activities (as outlined in the DIP)	Key Activities	Status of Activities	Comment
Result 1: Increased Access to NNH Services in Sunsari and Parsa	1.IR1: Community outreach mechanisms expanded and strengthened  1.IR2: Marginalized groups access services in equal proportion to non- marginalized groups	<ul> <li>1.IR1 Activities:</li> <li>Provision of CB-NCP training for FCHVw and MoHP staff</li> <li>Formation of PWGs</li> <li>1.IR2 Activities:</li> <li>PWG behavior mapping of participation</li> </ul>	On target  Completed  Completed	In Sunsari, health facility and MCHW/VHW level training are completed and FCHV level training is ongoing. In Parsa, HF level training is ongoing.  308 PWGs were formed in Sunsari and Parsa districts by September 2009.  2,336 pregnant women in Parsa and Sunsari districts and 1,272 pregnant women in Bara are using Community Behavior map through PWG monthly meeting. This is a continuous process.
Result 2: Increased Demand for NNH Services in Sunsari and	2. IR1: Mothers recognize risks associated with pregnancy, delivery, and	<ul><li>2.IR1 Activities:</li><li>Community-based health education through PWGs</li></ul>	Completed	308 PWG groups in Parsa and Sunsari were educated on maternal and newborn health. This is a continuous process.

Project Objectives	Key Activities (as outlined in the DIP)	Key Activities	Status of Activities	Comment
Parsa	neonatal period and are able to take appropriate action.	■ IEC through mass media	Completed	Importance of institutional delivery and key newborn lifesaving messages were broadcast on local FM radio in the local language in Parsa and Sunsari. The key messages were also distributed in the pictorial chart and in calendars to pregnant women.
Result 3: Increased Quality of NNH Services in Sunsari and Parsa	3.IR1: NNH monitoring and planning systems strengthened	3.IR1 Activities:  Provision of CB-NCP training from national to community levels	On target	CHD of MoHP has finalized the CB-NCP training modules, guidelines, forms and registers. The national, regional and district level orientation is complete. In Sunsari, health facility and MCHW/VHW level training is complete and FCHV level training is ongoing. In Parsa HF level trainings are ongoing.
		<ul> <li>Incorporation of CB monitoring systems</li> </ul>	Completed	There was strengthening of monthly Ilaka level review meetings followed by district review. Facilitation on monthly FCHV meeting at local health facility. Joint supportive supervision with DHO/DPHO & other line agencies to review progress against the targets in HF, Ilaka level & district level. Developed CB-NCP supervision checklist for HF and district levels.
		<ul> <li>Training and support for the application of LQAS/KPC</li> </ul>	Completed	Done in both Sunsari and Parsa districts for baseline data collection and analysis. This will be continued in midterm and final evaluations.

Project Objectives	Key Activities (as outlined in the DIP)	Key Activities	Status of Activities	Comment
		<ul> <li>Application of data review and utilization strategies during MoHP review and planning meetings</li> </ul>	Completed	The LQAS data are shared with district stakeholders who set targets and make action plans to achieve the results. This is a continuous process.
		<ul><li>4.IR1 Activities:</li><li>Publication and distribution of semi-annual project newsletter</li></ul>	On target	The newsletter is in press for printing.
Result 4: Strengthened	4.IR1: Data generated and	<ul> <li>LIBON Steering Committee regularly reviews project progress and findings</li> </ul>	On target	One meeting held.
support for NNM reduction in Nepal	utilized to inform national level policy	<ul> <li>Conduct and disseminate findings from operations research study</li> </ul>	Not yet on target	CHX Ops research is going on in Parsa district
		<ul> <li>Student research and sharing on NNH topics</li> </ul>	Completed	Two MPH students from IOM have collected data from Sunsari for their thesis on "Care-seeking behavior of newborn illness" and "Delivery practices in Jhangad community" in the first year of the project.

## C. IMPEDED PROGRESS

Nepal has experienced some extended periods of unrest because of change of government and continued bickering between the various parties in the coalition government. Also, there was an initial 2-month delay in the CB-NCP training in Parsa district due to administrative issues about resource person fees for the local trainer. This problem was solved by coordination with the CHD director.

## D. TECHNICAL ASSISTANCE

The LIBON project team anticipates the need for technical assistance for the Mid-Term Evaluation (MTE). The MTE is set to begin in March 2010.

#### E. SUBSTANTIAL CHANGES

The time period of the MTE was postponed to March 2010 and approval from CSHGP has been obtained. The main reason for the change was the delay in the rollout of the CB-NCP training due to delay in finalization of the CB-NCP modules and job aids by the MOHP.

# F. SUSTAINABILITY

LIBON partnered in a participatory and systematic way with local, district, and national level stakeholders in order to facilitate a sustainable approach to project activities. With support from the LIBON team, project activities were carried out through the MoHP DDC, DHO and local health facilities. MoHP staffswere protagonists in the project activities and assumed ownership of the activities and outcomes. In this way, Plan Nepal strengthened the local health system. In addition, LIBON worked throughout the year to develop specific capacity in both KPC/LQAS and CSSA among health personnel and project partners. LIBON enlisted the support of IOM students and faculty at the national level as part of a strategy for institutional capacity building of the IOM in order to build and sustain a skilled cadre of personnel for expanded application of the project M&E techniques at the national level. LIBON trained 44 students in LQAS. LIBON also strived to ensure the sustainability and expansion of project activities through sharing of lessons learned and best practices. LIBON staff shared the Pregnant Women's Group (PWG) approach during a regional meeting organized by MIRA/Nepal in August. LIBON staff provided support to Bara district and followed up on activities from the previous CS project, including PWGs, to assess which activities had been sustained. Preliminary assessment of the status of PWGs shows that up to 75% of the PWGs formed by the previous project have been sustained. The CSSA framework was done during the first year of the project and was reported in the first annual report. The CSSA will be done again during the mid-term evaluation.

## G. RESPONSE TO DIP COMMENTS OR PREVIOUS ANNUAL REPORT

No comments to add.

## H. ANY OTHER IFORMATION

No other information

# I. MANAGEMENT SYSTEMS

During Year Two, LIBON project staff worked in close collaboration with the local health facility staff, FCHVs, mothers' groups, PWGs, local health facility support committees, and local partners in all three project districts. Altogether, nine LIBON Facilitators with their own supervisory field area offices and ten additional core staff supported the project and reported to the LIBON Project Coordinator. This project team was responsible for all aspects of training, health information system management, BCC/IEC, communication and coordination, and administrative and financial tasks. The field team was technically and managerially supported by Plan Nepal's Country Office (NCO) through Plan Nepal, Bara and Sunsari Program Unit Offices.

The Plan Nepal National Health Coordinator supported the project from the NCO and Plan USA provided technical, management and administrative backstopping from the Washington DC office. LIBON utilized a participatory approach to management, whereby day-to-day planning and decision making was carried out at the field level. However, overall progress was supported and monitored by the management team and reviewed during monthly staff meetings.

# Financial Management

The total approved budget for Plan's four-year standard category child survival project is \$2,054,631, with USAID contributing \$1,494,337 and Plan contributing \$560,294. The total expenditure in the field budget as of September 2009 is \$438,090/USAID grant and \$229,696/Plan match fund. LIBON worked with partner organizations to monitor spending and ensure accurate monthly financial reporting. Internally, the LIBON Admin and Finance Assistant sent monthly financial reports from the field to the NCO. A grant/project number was assigned to LIBON within the corporate General Ledger to ensure accurate tracking of project expenditures. LIBON expenditures were broken down by specific expenditure codes before being sent to Plan International Headquarters (IH) and Plan USA to be reviewed for USAID compliance.

## Human Resources

FCHVs, who are community-level volunteers (4-8 hours per week), are responsible for working with mothers in the project intervention areas. They are responsible for identifying pneumonia and diarrhea and providing first level treatment. FCHVs also work on maternal and neonatal care by providing iron supplementation and motivating pregnant women to seek antenatal care. They distribute condoms and replenish oral contraceptive pills. They are responsible for convening PWG meetings on a monthly basis. There are nine FCHVs (one in each ward) in each VDC in Parsa and Bara districts, but in Sunsari district, FCHW distribution is based on population. A total of 2,762 FCHVs are working in the project area. Each FCHV covers an average of 87 households.

MoH staff: An Auxiliary Health Worker (AHW)—supported by a Village Health Worker (VHW), a Maternal Child Health Worker (MCHW) and a helper—is in charge of the SHP. A Health Assistant—supported by an Auxiliary Nurse Midwife (ANM), an AHW, a VHW and a helper—is in charge of the HP. These health facility staff are responsible for MoHP regular health interventions including IMCI, MNC and neonatal services. VHWs and MCHWs are responsible for outreach activities and supportive supervision of FCHVs.

NGO Partners: RYC NGO partner is supporting training, logistic management and BCC/IEC activities in Sunsari district. It is helping to build the capacity of the community, specifically the local health facility management committee. It is also helping to strengthen and mobilize PWGs.

Core LIBON Staff (100% effort): There are a total of 19 staff including admin/finance and support. The LIBON facilitators work directly with health facility staff and community volunteers to support and monitor project activities. All field level staff speak the local dialects, which has proven advantageous. The major role of project staff is to develop community capacity and strengthen the local heath system at various levels. Project staff are not responsible for direct service delivery.

#### J. COLLABORATION AND CAPACITY BUILDING

LIBON assigns field teams by supervision area. Each team includes one LIBON Facilitator (Supervisor) who is responsible for supporting FCHVs, TBAs, Mothers' Groups, PWGs and Local Health Facility Management Committees. Each of the LIBON Facilitators in Sunsari supports approximately 13 VDCs and a maximum of 117 FCHVs, 13 management committees, and 21 VDCs. Similarly, LIBON Facilitators in Parsa support a maximum of 189 FCHVs and 21 Health Facility Management Committees. The LIBON project team has strengthened the capacity of NGO partners to perform their activities through the provision of training and supportive supervision. The District LIBON Coordinators and Assistant District LIBON Coordinators coordinate with and provide support to the DHO, DPHO, NGOs and other local partners.

# PVO Coordination/Collaboration In Country

Save the Children (US), Care Nepal, Helen Keller International, UNICEF and the Nepal Family Health Project (NFHP) II are all collaborating Private Volunteer Organization (PVOs). These PVOs collaborated and shared information through email, face-to-face meetings and quarterly project review and sharing meetings throughout the year. This collaboration enhanced field level capacity and served as a point of dissemination of program experiences and best practices.

#### K. MISSION COLLABORATION

LIBON has benefited from regular interaction with the USAID/Nepal mission. During Year Two, LIBON staff participated in quarterly USAID partner meetings and invited USAID participation and input into project activities including CB-NCP roll out in Sunsari and Parsa districts. Plan Nepal participated in the annual review of USAID's grantees and partners. USAID/Nepal supported Plan and other partners in terms of negotiating and clarifying the PVO role in the roll out of the CB-NCP. USAID/Nepal also met with Plan USA visitors during their technical assistance visits to Nepal. LIBON collected data on the USAID/Nepal OP indicators and shared on a quarterly basis to local missions.

# L. ADDITIONAL ACTIVITIES

No other additional activities to report.

**Annex 1: M&E Table (LIBON Annual Report Oct 2009)** 

Project Objectives	Key activities (as outlined in the DIP)	Key activities	Status of Activities	Comment
	1.IR1: Community outreach mechanisms	<ul><li>1.IR1 Activities:</li><li>Provision of CB-NCP training for FCHV and MoHP staff</li></ul>	On target	In Sunsari, health facility and MCHW/VHW level training are completed and FCHV level training is ongoing. In Parsa, HF level training is ongoing.
Result 1: Increased Access to	expanded and strengthened	<ul><li>Formation of PWGs</li></ul>	Completed	308 PWGs were formed in Sunsari and Parsa districts by September 2009.
NNH Services in Sunsari and Parsa	1.IR2: Marginalized groups access services in equal proportion to non- marginalized groups	<ul><li>1.IR2 Activities:</li><li>PWG behavior mapping of participation</li></ul>	Completed	2,336 pregnant women in Parsa and Sunsari districts and 1,272 pregnant women in Bara are using Community Behavior map through PWG monthly meeting. This is a continuous process.
Result 2: Increased	2. IR1: Mothers recognize risks associated with	<ul><li>2.IR1 Activities:</li><li>Community-based health education in PWGs</li></ul>	Completed	308 PWG groups in Parsa and Sunsari were educated on maternal and newborn health. This is a continuous process.
Demand for NNH Services in Sunsari and Parsa	pregnancy, delivery, and neonatal period and are able to take appropriate action.	<ul> <li>IEC through mass media</li> </ul>	Completed	Importance of institutional delivery and key newborn life-saving messages were broadcast on local FM radios in the local language in Parsa and Sunsari. The key messages were also distributed in the pictorial chart and in calendars to pregnant women.
Result 3: Increased Quality of NNH Services in Sunsari and Parsa	3.IR1: NNH monitoring and planning systems strengthened	<ul><li>3.IR1 Activities:</li><li>Provision of CB-NCP training from national to community levels</li></ul>	On target	CHD of MoHP has finalized the CB-NCP training modules, guidelines, forms and registers. The national, regional and district level orientation is complete. In Sunsari, health facility and MCHW/VHW level training is complete and FCHV level training is ongoing. In Parsa, HF level trainings are ongoing.

Project Objectives	Key activities (as outlined in the DIP)	Key activities	Status of Activities	Comment
		<ul> <li>Incorporation of CB monitoring systems</li> </ul>	Completed	There was strengthening of monthly Ilaka level review meetings followed by district review; Facilitation of monthly FCHV meeting at local health facility; Joint supportive supervision with DHO/DPHO & other line agencies to review progress against the targets in HF, Ilaka level & district level; Developed CB-NCP supervision checklist for HF and district levels.
		<ul> <li>Training and support for the application of LQAS/KPC</li> </ul>	Completed	Done in both Sunsari and Parsa districts for baseline data collection and analysis. This will be continued in midterm and final evaluation.
		<ul> <li>Application of data review and utilization strategies during MoHP review and planning meetings</li> </ul>	Completed	The LQAS data are shared with district stakeholders who set targets and make action plans to achieve the results. This is a continuous process.
		<ul> <li>4.IR1 Activities:</li> <li>Publication and distribution of semi-annual project newsletter</li> </ul>	On target	The newsletter is in press for printing.
Result 4: Strengthened support for	4.IR1: Data generated and utilized to	<ul> <li>LIBON Steering Committee regularly reviews project progress and findings</li> </ul>	On target	One meeting held
NNM reduction in Nepal	inform national level policy	<ul> <li>Conduct and disseminate findings from operations research study</li> </ul>	Not yet on target	CHX Ops research is going on in Parsa district
		<ul> <li>Student research and sharing on NNH topics</li> </ul>	Completed	Two MPH students from IOM have collected data from Sunsari for their thesis on "Care-seeking behavior of newborn illness" and "Delivery practices in Jhangad community" in the first year of the project.

