



Community Responsive Antenatal, Delivery and Life Essential  
(CRADLE)  
Support for Mothers and Newborns in Doti & Kailali districts, Nepal

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## List of Abbreviations

AHW	:	Auxiliary Health worker
ANC	:	Antenatal Clinic
ANM	:	Auxiliary Nurse Midwife
BCC	:	Behavioral Change Communication
BPP	:	Birth Preparedness Package
CB-IMCI	:	Community Based Integrated Management of Childhood Illness
CBMNC	:	Community Based Maternal and Neonatal Care
CBO	:	Community Based Organization
CDD	:	Control of Diarrheal Disease
CHD	:	Child Health Division
CHW	:	Community Health Worker
CRADLE	:	Community Responsive Antenatal, Delivery and Life Essential
CSHGP	:	Child Survival and Health Grant Program
CSSA	:	Child Survival Sustainability Assessment
DACC	:	District AIDS Coordination Committee
DDC	:	District Development Office
DEO	:	District Education Office
DIP	:	Detailed Implementation Plan
DPHO	:	District Public Health Office
Dr	:	Doctor
EDP	:	External Development Partner
FCHV	:	Female Community Health Volunteer
FWR	:	Far West Region
F/UAT	:	Follow-up After Training
GoN	:	Government of Nepal
GO	:	Governmental Organizations
FHD	:	Family Health Division
FM	:	Field Mobilizer
FWR	:	Far West Region
HA	:	Health Assistant
HAA	:	HIV/AIDS Advisor
HC	:	Health Coordinator
HF	:	Health Facility
HFI	:	Health Facility In-charge
HKI	:	Helen Keller International
HMIS	:	Health Management Information System
HRI	:	Health Right International
HW	:	Health Worker
IEC	:	Information Education & Communication

IGA	:	Income Generation Activities
IR	:	Intermediate Result
JSI	:	John Snow Incorporated
KPC	:	Knowledge Practice and Coverage
LMIS	:	Logistic Management Information System
LOAS	:	Lot Quality Assurance Sampling
M&E	:	Monitoring and Evaluation
MCHW	:	Maternal Child Health Worker
MG	:	Mother Group
MNH	:	Maternal & Neonatal Health
MO	:	Medical Officer
MOHP	:	Ministry of Health and Population
MTOT	:	Master Trainer of Trainers
NFHP	:	Nepal Family Health Program
NHEICC	:	Nepal Health Education, Information and Communication Center
NHTC	:	National Health Training Center
PAC	:	Project Advisory Committee
PHCC	:	Primary Health Care Center
PM	:	Project Manager
PMT	:	Project Management Team
PO	:	Project Officer
PSC	:	Partners Selection Committee
PVO	:	Private Volunteer Organization
PVSE	:	Poor, Vulnerable and Socially Excluded
PW	:	Pregnant Women
RBA	:	Right Based Approach
RDW	:	Recently Delivered Women
RHCC	:	Reproductive Health Coordination Committee
RHTC	:	Regional Health Training Center
RHCT	:	Regional Health Coordination Team
RHD	:	Regional Health Directorate
RTOT	:	Regional Trainer of Trainers
SN	:	Staff Nurse
STA	:	Senior Technical Advisor
ToT	:	Trainers of Training
TSV	:	Technical Support Visit
UNICEF	:	United Nation Children's Fund
USAID	:	United States Agency for International Development
VDC	:	Village Development Committee
VHW	:	Village Health Worker

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## A. Main Accomplishments

### Dimension One: Health and Health Services

Health status and health services are intrinsically linked and are incumbent upon beneficiary behaviors, access to services and quality of these services. The project conducted capacity building and behavior change activities to strengthen facility-based and community-based essential maternal and new-born care services under Dimension One which are illustrated below:

#### 1. Implementation of Community-Based Newborn Care Program (CB-NCP)

CB-NCP is being piloted by Ministry of Health & Population (MoHP), Nepal in 10 districts of Nepal in the first phase (Year 2009), including Doti district. The review of piloting carried out in June 2010 showed the program being quite successful; therefore, the MOHP/GON has decided to make it a national program by expanding the coverage, which will be done in a phase-wise manner due to funding constraints. For the current FY, the CHD/MOHP has planned to implement the CB-NCP program in 15 additional districts. The program is specifically targeted at preventing neonatal mortality and morbidity by addressing major components of new-born care, namely Clean Delivery Practices, Essential New-born Care (ENC), Examination of New-born, and Management of Infection, Low-birth Weight (LBW), Hypothermia and Asphyxia.

In the second year, CRADLE had supported MoHP/Child Health Division (CHD) to finalize training curriculum and prepare master trainers (MToT) and regional trainers (RToT) (22). These trainers provided 239 district/health facility HF-level health workers (HW), including district hospital staff, with a 7-day training (ToT), 208 VHW/MCHW a 5-day training, and 653 FCHV a 7-day training all on CB-NCP. FCHV were also oriented on HIV/AIDS - its mode of transmission and prevention methods on the last training day. All 653 FCHV oriented the members of their Mothers' Groups (MG-653) on CB-NCP and HIV awareness. The project also oriented 1424 members of the Health Facility Operation and Management Committee (HFOMC), the Village Development Committee (VDC) stakeholders, and 205 traditional/local healers (TH) on CB-NCP and their roles in improving the MNH. The orientation of HFOMC/VDC stakeholders was very helpful in mobilizing local resources for MNH services (*example given in Annex 11*). Upon completion of the community-level training on June 10, 2010, a full-fledged version of the program was implemented in the district.

The project carried out Follow-up After Training (F/UAT) in the districts, mobilizing the technical support from CB-NCP Secretariat/CHD. The project oriented the district/HF and project staff on the tools and techniques of the F/UAT; these individuals then conducted the Follow-ups in 43 HF (80%), 67 HW, 70 VHW/MCHW, 111 FCHV and 82 mothers. CB-NCP review/refresher workshops conducted by HF for individuals on the community-level have also been planned for Doti; these workshops will be completed during November to December 2010.

In Doti, the project supported the creation of the Neonatal Health Information System (NHIS), which required orienting 12 DHO staff and project staff for effective monitoring and evaluation of CB-NCP activities in the district. The project also supported the orientation of 55 district/HF-level and project staff on the FCHV Incentive Program which is a part of CB-NCP package

#### 2. Birth Preparedness Package (BPP) Implementation

In Kailali, the project developed a team of Master Trainers (selected staff of project, DPHOs, RHTC), who trained a total of 213 facilitators/trainers. These trainers further trained a total of 1233 FCHVs on BPP through a two-day training. The 213 facilitators included 135 HW consisting of Medical Officers (MO), Staff Nurses (SN), HA, Sr. AHW, AHW, ANM and 82 VHW/MCHW from HF. BPP orientations were also provided to 404 Traditional Healers.

The project also supported all FCHV with BCC materials (e.g., BPP flipchart) in order for them to conduct educational sessions in MG and counselling meetings using the BPP cards. The BPP cards are hung in the house

of the FCHV-identified pregnant women and provide the pregnant women and their families with the following services: reminders of services (ANC/PNC, iron-folic acid, TT, antihelminthic tablets) and care (nutritional, rest) to be taken during pregnancy, information on how to recognize maternal and newborn danger signs, and information on how to prepare for delivery (especially, money, transportation, blood, HF and skilled birth attendants (SBA)).

In order to review the knowledge and practice of facility-based HW, VHW/MCHW and FCHV, the project is assisting DPHO/Kailali in organizing annual review/refresher workshops. Of the 108 BPP review events planned for the community-level, 62 events have been completed, which covered 744 FCHV. And of 9 events planned for HF, 1 event has been completed, which covered 16 HW. The remaining events are ongoing.

### **3. Misoprostol Piloting**

Post-partum haemorrhage (PPH) constitutes 47% of maternal deaths in Nepal with the majority of deaths occurring at home (due to home delivery). In order to address the PPH-related deaths, the project, in close coordination with the Family Health Division (FHD) and the District Health Office (DHO)/Doti, has piloted the use of Misoprostol tablet (locally known as Matri Suraksha Chakki (MSC)) in home deliveries. Through this effort, representatives from the project, DHO and RHD were exposed to and learned from the Banke district in 2008; additionally, representatives received the necessary MSC orientation. The CRADLE project was advised by FHD to pilot HF-based MSC implementation. The project included training 239 district/HF-level HW, including district hospital staff on MSC, which is its distribution, and monitoring and supervision mechanism. The project further oriented a total of 208 VHW/MCHW and 653 FCHV on MSC and its proper use and counselling techniques for full-fledged implementation.

The project provided each HF, HW and FCHV with a MSC flipchart for educational and counselling purposes. With the financial support from Mother's Matter Mini Grant (CARE USA), the project also provided DHO/Doti with 60,000 MSC tablets packed with MSC information leaflets. The distribution of MSC has been going on in the district through all HFs. For piloting this program, CRADLE obtained funding from CARE's internal source, the UNR budget.

### **Support to MOHP's New Policy to Scale-up CB- MSC**

The MOHP/GoN decided to scale-up MSC implementation at the community level throughout Nepal through FCHV following the lessons learned from the piloting of MSC in Nepal and the feedback given during a 6-day International Conference on FP/MNH held in Bangkok in March 2010. CARE Nepal, in close coordination with FHD and Nepal Family Health Program II (NFHP II) and with the financial support from Mother's Matter Mini Grant (CARE USA/MMMG), played a lead role in preparing the National MSC Implementation Guideline that included BCC messages for the scale-up. In the process of preparing the guideline, a national workshop was held on May 23-24, 2010 where 34 participants from different governmental and non-governmental organizations participated in drafting the guidelines and BCC messages. Similarly, two district-level workshops on exchanging guidelines and providing feedback on guidelines were held in Doti and Kailali on June 21 and 23, 2010. A total of 61 participants (31 in Doti and 24 in Kailali) from D(P)HO, HF, FCHV, stakeholders and project staff participated in the workshops. Since the workshops, the national guidelines and BCC messages have been published and the FHD is using these publications as national documents. The FHD/MOHP has planned for a phase-wise implementation of CB-MSc from the current FY.

### **4. CB-IMCI Review Meeting**

As part of follow-up support to the CB-IMCI program that CARE had implemented through previous rounds of CSGHP, the project has provided technical support in district and ilaka-level CB-IMCI Review Meetings in Doti and Kailali. The project also supported RHD in organizing 2 regional-level events called the CB-IMCI Review Meetings in which those who participated were focal persons from 9 districts of the Far-western Region (FWR), including Doti and Kailali. The meeting reviewed progress/achievements, lessons learned, best practices and

challenges of the CB-IMCI in each of the 9 districts. A total of 65 participants (40 in first event and 25 in second event) from RHD, D(P)HO, stakeholders and the project participated in the 2-day meeting.

