

# First Annual Report

## PARIVARTAN ("Transformation")



Photo by Prashant Missal

Sahibganj District  
Jharkhand, India

### **Christian Reformed World Relief Committee (CRWRC)**

*In Partnership with:*  
Evangelical Fellowship of India Commission on Relief (EFICOR)

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## TABLE OF CONTENTS

List of Acronyms	4
A. Major Accomplishments	6
B. Activity Status	7
C. Constraints to Achieving Goals and Objectives	10
D. Technical Assistance Required	11
E. Program Changes	11
F. Progress Towards Sustainability	11
G. Responses to Recommendations from Midterm Evaluation	11
H. Specific Information	11
1. Social and Behavior Change Strategy (First Year Only)	
2. Progress Towards Phase Out (Projects Entering Final Year)	
3. Expanded Impact Project Reporting	
4. Family Planning Reporting	
5. Tuberculosis Reporting	
I. Management System	12
J. Local Partner Organization Collaboration and Capacity Building	14
K. Mission Collaboration	14
L. Other Relevant Topics	14
M. Annexes	15

## LIST OF ACRONYMS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
ASHA	Accredited Social Health Activist
AWC	Anganwadi Center
AWW	Anganwadi Worker
BCC	Behavior Change Communication
BDO	Block Development Officer (local government)
BMI	Body Mass Index
CBO	Community-Based Organization
CCI	Community Capacity Indicator
CDPO	Child Development Program Officer (local government)
C-IMCI	Community-based Integrated Management of Childhood Illnesses
CRWRC	Christian Reformed World Relief Committee
CSSA	Child Survival Sustainability Assessment
CSTS+	Child Survival Technical Support
DBC	Designing for Behavior Change framework
DIP	Detailed Implementation Plan
DPO	District Program Office (local government)
EFICOR	Evangelical Fellowship of India Commission on Relief
EHA	Emmanuel Hospital Association
EPI	Expanded Program on Immunization
GOI	Government of India
H&FW	Ministry of Health and Family Welfare (Government of India)
HMIS	Health Management Information Systems
HSC	Health Sub-Center
ICDS	Integrated Child Development Services Project
IFA	Iron Folic Acid vitamin supplement
IMCI	Integrated Management of Childhood Illness
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IPT	Intermittent Preventive Treatment (of malaria for pregnant women)
ITN	Insecticide Treated Net
KPC	Knowledge, Practices, and Coverage (survey)
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MNCHN	Maternal, Newborn, and Child Health and Nutrition consortium
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NRHM	National Rural Health Mission
OCI	Organizational Capacity Indicator
OR	Operations Research
ORT/ORS	Oral Rehydration Therapy/Solution
PHC	Primary Health Center
PIP	Project Implementation Plan

PIT	Project Implementation Team
PMT	Project Management Team
PRA	Participatory Rural Appraisal
PVO	Private Voluntary Organization
RCH	Reproductive and Child Health Program (of H&FW)
SBA	Skilled Birth Attendant
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TT	Tetanus Toxoid
TTBA	Trained Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHC	Village Health Committee
WCD	Ministry of Women and Child Development (Government of India)
WHO	World Health Organization

## **A. Major Accomplishments**

The majority of the first year was spent recruiting and hiring new staff, setting up offices, conducting baseline assessments and preparing the Detailed Implementation Plan (DIP). One Project Manager (PM), one Monitoring and Evaluation Officer (M&EO), one Project Accountant (PA), three Block Coordinators (BCs), and 24 Cluster Supervisors have been hired. Vacant positions include two Block Coordinators and three Cluster Supervisors. Four offices were set up in four different blocks. All offices are now functioning in Barharwa, Tinpahar, Barhait, and Sahibganj (Sahibganj is the main project office as well as the block office). A list of all of the DIP-related activities that took place from October to May 2008 can be found in Annex 1. The DIP was approved by USAID on June 5, 2008. The remaining months in the first year were dedicated to extensive training and team building with the Parivartan project staff, building relationships with the local Government in Sahibganj (District and Block level), and mobilizing communities in targeted villages.

### Training and Team Building for Parivartan Staff

It is important to note that the staff come from many ethnic backgrounds including Santals, Maltos, and Hindi speaking Hindus, Muslims and Christians. Because of this diverse background of staff, and diverse groups of community members (same ethnic groups as noted), orientation was given on the different ethnic groups. Staff were then assigned to live in their working areas to learn more about the communities in which they would be working. A summary of training for Parivartan staff can be found in Section B under Strategic Objective 1.

### Building Relationships with the Local Government

With the support of the Government, orientation to the Parivartan project was given to the District Collector, the District and Block level health officers (Ministry of Health and Family Welfare) and the Integrated Child Development Services Project (ICDS) officers (Ministry of Women and Child Development) on 18 August 2008. In addition, orientation was given to Auxiliary Nurse Midwives (ANMs) and Anganwadi Workers (AWWs) in seven blocks. This was done at the Block and Primary Health Center (PHC) level in the presence of the Medical Officer in-charge and Child Development Program Officer (CDPO).

### Mobilizing Communities in Targeted Villages

Lastly, Participatory Rural Appraisals (PRAs) and village mapping exercises were conducted in 480 villages to identify Traditional Birth Attendants (TBAs), Village Health Committees (VHCs), Sahiyaas (also known as Accredited Social Health Activists), ANMs, AWWs, and Self Help Groups. Orientation was given and rapport was built with these groups in all 480 villages. Additional activities were started according to the work plan and can be found in Section B.

## B. Activity Status

Key Activities	Status of Activities	Comments
<b>1.1 Build the organizational capacity of EFICOR/ Parivartan for a sustainable impact on maternal and child health</b>		
Training on Primary Health Care for PM, M&EO, BCs, and CSs	Completed	35 Parivartan staff were trained in two phases by Prem Jyoti Hospital. First phase from 31 March to 4 April 2008. Second phase from 21 April to 25 April 2008. 22 CSs were trained on community organization at Barharwa by PM, M&EO and BCs.
Training on specific areas of Primary Health Care for PM, M&EO, and BCs by Jamkhed	Completed	22 Parivartan staff went to an on-site training at the Comprehensive Rural Health Project, Jamkhed, Maharashtra from 18 August to 22 August. It was felt that the field should not be vacated completely; therefore, the Project Manager and M&EO did not go to Jamkhed. 22 Parivartan staff were trained about immunization by Mr. Rathore, UNICEF (District Coordinator).
Learning Exchange to Bangladesh Child Survival Project (CSP) for PM and M&EO	Completed	The PM visited Bangladesh CSP from 4 May to 11 May 2008. The M&EO could not visit because he was sick (malaria) during this time.
PM, M&EO, and BCs visit World Vision program in Uttar Pradesh to learn about Health Management Information Systems (HMIS)	Completed	PM, M&EO, 4 BCs, and Accountant visited World Vision Child Survival Program at Lucknow, Uttar Pradesh from 7 July to 11 July 2008. This was mainly for learning about Behavior Change Communication (BCC) and nutrition programming.
Training on HMIS development and Lot Quality Assurance Sampling (LQAS) for PM, M&EO, and BCs	Completed	HMIS training was provided to M&EO by HOPE Foundation in New Delhi from 16 September to 19 September 2008. The M&E Plan from the DIP can be found in Annex 2 along with a draft Monitoring Form that was developed in October 2008.
Training on Child Survival Sustainability Assessment (CSSA) and community capacity building for PM, M&EO, BCs, and CSs	On target	PM was trained on CSSA in Dhaka, Bangladesh on 11 May 2008. Additional training will be conducted by CRWRC Development Consultants from 2 November to 7 November 2008.
Training on Designing for Behavior Change (DBC) for EFICOR HQ staff, PM, M&EO, and BCs	Completed	BCC training was conducted from 22 September to 27 September 2008 for EFICOR HQ staff, PM, M&EO, BCs and other Maternal, Newborn, Child Health and Nutrition Consortium partners.
Training on financial management for accountant, BCs, PM, and M&EO	Completed	EFICOR HQ Finance Manager visited the Parivartan project and gave the staff an informal training on accounting. The CRWRC Accountant also visited the project, conducted training and reviewed finance procedures. Monthly consultancy on finance is taking place.
<b>1.2 Strengthen and sustain community capacity for maternal and child health</b>		
Selection of Sahiyaas in coordination with Vikas Bharti	Completed	Vikas Bharti and Grampradyogik Vikas Sansthan (GPVS) have selected the Sahiyaas in all of the blocks. Staff have identified 316 Sahiyaas and are now setting up training.

