**CHILD SURVIVAL AND HEALTH GRANTS PROGRAM**
**INNOVATION CATEGORY**

**HealthRight International**

# Partnership for Maternal and Neonatal Health (PMNH)

## Arghakhachi and Kapilvastu Districts, Nepal

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## First Annual Report
## September 29, 2009 – September 30, 2010

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## LIST OF ABBREVIATIONS

| | |
|---|---|
| AHW | Auxiliary Health Worker |
| ANM | Auxiliary Nurse Midwives |
| CB-IMCI | Community Based Integrated Management of Childhood Illness |
| CB-NCP | Community Based Neonatal Care Program |
| CHD | Child Health Division |
| DAO | District Administration Office |
| DDC | District Development Committee |
| DEO | District Education Office |
| DHO | District Health Office |
| DIP | Detail Implementation Plan |
| DoHS | Department of Health Services |
| DPO | District Project Officer |
| DPS | District Project Supervisor |
| Dr. | Doctor |
| DToT | District Training of Trainers |
| FCHV | Female Community Health Volunteer |
| FGD | Focus Group Discussion |
| HA | Health Assistant |
| HF | Health Facility |
| HFA | Health Facility Assessment |
| HFOMC | Health Facility Operation and Management Committee |
| HQ | Headquarters |
| HW | Health Worker |
| KTM | Kathmandu |
| LZH | Lumbini Zonal Hospital |
| M&EPC | Monitoring, Evaluation and Project Coordinator |
| MCHW | Maternal and Child Health Worker |
| MDG | Millennium Development Goal |
| MG | Mothers Group |
| MIRA | Mother and Infant Research Association |
| MNC | Maternal and Neonatal Care service |
| MoU | Memorandum of Understanding |
| MToT | Master Training of Trainers |
| NGO | Non-Governmental Organization |
| PAC | Project Advisory Committee |
| PD | Project Director |
| PDI | Positive Deviance Initiative |
| PHO | Public Health Officer |
| PPH | Post-partum Hemorrhage |
| SN | Staff Nurse |
| TOO | Training Operation Officer |
| TWG | Technical Working Group |
| VDC | Village Development Committee |
| VHW | Village Health Worker |
| WDO | Women Development Office |

| | |
|---|---|
| WRHD | Western Regional Health Directorate |

## Introduction

The four-year Partnership for Maternal and Newborn Health (PMNH) project aims to build an integrated continuum of maternal and neonatal care (MNC) from the household level throughout the health system. To achieve this, the project increases the quality, access, availability, demand, knowledge, and enabling environment for MNC services and infrastructure in the community and health system.

PMNH is based in Kapilvastu and Arghakhachi districts of Nepal's Western Development Region. Kapilvastu is situated in the southern terai (plains) region, and Arghakhachi is located in the central hills. Both districts are poor, rural, conflict affected, have poor access to services, and a heavy burden of health needs. The primary beneficiary population includes neonates and women of reproductive age; however, children under five, Female Community Health Volunteers (FCHVs), Health Facility Operation and Management Committees (HFOMCs), and facility-based health workers will also receive direct benefit from the project.

**Table 1: Population and Target Groups**

| Beneficiaries | Arghakhachi | Kapilvastu | Total |
|---|---|---|---|
| Total population | 242,469 | 580,467 | 822,936 |
| Total neonates | 5,987 | 13,465 | 19,452 |
| Infants 0-11 months | 8,729 | 15,054 | 23,783 |
| Children <5 years | 39,067 | 79,156 | 118,223 |
| Ever married women of reproductive age (15-49 years) | 52,642 | 138,902 | 191,544 |
| Total beneficiaries | 100,438 | 233,112 | 333,550 |
| Expected pregnancies | 6,652 | 14,964 | 21,616 |
| Female Community Health Volunteers (FCHVs) | 842 | 1,103 | 1,945 |
| Health facility-based providers | 267 | 166 | 433 |
| Health facilities (hospital to sub health post) | 43 | 79 | 122 |
| Village Development Committees (VDCs) | 42 | 77 | 119 |

## A. Main Accomplishments

### Completion of baseline assessment

The PMNH team worked closely with Nepal's leading research agency, New Era, to conduct a thorough baseline assessment in both project districts. Baseline data collection tools were completed in January after extensive review, compilation, and cross-checking of numerous required tools and indicators. The baseline household survey tool included CSHGP Rapid CATCH indicators, Core MAMAN indicators and standardized indicators required for Nepal's Community-based Neonatal Care Program (CB-NCP). Health facility assessment tools relied mainly on the Family Health Division's (FHD) National Safe Motherhood and Newborn Health Program Need Assessment Toolkit to capture data on maternal and neonatal services, referrals, and facility capacity.

By April, New Era had completed the baseline assessment, including an in-depth household survey of 1,200 recently delivered women (600 in Argakhachi and 600 in Kapilvastu) and 900 mothers of 0-23 month old children (600 in Argakhachi and 300 in Kapilvastu) using parallel 30-cluster sampling. Additional assessment components included focus group discussions with

female community health volunteers, mothers-in-law, fathers, and health facility workers; key informant interviews with local stakeholders; and health facility assessments of all district hospitals (1 in Arghakhachi, 2 in Kapilvastu), all PHCCs (2 in Arghakhachi, 3 in Kapilvastu), and all HPs in Arghakhachi (8), for a total of 16 facilities. New Era submitted two final baseline assessment reports (one on recently delivered women, one on child mothers) in July.

**Preparation and approval of detailed implementation plan**

Building on more than two years of discussion and relationship development with local partners in both project districts, PMNH project staff completed and received approval of its participatory detailed implementation plan (DIP) in August. To develop and finalize the DIP, project staff conducted stakeholder meetings with district and central-level Ministry of Health and Population (MoHP) officials, local cross-sectoral partners, international NGOs, UN agencies, and the local USAID Mission.

A central-level DIP consultation workshop was held in Kathmandu on April 30th including participants from MoHP's Policy and Planning, Child Health, and Family Health Divisions, Save the Children, UNICEF, CARE, Plan International, Helen Keller International, New Era, Nepal Family Health Program (NFHP), and the USAID Nepal Mission. New Era presented preliminary findings from the baseline assessment focusing primarily on Rapid CATCH indicators and participants provided feedback on the proposed results framework and activities via group discussion.

Subsequent district-level DIP workshops were held in each project district on May 19th in Arghakhachi and May 21st in Kapilvastu. Participants included the Chief District Officer (CDO), Local Development Officer (LDO), Women's Development Officer (WDO), District Health Officer (DHO) and staff, NGO federation representative, local NGO staff, political party representatives, and civil society representatives. Participants expressed enthusiasm and support for the PMNH project, as well as praise for the cross-sectoral approach and involvement of local government officials in key decision-making throughout the proposal and project development process across the past two years.

**IR 1 Increased knowledge of, and demand for, MNC practices and services**

Responding to a request for applications from the CORE Group, the PMNH project was selected to partner with Tufts University's Positive Deviance Initiative (PDI) to pilot the application of the positive deviance (PD) approach to maternal and neonatal health (MNH), including hosting a regional workshop on PD for MNH in Nepal likely in December 2010. Throughout the year, project staff conducted regular brainstorming and planning meetings both in person and via phone to finalize partnership details; however a formal MOU has not been signed.