Annex 2A: Work plan (revised) for year three based on budget (LIBON Annual Report Oct 2009)

		<b>Year 3: 2</b>	2009-2010	0
	Q1	Q1	Q2	Q3
Major Activities	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010
START-UP AND ADMINISTRATION:				
Hire and train LIBON Staff				
Purchase equipment				
MOUs with IOM, NFHP and MoHP				
Execution of MOUs with DDC and DHO				
Preparation of DIP				
DIP sharing with USAID – USA				
Prepare and sign formal agreements with partners (NGO/CBO/DHO/IOM) to implement the LIBON program in Sunsari, Parsa and Bara districts	$\sqrt{}$			
DIP revision and resubmission				
Start-up and Administration, USAID Subtotal:	\$ 120,0	000		
Start-up and Administration, Plan match Subtotal:	\$ 0			
RESULT 1: INCREASED NNH SERVICES IN SUNSARI AND PARSA				
Design and preparation of modules on Community Based Newborn Care Package (CB-NCP) jointly Child Health Division (CHD), MoHP				
Master Training of Trainers (MTOT) on CB-NCP (5 persons each from Sunsari and Parsa) in Kathmandu organized by CHD				
District Training of Trainers (DTOT) on CB-NCP in Sunsari and Parsa districts ( <i>Ilaka</i> In charge and DHO staff)				
Training on CB-NCP at <i>Ilaka</i> (sub-district) level in Sunsari and Parsa districts	$\sqrt{}$			
Training on CB-NCP at Sub-health post level in Sunsari and Parsa districts	$\sqrt{}$			
Formation of pregnant women's group (PWG) linking with local health facility in Sunsari and Parsa districts and strengthening of existing PWG in Bara district	<b>V</b>	1	<b>V</b>	√
Pilot Emergency Referral system in one <i>Ilaka</i>		V		
Train FCHVs on CB-NCP of interventions in Sunsari and Parsa districts	V	V		V
Result 1, USAID Subtotal:	\$ 150,0	000	<u>.                                      </u>	
Result 1, Plan match Subtotal: \$10,000				
Result 1, Plan match Subtotal:	\$ 10,00	0		

		Year 3: 2009-2010			
	Q1	Q1	Q2	Q3	
Major Activities		Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010	
Dissemination of CB-NCP message to community (mother) groups by FCHVs through using BCC methods and materials in Sunsari and Parsa districts	<b>V</b>	√	<b>√</b>	√	
Support on BCC (flip chart, key ring with message) material of CB-NCP to FCHVs in Sunsari and Parsa districts	<b>√</b>		<b>√</b>	$\sqrt{}$	
Mass media (radio) BCC messages	$\sqrt{}$	V	$\sqrt{}$	$\sqrt{}$	
Result 2, USAID Subtotal:	\$ 10,00	0			
Result 2, Plan match Subtotal:	\$ 10,00	0			
RESULT 3: INCREASED QUALITY OF NNH SERVICES IN SUNSARI AND PARSA					
FCHV participate in monthly monitoring and decision making meeting at the village level in Sunsari and Parsa districts		$\sqrt{}$		$\checkmark$	
Support implementation of CB-NCP of service (Supportive supervision and monitoring) in Sunsari and Parsa districts				$\sqrt{}$	
Monthly review meeting in Ilaka (sub-health post and <i>Ilaka</i> in-charges) and district (DHO staff and <i>Ilaka</i> in-charges) level in Sunsari, Parsa and Bara districts	<b>√</b>	1	1	<b>√</b>	
Training in application of LQAS and CSSA for MoHP, IOM, and District level stakeholders in Sunsari, Parsa and Bara districts	<b>√</b>	<b>V</b>			
KPC survey application using LQAS in Sunsari, Parsa and Bara districts					
RHCCs prepare annual strategic and operational plans in Sunsari, Parsa and Bara districts		V			
Quarterly meeting of RHCCs in Sunsari, Parsa and Bara districts	$\sqrt{}$		√	$\sqrt{}$	
Result 3, USAID Subtotal:	\$ 40,00	0			
Result 3, Plan match Subtotal:	\$ 10,000				
RESULT 4: STRENGTHENED SUPPORT FOR NNM REDUCTION IN NEPAL					
Publication on Neonatal health in Nepal (in coordination with other INGOs)	$\sqrt{}$				
Coordination and sharing meeting with USAID, NFHP, Care, MIRA and others INGOs working on neonatal program		$\sqrt{}$		$\checkmark$	
Meeting with District stakeholders in Sunsari, Parsa in regard to municipality approach for community mobilization	<b>√</b>		<b>V</b>		
Quarterly steering committee meeting		V		$\sqrt{}$	

	Year 3: 2009-2010			
	Q1	Q1	Q2	Q3
Major Activities	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010
LIBON staff participate in the neonatal/sub-committee technical group of the Child Health Division	<b>√</b>	$\sqrt{}$	$\sqrt{}$	V
IOM student apprenticeships and internships in LIBON implementation sites				V
Plan, conduct and share Operations Research study/results on priority NNH topic				
Presentation if results in international forum				
Result 4, USAID Subtotal:	\$ 30,00	0		
Result 4, Plan match Subtotal:	\$ 10,000			
MONITORING AND EVALUATION				
Submit financial and program reports to Plan USA				$\sqrt{}$
Baseline study (LQAS, CSSA, IHFA)				
Technical Assistance visits from Plan USA staff				V
Mid-term evaluation		$\sqrt{}$	V	
Final Evaluation				
Monitoring and Evaluation, USAID Subtotal:	\$ 30,83	4		
Monitoring and Evaluation, Plan match Subtotal:	\$ 15,00	0		
COLLABORATION WITH USAID				
Monthly meeting with USAID funded partners on child survival				$\sqrt{}$
Quarterly coordination meeting with USAID, Local Mission		$\sqrt{}$	V	$\sqrt{}$
Reporting: Annual, Mid-term, Final Evaluation to USAID				
Collaboration with USAID, USAID Subtotal:	\$ 8,000			
Collaboration with USAID, Plan match Subtotal:	\$ 4,696			
LIBON Year 3 - USAID budget	\$ 338,8	34		
LIBON Year 3 – Plan match budget	\$ 59,696			
TOTAL LIBON Year 3	\$ 448,530			

DECLIETA, INCREACED DEMAND FOR NINE CEDITICES IN CLINICADE AND DADOA				
RESULT 2: INCREASED DEMAND FOR NNH SERVICES IN SUNSARI AND PARSA				1
Dissemination of CB-NCP message to community (mother) groups by FCHVs through using BCC methods and materials in Sunsari and Parsa districts				
Support on BCC (flip chart, key ring with message) material of CB-NCP to FCHVs in Sunsari	1	1	1	1
and Parsa districts	V			
Mass media (radio) BCC messages	V	V	V	1
Result 2, USAID Subtotal:	\$ 10,0	000		
Result 2, Plan match Subtotal:	\$ 10,0			
RESULT 3: INCREASED QUALITY OF NNH SERVICES IN SUNSARI AND PARSA	ΨΙΟς			
FCHV participate in monthly monitoring and decision making meeting at the village level in	,	,	,	
Sunsari and Parsa districts				
Support implementation of CB-NCP of service (Supportive supervision and monitoring) in	,	,	,	,
Sunsari and Parsa districts				V
Monthly review meeting in Ilaka (sub-health post and <i>Ilaka</i> in-charges) and district (DHO staff		,		,
and <i>Ilaka</i> in-charges) level in Sunsari, Parsa and Bara districts				
Training in application of LQAS and CSSA for MoHP, IOM, and District level stakeholders in				
Sunsari, Parsa and Bara districts				
KPC survey application using LQAS in Sunsari, Parsa and Bara districts				
RHCCs prepare annual strategic and operational plans in Sunsari, Parsa and Bara districts		1		
	1	<del> </del>	1	1
Quarterly meeting of RHCCs in Sunsari, Parsa and Bara districts	<b>V</b>	√		√
Result 3, USAID Subtotal:	\$ 40,0	000		
Result 3, Plan match Subtotal:	\$ 10,000			
RESULT 4: STRENGTHENED SUPPORT FOR NNM REDUCTION IN NEPAL				
Publication on Neonatal health in Nepal (in coordination with other INGOs)				
Coordination and sharing meeting with USAID, NFHP, Care, MIRA and others INGOs working	V	1	1	1
on neonatal program	V			
Meeting with District stakeholders in Sunsari, Parsa in regard to municipality approach for	1		1	
community mobilization			√	
Quarterly steering committee meeting		V		1
LIBON staff participate in the neonatal/sub-committee technical group of the Child Health	V	.1	. 1	.1
Division	1	√	√	1
IOM student apprenticeships and internships in LIBON implementation sites				1
Plan, conduct and share Operations Research study/results on priority NNH topic		V	V	V
	1	1	1	1

Presentation if results in international forum			V				
Result 4, USAID Subtotal:	\$ 30,	\$ 30,000					
Result 4, Plan match Subtotal:	\$ 10,	\$ 10,000					
MONITORING AND EVALUATION							
Submit financial and program reports to Plan USA							
Baseline study (LQAS, CSSA, IHFA)							
Technical Assistance visits from Plan USA staff							
Mid-term evaluation							
Final Evaluation							
Monitoring and Evaluation, USAID Subtotal:	\$ 30,	\$ 30,834					
Monitoring and Evaluation, Plan match Subtotal:	\$ 15,	\$ 15,000					
COLLABORATION WITH USAID							
Monthly meeting with USAID funded partners on child survival							
Quarterly coordination meeting with USAID, Local Mission							
Reporting: Annual, Mid-term, Final Evaluation to USAID							
Collaboration with USAID, USAID Subtotal:	\$ 8,0	00					
Collaboration with USAID, Plan match Subtotal:	\$ 4,6	96					
LIBON Year 3 - USAID budget	\$ 338	3,834					
LIBON Year 3 – Plan match budget	\$ 59,	\$ 59,696					
TOTAL LIBON Year 3	\$ 448	3,530					

Annex 2B: Work plan DIP with comments (LIBON Annual Report Oct 2009)

		Yea	ar 1	1		Yea	ar 2	2		Yea	ar 3			Yea	ar 4				
Major Activities	Q 1	Q 2	Q 3		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2			Etc.	Personnel	Comments
	Oct – Dec 2007	– Mar 2008	Apr – Jun 2008	- Sep 2008			Apr – Jun 2009	Jul – Sep 2009						- Mar 2011	- Jun 2011	- Sep 2011			
Start-up and Administration:																			
Hire and train LIBON Staff																		HRM, PC	Completed
Purchase equipment																		Admin, PC	Completed
MOUs with IOM, NFHP and MoHP																		CD, PC, HC	Completed
Execution of MOUs with DDC and DHO				<b>V</b>	<b>V</b>													PUM, PC, DLC, HPC, Asst DLC,	Completed in Sunsari and process is ongoing in Parsa
Preparation of DIP		1	√															CMT, PC, HPC, USNO	Completed
DIP sharing with USAID – USA																		HC, PC, USNO	Completed
Prepare and sign formal agreements with partners (NGO/CBO/DHO/IOM) to implement the LIBON program in Sunsari, Parsa and Bara districts		1	1	<b>V</b>				<b>√</b>				V						CD, PUM, HC, PC, HPC, DLC, Asst DLC	Completed as planned
DIP revision and resubmission																			Completed
<b>Result 1: Increased Access to NNH Services in S</b>	Sun	sar	i a	nd	Pa	rsa													
Design and preparation of modules on Community Based Newborn Care Package (CB-NCP) jointly Child Health Division (CHD), MoHP		√	1	√	1													HC, PC	Completed
Master Training of Trainers (MTOT) on CB-NCP (5 persons each from Sunsari and Parsa) in Kathmandu organized by CHD			1		1													HC, PC	Completed
District Training of Trainers (DTOT) on CB-NCP in Sunsari and Parsa districts ( <i>Ilaka</i> In charge and DHO staff)				<b>√</b>	1	√	<b>√</b>											PC, HPC, DLC, Asst DLC	Completed
Training on CB-NCP at <i>Ilaka</i> (sub-district) level in Sunsari and Parsa districts				1	1	√			√				1					PC, HPC, DLC, Asst DLC	Completed in Sunsari and 6 batches were completed in Parsa

		Yea	ar 1	1	,	Yea	r 2	2		Ye	ar 3			Yea	ar 4				
Major Activities	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2			Etc.	Personnel	Comments
	Oct – Dec 2007	– Mar 2008	– Jun 2008	Jul – Sep 2008	Oct - Dec 2008		Apr – Jun 2009	Jul – Sep 2009	Oct – Dec 2009		- Jun 2010	Jul - Sep 2010		– Mar 2011		- Sep 2011			
Training on CB-NCP at Sub-health post level in Sunsari and Parsa districts										V								HPC, DLC, Asst DLC	Will occur in Year 3 as planned
Formation of pregnant women group (PWG) linking with local health facility in Sunsari and Parsa districts and strengthening of existing PWG in Bara district			<b>√</b>	<b>√</b>	√	√	√	<b>V</b>	√	<b>V</b>	<b>√</b>	<b>V</b>	<b>√</b>	V	√			HPC, DLC, Asst DLC	195 PWGs and 113 PWGs formed in Sunsari and Parsa district respectively. 75% PWG has followed up and functional out of 430 in Bara.
Pilot Emergency Referral system in one Ilaka																		HC, PC, DLC, Asst DLC	Planning from 3 year
Train FCHVs on CB-NCP of interventions in Sunsari and Parsa districts					√	<b>√</b>	V	√	<b>V</b>				<b>√</b>					HPC, DLC, Asst DLC	137 FCHVs trained from seven batches of FCHV level training on CB-NCP in Sunsari district and rest are planned from year 3 because of delay to implement CB-NCP.
<b>Result 2: Increased Demand for NNH Services</b>	in S	Sun	sar	i aı	nd I	Par	sa											1	DI : 6 2
Dissemination of CB-NCP message to community (mother) groups by FCHVs through using BCC methods and materials in Sunsari and Parsa districts						1	<b>V</b>	√	1	1	1	1	1	1	1	1		HPC, DLC, Asst DLC	Planning from 3 year because of delay to implement CB-NCP.
Support on BCC (flip chart, key ring with message) material of CB-NCP to FCHVs in Sunsari and Parsa districts							<b>V</b>	1					1					PC, HPC, DLC, Asst DLC	Will occur in Year 3 as planned

		Yea	ar 1	1	7	Yea	ar 2	2		Yes	ar 3			Yea	ar 4				
Major Activities	Q	Q				Q			Q	Q			Q				Etc.	Personnel	Comments
	1	2	3		1	2	3	4	1	2	3	4	1	2					
	Dec 2007	Mar 2008	- Jun 2008	Sep 2008	- Dec 2008	Mar 2009	- Jun 2009	Sep 2009	2005	2010	- Jun 2010	Sep 2010	2010	2011	- Jun 2011	Sep 2011			
	Dec	Mar	Jun	sep 2	Dec	Mar	Jun	ep 2	Dec	Mar	Jun	ep 2	Dec	– Mar 201	Jun	sep 2	•		
	Oct –	1	Apr –		Oct –	Jan – ]	Apr –	Jul – S	Oct - Dec 2009	Jan – Mar 2010	Apr –	Jul – S	Oct - Dec 2010	Jan – ]					
Mass media (radio) BCC messages	0	JE	A	ır	0	3 <u>f</u>	<u> </u>	√ √	\( \)		\ \ \	J.	\[ \sqrt{0} \]	J.	\ \ \	J	<b>V</b>		Completed in Year 2 and will occur in Year 3 as planned
<b>Result 3: Increased Quality of NNH Services in</b>	Su	nsa	ri a	and	Pa	rsa	l	•		1		ı			1				
FCHV participate in monthly monitoring and decision making meeting at the village level in Sunsari and Parsa districts			√	√	√	$\sqrt{}$	√	√	√	√	√	√	√	√	√	1		HPC, DLC, Asst DLC	Ongoing
Support implementation of CB-NCP of service (Supportive supervision and monitoring) in Sunsari and Parsa districts						<b>V</b>	1	<b>√</b>	1	<b>√</b>	1	1	1	<b>√</b>	<b>V</b>	1		НС, РС	Ongoing
Monthly review meeting in Ilaka (sub-health post and <i>Ilaka</i> in-charges) and district (DHO staff and <i>Ilaka</i> in-charges) level in Sunsari, Parsa and Bara districts		<b>√</b>	1	1	<b>√</b>	<b>√</b>	<b>V</b>	<b>√</b>	1	<b>V</b>	1	<b>V</b>	1	√	<b>V</b>			HPC, DLC, Asst DLC	Ongoing
Training in application of LQAS and CSSA for MoHP, IOM, and District level stakeholders in Sunsari, Parsa and Bara districts		1	1	1			1	<b>√</b>			1	1			<b>V</b>	1		HC, PC, M&EO, HPC, DLC, Asst DLC	Completed as planned
KPC survey application using LQAS in Sunsari, Parsa and Bara districts		<b>V</b>	<b>V</b>															PC, M&EO, HPC, DLC, Asst DLC	LQAS data is used for program monitoring
RHCCs prepare annual strategic and operational plans in Sunsari, Parsa and Bara districts			√															PC, HPC, DLC, Asst DLC	Completed as planned
Quarterly meeting of RHCCs in Sunsari, Parsa and Bara districts			<b>V</b>	<b>V</b>	1				<b>V</b>	1	V	1	√	<b>√</b>	1			PC, HPC, DLC, Asst DLC	Ongoing
Result 4: Strengthened support for NNM reduc	tio	n in	N	epa	.1														
Publication on Neonatal health in Nepal (in coordination with CARE)													1					HC, PC	The newsletter is in press
Coordination and sharing meeting with USAID, NFHP, Care, MIRA and others INGOs working on neonatal program		1	1	1	<b>√</b>	1	<b>√</b>	1	1	1	1	1	1	1	<b>V</b>	1		HC, PC	Ongoing
Meeting with District stakeholders in Sunsari, Parsa in regard to municipality approach for community mobilization																		PC, LDC, Asst LDC	Ongoing