Key Activities	Status of Activities	Comments
Group formation and/or strengthening to create awareness about the appropriate maternal, newborn and child health care practices	On target	Self Help groups have been identified and Parivartan staff have built rapport with them and oriented them about project. Beginning in November 2008, groups will be trained and given aware on appropriate maternal, newborn and child health care practices.
<b>1.3 Strengthen and sustain local government capacity for maternal and child health</b>		
District level coordination committee meetings	On target	PM and M&EO attend district level meetings with the ICDS and the Health Department every month. There is no formal district level coordination meeting. ICDS and the Health Department do their meetings separately, therefore the Parivartan project will facilitate this coordination committee from November 2008 where the District Collector will chair the meetings. The Government has approved this.
Block level coordination committee meetings	On target	Block level meetings of ICDS and the Health Department were attended by Block Coordinators along with Cluster Supervisors. This takes place in each block on the 26 <sup>th</sup> of every month.
Network meetings of NRHM at State and District Level	Not on target yet	This has just started and plans are in place for regular meetings.
<b>2.1 Increase knowledge about and access to community-based antenatal care for women</b>		
Coordinate ANM and ICDS to provide Tetanus Toxoid (TT) vaccine and iron folic acid (IFA) tablets for all pregnant women	On target	Coordination happens with the Health Department and ICDS regularly to provide TT vaccine and IFA tablets for all the pregnant women.
<b>2.2 Increase access to safe delivery practices and referrals for mothers</b>		
Network between Village Health Committee (VHCs) and Primary Health Center to provide quality and accessible emergency obstetric care	On target	VHCs are mostly non-functional. People are not aware of the members of VHC and its function. Selection of VHC members has taken place without the knowledge of people. The Parivartan project has spent much time working with the local Government to discover who the members are. Soon staff will begin working to strengthen these groups.
Establish referral system between Primary Health Center and Sahiyaas/Trained Traditional Birth Attendant (TTBA)	Not on target yet	Sahiyaas and TBAs have been identified. Training will begin in October 2008. The establishment of a referral system is just beginning.
<b>2.3 Increase knowledge about and access to home-based postpartum care for mothers and newborns</b>		
Network between VHC and Primary Health Center to provide quality and accessible emergency post-natal or newborn care	Not on target yet	Since VHC is non-functional, this activity is not feasible through the VHC yet.
Establish referral system between Primary Health Center and Sahiyaas/TTBA	Not on target yet	Sahiyaas and TBAs have been identified. Training will begin in October 2008. The establishment of a referral system is just beginning.

Key Activities	Status of Activities	Comments
<b>3.1 Increase rate of immunization and vitamin A supplementation among children</b>		
Coordinate with the Ministry of Health and Family Welfare (H&FW) to provide BCG, DPT, OPV and measles vaccines to all children under 2	On target	During the coordination meeting with the Government, project staff are notifying Government Officials of stock outs and the need for vaccines. A major concern is the cold chain and the lack of vaccines getting to the villages. Parivartan is working on this by meeting with Government officials to improve service to the villages.
Coordinate with ANM to distribute immunization cards to mothers of children under 2	On target	Cluster Supervisors are taking an active role in ensuring that immunization cards are given to the mothers of children under 2. CSs are also encouraging the mothers who do not have immunization cards to get them soon and immunize their children. CSs are bringing them to the Health Sub-Centers.
Ensure equal access to immunization for all children through regular awareness/sensitization campaign in excluded community	On target	Cluster Supervisors have raised awareness in the community (especially among mothers) about the importance of immunization through meetings and one-to-one counseling. ANMs are being motivated by Block Coordinators to visit the site for immunization regularly as per Government standard. Sahiyaas are getting motivation from CSs and BCs to ensure all mothers and children are vaccinated.
Coordinate with H&FW to have Vitamin A available at Health Sub-Center during immunization days	On target	Being carried out. Stock is sometimes an issue and staff are trying to address this at Government meetings.
Facilitate strengthening of NHD (Nutrition and Health Day) processes	On target	Staff are attending NHDs and encouraging attendance among the community. More coordinated efforts will start in year 2.
<b>3.2 Strengthen Growth Monitoring and Promotion services through the Anganwadi Center</b>		
Coordinate with ICDS to provide every Anganwadi Center (AWC) with functional scales and growth monitoring cards	On target	PM has discussed with the District Program Officer (DPO) and Block Coordinators with their respective CDPO about the issue of giving functional scales and growth monitoring cards to all AWCs. The CDPO informed them that half of the AWCs have weighing scales and assured that remaining would be given soon. Some AWCs have functional scales given by UNICEF, but the (AWW) is not weighing the child because they have not been trained how to weigh. Therefore, the Parivartan staff will train the AWW on weighing and maintaining growth monitoring cards.
<b>4.1 Improve coverage of malaria prevention efforts among pregnant women and children</b>		
Coordinate with government to make insecticide treated nets available to every household with children under 5 and pregnant women	On target	According to the District Malaria Officer, 30,000 mosquito nets were distributed throughout the district in the last 12 months. This year the Government is going to recruit 50 multipurpose workers in Sahibganj whose main work will be collecting slides within 24 hours of symptom onset and providing the medicines with malaria kits. UNICEF is going to distribute insecticide treated nets (ITNs) in Borio and Barheit blocks. UNICEF wants Parivartan to help with the logistics. Also note that CRWRC Development Consultant met with District Malaria Officer. Parivartan staff are working along with UNICEF and the Government on malaria prevention especially among women and children.

Key Activities	Status of Activities	Comments
<b>4.2 Improve diarrheal disease prevention among children</b>		
Ensure basic drugs (i.e., zinc and ORS) are available to the community at the ICDS center	On target	AWCs have oral rehydration solution (ORS), but zinc was not available. Parivartan staff will ensure that zinc is available from the Government in year two. Cluster Supervisors have been motivating people (especially pregnant and lactating mothers) to get ORS from the AWC when they have diarrhea.
<b>4.3 Improve coverage of treatment and referral for acute respiratory infection</b>		
Ensure basic drugs (i.e., cotrimoxazol) are available to the community	On target	Parivartan staff have been meeting with Government officials and will concentrate more on this in year two. This is a topic in the monthly meetings with Government officials.

### C. Constraints to Achieving Goals and Objectives

#### Challenge #1

Regular transfer of Government health service providers affects the work. It consumes a lot of time to orient the new staff about the Parivartan project.

**Actions taken and/or to be taken:** Parivartan staff invited new Government officials to the working areas and also met with them at their offices to share about the project. Parivartan staff have also asked outgoing Government staff to orient the new Government staff about the Parivartan Project.

#### Challenge #2

Failures of previous NGOs to work faithfully among the community was initially an obstacle due to the lack of trust of the community in the Parivartan staff.

**Actions taken and/or to be taken:** Regular meetings with the people in each community has developed good relationships and trust with the communities.

#### Challenge #3

During cultivation period, it can be more difficult to organize pregnant women and community people for meetings.

**Actions taken and/or to be taken:** Effort will be made to find the appropriate time to meet with the community people during cultivation time.

#### Challenge #4

Shortage of vaccines is a major barrier to the complete immunization of mothers and children. This is a major area of dialogue with the Ministry of Health and Family Welfare, but due to lack of cold storage in PHC, the solution for this problem is not clear.

**Actions taken and/or to be taken:** Parivartan staff have held meetings with UNICEF and they are trying to address this problem. UNICEF considers it a major issue and has requested Parivartan's help in ensuring vaccines get to the communities. Dialogue is ongoing.

## Challenge #5

Because of hilly and difficult terrain it is difficult for staff to visit all of the villages.

**Actions taken and/or to be taken:** EFICOR plans to add two Block Coordinators and three Cluster Supervisors to help in the more difficult areas. In addition, CRWRC and EFICOR have developed a plan for dividing the 1,297 villages in Sahibganj into “high intensity” and “low intensity” villages based on the results of the Knowledge, Practices and Coverage (KPC) survey. The Parivartan project plans to target approximately 700 to 800 high intensity villages with the full package of interventions at the health facility and community levels as described in the DIP. The Parivartan project will work in the remaining villages at the health facility level only. The Project Management Team will be making the final selection of high intensity villages in the first quarter of the second year.

### **D. Technical Assistance Required**

Technical assistance is needed in monitoring and evaluation. The M&E Officer will be attending “Monitoring and Evaluation of Population, Health and Nutrition Programs” workshop at the Institute of Population and Social Research in Bangkok from 24 November to 12 December, 2008. CRWRC staff are providing ongoing support in capacity building and the Child Survival Sustainability Assessment (CSSA) framework. Technical support in M&E will also be contracted as needed from the HOPE Foundation in New Delhi and World Vision India. CRWRC and EFICOR will also be contracting support from Society for Participatory Research in Asia (PRIA) in PRA as needed. For operations research, Emmanuel Hospital Association has been contracted to help with the design and implementation of the malaria operations research.

### **E. Program Changes**

There were no substantial changes to the project description from the DIP.

### **F. Progress Towards Sustainability**

CRWRC Capacity Development Specialist will be conducting a four day workshop on the CSSA framework, Organizational Capacity Indicators (OCI) and Community Capacity Indicators (CCI). Staff will be selecting indicators and then plotting a baseline. This will be completed from 2 November to 6 November, 2008. Annual CSSA assessments will then take place. CRWRC will provide ongoing support in this area using lessons learned from the Bangladesh Child Survival Program.

### **G. Responses to Recommendations from DIP**

There was no further information requested following the submission of the DIP on July 31, 2008.

### **H. Specific Information**

#### **1. Social and Behavior Change Strategy (First Year Only)**

There was no additional baseline information collected since the final DIP was submitted on July 31, 2008. EFICOR and Parivartan staff attended a six-day Designing for Behavior Change workshop in September 2008. They are in the process of using the new knowledge and skills from this workshop to plan their behavior change activities. The first quarter of

year two will be focused on finalizing their behavior change strategy. The current strategy can be found in Annex 5.

## **2. Progress Towards Phase Out (Projects Entering Final Year)**

This is our first year of implementation; therefore, this section is not applicable.

## **3. Expanded Impact Project Reporting**

This is not an expanded impact project; therefore, this section is not applicable.

## **4. Family Planning Reporting**

This project does not include a family planning component; therefore, this section is not applicable.

## **5. Tuberculosis Reporting**

This project does not include a tuberculosis component; therefore, this section is not applicable.