**IR 2 Increased quality of MNC services and supplies at community and facility levels**

**District level program orientation workshop for all stakeholders**

An introductory workshop on HealthRight and the CB-NCP was conducted in both project districts for representatives from the DHO, District Development Committee (DDC), District

Administrative Office (DAO), WDO, District Education Office (DEO), political parties, local NGOs, and other key community stakeholders. The workshop succeeded in disseminating information on the PMNH program, CB-NCP, key contributing activities such as the management of post-partum hemorrhage, positive deviance, and operations research. Moreover, the workshop presented HealthRight as a collaborating organization that supports the government health system and local stakeholders in order to achieve national goals and targets.

**District training of trainers on CB-NCP**

In August, project teams coordinated the 7-day training of 20 district trainers from both project districts. The training was held in partnership with the CB-NCP Secretariat, Child Health Division, Western Regional Health Directorate (WRHD), and both DHOs at Lumbini Zonal Hospital. The participants were DHO staff with at least 3-5 years experience training health workers. Newborn care topics covered include: universal precautions, clean delivery practices, immediate newborn care, assessment, classification and management of newborns, managing low birth weight and birth asphyxia, as well as recording and reporting.

The training was facilitated by experienced master training of trainer doctors and public health professionals at a trainer to participant ratio of 1:4 enabling extensive emphasis on participants' understanding and retention. Furthermore, clinical observation visits to the maternity and neonatal ward of the zonal hospital contributed practical learning. All participants achieved greater than 95% accurate knowledge scores in post-test training evaluations.

**CB-NCP district planning meeting**

In September, the project coordinated a CB-NCP district planning meeting in each district with the participation of the District Health Officer, Public Health Officer, district supervisors, Ilaka health facility in charges and project staff to plan out the extensive CB-NCP training schedule. The planning meeting resulted in the scheduling of FY10/11 trainings for 12 batches of facility-based health workers, 8 batches of village health workers (VHWs) and mother child health workers (MCHW); 98 batches of female community health volunteers (FCHVs), and 25 batches of traditional healers. The entire CB-NCP training regimen is scheduled to be completed by December 2011. The training plan was circulated to the WRHD, CHD and CB-NCP Secretariat for required supervision and monitoring.

**CB-NCP training of technical health workers (Dr, HA, SN, AHW, and ANM)**

The trained district-trainers, with close mentorship of the master trainer, successfully trained the first batch of 40 facility-based health workers including physicians, health assistants (HA), staff nurses (SN), auxiliary health workers (AHW), and auxiliary nurse midwives (ANM). Held in September, the 7-day trainings were held at each district hospital and covered the same newborn care topics as described in the training of trainers above. Clinical observation at the maternity and neonatal wards of the district hospital provided an opportunity for participants to learn practically. As with the district training of trainers, the health worker trainer to participant ratio was 1:4. The training was observed by the Western Regional Health Director,

Chief District Officer, District Administration Office representative, Local Development Officer, a District Development Committee reprehensive; and District Health Officers of both districts.

On the final day, participants shared their experiences across the past seven days, illustrating their appreciation. Comments included that a) they had never participated in such a lengthy, in-depth training within the district before, and that it was an example that should be practiced by the DHO again in the future; b) that before the training they had poor newborn care knowledge and had to refer cases to the district hospital, but now felt confident to provide newborn care services themselves and support VHWs/MCHWs and FCHVs in the same manner.

**Joint supervision visits with central MoHP and DHO staff**
Joint supervision visit to Arghakhanchi and Kapilvastu had been conducted with Family Health Division, Director, Western Regional Health Director and CB-IMCI/NCP section chief in project baseline survey, CB-NCP ToT and CB-NCP health workers training respectively. Their presence to the event(s) have built enabling environment for HealthRight International to implement proposed project activities in Detail Implementation Plan and facilitated partnership with government health system.

**IR 3 Increased access to, and availability of, MNC services and supplies at community and facility levels**

**Resource sharing workshop with Women's Development Office to link women's savings and credit groups to mothers' groups**
To encourage regular participation regular mothers' groups led by FCHVs to discuss maternal and child health issues, PMNH staff coordinated a resource sharing workshop between the DHO, Women's Development Office and HealthRight in both project districts to plan an integrated approach to women's empowerment across both the health and microcredit sectors. The workshop succeeded in developing an action plan to introduce savings and credit programs in 25 mothers' groups in FY 10/11 to be funded and supported by each district's Women's Development Office.

**Health facility assessments with DHO team to determine MNC equipment and supply needs**
Building on the health facility assessments (HFAs) conducted by New Era during the baseline assessment, PMNH staff conducted HFAs in an additional 14 health facilities (sub-health posts) using the same data collection tool. Data entry and analysis remained in progress.

**IR 4 Improved social, policy, and enabling environment for MNC services and supplies**

**Project Advisory Committee formation and meetings at central and district level**
In July, the PMNH Project Advisory Committee (PAC) was formed at the central-level (Kathmandu) and in each project district as per Nepal's Social Welfare Council (SWC) and Ministry of Women Children and Social Welfare (MWCSW) 2005 guidelines. The purpose of the PAC is to provide guidance, participate in strategic planning, link the project with other resources, and take ownership and accountability of the project's activities both during and

beyond the project period. The central and district advisory committees will meet semi-annually to review project progress. PAC membership and terms of reference may be found in Annex 4.

**Finalization of the PMNH operations research concept paper**

Working closely with PMNH's local research partner, Mother Infant Research Activities (MIRA), a well-respected research organization affiliated with the London Child Health Institute, project staff finalized and received USAID approval of its operations research concept paper in September. The operations research will determine the effectiveness of a comprehensive package of maternal and neonatal health care interventions delivered at both the community and facility levels, by comparing its effectiveness to areas in which only community-based interventions are applied, with the aim of demonstrating whether and how integrated approaches can amplify impact. As a result, MIRA and HealthRight signed a memorandum of understanding (MOU) to conduct its proposed operations research in Arghakhachi district.

## B. Activity Status

All key activities planned for Year 1 have been completed on target due to effective joint planning with district and national stakeholders (see Table 2 below). Five activities are not yet on target for reasons explained in Table 2 below.

**Table 2: Key Activity Status**

| Project Objective/ Intermediate Result | Related key activities | Status | Comments |
|---|---|---|---|
| Technical Intervention Maternal and Neonatal (100%) | | | |
| IR 1 Increased knowledge of, and demand for, MNC practices and services. | 1.1.4a Finalize MOU with PDI | On target | Capacity building |
| IR 2 Increased quality of MNC services at community and facility levels. | 2.1.1a District level program orientation workshop for all stakeholders (CB-NCP and MNC) | Completed | Capacity building |
| | 2.1.1b Conduct training of district trainers on CB-NCP | Completed | Capacity building |
| | 2.1.1c Conduct CB-NCP training of technical health workers (Dr, HA, SN, AHW, and ANM) | On target | Capacity building |
| | 2.1.2a Train district trainers in management of PPH at home with misoprostol | Not yet on target | Capacity building; after DIP submission national decision-makers decided not to incorporate this training into the CB-NCP curricula, thus it will be conducted in Y2/3. |
| | 2.2.2a Conduct joint supervision visits with DHO staff | On target | Capacity building |
| | 2.2.2b Conduct joint supervision visits with central MoHP and DHO staff | On target | Capacity building |