### **5. MNH Update Training**

In order to strengthen the capacity of facility-based HWs to deliver quality MNH services, update new developments in birthing practices, and identify and strengthen referral of complicated cases, 3-day and 2-day “crash courses” called MNH Update were offered to two different groups. A 3-day ToT was provided for 19 HWs who are directly involved in conducting deliveries; the majority has also received SBA training (5 MO, 3 SN, 5 ANM and 6 project staff) with technical support from NFHP II. They in turn taught a 2-day training session for 97 HW (2 SN, 70 ANM, 13 MCHW, 1 Public Health Nurse (PHN) and 1 Sr. AHW) who do not directly conduct deliveries, but are involved in supporting, counselling and referring the pregnant women when needed. The training particularly focused on strengthening skills on partograph usage and management of PPH, Eclampsia, and birth-asphyxia. With this training, Doti and Kailali districts’ health workers are equipped to manage normal deliveries and provide referrals to higher-level facilities.

### **6. Intensive Monitoring and Supervision/ Technical Support Visit (TSV)**

The project staff and D(P)HOs have carried out joint monitoring and supervision visits in both the districts. By the end of September, 2 rounds of joint visits at the ilaka-level in Kailali and at the project have been made, covering 6 HFs, 20 HWs, 1 FCHV and 1 MG. In Doti, a first-round visit (including On-site Coaching) was conducted jointly by DHO/Doti, GTZ, NFHP II and the project staff at the ilaka-level, covering 3 HFs and SHP under the HFs, and second-round visit was made to all 51 HF in the district. The supervision visits focused on issues concerning CB-NCP, BPP, CB-IMCI, health staff performance, and other services provided by the HFs. Such visits have been very helpful for assessing the knowledge and skills of different cadres of HWs and for providing immediate coaching based on the findings and observations. Additionally, the project staff, including the Field Mobilisers, have made several Technical Support Visits (TSVs) to peripheral-level HFs to monitor MNH services and to capacitate and encourage HF staff (388), VHWMCHW (855), FCHV (2419) and MG (467) who are involved in MNH and HIV/AIDS activities.

## **Dimension Two: Organizational Development**

Under this dimension, the project has focused on developing the capacity of MoHP networks and local-level partners by strengthening coordination and linkages among organizations working in MNH. The activities carried out by the project under this dimension are as followed:

### ***7. Effective Planning and Monitoring***

This year, the project oriented 26 hospital staff in effective management and planning in conjunction with BPP training. In the second year, project trained 35 and 63 health workers in Kailali and Doti.

#### **Mid-term Evaluation (MTE) of the Project**

The project conducted MTE during December 2009-January 2010 with the help of an external consultant. Data was collected from various levels of informants including the communities and analysis was done for both quantitative and qualitative aspects of the project. The findings of the MTE were shared with different stakeholders in different forums. Stakeholders included D(P)HO, RHD, CHD, FHD, and other organizations working in the field of MNH such as Helen Keller International (HKI), Health Right International (HRI), NFHP II, and Plan Nepal. The project incorporated the MTE recommendations through the revision of activities and work plan (*for updates, see Annex 2*).

#### **LQAS Survey**

The project conducted a LQAS survey that was distributed by the Field Mobilisers (FMs) and D(P)HO staff. The FMs were oriented on the survey’s tools and techniques before data collection. The survey findings

are presented in the "Update of Monitoring and Evaluation (M&E) Plan" of this report (*see Annex 1*). A separate report will be disseminated to all stakeholders including D(P)HO, RHD, CHD and FHD.

## **8. Strengthening: Regional Health Coordination Committee (RHCC)**

CARE Nepal is being a leading member in this forum. The project's team actively participated in all 6 rounds of the quarterly district-level Reproductive Health Coordination Committee (RHCC) meetings in Doti and Kailali. This committee also plays the role of the Project Advisory Committee (PAC) at the district level. Altogether, 18 organizations affiliated with the Reproductive Health sector including the GOs, multi and bi-lateral organizations, and I/NGOs in Doti, and about two dozen organizations in Kailali, are the members of RHCC. As a result, the CRADLE project has harnessed strong networks and interactions with a wider range of organizations in the district.

## **9. Strengthen Periodic Review Meetings**

### **Regional Health Coordination Team (RHCT) Meeting**

The project staff also participated in 2 rounds of quarterly meetings in the Regional Health Coordination Committee (RHCT). RHCT is a regional body of 9 districts in FWR. The members of this committee are all the GOs, multi and bi-lateral organizations, INGOs and NGOs working in health sector in those districts.

### **Annual Regional Review Workshop of Health Programs**

The RHD/MOHP organized a regional annual review workshop in Kailali on September 8-10, 2010 to evaluate the overall performance of health programs in the 9 districts of FWR. More than 100 participants from the central level of MoHP (CHD, FHD, Management Division (MD), Health Management Information System (HMIS) Division, Logistics Management Information System (LMIS) Division, Finance Division), 9 D(P)HO and other stakeholders working in the region, including representatives from CARE attended. The project provided logistical support for the three-day workshop.

### **District and Ilaka-level Review Meeting**

Periodic review meetings of D(P)HO at the district and ilaka level are major events where HF and D(P)HO performance are analyzed using the HMIS indicators followed by action plans. The project staff actively participated in district-level semi-annual and monthly meetings, and ilaka-level annual meetings.

## **10. Project's Periodic Review and Reflection Meetings**

The project organized its Annual Review Meeting during November 14-15, 2009 where all staff including 2 partner organizations' executive bodies, CARE Nepal Country Office (CO) (including Program Development Coordinator (PDC), Health Coordinator (HC), HIV/AIDS Advisor (HAA)), and other cluster-level project staff participated. Representatives from DHO/Doti and Kailali also attended the meeting. The annual achievements of the project, lessons learned, best practices, challenges and recommendations were shared in the meeting.

The project also organized a staff meeting on June 13, 2010 and July 23-24, 2010 to review important and urgent project activities and priorities. All district staff including partner staff actively participated in the critical review of the project and follow-up actions thereafter have been scheduled.

## **11. Capacity Building on RBA, GED and Social Inclusion**

The project provided a 2-day training for 67 project workers and HWs from DHO/Doti (55 male and 12 females) on the 'Rights Based Approach (RBA) and Gender Equity and Diversity (GED)/Social Inclusion (SI)'. The participants were oriented and motivated to fulfill their responsibilities and to be accountable to the people they serve, especially when it comes to handling issues of discrimination and marginalization based on gender and social stratification. The training sensitized the participants about these issues, allowing them to reflect over their own actions to minimize exclusion and inequity in their communities.

## **12. Contribution and Collaboration with/from Other Projects in MNH**

The project staff have been participating in and contributing to other projects of CARE and cluster-level activities such as the Cluster Program Management Team (CPMT) Meeting, Review of Program Approach Framework, Organizational Climate Change Survey, Admin and Budget Workshops, Organizational Bottle-neck Workshop, District Disaster Risk Reduction Meeting and Lessons-learned Sharing Workshop among others. The project is also working in close coordination and collaboration with other projects of the cluster to leverage more resources and to exchange expertise (*see Annex 10*).

### **Support in Publication of Doti Chronicle**

As in previous year, the project team contributed in publishing Doti Chronicle, a mirror of all the projects being implemented by CARE Nepal in Mid and Far-western Development Region. The newsletter published CRADLE's information and articles which is being widely circulated.

### **Coordination with Different Line Agencies and Partners/Stakeholders**

The project has continued coordinating with district-line agencies throughout the implementation of project activities. Agencies include the DDC, District Administration Office (DAO), Municipality, Women Development Office (WDO), District Education Office (DEO), stakeholders such as the Seti Technical School, local media, civil societies, Community-Based Organizations (CBO), and other development partners including GTZ/HSSP, HKI, World Vision (WVI), MS Nepal, Student Partnership Worldwide (SPW) and local NGOs.

### **Dimension Three: Community and Socio-Ecological**

In order to sustain the project's achievements, the project is promoting and implementing various community activities through partner organizations (SOURCE Nepal in Doti and FAYA Nepal in Kailali). The community activities are especially invested in community empowerment and mobilization, including the following:

### **13. Interaction with Pregnant and Recently Delivered Women (PW/RDW)**

The project completed 514 interactions and meetings with PW/RDW to impart health education and behaviour change messages - the goal was to encourage and generate positive and healthy behaviours during pregnancy and the post-partum period at the community-level. In total, 14423 PW/RDW, their husbands, and MiL (7224 women, 7199 men, 1951 *Dalits* and 5380 *Janajatis*) were reached. The FMs used discussions, interactions, BCC materials and educational sessions in select communities and households as methods of outreach. The messages were focused around CB-NCP (in Doti), BPP and Safe Motherhood (in Kailali and Doti).

### **14. Interaction with Husbands, and Father and Mother-in-Laws (FiL/MiL)**

The woman's decision to seek health care services in Nepal is influenced particularly by the decisions of their husbands, FiL and MiL. The project has therefore sought to address the issue of Nepalese female health service utilization due to existing decision-making dynamics by promoting positive behaviour changes and healthy practices and creating conducive environments for women. The Field Mobilisers have disseminated these messages through home visits, interactions, discussions and educational sessions with these groups. During the year, the FMs completed a total of 51 interactions that reached 997 husbands, FiL and MiL (537 MiL, 460 husbands and FiL, among which 192 are *Dalits* and 75 are *Janajatis*).

### **15. Orientation on Effective MG Meeting Conduction and Interaction with FCHVs**

Past experience illustrates that MG meetings led by FCHVs are the best platform to impart knowledge and behavioural change activities to women in the community. Training FCHVs in facilitating effective MG meetings and periodic interacting with FCHVs contribute toward the regularization of monthly MG meetings and conducting effective educational sessions. This year, the project provided 17 orientation sessions in which a total of 300 FCHVs attended (8 *Dalits* and 192 *Janajati*).

## **16. Day/Week Celebration**

As part of demonstrating our solidarity, the project supported D(P)HO in celebrating different international and national days and weeks. In the third year, the project assisted with 2 celebration events in Kailali and 3 events in Doti (FCHV Day, World AIDS Day and Condom Day) through street drama, rally and award distribution. The project also assisted the D(P)HO in organizing campaigns for National Vitamin A Day, National Immunization Day and National Breast-feeding Week in both districts through various means: logistical support, message broadcasting (via regional radio), mass awareness activities, and participating in Kailali's health exhibition during which the project displayed project activities and disseminated BCC materials.