# **I. Management System**

## ***Financial Management System***

There is a full time accountant based in Sahibganj who carries out all day-to-day accounting and banking. He makes monthly visits to each block office to check account records and updates the asset register of the particular block. Every quarter vouchers are brought to the EFICOR office for review in New Delhi. All financial policies are in place. The EFICOR Finance Manager has visited the project and trained the accountant. The CRWRC accountant visits EFICOR on a quarterly basis, reviews accounts monthly and consolidates the financial report.

## ***Human Resources***

By the end of September 2008, the Parivartan project has one Project Manager, one Monitoring and Evaluation Officer, one Project Accountant, three Block Coordinators and 24 Cluster supervisors. Getting new block coordinators from the district / state is becoming quite difficult and people are not interested to come to Sahibganj due to its remoteness. The Parivartan project is currently recruiting for two more Block Coordinators (for a total of five) and three more Cluster Supervisors (for a total of 30). This will help the Parivartan project to reach the more remote villages and can be achieved with the current amount budgeted.

## ***Communication System and Team Development***

There are three layers of teams and communication systems in the project: the Project Implementation Team (PIT), the Project Management Team (PMT), and the Advisory Group. At the field level, there is the PIT consisting of the Program Manager, the M&E Officer and the Block Coordinators. The PIT meets once a month in the Sahibganj office to discuss the implementation and other administrative matters. During this meeting Block Coordinators submit their monthly work plan to the Project Manager. In addition, Cluster Supervisors gather once a week to prepare a weekly work plan and review the last week's work plan. During this time, Block Coordinators train them on health issues. In addition, the Project Manager communicates two to three times per week with the EFICOR Program Coordinator.

There is also a Project Management team (PMT) consisting of the Program Manager, the M&E Officer, the EFICOR Program Coordinator, the EFICOR Director of Programs, and the CRWRC Regional Health Advisor for Asia. The PMT is involved in setting policy and management decisions for the Parivartan project. The PMT meets on a quarterly basis with ongoing communication between CRWRC and EFICOR at least once per week.

The final layer is the Advisory Group which includes ten experts in maternal and child health and participatory community development. The Advisory Group meets twice per year and is chaired jointly by CRWRC and EFICOR. The first meeting was held in July 2008 and the next meeting was scheduled for December 2008. The meeting focuses on specific issues that have arisen from the PMT and PIT.

### ***Local partner relationships***

The Parivartan Project has a good relationship with local partners including the Prem Jyoti Hospital, the local Catholic missions, Vikas Bharati and UNICEF. The Parivartan Project Manager is a newly appointed board member of Prem Jyoti Hospital as well as a new board member of the Government Rajmahal Primary Health Center. The Parivartan Project has gained much support and is becoming well known in the District.

### ***PVO coordination/collaboration in country***

EFICOR is a member of the CRWRC Learning Circle which consists of the four partner organizations of CRWRC in India. This group meets regularly for training and dissemination. In April 2008, they met for a workshop on Results Based Management. All Learning Circle members also attended the Designing for Behavior Change workshop in September 2008.

EFICOR also maintains a close relationship with the USAID-funded VISTAAR project. VISTAAR has given EFICOR a desk in Ranchi and the EFICOR Director of Programs visits Ranchi on a quarterly basis for networking purposes.

Following the primary health care training at Jamkhed, the Parivartan project has continued to develop their relationship with Jamkhed. The Jamkhed model will have a great influence on the design of the Parivartan project and the Parivartan staff will stay in contact with Jamkhed staff for technical assistance as needed.

### ***Other Relevant Management Systems***

This Parivartan project is under the Development Team of EFICOR which is supervised by the Director of Programs. The Director of Programs will be assisted by the EFICOR Manager of the Food Security Program and the EFICOR Program Coordinator to visit the Parivartan project on a quarterly basis. The EFICOR Development Team reviews progress of all projects on a monthly basis and also gives monthly written/verbal feedback on progress reports. EFICOR Parivartan staff attend EFICOR meeting twice per year for team building and development. The EFICOR Directors (Director of Programs and Relief, Director of Operations, Director of Training, and Executive Director) meet quarterly to assess progress on all programs, including the Parivartan project, and respond to any questions from CRWRC as well as determine if the Parivartan project has sufficient training and supervision.

## **J. Local Partner Organization Collaboration and Capacity Building**

The Parivartan project has collaborated with Prem Jyoti Hospital for training Traditional Birth Attendants (TBAs) from Barheit, Patna and Borio blocks. Prem Jyoti Hospital has 118 Malto community health volunteers and the Parivartan project plans to use these volunteers to provide health education to pregnant and lactating Malto mothers and motivating husbands and in-laws to take care of pregnant women and children. This partnership makes it easier to reach the Malto communities, which are some of the most marginalized communities in the District. Prem Jyoti has also been contracted to give all of the training for TBAs and adapt the syllabuses for the AWWs and Accredited Social Health Activists (ASHAs). Vikas Bharati was assigned by the Government (2005) to select the village health committees (VHCs) and the Sahiyaas (also known as ASHAs). The Parivartan project aims to empower the VHCs and Sahiyaas by providing training, follow up, ongoing information and motivation. The Parivartan project is also collaborating with Miriampahar Catholic Mission for work with CHVs and with UNICEF for work with immunization and malaria control.

## **K. Mission Collaboration**

CRWRC and EFICOR are part of the Maternal, Newborn, Child Health and Nutrition (MNCHN) consortium which is coordinated by the USAID Mission. EFICOR and Parivartan staff regularly attend and host (on rotation) the MNCHN meeting every quarter. The objectives of this consortium are 1) to provide a platform to share experiences and lessons; 2) to build consensus on the best evidence based sustainable models; 3) to promote the selected models/approaches for adoption at scale to improve MNCHN in India.

EFICOR also attends the Population, Health and Nutrition meeting conducted twice a year by the USAID Mission in New Delhi. In addition, CRWRC and EFICOR hosted the Designing for Behavior Change workshop for 27 members of the CRWRC India Learning Circle, MNCHN member representatives from four organizations, and Parivartan staff.

CRWRC and EFICOR will share its annual reports with the mission and schedule periodic meetings with the appropriate personnel for feedback. CRWRC will also request that the USAID India Mission participate in the midterm and final evaluations of the Project, if possible. This could include participating on the evaluation team, being involved in dissemination and providing feedback on the evaluation subsequent recommendations.

## **L. Other Relevant Topics**

### ***Operations Research***

In the Advisory Group meeting, it was decided that operations research will be carried out on an aspect of malaria prevention and treatment. Emmanuel Hospital Association is currently developing a draft research design proposal and this will be shared with CRWRC in November 2008. CRWRC and EFICOR will amend the draft as needed.

## **M. Annexes**

Annex 1: Description of DIP Preparation Process

Annex 2: Monitoring and Evaluation Plan and Draft Monitoring Form

Annex 3: Year Two Workplan

Annex 4: Year Two Budget

Annex 5: Social Behavior Change Strategy (for 1<sup>st</sup> Annual Report)

## Annex 1. Description of DIP Preparation Process

Activities	Date	Location	Facilitator	Participants
<b>Parivartan Project Start-up</b>				
Drafting and finalization of budget	December 1-31, 2008	Dhaka and New Delhi	CRWRC Regional Health Advisor	EFICOR Program Coordinator, EFICOR Director of Programs
Agreement (Permission) from other Government offices	December 12, 2008	Sahibganj	EFICOR Director of Programs	Civil Surgeon, Sahibganj District
Hiring of Project Manager (PM)	January 7, 2008	New Delhi, India	CRWRC Regional Health Advisor	EFICOR and CRWRC management team
Hiring of M and E Officer (M&EO)	January 7, 2008	New Delhi	EFICOR Management	
Hiring of 4 Block Coordinators	January 7, 2008	New Delhi	EFICOR Management	
Hiring of 16 Cluster Supervisors	January 10, 2008	Sahibganj	PM	Partner organization such as Prem Jyoti, FMPB and Catholics
Naming of Project	January 10, 2008	New Delhi	Parivartan Project Management Team	Contest with entries from staff, community, other NGOs, etc.
Agreement (Permission) from ICDS	January 17, 2008	Ranchi	EFICOR Director of Programs	Director- Social Welfare, Dept. of WCD, Govt. of Jharkhand
Finalizing MOU between CRWRC and EFICOR	January 28, 2008	New Delhi	CRWRC Regional Health Advisor with EFICOR Executive Director	
Rental of block offices for Parivartan	January 2008	Sahibganj	EFICOR Administration Officer	PM, Block Coordinators
<b>KPC Survey</b>				
Subcontract agreement with consultant for KPC	December 1, 2007	New Delhi & Sahibganj	CRWRC Regional Health Advisor	Consultant, EFICOR Director of Programs, EFICOR Program Coordinator