| Project Objective/ Intermediate Result | Related key activities | Status | Comments |
|---|---|---|---|
| IR 3 Increased access to, and availability of, MNC services and supplies at community and facility levels. | 3.1.2 Resource sharing workshop with WDO to link women's savings and credit group to mother's groups | On target | Sustainability |
| | 3.2.1a Conduct health facility assessments with DHO team to determine MNC equipment and supply needs | Completed | Technical |
| | 3.2.1b Prioritize MNC equipment and supply needs with DHO and central MoHP | Not yet on target | Capacity building |
| | 3.2.1c Coordinate with Project CURE and GoN to import and deliver select equipment and supplies | On target | Capacity building |
| | 3.2.2 Facilitate small scale refurbishment for basic MNC infrastructure needs | Not yet on target | Capacity building; will be conducted after HFOMC training, which will encourage local ownership of health infrastructure needs |
| | 3.2.3 Continually assess gaps in the procurement chain for MNC supplies and medications, and work with DHO, HFOMCs, and health facility staff to address barriers using monitoring checklist. | On target | Capacity building |
| IR 4 Improved social, policy, and enabling environment for MNC services and supplies. | 4.1.1 Form and conduct regular PAC meetings at central and district level | Completed / on target | Sustainability |
| | 4.1.2 Participate in central and district MNC networks and TWGs | On target | Technical |
| | 4.2.1 Advocate at central and district level for GoN support of birthing center activation/establishment | On target | Technical |
| | 4.4.1 Develop MOU with MIRA | Completed | Capacity building |
| | 4.4.2 Develop and submit USAID OR Concept note | Completed | Technical |
| Cross cutting activities | | | |
| Reporting | Monthly reporting of community activities to district level | On target | Capacity building |
| | District quarterly report to Kathmandu office | On target | Capacity building |
| | Monthly reporting to HQ | On target | Capacity building |
| | Annual report to USAID | On target | Technical |
| | Qualitative monitoring (FGD, In-depth interview etc.) | On target | Capacity building |
| | Develop and train district staff to complete regular monitoring visit checklist | Not yet on target | Capacity building; shifted to Y2 given delays in receiving final DIP approval |
| Staff capacity | Monthly staff meetings (district and | On target | Capacity building |

| Project Objective/ Intermediate Result | Related key activities | Status | Comments |
|---|---|---|---|
| building | KTM level) | | |
| | Annual program review meeting (district and KTM level) | Not yet on target | Capacity building; planned in Y2 for November 2-4th |

## C. Contextual Factors Impeding Progress

**Political instability**

Political instability due to the expiration and negotiation of Nepal's interim constitution, frequent and occasionally lengthy strikes and protests shutting the country, the resignation and deadlock in reelecting a prime minister, as well as Nepal's possible transition to a federalist system, all have created security concerns and logistical delays. While the project's districts are not among the worst affected in the country, strikes and protests have delayed project staff members' ability to reach the office or meet with local partners both in the districts and at the central Kathmandu office. As discussed in Section I below, HealthRight has implemented an extensive security and safety protocol, and is a member of Nepal's Association of International NGOs to receive daily security updates.

**Disparate and complex baseline collection requirements**

As part of assisting the Nepal government to roll out the government-endorsed CB-NCP, PMNH was required to use a lengthy, standardized questionnaire to collect a sample size of at least 600 recently delivered women (RDW) per district, while also collecting data on USAID-required indicators for approximately 300 mothers of children less than two years old per district. To satisfy both USAID and national government sampling and indicator requirements, PMNH needed to combine both questionnaires and conduct more complex parallel sampling. Technical assistance from Jennifer Luna and Peter Winch at MCHIP was essential in building both HealthRight and New Era's capacity to conduct such a complex, large-scale baseline successfully.

**Nepal's VAT reimbursement policies and procedures**

A lack of clarity on whether HealthRight is permitted to receive government reimbursement of VAT expenses in Nepal as a centrally-funded USAID grantee resulted in delays in procuring necessary equipment and supplies. HealthRight has since decided to purchase motorbikes rather than a 4 x 4 vehicle due to budget limitations, VAT concerns, and delays receiving necessary vehicle waiver approvals. Discussions remain ongoing with the USAID Nepal Mission regarding VAT procedures.

## D. Technical Assistance Needs

In order to conduct high quality qualitative research as part of PMNH's planned operations research, as well as ongoing project monitoring, project staff will require technical assistance in qualitative data collection and analysis. Specific skills requiring strengthening include facilitating focus group discussions and key informant interviews, coding and analyzing transcript data using content analysis, and how to use qualitative software such as ATLAS.ti or

NVivo. It is expected that project staff will receive technical assistance to take on these tasks from MIRA, New Era, HealthRight's M&E and Project Coordinator, as well as HealthRight's Asia Program Manager.

Necessary technical assistance to apply the positive deviance approach to maternal and neonatal health (which will be piloted in 3-5 village development committees in Kapilvastu) will be provided by Tufts University's Positive Deviance Initiative.

## E. Substantial Changes

There have been no substantial changes from the final, approved DIP.

## F. Sustainability Progress

The project's first year of implementation included three main achievements toward sustainability.

### Co-Location of District Project Offices within the District Health Office

As a result of more than two years of developing working relationships with the local district health offices in both project districts, both offices agreed to house the PMNH project and its district-based staff within its premises, making HealthRight the only international development partner co-housed with both district health offices. Not only does this represent the direct contribution of local government resources towards the project's aims, but it has allowed project staff to build strong working relationships within their counterparts in the district health office. As such, project and district health office staff work side-by-side on a daily basis on program planning, monitoring and supervision, and evaluation in a joint effort to reduce maternal and newborn morbidity and mortality. Building the management and technical capability of DHO staff, the project thus works to ensure the DHO will have the structures and capabilities to carry on PMNH and related activities.

### Inclusion in the Government of Nepal's Red Book Annual Plan and Budget

At the national level, HealthRight was successful in including PMNH activities in the government's joint national planning and budgeting process, which also established HealthRight's identity as a key collaborating organization in maternal and newborn health. An extensive process that began in late 2009, HealthRight was successful in incorporating its planned activities into the government's overarching red book budget and implementation plan, which formally recognizes the PMNH project as a joint initiative with the government, and allows national, regional, and district-level government personnel to dedicate their time and resources toward PMNH activities. This formal recognition also has allowed HealthRight to participate in a number of national coordination and advocacy networks such as the Community-based Newborn Care Program Secretariat, Safe Motherhood and Newborn Sub-Committee, Female Community Health Volunteer Sub-Committee, etc.

### Collaboration with Women's Development Offices to link mothers' groups with savings and credit

As described in more detail in Section A, the PMNH project succeeded in developing a cross-sector collaboration with each district's Women's Development Office (WDO) to introduce savings and credit programs in 25 mothers' groups in FY 10/11 entirely funded and supported by the district's WDO. As such, women participating in mothers' groups run by FCHVs to disseminate maternal and child health information will have ongoing, sustainable access to savings and income-generation opportunities.

## G. Specific information Requested in DIP

No specific information was requested during the DIP consultation beyond the information already included in the final, approved DIP.

## H. Additional Baseline Assessment Results

While no additional baseline assessment results are available for dissemination at this time, beyond those already included in the final, approved DIP, HealthRight staff members have conducted additional health facility assessments as mentioned above, and are conducting a series of secondary equity analyses of the baseline household survey data to compare key indicators by marginalized group (i.e. caste, religion, wealth, etc.) to appropriately target activities. Results of these analyses will be shared in subsequent annual reports, once completed.

## I. Management System

In the project's first year, substantial effort was put into developing organizational and project management systems, as described below.