## **17. School Health Education Program**

Acknowledging that school children are very effective means of disseminating information to their families and communities, the project oriented secondary school teachers of priority VDCs on MNH who in turn conducted health education sessions to the remaining secondary-level students. Similarly, orientation on Effective MNH Education was offered to 46 secondary school teachers (41 women and 5 men) through 2 events in Kailali and 1 event in Doti. A total of 3870 school children (2080 female and 1790 male, 190 *Dalits* and 1331 *Janajatis*) were educated on health issues with an emphasis on MNH in the two districts through 132 events.

## **18. Orientation to CBOs on Existing Policies and Provisions**

The project has oriented 299 CBO members through 18 events in Doti and Kailali (174 female and 125 male, 12 *Dalits* and 99 *Janajatis*) on existing MNH health policies since this knowledge is crucial for communities to optimize services provided by the state. Among existing health policies and programs is the Free Health Service, Maternity Incentive, MNH Strategy, Safe Motherhood Strategy, FCHV Program and the revised scope, roles and responsibilities of different cadres of health workers. The project's team also participated in 17 different forums that involved discussing health policies and submitting feedback.

## **19. Application of Self Applied Technique for Quality Health (SATH)**

The project has applied SATH as an effective community and social mobilization tool to strengthen MG meetings, out-reach services, and behaviour change activities by ensuring mothers of access to basic MNH services. SATH promotes the Rights-Based Approach and Social Inclusion, which has effectively expanded the coverage of MGs and FCHV's home visits. As recommended by MTE, SATH has been scaled-up in 35 VDC in Doti and 25 VDC in Kailali this year (*see Annex 4*).

## **20. Implementing Community Health Information System (CHIS)**

The project has initiated record-keeping of pregnancy outcomes (especially maternal and neonatal mortalities and their causative factors) through CHIS to determine the cause(s) of maternal and newborn death and to aid HWs in delivering quality services based on data findings.

The record-keeping process entails the following steps: Firstly, the FCHV registers all pregnancies from various sources (e.g., MG meetings, home visits other community members). Secondly, the FCHV follow up with the services utilized by the pregnant women (PW) for both PW and neonate – for PW, up to 42 days after delivery and for neonates, up to 29 days. Finally, if during this period the PW or neonate died, then the FCHV completes the CHIS forms provided by project. In this process, the FCHVs are principally expected to surveillance all PW and all deaths (neonatal and maternal) in their catchment area.

Thus far, the project has collected first-round data on maternal and neonatal mortality of the two districts and has reported preliminary findings.

## 20. Awareness-Raising Activities

The project has used a variety of approaches to raise community awareness of MNH. Two MNH quiz contests were organized, one in each district, among secondary school students - 44 students (19 female and 25 male) participated and prizes were awarded to the high scoring groups. Additionally, Healthy Pregnant Women and Health Baby competitions were organized through 6 and 5 events, respectively, in the project districts. 152 RDW (12 *Dalits* and 75 *Janajatis*) participated in the Healthy Pregnant Women competitions and those with high scores in ANC/PNC service utilization and proper care during pregnancy were awarded with prizes. Similarly, new-borns scoring high among 186 participants (40 female and 146 male, 9 *Dalits* and 127 *Janajatis*) based on appropriate care and services, immunization, nutritional and growth status were awarded. These competition-based programs were effective not only in gaining the attention of the community members, but also in imparting knowledge about services and care to mothers and new-borns during the ante-, pre- and post-natal period.

### B. Activity Status

Project Objectives/ Results	Related Key Activities (as outlined in DIP)	Status of Activities (Completed, On target, Not yet on target)	Comments
1. Health and Health Services	1.1 Implementation of CB-NCP (in Doti) and BPP (in Kailali)	1.1 Completed	Activities are being implemented at the HF and community-level
	1.2 Misoprostol Piloting in Doti	1.2 Completed	MSC is being distributed through HF
	1.3 Strengthening logistics/supply system (training)	1.3 Doti- Completed; Kailali-On target	Planned for Year 4, Quarter 3
	1.4 Establishing supportive supervision system	1.4 On target	Integrated supervision and on-site coaching is on-going
	1.5 Implementing community scoreboard techniques	1.5 Not yet on target	Planned for Year 4, Quarter 1, 2 and 3
	1.6 Skill development on BCC and message delivery techniques	1.6 On target	Strategy is being applied; Progress review is planned for Year 4, Quarter 2
2. Organizational Development	2.1 Training on effective planning and monitoring for district supervisors, HWs	2.1 Completed	Training was provided in conjunction with CB-NCP
	2.2 Strengthening District RHCC and DACC	2.2 On target	RHCC and DACC meetings are occurring regularly
	2.3 Strengthening periodic review meetings at the region, district and llaka level	2.3 On target	Project team is providing support in the meetings regularly
	2.4 Capacity building of NGOs, CBOs, FCHVs and HFOMCs on RBA/GED/SI	2.4 Doti- Completed; Kailali-On target	1 event is planned for Kailali for Year 4, Quarter 1
	2.5 Support and contribution from other CARE Nepal Projects	2.5 On target	Ongoing support from <i>CSP</i> in Birthing Renovations, and <i>Safe Passage</i> project in resource mobilization for awareness on HIV/AIDS in 20 VDCs
	2.6 Mobilizing DDC/VDC in Program Planning and Monitoring	2.6 On target	Ongoing sensitization of DDC/VDC and increasing support from VDC/DDC through resource

Project Objectives/ Results	Related Key Activities (as outlined in DIP)	Status of Activities (Completed, On target, Not yet on target)	Comments
			mobilization for MNH and monitoring
3. Community and Ecological	3.1 Interaction with PW/RDW, Husbands, FiL/MiL 3.1.1 Orientation on Effective Meeting and Interaction (1 day ) to FCHVs of selected VDCs 3.1.2 Interaction with PW/RDW, Husbands & MiL	3.1 On target 3.1.1 On target (Doti-9 VDCs and Kailali-10 VDCs) 3.1.2 Completed (Doti-282 and Kailali-232)	Remaining events ongoing Ongoing throughout the project period
	3.2 Community mobilization for men's involvement in MNH (interaction and orientation with FiL & husbands)	3.2 Completed (Doti-35 and Kailali-16)	Ongoing throughout the project period
	3.3 Community mobilization and awareness through local means (day celebration, exhibition and health campaign support)	3.3 Completed (Doti-6 and Kailali-7)	Ongoing throughout the project period
	3.4 Mobilizing schools and school teachers	3.4 Completed (Doti- 4 and Kailali-2)	Ongoing throughout the project period
	3.5 Orienting and mobilizing CBOs on Existing Policies and Provisions	3.5 On target (Doti- 8 and Kailali-10)	Completed in Kailali; 2 events planned in Doti 2
	3.6 Social mapping and analysis at VDC level	3.6 On target (Doti- 35 and Kailali- 25)	Will be scaled up in additional VDC
	3.7 Strengthening CHIS	3.7 Completed (Doti-1 and Kailali-1)	Verbal Autopsy in progress
	3.8 Policy and Policy Feedback	3.8 On target (Doti- 11 and Kailali-6)	Completed in Doti; 4 events planned in Kailali
	3.9 Cross-learning and Exposure Visit	3.9 Not yet on target	Planned for Year 4 Quarter 1
	3.10 Application of SATH for better health outcomes	3.10 On target (Doti-35 and Kailali-25)	Will be scaled up in additional VDC
	3.11 New innovations (awareness raising through different activities)	3.11 Completed (Doti-44 and Kailali-13)	Completed, but ongoing throughout the project
4. Other Activities	4.1 Supporting the strengthening of the CB-IMCI program (regional, district and community-level annual review meetings)	4.1 On target (Doti- 52 and Kailali- 32)	Ongoing

Project Objectives/ Results	Related Key Activities (as outlined in DIP)	Status of Activities (Completed, On target, Not yet on target)	Comments
	4.2 Monitoring and providing technical support visits (TSV) for on-site coaching and supervision	4.2 On target (Doti-2146 and Kailali-2083)	Ongoing (to HF, HW, FCHV, MG)
	4.3 Including HIV/AIDS in MG meetings	4.3 On target 4.4 (Kailali-2322)	Ongoing in both districts

### Supplementary Activities Under the Project

The project, with the support from private funding through CIUK and CIUSA, has raised matching funds to support the following programs and projects: the extension of Sr. FMs's term, renovation of birthing centres and health training centres, construction of a regional referral centre for neonates in Kailali, orientations and trainings for HWs/FCHVs on Misoprostol (a new policy in both districts), courses on MNH updates to enhance HW skills for conducting deliveries (*for contribution details from matching funds see Annex 8*).

### C. Impeding Factors and Action Taken

Over the project life, four key factors can be identified: (1) the delay in the first year due to CB-NCP package finalization, (2) the delay in the second year in Doti due to natural disaster events, (3) these together had a domino effect on staff retention, in particular a lack of provisions for Sr. FMs. Finally, (4) the HF's capacity to deliver services when compared to increasing MNH awareness through project activities and *Aama Suraksha* (state MNH policies of maternity incentives) has been less which has frustrated the communities. On the financial side, the recent change in government policy which mandates increasing the country-wide distribution of Misoprostol, through FCHV (which was initially through HF), demanded that the project to retrain all HWs and FCHVs on the new protocol, which raised costs for the project.

### D. Technical Assistance

The project received technical assistance from within CARE, government counterparts, and other stakeholders including, Dr. Shilu Aryal and FHD, which made a visit to Doti for monitoring and support on Misoprostol implementation. Dr Shilu Adhikari, NFHP II provided Technical assistance for a three days Training of Trainers "MNH Update" to 18 Health staff from both districts. MTE assistance by CARE Atlanta and CARE Nepal was provided.

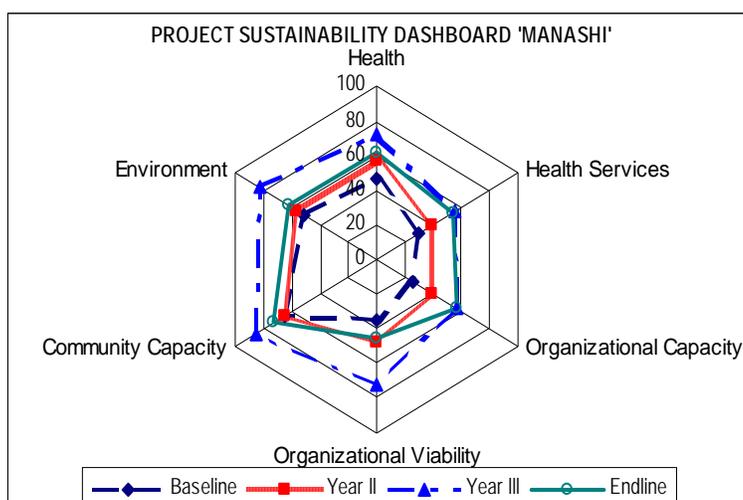
### E. Substantial Changes

N/A

### F. Sustainability Plan

The project has been designed based on the Child Survival Sustainability Assessment (CSSA) framework focusing on technical, organizational and environmental aspects of MNH. The project has focused on sustaining the achievements. The project's sustainability is evaluated through Spider-web (Dashboard).