	,	Yea	ır 1		1	Yea	r 2			Yea	ar 3			Ye	ear 4	4			
Major Activities	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	(	2 (	2 (	2 (	Q Etc	e. Personnel	Comments
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	2 3	3 4	1		
	Oct - Dec 2007	Jan – Mar 2008		Jul - Sep 2008	Oct – Dec 2008	Jan – Mar 2009	Apr – Jun 2009	Jul - Sep 2009	Oct – Dec 2009	Jan – Mar 2010	Apr – Jun 2010	Jul - Sep 2010	Oct – Dec 2010	Jan – Mar 2011	- 1	Inl – Sen 2011	To do me		
Quarterly steering committee meeting	1	1	<b>√</b>	<b>√</b>	<b>√</b>	√	<b>√</b>	<b>V</b>	<b>√</b>	<b>V</b>	<b>V</b>	1	1	1 ~	1 1	/ \	/	CD, HC, PC	SC met only twice in Year 1, meetings will occur in Year 2 bi- annually only
LIBON staff participate in the neonatal/sub-committee technical group of the Child Health Division			$\checkmark$															HC, PC	On going
IOM student apprenticeships and internships in LIBON implementation sites				<b>V</b>				<b>V</b>				<b>V</b>				١	/	НС, РС	Two MPH students did thesis work in Sunsari in first year
Plan, conduct and share Operations Research study/results on priority NNH topic							$\sqrt{}$	$\sqrt{}$										HC, PC	Ongoing
Presentation if results in international forum											<b>√</b>							HC, PC, HQ backstops	Will occur in Year 3 as planned
<b>Monitoring and Evaluation:</b>																			_
Submit financial and program reports to Plan USA													1	1 1	/ 1	/ \	/	PC, AFA, GA	Ongoing
Baseline study (LQAS, CSSA, IHFA)		V																HC, PC, M&EO, HPC, DLC, Asst DLC, AFA	Completed
Technical Assistance visits from Plan USA staff														7		1	/	HQ backstops	Ongoing
Mid-term evaluation								<b>V</b>										HC, PC, M&EO, HPC, DLC, Asst DLC, AFA	Will occur in Year 3 because of delay finalization CB-NCP training modules
Final Evaluation																١	/	HC, PC, M&EO, HPC, DLC, Asst DLC, AFA	Will occur in Year 4 as planned
Collaboration with USAID:										_									
Monthly meeting with USAID funded partners on child survival		1		√	<b>√</b>			<b>V</b>	<b>√</b>	<b>√</b>	√	√	<b>V</b>	1 1	1 1	/ \	/	HC, PC	Ongoing
Quarterly coordination meeting with USAID, Local Mission	1	1	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$					<b>V</b>		1	V	1 1	1 1	/ \	1	HC, PC	Ongoing
Reporting: Annual, Mid-term, Final Evaluation to USAID													<b>V</b>			٦	/	HC, PC, M&EO, AFA	Completed

# **Annex 3: Social Behavior Change Strategy**

The Social Behavior Change Strategy Annex is not applicable as this is the Second Annual Report.

# Annex 4: Nepal PWGs presentation for GHC 2009

# Plan Nepal

Pregnant Women's Groups and the Impact on Newborn's Mortalities in Bara District, Nepal
Presented on the 36<sup>th</sup> Annual International Conference on Global Health New Technologies + Proven Strategies =
Healthy Communities – May 26-30, 2009, Washington DC, USA

Bhagawan Das Shrestha, MPH, Project Coordinator Local Innovation for Better Outcomes for Neonates (LIBON) Project, Plan Nepal

Web link <a href="http://www.globalhealth.org/conference">http://www.globalhealth.org/conference</a> 2009/view top.php3?id=954 at "D5: Better Beginnings: Improving Neonatal Outcomes / Bhagawan Das Shrestha Presentation"

# **Background**

Nepal's under-five, infant and neonatal mortality rates are 61, 48 and 33 per 1,000 live births, respectively (DHS 2006). Over 80% of women in the Bara District, central Terai region, deliver at home without a skilled birth attendant. In 2001 Plan Nepal began a USAID-funded Child Survival project in partnership with the Nepal Ministry of Health and Population (MOHP) and Non-Governmental Organizations in Bara District to reduce the maternal and under-five child mortality rates in all 98 Village Development Committees (VDC). This impact study was conducted in June 2006. That project had 4 components:

- 1. <u>Behavioral</u>: Mothers of CU5 will be practicing healthy behaviors and seeking medical care from trained providers. The vehicle for this IEC/BCC component was Pregnant Women's Groups or **PWG's** (there were over 430 by 2006).
- 2. <u>Increased access to services</u>: Communities and families will have increased access to health education, quality care and essential medicines.
- 3. Quality of care by service providers (MoH and FCHV's) will be practicing appropriate integrated management of sick children, deliver quality family planning and maternal and newborn preventive care.
- 4. <u>Institutional strengthening.</u>

## Intervention

The objective of this sub-study on Component 1 was to examine the relationship between Pregnant Women's Group (PWG) members and non-members on maternal and under-five child mortality rates in the perinatal (from 28 weeks of gestation to 7 days of birth), neonatal (0-28 days), and infant period (1 year). The PWG are led by a cadre of respected and trained Female Community Health Volunteers (FCHV) who are officially recognized by the Nepal MOHP.

Consenting pregnant women joined a PWG nearest to their home and met monthly to learn about maternal and newborn care and danger signs of newborn, during pregnancy, delivery and post partum. Mothers who joined the PWG received iron and folic acid tablets, two TT injections, and developed a birth delivery plan (transportation, money and 3 persons for blood transfusion) that encouraged antenatal visits and delivery in a health clinic with a skilled birth attendant. In some PWGs, members of the PWG voluntarily contributed to a fund for transportation to a clinic in which members could borrow in emergencies. Pregnant women in the district who did not join a PWG were compared to pregnant women who attended PWG meetings prior to delivery.

#### Methodology

The design was a cross-sectional comparative study and the data were collected by the *Motherhood Method* – a variant of Participatory Community Survey (Maskey and DesChene, 2005). The study population was 110,000 women of reproductive age and 80,000 children under-five. The data were collected for 2 years from July 2003 to July 2005. The 2001 Nepal National Demographic and Health Survey report was used for baseline mortality data.

2001 NDI	HS national mortality rates	2006 NDHS 1	national data mortality rates
IMR	61 /1000 live birth	IMR	48 /1000 live birth
NMR	39 /1000 live birth	NMR	33 /1000 live birth
MMR	539 /100,000 total birth	MMR	281 /100,000 total birth

#### Results

There was a 50–60 percent statistically significant reduction in the maternal, infant, neonatal, and early neonatal mortality rates over a 5-year period (2001-2006) in members of PWG compared to non-members in Bara District. PWG members that are linked with a referral network to health facilities have better health outcomes compared to pregnant women who did not attend PWG meetings.

Comparison of Mortality Rates in PWG and Non-PWG Members:

Mortality rates	PWG	Non-PWG	Odds Ratio (95% CI)	p-value
IMR / 1,000 LB	25.2	57.9	2.38 (1.92-2.95)	< 0.0001
NMR / 1,000 LB	18.9	39.6	2.14 (1.67-2.74)	< 0.0001
ENMR/ 1,000 LB	16.8	34.8	2.10 (1.63-2.75)	< 0.0001
PMR/ 1,000 LB	26.1	53.4	2.11 (1.71-2.60)	< 0.0001
MMR / 100,000	279.7	608.7	2.18 (1.14-2.93)	< 0.02

ENMR: Early neonate mortality rate – First week of life (0-7 days)

PMR: Perinatal Mortality Rate –28 week of gestation to 7 days of life

#### **Conclusion:**

The simultaneous empowerment of Pregnant Women Groups and the upgrading of the health facilities, both linked to the monthly data analysis and planning meetings at local levels, was very successful to reduce infant and neonatal mortality rates. These results contributed to the design (by the Nepalese government) of a nationwide Community Based Newborn Care Package. Moreover, Plan was awarded a follow-up project from USAID to expand this approach in the districts of Sunsari and Parsa of the Eastern and Central Terai respectively.

#### **Recommendation:**

- Repeated monthly dissemination of the key Child Survival messages directly to Mother's Groups with group support
- Pregnant women self-monitoring of the utilization of the health services by using a Behavioural Mapping
- Replicate in similar areas with high home birth rates

## **Success Factors**

In sum the real lessons learned from this activity have been:

- 1) The importance of regular monthly review meetings at the sub-district and district health facilities to keep the staff motivated and maintain updated health status records and;
- 2) The effectiveness of targeted group pregnant women's groups (PWG) education and pregnant women self monitoring at behavioral mapping.

#### **Challenges**

• To replicate the PWG approach to scattered communities.

#### **Outcomes**

- The results from Bara influenced the Nepal MOHP to develop a Community Based Newborn Care Package.
- 2) The Nepal MOHP and Plan Nepal are currently working to reduce neonatal mortality in Parsa and Sunsari Districts with the support from USAID and Plan USA through the Local Innovation for Better Outcomes of Neonates (LIBON) project 2008 -2011. and
- 3) Plan is currently working with JHU and NFHP to look at community-distributed chlorhexidine for neonatal sepsis; Operational Research will begin in June 2009.

# **Annex 5: Results Highlight - PWG**

# **BEST PRACTICE: Pregnant Women's Groups**

**Background on Pregnant Women's Groups**: The Local Innovation for Better Outcomes for Neonates (LIBON) project has continued the use of innovative Pregnant Women's Groups (PWGs) that initially proved so successful in a previous child survival project in Nepal. When project staff noticed that pregnant women and mothers of under-five children weren't participating in interventions as expected and key project messages weren't being delivered, it came up with a strategy to rejuvenate mothers' groups -- the creation of Pregnant Women's Groups. With support from Plan Nepal's LIBON Project, 308 new PWGs were formed in two districts: 195 in Sunsari and 113 in Parsa. Each LIBON PWG comprises 7-15 pregnant women (averaging 8) living within 10 minutes walk of one another in the same village. They meet once a month to discuss pregnancy, what the danger signs are, how to prepare for delivery and newborn care. With the help of Mothers' Group members, Female Community Health Volunteers, project staff and Local Health Facility staff, PWGs draw Social Maps, where each member of the group locates their house and marks their status on prenatal visits, TT use, iron use, birth preparedness, etc. This social map is updated during monthly meetings and becomes an accountability tool for pregnant women in the group. The PWG has been documented as a best practice and shared at national and international levels. The PWG approach was selected for a panel presentation during the GHC 2009 Annual Conference in a panel entitled "Better Beginnings: Improving Neonatal Outcomes."

**Results Highlights**: The implementation of 308 new PWGs in Plan Nepal's LIBON Project has yielded two new promising practices. The first is equitable outreach to marginalized groups. The second relates to explanations for high levels of PWG sustainability.

#### PWG Equitable Outreach

Nepal suffers from endemic discrimination of certain cultural groups. To ensure equitable access to services, LIBON formed PWGs where there was less coverage and in areas (wards) of relative disadvantage within the districts. There are 2,336 pregnant women members in these PWGs, of which 24% are Dalit (so called "untouchables"), 38% are Janajati (a deprived group) and 2% are Muslim (a minority religion in the region). In total, approximately 64% of the women reached through the PWGs are from disadvantaged populations. (See PWG summary table in the 2<sup>nd</sup> Annual Report, p.2.) It is believed that LIBON's structure and approach are responsible for successfully reaching underprivileged groups. First, these populations were strategically targeted to mitigate endemic discrimination. Second, the PWGs are small and are comprised of neighbors who know and trust one another. Moreover, they are relatively homogenous, thereby avoiding traditional animosities held between some cultural groups in Nepal. Third, the social mapping technique allows for illiterate mothers (64% of total) to easily receive the information. In sum, LIBON enables successful outreach to marginalized women in disadvantaged districts.

#### **PWG Sustainability**

Sustainability is a constant challenge to development programming. However, of the 430 PWGs previously formed in the pre-LIBON project, 323 (or 75%) PWGs are still functional as of August 2009. The main reasons for their sustainability are (1) support from VHWs/MCHWs, (2) supportive supervision from local health facility workers or CBOs, (3) literate, motivated and active FCHVs, (4) sense of ownership by PWG/Mothers' Group, (5) live sharing of experiences of older members (now lactating mothers) during PWG meetings with pregnant women, (6) supply of PWG mat/Tikas and other materials, and (7) linkage of PWG meeting with ANC/PNC clinic or with primary health care outreach clinic.

# **Annex 6: PWG Information**

# PWG formation information - Sunsari district

SN	Name VDCs	Ward	Tole	# of Pregnant	# of L	iterate	Date of Formation in		Ethni	c Group	0	DAP
314	Name VDC3	no	Tole	Mothers	Yes	No	English	D	J	М	0	
1	Laukahi	5	laukahi	4	2	2	2-Oct-08	0	4	0	0	0
2	Laukahi	7	laukahi	3	3	0	2-Oct-08	0	3	0	0	0
3	Paschim-Kushaha	6	Kushaha	4	2	2	2-Oct-08	2	2	0	0	0
4	Ekamba	9	Khaira	5	1	4	17-Oct-08	3	1	0	1	0
5	Amahibella	2	Ahibella	5	2	3	22-Oct-08	1	4	0	0	0
6	Basantpur	1	Mushlim	8	4	4	22-Oct-08	0	0	0	8	0
7	Basantpur	5	Meheta	5	4	1	22-Oct-08	0	0	0	5	0
8	Basantpur	2,3	Urauw	7	3	4	22-Oct-08	5	0	0	2	0
9	Bharaul	2	Dhanpuri	7	5	2	22-Oct-08	5	2	0	0	0
10	Bharaul	5	Tinkune	11	11	0	22-Oct-08	3	2	0	6	0
11	Bharaul	6	Jantoki	10	4	6	22-Oct-08	0	9	0	1	0
12	Jalpapur	5	Minyatole	5	0	5	22-Oct-08	0	5	0	0	0
13	Jalpapur	2	Shardartole	4	2	2	22-Oct-08	4	0	0	0	0
14	Jalpapur	6	Minyatole	7	1	6	22-Oct-08	1	0	0	6	0
15	Vokraha	1a	Mansuri	21	6	15	24-Oct-08	0	0	0	21	0
16	Vokraha	1b	Akaha Bajar	9	1	8	24-Oct-08	2	0	0	7	0
17	Vokraha	2b	Akaha Bajar	20	5	15	24-Oct-08	6	1	0	13	0
18	Vokraha	2a	Masjid	8	0	8	24-Oct-08	3	0	0	5	0
19	Bhaluwa	9	S pachira	5	4	1	10-Nov-08	0	5	0	0	0
20	Ekamba	7	Padariya	6	0	6	10-Nov-08	4	2	0	0	0
21	Rashi		Bednagar	5	3	2	12-Nov-08	0	0	0	5	0
22	Rashi		Madhonag	10	5	5	12-Nov-08	0	0	0	10	0
23	Rashi		Akhada	12	6	6	12-Nov-08	0	0	0	12	0
24	Narshing	4	Taparai	8	0	8	13-Nov-08	0	0	0	8	0
25	Narshing	2	Rahaman	7	2	5	13-Nov-08	2	0	0	5	0
26	Narshing	8		10	4	6	13-Nov-08	3	7	0	0	0
27	Narshing	1	Faktri	9	1	8	13-Nov-08	0	2	0	7	0
28	Prakashpur	8	Urab	4	3	1	13-Nov-08	0	3	0	1	0
29	Prakashpur	7a	Gadery	10	7	3	13-Nov-08	2	3	0	5	0
30	Prakashpur	7b	Prakashpur	7	5	2	13-Nov-08	1	0	0	6	0
31	Bha.Shi	2		6	4	2	15-Nov-08	2	3	0	1	0
32	Bha.Shi	5	Hashanpur	9	7	2	15-Nov-08	2	5	0	2	0
33	Bha.Shi	4	Titribana	8	4	4	15-Nov-08	0	1	0	7	0
34	Purbakushaha		Shitapur	6	2	4	15-Nov-08	3	1	0	2	0
35	Purbakushaha		Shitapur	8	5	3	15-Nov-08	3	2	0	3	0