### Financial management system

HealthRight's headquarters-based Controller visited Nepal in early 2010 to conduct an extensive orientation and training of the Finance and Administration Officer, including training in carrying out all financial transactions using HealthRight's account ledger in QuickBooks financial software to support high quality budgeting and cost management.

### Human resources

By December 2009, PMNH's project leadership positions were filled, including the Project Director & Country Representative and Monitoring, Evaluation, & Project Coordinator. By February 2010, the recruitment of the central Kathmandu team was completed with the hiring of Training and Operation Officer, Finance & Administrative Officer, Administrative Assistant, and Office Assistant. In March, District Project Officers began working in each district, followed by the addition of two District Project Supervisors in April. Out of 10 staff hired, six are women.

A detailed employee manual, including in-depth descriptions of employee policies, procedures, and benefits, was completed and disseminated to all staff. Additionally, a security and health protocol tailored to the Nepal context, and including an emergency communication tree, was finalized and fully implemented in June.

**Communication system and team development**
HealthRight has established high quality communication systems to better project outcomes. Each district office communicates daily via internet and phone with the central office, and in tandem, the central office communicates daily via email and weekly via Skype with the headquarters office.

**PVO coordination and collaboration in country**
Throughout the year, HealthRight staff members participated regularly in PVO coordination meetings and networks both in Kathmandu at the central-level and at the district-level, including with the Nepal Family Health Program, Save the Children, CARE, Plan International, Hellen Keller International, WHO, UNICEF, and UNFPA. As such, HealthRight participated in several maternal and child health related events and activities such as the Safe Motherhood and Neonatal Sub-Committee, Reproductive Health Coordination Committee, Female Community Health Volunteer Committee, Joint Annual Review meeting, community-based misoprostol implementation guideline development meeting, and Continuing Medical Education meetings. In January, HealthRight received approval to enter the CB-NCP Secretariat and staff members visited Save's CB-NCP project in Bardiya to observe their progress, challenges, and lessons learned.

## J. Local Partner Organization Collaboration and Capacity Building

As described above, HealthRight has worked closely with government counterparts throughout the year from DIP development through activity implementation. Main partners include the MoHP's Child Health Division, Family Health Division, Ministry of Women, Children and Social Welfare, Social Welfare Council, District Health Offices, Local Development Offices, and Women Development Offices.

In January, HealthRight signed a Project Agreement with Nepal's Social Welfare Council, which serves as the government's formal approval of the PMNH project.

Mother Infant Research Activities (MIRA) is HealthRight's main local partner NGO, who is responsible for conducting the PMNH operations research in Arghakhachi district. A healthy relationship has been built between HealthRight and MIRA due to frequent communication, regular in-person meetings, and transparency.

## K. Mission Collaboration

The USAID Nepal Mission has been supportive of HealthRight throughout the reporting period, and HealthRight has remained in regular contact with its Mission contacts. HealthRight staff met with USAID Mission staff during DIP development, and staff members have participated regularly in the Mission's Child Survival Working Group (CSWG), which includes all USAID-supported child health PVOs every two months. Regular updates on project progress were given at the Mission's Annual Partner's Consultation Meeting. Finally, regular interactions with Mission personnel were held through telephone and e-mail as needed.

**Annex 1: Monitoring and Evaluation Table**

| Activity | Target/indicator | Data source | Data disaggregation / analysis | Frequency of data collection | Responsible personnel |
|---|---|---|---|---|---|
| Intermediate result 1 | | | | | |
| 1.1.1a Provide facilitative supervision for FCHVs, VHW/MCHWs and SBAs in conducting interpersonal and group education | # of facilitative supervision to FCHV - 15 FCHV<br>VHW/MCHW – 11<br>Health facilities – 7 | Project monthly report | FCHV, VHW/MCHW and HF | Monthly | DPS, DPO, TOO, M&E PC, PD |
| 1.1.1b Monitor FCHV records to ensure regular Mothers' Group meetings and one-on-one communication | >75% of mother group meeting held at project districts | HMIS | Health facility | Monthly | DPS |
| 1.1.1c Provide support to DHO and HF in conducting interaction meeting with MG's and FCHV to identify gaps in feasible and current health behavior on MNC | Increased number of interaction meeting conducted with MG and FCHVs | HMIS | Health facility | Monthly | DPS |
| 1.1.2 Support DHO and stakeholders to design local awareness raising campaigns on MNC services | 6 awareness raising campaign on MNC services | Project monthly report | | Monthly | DPO, DPS |
| 1.1.3 Provide support to DHO and HFs to implement awareness raising campaigns on key MNC policies such as the free maternity care, free essential health services and drugs etc | Increased number of awareness campaign conducted in MNC policies | Project monthly report | | Monthly | DPO |
| 1.1.4a Finalize MOU with PDI | Signed copy of MOU with PDI | Signed MOU | MOU between organizations | Once in Y2 | PD |
| 1.1.4b Implement PD process with selected communities | One PD workshop held | Project monthly report | By VDC | Monthly | PD |
| 1.1.4c Monitor PD process | PD process initiated in 3-5 VDCs | Project monthly report | By VDC | Monthly | M&E PC |
| 1.1.4d Document PD process, lessons learned, and outcomes | Summary report finalized with Tufts University | Annual report | By VDC | Monthly | DPS, DPO |
| Intermediate result 2 | | | | | |
| 2.1.1a District level program orientation workshop for all stakeholders (CB-NCP and MNC) | > 40 participant/stakeholders (DHO staff, DDC, DAO, WDO, DEO, DADO, political party representatives, local NGOs, and key community stakeholders) participated in the | Training log | By districts/stakeholders | Once in Y1 | DPO, DPS |

**Annex 1: Monitoring and Evaluation Table**

| Activity | Target/indicator | Data source | Data disaggregation / analysis | Frequency of data collection | Responsible personnel |
|---|---|---|---|---|---|
| | orientation program | | | | |
| 2.1.1b Conduct training of district trainers on CB-NCP | 20 HWs trained in CB-NCP ToT training | Training log | By districts | Once in Y1 | DPO, DPS |
| 2.1.1c Conduct CB-NCP training of technical health workers (Dr, HA, SN, AHW, and ANM) | 220 HWs trained in CB-NCP training | Training log | By districts | Monthly on Y2 | DPO |
| 2.1.1d CB-NCP training for VHWs/MCHWs | 220 VHW/MCHWs trained in CB-NCP training | Training log | By districts | Monthly on Y2 | DPS |
| 2.1.1e CB-NCP training for FCHVs | 1950 FCHVs trained in CB-NCP training | Training log | By districts | Monthly on Y2 | DPS |
| 2.1.1f CB-NCP training to traditional healers | 575 traditional healers trained in CB-NCP training | Training log | By districts | Monthly on Y2 | DPS |
| 2.1.1g Follow up after training for CB-NCP (Dr, HA, SN, AHW, ANM, and FCHV) | Follow-up after training conducted to<br>>80% of trained HWs/HFs<br>>80% of trained VHW/MCHWs<br>>10% of trained FCHVs | Training log | By districts | Monthly on Y2-3 | DPO, DPS |
| 2.1.3a Train facility-based health workers in MNC QI | 12 HWs of select HFs trained in MNC QI | Training log | Hospital, PHC, HP | Once in Y2 | TOO |
| 2.1.3b Facilitate implementation of MNC QI tool | HWs at select HFs practice MNC QI tool on service delivery | Monitoring checklist | Hospital, PHC, HP | Monthly | TOO, DPO |
| 2.1.3c Conduct supervision site visits to support MNC QI implementation | Bi-monthly supervision visit conducted to select HFs to support on MNC QI | Monitoring checklist | Hospital, PHC, HP | Bi-monthly | DPO, DPS, TOO |
| 2.1.3d Facilitate MNC QI review meeting | Quarterly review meeting on MNC QI conducted | Review meeting report | Hospital, PHC, HP | Quarterly | DPO, DPS, TOO |
| 2.1.3e MNC QI process and outcomes via site visits | | | | | |
| 2.1.2a Train district trainers in management of PPH at home with misoprostol | 20 HWs trained in management of PPH ToT training | Training log | By districts | Once in Y1 | DPO, DPS |
| 2.1.2b Train facility-based health workers in management of PPH at home with misoprostol | 220 HWs trained in management of PPH training | Training log | By districts | Monthly on Y2 | DPO |
| 2.1.2c Train FCHVs in management of PPH at home with misoprostol | 2175 VHW/MCHWs and FCHVs trained in management of PPH training | Training log | By districts | Monthly on Y2 | DPS |