The project has been strengthening the technical capacities of HW as well as providing necessary logistics, equipment and



renovation support to HFs. The project has involved the partners and D(P)HOs in all stages of planning, management, implementation and M&E to ensure organizational capacities have improved. The project has also tried to link the NGO partners, HFs with different resources such as VDC funds, and other funds through orienting local government bodies and stakeholders on policy & provisions, sensitizing on the situation and importance of MNH and obtaining their commitments.

### **G. Specific Information Requisition from MTE**

The MTE has been a major event to assess project's status, identify gaps, and recommendations for appropriate actions. The project has carefully incorporated the recommendations of MTE through revisiting the activities, the process and work plan. As per the recommendations, the project, particularly, intensified technical capacity building of FCHVs, strengthened focused monitoring and supervision, ensured continuum of care by promoting birthing centres, oriented HFOMCs, intensified BCC activities with focus on weak areas and targeting special groups like PW/RDW, MiL/FiL and husbands, regularized periodic review meetings at district and below level, provided continuous follow-up and TSV to FCHVs, and scaled-up (*Pls see Annex 5 for details*).

### **H. Specific Information for Project entering Final Year**

Reflected in section G Sustainability Plan.

### **I. Project Management System**

The project team is managed by the Project Manager (PM) based at Doti Cluster Office (DCO). The project team receives technical and administrative support from CARE CO and Cluster Office. While the Health Program Coordinator (HPO) from CO provides technical backstopping to the project and links the project with CHD/FHD, USAID and other stakeholders, the Area Program Manager (APM) at Cluster-level provides administrative and supervision to the PM. The overall M&E of the project is overseen by Community Health, Monitoring & Evaluation Specialist (CH, M&ES) based at DCO. A Project Management Team (PMT) comprising of PO from each project district and partners meet on quarterly basis to discuss project issues, track progresses, and take corrective actions.

### **Financial Management System**

CARE CO and Cluster Office provide support in financial management of the project. The delay in the implementation of project activities in the previous years had some financial implications on the project, particularly on low burn-rate of the budget and provision of Sr. FMs, during the 3rd year. With the active support of finance and program staff, the burn-rate has been now maintained, though slightly lags behind the time-elapsed (*see Annex 9*). The issue of term extension for Sr. FMs has been supported through the matching funds generated.

### **Human Resources**

The project has now been completed, according to the original plan. At the district level, the POs are coaching and supervising the Mobilizers for community based activities, work with D/PHOs, and HFs primarily for quality improvements. The CHM&E and PM provide overall insights to project's monitoring, quality assurance, ensuring partner NGO's performance, networking with district line agencies, regional and national programs on CB-NCP. The project has been frequently facing HR transition including the PM position and partner positions. On the other hand the project has received funding through TOSA Foundation, for which four staff members have been recruited, who are complementing CRADLE activities.

### **Communication systems and team development**

The PM maintains team spirits and ensures effective communication between project team, partners, other project teams and stakeholders. The project team meets on weekly and monthly basis to review progress, achievements and discuss on challenges and constraints, and review work-plans with the D(P)HOs, NGO partners.

### **Local partner relationships**

The project staff members provide significant time to strengthen the partners' technical and institutional capacities through regular coaching, supervision, meetings and discussions. The Partnership Manager (PaM) based at Doti Cluster Office, ensures partners' relation as well partner compliance, while the Finance Officer (FO) based at DCO provides support in financial management of the partners.

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

CARE Nepal is actively participating in various national-level task forces and technical committees. The health Coordinator represents CRADLE in national networks such as CB-NCP working group, CB-IMCI group of partners, Safe Motherhood and Neonatal sub committee, FCHV sub committee, and CSHGP technical working group. The CO ensures project to work closely with Plan international, NFHP II, Save the Children, HRI and HKI through periodic sharing and exchanging of technical expertise as needed for project.

### **Other relevant management support**

The project has been receiving support from OMT members from CO based technical backstopping to ensure project's progress and achievements. The project's activities are also reviewed periodically by PAC, RHD, RHCT and D(P)HOs through sharing, and providing necessary feedbacks.

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

Organizational capacity improvement has been one of the major focuses of the project. It has carried out various activities to strengthen the capacity of the NGO partners and D(P)HOs, which included: technical skills on CB-NCP, BPP, Misoprostol and MNH Update, trainings on effective planning and management, organising supportive supervision, orientation on logistics supply system, program. The project has also supported periodic review meetings (regional, district, ilaka and community level), and organized learning visits of HWs, and DPHO staff to other districts.

### **K. Mission Collaboration**

#### **Collaboration and joint action with USAID local mission**

The project has consulted with and has involved USAID local mission since the implementation of the project. The Country office (Health Coordinator, CD/ACD) regularly participates in USAID organized partner meetings on a quarterly, semi annual and annual basis and shares project updates, progress and challenges. CARE is also a core member of the Technical support group formed under the leadership of local mission together with the USHGP funded MNCH partners (NFHP, Plan, HKI, HRI, CARE) which meets quarterly, and annually. This coordination ensures consistency with the GoN/MoHP and collectively resolves programmatic issues. Mr. Clifford Lubitz, Deputy Director for Health/Family Planning and Mr. Deepak Paudel visited the project in Doti on June 24 through 25<sup>th</sup> of 2010 and observed CB-NCP and other community-level activities. Their recommendations from the visits were incorporated into the projects' activity plan.

### **L. Technical support program from CARE USA**

Dr Khrist Roy, Technical Advisor, CARE USA visited the project to support in the MTE. He also supported the team in identifying the critical areas in CB-NCP implementation, Misoprostol pilot, designing and implementing CHIS, review of M&E plan and areas identified by LOAS 2009. The MTE has made plans accordingly.

As part of technical support program, CARE USA organized two consecutive workshops for the Asian Region, i) on Child Health and Nutrition (5 days) , and ii) Maternal Death Review training (2 days) in Lucknow, India in July 2010. There were altogether four participants form CARE Nepal, two from CO (Health Coordinator and Program Development Coordinator), and two from Project (CHM&E Specialist, and a Sr. Community Mobilizer).

**Annex 1: M&E Plan (Updated based on LQAS Survey Aug-Sep 2010):**

<b>Goal:</b> Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations <sup>1</sup>							
<b>Objective/ Result</b>	<b>Indicators (by technical intervention or cross-cutting)</b>	<b>Source/ Measurement Method</b>	<b>Frequency</b>	<b>Baseline Value</b>	<b>Progress as of 2010 (LQAS 2010)</b>	<b>EOP Target</b>	<b>Related Activities</b>
<b>IR 1. Improved maternal and newborn outcomes especially amongst the marginalized populations</b>	% of mothers who delivered at health institution for their youngest child	KPC, LQAS	Annual	20	36	35	CB-NCP, SM
	% of mothers whose last delivery was assisted by SBA	KPC, LQAS/HMIS	Annual	19	48	35	CB-NCP, SM
	% of mothers who reported using CHDK or clean instrument to cut the cord (among home delivery cases)	KPC, LQAS	Annual	23	53	40	CB-NCP, SM
	% of mothers with birth preparedness (at least two components) plan for their last delivery	KPC, LQAS	Annual	44	80	60	CB-NCP, SM
	% of mothers who consumed at least 180 tablets of IFA during their last pregnancy	KPC, LQAS/HMIS	Annual	53	77	65	CB-NCP, SM
	% of mothers who received at least two TT during their last pregnancy	KPC, LQAS/HMIS	Annual	56	93	65	CB-NCP, SM

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

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations <sup>1</sup>							
Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress as of 2010 (LQAS 2010)	EOP Target	Related Activities
	% of newborns immediately wrapped after birth	KPC, LQAS	Annual	92	94	92	CB-NCP, SM
	% of newborns who were initiated breastfeeding with one hrs of births	KPC, LQAS	Annual	64	89	75	CB-NCP, SM
	% of mothers reporting to consume increased (and diversified) food during pregnancy and postpartum period ©	KPC, LQAS	Annual	73 (LQAS '08)	72	80	CB-NCP, SM
	% of diarrhea cases receiving oral rehydration (ORS or home made fluid)	HMIS/CB- IMCI/CB- NCP/LQAS	Annual	41	42	55	CB-NCP, SM
	% of children who received measles vaccine	KPC, LQAS	Annual	80	87	85	CB-NCP, SM
IR 2. Improved maternal and neonatal services	# of deliveries conducted at health institutions or by SBA	HMIS	Annual	3288	10134	6000	CB-NCP, SM
	% of mothers who reported a postnatal visit within three days of birth of their baby (PNC) – to where HF, FCHV, or was it a home visit	KPC, LQAS	Annual	6.8	51	20	CB-NCP, SM
	% of mothers received at least four ANC visits (as % of expected pregnancy)	KPC, LQAS	Annual	32	63	50	CB-NCP, SM
	# of HFs having delivery services in operation on regular basis	HFS Supervision Reports	Annual	Doti (HP/PHCC):	Doti: 12	Doti: 12	

**Goal:** Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations<sup>1</sup>

Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress as of 2010 (LQAS 2010)	EOP Target	Related Activities
				9/12  Kailali (HP/PHCC): 13/13	Kailali: 31	Kailali: 13	
	Number of FCHVs providing essential newborn care services (for PSBI, LBW, Hypothermia)	HMIS/CB-IMCI/CB-NCP	Annual	NA	653	FCHV - 450	CB-NCP
	# of neonatal PSBI cases treated with FCHV and CHWs	HMIS/CB-IMCI/CB-NCP	Annual	CHW- NA HV- NA	NA	CHW- 400 FCHV- 1000	Data being reported recently, so not yet complete.
	% of children age 6-23 months who received a dose of Vitamin A in the last 6 months	KPC, LQAS/HMIS	Annual	74	83	85	
	# of health facilities having their plan for service delivery and supervision	HFS Supervision Reports	Annual	Doti-31% Kailali-55%	NA	Doti-60% Kailali-60%	It will be collected during end line survey
	Average number of supervision visits received in the last six months	HFS Supervision Reports	Annual	1	2.31	At least 2 at all level	