CNI	N. MDG	Ward	T. I	# of	# of L	iterate	Date of		Ethni	c Group	)	DAP
SN	Name VDCs	no	Tole	Pregnant Mothers	Yes	No	Formation in English	D	J	М	0	
36	Purbakushaha		Bairia	4	2	2	15-Nov-08	0	1	0	3	0
37	Purbakushaha		Rishidev	11	1	10	15-Nov-08	9	2	0	0	0
38	Bhaluwa	2	Pharshahi	8	3	5	17-Nov-08	3	2	0	3	0
39	Harinagara		Khandi	10	4	6	19-Nov-08	0	0	0	10	0
40	Harinagara		Mushahari	15	15	0	19-Nov-08	8	0	0	7	0
41	Harinagara		Khatiwe	9	5	4	19-Nov-08	3	0	0	6	0
42	Harinagara		Mushahari	13	1	12	19-Nov-08	2	0	0	11	0
43	Mahendranagar	8	Jitpur	7	6	1	19-Nov-08	0	3	0	4	0
44	Mahendranagar	4	Jangi	4	2	2	19-Nov-08	0	3	0	1	0
45	Mahendranagar	2a	Ramget	9	6	3	19-Nov-08	0	4	0	5	0
46	Mahendranagar	2b	Janahit	3	3	0	19-Nov-08	0	2	0	1	0
47	Baklauri	6	Pokharitole	9	6	3	20-Nov-08	2	6	0	1	0
48	Baklauri	5	Mushari	9	5	4	20-Nov-08	3	5	0	1	0
49	Baklauri	4	Karmaniya	9	5	4	20-Nov-08	2	3	0	4	0
50	Baklauri	3	Nunigaun	4	2	2	20-Nov-08	0	3	0	1	0
51	Tannmuna	7,9	Sithaiya	11	3	8	20-Nov-08	4	6	0	1	0
52	Tannmuna	8	Simorbona	5	5	0	20-Nov-08	2	3	0	0	0
53	Tannmuna	6		5	1	4	20-Nov-08	3	2	0	0	0
54	Tannmuna	5	Rabihat	6	3	3	20-Nov-08	0	3	0	3	0
55	Prakashpur	2,3	hidoluwa	11	10	1	21-Nov-08	2	3	0	6	0
56	Khanar	7	Simarbana	8	6	2	24-Nov-08	3	3	0	2	0
57	Khanar	6	Paschim	7	2	5	24-Nov-08	2	4	0	1	0
58	Khanar	5	madarsa	17	4	13	24-Nov-08	3	1	0	13	0
59	Khanar	3	dumtoka	8	4	4	24-Nov-08	3	5	0	0	0
60	Khanar	2	damartoka	11	11	0	24-Nov-08	0	11	0	0	0
61	Ramgunjbel		Mushar	16	10	6	24-Nov-08	8	7	0	1	0
62	Ramgunjbel		Gurung	12	6	6	24-Nov-08	4	4	0	4	0
63	Ramgunjbel		Belgachhi.	8	5	3	24-Nov-08	4	0	0	4	0
64	Ramgunjbel		Ray	13	5	8	24-Nov-08	2	0	0	11	0
65	Chandbella	9	Jamuwa	6	3	3	25-Nov-08	0	6	0	0	0
66	Babiya	9	Chaudari	4	2	2	26-Nov-08	1	0	0	3	0
67	Babiya	3	Dhobi	7	1	6	26-Nov-08	0	1	0	6	0
68	Babiya	2	Vhore	12	7	5	26-Nov-08	1	3	0	8	0
69	Babiya	6	Khakaripati	9	2	7	26-Nov-08	8	0	0	1	0
70	Bha.Shi	1	Shardartole	7	3	4	26-Nov-08	6	0	0	1	0
71	Ekamba	8	Lohani	4	3	1	27-Nov-08	0	4	0	0	0
72	Madheli	8	Bhamari	5	2	3	28-Nov-08	0	0	0	5	0

CNI	Name VDC-	Ward	T-I-	# of	# of L	iterate	Date of		Ethni	c Grou	р	DAP
SN	Name VDCs	no	Tole	Pregnant Mothers	Yes	No	Formation in English	D	J	М	0	
73	Madheli	6		7	4	3	28-Nov-08	0	6	0	1	0
74	Madheli	3	Sharma	8	3	5	28-Nov-08	5	3	0	0	0
75	Madheli	2	Hathighoda	6	3	3	28-Nov-08	2	4	0	0	0
76	Amahibella	5	pachman	4	1	3	17-Dec-08	4	0	0	0	0
77	Amahibella	7	Katuwal	7	2	5	17-Dec-08	4	0	0	3	0
78	Kaptangunj		musahar	24	9	15	17-Dec-08	8	5	0	11	0
79	Kaptangunj		sankarpur	5	3	2	17-Dec-08	0	0	0	5	0
80	Kaptangunj		Mehata	15	15	0	17-Dec-08	0	0	0	15	0
81	Kaptangunj		SHP	9	9	0	17-Dec-08	0	0	0	9	0
82	Ghusaki		Kabilasa	4	1	3	24-Dec-08	4	0	0	0	0
83	Ghusaki		Kabilasa	10	1	9	24-Dec-08	1	2	0	7	0
84	Ghusaki		Bikram	9	3	6	24-Dec-08	0	0	0	9	0
85	Ghusaki		Arnama	14	5	9	24-Dec-08	1	1	0	12	0
86	Ghusaki		Arnama	26	2	24	24-Dec-08	0	0	0	26	0
87	Basantpur	8	Siswa	7	4	3	8-Jan-09	0	0	0	7	0
88	Chandbella	7	Barechhawa	9	2	7	8-Jan-09	6	3	0	0	0
89	Aurabani	5	Jhara	7	5	2	13-Jan-09	0	7	0	0	0
90	Aurabani	3	Pachhim	4	3	1	13-Jan-09	0	4	0	0	0
91	Aurabani	2	Gadhi	6	0	6	13-Jan-09	4	1	0	1	0
92	Aurabani	1	Chapaki	6	3	3	13-Jan-09	4	1	0	1	0
93	Laukahi	3,9	Urab	4	3	1	13-Jan-09	1	2	0	1	0
94	Madhuwan	4	Musahari	10	4	6	14-Jan-09	3	4	0	3	0
95	Madhuwan	5a	madarsa	8	3	5	14-Jan-09	2	3	0	3	0
96	Madhuwan	2	jhauri	6	0	6	14-Jan-09	0/	3	0	3	0
97	Madhuwan	9	badh	7	4	3	14-Jan-09	3	3	0	1	0
98	Madhesha	1	Sukrabare	4	3	1	17-Jan-09	1	0	0	3	0
99	Madhesha	4	Ghopali	4	4	0	17-Jan-09	1	0	0	3	0
100	Madhesha	5	ekaish	4	3	1	17-Jan-09	0	0	0	4	0
101	Madhesha	8	Karki	5	4	1	17-Jan-09	1	0	0	4	0
102	Simariya	1	Dumaraha	6	2	4	21-Jan-09	5	1	0	0	0
103	Simariya	3	Simariua	8	3	5	21-Jan-09	4	2	0	2	0
104	Simariya	6,7	Simariua	9	5	4	21-Jan-09	0	8	0	1	0
105	Simariya	9	Siva Mandir	4	0	4	21-Jan-09	0	4	0	0	0
106	Dumraha	2	Arta Bankula	7	3	4	22-Jan-09	1	5	0	1	0
107	Dumraha	3	Bhairb	8	4	4	22-Jan-09	1	6	0	1	0
108	Dumraha	4	Basaha	8	7	1	22-Jan-09	2	4	0	2	0
109	Dumraha	6		11	1	10	22-Jan-09	8	3	0	0	0
110	Simariya	8	Chariaya	6	2	4	22-Jan-09	0	3	0	3	0

CN	Nama VDCa	Ward	Tala	# of	# of L	iterate	Date of		Ethni	c Group	)	DAP
SN	Name VDCs	no	Tole	Pregnant Mothers	Yes	No	Formation in English	D	J	М	0	
111	Jalpapur	8	JalpapurS	7	4	3	23-Jan-09	0	7	0	0	0
112	Singiya	9	Prabhatclub	7	4	3	23-Jan-09	1	5	0	1	0
113	Singiya	7	Hatkhola	6	4	2	23-Jan-09	0	2	0	4	0
114	Singiya	6	Lalpurbazaar	8	6	2	23-Jan-09	0	5	0	3	0
115	Singiya	3	Chinacamp	7	5	2	23-Jan-09	1	4	0	2	0
116	Singiya	2	Chaudaritole	7	6	1	23-Jan-09	0	5	0	2	0
117	Singiya	1	Radhakrishna	5	5	0	23-Jan-09	0	0	0	5	0
118	Dewangunj	9	Dewangunj	10	1	9	26-Jan-09	0	0	0	10	0
119	Mahendranagar	7	Mainbari	5	4	1	26-Jan-09	0	3	0	2	0
120	Chandbella	9	Badara	6	0	6	27-Jan-09	2	4	0	0	0
121	Chandbella	5	Madhesa	4	0	4	28-Jan-09	0	3	0	1	0
122	Chandbella	4	Awadi Madhesa	5	3	2	28-Jan-09	0	5	0	0	0
123	Dumraha	7a	Ganeshpur	8	3	5	28-Jan-09	5	3	0	0	0
124	Dumraha	7b	Dhai tole	6	3	3	29-Jan-09	0	3	0	3	0
125	Hansposa	7	Labipur	7	3	4	29-Jan-09	2	2	0	3	0
126	Hansposa	5	Shera chowk	13	10	3	29-Jan-09	3	5	0	5	0
127	Hansposa	2	Yektamarga	9	7	2	29-Jan-09	0	5	0	4	0
128	Hansposa	2	Ringroad	8	8	0	29-Jan-09	0	2	0	6	0
129	Hansposa	2	Shantitole	7	7	0	29-Jan-09	1	4	0	2	0
130	Hansposa	1	Tribenichowk	6	5	1	29-Jan-09	1	3	0	2	0
131	Chimdi	5b	Chimdi	4	4	0	2-Feb-09	0	0	0	4	0
132	Rashi		Zerugwa	5	4	1	3-Feb-09	0	0	0	5	0
133	Chittaha	3,4	Majho	8	2	6	4-Feb-09	0	6	0	2	0
134	Chittaha	5	Baishi	10	8	2	4-Feb-09	0	2	0	8	0
135	Chittaha	2	Chhitaha	5	1	4	4-Feb-09	0	0	0	5	0
136	Chittaha	3	Chhitaha	7	4	3	4-Feb-09	0	3	0	4	0
137	Amoduwa		Naya	13	6	7	6-Feb-09	2	2	0	9	0
138	Amoduwa		Ray	7	2	5	6-Feb-09	3	0	0	4	0
139	Amoduwa		khadi	9	6	3	6-Feb-09	0	9	0	0	0
140	Amoduwa		Amoduwa	9	4	5	6-Feb-09	1	2	0	6	0
141	Amoduwa		Naraha	7	2	5	6-Feb-09	0	2	0	5	0
142	Barahkshetra	1	Bhandari	3	1	2	6-Feb-09	0	2	0	1	0
143	Barahkshetra	2	Relwe Line	5	5	0	6-Feb-09	0	2	0	3	0
144	Barahkshetra	3	Basnta	8	8	0	6-Feb-09	2	3	0	3	0
145	Barahkshetra	5	Khar Khola	7	6	1	6-Feb-09	0	2	0	5	0
146	Hansposa	5	Serachowk	2	2	0	9-Feb-09	0	1	0	1	0
147	Hansposa	4	Mahuliya	6	3	3	9-Feb-09	0	4	0	2	0

CNI	N. VDQ	Ward	T.1	# of	# of L	iterate	Date of		Ethni	c Group	)	DAP
SN	Name VDCs	no	Tole	Pregnant Mothers	Yes	No	Formation in English	D	J	М	0	
148	Sahegunj		Lovtoliya	12	5	7	11-Feb-09	5	4	0	3	0
149	Sahegunj		Paltole	5	0	5	11-Feb-09	4	0	0	1	0
150	Sahegunj		Yadhav tiole	8	1	7	11-Feb-09	0	0	0	8	0
151	Sahegunj		Yadhav tiole	6	3	3	11-Feb-09	3	0	0	3	0
152	Sahegunj		Meheta	6	3	3	11-Feb-09	3	0	0	3	0
153	Hansposa	2	Sundar	6	6	0	12-Feb-09	0	3	0	3	0
154	Duhabi	3	Tutaha	18	4	14	13-Feb-09	0	7	0	11	0
155	Duhabi	2	Prastoki	7	2	5	13-Feb-09	0	1	0	6	0
156	Duhabi	4	Basntapur	5	2	3	13-Feb-09	0	4	0	1	0
157	Duhabi	5	Malhat	17	12	5	13-Feb-09	0	2	0	15	0
158	Duhabi	9	Purano Bajar	9	3	6	13-Feb-09	7	0	0	2	0
159	Pachkanya	2	Santipath	8	7	1	13-Feb-09	2	2	0	4	0
160	Pachkanya	3	Rachauni	7	7	0	13-Feb-09	3	1	0	3	0
161	Pachkanya	1	Sarswati chauk	6	5	1	13-Feb-09	0	0	0	6	0
162	Pachkanya	5	Dewarali	8	8	0	13-Feb-09	2	6	0	0	0
163	Shripur	8a	Judhganj	18	2	16	19-Feb-09	0	0	0	18	0
164	Shripur	8b	Judhganj	7	5	2	19-Feb-09	0	0	0	7	0
165	Hansposa	8	Bisanpur	7	1	6	23-Feb-09	1	0	0	6	0
166	Hansposa	6	Jabdi	5	5	0	25-Feb-09	0	3	0	2	0
167	Gautampur	1,2	karaiya	11	6	5	27-Feb-09	0	0	0	11	0
168	Gautampur	2	karaiya	4	3	1	27-Feb-09	0	0	0	4	0
169	Gautampur	5.6	Urauw	4	2	2	27-Feb-09	0	2	0	2	0
170	Gautampur	8	Sadar	4	1	3	27-Feb-09	3	0	0	1	0
171	Gautampur	8,9	Sah	7	3	4	27-Feb-09	2	0	0	5	0
172	Hansposa	3	Kariban	3	2	1	1-Mar-09	0	2	0	1	0
173	Vokraha	9	Chirauli	7	4	3	3-Mar-09	0	0	0	7	0
174	Satterjhora	6 b	Holiya	5	1	4	6-Mar-09	2	0	0	3	0
175	Satterjhora	6a	Halaiya	5	0	5	6-Mar-09	5	0	0	0	0
176	Satterjhora	5	Sardar	4	0	4	6-Mar-09	3	0	0	1	0
177	Satterjhora	4	Musahari	9	4	5	6-Mar-09	8	0	0	1	0
178	Satterjhora	3	Hatimuda	9	7	2	6-Mar-09	1	0	0	8	0
179	Satterjhora	2	Urauw	6	1	5	6-Mar-09	0	6	0	0	0
180	Satterjhora	1	Bhabanipur	9	2	7	6-Mar-09	5	0	0	4	0
181	Hansposa	7	Labipur	3	0	3	8-Mar-09	3	0	0	0	0
182	Hansposa	4	Nayatole	10	9	1	8-Mar-09	3	4	0	3	0
	Bhuttaha	2	bhanijhajhi	15	2	13	18-Mar-09	0	0	0	15	0
184	Bhuttaha	5	Bhuttaha	14	6	8	18-Mar-09	3	0	0	11	0
185	Bhuttaha	6	Bazar	7	4	3	18-Mar-09	4	0	0	3	0