<b>Activities</b>	<b>Date</b>	<b>Location</b>	<b>Facilitator</b>	<b>Participants</b>
Development of quantitative survey following the Rapid Catch guide. Decision of type of survey to use.	December 1-31, 2007	EFICOR office, New Delhi	CRWRC Health Staff along with Consultant, Dr. Arvind Kasthuri	CRWRC Back Stop, CRWRC Regional Health Advisor, EFICOR Director of Programs, EFICOR Program Coordinator, PM, M&EO, Survey Consultant (Dr. Kasthuri)
Translation of survey to Hindi, Malto and Santhali and back translation to English	January 8-12, 2008	EFICOR office, New Delhi; Parivartan Block office, Barharwa	EFICOR Program Coordinator, Dr. Kasthuri	Translators, Block Coordinators and supervisors
Printing of the survey questionnaire at a local press	January 14-15, 2008	Barharwa	Dr. Kasthuri, Project Manager	Translators, Block Coordinators and supervisors
Selection and training of survey teams  Development of a survey guide (in Santhali and Hindi and English) for the data collectors and supervisors	January 15-18, 2008	Chandragodda, Sahibganj and fields	Dr. Kasthuri	32 data collectors and quality control supervisors
Practice survey	January 18, 2008	Sahibganj villages	Dr. Kasthuri	32 data collectors, 4 Block Coordinators, PM and EFICOR Director of Programs
Survey execution in 30 clusters in the 9 blocks in Sahibganj District	January 19-23, 2008	30 cluster in 9 blocks of Sahibganj District	Dr. Kasthuri	32 data collectors and quality control supervisors
Quality control of survey	January 19 and 21, 2008	Barharwa	Dr. Kasthuri	32 data collectors, 4 Block Coordinators, M&EO, PM and EFICOR Director of Programs
Review of data with teams	January 19-23, 2008	Chandragodda training center	Dr. Kasthuri	32 data collectors, 4 Block Coordinators, M&EO, PM and EFICOR Director of Programs

<b>Activities</b>	<b>Date</b>	<b>Location</b>	<b>Facilitator</b>	<b>Participants</b>
Data Entry	January 21-25, 2008	Barharwa Office	Dr. Kasthuri	Data entry operators (hired)
Data Analysis	January 21-25, 2008	Barharwa Office	Dr. Kasthuri	4 Block Coordinators, M&EO, PM and EFICOR Director of Programs
Dissemination of data with staff	February 6, 2008	New Delhi	EFICOR Director of Programs	Unit Management committee, EFICOR
Data review with consultant (following receipt of draft report)	February 26, 2008	Bangalore	Dr. Kasthuri	EFICOR Director of Programs, CRWRC Back Stop, CRWRC Regional Health Advisor
Dissemination of data with Parivartan staff	March 1, 2008	Barharwa	EFICOR Director of Programs	16 Cluster Supervisors, 4 Block Coordinators, M&EO and PM
Dissemination of data with Government officials	March 3, 2008	Sahibganj	EFICOR Director of Programs	District collector, Medical Officers of PHCs, CDPOs of Block, DPO-Sahibganj, Assistant Civil Surgeon-Sahibganj, UNICEF representative, 16 Cluster Supervisors, 4 Block Coordinators, M&EO, PM, EFICOR Program Coordinator, CRWRC Back Stop, CRWRC Regional Health Advisor
Dissemination of results with the community	April and May, 2008	9 Blocks	Block Coordinators	Community Leaders, Community Members, Self Help groups, etc.
<b>Rapid Health Facilities Assessment</b>				
Health Facilities survey selection of consultants and signing of sub-contract	January 25, 2008	New Delhi & Ranchi	CRWRC Regional Health Advisor	Consultant, EFICOR Director of Programs, EFICOR Program Coordinator
Overview of Rapid Health Facility Assessment tool	January 28, 2008	Elluminate	Jim Ricca, CSTS+	CRWRC Back Stop, CINI representatives, M&EO, PM

<b>Activities</b>	<b>Date</b>	<b>Location</b>	<b>Facilitator</b>	<b>Participants</b>
Finalization of health facilities survey form	February 1-15, 2008	e-communication among EFICOR N. Delhi, CRWRC and CINI- Ranchi	Dr. Suranjeen, CINI	CSTS+, CRWRC Back Stop, CRWRC Regional Health Advisor, EFICOR Director of Programs, EFICOR Program Coordinator
Training of data collectors Selection of sites for data collection	February 19-22, 2008	EFICOR training center, Chandragodda	Dr. Suranjeen, CINI	10 Doctors and Paramedics from Ranchi, 1 nurse from Prem Jyoti hospital, 16 Cluster Supervisors, 4 Block Coordinators, M&EO and PM
Data collection from health facilities and health facility workers	February 23-28, 2008	35 Health Sub-Centers	Dr. Suranjeen, CINI	10 Doctors and Paramedics from Ranchi, 1 nurse from Prem Jyoti hospital, 16 Cluster Supervisors, 4 Block Coordinators, M&EO and PM
Data entry (health facilities)	February 23-28, 2008	EFICOR training center, Chandragodda	Dr. Suranjeen, CINI	Doctors from Ranchi Medical College who were part of the survey team
Preliminary data analysis (health facilities)	February 29- March 2, 2008	EFICOR training center, Chandragodda	Dr. Suranjeen, CINI	CRWRC Back Stop, CRWRC Regional Health Advisor, M&EO, CRWRC CSP Bangladesh Project Officer, Staff from CINI, EFICOR Director of Programs
Dissemination of health facilities report (Preliminary findings from RHFA)	March 3, 2008	Sahibganj	EFICOR Director of Programs	District collector, Medical Officers of PHCs, CDPOs of Block, DPO- Sahibganj, Assistant Civil Surgeon- Sahibganj, UNICEF representative, 16 Cluster Supervisors, 4 Block Coordinators, M&EO, PM, EFICOR Program Coordinator, CRWRC Back Stop, CRWRC Regional Health Advisor
Final report of health facilities assessment	April 4, 2008	Received by email from CINI	Dr. Suranjeen, CINI	Staff from CINI, CRWRC Back Stop

<b>Activities</b>	<b>Date</b>	<b>Location</b>	<b>Facilitator</b>	<b>Participants</b>
<b>Qualitative Assessments</b>				
Qualitative survey design (setting questions, methodology)	March 5-15, 2008	EFICOR office, New Delhi	CRWRC Regional Health Advisor	CRWRC Regional Health Advisor, EFICOR Director of Programs, EFICOR Program Coordinator
Hiring of consultant for qualitative survey and signing of subcontract	March 31, 2008	EFICOR Office	EFICOR Director of Programs	EFICOR Program Coordinator, CRWRC Regional Health Advisor, Consultant
Training of staff for qualitative survey	April 7-8, 2008	EFICOR training center	Consultant	20 Cluster Supervisors, 4 Block Coordinators and PM
Qualitative assessment in select locations	April 9-15, 2008	12 clusters of 9 blocks in Sahibganj district	Consultant	20 Cluster Supervisors, 4 Block Coordinators, and PM
Data review and report write up	April 16-17, 2008	Sahibganj	Consultant	4 Block Coordinators, PM and EFICOR Director of Programs
Dissemination to staff and select stakeholders of qualitative surveys	April 18, 2008	EFICOR training centre, Chandragodda	Consultant	20 Cluster Supervisors, 4 Block Coordinators, and PM
Dissemination of all survey results with local USAID staff	April 22, 2008	New Delhi	EFICOR Director of Programs	USAID senior advisor-Child Survival and other mission staff, EFICOR Program Coordinator
<b>DIP Workshop</b>				
Visioning and Planning workshop	March 1-5, 2008	Chandragodda, Sahibganj	CRWRC Regional Health Advisor, EFICOR Director of Programs, and PM	16 Cluster Supervisors and 4 Block Coordinators
Data target setting workshop	March 1-5, 2008	Chandragodda, Sahibganj	CRWRC Back Stop, CRWRC Regional Health Advisor	EFICOR Director of Programs, M&EO and PM

<b>Activities</b>	<b>Date</b>	<b>Location</b>	<b>Facilitator</b>	<b>Participants</b>
<b>Capacity Building Activities</b>				
Workshop on planning and goal setting	March 10-12, 2008	EFICOR office, New Delhi	CRWRC Capacity Dev. Specialist and CRWRC Regional Health Advisor	EFICOR staff
Selection and invitation to Advisor Group members	March	New Delhi	EFICOR Director of Programs	EFICOR Program Coordinator, CRWRC Regional Health Advisor
Develop TORs for Project Implementation Team, Project Management Team and Advisory Group	April 9, 2008	New Delhi	EFICOR Director of Programs	EFICOR Program Coordinator
Health Exchange Tour to Bangladesh	May 2-12, 2008	Dhaka, Bangladesh	CRWRC Capacity Dev. Specialist and CRWRC Regional Health Advisor	PM and EFICOR Program Coordinator (in place of M&EO)
Training in CSSA	May 2-12, 2008	Dhaka, Bangladesh	CRWRC Capacity Dev. Specialist and CRWRC Regional Health Advisor	PM and EFICOR Program Coordinator (in place of M&EO)
<b>Meeting with Key Stakeholders</b>				
Discussion with WCD official at State level on collaboration	December 20, 2007	Ranchi	EFICOR Director of Programs	Mr. R.K Aggrawal, Director- Social Welfare, Dept. of WCD
Discussion with Vistaar on project roll out and KPC findings	December 21, 2007	Ranchi	EFICOR Director of Programs	Dr. Manju Shukla, State Director-Vistaar
Meeting with Emmanuel Health Association to discuss future collaboration	March 6, 2008	New Delhi	EFICOR Director of Programs	Dr. Santosh Matthew, CRWRC Back Stop, CRWRC Regional Health Advisor