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations <sup>1</sup>							
Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress as of 2010 (LQAS 2010)	EOP Target	Related Activities
	% of CHWs and FCHVs who report that the last supervision visit was helpful	HFS Supervision Reports	Annual	Doti-19% Kailali-64%	NA	Doti-40% Kailali-75%	It will be collected during end line survey
IR 3. Improved capacity of MOHP/DPHOs and other sectors for maternal and newborn care	# of HFs who are providing timely (on the same day) disbursement of Safe Delivery Incentives	Supervision report	Annual	Doti: 12/51 Kailali: 13/43	NA	Doti: 45/51 Kailali: 35/43	It will be collected during end line survey
	Extent to which health facilities are collecting, analyzing and reporting MNH data	District Stakeholders Workshop	Baseline, Midterm and Final	1/5	NA	3/5	It will be collected during end line survey
	# of community health workers and FCHVs trained on MNH issues (BPP, Sepsis management, Hypothermia, Low Birth Weight, Asphyxia, Misoprostol)	Training Report	Annual	CB-NCP: 0 Other training: NA	CB-NCP: 881 (Doti) BPP: 1452 (Kailali)	CB-NCP: 855 (Doti) Safe motherhood: 650 (Kailali)	
	# of master trainers developed at district and local level on MNH	Training Report	Annual	3	24 (9 BPP, 15 CB-NCP)	30	
IR 4. improved viability of maternal and neonatal	% of health facilities with essential drugs and supplies available (Cotrim, Gentamicin, Amoxicillin, CHDK, IFA, (for	HFS Supervision visits	Annual	Cotrim P-96 Amoxy – 93	Cotrim P- 69 Amoxy – 68 CHDK – 91	Cotrim P-100 Amoxy –	

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations <sup>1</sup>							
Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress as of 2010 (LQAS 2010)	EOP Target	Related Activities
Services	Doti			CHDK – 52 IFA – 93	IFA – 78	100 CHDK – 100 IFA – 100	
	% of health facilities with Misoprostol (for Doti)	HFS - Base, End; LQAS - Annual	Annual	0	100	80	
	# of Health facilities with stock out of specific tracer drugs	HFS Supervision visits	Annual	NA	53	0	
	# of VDC and DDC allocating funds for health programs	Supervision visits	Baseline, Midterm and Final	27	94	94	
IR 5. Improved community commitment for maternal and newborn care	% of VDCs with an emergency transport system in place	District Stakeholders Workshop	Baseline, Midterm and Final	NA	13	20	
	% of mothers who were able to report at least two danger signs of pregnancy, delivery and post natal period	KPC, LQAS	Annual	45/50/52	86/85/86	60 all	Results from regular program of family health
	% of mothers who were able to report at least two danger signs of neonatal illness	KPC, LQAS	Annual	48	89	60	

Goal: Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations <sup>1</sup>							
Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress as of 2010 (LQAS 2010)	EOP Target	Related Activities
	% of mother who are aware about the safe delivery incentive	KPC, LQAS	Annual	49	98	60	
	# of VDCs with FCHV (endowment) fund	HFS	Baseline, Midterm and Final	All	All	All	
IR 6. Improved environment for maternal and newborn care	% of mothers involved in income generation activity	KPC	Baseline, Midterm, Endline	18	63	25	
	% of health facilities with at least one maternal and child health service provider (SN, ANM or MCHW) on the day of visit	HFS	Baseline, Midterm, Endline	74	100	80	
	% of mothers who are involved in at least one group activity	KPC, LQAS	Annual	30	69	50	
	% of mothers who are aware about at least two roles of FCHVs	KPC, LQAS	Annual	74	98	80	
	Inclusion of the project activities in the Annual Plan of Action of Government at central and local level and reported on Annual Report (of	Review of DHO/DoHS Annual Plan	Baseline, Midterm, Endline	1 district	2 districts CHD/FHD	2 districts	

**Goal:** Sustained and equitable improvements in maternal and newborn health in the district of Doti and Kailali especially amongst the marginalized populations<sup>1</sup>

Objective/ Result	Indicators (by technical intervention or cross-cutting)	Source/ Measurement Method	Frequency	Baseline Value	Progress as of 2010 (LQAS 2010)	EOP Target	Related Activities
	RHD and DoHS)						
	# of activities carried out in conjunction with other CARE projects	Cluster level meeting	Annual				
	<ul style="list-style-type: none"> <li>Cluster level</li> </ul>			1	8 (SP, SAMADHAN, CSP, PPS/VSL)	8	
	<ul style="list-style-type: none"> <li>District level</li> </ul>			3	9 (SP, SAMADHAN, CSP)	12	
	<ul style="list-style-type: none"> <li>Community level</li> </ul>			6	57 (SP, SAMADHAN, CSP)	100	

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

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

NB: SP=Safe Passage, PPS/VSL= Post Project Support/Village Savings and Loan, SAMADHAN-Disaster Project and CSP=Community Support Project.



**Annex 2: Work-plan (October 2010-September 2011)**

S.N.	Activities	Unit	Target	Year 4				Responsibility
				Q1	Q2	Q3	Q4	
<b>1</b>	<b>Health and Health Services (DIMENSION ONE)</b>							
<b>1.1</b>	<b>Implementation of Community Based Newborn Care Package (CB- NCP)</b>							
1.1.5	Training of Health Workers on Misoprostol/BPP (Doti & Kailali)	Event	10	X				PO, PM, TOSA Staff
1.1.6	Training of VHW/MCHW on BPP/Misoprostol (Doti & Kailali)	Event	9	X				PO, SFM, TOSA Staff
1.1.8	Training of FCHVs on BPP, and Misoprostol (Doti & Kailali)	Event	95	X	X			PO, SFM, TOSA Staff
1.1.11.	Mothers Group Orientation on Misoprostol (Doti & Kailali) (Half day)	Event	1888	X	X			PO, SFM, TOSA Staff
1.1.12	VDCs/HFOMC Orientation on CB-NCP (Half day)-Kailali	Event	15	X				PO, SFM, TOSA Staff
1.1.14	Orientation Training to hospital staff on Miso-prostal	Event	2	X				CH&MS, PO
1.1.15	Annual review, refresher, WS of HF in charges on CB-NCP/BPP with DHO/HF and CARE/ Partner staffs	Event	4	X	X			PO,SFM
1.1.16	Training on SBA to 15 HWs in Doti and kailali	Event	1		X			PM, TOSA Staff
1.1.17	Community level refresher review workshop on CB-NCP/BPP	Event	51		X			PO,SFM
1.1.18	Exchange Visit to CB-NCP/MNC/BPP districts (DHO/HF/project staff)-7 days	Event	1	X				PM, PO
1.1.19	Exchange Visit to CB-NCP/MNC districts (VHW 3/MCHW 3/FCHV 12, and FM 2)-7 days	Event	1	X				PM, PO
1.1.20	HF upgrading to make Birthing centers		20		X			TOSA staff, PM, CHM&E
<b>1.2</b>	<b>Strengthening Logistics/Supply System</b>							
1.2.1	Training of Health Workers on Logistics/Supply (2-day) (Kailali)	Event	1	X				PO, PM
1.2.2	Monitoring of Health Workers/HFI/ VHWs/MCHWs/FCHVs	Event	15	X	X	X	X	PO, SFM
<b>1.3</b>	<b>Establish Supportive Supervision System (Completed)</b>							

S.N.	Activities	Unit	Target	Year 4				Responsibility
				Q1	Q2	Q3	Q4	
<b>1.4</b>	<b>Implementation of Community Scoreboard Technique</b>							
1.4.1	District Orientation on Community Scoreboard Techniques (1 day)	Event	2	X	X			PM, MNHS
1.4.2	HF Level Training on Community Scoreboard Techniques (3 day)	Event	20	X	X			PO, SFM
1.4.3	Review Monitoring and Follow Up meeting in conjunction of SATH (half day)	Event	10		X	X		PM and Team
<b>1.5</b>	<b>Skill Development BCC and Message Delivery Techniques</b>							
1.5.2	Review workshop on progress of BCC activities (DHO, EDPs, project staffs)	Event	1		X			PO
1.5.4	Production of BCC materials and program							PM, PO
	a) Material production	Event	1	X	X	X		PM, PO
	b) Radio/FM program broadcasting	Event	1	X	X	X		PM, PO
	C) Drama demonstration	Event	1		X			PM, PO
1.5.5	Ilaka level Review and Monitoring meeting on BCC in conjunction of SATH & other activity (half day)	Event	25			X		PO, FMs
<b>2</b>	<b>Organizational Development (DIMENSION TWO)</b>							
<b>2.1</b>	<b>Training on Effective Planning and Monitoring</b>							
<b>2.2</b>	<b>Strengthen and Mobilize District RHCC and DACC</b>							
2.2.1	Annual Reflection Review workshop of RHCC including VDC secretary on Effectiveness of MNH Services (1 day) with 25 participants/VDC Secretaries- Doti	Event	2		X		X	PM and Team
2.2.2	Quarterly Meeting of RHCC (2 hours)	Event	8	X	X	X	X	PO
<b>2.3</b>	<b>Strengthen Periodic Review Meeting at Region, District and Ilaka level</b>							
2.3.2	Annual review of the project	Event	1	X				PM
2.3.3	District Semi Annual Review Meeting	Event	2		X		X	PO

S.N.	Activities	Unit	Target	Year 4				Responsibility
				Q1	Q2	Q3	Q4	
2.3.4	Ilaka level annual review meeting (2 days)	Event	12		X			
2.3.5	Regional Annual Review Meeting of Health Program (100 persons) support from Safe Passage project	Event	2		X			PM
<b>2.4</b>	<b>Build/Strengthen Capacity of NGOs, CBO, FCHVs and HFOMCs on Social Inclusion, RBA and GED</b>							
2.4.2	Training on Social Inclusion, RBA/GED to DHO staffs (2 day) to 20 staffs in Kailali	Event	1	X				PM, PO
2.4.3	Orientation on Social Inclusion, RBA/GED to HF staffs (1 day) at Ilaka level with other activity	ongoing			X			PO, SFM
2.4.4	Orientation to HFOMC members to improve local health governance	Event	20	X	X			TOSA staff, PM, CHM&E
2.4.5	Monthly meeting of HFOMC	event	20	X	X			TOSA staff, PM, CHM&E
<b>2.5</b>	<b>Support and Contribution of Other projects of CARE Nepal in MNH</b>							
2.5.2	Annual Reflection Review Workshop at cluster level	Event	1			X		PM
<b>2.6</b>	<b>Mobilize DDC/VDC in Program Planning and Monitoring</b>							
2.6.2	Meeting of Project Advisory Committee (PAC) half day in semiannual basis with RHCC meeting	Event	4		X		X	PM, PO
2.6.3	Exposure visit of Project Advisory Committee (PAC) 5 days in CBNCP/MNC District	Event	1	X				PM, PO
2.6.4	Sensitization to VDCs on Maternal health through proper utilization of VDC budget	Event	20	X	X			TOSA staff, PM, POs
<b>3</b>	<b>Community and Ecological (DIMENSION THREE)</b>							
<b>3.1</b>	<b>Interaction with Pregnant and Recently Delivered Women (PW/RDW), Fathers and Mothers inLaw (MIL)</b>							
3.1.2	Interaction and Meeting with PW, RDW, Husbands and MIL (half day)	MG	10	X	X	X	X	PO, FMs
<b>3.2</b>	<b>Community Mobilization for Men's Involvement in MNH</b>							