SN	Name VDCs	Ward	Tole	# of		iterate	Date of Formation in		Ethni	c Group	)	DAP
SIN	Name VDCS	no	Tole	Pregnant Mothers	Yes	No	English	D	J	М	0	
186	Bhuttaha	8	Malah	15	4	11	18-Mar-09	3	0	0	12	0
187	Inaruwa	4	Ganeshpur	8	6	2	9-Apr-09	0	3	0	5	0
188	Inaruwa	8	Mehata	7	6	1	9-Apr-09	1	0	0	6	0
189	Inaruwa	9	Balha	7	5	2	9-Apr-09	0	7	0	0	0
190	Inaruwa	10	Balha	12	9	3	9-Apr-09	0	0	0	12	0
191	Harinagara		Musalim	5	0	5	23-Apr-09	1	0	0	4	0
192	Madhyaharsahi	1	Mehata	5	0	5	23-Apr-09	0	0	0	5	0
193	Sonapur	4	chhatabeli	12	5	7	22-Jun-09	0	1	0	11	0
194	Babiya	9	chaudhari	4	2	2	23-Jun-09	4	0	0	0	0
195	Haripur	7	Bhantabari	8	2	6	3-Aug-09	6	0	0	2	0
	Total			1535	748	787		332	423	0	780	0

**PWG formation information - Parsa district** 

SN	G formation inform  Name VDCs	Ward no	Tole	# of Pregnant Mothers	# of Literate		Date of	Ethnic Group				
					Yes	No	Formation in English	D	J	М	0	DAP
1	Bhikhampur	6	Aswari	7	0	7	21-Jan-09	4	2	0	1	0
2	Jagarnathpur	3	Jagarnathpur	6	0	6	21-Jan-09	0	5	0	1	0
3	Ghordhaudpipra	8	Ghordhaudpipra	10	0	10	23-Jan-09	6	3	0	1	0
4	Jankitola	1	Jankitola	5	0	5	23-Jan-09	5	0	0	0	0
5	Parasurampur	5	parsurampur	6	0	6	20-Feb-09	0	6	0	0	0
6	Lahawarthakri	1	Lahawar	10	0	10	20-Feb-09	4	6	0	0	0
7	Biranchibarwa	6	Biranchi barua	7	1	6	20-Feb-09	3	4	0	0	0
8	Pakaha Mainpur	1	Pakaha	6	1	5	20-Feb-09	2	3	0	1	0
9	Dhore	6	Dhore	6	0	6	20-Feb-09	0	6	0	0	0
10	Chorni	6	parasawa	13	0	13	22-Feb-09	13	0	0	0	0
11	Belawa	6	Laxmipur	6	0	6	22-Feb-09	6	0	0	0	0
12	Bagahi	1	bagahi	6	0	6	22-Feb-09	0	6	0	0	0
13	Lallparsa	7	lallparsa	6	0	6	22-Feb-09	1	5	0	0	0
14	Ghordaudhpipra	2	Ghordhaudpipra	5	0	5	24-Feb-09	1	3	0	1	0
15	Mahuwan	4	Mauhan	6	0	6	27-Feb-09	0	0	6	0	0
16	Masihani	3	Mahajit	5	0	5	27-Feb-09	2	0	3	0	0
17	Auraha	9	Bauhari	7	1	6	27-Feb-09	0	7	0	0	0
18	Lakhanpur	1	Lakhanpur	7	1	6	27-Feb-09	2	5	0	0	0
19	Lipnibirta	5,6	Parwanipur	11	3	8	16-Mar-09	0	11	0	0	0
20	Prasauni birta	7	purano bhawan	8	0	8	16-Mar-09	4	3	0	1	0
21	Lipnibirta	1,2,3	Tajpur	14	3	11	20-Mar-09	4	10	0	0	0
22	Lipnibirta	3	koire tole	5	1	4	21-Mar-09	0	5	0	0	0
23	Lipnibirta	7,8,9	patel nagar	12	4	8	22-Mar-09	1	11	0	0	0
24	Lipnibirta	4,5	parwanipur	3	0	3	23-Mar-09	0	3	0	0	0
25	Jankitola	7	Pandepur	5	0	5	24-Mar-09	1	2	0	2	0
26	Mauhan	8	Baluwa	10	0	10	24-Mar-09	0	6	4	0	0
27	Biranchibarwa	5,7	Binchi barua	5	1	4	25-Mar-09	0	5	0	0	0
28	Mahuwan	6	Mauhan	10	0	10	25-Mar-09	10	0	0	0	0
29	Mauhan	7	Baluwa	7	0	7	25-Mar-09	7	0	0	0	0
30	Chorni	5	chorni	4	0	4	25-Mar-09	3	0	0	1	0
31	Chorni	1	chorni	1	0	1	25-Mar-09	1	0	0	0	0
32	Biranchibarwa	2,3,4	Binchi baura	9	1	8	26-Mar-09	1	8	0	0	0
33	Parasurampur	7,8,9	parsurampur	8	2	6	26-Mar-09	4	4	0	0	0
34	Mauhan	9	Baluwa	2	0	2	26-Mar-09	1	1	0	0	0
35	Auraha	2	Auraha	5	1	4	26-Mar-09	4	1	0	0	0
36	Jankitola	8	Dashauta	5	0	5	27-Mar-09	2	3	0	0	0

37	Lahawarthakri	9	Dhobini	19	2	17	27-Mar-09	0	19	0	0	0
38	Auraha	5	Madhopur	5	1	4	2-Apr-09	0	5	0	0	0
39	Auraha	7	Parsauni	11	2	9	3-Apr-09	2	9	0	0	0
40	Bellawa	9	Katganiya	2	0	2	6-Apr-09	0	2	0	0	0
41	Sibarba	2	Patwari tole	9	0	9	7-Apr-09	0	5	0	4	0
42	Basantapur	7	Basantapur	10	0	10	7-Apr-09	10	0	0	0	0
43	Bairiya Birta	7	Bairiya Birta	7	0	7	7-Apr-09	3	3	0	1	0
44	Pokhariya	6	Pokhariya	5	0	5	7-Apr-09	5	0	0	0	0
45	Lallparsa	4	lallparsa	5	0	5	7-Apr-09	1	4	0	0	0
46	Lakhanpur	4	Lakhanpur	11	2	9	8-Apr-09	2	9	0	0	0
47	Lakhanpur	5	Lakhanpur	4	0	4	8-Apr-09	4	0	0	0	0
48	Lallparsa	6	lallparsa	10	1	9	8-Apr-09	0	0	0	10	0
49	Pakaha Mainpur	4	Pakaha	4	0	4	9-Apr-09	4	0	0	0	0
50	Pakaha Mainpur	5	Pakaha	2	0	2	9-Apr-09	2	0	0	0	0
51	Mauhan	1	Mauhan	7	2	5	9-Apr-09	0	6	0	1	0
52	Bellawa	3	Bellawa	11	1	10	9-Apr-09	0	0	0	11	0
53	Pakaha Mainpur	8,9	Mainpur	13	1	12	10-Apr-09	2	7	1	3	0
54	Lakhanpur	7	Ekdarwa	7	0	7	10-Apr-09	1	6	0	0	0
55	Bagahi	6	Bagahi	7	0	7	10-Apr-09	2	5	0	0	0
56	Bishrampur	9	Bishrampur	5	0	5	16-Apr-09	0	1	0	4	0
57	Bhauratar	3	chhapkaiya	7	0	7	16-Apr-09	0	6	0	1	0
58	Ramnagari	1	Ramnagari	5	0	5	16-Apr-09	0	5	0	0	0
59	Bhahuwarabhatta	1	Bhawarai bhatta	6	0	6	16-Apr-09	0	1	0	5	0
60	Thori	8	Thori	4	4	0	22-Apr-09	2	1	0	1	0
61	Nirmal Basti	7	Nirmal basti	8	3	5	22-Apr-09	8	0	0	0	0
62	Bagahi	9	Daldalwa	7	1	6	27-Apr-09	3	4	0	0	0
63	Sibarba	3	Masjid tole	6	0	6	28-Apr-09	2	4	0	0	0
64	Sibarba	9	Sibarba	6	0	6	29-Apr-09	1	3	0	2	0
65	Prasauni birta	3	sabithwa	7	0	7	4-May-09	6	1	0	0	0
66	Suwanpur	4	Suwanpur	10	2	8	4-May-09	4	6	0	0	0
67	Mahedew pati	7	Mahedewpati	9	2	7	4-May-09	0	8	1	0	0
68	Sakhuwa Parsauni	2	Parsawni	8	3	5	8-May-09	0	8	0	0	0
69	Bhediyahi	2	Bhediyahi	5	0	5	12-May-09	0	5	0	0	0
70	Sabithwa	8	Sabithwa	6	0	6	12-May-09	6	0	0	0	0
71	Prasauni bhatta	1	Prasauni bhatta	13	2	11	12-May-09	0	13	0	0	0
72	Surjaha	9	Mahuwan	5	0	5	12-May-09	0	5	0	0	0
73	Bhahuwarabhatta	9	Harinagar	9	1	8	13-May-09	3	5	0	1	0
74	Bairiya Birta	1,2	Bairiya Birta	6	0	6	15-May-09	3	2	0	1	0
75	Sedhawa	3	Sedhawa	7	3	4	20-May-09	1	6	0	0	0

76	Jeetpur	7	Naukatola	4	2	2	20-May-09	1	3	0	0	0
77	Bishrampur	3	Bishrampur	3	0	3	21-May-09	0	0	0	3	0
78	Supauli	6	Supauli	6	1	5	22-May-09	4	2	0	0	0
79	Sanker Saraiya	7	Sanker saraiya	9	4	5	22-May-09	0	9	0	0	0
80	Gamariya	4	Gamariya	10	2	8	22-May-09	0	10	0	0	0
81	Nagardah	3	Nagardahe	7	1	6	22-May-09	0	7	0	0	0
82	Pidariguthi	6	Pade pur	14	1	13	24-May-09	0	4	10	0	0
83	Bichbaniya	7	Gaddarl	9	1	8	24-May-09	0	9	0	0	0
84	Gamariya	7	Gamariya	5	0	5	25-May-09	0	5	0	0	0
85	Jhauwaguthi	5	Jhauwa	17	2	15	27-May-09	9	8	0	0	0
86	Amarpatty	6	Itiyahi	5	0	5	27-May-09	0	5	0	0	0
87	Sugauli Birtha	4	Sugauli Birtha	4	0	4	27-May-09	0	4	0	0	0
88	Harpatgunj	4	Harpatgunj	5	1	4	27-May-09	1	4	0	0	0
89	Basantapur	4	Basantapur	4	0	4	28-May-09	1	2	0	1	0
90	Bindhwasni	8	Bindhwasni	8	3	5	29-May-09	0	8	0	0	0
91	Alau	4	Muslim tole	15	1	14	29-May-09	0	15	0	0	0
92	Sirsiya	1	Sirsiya	2	0	2	29-May-09	0	2	0	0	0
93	Ramgadhwa	1	Ramgadhwa	3	0	3	29-May-09	1	2	0	0	0
94	Kawabakataiya	8	Kataiya	5	0	5	1-Jun-09	0	5	0	0	0
95	Dewarbana	2	Solakpur	11	2	9	1-Jun-09	7	0	4	0	0
96	Madhuban Mathaul	4	Auraha	13	3	10	5-Jun-09	3	8	0	2	0
97	Bagwana	7	Bagwana	12	2	10	5-Jun-09	0	12	0	0	0
98	Jagarnathpur	9	Harpur	2	0	2	22-Jul-09	0	1	0	1	0
99	Jankitola	3	Jankitola	13	2	11	23-Jul-09	0	0	4	9	0
100	Jankitola	4	Jankitola	5	3	2	23-Jul-09	0	0	5	0	0
101	Bhauratar	9	Barewa	6	0	6	24-Jul-09	6	0	0	0	0
102	Bhawanipur	7	Enarwa	7	3	4	28-Jul-09	0	6	1	0	0
103	Maniyari	4	Musarpatti	5	0	5	28-Jul-09	5	0	0	0	0
104	Bairiya pipra Da.Pu	2	Sisiyari	5	0	5	29-Jul-09	0	5	0	0	0
105	Bairiya pipra Da.Pu	5	Bairiya	5	0	5	29-Jul-09	2	1	2	0	0
106	Udyapur Ghurmi	6	Ghurmi	6	0	6	31-Jul-09	2	4	0	0	0
107	Udyapur Ghurmi	5	Ghurmi	11	0	11	31-Jul-09	1	10	0	0	0
108	Langadi	7	Bakhari	6	0	6	3-Aug-09	0	4	2	0	0
109	Hariharpur	5	Hariharpur	5	2	3	3-Aug-09	0	0	2	3	0
110	Biranchibarwa	9	Simra	5	0	5	4-Aug-09	0	3	2	0	0
111	Bhahuwarabhatta	6	Gardhaul	6	0	6	6-Aug-09	6	0	0	0	0
112	Nagardah	9	Nagardahe	5	1	4	7-Aug-09	0	1	4	0	0
113	Bauharabhatta	8	Gardhaul	2	1	1	11-Aug-09	0	2	0	0	0
	<u>Total</u>			801	91	710		218	459	51	73	0

# In ethnic group:

D = Dalit

J = Janjati

M = Muslim

O = Other

DAP = Differently Able People

Ilaka-wise PWG status as of Aug 2009 - Bara district

SN	Ilaka	Continue PWG	Discontinue PWG	Total PWG	% Cont.
1	Rampur HP	17	15	32	53%
2	Pheta HP	14	7	21	67%
3	Parsauni HP	21	5	26	81%
4	Simara PHC	31	1	32	97%
5	Nijgadh PHC	21	0	21	100%
6	Bhodaha HP	4	13	17	24%
7	Ganjabhawanipur PHC	23	5	28	82%
8	Haraiya HP	27	0	27	100%
9	Gadahal HP	50	2	52	96%
10	Rampurwa HP	24	0	24	100%
11	Chiutaha HP	20	7	27	74%
12	Simrangadh HP	16	23	39	41%
13	Bariyarpur HP	20	5	25	80%
14	Kabahi HP	7	15	22	32%
15	Hardiya PHC	28	9	37	76%
	Total	323	107	430	75%

**Annex 7: CB-NCP training information** 

SN	Activities	No. of	D	ate	Venue
		participants	From	То	
	Sunsari District				
1	CB-NCP Orientation	23	24 Apr 09	25 Apr 09	District Health
					Office, Inaruwa
	Regional level TOT				
1	Regional TOT	24	6 Feb 09	12 Feb 09	Biratnagar
	Sub-total	24			
	Ilaka level TOT				
1	Health Facility level TOT	20	26 Apr 09	04 May 09	Do
2	Do	23	17 May 09	23 May 09	Do
3	Do	20	24 May 09	30 May 09	Do
4	Do	20	01 Jun 09	07 Jun 09	Do
5	Do	20	06 Jul 09	12 July 09	Do
6	Do	20	29 Jul 09	04 Aug 09	Do
7	Do	20	12 Aug 09	18 Aug 09	Do
	Sub-total	143			
	VHW/MCHW level training				
1	VHW/MCHW level training	31	20 Aug 09	24 Aug 09	Inaruwa, Sunsari
2	Do	23	27 Aug 09	31 Aug 09	Inaruwa, Sunsari
3	Do	24	3 Sep 09	7 Sep 09	Inaruwa, Sunsari
4	Do	26	9 Sep 09	13 Sep 09	Inaruwa, Sunsari
	Sub-total	104			
	Community (FCHV) level training				
1	Community (FCHV) level training	19	30 Aug 09	5 Sep 09	Harinagara VDC
2	Do	20	4 Sep 09	10 Sep 09	Chitaha VDC
3	Do	20	8 Sep 09	14 Sep 09	Duhabi VDC
4	Do	23	8 Sep 09	14 Sep 09	Madhyaharsahi VDC
5	Do	18	15 Sep 09	21 Sep 09	Sitagunj VDC
6	Do	21	16 Sep 09	22 Sep 09	Sahebgunj VDC
7	Do	19	17 Sep 09	23 Sep 09	Aurabani VDC
	Sub-total	140			
	Parsa District				
1	CB-NCP Orientation	36	24 Jun 09	25 Jun 09	Birgunj, Parsa
	CB-NCP TOT				
1	Health Facility level TOT	19	26 Jun 09	2 Jul 09	Birgunj, Parsa
2	Health Facility level TOT	23	26 Aug 09	1 Sep 09	Do
3	Health Facility level TOT	21	3 Sep 09	9 Sep 09	Do
4	Health Facility level TOT	21	10 Sep 09	16 Sep 09	Do
5	Health Facility level TOT	21	13 Sep 09	19 Sep 09	Do
6	Health Facility level TOT	23	17 Sep 09	23 Sep 09	Do
	Sub-total	128			
	Total				