<b>Activities</b>	<b>Date</b>	<b>Location</b>	<b>Facilitator</b>	<b>Participants</b>
Meeting with World Vision to discuss future collaboration	March 6, 2008	New Delhi	CRWRC Regional Health Advisor	Beulah Jayakumar, CRWRC Back Stop
Meeting with Vistaar to discuss future collaboration	March 7, 2008	New Delhi	CRWRC Regional Health Advisor	Laurie Parker, Manish Kumar, CRWRC Back Stop
Meeting with Hope Foundation to discuss future collaboration	March 7, 2008	New Delhi	CRWRC Regional Health Advisor	Mark Templer, Rachna Sujay, EFICOR Director of Programs, CRWRC Back Stop
Meeting with USAID/India to share results of baseline surveys	April 24, 2008	New Delhi	EFICOR Director of Programs	Masse Bateman, Rajiv Tandon, Manju Ranjan and EFICOR Program Coordinator
Dissemination of all survey results will MNCHN consortium members	May 24, 2008	EFICOR office, New Delhi	EFICOR Director of Programs, PM	Staff from USAID, Vistaar project, World vision, CLICKS, Hope Foundation, Counterpart

## Annex 2: Monitoring and Evaluation Plan

Country: India

October 1, 2007 to September 30, 2012

Agency: CRWRC

Objective/Result	Indicators	Source/ Measurement Method	Frequency	Baseline Value	EOP Target
<b>Strategic Objective 1: Strengthen public-private partnerships for maternal and child health services</b>					
Networking	e.g., There is an adequate and helpful number of meetings and time spent with other Local Government, NGOs and Health facilities	Org. Capacity Indicators (OCI)	Annual	TBD	TBD
Collaboration and Coordination	e.g., The Gov. supports ASHAs, AWWs, and ANMs in their work	WHC Capacity Assessment (WHC)	Annual	TBD	TBD
<b>Intermediate Result 1.1: Build the organizational capacity of EFICOR/Parivartan for a sustainable impact on maternal and child health</b>					
A Clear Vision, Mission, Strategy and Set of Shared Values	e.g., Staff, partners and board members can express the organization's values	Org. Capacity Indicators (OCI)	Annual	TBD	TBD
Human Resources	e.g., We have well trained staff who produce planned results	OCI	Annual	TBD	TBD
Management Systems	e.g., There is clear accountability and regular monitoring	OCI	Annual	TBD	TBD
Networking	e.g., There is good communication with other organizations by mail, meetings, and email	OCI	Annual	TBD	TBD
Stewardship	e.g., Our work demonstrates cost effectiveness, good use of whatever knowledge is available to us and an ongoing review	OCI	Annual	TBD	TBD
Gender Participation	e.g., There is an even ratio of men and women on staff	OCI	Annual	TBD	TBD
Financial Sustainability	e.g., There is a demonstrated fundraising/marketing ability	OCI	Annual	TBD	TBD
<b>Intermediate Result 1.2: Strengthen and sustain community capacity for maternal and child health</b>					
Management	e.g., There is an accurate reporting of activity results	Comm. Capacity Indicators (CCI)	Annual	TBD	TBD
Finance	e.g., The organization has a bank account and records are properly documented	CCI	Annual	TBD	TBD

Objective/Result	Indicators	Source/ Measurement Method	Frequency	Baseline Value	EOP Target
Networking	e.g., There is good communication with other people's organizations by mail, meetings	CCI	Annual	TBD	TBD
Technical Areas	e.g., There are adequate opportunities for technical updates in maternal and child health	CCI	Annual	TBD	TBD
Community Governance	e.g., 50% of the management committee members are women	CCI	Annual	TBD	TBD
<b>Intermediate Result 1.3: Strengthen and sustain local government capacity for maternal and child health</b>					
Participatory Planning	e.g., Percentage of committee members present at every meeting	WHC Capacity Assessment (WHC)	Annual	TBD	TBD
Leadership (Governance)	e.g., The process of replacing members fair and transparent	WHC	Annual	TBD	TBD
Resource Mobilization and Management	e.g., Proper financial records kept and shared with the committee and the public	WHC	Annual	TBD	TBD
Monitoring and Evaluation	e.g., Annual review results used in creating the next year's annual plan and long term plans	WHC	Annual	TBD	TBD
<b>Strategic Objective 2: Improve utilization of quality maternal and newborn care</b>					
Increase community-based antenatal care for women aged 15-49	Percentage of women having three or more antenatal visits when they are pregnant with their youngest child	KPC	Midterm, Final	23.3%	50%
		LQAS surveillance	Annually		
Increase the rate of TT vaccination for pregnant women	Percentage of mothers with children aged 0-23 months who received at least two TT vaccinations before the birth of their youngest child	KPC	Midterm, Final	69%	80%
		LQAS surveillance	Annually		
Improve nutrition among pregnant women and nursing mothers	Percentage of mothers of children age 0-23 months who have a low BMI (<18.5 kg/m <sup>2</sup> )	KPC	Midterm, Final	41.8%	35%
		LQAS surveillance	Annually		
	Percentage of pregnant women who gain at least 1kg per month in the last two trimesters of pregnancy.	Monitoring	Quarterly	NA	NA
Increase the coverage of iron supplements for pregnant women	Percentage of women who received/bought iron supplements while pregnant with their youngest child less than 24 months of age	KPC	Midterm, Final	46.7%	60%
		LQAS surveillance	Annually		

Objective/Result	Indicators	Source/ Measurement Method	Frequency	Baseline Value	EOP Target
Improve safe delivery practices and referrals for mothers age 15-49	Percentage of children age 0-23 months whose births were attended by skilled personnel	KPC	Midterm, Final	26.7%	40%
		LQAS surveillance	Annually		
Increase use of clean delivery practices	Percentage of births where a cord was cut with a new or clean instrument or a clean birth kit was used	KPC	Midterm, Final	89%	95%
		LQAS surveillance	Annually		
Improve home-based post-partum care for mothers age 15-49 and newborns during the first 6 weeks of life	Percentage of mothers of children age 0-23 months who received a post-partum visit from an appropriate trained health worker within three days after the birth of the youngest child	KPC	Midterm, Final	26%	40%
		LQAS surveillance	Annually		
	Percentage of children age 0-23 months who received a post-natal visit from an appropriate trained health worker within three days after the birth of the youngest child	KPC	Midterm, Final	25.7%	40%
		LQAS surveillance	Annually		
Improve thermal care of newborns	Percentage of children age 0-23 months who were dried and wrapped with a warm cloth or blanket immediately after birth (before the placenta was delivered)	KPC	Mid term, Final	69.3%	80%
		LQAS surveillance	Annually		
Increase immediate and exclusive breastfeeding practices among mothers	Percentage of newborns who were put to the breast within one hour of delivery and did not receive pre-lacteal feeds	KPC	Mid term, Final	19.3%	50%
		LQAS surveillance	Annually		
<b>Intermediate Result 2.1: Increase knowledge about and access to community-based antenatal care for women</b>					
Increase knowledge about safe deliveries and danger signs during pregnancy among women aged 15-49	Percentage of mothers of children age 0-23 months who are able to state at least three danger signs of pregnancy	KPC	Midterm, Final	0.7%	20%
		LQAS surveillance	Annually		
Increase availability of antenatal care	Percentage of HSCs that have ANC available every day of the week	RHFA	Final	94%	100%
<b>Intermediate Result 2.2: Increase access to safe delivery practices and referrals for mothers</b>					
Improve referral systems for emergency obstetric care	Proportion of self-help groups with an emergency transport plan in place	Monitoring	Quarterly	0%	70%
	Proportion of HSCs that have met with the Village Development Committee during the last 6 months.	RHFA	Final	0%	25%

Objective/Result	Indicators	Source/ Measurement Method	Frequency	Baseline Value	EOP Target
Increase availability of safe delivery services	Percentage of HSCs that have delivery services available every day of the week	RHFA	Final	11%	25%
Improve family/individual birth plans	Percentage of women with a birth plan (including the use of a skilled provider)	KPC	Midterm, Final	NA	75%
		LQAS surveillance	Annually		
<b>Intermediate Result 2.3: Increase knowledge about and access to home-based postpartum care for mothers and newborns</b>					
Increase knowledge about maternal and newborn danger signs among mothers	Percentage of mothers able to report at least three known maternal danger signs during the post-partum period	KPC	Mid term, Final	1.7%	25%
		LQAS surveillance	Annually		
	Percentage of mothers able to report at least three known danger signs of the newborn baby	KPC	Mid term, Final	4.3%	25%
		LQAS surveillance	Annually		
Improve referral systems for newborn care	Proportion of self-help groups with an emergency transport plan in place	Monitoring	Quarterly	0%	70%
	Proportion of HSCs that have met with the Village Development Committee during the last 6 months.	RHFA	Final	0%	25%
<b>Strategic Objective 3: Improve nutrition among children</b>					
Decrease underweight among children less than five years of age	Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to the WHO/HCHS reference population)	KPC	Mid term, Final	44.9%	30%
		LQAS surveillance	Annually		
Improve immunization coverage	Percentage of aged 12-23 months children fully immunized before their first birthday	KPC	Midterm, Final	9.5%	50%
		LQAS surveillance	Annually		
Increase exclusive breastfeeding up to 6 months	Percentage of children 0-5 months who were exclusively breastfed during the last 24 hours	KPC	Mid term, Final	70.4%	80%
		LQAS surveillance	Annually		
Improve infant feeding practices	Percentage of children age 6-23 months fed according to a minimum of appropriate feeding practices.	KPC	Mid term, Final	44.2%	70%
		LQAS surveillance	Annually		