**Annex 1: Monitoring and Evaluation Table**

| Activity | Target/indicator | Data source | Data disaggregation / analysis | Frequency of data collection | Responsible personnel |
|---|---|---|---|---|---|
| 2.2.1 Participate in and support annual district-wide health planning meetings with DHO staff | Supported in annual district-wide health planning meeting with DHO | Annual report | By districts | Yearly | DPO, M&E PC |
| 2.2.2a Conduct joint supervision visits with DHO staff | Quarterly supervision visits with DHO | Monitoring report | By districts | Quarterly | DPO, DPS |
| 2.2.2b Conduct joint supervision visits with central MoHP and DHO staff | Bi-annually supervision visits with central MoHP and regional staffs | Monitoring report | By districts | Bi-annually | M&E PC |
| 2.2.3 Introduce and strengthen existing maternal and neonatal death audit system at district and select health facilities | 1 District hospital and 2 PHC have maternal and neonatal death audit system | Project monthly report | By DH and PHC | Monthly | MIRA |
| 2.2.4 Support district statistician to introduce CB-NCP information system | CB-NCP database installed and functional in project districts | Project monthly report | By districts | Monthly | DPO |
| 2.2.5 Provide ongoing supportive supervision for district statistician and store keeper | Monthly meeting with statistician and store keeper conducted | Project monthly report | By districts | Monthly | DPO |
| 2.2.6 Support DHO supervisors to conduct Ilaka-level health facility data review meetings with health facility staff to ensure regular analysis of MNC services, outcomes, and health indicators | Quarterly review meeting at district supported<br>2 (in Y2 and 4) Ilaka-level review meeting conducted | Review meeting report | By districts | Yearly on Y2 and Y4 | DPO, TOO |
| Intermediate result 3 | | | | | |
| 3.1.1 Encourage emergency transport mechanisms in HFOMC trainings | Increased number of HFOMC have emergency transport mechanism | Project monthly report | By HFs | Monthly | DPS |
| 3.1.2 Resource sharing workshop with WDO to link women's savings and credit group to mother's groups | 20% of mothers' groups have saving and credit scheme | Project monthly report | MG, VDC, marginalized com | Monthly | DPO, DPS |
| 3.1.3 Develop, distribute, and update essential MNH service contact list to strengthen referral mechanisms from communities to facilities and between facilities (e.g. FCHVs, SBAs, ambulances) | 2175 community health workers (including FCHVs) and all HF have MNH contact list | Project monthly report | HFs, VHW/MCHWs and FCHVs | Monthly | DPS |
| 3.1.4 Encourage FCHVs, Mothers' Groups, and traditional healers to identify and refer pregnant women to SBAs and FCHVs for appropriate MNC services via trainings listed above. | Increased number of referral pregnant women visited HFs for MNC services | HMIS | Referred by … | Monthly | DPS |
| 3.1.5 Strengthen referral systems for MNC services from health posts and sub-health posts to PHCCs and DHs | Increased number of referral patients (women and children) in PHCCs and DHs | HMIS | Referred by … | Monthly | DPO |

**Annex 1: Monitoring and Evaluation Table**

| Activity | Target/indicator | Data source | Data disaggregation / analysis | Frequency of data collection | Responsible personnel |
|---|---|---|---|---|---|
| 3.2.1a Conduct health facility assessments with DHO team to determine MNC equipment and supply needs | HFA conducted in all HFs in EC 1 | HFA report | HFs | Once in Y1 | M&E PC |
| 3.2.1b Prioritize MNC equipment and supply needs with DHO and central MoHP | Equipment and supply need prioritization meeting conducted | Meeting report | HFs | Once in Y2 | M&E PC and Project CURE |
| 3.2.1c Coordinate with Project CURE and GoN to import and deliver select equipment and supplies | Equipment and supplies delivered to HFs of Argha | Physical count log book | HFs | Yearly | DPO |
| 3.2.2 Facilitate small scale refurbishment for basic MNC infrastructure needs | Refurbishment conducted in select HFs | Project annual report | HFs | Yearly | DPO, M&E PC |
| 3.2.3 Continually assess gaps in the procurement chain for MNC supplies and medications, and work with DHO, HFOMCs, and health facility staff to address barriers using monitoring checklist. | Procurement issues discussed in DHO, HFOMC and HF staffs regular meetings and prepared action plan | Project monthly report | HFs, HFOMCs and DHO | Monthly | DPO |
| Intermediate result 4 | | | | | |
| 4.1.1 Form and conduct regular PAC meetings at central and district level | PAC formed at central and district level. PAC meeting conducted as per ToR | Project annual report | By center and district | Bi-annually | M&E PC, DPO |
| 4.1.2 Participate in central and district MNC networks and TWGs | MNC networks and TWGs central and district level meeting participated and discussed on MNC issues | Project monthly report | By center and district | Monthly | M&E PC, DPO |
| 4.1.3 Sensitize VDC level cross sectoral partners, including religious leaders and other community stakeholders, on MNC issues and the importance of community-facility based MNC services | Increased number of cross sectoral partners interaction meeting held on MNC issues | Project monthly report | By districts | Monthly | DPS |
| 4.1.4 Advocate for HFOMC representation at annual VDC council meetings to increase use of local government resources for MNC services | >20% of VDC at project districts collaborates in local MNC health initiative(s) at VDC level | Project monthly report | By districts | Monthly | DPS |
| 4.2.1 Advocate at central and district level for GoN support of birthing center activation/ establishment | >30% of health facilities are equipped with birthing centers | Project monthly report, HMIS | By districts | Monthly | DPS, DPO |
| 4.2.2 Support HFOMCs to advocate with DHO to address gaps in essential services, drugs and commodities via HFOMC training | Increased number of interaction meeting held between HFOMCs and DHO, DDC | Project monthly report | By districts | Monthly | DPS, DPO |