Annex 8: Year 2 training log from TraiNet

								Number of Participants & Facilitators  Government I/NGO/CBO IOM Plan Other													Disaggr	egated		
								To the state of th											D <i>A</i>	.G	Janj	ati	Other C	Castes
SN	District	Name of Event	Level	Venue	From	То	Days	6         M         F         M         F         M         F         M         F         M         F         Total           10         11         12         13         14         15         16         17         18         19         20								Total	М	F	М	F	М	F		
1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1	Sunsari	PWG Training	VDC	Bharoul	20-Oct-08	22-Oct-08	3	6	33	2	1	0	0	2	0	0	0	44	1	2	3	15		
2	Sunsari	PWG Training	VDC	Basantapur	20-Oct-08	22-Oct-08	3	8	15	0	0	0	0	2	0	0	0	25	0	2	0	1		
3	Sunsari	PWG Training	VDC	Jalpapur	20-Oct-08	22-Oct-08	3	6	14	0	1	0	0	1	0	0	0	22	0	8	0	1		
4	Sunsari	PWG Training	VDC	Bhokraha	22-Oct-08	24-Oct-08	3	11	32	1	1	0	0	2	0	0	0	47	2	11	0	1		
5	Parsa	Health Sector Information System Strategy (HSISS)	District	Birgunj, Parsa	9-Nov-08	13-Nov-08	5							1				1					_	
6	Parsa	Health Sector Information System Strategy (HSISS)	District	Birgunj, Parsa	29-Nov-08	3-Dec-08	5							1	1			2						
7	Banke	Best Practice Sharing	District	Banke, Kanchanpur	3-Dec-08	7-Dec-08	5							1				1						
8	Kathma ndu	LQAS training to IOM student	National	Kathmandu	16-Dec-08	19-Dec-08	4					29	14	1			_	44						
9	Sunsari	PWG Training	VDC	Rashi	10-Nov-08	12-Nov-08	3	5	23	0	1	0	0	1	0	2	0	32		1	2	8		
10	Sunsari	PWG Training	VDC	Narsing	11-Nov-08	13-Nov-08	3	6	34	0	1	0	0	1	2	0	0	44	0	1	1	8		
11	Sunsari	PWG Training	VDC	Prakashapur	11-Nov-08	13-Nov-08	3	7	33	0	0	0	0	3	1	1	0	45	0	0	0	12		
12	Sunsari	PWG Training	VDC	Purba Kusaha	13-Nov-08	15-Nov-08	3	8	21	0	0	0	0	1	0	0	0	30	0	5	1	8		
13	Sunsari	PWG Training	VDC	Bhashi	13-Nov-08	15-Nov-08	3	6	26	0	1	0	0	2	0	0	0	35	0	2	0	20		
14	Sunsari	PWG Training	VDC	Mahendrangar	17-Nov-08	19-Nov-08	3	4	54	1	0	0	0	2	0	1	0	62	0	1	0	21		
15	Sunsari	PWG Training	VDC	Harinagra	17-Nov-08	19-Nov-08	3	7	21	0	1	0	0	1	0	4	2	36	1	2	1	5		
16	Sunsari	PWG Training	VDC	Baklauri	18-Nov-08	20-Nov-08	3	7	31	1	0	0	0	3	0	0	0	42	1	4	0	13		
17	Sunsari	PWG Training	VDC	Tanmuna	18-Nov-08	20-Nov-08	3	6	18	1	1	0	0	2	0	0	0	28	0	0	2	16		
18	Sunsari	PWG Training	VDC	Khanar	22-Nov-08	24-Nov-08	3	5	23	1	0	0	0	5	0	0	0	34	0	4	1	11		
19	Sunsari	PWG Training	VDC	Sitaganj	22-Nov-08	24-Nov-08	3	8	19	1	1	0	0	1	0	0	0	30	0	0	3	7		
20	Sunsari	PWG Training	VDC	Babiya	24-Nov-08	26-Nov-08	3	4	21	1	1	0	0	3	0	1	1	32	1	5	0	3		
21	Sunsari	PWG Training	VDC	Madheli	26-Nov-08	28-Nov-08	3	7	21	1	1	0	0	2	0	1	0	33	0	3	2	12		
22	Chitawa n	GIS Training	District	Chitawan	06-Jan-09	11-Jan-09	6								1			1	0					

								Number of Participants & Facilitators  Government I/NGO/CBO IOM Plan Other  Total													Disaggr	egated		
								Gover	nment	I/NGO/	СВО	10	M	Plar	1	Oth	ner		DA	.G	Janj	ati	Other C	Castes
SN	District	Name of Event	Level	Venue	From	То	Days	М	F	М	F	М	F	M	F	М	F	Total	М	F	М	F	М	F
1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
23	Bara	Child Protect Policy Training	District	Simara	08-Jan-09	09-Jan-09	2								2			2	0					
24	Parsa	Health Sector Information System Strategy (HSISS)	District	Birgunj, Parsa	04-Jan-09	08-Jan-09	5							1	_1			2	0					
25	Kathma ndu	CB-NCP Training	National	Kathmandu	20-Jan-09	26-Jan-09	7							2				2	0					
26	Parsa	PWG orientation	District	Birgunj, Parsa	5-Dec-08	5-Dec-08	1	21	3		1			5	3			33	1	0	2	1		
27	Parsa	PWG orientation	llaka	Birgunj HP	8-Dec-08	8-Dec-08	1	20	2					2	2			26	18	0	8	0		
28	Parsa	PWG orientation	llaka	Bagahi PHC	12-Dec-08	12-Dec-08	1	10	0					2				12	7	0	1	0		
29	Parsa	PWG orientation	llaka	Pakaha HP	27-Dec-08	27-Dec-08	1	11	2					4	1			18	6	0	0	2		
30	Parsa	PWG orientation	llaka	Sirsiya HP	29-Dec-08	29-Dec-08	1	11	0		_			1	1			13	10	0	0	0		
31	Parsa	PWG orientation	llaka	Bhikhampur PHC	30-Dec-08	30-Dec-08	1	6	0					3	0			9	4	0	0	0		
32	Parsa	PWG orientation	llaka	Langadi HP	16-Jan-09	16-Jan-09	1	12	3					2	0			17	11	2	1	0		
33	Parsa	PWG orientation	llaka	Bageshwari PHC	18-Jan-09	18-Jan-09	1	11	1					1	1			14	10	0	1	0		
34	Parsa	PWG orientation	llaka	Sedahawa HP	19-Jan-09	19-Jan-09	1	12	2					1	2			17	12	1	1	0		
35	Parsa	PWG orientation	llaka	Bishrampur HP	25-Jan-09	25-Jan-09	1	11	1					1	1			14	11	1	0	0		
36	Parsa	PWG orientation	llaka	Nichuta HP	26-Jan-09	26-Jan-09	1	13	0					1	1			15	12	0	0	0		
37	Parsa	PWG orientation	llaka	Pokhariya PHC	9-Jan-09	9-Jan-09	1	14	0		_			2				16	13	0	2	0		
38	Parsa	PWG Training	Comm	Bagahi PHC	21-Feb-09	22-Feb-09	2	4	19					1	1			25	1	4	0	9		
39	Parsa	PWG Training	Comm	Chorni SHP	21-Feb-09	22-Feb-09	2	3	19					1	1			24	1	4	0	11		
40	Parsa	PWG Training	Comm	Parsurampur	19-Feb-09	20-Feb-09	2	2	19					1	1			23	1	15	0	4		
41	Parsa	PWG Training	Comm	Pakaha HP	19-Feb-09	20-Feb-09	2	3	29					2	1			35	1	25	1	4		
42	Parsa	PWG Training	Comm	Bhikhampur PHC	20-Jan-09	21-Jan-09	2	5	18					2	1			26	5	13	0	5		
43	Parsa	PWG Training	Comm	Janaki Tole	22-Jan-09	23-Jan-09	2	7	20					1	1			29	7	16	0	4		
44	Parsa	PWG Training	Comm	Mahuwan SHP	26-Feb-09	27-Feb-09	2	6	19					2	1			28	6	11	1	5		

								Number of Participants & Facilitators  Government I/NGO/CBO IOM Plan Other													Disaggr	egated		
																			DA	.G	Janj	ati	Other C	Castes
SN	District	Name of Event	Level	Venue	From	То	Days	ays M F M F M F M F M F							Total	M	F	М	F	М	F			
1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
45	Parsa	PWG Training	Comm	Auraha SHP	26-Feb-09	27-Feb-09	2	5	20					1	1			27	1	11	0	7		
46	Sunsari	PWG Training	VDC	Hasposha	27-Jan-09	29-Jan-09	3	5	26	2	2	0	0	3	0	0	0	38	0	0	2	9	1	26
47	Sunsari	PWG Training	VDC	Chatara	4-Feb-09	6-Feb-09	3	5	30	1	0	0	0	2	0	0	0	38	0	0	0	12	2	24
48	Sunsari	PWG Training	VDC	Amrduwa	4-Feb-09	6-Feb-09	3	6	18	1	1	0	0	2	0	1	0	29	0	0	0	9	1	19
49	Sunsari	PWG Training	VDC	Chhitaha	2-Feb-09	4-Feb-09	3	5	23	3	1	0	0	1	0	1	0	34	0	0	0	12	2	20
50	Sunsari	PWG Training	VDC	Duhabi	11-Feb-09	13-Feb-09	3	6							0	38	0	1	1	13	1	22		
51	Sunsari	PWG Training	VDC	Panchkanya	11-Feb-09	13-Feb-09	3	6								1	0	40	0	0	1	18	2	19
52	Sunsari	PWG Training	VDC	Sahebganj	9-Feb-09	11-Feb-09	3	5	17	1	2	0	0	1	0	1	0	27	0	3	1	1	2	20
53	Sunsari	PWG Training	VDC	Shripur	17-Feb-09	19-Feb-09	3	6	25	1	1	0	0	2	1	0	0	36	0	3	0	0	2	31
54	Sunsari	PWG Training	VDC	Gautampur	25-Feb-09	27-Feb-09	3	5	12	2	1	0	0	2	1	0	1	24	0	1	0	0	2	21
55	Sunsari	CB-NCP TOT at Regional level	Regiona I	Biratnagar	6-Feb-09	12-Feb-09	7	9	9	1	1			2	2			24	0	0	1	5	11	7
56	Chitawa n	CBNCP Training (D. Mishra)	Regiona I	Chitawan	23-Apr-09	29-Apr-09	7							1				1	0	0			1	
57	Kathma ndu	Project Proposal Writing (M. Singh)	National	Kathmandu	11-May-09	15-May-09	5								1			1						1
58	Makwan pur	HRBAD (Sharmila and Saraswoti)	District	Hetauda	13-May-09	16-May-09	4								2			2						2
59	Sunsari	PWG Training	VDC	Satrjoraha	7-Feb-09	9-Feb-09	3	4	21	1	2	0	0	1	1	0	0	30	2	5	5	4	9	10
60	Sunsari	PWG Training	VDC	Bhutaha	22-Apr-09	24-Apr-09	3	5	25	1	2	0	0	2	0	0	0	35	1	3	1	6	2	21
61	Sunsari	PWG Training	VDC	Inaruwa	6-Apr-09	8-Apr-09	3	5	30	1	2	0	0	1	1	0	0	40	1	1	2	6	1	29
62	Sunsari	District Orientation on CB-NCP	DHO	Inaruwa	26-Apr-09	27-Apr-09	2	27	4	0	0	0	0	0	0	0	0	31	1	1	4	5	18	2
63	Sunsari	CB-NCP TOT at laka level	District	Biratnagar	28-Apr-09	4-May-09	7	13	2	0	1	0	0	4	0	0	0	20	0	0	3	2	14	1
64	Sunsari	CB-NCP TOT at laka level	District	Biratnagar	17-May-09	23-May-09	7	19	2	1	0	0	0	1	0	0	0	23	0	0	1	1	19	2
65	Sunsari	CB-NCP TOT at laka level	District	Biratnagar	24-May-09	30-May-09	7	19	1	0	0	0	0	0	0	0	0	20	0	0	2	0	17	1
66	Parsa	PWG Training	Comm	Lipnibirtha	15-Mar-09	16-Mar-09	2	3	11	0	0	0	0	0	1	0	0	15	0	4	0	7	3	1

								Number of Participants & Facilitators  Government I/NGO/CBO IOM Plan Other													Disaggr	egated		
								To To											DA	۱G	Janj	jati	Other C	Castes
SN	District	Name of Event	Level	Venue	From	То	Days	М	F	М	F	М	F	M	F	M	F	Total	М	F	М	F	М	F
1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
67	Parsa	PWG Training	Comm	Prasaunibirtha	15-Mar-09	16-Mar-09	2	3	11	0	0	0	0	1	1	0	0	16	0	3	0	6	4	3
68	Parsa	PWG Training	Comm	Pokhariya	6-Apr-09	7-Apr-09	2	13	19	0	0	0	0	1	1	0	0	34	0	7	0	10	14	3
69	Parsa	PWG Training	Comm	Sibarba	6-Apr-09	7-Apr-09	2	6	20	0	0	0	0	1	1	0	0	28	0	5	0	8	7	8
70	Parsa	PWG training	Comm	Surjaha	11-May-09	12-May-09	2	5	20	0	0	0	0	1	1	0	0	27	1	3	0	12	5	6
71	Parsa	PWG training	Comm	Bediyahi	11-May-09	12-May-09	2	5	19	0	0	0	0	1	1	0	0	26	0	3	5	16	1	1
72	Parsa	PWG training	Comm	Thori	21-Apr-09	22-Apr-09	2	4	10	0	0	0	0	1	1	0	0	16	0	1	4	3	1	7
73	Parsa	PWG training	Comm	Nirmal basti	21-Apr-09	22-Apr-09	2	3	10	0	0	0	0	1	0	0	0	14	0	0	3	5	1	5
74	Parsa	PWG training	Comm	Subarnnapur	3-May-09	4-May-09	2	5	20	0	0	0	0	1	1	0	0	27	5	0	1	7	0	14
75	Parsa	PWG training	Comm	Sedhawa	19-May-09	20-May-09	2	4	19	0	0	0	0	1	2	0	0	26	0	2	4	18	1	1
76	Parsa	PWG training	Comm	Supauli	21-May-09	22-May-09	2	4	20	0	0	0	0	1	1	0	0	26	0	2	4	19	1	0
77	Parsa	PWG training	Comm	Pidariguthi	23-May-09	24-May-09	2	6	19	0	0	0	0	1	1	0	0	27	0	6	5	11	2	3
78	Parsa	PWG training	Comm	Gammaharia	21-May-09	22-May-09	2	7	20	0	0	0	0	1	1	0	0	29	0	1	5	19	3	1
79	Parsa	PWG training	Comm	Jhauwaguthi	26-May-09	27-May-09	2	7	18	0	0	0	0	1	1	0	0	27	1	2	4	17	3	0
80	Parsa	PWG training	Comm	S. parsauni	31-May-09	1-Jun-09	2	3	10	0	0	0	0	1	0	0	0	14	0	4	3	6	1	0
81	Parsa	PWG training	Comm	Dewarbana	31-May-09	1-Jun-09	2	7	18	0	0	0	0	1	2	0	0	28	1	5	6	13	1	2
82	Parsa	PWG training	Comm	SugauliBirta	26-May-09	27-May-09	2	4	20	0	0	0	0	1	1	0	0	26	0	0	5	19	0	2
83	Parsa	PWG training	Comm	Sirsiya	28-May-09	29-May-09	2	3	20	0	0	0	0	1	1	0	0	25	3	2	1	16	0	3
84	Parsa	PWG training	Comm	Bindwasni	28-May-09	29-May-09	2	4	20	0	0	0	0	1	1	0	0	26	1	2	0	9	4	10
85	Parsa	CB-NCP Orientation	District	NSRH, Birgunj	24-Jun-09	25-Jun-09	2	24	6	2	2	0	0	5	2	4	1	46	2	0	16	5	17	6
86	Parsa	CB-NCP TOT at laka level	District	NSRH, Birgunj	26-Jun-09	2-Jul-09	7	10	6	0	0	0	0	3	0	0	0	19	2	0	0	4	11	2
87	Parsa	PWG training	Comm	Bhawanipur	27-Jul-09	28-Jul-09	2	7	21	0	0	0	0	1	1	0	0	30	1	6	6	14	0	1
88	Parsa	PWG training	Comm	Langadi HP	2-Aug-09	3-Aug-09	2	4	18	0	0	0	0	1	1			24	0	6	1	1	3	11
89	Parsa	PWG training	Comm	Udaypur ghurmi	30-Jul-09	31-Jul-09	2	4	11	0	0	0	0	1	1	0	0	17	0	3	3	7	2	0
90	Parsa	PWG training	Comm	Bairiya pipra Da.Ku	28-Jul-09	29-Jul-09	2	6	9	0	0	0	0	1	1	0	0	17	0	3	6	6	0	0
91	Sunsari	CB-NCP TOT at laka level	llaka	Biratnagar	1-Jun-09	7-Jun-09	7	15	5	0	0	0	0	0	0			20	0	0	3	2	12	3
92	Sunsari	CB-NCP TOT at laka level	llaka	Biratnagar	6-Jul-09	12-Jul-09	7	7	13	0	0	0	0	0	0			20	1	1	3	5	3	7