Objective/Result	Indicators	Source/ Measurement Method	Frequency	Baseline Value	EOP Target
Increase coverage of vitamin A supplementation for children under 5	Percentage of children age 9-23 months who received a dose of vitamin A in the last 6 months.	KPC	Mid term, Final	20.6%	50%
		LQAS surveillance	Annually		
<b>Intermediate Result 3.1: Increase rate of immunization and vitamin A supplementation among children</b>					
Improve access to immunization services	Percentage of children age 12-23 months who received a DPT1 vaccination before they reached 12 months	KPC	Midterm, Final	29.4%	60%
		LQAS surveillance	Annually		
Improve health system performance regarding immunization services	Percentage of children age 12-23 months who received a DPT 3 vaccination before they reached 12 months	KPC	Midterm, Final	21.4%	50%
		LQAS surveillance	Annually		
Increase availability of vitamin A	Percentage of HSCs with no stock outs of vitamin A in the last 6 months	RHFA	Final	63%	80%
<b>Intermediate Result 3.2: Strengthen Growth Monitoring and Promotion services through the Anganwadi Center</b>					
Increase availability of essential supplies for GMP	Percentage of AWCs with a functional child weighing scale	RHFA	Midterm, Final	NA	100%
	Percentage of AWCs with a growth monitoring chart	RHFA	Midterm, Final	NA	100%
Improve community-based monitoring of child growth	Percentage of AWCs that keep records on the five essential indicators for child growth	RHFA	Midterm, Final	NA	100%
<b>Strategic Objective 4: Prevent and properly treat infectious diseases among women and children</b>					
Improve malaria prevention and treatment efforts among children less than five years of age and pregnant women	Percentage of children age 0-23 months who slept under an ITN the previous night	KPC	Midterm, Final	33%	60%
		LQAS surveillance	Annually		
	Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began	KPC	Midterm, Final	5.7%	35%
		LQAS surveillance	Annually		
	Percentage of mothers who took anti-malarial medicine to prevent malaria during pregnancy	KPC	Midterm, Final	2.6%	20%
		LQAS surveillance	Annually		

Objective/Result	Indicators	Source/ Measurement Method	Frequency	Baseline Value	EOP Target
Improve home-based treatment of diarrhea	Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids.	KPC	Midterm, Final	45.5%	70%
		LQAS surveillance	Annually		
	Percentage of children age 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements	KPC	Midterm, Final	18%	30%
		LQAS surveillance	Annually		
Increase appropriate referral for ARI	Percentage of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last two weeks who were taken to an appropriate health provider.	KPC	Midterm, Final	40.7%	60%
		LQAS surveillance	Annually		
<b>Intermediate Result 4.1: Improve coverage of malaria prevention efforts among pregnant women and children</b>					
Increase coverage of ITN among households	Percentage of households of children 0-23 months that own at least one ITN	KPC	Midterm, Final	62.3%	75%
		LQAS surveillance	Annually		
Increase availability of antimalarial drugs	Percentage of HSCs with no stock outs of antimalarials in the last 6 months	RHFA	Final	57%	75%
	Percentage of AWWs with antimalarials	RHFA	Final	3%	50%
<b>Intermediate Result 4.2: Improve diarrheal disease prevention among children</b>					
Increase effective treatment of water (Point of Use)	Percentage of households of children age 0-23 months that treat water effectively	KPC	Midterm, Final	37%	55%
		LQAS surveillance	Annually		
Improve appropriate hand washing practices	Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing	KPC	Midterm, Final	33.7%	55%
		LQAS surveillance	Annually		
<b>Intermediate Result 4.3: Improve coverage of treatment and referral for acute respiratory infection</b>					
Increase availability of first-line antibiotic for pneumonia	Percentage of HSCs with no stock outs of first-line antibiotic for pneumonia in the last 6 months	RHFA	Final	31%	50%
Improve referral systems for ARI in children	Proportion of self-help groups with an emergency transport plan in place	Monitoring	Quarterly	0%	70%
	Proportion of HSCs that have met with the Village Development Committee during the last 6 months.	RHFA	Final	0%	25%

## Annex 2: Draft Monitoring Form

<b>Parivartan Child Survival Program Sahibganj</b>			
Monthly Progress Report For the month of :			
Trainings	Planned	Achieved	Reason for variance
<b>Sahiya</b>			
No of trainings conducted for Sahiyyas in antenatal care counseling and care			
No of trainings conducted for Sahiyyas in post-natal and newborn care			
No of trainings conducted for Sahiyyas in the prevention, detection of and referral for ARI			
<b>TBA</b>			
No of trainings conducted for TBAs in quality maternal care			
No of trainings conducted for TBAs in immediate post-natal care			
<b>Medical officer</b>			
No of trainings conducted for Medical Officers and Paramedics in supportive supervision and current topics in MCH			
<b>RMPs and Traditional Healers</b>			
No of trainings conducted for Registered Medical Practitioners and Traditional Healers on the difference between safe practices and harmful practices			
<b>Counseling</b>			
No of sessions to counsel mothers and husbands on the importance of ANC.			
No of sessions to raise awareness about malaria			
No of sessions to counsel mothers and husbands on the prevention of diarrheal disease			
No of sessions to counsel mothers and husbands on ARI			
<b>Coordination and networking</b>			
Network meetings of NRHM at State and District Level			
District level coordination committee meetings			
Block level coordination committee meetings			
Discuss with ANM and ICDS provision of TT vaccine and IFA tablets for all pregnant women			
Coordinate with H&FW to provide BCG, DPT, OPV and measles vaccines to all children under 2			
Coordinate with H&FW to have VA available at Health Sub-Center during immunization days			
cards			
Coordinate with Dist. Malaria Officer to make insecticide treated nets available to every household with children under 5 and pregnant women.			
Ensure basic drugs (i.e., antimalarials, cotrimoxol, zinc and ORS) are available to the community at the ICDS center			
Establish emergency transport funds within each SHG or existing village committees			
<b>Awareness Program</b>			
Create awareness about the appropriate maternal, newborn and child health care practices			
Awareness Program for maternal and newborn care and child health in coordination with ICDS and H&FW: Nutrition Week, Immunization Week, Breastfeeding			
Awareness Program for maternal and newborn care in coordination with ICDS and H&FW: Health Mela (Meet for Empowerment, Learning and Advocacy)			
Facilitate Nutrition and Health Day			

No of Delivery conducted this Month	Total No.
TBA /SBA	
Untrained	
<b>Deaths of Mother During</b>	
During pregnancy	
During delivery	
Within six months after delivery	
cause of death	
<b>Visit of skilled health personnel for antenatal care</b>	
1	
2	
3	
4	
More than 4	
<b>Visit of skilled health personnel for postnatal care</b>	
Day 1	
Day 7	
Day 14	
<b>Children death during</b>	
During Delivery	
Within two months after delivery	
From two months to six months	
cause of death	
<b>Immunization complete</b>	
No of mothers with immunization card(s) for child on NHD	
No of mothers with complete immunization card for child on NHD	
<b>Nutrition</b>	
No of children in registry	
No of children weighed	
No of children growing adequately	
No of children whose growth faltered.	
No of children whose growth faltered two months in a row.	
No of mothers counseled	
<b>Infectious children illness</b>	
Malaria	
ARI	
Diarrhea	
No of Mothers infected with malaria	
Action taken	
Referral	
Treatment	
Type of treatment	