**Annex 1: Monitoring and Evaluation Table**

| Activity | Target/indicator | Data source | Data disaggregation / analysis | Frequency of data collection | Responsible personnel |
|---|---|---|---|---|---|
| 4.3.1 Identify facilities lacking HFOMCs and facilitate their establishment | >80% of HFOMCs established and functional | Project monthly report | By districts | Monthly | DPS, DPO |
| 4.3.2a Train district trainers on HFOMC in best practices in management of HFOMCs | 20 DS & HW trained in HFOMCs | Training log | HWs | Once in Y2 | DPS, DPO, MIRA |
| 4.3.2b Conduct HFOMC training for HFOMC members in best practices for the management of HFOMCs | 6 HFs are trained in HFOMCs | Training log | HFOMCs | Once in Y2 | DPS, DPO, MIRA |
| 4.3.3 Conduct ongoing capacity building and facilitative supervision of select HFOMCs | Quarterly review meeting with HFOMCs | Project monthly reports | HFOMCs | Monthly | DPS, MIRA |
| 4.4.1 Develop MOU with MIRA | MoU developed in agreed between HealthRight International and MIRA | Signed copy of MoU | | Once in Y1 | M&E PC, PD |
| 4.4.2 Develop and submit USAID OR Concept note | OR concept note submitted along with DIP | OR concept note | | Once in Y1 | Nepal office and HQ |
| 4.4.3 Support data collection as delineated in MOU and Concept note | Data collection system in place | Data flow from comm. to kath | | Monthly | MIRA |
| 4.4.4 Jointly analyze data | | | | | |
| 4.4.5 Jointly publish reports, articles | OR report and article prepared and published | OR report and article | | Once in Y3/4 | M&E PC, PD, HQ |
| 4.4.6 Disseminate OR results widely | OR results disseminated | OR result disseminated | | Once in Y3/4 | M&E PC, PD, HQ |
| Reporting | | | | | |
| Monthly reporting of community activities to district level | Monthly report (DPS) submitted to district | Field monthly report | By DPS, districts | Monthly | DPS |
| District quarterly report to Kathmandu office | Quarterly report submitted to kathmandu office | Project monthly report | By districts | Quarterly | DPO |
| Monthly reporting to HQ | Monthly report submitted to HQ | Project monthly report | | Monthly | M&E PC, TOO |
| Bi-annual report to USAID Nepal Mission | Bi-annual report submitted to USAID | Bi-annual report | | Bi-annually | M&E PC, TOO |
| Annual report to USAID | Annual report submitted to USAID | Annual report | | Annually | M&E PC, PD, HQ |
| Qualitative monitoring (FGD, In-depth interview etc.) | # of qualitative monitoring conducted | Qualitative report | By districts | Annually | DPO, M&E PC, TOO |

**Annex 1: Monitoring and Evaluation Table**

| Activity | Target/indicator | Data source | Data disaggregation / analysis | Frequency of data collection | Responsible personnel |
|---|---|---|---|---|---|
| Develop and train district staff to complete regular monitoring visit checklist | 100% project staffs are trained in monitoring checklist | Training log | Project | Once in Y2 | M&E PC |
| Mid-term evaluation | Mid-term evaluation conducted | MTR report | By districts, RC indicators | Once in Y2 | M&E PC, PD, HQ |
| Final evaluation | Final evaluation conducted | FE report | Baseline and endline | Once in Y4 | M&E PC, PD, HQ |
| Final project evaluation (SWC) | SWC conducted final project evaluation | FE report | Project agreement and progress | Once in Y4 | M&E PC, PD, HQ |
| Publication and dissemination (case studies, articles etc) | Increased number of case studies and articles are published | Project monthly and annual report | | Annually | DPS, DPO, TOO, M&E PC |
| Staff capacity building | | | | | |
| Weekly staff meetings (district and KTM level) | Weekly staff meeting conducted | Weekly staff meeting minute | By central and district offices | Weekly | PD, DPO |
| Annual program review meeting (district and KTM level) | Annual program review meeting conducted | Annual program meeting report | | Annually | PD, M&E PC, TOO |

**Annex 2: Work Plan (Oct 2010 – Sept 2011)**

**Annex 2: Work Plan (Oct 2010 – Sept 2011)**

| Result | Major activity | Year 2 | | | | | | | | | | | | Responsible Personnel |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | |
| Strategic Objective Increased use of key maternal and neonatal services and practices. | | | | | | | | | | | | | | |
| IR 1 Increased knowledge of, and demand for, MNC practices and services. | 1.1.1a Provide facilitative supervision for FCHVs, VHW/MCHWs and SBAs in conducting interpersonal and group education | X | X | X | X | X | X | X | X | X | X | X | X | DPS |
| | 1.1.1b Monitor FCHV records to ensure regular Mothers' Group meetings and one-on-one communication | X | X | X | X | X | X | X | X | X | X | X | X | DPS |
| | 1.1.4a Finalize MoU with PDI | | X | X | | | | | | | | | | HQ, CR |
| | 1.1.4b Implement PD process with selected communities | | | X | X | X | X | X | X | X | X | X | X | DPO |
| | 1.1.4c Monitor PD process | | | | X | X | X | X | X | X | X | X | X | PC |
| IR 2 Increased quality of MNC services and supplies at community and facility levels. | 2.1.1c Conduct CB-NCP training of technical health workers (Dr, HA, SN, AHW and ANM) | X | X | X | X | X | X | | | | | | | TOO, DHO facilitators |
| | 2.1.1d CB-NCP training for VHWs/MCHWs | | | | | | | X | X | X | X | | | DPO |
| | 2.1.1e CB-NCP training for FCHV | | | | | | | | | | X | X | X | DPS |
| | 2.1.1f CB-NCP training for traditional healers | | | | | | | | | | X | X | X | DPS |
| | 2.1.1g Follow up after training for CB-NCP (Dr, HA, SN, AHW, ANM, and FCHV) | | | | | | X | X | | | | | | TOO, DHO facilitators |
| | 2.1.3a Train facility-based health workers in MNC QI | | | | X | X | X | X | X | X | X | | | CR, TOO |
| | 2.1.3b Facilitate implementation of MNC QI tool | | | | | | | X | X | X | X | | | TOO, DPO |
| | 2.1.3c Conduct supervision site visits to support MNC QI implementation | | | | | | | | | | X | X | X | CR, TOO |
| | 2.1.3d Facilitate MNC QI review meeting | | | | | | | | | X | X | | | CR, TOO |
| | 2.1.2a Train district trainers in management of PPH at home with misoprostol | | | | | | X | | | | | | | Central resource person, TOO |
| | 2.1.2b Train facility-based health workers in management of PPH at home with misoprostol | | | | | | | X | X | X | | | | TOO, DHO facilitators |
| | 2.1.2c Train FCHVs in management of PPH at home with misoprostol | | | | | | | | | | X | X | X | DPO, DHO facilitators |
| | 2.2.1 Participate in and support annual | X | | | | | | | | | X | | | DPO |