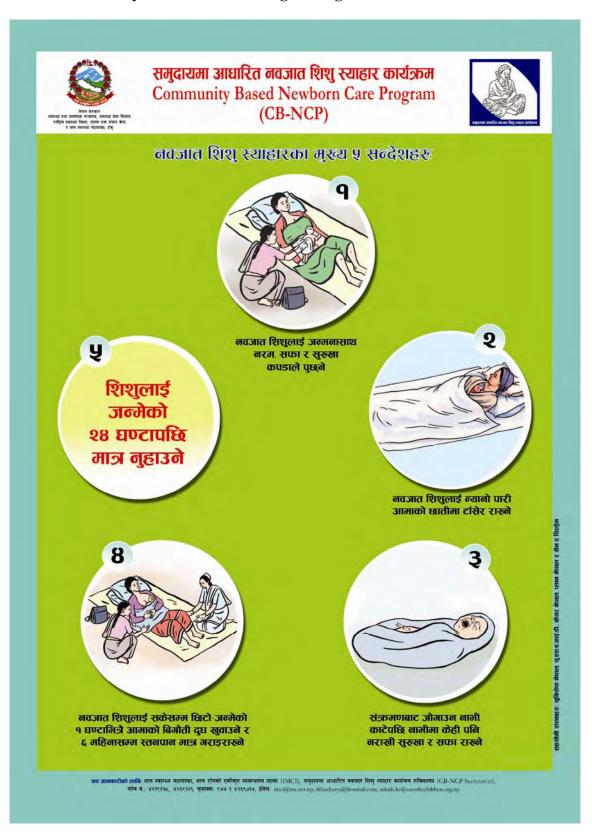
								Number of Participants & Facilitators  Government I/NGO/CBO IOM Plan Other  S M F M F M F M F M F													Disaggr	egated		
								Gover	Total										DA	.G	Janj	jati	Other C	Castes
SN	District	Name of Event	Level	Venue	From	То	Days	М	F	М	F	М	F	М	F	М	F	Total	М	F	М	F	М	F
1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
93	Sunsari	CB-NCP TOT at laka level	llaka	Biratnagar	29-Jul-09	4-Aug-09	7	14	6	0	0	0	0	0	0			20	0	0	3	2	11	4
94	Sunsari	CB-NCP TOT at laka level	llaka	Biratnagar	12-Aug-09	18-Aug-09	7	14	6	0	0	0	0	0	0			20	0	0	1	1	13	5
95	Sunsari	CB-NCP traing at VHW/MCHW	Comm	Inaruwa	20-Aug-09	24-Aug-09	5	20	11	0	0	0	0	0	0	0	0	31			1	3	18	8
96	Sunsari	CB-NCP traing at VHW/MCHW	Comm	Inaruwa	27-Aug-09	31-Aug-09	5	19	4	0	0	0	0	0	0	0	0	23	0	1	6	0	13	3
97	Sunsari	CB-NCP traing at VHW/MCHW	Comm	Inaruwa	3-Sep-09	7-Sep-09	5	0	24	0	0	0	0	0	0	0	0	24	0	2	0	7	0	15
98	Sunsari	CB-NCP traing at VHW/MCHW	Comm	Inaruwa	9-Sep-09	13-Sep-09	5	11	15	0	0	0	0	0	0	0	0	26	0	0	7	5	4	10
99	Sunsari	CB-NCP training at FCHV level	Comm	Harinagra	30-Aug-09	5-Sep-09	7	0	19	0	0	0	0	0	0	0	0	19		3		0		16
100	Sunsari	CB-NCP training at FCHV level	Comm	Duhabi	8-Sep-09	14-Sep-09	7	0	20	0	0	0	0	0	0	0	0	20		2		10	_	8
101	Sunsari	CB-NCP training at FCHV level	Comm	Chitaha	4-Sep-09	10-Sep-09	7	0	20	0	0	0	0	0	0	0	0	20		1		10	_	9
102	Sunsari	CB-NCP training at FCHV level	Comm	Madhya Harsahi	8-Sep-09	14-Sep-09	7	0	23	0	0	0	0	0	0	0	0	23		5		2		16
103	Parsa	CB-NCP TOT at laka level	llaka	Birgunj	26-Aug-09	1-Sep-09	7	18	3	0	0	0	0	1	1	0	0	23	0	0	3	1	3	16
104	Parsa	CB-NCP TOT at laka level	llaka	Birgunj	3-Sep-09	9-Sep-09	7	18	3	0	0	0	0	0	0	0	0	21	2	0	8	3	8	0
105	Parsa	CB-NCP TOT at laka level	llaka	Birgunj	10-Sep-09	16-Sep-09	7	12	9	0	0	0	0	0	0	0	0	21	0	1	1	3	11	5
106	Parsa	CB-NCP TOT at laka level	llaka	Birgunj	13-Sep-09	19-Sep-09	7	18	3	0	0	0	0	0	0	0	0	21			9	1	9	2
107	Parsa	CB-NCP TOT at laka level	llaka	Birgunj	17-Sep-09	23-Sep-09	7	20	3	0	0	0	0	0	0	0	0	23	1	0	7	1	12	2

										Number	of Par	ticipa	nts & F	acilitator	S						Disaggr	egated		
								Gover	nment	I/NGO/	СВО	10	M	Plar	1	Oth	ner		DA	.G	Jan	jati	Other (	Castes
SN	District	Name of Event	Level	Venue	From	То	Days	М	F	M	F	М	F	М	F	М	F	Total	М	F	М	F	М	F
1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
108	Sunsari	CB-NCP training at FCHV level	Comm	Sitagunj	15-Sep-09	21-Sep-09	7	0	18	0	0	0	0	0	0	0	0	18	0	0	0	4	0	14
109	Sunsari	CB-NCP training at FCHV level	Comm	Sahebgunj	16-Sep-09	22-Sep-09	7	0	21	0	0	0	0	0	0	0	0	21	0	4	0	4	0	13
110	Sunsari	CB-NCP training at FCHV level	Comm	Aurabani	17-Sep-09	23-Sep-09	7	0	19	0	0	0	0	0	0	0	0	19	0	2	0	14	0	3
								785	1558	31	31	29	14	136	63	19	5	2671	170	264	192	653	309	527

Note:

DAG: Disadvantaged Group

**Annex 9: Five Key Newborn Life-saving Messages** 



# **Counseling for Pregnant Women**

- 1. Possible danger signs in newborn
- 2. Newborn care
- 3. Preparedness for delivery
- 4. Pre-natal and post-natal check ups
- 5. Nutrition
  - Pregnant/Postpartum mother and child
  - Breast feeding
- 6. Possible danger signs during pregnancy
- 7. Possible danger signs during delivery
- 8. Possible postpartum danger signs
- 9. Immunization (Pregnant woman and child)
- 10. Birth spacing/control
- 11. HIV/AIDS
- 12. Next visit

About 15% mothers are in danger during pregnancy, at birth and during the postpartum period. Although it is not possible to predict problems, many possible danger signs can be managed, so the delivery should be done in hospitals to reduce the preventable death of the newborn and the mother.

#### 1. Possible danger signs in new born:

If any of the below mentioned danger signs are seen in the new born then the newborn should be taken to the nearest health post as soon as possible.

- Fever or the hands and legs are cold
- If the child is unable to suck the breast feeding
- If the mouth and lips turn into blue and the breathing rate is high
- Lethargic
- If the child is too small or underweight (below 2.5 kg)
- Redness around the Umbilical area or pus or infection
- If one big abscess or more than 10 small pustule or spots are seen in the newborn's body

#### 2. New born care:

Care to be taken right after the birth:

- Wipe with the dry, soft and clean warm cloth then cover the baby fully up to head with other clean cloth and keep the baby attached with mother's chests (skin to skin contact).
- If the baby did not cry immediate after the birth then help him/her to breath initial stimulation, Dele Suction and if not by bag and mask.
- Feed the baby colostrums within 1 hour after birth.
- The cord should be kept clean, dry and should not put anything in the stump after cutting.
- The baby should not be bath within 24 hrs of birth.

## 3. Preparedness for delivery:

The following should be prepared during pregnancy:

- Financial management for the special and usual expenses during pregnancy.
- Vehicle arrangement to take the pregnant women to the hospital in case of emergency.(if the delivery is done in the hospital the mother would get the amount of Rs. 500.00 as the transportation cost)
- Three people should be ready to donate the blood to the women in case of emergency.
- Hospital delivery is must but if in case the delivery is done at home then a packet of clean home delivery kit should be kept and the delivery should be done with the support of skilled birth attendant.

# 4. Postpartum mother/ new born check-up:

- First check up within 24 hours
- Second check up within 3 to 7 days.
- Third check up within 30 days
- Fourth check up within 42 days

### Check up during pregnancy:

- First: right after knowing pregnant
- Second: Pregnancy within 5-7 month
- Third: completion of 8 months
- Fourth: Last month of pregnancy or within 1 week before delivery.

# 7. Danger signs during delivery:

- If the labor pain for more than 12
- If the hand and or legs prolapsed before child delivery.
- If the cord prolapsed.
- Convulsion and faint.
- In case of more bleeding before or after delivery.

# 8. Possible danger signs during delivery (postpartum period):

The women should be taken to the nearest health post immediately after seeing the following danger signs.

- Fever
- Offensive discharge from vagina or severe pain in lower abdomen.
- Severe bleeding (two or more pads soaked) or discharge blood clots.

### 5. Regarding breastfeeding:

- Breast should be kept clean
- The child should be attached in the mother's chest immediate after birth.
- The baby should be breast feed within 1 hour.
- The baby should be fed colostrums.
- The baby should be only breast fed until 6 months.
- The head of the baby should be kept slightly higher while breast feeding.
- The baby up to 6 months should be breast fed in 2 hours interval in the day time and 4 hourly at night.
- The baby should be fed until he/she lefts the breast.
- After 6 months, the baby should be fed with other nutritious food along with mother's milk. The baby should be breast feeded until 2 years.

#### **Nutrition:**

- The pregnant women should always take nutritious food.
- The pregnant women should take one extra meal than usual and two extra meals after delivery.
- Green vegetables or yellow fruits or 100gm of liver should be taken daily.
- Soups and pulses.
- More water should be drunk.
- 1 tablet albendazole should be taken during the four months period of pregnancy.
- 1 tablet Iron should be taken daily from four months of pregnancy period to till 42 days of the child birth.
- Take rest for 1 or 2 hours even during the day.
- Use iodized salt in food.
- The mother should take 1 capsule of vitamin 'A' within 42 days of the child birth.

#### **Child nutrition:**

- Child should only be breast feeded until 6 months.
- After 6 months, the baby should be breast fed along

# 6. Possible danger signs during pregnancy:

If the following danger signs are seen, then the pregnant women should be taken to the nearest health facility for the check up immediately.

- If the pregnant women suffer from a severe headache.
- Blurred and fade vision.
- Oedema of hands and face.
- If severe pain in lower abdomen.
- Convulsion with stiff of upper and lower limbs.
- In case of per vaginal bleeding.

#### 9. Immunization:

- The child should be immunized 5 times within a year.
- Should inform the date, time of next vaccination during the visit.
- The mother should be informed about the given vaccination fighting against the diseases with the individual baby's card and tell them to keep it safely till the 5 years of

Severe headache     Faint, convulsion and stiffness of upper and lower limbs.	<ul> <li>with other nutritious solid food. The baby should be breast feeded until 2 years.</li> <li>After six months, the baby should be given vitamin 'A' and provide in every 6 months.</li> <li>After 1 year, the baby should be given de-worming medicines in every 6 months interval.</li> <li>The weight of the baby should be taken for the growth monitoring until 5 years of age (5 times in 2 months interval in the first year, 4 times in 3 months interval in the second and third year, 3 times in 4 months interval in fourth and fifth year; 20 times weight should be taken 20 times in total)</li> </ul>	age.  • The tetanus toxiod should be vaccinated after completion of 3 months pregnancy and two tetanus toxiod in one month interval.
<ul> <li>10. Birth Spacing:</li> <li>3 to 5 years of gap should be kept between the births of two children.</li> <li>Family planning method should be used for birth spacing.</li> <li>Pre-planning of the child's birth should be discussed among the husband and wife. (Discrimination should not be done between the son and daughter.</li> </ul>	<ul> <li>11. How to prevent HIV/AIDS?</li> <li>Don't have unsafe sex (condom should be used during sex)</li> <li>Do not have multiple sex partners.</li> <li>Only the HIV tested blood should be transfused.</li> <li>HIV/AIDS infected mother should take the Antiretroviral therapy so that the baby will be prevented from getting infected with HIV.</li> <li>Only the sterilized syringe/instruments should be used.</li> </ul>	<ul> <li>12. Next visit:</li> <li>How many times should be check up in minimum?</li> <li>The date and time for next visit should be informed.</li> <li>Things to do if some problem occurred before the time of visit should be told.</li> <li>The individual health and contact card should be brought every time during the check up.</li> </ul>

"Get your child's birth registration within 35 days of the birth to make his/her identity."