Good practices

Challenges

Plan of Action for Next Month

Signature  
Date

## Annex 3: Year Two Workplan

### Parivartan Child Survival Program Work Plan

Country: India

October 1, 2008 to September 30, 2009

Agency: CRWRC

Objective/Activity	Year 2				Staff position responsible	Indicator	Target	Comments
	Q1	Q2	Q3	Q4				
<b>Strategic Objective 1: Strengthen public-private partnerships for maternal and child health services</b>								
<b>Intermediate Result 1.1: Build the organizational capacity of EFICOR/Parivartan for a sustainable impact on maternal and child health</b>								
Training on Primary Health Care (PHC) for TL, M&EO, BCs, and CSs		X			Program Manager (PM)	# of people trained	37	
Training on HMIS development and Lot Quality Assurance Sampling for TL, M&EO, and BCs	X				PM, M&EO	# of people trained	7	
Training on CSSA and community capacity building for TL, M&EO, BCs, and CSs	X				PM, Capacity Advisor (CA)	# of people trained	28	
Learning Circles for all CRWRC partners in Bangladesh and India	X				RHA	# of Learning circles	4	
Training on staff evaluations and follow up, and setting up staff evaluation system for PM, M&EO, and EFICOR staff.	X				RHA	# of people trained	4	
<b>Intermediate Result 1.2: Strengthen and sustain community capacity for maternal and child health</b>								
Group formation and/or strengthening to create awareness about the appropriate maternal, newborn and child health care practices		X	X	X	BC, CS	# of groups strengthened (SHGs, Farmer's Unions, VHCs)	630	Combined Y1 and Y2 (630), Y3=650. In year 4&5 we will continue to work with these same group
Train traditional healers on the difference between safe practices and harmful practices			X		BC, CS	# of traditional healers trained	100	Y2=100; Y3=100 (follow-up training in Y3)
Awareness Program for maternal and newborn care and child health in coordination with ICDS and H&FW: Nutrition Week, Immunization Week, Breastfeeding Week	X	X	X	X	PM, BC, CS	# of Awareness Programs held	4/year	
Awareness Program for maternal and newborn care in coordination with ICDS and H&FW: Health Mela (Meet for Empowerment, Learning and Advocacy)	X	X	X	X	PM, BC, CS	# of Health Melas	103	Nutrition weeks fall in the month of February and September and breastfeeding week in the month of August, and Immunization week as decided by UNICEF
<b>Intermediate Result 1.3: Strengthen and sustain local government capacity for maternal and child health</b>								
Supportive supervision training for ANMs		X			PM	# of ANMs trained	150	Y3=200; Y5=200 (follow-up training in Y5)
Train Medical Officers and Paramedics in supportive supervision and current topics in MCH			X		PM	# of Medical Officers and Paramedics trained	45	Y2=45; Y3=45 (follow-up training in Y3)
District level coordination committee meetings	X	X	X	X	PM	# of meetings attended by PM	4/year	
Block level coordination committee meetings	X	X	X	X	BC	# of meetings attended by BCs	4/year	
Network meetings of NRHM at State and District Level	X	X	X	X	PM	# of meetings attended by PM	2/year	
Meet with District officials during the District Action Plan and budget process	X				PM	# of meetings attended; % of budget allocated towards health	1/year	Targets for % allocation will be determined after first meeting
<b>Strategic Objective 2: Improve utilization of quality maternal and newborn care</b>								
<b>Intermediate Result 2.1: Increase knowledge about and access to community-based antenatal care for women</b>								
Train AWW in antenatal care counseling and care	X		X		BC, CS	# of AWWs trained	200	Y2=200, Y3=1259, Y4=1259 (Year 4 will be follow-up training)
Train Sahiyyas in antenatal care counseling and care	X		X	X	BC, CS	# of Sahiyyas trained	200	Y2=200, Y3=800, Y4=800, Y5=700
Sahiyyas and AWW will provide antenatal care visits for pregnant women in the last trimester	X	X	X	X	BC, CS	# of home visits made by AWW/Sahiyyas per year	9 per AWW/Sahiyya	
Home visit to counsel mothers and husbands on the importance of ANC, danger signs during pregnancy, skilled attendant at birth, birth plans, proper nutrition, TT vaccine and IFA tablets	X	X	X	X	Sahiyyas, AWW	# of counseling sessions per quarter	10 sessions per AWW/Sahiyya	
Coordinate with ANM and ICDS to provide TT vaccine and IFA tablets for all pregnant women	X	X	X	X	CS, Sahiyya	Meeting with ICDS held and plan in place	Complete	
<b>Intermediate Result 2.2: Increase access to safe delivery practices and referrals for mothers</b>								
Train TBAs in safe / clean delivery, recognition of danger signs, importance of referral etc.	X		X		BC, CS	# of TBAs trained	200	Y2=200, Y3=400, Y4=400
Trained TBAs will provide safe normal deliveries	X	X	X	X	TTBAs	Outcome of all deliveries recorded by TTBAs	Verification of records	
Network between Village Health Committee and Primary Health Center to provide quality and accessible emergency obstetric care	X	X	X	X	PM, BC	# of meetings per year	4/year	
Establish referral system between Primary Health Center and Sahiyya/TTBA	X	X	X	X	BC, CS	Referral system in place and recorded	Verification of records	
Establish emergency transport funds within each SHG or existing village committees	X	X	X	X	BC, CS	Proportion of SHGs with Emergency Health Funds in place	40% of the SHG	2 40%, Year 3 50%, Year 4 60%, Year 5 70%)

<b>Intermediate Result 2.3: Increase knowledge about and access to home-based postpartum care for mothers and newborns</b>								
Train AWW in post-natal and newborn care	X		X		BC	# of AWWs trained	200	Y2=200, Y3=1259, Y4=1259 (Year 4 will be follow-up training)
Train Sahiyyas in post-natal and newborn care	X		X		BC	# of Sahiyyas trained	200	Y2=200, Y3=800, Y4=800, Y5=700
Train TBA in post-natal care immediately after delivery	X		X		BC	# of TBAs trained	200	Y2=200, Y3=400, Y4=400
Sahiyyas and AWW will provide post-natal care visit for pregnant women within the first 3 days and for high risk babies on day 1, 7 and 14	X	X	X	X	CS	# of post-natal care visits made per year	9 per AWW/Sahiyya	
Counsel mothers and husbands on the importance of cord care, thermal care, immediate and exclusive breastfeeding, maternal and newborn danger signs, etc.	X	X	X	X	CS	# of counseling sessions per quarter	10 sessions per AWW/Sahiyya	
Network between VHC and Primary Health Center to provide quality and accessible emergency post-natal or newborn care	X	X	X	X	PM, BC	# of meetings per year	4/year	
Establish referral system between Primary Health Center and Sahiyya/TTBA	X	X	X	X	BC, CS	Referral system in place and recorded	Verification of records	
Establish emergency transport funds within each SHG or existing village committees	X	X	X	X	BC, CS	Proportion of SHGs with Emergency Health Funds in place	40% of the SHG	2 40%, year 3 50%, year 4 60%, year 5 70%)
<b>Strategic Objective 3: Improve nutrition among children</b>								
<b>Intermediate Result 3.1: Increase rate of immunization and vitamin A supplementation among children</b>								
Train Sahiyyas in childhood immunization schedule	X		X		BC, CS	# of Sahiyyas trained	200	Y2=200, Y3=800, Y4=800, Y5=700
Train Anganwadi Helpers in childhood immunization schedule	X		X		BC, CS	# of AWHs trained	200	Y2=200, Y3=1259, Y4=1259 (Year 4 will be follow-up training)
Coordinate with H&FW to provide BCG, DPT, OPV and measles vaccines to all children under 2	X	X	X	X	PM, BC	Meeting with H&FW held and plan in place	Complete	
Coordinate with ANM to distribute immunization cards to mothers of children under 2.	X	X	X	X	CS	Meeting with H&FW held and plan in place; immun. cards procured	Complete	
Ensure equal access to immunization for all children through regular awareness/sensitization campaign in excluded community	X	X	X	X	PM, BC	# of campaigns per year	12/year	Immunization is done on Nutrition and Health day i.e. on every Thursday of the month. Immunization week camping is usually held in
Coordinate with H&FW to have VA available at Health Sub-Center during immunization days	X	X	X	X	PM, BC	Meeting with H&FW held and plan in place	Complete	
Facilitate strengthening of NHD (Nutrition and Health Day) processes	X	X	X	X	PM, BC, CS	Meeting with ICDS to plan NHDs; # NHDs/month	Complete: 8 per month	
<b>Intermediate Result 3.2: Strengthen Growth Monitoring and Promotion services through the Anganwadi Center</b>								
Train AWWs in Growth Monitoring and Promotion including how to weigh children, maintain growth charts, carry out counseling using a simple decision guide and BCC materials, conduct home visits, and maintain	X		X		BC, CS	# of AWWs trained	200	Y2=200, Y3=1259, Y4=1259 (Year 4 will be follow-up training)
Coordinate with ICDS to provide every Anganwadi Center with functional scales and growth monitoring cards	X				PM, BC	Meeting with ICDS held and plan in place	Complete	
Counsel mothers and husbands on the importance of exclusive breastfeeding up to 6 months, colostrum feeding, introduction of appropriate complementary feeding, immunization and VA supplementation	X	X	X	X	CS	# of counseling sessions	10 sessions per AWW	
<b>Strategic Objective 4: Prevent and properly treat infectious diseases among women and children</b>								
<b>Intermediate Result 4.1: Improve coverage of malaria prevention efforts among pregnant women and children</b>								
Train Sahiyyas in malaria prevention, intermittent preventive treatment of malaria for pregnant women as part of ANC and presumptive treatment of malaria for children under 5	X		X		BC, CS	# of Sahiyyas trained	200	Y2=200, Y3=800, Y4=800, Y5=700
Train AWWs in malaria prevention and intermittent preventive treatment of malaria for pregnant women as part of ANC	X		X		BC, CS	# of AWWs trained	200	Y2=200, Y3=1259, Y4=1259 (Year 4 will be follow-up training)
Train ANMs on intermittent preventive treatment of malaria for pregnant women as part of ANC and presumptive treatment of malaria for children under 5		X			BC, CS	# of ANMs trained	200	Y3=212, Y4=212 (Year 4 will be follow-up training)
Raise awareness about the symptoms, preventive measures and importance treatment	X	X	X	X	BC, CS	# of counseling sessions per quarter	10 sessions per AWW/Sahiyya	
Coordinate with government to make insecticide treated nets available to every household with children under 5 and pregnant women	X	X	X	X	PM, BC	Meeting with malaria coordination committee and plan in place	Complete	
Provide presumptive treatment of malaria for children under 5 at the Health Sub Center	X	X	X	X	BC, CS	# of children treated presumptively for malaria recorded by ANMs	Verification of records	
Sahiyyas serve as depot holders for antimalarials and provide presumptive treatment in the home for children under 5	X	X	X	X	BC, CS	# of children treated presumptively for malaria recorded by Sahiyyas	Verification of records	
Provide intermittent preventive treatment for pregnant women as part of ANC	X	X	X	X	BC, CS	# of who received 2 doses of IPT recorded by ANMs	Verification of records	