**Annex 2: Work Plan (Oct 2010 – Sept 2011)**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | district-wide health planning meetings with DHO staff | | | | | | | | | | | | | |
| | 2.2.2a Conduct joint supervision visits with DHO staff | | | | | | X | X | X | X | X | X | X | DPO, PC, TOO, CR |
| | 2.2.2b Conduct joint supervision visits with central MoHP and DHO staff | | | | | | | | | | X | | | CR, PC, TOO, DPO |
| | 2.2.3 Introduce near miss maternal and neonatal death review and strengthen existing maternal health audit system at district and select health facilities | | | | X | X | | | | | | | | MIRA, PC |
| | 2.2.4 Support district statistician to introduce CB-NCP information system | | | | | | | X | | | | | | PC |
| | 2.2.5 Provide ongoing supportive supervision for district statistician and store keeper | | | | | | | X | X | X | X | X | X | DPO |
| | 2.2.6 Support DHO supervisors to conduct Ilaka-level health facility data review meetings with health facility staff to ensure regular analysis of MNC services, outcomes, and health indicators | X | | | X | | | X | | | X | | | DPO |
| IR 3 Increased access to, and availability of, MNC services and supplies at community and facility levels. | 3.1.1 Encourage emergency transport mechanisms in HFOMC trainings | | | X | X | X | X | X | X | X | X | X | x | DPS |
| | 3.1.2 Resource sharing workshop with WDO to link women's savings and credit group to mother's groups | X | | | X | | | X | | | X | | | DPO |
| | 3.1.3 Develop, distribute, and update essential MNH service contact list to strengthen referral mechanisms from communities to facilities and between facilities (e.g. FCHVs, SBAs, ambulances) | X | | | | | | | | | | | | DPO, DPS |
| | 3.1.4 Encourage FCHVs, Mothers' Groups, and traditional healers to identify and refer pregnant women to SBAs and FCHVs for appropriate MNC services via trainings listed above. | | | | | | | X | X | X | X | X | X | DPS, DPO |
| | 3.1.5 Strengthen referral systems for MNC services from health posts and sub-health posts to PHCCs and DHS | | | | | | | | | | | | | |
| | 3.2.1c Coordinate with Project CURE and GoN to import and deliver select equipment | | | X | X | | | | | | | | | HQ, CR |

**Annex 2: Work Plan (Oct 2010 – Sept 2011)**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | and supplies | | | | | | | | | | | | | |
| | 3.2.2 Facilitate small scale refurbishment for basic MNC infrastructure needs | | | | X | X | | | | | | | | DPO, TO |
| | 3.2.3 Continually assess gaps in the procurement chain for MNC supplies and medications, and work with DHO, HFOMCs, and health facility staff to address barriers using monitoring checklist. | X | | | | | | X | | | | | | DPS |
| IR 4 Improved social, policy, and enabling environment for MNC services and supplies. | 4.1.1 Conduct regular PAC meetings at central and district level | | | X | | | | | | X | | | | CR, DPO |
| | 4.1.2 Participate in central and district MNC networks and TWGs | X | X | X | X | X | X | X | X | X | X | X | X | CR, PC, TOO |
| | 4.1.3 Sensitize VDC level cross sectoral partners, including religious leaders and other community stakeholders, on MNC issues and the importance of community-facility based MNC services | X | X | X | X | X | X | X | X | X | X | X | X | DPS, DPO |
| | 4.1.4 Advocate for HFOMC representation at annual VDC council meetings to increase use of local government resources for MNC services | X | X | X | X | X | X | X | X | X | X | X | X | DPS, DPO |
| | 4.2.1 Advocate at central and district level for GoN support of birthing center activation/ establishment | X | X | X | X | X | X | X | X | X | X | X | X | CR, PC, DPO |
| | 4.2.2 Support HFOMCs to advocate with DHO to address gaps in essential services, drugs and commodities via HFOMC training | | | | | | X | X | X | X | X | X | X | TOO, DPO |
| | 4.3.1 Identify facilities lacking HFMOCs and facilities their establishment | | | X | X | X | X | X | | | | | | DPS, DPO |
| | 4.3.2a Train district trainers on HFOMC in best practices in management of HFOMCs | | X | | | | | | | | | | | PC, TOO |
| | 4.3.2b Conduct HFOMC training for HFOMC members in best practices for the management of HFOMCs | | | X | X | X | X | | | | | | | MIRA, PC |
| | 4.3.3 Conduct ongoing capacity building and facilitative supervision of select HFOMCs | | | | X | X | X | X | X | X | X | X | X | MIRA |
| | 4.4.3 Support data collection as delineated in MOU and Concept note | X | X | X | X | X | X | X | X | X | X | X | X | MIRA |
| | 4.4.4 Jointly analyze data | | | | | | | | | | X | X | X | MIRA |

**Annex 2: Work Plan (Oct 2010 – Sept 2011)**

| Cross-cutting activities | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reporting | Monthly reporting of community activities to district level | X | X | X | X | X | X | X | X | X | X | X | X | DPS |
| | District monthly report to Kathmandu office | X | X | X | X | X | X | X | X | X | X | X | X | DPO |
| | Monthly reporting to HQ | X | X | X | X | X | X | X | X | X | X | X | X | CR, PC |
| | Bi-annual report to USAID Nepal Mission | | | | | | X | | | | | | X | CR, PC, HQ |
| | Annual report to USAID | | | | | | | | | | | | X | PC, HQ |
| | Qualitative monitoring (FGD, In-depth interview etc.) | X | X | X | X | X | X | X | X | X | X | X | X | DPO, DPS |
| | Train district staff to conduct verbal maternal or neonatal death audit | | | | | | | X | X | X | X | | | MIRA |
| | Develop and train district staff to complete regular monitoring visit checklist | X | | | X | | | X | | | X | | | PC, DPO, DPS |
| Staff capacity building | Monthly staff meetings (district and KTM level) | X | X | X | X | X | X | X | X | X | X | X | X | CR |
| | Annual program review meeting (district &KTM level) | | | | | | | | | | X | | | PC |

## Results Highlight

## Promising Practice: Integrating Maternal and Newborn Health Services Delivered both at the Facility and Community Levels

HealthRight's Partnership for Maternal and Neonatal Health (PMNH) project will address policy gaps creating a separation between both community-focused and facility-focused interventions, as well as neonatal and maternal interventions. As such, the project will analyze whether an innovative, integrated model of implementing Nepal's recently endorsed community-based newborn care package (CB-NCP), while simultaneously strengthening facility capacity, community-facility linkages, and maternal care throughout can amplify maternal and newborn health (MNH) impacts.

To analyze the efficacy and impact of this innovative model, HealthRight is partnering with Mother Infant Research Activities (MIRA) to conduct an extensive operations research (OR) study. The project will compare the integrated intervention with the implementation of CB-NCP only in two large geographic clusters of Arghakhachi district. Data sources will include quantitative data, such as health records and household surveys, as well as qualitative data, such as focus groups and key informant interviews, to measure the additive impacts of the integrated model on service quality, usage and MNH knowledge and practices, as compared to CB-NCP only. Evidence generated will contribute to national, regionally and global efforts to scale up high-impact MNC programs.

**Challenges addressed by the promising practice**

Separation between community-focused and facility-focused interventions: The CB-NCP includes a package of neonatal services provided at the community level, with some support from facility-based providers through their supervision of FCHVs. However, a complementary focus on strengthening facility-based MNH services and community-based maternal care is missing. While improving clinical care is challenging and higher cost, the third national review of safe motherhood and newborn health programs in January 2008 in Dhulikhel, Nepal, pointed to the need for strengthening facilities in addition to promoting community-based interventions. Recent reviews of community-based newborn care packages have found that "availability of referral services and a strong supervisory system were crucial" to the interventions' success and "would be a necessary feature of scaling up the intervention."[1]

While there have been multiple reviews of the impact of community-based newborn care packages, indicating that it is an intervention that needs to move beyond pilot/stand-alone phase,[2]there is little research describing the effects of facility strengthening in conjunction with community-based packages in promoting MNH, despite recognition that referral services and a strong supervisory system are crucial for community-based packages.