# **Annex 11A: FCHV Sheet**

# **District Public Health Office**

# **Record Form of Pregnant Women Group**

English version

**District** VDC

Ward

Tole # PWG Formed Date

S.N.	Yr	Month	New Preg	Old Preg	Delivered at	Home	Absent	Total Members	Birth Reg	Source of Fund for PWG				Remarks
			Α	В	С	D	E	F=(A+B- C-D-E)		Group	VDC	HF	Other	

# **Annex 11B: Monthly Summary Sheet**

## DHO and Plan Nepal, LIBON Project Monthly summary sheet of PWG information

District: Year: Month:	FA#:
------------------------	------

				New	Old	Delivery		Absent	Total	Birth	Fund Source to run PWG				
SN	VDC	Ward	Tole	Pregnant		HF	Home		Participant		Self	VDC	HF	Other	Remarks
				a	b	С	d	e	f=(a+b-c-d- e)						
1				u			3		()						
1															
2															<u> </u>
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
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14															
15															
16															
17															
18															
19															
20															

## **Annex 12: CHX Concept Note**

### **MEMORANDUM**

To: Jill Boezwinkle, CTO-LIBON Project/USAID

From: Bhagawan Das Shrestha, Project Coordinator, LIBON Project, Plan Nepal

**Date:** June 30, 2009

RE: Operations Research, LIBON Project: GHN –A-00-07-00006-00

Performance Coverage of Chlorhexidine (CHX) Study

The purpose of this memo is to request feedback from USAID and other relevant parties on the Operations Research design intentions for the LIBON Neonatal Survival Project of Plan Nepal.

## **Executive Summary**

Plan Nepal proposes to conduct a two-pronged study in Parsa District to determine coverage of CHX by the community at large and to assess the functionality of various delivery channels, with a particular look at its performance among Pregnant Women's Groups members in particular. Plan Nepal will be working closely with USAID's Nepal Family Health Program II in this endeavor, from design to execution to analysis. A new timeline is proposed that sets the delivery date for this research to USAID back to June 2011.

It is important to note that costs for this effort are now estimated at \$50,097 significantly higher than the \$18,225 allotted in the original LIBON DIP, but is proportional: both the original timeline and budget have tripled, and the original geographic reach has expanded from one Ilaka (sub-districts) to 12, plus one municipality. Funds to cover this increase in costs have been identified from the following sources: \$27,088 from the LIBON budget which can be re-allocated, pending a Budget Modification approved by USAID; \$2,000 from Plan USA to cover the cost of the CHX tubes; and in-kind donations from the NFHP II and the Parsa District Health Office.

## Background

The LIBON Project began as a five-year USAID Child Survival grant<sup>1</sup> to Plan Nepal in 2001 whose objectives were to improve the health of WRA and children under five with interventions including diarrhea control, pneumonia case management, child spacing, and maternal and newborn care. The LIBON project is a neonatal survival program (2007-2011) funded out of USAID Child Survival funds that focuses on extra-facility, community-based neonatal survival interventions in two Terai Districts of Nepal<sup>2</sup>. A key component of the LIBON project is the formation of Pregnant Women's Groups (PWG) as a vehicle for improving health-seeking behaviours among pregnant women and improving neonatal survival rates. One requirement of the Cooperative Agreement between USAID and Plan Nepal was an Operations Research component.

Concurrent development and testing in Nepal of CHX by third parties (Family Health Division, DPHO Banke, NHFP II; AED; Lomus Pharmaceuticals) as an antiseptic ointment for the umbilical stump of newborns has been underway recently in Nepal. Early trials have shown great success in reducing neonatal mortality; however, CHX is still in the research phase. This has presented a prime opportunity for collaborative research into this product that may well become part of LIBON's neonatal service package. Clinical efficacy and consumer preference tests have been completed, and final formulation, branding and packaging preparations are due to finish by September/ August of this year. A population-based trial of how CHX performs in the community (as opposed to a clinical setting) remains.

#### Rationale

Chlorhexidine is a topical antiseptic used on the umbilical stump of neonates to prevent newborn sepsis, a major cause of neonatal mortality in Nepal and most low-resource settings where often women deliver in non-clinical, non-sterile conditions. Use of mustard oil and other non-sterile substances on the cord stump and whole body

<sup>2</sup> Sunsari; Parsa Districts

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<sup>&</sup>lt;sup>1</sup> FAO-A-00-97-00042-00

massage of newborns is an integral part of traditional care practices in many rural communities of Nepal<sup>3</sup>. A study conducted in 2005 showed that Muslim, Terai castes and illiterate women were more likely than literate women to apply something on the stump (54.7% vs 32.5%)<sup>4</sup>.

CHX was approved for use in trial studies in Nepal by the Ministry of Health and Population in 2008 and has since undergone a series of limited trials. In a study conducted by John Hopkins University (JHU) in Sarlahi District, application of chlorhexidine to the umbilical area of neonates by project staff was associated with a 24% decrease in neonatal mortality; 34% if applied on day of delivery<sup>5</sup>. These trials have shown great promise to dramatically reduce neonatal sepsis in home deliveries; if proven successful in the community (uptake and adherence), it is poised to be endorsed as an evidence-based product for both institutional and home births in Nepal and potentially all low-resource settings.

Illustrative Plan for Operations Research

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Study	To assess the (A) Coverage and compliance of CHX by mother (0-6 months child); and (B) the					
Aim	effectiveness and costs of the various distribution channels (facilities and providers) of CHX in Nepal's					
	Terai setting to determine which as most successful as well as most resource-efficient. The most					
	successful components will be recommended to Family Health Division, DoHS, MOHP Nepal for scale-					
	up as part of Nepal's national neonatal health strategy 2004.					
Study	How does CHX perform of coverage, compliance and availability?					
Question	Thow does C1121 perform of coverage, comphanice and availability.					
Study	Parsa District, Nepal					
Location	i alsa District, repai					
Protocol	(A) Population-based HH survey of recently-delivered (past 6 months) women (RDW)					
Frotocor	(B) Assess various CHX distribution outlets (places) and providers (people) for performance and					
	preferences regarding CHX  • Private Pharmacies					
	Health Facilities (all levels)					
	<ul> <li>FCHV's – both those serving PWGs and those not</li> </ul>					
	• TBA's					
	Other traditional cord cutters					
Sampling	(A) The following population-based sampling scheme will be used:					
Frame	10,500 expected births in six months is Parsa District/ 83 VDC's/6 months/ 9 wards per VDC in a 30-					
	cluster sampling frame calculates to 370 respondents to be surveyed.					
	Sample Size for final evaluation:					
	It is estimated that a sample size of 370 respondents (i.e., Recently-Delivered Women or Cord-Cutters)					
	will be required for end-line survey. The sample size of 168 respondents is calculated from STATCALC					
	of Epi Info software. This sample size is based on population of 10,500 with p value 0.5 (assuming					
	unknown prevalence) with 15% worst acceptable of p-value 0.5 (confidence interval 7.5%) in 95%					
	confidence level. The multistage sample design will be follow. So design effect of 2 will be used for					
	cluster effects and 10 percent non-response rate. The final sample size will be 370.					
	(Note: If we take 10% least acceptable, sample size will be 816=371X2X110%.)					
	(B) Every type of CHX outlet facility (public and private Health Facilities; public and private					
	Dispensaries) in Parsa District will be assessed					
	Option B: Nearest cord cutter: snowball referral					
Data	Primary data will be collected using tested survey instruments from the NFHP II program and standard					
Sources	facility and provider assessment instruments; survey instrument design will be under the supervision of					
	Bharat Ban, M&E Specialist for the NHFP II to ensure quality and consistency.					
	facility and provider assessment instruments; survey instrument design will be under the supervision of					

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<sup>&</sup>lt;sup>3</sup> Substances such as: oil, ointment, powder, dettol, ash, "*Harro*" (medicinal herb), turmeric powder, jention violet and "*sindoor*" (vermillion); Mullany et al, 2005

<sup>&</sup>lt;sup>4</sup> VaRG and NFHP 2005

<sup>&</sup>lt;sup>5</sup> Mullany et al, 2006

## Sample data to be gathered include:

- (A) Assess CHX coverage rates in various delivery channels
  - O Document source/delivery channel for each type of cord-cutters (e.g., FCHV; Public health clinic; private health clinic; dispensary; etc.)
  - o Population coverage per cord-cutter type
  - o Compliance and attitudes per cord-cutter type (e.g., PWG member vs non-member)
  - o Document and assess monetary and logistical costs of each channel
- **(B)** Assess distribution outlet status
  - o Stock-outs/availability
  - o Supply chain issues
  - o Prices
  - o Distributor preference/attitudes about CHX
- **(B)** Assess CHX provider performance
  - o Knowledge of CHX
  - o CHX counseling skills
  - o Provision rates to expectant mothers
  - o Preference/attitudes about CHX

## Strategy

The research team will be led by a Principle Investigator from the Family Health Division, DoHS, Ministry of Health and Population; Dr. Bal Krishna Suvedi, Director. Other team members will include Bhagawan Das Shrestha, Project Coordinator, Dipak Dahal, M&E Officer for the LIBON project as Technical Lead, and NFHP II staff: Leela Khanal, Program Officer, and their M&E Specialist, Bharat Ban and Sujan Karki, Program Officer M&E will provide guidance on the survey instruments and ensure consistency with the larger study.

Role	Study Team
Principle Investigator	Dr. Bal Krishna Suvedi, Director, Family Health Division, DoHS, MOHP Nepal
Co-Investigators	Bhagawan Das Shrestha/ LIBON Project Coordinator, Plan Nepal
	Badri Shrestha/ Program Unit Manager, Plan Nepal Bara PU
	Leela Kanal/NFHP Program Officer, MNH
	Dipak Dahal/ LIBON M&E Officer
	Bharat Ban/ NFHP II M&E Specialist
	Sujan Karki /NFHP II Program Officer M&E
	Stacy Fehlenberg/Plan USA Health Advisor
	Sher Bahadur Rana/ Plan Nepal Health Coordinator
Management Team:	Plan: Bhagawan Das Shrestha, LIBON Project Coordinator
	NFHP II: Dr. Stephen Hodgins, Chief of Party; Leela Khanal, Program Officer MNH
Technical Lead:	Dipak Dahal/ LIBON M&E Officer
Survey Design	Bharat Ban/ NFHP II M&E Specialist
	Sujan Karki /NFHP II Program Officer M&E
<b>District</b> Implementing	DPHO Parsa team and Plan Nepal LIBON project team in Parsa District
Team	
Survey Translation	Local research firm
Data Collector	Plan Nepal staff in KDU and Parsa District
Recruitment	
Data Collector Training	Plan Nepal staff; NFHP staff; District Health Office staff (technical support)
Oversight of Data Entry,	Plan Nepal: Dipak Dahal, M&E Officer, LIBON Project
Analysis, Statistical	NFHP II: Bharat Ban, M&E Specialist
Report Generation	Sujan Karki /NFHP II Program Officer M&E
Findings Report Writing	<ul> <li>Family Health Division: Dr. Bal Krishna Suvedi, Director</li> </ul>
	• Plan Nepal: Dipak Dahal, M&E Officer, LIBON Project; Bhagawan Das Shrestha,
	LIBON Project Coordinator; Stacy Fehlenberg, Plan Health Advisor
	• NFHP II: Leela Khanal, Program Officer MNH; Bharat Ban, M&E Specialist, Sujan
	Karki Program Officer M&E
	Parsa District Public Health Office staff
<b>Dissemination</b> of	Plan Nepal; NFHP II; FHD (Family Health Divison)
Findings	

## Methodolgy

To conduct the population-based survey, 370 women who have delivered in the last six months will be identified and surveyed on CHX use at their delivery (if they did not cut the cord or see it cut, the actual cord cutter will be referred and interviewed). For the purpose of the study, each ward (smallest geo-political unit in Nepal) in VDC (Village Development Committee areas) unit will be treated as a cluster. In selection of the clusters, all VDCs of the Parsa District will be listed alphabetical order together with the household/population. In the first stage, 30 clusters (wards) will be selected following the probability proportional to size (PPS) method from the list. Though the sample size is 370 and it needs only 13 cord-cutters from the each sampled cluster, 14 cord-cutters will be interviewed in this study to be on the safe side on sample size (14 X 30 = 420).

A draft version of the endline survey questionnaire prepared earlier by NFHP will be reviewed and further refined after discussion in core team. The final draft of the survey questionnaire will be translated into local languages (Nepali/Bhojpuri) and pre-tested among 20 mothers/cord-cutters before administering them to field. After pre-testing the survey questionnaires will be modified as needed.

Plan Nepal, NFHP II and a local consulting firm will train data collectors for the interviews, and the facility and provider assessments. All activities will be closely coordinated with local government counterparts from the Parsa District Public Health Office. Data entry and analysis will be overseen by Dipak Dahal from Plan, Bharat Ban and Sujan Karki from NFHP II. Other Plan staff including LIBON Project Coordinator (Bhagawan Das Shrestha), Nepal Health Cooridnator (Sher Bahadur Rana) and the US Office Heath Advisor (Stacy Fehlenberg) will provide technical and managerial support to this research effort. Key USAID staff to oversee this project include Jill Boezwinkle, LIBON CTO and research oversight staff in the USAID office.

AED is responsible for social marketing of CHX and Lomus Pharmaceuticals will manufacture the CHX in lotion form in tubes (the exact packaging, branding and pricing will be determined over the upcoming months). The cost for a single tube of CHX as a stand-alone product of NRs 10/unit is expected at this time. As part of its contribution to this collaborative field trial, Plan Nepal will prepare to locate funds to cover the cost of the CHX sachets themselves, which for 20,000 women, should be approximately USD\$2,000.

#### Timeline

It is expected that CHX lotion tubes will be ready for distribution by September 2009; survey instruments should be finalized by the project team by July 2010. Data collector recruitment can occur during this time as well, with data collector modified Expert trainings beginning soon thereafter. Data collection is expected to begin in August 2010 and continue for two months. Four months will be allocated for data analysis and report generation; dissemination will begin after results have been finalized and approved by the research team, relevant government offices and donors in 2011.

Timeline	Activity	Role
July 2009	Dissemination of NFHP II CHX Community Acceptability study in	NFHP II
	Banke and Paroupakar Maternity Hospital findings to MoHP, partners	
	and donors	
August 2009	Approval for CHX 4% product from Dept of Drug Administration,	AED, NFHP II,
	Nepal	Lomus
August 2009	Revision of training materials and printing	NHFP II, Plan
September 2009	CHX production branding and packaging finalized	AED, Lomus, NFHP,
		Plan
October 2009	Purchase of CHX for District distribution	Plan
Nov 2009-	Training of health providers, FCHV, HFMC members, Traditional	Plan, NFHP
Jan 2010	Healers, TBA and traditional cord cutters on CHX	
Feb 2010 onward	CHX roll-out throughout Parsa District	DHO Parsa
Feb – July 2010	Survey instruments finalized	Plan, NFHP
	TOR finalized, consulting firm for survey translation; consultant	Plan and NFHP
	selected	
	Survey instrument pre-tested, translated, back-translated, finalized	Plan, NFHP &

		Selected consulting		
		firm		
	Sample frame finalized			
	Data collectors recruited and trained	Plan, NFHP, Selected		
		consulting firm (SCF)		
August-Sept 2010	Data collection conducted	SCF		
Oct-Nov 2010	Data entry and cleaning	SCF		
December 2010	Data Analysis	Plan, NFHP, SCF		
January 2011	Report generation	Plan, NFHP		
March 2011	Findings dissemination	Plan, NFHP, FHD,		
		DPHO Parsa		

This timeline will push the original LIBON DIP Operations Research timeline back one year. We feel this timeline makes sense both in terms of achieving quality evidence production for this critical research, as well as allows for resolution of logistical issues that are likely to arise in this conflict-prone area in Nepal's new democracy. If this concept is approved, Plan Nepal will submit an application for an extension to USAID for the Operations Research component of the LIBON DIP to reflect this timeline.

## Costs

Please see detailed and summary budgets attached to this proposal. Total current cost estimate is now \$53,017 USD for 18 months of work.

### Conclusion

It is hoped that, if proven successful in community settings, CHX may be distributed throughout Nepal (and perhaps globally) as a neonatal antiseptic for use in low-resource settings and help dramatically reduce neonatal mortality from sepsis in the critical first 24 hours of life.

Cc: Donal Keane, Country Director, Plan Nepal Dipak Dahal, LIBON M&E Officer Sher Bahadur Rana, Plan Nepal Health Coordinator Justin Fugle, Program Manager, Plan USA Stacy Fehlenberg, HIV and Health Advisor, Plan USA Stephen Hodgins, Project Director, NFHP II Leela Khanal, Program Officer, NFHP II Bharat Ban. M&E Specialist, NFHP II Sujan Karki, Program Officer M&E, NFHP II