<b>Intermediate Result 4.2: Improve diarrheal disease prevention among children</b>								
Train Sahiyas in the prevention, detection of diarrheal disease, and home-based management of diarrhea	X		X		BC, CS	# of Sahiyas trained	200	Y2=200, Y3=800, Y4=800, Y5=700
Train AWWs in the prevention, detection of diarrheal disease, and home-based management of diarrhea	X		X		BC, CS	# of AWWs trained	200	Y2=200, Y3=1259, Y4=1259 (Year 4 will be follow-up training)
Train ANMs on the clinical management of severe diarrhea and dysentery		X			BC	# of ANMs trained	200	Y3=212, Y4=212 (Year 4 will be follow-up training)
Counsel mothers and husbands on the prevention of diarrheal disease and basic treatment with ORS and zinc	X	X	X	X	CS	# of counseling sessions per quarter	10 sessions per AWW/Sahiyya	
Ensure basic drugs (i.e., zinc and ORS) are available to the community at the ICDS center	X	X	X	X	PM, BC	Meeting with ICDS held and plan in place	Complete	
<b>Intermediate Result 4.3: Improve coverage of treatment and referral for acute respiratory infection</b>								
Train AWWs in the prevention, detection of and referral for ARI	X		X		BC, CS	# of AWWs trained	1259	Y2=200, Y3=1259, Y4=1259 (Year 4 will be follow-up training)
Train Sahiyas in the prevention, detection of and referral for ARI	X		X		BC	# of Sahiyas trained	2500	Y2=200, Y3=800, Y4=800, Y5=700
Train ANM on the treatment of ARI		X			BC	# of ANMs trained	200	Y3=212, Y4=212 (Year 4 will be follow-up training)
Counsel mothers and husbands on the prevention and detection of danger signs and symptoms of ARI	X	X	X	X	CS	# of mothers counseled	10 sessions per AWW/Sahiyya	
Ensure basic drugs (i.e., cotrimoxazol) are available to the community	X	X	X	X	PM, BC	Meeting with ICDS held and plan in place	Complete	
<b>Monitoring and Evaluation</b>								
Doer/Non-Doer Analysis	X	X			PM, M&EO	BEHAVE Frameworks	Complete	
Annual monitoring using LOAS		X			PM, M&EO	Annual report	Complete	
Dissemination of annual surveys to community			X		PM, M&EO	Annual meetings held	Annual	
Regular program monitoring using HMIS	X	X	X	X	PM, M&EO	Quarterly reports	Quarterly	
Block level staff meeting for planning and monitoring (Block Team)	X	X	X	X	BC	Meeting minutes	Monthly	
Project staff meeting for planning and monitoring (Project Implementation Team)	X	X	X	X	PM	Meeting minutes	Monthly	

## **Annex 4: Year Two Budget**

*[See attached Excel spreadsheet.]*

## Annex 5. Social and Behavior Change Strategy

The baseline KPC survey revealed that an extremely low percentage of mothers of children aged 0 to 23 months were able to name at least three danger signs during pregnancy (0.7%), at least three danger signs during the post-natal period (1.7%), and at least three newborn danger signs (4.3%). In addition, only 17% of the mothers interviewed during the KPC survey were literate. Therefore, it is clear that innovative ways to deliver these and other basic health messages to non-literate mothers and other decisions makers need to be developed. The Parivartan Project will use mass communication techniques, such as Health Melas (large gatherings for health education and health services), as well as one-on-one peer counseling through ASHAs, to disseminate key health behavior messages.

However, not all behaviors will change due to an increase in knowledge or an increase in access to resources. There are many social and cultural factors that strongly influence behavior change. The Parivartan project will use the Designing for Behavior Change (DBC) framework on four key behaviors that are currently not practiced by the majority of mothers and that have a large impact on child mortality. In the first quarter of the second year, the Parivartan staff will conduct a Barrier Analysis on these four behaviors in all nine blocks. The beginning of each of the four frameworks can be found on the following pages. The complete behavior change strategy will be submitted in the second Annual Report unless otherwise notified by USAID.

The behavior change strategy will be monitored and evaluated by assessing process and outcome indicators. Process indicators will be measured using the project monitoring form to determine whether or not the activities are being carried out as planned (assessing quantity and quality). The outcome indicators will evaluate whether or not the behavior is being practiced using an annual KPC survey. The KPC survey will use LQAS in order to measure coverage of certain indicators as well as assess the differences between the nine blocks (each block will represent a supervision area). If the activities are progressing as planned and the behaviors are *not* changing, then we will know that we need to reassess the types of activities we are doing. If the activities are progressing as planned and the behaviors *are* changing positively, then we know that we are implementing the right activities.

## Design for Behavior Change Framework: Antenatal Care

Behavior	Priority and Influencing Groups	Determinants	Key Factors	Activities
<p>Women go for at least three antenatal visits during pregnancy</p>	<p><b>Priority Group:</b> Pregnant women who live in the remote villages of Sahibganj District (Jharkhand). Characteristics:</p> <ul style="list-style-type: none"> <li>• Most are illiterate</li> <li>• Field workers</li> <li>• Hope to raise healthy children</li> <li>• <i>[This will be expanded on after the formative research.]</i></li> </ul> <p><b>Influence Group:</b> Husband In Laws Religious leader Neighbors</p>	<p>The following determinants will be researched:</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Self efficiency</li> <li>• Perceived social norms</li> <li>• Perceived positive and negative consequences</li> <li>• Perceived severity</li> <li>• Perceived susceptibility</li> <li>• Efficiency of action</li> <li>• Perception of divine will (ie. perceived religious norms)</li> <li>• Cues for action</li> </ul> <p>Note: most powerful determinants will be determined after conducting qualitative research.</p>	<p>The program will place priority on achieving the following factors:</p> <p><i>[To be determined following the Barrier Analysis.]</i></p>	<p>In order to promote the expressed behavior, the program will implement the following activities:</p> <p><i>[Activities will be developed following the formative research.]</i></p>

## Design for Behavior Change Framework: Iron and Folic Acid Consumption

Behavior	Priority and Influencing Groups	Determinants	Key Factors	Activities
<p>Women consume 100 IFA tablets during pregnancy</p>	<p><b>Priority Group:</b> Pregnant women who live in the remote villages of Sahibganj District (Jharkhand). Characteristics:</p> <ul style="list-style-type: none"> <li>• Most are illiterate</li> <li>• Field workers</li> <li>• Hope to raise healthy children</li> <li>• <i>[This will be expanded on after the formative research.]</i></li> </ul> <p><b>Influence Group:</b> Husband In Laws Religious leader Neighbors</p>	<p>The following determinants will be researched:</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Self efficiency</li> <li>• Perceived social norms</li> <li>• Perceived positive and negative consequences</li> <li>• Perceived severity</li> <li>• Perceived susceptibility</li> <li>• Efficiency of action</li> <li>• Perception of divine will (ie. perceived religious norms)</li> <li>• Cues for action</li> </ul> <p>Note: most powerful determinants will be determined after conducting qualitative research.</p>	<p>The program will place priority on achieving the following factors:</p> <p><i>[To be determined following the Barrier Analysis.]</i></p>	<p>In order to promote the expressed behavior, the program will implement the following activities:</p> <p><i>[Activities will be developed following the formative research.]</i></p>

## Design for Behavior Change Framework: Vitamin A Consumption

Behavior	Priority and Influencing Groups	Determinants	Key Factors	Activities
<p>Children between the age of 9 to 23 months in consume Vitamin A</p>	<p><b>Priority Group:</b>                      Mothers of children between the age of 9 to 23 months who live in the remote villages of Sahibganj District (Jharkhand).                      Characteristics:</p> <ul style="list-style-type: none"> <li>• Most are illiterate</li> <li>• Field workers</li> <li>• Hope to raise healthy children</li> <li>• <i>[This will be expanded on after the formative research.]</i></li> </ul> <p><b>Influence Group:</b>                      Husband                      In Laws                      Religious leader                      Neighbors</p>	<p>The following determinants will be researched:</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Self efficiency</li> <li>• Perceived social norms</li> <li>• Perceived positive and negative consequences</li> <li>• Perceived severity</li> <li>• Perceived susceptibility</li> <li>• Efficiency of action</li> <li>• Perception of divine will (ie. perceived religious norms)</li> <li>• Cues for action</li> </ul> <p>Note: most powerful determinants will be determined after conducting qualitative research.</p>	<p>The program will place priority on achieving the following factors:</p> <p><i>[To be determined following the Barrier Analysis.]</i></p>	<p>In order to promote the expressed behavior, the program will implement the following activities:</p> <p><i>[Activities will be developed following the formative research.]</i></p>

## Design for Behavior Change Framework: Complete Immunization

Behavior	Priority and Influencing Groups	Determinants	Key Factors	Activities
<p>Children between the age of 0 to 23 months receive the full doze of immunizations per the Government schedule</p>	<p><b>Priority Group:</b>                      Mothers of children between the age of 0 to 23 months who live in the remote villages of Sahibganj District (Jharkhand).                      Characteristics:</p> <ul style="list-style-type: none"> <li>• Most are illiterate</li> <li>• Field workers</li> <li>• Hope to raise healthy children</li> <li>• <i>[This will be expanded on after the formative research.]</i></li> </ul> <p><b>Influence Group:</b>                      Husband                      In Laws                      Religious leader                      Neighbors</p>	<p>The following determinants will be researched:</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Self efficiency</li> <li>• Perceived social norms</li> <li>• Perceived positive and negative consequences</li> <li>• Perceived severity</li> <li>• Perceived susceptibility</li> <li>• Efficiency of action</li> <li>• Perception of divine will (ie. perceived religious norms)</li> <li>• Cues for action</li> </ul> <p>Note: most powerful determinants will be determined after conducting qualitative research.</p>	<p>The program will place priority on achieving the following factors:</p> <p><i>[To be determined following the Barrier Analysis.]</i></p>	<p>In order to promote the expressed behavior, the program will implement the following activities:</p> <p><i>[Activities will be developed following the formative research.]</i></p>