S.N.	Activities	Unit	Target	Year 4				Responsibility
				Q1	Q2	Q3	Q4	
3.2.1	Interaction and Orientation with Fathers in Law (FIL), Husbands (half day)	VDC	10	X	X	X	X	PO, FMs
<b>3.3</b>	<b>Community Mobilization and Awareness through local Folk Media, Day Celebration, and others</b>							
3.3.1	Day Celebration (Mother's, FCHV & others Day)	Year	2	X		X		PO, FMs, SFM
3.3.2	Exhibition for Health Education on MNH	Year	2		X			PO, FMs, SFM
3.3.3	Health Campaign (Support to DHO/RHD)	Year	2		X			PO, FMs, SFM
<b>3.4</b>	<b>Mobilize Schools and School Teachers</b>							
3.4.2	Health Education Classes for Secondary School Students	School	8	X	X	X	X	FMs, SFM
<b>3.5</b>	<b>Orient and Mobilize CBOs on Existing Policies and Provisions</b>							
3.5.1	Orientation on Existing Policies and Provisions to CBOs, NGOs and Groups (half day)	Event	2		X			PO
<b>3.6</b>	<b>Social Mapping and Analysis at VDC Level (linkage with 1.4 &amp; 3.7)</b>							
3.6.1	Orientation and Exercise Social Mapping and Analysis (half day) in CHIS VDCs	Event	10	X	X	X	X	PO, SFM, FMs
<b>3.7</b>	<b>Strengthening Community Health Information System (CHIS)</b>							
3.7.1	Training to Health Workers and Volunteers on CHIS-Verbal Autopsy(1 day)	Event	93	X				PO, FM
3.7.2	Semi-annual Review Meeting with health workers (Half day) for CHIS feedback	Event	93			X		PO, SFM
3.7.3	Annual review on CHIS with health workers and volunteers (1 day)	Event	2		X		X	PO, SFM
<b>3.8</b>	<b>Policy and Policy Feedback</b>							
3.8.1	Participation in various Forums, Teams, Committees, and Groups, etc. – Regularly/Ongoing	Event	4	X		X		PO
<b>3.9</b>	<b>Cross learning and exposure visit</b>							
3.9.1	Cross visit to CB-NCP/MNC district(HF staff, HFOMC-20)	Event	1	X				PM and team

S.N.	Activities	Unit	Target	Year 4				Responsibility
				Q1	Q2	Q3	Q4	
<b>3.10</b>	<b>Application of SATH for better outcome at community level</b>							
3.10.1	Coordination with VDC level stakeholders for integration of MNH issues (2 hours)	VDC	10	X	X	X	X	FM, SFM, PO
3.10.2	Analysis of HMIS Data in each Health Facility	Event	10	X	X	X	X	FM, SFM, PO
3.10.3	Monthly Reflection Review between HF and Community	Event	20	X	X	X	X	FM, SFM, PO
<b>3.11</b>	<b>New Awareness</b>							
3.11.1	Awareness-raising through different activities in each ilaka	Event	6					
a	Quiz contest	Event	2	X		X		FM, SFM, PO
b	Healthy pregnant women competitions	Event	2	X		X		FM, SFM, PO
c	Healthy baby competition	Event	2	X		X		FM, SFM, PO
<b>4</b>	<b>Others</b>							
<b>4.1</b>	<b>Support in sustaining CB-IMCI program</b>							
4.1.1	Support in review meetings at district level	Event	2		X	X		PO, SFM, FMs
4.1.2	Support in review meetings at community level	HF	66		X	X		PO, SFM, FMs
<b>4.2</b>	<b>Monitoring and technical support visit</b>							
4.2.1	Monitoring of Health Facility	Times	144	X	X	X	X	PO, SFM, FMs
4.2.2	Monitoring of Community Health Worker	Times	288	X	X	X	X	PO, SFM, FMs
4.2.3	Monitoring of FCHVs	Times	300	X	X	X	X	PO, SFM, FMs
4.2.4	Monitoring of Mothers Group (MGs)	MG	144	X	X	X	X	PO, SFM, FMs
<b>4.3</b>	<b>Integration of HIV and AIDS</b>							
4.3.1	Include HIV and AIDS messages in MG meetings in coordination with Safe Passage Project	MG	600	X	X	X	X	PO, SFM, FMs
4.3.2	Support in days celebration (World AIDS, Condom)	Event	4	X				PO, SFM, FMs
4.3.3	Strengthening DACC through regular meeting	Event	8	X	X	X	X	PO, SFM, FMs
4.3.4	Documentation of activities and lessons learnt			x	x	x	x	PO, SFM, FMs

*Note:* The activities completed are not mentioned in the work-plan; during Q1 and Q2 (one month) there are additional staffs from matching fund to support in the implementation of the project activities.

### **Annex 3: Presentations on Project in various forums**

#### **All Together for Maternal and Child Health, Lucknow, India (12-16 July 2010)**

A Regional Workshop on 'All Together for Maternal and Child Health' was organized by CARE USE in Lucknow, India during 12-16 July 2010, followed by 'Maternal Death Review Workshop' on 18-19 July 2010. CARE India, CARE Indonesia, CARE Bangladesh, CARE Afghanistan, CARE Zambia and CARE Nepal participated in the workshop. The participants made poster presentations on the health programs conducted in their countries, where CARE Nepal presented the CRADLE Support Project as illustrated below (*Poster 1*):

#### **Global Maternal Health Conference (GMHC), New Delhi, India (August 30 - 01 September 2010)**

GMHC brought together more than 500 participants all over the globe working in existing maternal health program, exchanged the ideas, brainstormed, developed strategies to positively impact the maternal morbidity and mortality rates, and to reduce preventable deaths and disability. The project also participated in the conference and presented the achievement of the major findings as estimated by LQAS 2009 through a poster presentation, as illustrated below (*Poster 2*):

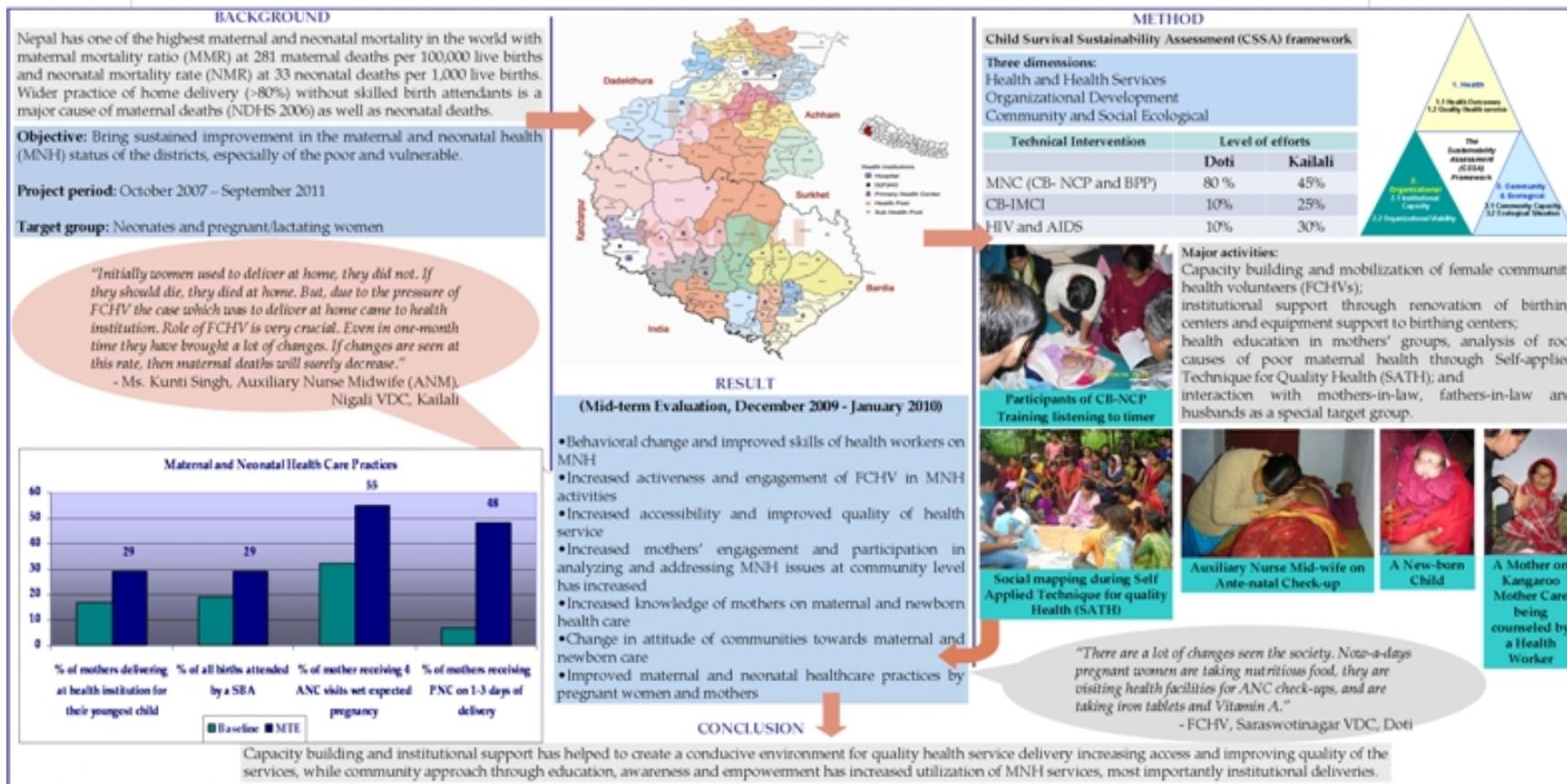
#### **Child Health and Survival Group Partner (CHSGP) Meeting, Kathmandu (21<sup>st</sup> September 2010)**

An annual meeting was organized by the USAID local mission, which was facilitated by NFHP II for sharing updates and discussing on lessons-learned, best-practices, and challenges of the CHSGP partners (namely, CARE Nepal, NFHP II, Hellen Keller International, Health Right International and Plan Nepal). The project also presented its updates for 15<sup>th</sup> September 2010, during the meeting, which is presented below:

## Poster 1: All Together for Maternal Health Workshop



### The Community Responsive Antenatal, Delivery and Life Essential (CRADLE) Support for Mothers and Newborns in Nepal "Increasing institutional deliveries"



## Effectiveness of Focused-interventions to Improve Maternal Health In Nepal

Bhatt MR, Hamal M, Sharma N, et al. CRADLE Support Project, CARE International In Nepal

Keywords: Maternal Health, LQAS, SATH, Nepal

### Introduction

Nepal is still facing high maternal & neonatal mortality with Maternal Mortality Ratio (MMR) at 281 maternal deaths per 100,000 live births & Neonatal Mortality Rate (NMR) at 33 neonatal deaths per 1000 live births. Wider practice of home delivery (>80%) without skilled birth attendants is a major cause of maternal as well as neonatal deaths (NDHS 2006)

CARE Nepal is implementing Community Responsive Antenatal, Delivery & Life Essential (CRADLE) Support Project in Doti district of Nepal since October 2007 to bring sustained improvement in maternal health in the district. The project has adopted innovations like

- Interaction with mothers' groups,
- Analysis of root causes of poor maternal health through Self-applied Technique for Quality Health (SATH),
- Interaction with mothers-in-law, fathers-in-law and husbands as a special target group, and
- capacity building and mobilization of female community health volunteers (FCHVs) & other health workers.