Separation between maternal and newborn care policies and programs: In Nepal, interventions to reduce neonatal mortality fall under both the CHD and FHD. Maternal health programs including pregnancy, child birth and early neonatal care are overseen by FHD, while child health programs from infancy onwards are overseen by CHD. This separation at division level is reflected in a separation of strategies, training packages, and data collection. The CB-NCP, with its focus on neonatal interventions, does not yet officially include expansion of maternal interventions, despite international agreement that

[1] Baqui, AH. Effect of community-based newborn-care intervention package implemented through two service-delivery strategies in Sylhet district, Bangladesh: a cluster-randomised controlled trial. *The Lancet*. 2008; 371: 1936–44.
[2] *ibid*.

many newborn deaths are directly related to maternal health,[3] and that programs integrating newborn health with maternal and child survival are more cost-effective than separate vertical programs focusing only on the newborn.[4] A 2007 rapid DoHS assessment of newborn health in Nepal argued that "addressing neonatal mortality requires a continuity between these elements of care, warranting closer coordination between the two divisions to ensure that neonates received due attention in both maternal and child health programs."[5] Recent steps are being taken to address this separation, such as the formation in early 2010 of a technical working group chaired by the Department of Health Services Director General to integrate maternal, neonatal and child health activities into a consolidated package to achieve MDG goals. PMNH will serve as a testing ground for this very integration to inform such policy discussions based on experiences and lessons learned on-the-ground.

**The promising practice – generating solid evidence for integration**

To address the challenges described above, while supporting the Nepal Ministry of Health and Population (MoHP) in implementing the CB-NCP, the PMNH project introduces the promising practice of simultaneously strengthening health facility capacity and community-facility linkages besides an additional focus on the maternal care component to the newborn care package, with an aim to demonstrate how integrated approaches can amplify intervention impact.

While several partners are currently implementing CB-NCP in Nepal, PMNH will be the only one conducting an in-depth OR study measuring the innovation of implementing the CB-NCP in conjunction with facility and community-facility linkage strengthening. The proposed innovation will substantially supplement the CB-NCP by strengthening MNC services at both the community and facility level, and by creating an integrated continuum of care from pregnancy through the postnatal period to ensure the health and safety of both the mother and newborn. The innovation will also generate evidence in Nepal regarding the benefits of integration by gathering rigorous quantitative and qualitative data through an operations research study to evaluate the impact of integration. The results will be the first of their kind clearly documenting and describing the process as well as the impact of this promising practice.

**A specific example of integration**

A specific example of one way the PMNH project will build upon existing evidence-based promise generated by others in Nepal for integrating maternal interventions into a primarily newborn care focused intervention package will be to integrate the introduction of community-distributed misoprostol. Based on very promising pilot results in Nepal, as of early 2010, the MoHP approved the national scale-up of community-level distribution of misoprostol tablets by female community health volunteers (FCHVs) to prevent post-partum hemorrhage in situations where injectable oxytocin is unavailable. As such, HealthRight and the PMNH districts of Kapilvastu and Arghakhachi will be one of the first to formally incorporate misoprostol messages into Nepal's standardized birth preparedness package, pre-service nursing training and MNH curricula building on Care's technical cooperation with the FHD to develop community-level misoprostol distribution training manuals, guidelines and M&E tools. By incorporating misoprostol distribution into PMNH training curricula, the project will assist in the roll-out, monitoring, and documentation of this important intervention in close cooperation with the Family Health Division and other PVOs to prevent the leading cause of maternal mortality in Nepal. In doing so, PMNH will provide a practical example of ways to best integrate this essential community-based maternal health intervention into Nepal's community-based neonatal care program.

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[3] Starrs, A. Delivering for Women. *The Lancet*. 370 (9595): 1283-1392.
[4] Lancet Neonatal Child Survival Series Executive Summary. *The Lancet*. March 2005.
[5] DoHS. Newborn Health and Programs in Nepal: A Rapid Assessment of Neonatal Health in Nepal. May 2007.

**Annex 4: Project Advisory Committee Formation**

**Partnership for Maternal and Neonatal Health Program**
**Central level Project Advisory Committee**
**First Meeting (23rd July, 2010)**

**Presence**

1. Dr. Chhewang Namgel Lama (Sherpa),Member secretary Social Welfare Council
2. Raju Joshi, Planning and Program Director Social Welfare Council
3. Dr. Laxmi Raj Pathak, Policy, Planning and International Cooperation Divison (PPICD), MoHP
4. Ram Prasad Bhattarai, Under Secretary Ministry of Women, Children and Social Welfare (MoWCS)
5. Dr. Dharma Sharan Manandhar, President Mother Infant Research Activities (MIRA)
6. Ms Chandra Rai, Project Director and Country Rep, HealthRight International
7. Mr. Bijay Bharati, Project Coordinator, HealthRight International
8. Mr. Hari Rana, Training and Operation Officer HealthRight International

**Agenda and Decision**

1. Introduction to HealthRight International and its project
   Brief Introduction on HealthRight International's organization profile and its project; Partnership for Maternal and Neonatal Health Program was done by project staffs Bijay Bharati and Hari Rana respectively.

   *Discussion*
   *AMDA Minds Nepal is in process of health project agreement in SWC that has same districts as PMNH project; Kapilvastu and Arghakhachi thus, duplication in program/project would be a challenge that should be checked in advance. MoWCS is taking lead in project agreement facilitation process; participated by seven ministries representative that will look into it and act. Furthermore, Director- PPICD shared that AMDA Nepal has not approached MoHP for health project approval, while doing so, duplication will be checked.*

   *PPICD is piloting an approach that facilitates local governance at district level and proposed HealthRight International to implement on one of the project district if feasible.*

2. Project Advisory Committee formation
   Seven members Project Advisory Committee (PAC) for Partnership for Maternal and Neonatal Health (PMNH) project was formed in chairperson of Dr. Chhewang Namgel Lama (Sherpa), Member Secretary to Social Welfare council. The list of committee members is as followings;

| | |
|---|---|
| Chairperson | Dr. Chhewang Namgel Lama (Sherpa), Member Secretary, Social Welfare Council |
| Co-chairperson | Chandra Rai, Director – HealthRight International |
| Member | Dr. Laxmi Raj Pathak, Director – Policy Planning and International Cooperation Division, MoHP |

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| Member | Raju Joshi, Director – Planning and Program Division, Social Welfare Council |
| Member | Ram Prasad Bhattarai, Under Secretary – Institution and Organization Section, MoWCS |
| Member | Dr. Dharma Sharan Manandhar, President – Mother and Infant Research (MIRA) |
| Member | Bijay Bharati, Project Coordinator - HealthRight International |

3. Project Advisory Committee scope of work

   PAC members upon constructive discussion and argument came to following role and responsibilities that PAC will perform as steering committee for the PMNH project over project period;

   - Provide strategic advice and recommendations in relation to project planning, execution and safety
   - Meet twice in a year to advice on, participate in and promote the continuous improvement of the project through regular review meeting and monitoring visits.
   - Discuss on issues whose resolution is critical to the success of the project in meeting project performance, budget, and provide continuity of oversight until the completion of the project.
   - Cultivate cross-sectoral awareness, linkage and improvement of the project activities and practices in districts and nationally

4. Closing

   Closing remarks on delivered by Dr. Chhewang Namgel Lama (Sherpa), Member Secretary, Social Welfare Council, PAC chairperson summarizing the discussion; PAC will act as steering committee that will review the progress and challenges of the PMNH project on matters related to policy, planning, implementation, evaluation, safety and provide considered and expert advice. He further added, SWC is preparing a database for I/NGOs that will ensure rights to information and facilitate transparency in program/projects. Finally he requested that, “SWC is open to serve I/NGOs but come with problem that are at initial stage not with chronic and unmanageable at SWC level.” Nevertheless, he thanked to the participation of all PAC members and HealthRight International on following SWC norms and procedure.