### Activities of the CRADLE Support Project



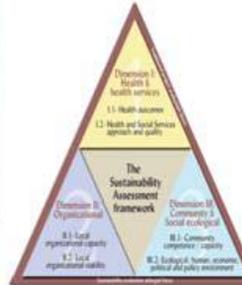
Community awareness & Skill raising activities



Healthy mother & healthy neonate



Quality of care with increased service seeking practices



Project's base: CSSA Framework

### Objective

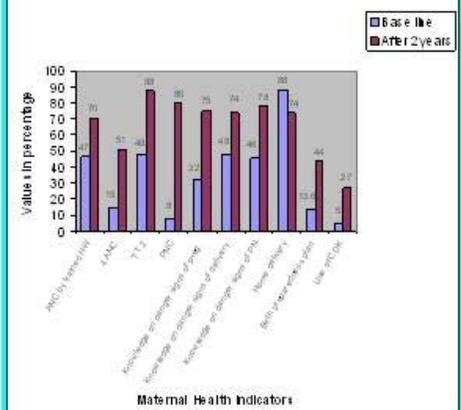
Assess the effectiveness of focused-interventions of the project in improving maternal health.

### Methodology

A base-line survey was carried out during the beginning of the project using Knowledge, Attitude and Practice (KAP) Survey, a cross-sectional descriptive study using 30-cluster sampling methodology. The project conducted Lot Quality Assurance Sampling (LQAS) survey after two years of implementation to monitor and evaluate coverage and progress of the project.

### Results

Effectiveness of focused-interventions to improve maternal health in Nepal: LQAS findings



"There are numbers of changes seen in the community. Now a days pregnant women are taking nutritious food, they are visiting health facilities for ANC check up, and are taking iron tablets regularly"- Padma Thapa, FCHV, Saraswatinagar VDC, Doti

### Conclusion

The findings show that the focused-interventions of the project have contributed to improve maternal & neonatal health status of the district through improving the knowledge on maternal health and maternal health seeking practices.



Presentation on Project Update (CHSGP Annual Meeting)



**Community Responsive Antenatal Delivery and Life Essential (CRADLE) Support for Mothers and Newborns in Doti and Kailali**

**Project Experience Sharing**  
*USAID annual partners' consultative meeting*  
 21 September 2010/Kathmandu





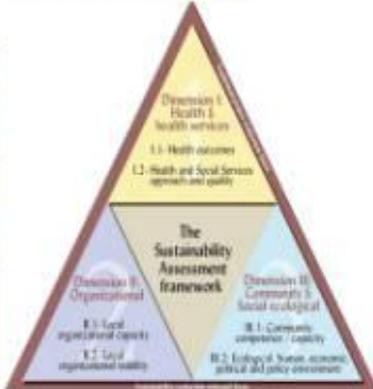


**CRADLE Project Brief**

**Strategic objective:** Sustained and equitable improvements in maternal and newborn health in Doti and Kailali districts especially amongst the marginalized populations

**Impact groups:** Neonates, Pregnant/Lactating Mothers and Children under 5 years

<b>Immediate Results</b>	<b>IR 1.</b> Improved maternal and newborn outcomes especially amongst the marginalized populations	<b>IR 2.</b> Improved maternal and neonatal services
	<b>IR 3.</b> Improved capacity of MOHP/DPHOs and other sectors for maternal and newborn care	<b>IR 4.</b> Improved viability of maternal and neonatal services
	<b>IR 5.</b> Improved community commitment for maternal and newborn care	<b>IR 6.</b> Improved environment for maternal and newborn care



**The Sustainability Assessment Framework**

- Dimension I: Health & Health services**
  - I.1: Health outcomes
  - I.2: Health and Social Services approach and quality
- Dimension II: Community & Social ecological**
  - II.1: Community competence / capacity
  - II.2: Ecological, health, economic, political and policy environment
- Dimension III: Organizational**
  - III.1: Local organizational capacity
  - III.2: Local organizational viability



## Achievements

Major Interventions	Achievement	Status & plan
CB NCP training to health workers, FCHV & others	HW – 127, VHW/MCHW – 84 (F – 37, D – 4), FCHV – 653, (D – 80), MG – 653, HFOMC members- 1424, Trad healers- 204	All level training completed in June 2010. Service being delivered after training
Followup after training of CB NCP	Orientation for follow up after training completed	
Misoprostal initiative (training & tablets distribution)	Health workers distribution model: Orientation to all health workers in Doli provided, half day orientation to FCHV to familiarize HW – 127, VHW/MCHW – 84, FCHV – 653	Standard package of Misoprostal training to all FCHV of both district planned: Nov-Dec 2010. Health workers of Kailali same period
BPP review workshop (community & HF level)	Community level review is completed in Kailali and HF level review will be completed by October 2010	BPP training to FCHVs of Doli planned: Nov-Dec 2010
Upgrading support for birthing centers (Renovation, Equipment support to HF's, and Zonal Hospital)	4 birthing centers in HF's completed, 1 in process, renovation of newborn ward in Seti zonal hospital is going on, equipment support in the process	Altogether planned for 35 birthing centers upgrading support by January 2011 with VDC collaboration
Mid term review & LOAS survey	Mid term review was completed & shared LOAS data collection complete, analysis on going	Report on LOAS findings will be available by Sept '10 last week
Interaction workshop with PW, RDW, MI, FII & husband	231 events, total participants: 6, 290 (women: 4343; Dalit: 1198)	Will continue the interactions



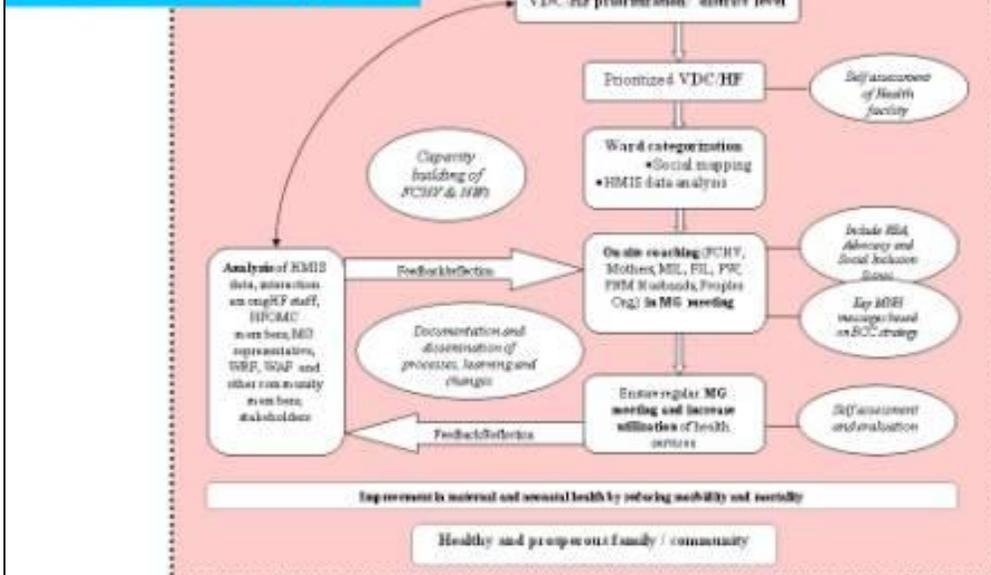
## Lessons learned

- 1. Project based on CSSA framework, has been effective to address MNH issues in comprehensive way. It has enabled community people to claim maternal and neonatal health rights, strengthened health institution's capacity to provide quality services and to be more responsive and accountable towards the impact group.**
- 2. The Community mobilization tool, Self Applied Technique for Quality Health (SATH) has been effective in building local capacity, social inclusion, empowerment, and mobilization of local people and resources, adopting healthy MNH practices increase service accessibility and utilization, more importantly, increase the participation of marginalized community.**
- 3. Community Health Information System (CHIS) also called Pregnancy outcome surveillance system could be an effective tool to follow up pregnancies and pregnancy outcomes, and explore the causes and actions against maternal and neonatal deaths with the communities/by the communities.**

 <b>Achieving more through Program Approach</b>	
CARE's other Projects	Areas of collaboration to build synergy in CRADLE project
Safe Passage Project	Facilitation support in various training at district & community level on HIV and AIDS issues by Safe Passage project staffs and resource persons
	Joint conduction of mother groups meetings and community interactions on MNH and HIV and AIDS issues
Community Support Project	Technical support in the construction works required for Birthing center renovation in HFs/Birthing centers
	Resource sharing for birthing centers upgrading & equipment
Village Saving Loan Project	Joint conduction of public and social audits
	One community one group approach – Mother group as village saving loan group by this project Mothers are able to obtain financial support for Income generation
DIPECHO project	Joint initiation for improving birthing centers
	Disaster risk reduction training to HF staffs, FCHVs, CRADLE project & partner staffs
	First aid equipment support to FCHVs with training

 <b>Collaboration with USAID Partners</b>	
	Areas of collaboration in Maternal and Neonatal health program
<ul style="list-style-type: none"> <li>• NFHP</li> <li>• Save The Children</li> <li>• World Vision:</li> <li>• HKI</li> <li>• Max Pro</li> <li>• GTZ</li> <li>• WHO</li> <li>• UNICEF</li> </ul>	Implementation guideline, training package development and review (Misoprostal use/NFHP, CB NCP/Save, BPP/WV, MH/UNICEF)
	Logistic support (eg BPP: WV RH: GTZ and CB NCP: Save
	MG meeting and community interaction: HKI/WV/Max pro
	Technical support in training and its follow up: Save, NFHP, Max pro
	Implementation of CB NCP and BPP package at district and community level

**SATH application for better outcome at community level**



## Annex 4: Results Highlight

### Self Applied Technique for quality Health (SATH)

SATH is a technique in which communities themselves, with the help of health institutions and health workers, participate in the process of assessing the health status of the community. This assessment is based on certain health indicators and identifies gaps contributing to poor health outcomes and poor quality health as well as activities to address those gaps which are implemented through regular monitoring and evaluation.

SATH follows a systematic process of: prioritization and selection of VDC based on selected indicators of HMIS; social mapping at VDC level and selection of ward or community; focused intervention activities in the selected communities as per the problems identified; and intensive follow-up and evaluation.

It has been continuously highlighted as an effective community mobilization tool, based around Mother's Group (MG) meetings. The MG meetings are now regularised, and monitoring of services is regularly conducted by health facilities. Utilization of SATH has improved the quality of MNH services at the community level both for utilisation and service delivery. The MTE has also highlighted this observation.

**Advantage:** SATH is very effective in identifying pockets of communities where there are no MGs at all or MG meetings are not active. In such places, the MGs have been formed, meetings have been regularized, and education on maternal and health issues--including the care of new-born care, immunization and nutrition, is delivered on a regular basis. Furthermore, it identifies those mothers who do not use MNH services. Since these are mothers who are more likely to be poor and socially disadvantaged, SATH has effectively encouraged such mothers to come to the MG meetings and utilise health services.

SATH is also effective in identifying social factors and behaviours that affect MNH and addresses them through repeated discussions and analysis. This has successfully addressed prevailing harmful cultural practices regarding MNH and to ensure that all necessary services are provided from nearest health facilities.

SATH is found to have the following benefits:

- Where SATH is applied, more women from marginalized communities are participating in the MGs and are accessing health services
- Some of the HFOMC members are committed to upgrading their respective health facility to a birthing centre
- Inciting a greater demand for quality health services
- In poorly performing clusters, the re-organization of outreach clinics has increased coverage of key health indicators
- Greater participation of Dalits and other PVSE through the increased utilization of services
- Inclusion of PLHA in the MGs and discussion agenda
- The inclusion of MIL, husbands and FIL has changed perception towards women's health and increased supporting behaviour for MNH care
- Using illiterate FCHVs identify pregnant women in the communities and the services they access is a way to use local means to locate such women

Some other *best practices* of the project are:

- Interactive meetings with mothers and other community members (especially, PW, RDW, MiL, FiL and husbands) has increased the participation of mothers in MG meetings
- Collaboration with other CARE projects and stakeholders for MNH activities has increased the synergy of project activities through added benefits usually not addressed by the projects due to their limited scope and resources (e.g. infrastructural support, logistics support, social mobilization, etc.); and
- Sensitization of and coordination with HFOMCs' and VDC have contributed to the fulfilment of vacant positions at health facilities (especially, ANM), the recruitment of ANMs locally and to mobilize local resources for quality MNH services.

**Annex 5: Update on MTE Recommendations:**

S.N.	Major recommendations	Actions taken	Status	Remarks
<b>Dimension I</b>				
1	Immediately start community-level CB-NCP training, with special emphasis on skill building, integrating messages on HIV/AIDS and refresher for CB-IMCI	<ul style="list-style-type: none"> <li>• CB-NCP training for FCHVs was conducted immediately (March-June 2010) with attention on skill components;</li> <li>• Message on HIV/AIDS transmission and prevention methods integrated</li> <li>• All FMs (18) oriented on CB-IMCI and have intensified TSV for FCHVs to support in CB-IMCI activities along with other project (MNH) activities</li> </ul>	<ul style="list-style-type: none"> <li>• 653 FCHVs trained and provided with the necessary logistics to implement CB-NCP activities, along with HIV/AIDS</li> </ul>	
2	Promote and strengthen birthing centres, especially in remote areas	<ul style="list-style-type: none"> <li>• Renovation of birthing centres being done through matching funds</li> <li>• Construction of neonatal regional referral centre</li> </ul>	<ul style="list-style-type: none"> <li>• 5 birthing centres being renovated (3 in Doti and 2 in Kailali)</li> <li>• Construction of neonatal regional referral centre ongoing</li> <li>• 15 HF (7 in Doti and 8 in Kailali) provided with birthing centre equipment</li> <li>• Planned support for renovation of 20 birthing centres in coming year</li> </ul>	
3	Strengthen BCC activities with a strong focus on weak areas (BPP, IFA consumption, diversified food for mothers during pregnancy and postpartum period, and translating MNC into practice)	<ul style="list-style-type: none"> <li>• Followed BCC strategy developed by the project, and BCC activities conducted by FM with focus on weak areas especially targeting impact and influential target groups (PW, RDW, husbands, FiL, MiL)</li> </ul>	<ul style="list-style-type: none"> <li>• Regular ongoing activity of the project (even though the target has been met this activity has been intensified)</li> </ul>	
4	Establish effective monitoring and supervision system	<ul style="list-style-type: none"> <li>• Strengthened Integrated Supervision and On-site Coaching</li> </ul>	<ul style="list-style-type: none"> <li>• 2 Integrated Supervision visits conducted in Kailali covering 6 HF, 20 HW, 1 FCHV and 1 MG</li> <li>• 1 ilaka level Integrated</li> </ul>	

S.N.	Major recommendations	Actions taken	Status	Remarks
			Supervision conducted in Doti covering 3 ilaka HFs (SHP under that HFs), and 1 On-site coaching visit covering all 51 HF and HW in those HF, with 1 FCHV and 1 MG from those wards <ul style="list-style-type: none"> <li>Project staff and FMs have intensified TSV</li> </ul>	
<b>Dimension II</b>				
1	Strengthen coordination and collaboration with district line agencies for greater ownership, effective resource mobilization, wide coverage and service quality improvement	<ul style="list-style-type: none"> <li>Strengthened coordination with district line agencies like D(P)HOs, DDC, District Education Office (DEO), Women Development Office (WDO)</li> <li>Shared project updates in different forums organized by DDC, VDC, RHD, D(P)HO, RHCT and taken recommendations provided by them</li> </ul>		
2	Orient HFOMC members and linking them with MGs	<ul style="list-style-type: none"> <li>Oriented all HFOMCs in Doti on CB-NCP, existing policies on MNH, their roles in MNH and built commitment for mobilizing resources</li> <li>Plan to orient 15 HFOMCs in Kailali on BPP</li> <li>Orienting HFOMC in Kailali in different meetings</li> </ul>	<ul style="list-style-type: none"> <li>1424 HFOMC members oriented on CB-NCP in Doti</li> <li>7 VDC in Doti have already recruited ANMs for birthing centres and 1 VDC allocated resources for birthing centre renovation</li> <li>6 VDC have recruited ANMs for birthing centres in Kailali</li> </ul>	
3	Strengthen period review meetings at region, district and ilaka levels	<ul style="list-style-type: none"> <li>Support in conduction and actively participate in Periodic Review and Planning meetings of D(P)HO (at district and ilaka levels) and Regional Health Directorate</li> <li>Support and actively participate in quarterly</li> </ul>	<ul style="list-style-type: none"> <li>Support to D(P)HO and RHD ongoing</li> </ul>	

S.N.	Major recommendations	Actions taken	Status	Remarks
		<p>meetings of Reproductive Health Coordination Committees (RHCC)</p> <ul style="list-style-type: none"> <li>• Share project's update at forums like: RHCT Meetings, Regional Annual Review Meeting, District and Ilaka-level Annual- and Semi-annual Meetings</li> </ul>		
4	Develop joint plans with district line agencies for timely and effective implementation	<ul style="list-style-type: none"> <li>• Prepare all project activities plan jointly with D(P)HO and activities implemented through D(P)HOs (e.g. CB-NCP training, FCHV follow-up training, BPP review/refresher workshop, etc.)</li> <li>• Compulsory consultation with D(P)HO to identifying MNH needs, including need assessments for birthing centre support (from matching funds)</li> <li>• Prepare Joint Monitoring &amp; Supervision Team with D(P)HO and other line-agencies which would be involved in monitoring and evaluation of the project activities at the field level</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	
<b>Dimension III</b>				
1	Scale-up SATH for greater community involvement and follow-up of SATH in applied VDCs	<ul style="list-style-type: none"> <li>• Scaled-up SATH in 35 and 25 VDCs, respectively in Doti and Kailali</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing and planning to scale-up in as much VDCs a possible throughout the project period</li> </ul>	
2	Increase engagement of MiL	<ul style="list-style-type: none"> <li>• Intensified interaction meetings with MiL though project has already met the target</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	
3	Increase access of pregnant women to health institutions through establishment of emergency transportation system (provision of stretchers)	<ul style="list-style-type: none"> <li>• 13 HF (remote hilly) in Kailali provided with stretchers</li> <li>• Seeking sources and coordinating with other organizations to increase emergency transportation support</li> </ul>	<ul style="list-style-type: none"> <li>• Seeking possibilities of funding and collaboration with other organizations</li> </ul>	
4	Strengthen monitoring of recording and reporting	<ul style="list-style-type: none"> <li>• Intensified TSV from FMs</li> </ul>		

S.N.	Major recommendations	Actions taken	Status	Remarks
	of FCHV			

Annex 6: OP Indicators Update:

Indicator ID	Indicator	Doti/ Kailali	Target (FY 2010)			Achievement (FY 2010)			Explanation (if the FY 10 actual are more $\pm$ 10% the FY 10 targets)
			Male	Female	Total	Male	Female	Total	
MCH 2	Number of children 6 months to 5 years of age who received vitamin A from USG-supported programs	Doti	17224	17516	34740	15421	15359	30780	Not applicable
MCH 6	Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	Doti	701	699	1400	65	64	129	Since CB-NCP program has been implemented in the district since June 2010 only
MCH 7	Number of postpartum visits within 3 days of birth in USG assisted program	Doti	882	442	440	1745	1738	3483	Intensified BCC activities on MNH (through CB-NCP & BPP), & <i>Aama Suraksha</i> Program might have contributed
		Kailali	872	837	1709	4346	4176	8522	
MCH 8	Number of USG-assisted service delivery points (average quarterly stock-outs of number of service delivery points) experiencing stock-outs of specific tracer drugs (ORS, Vitamin A, Cotrim P, Iron)	Doti			0			11	
		Kailali			0			16	
MCH 9	Number of people trained in maternal/newborn health through USG supported programs *	Doti			796	736	129	865	Not applicable
		Kailali			574	1192	401	1593	Trained all FCHV and HW in the district on revised BPP

*Note: the male and female figures are computed based on the district male and female ratio, as the sources of the data do not provide disaggregated data of male and female.*

**Annex 7: RAPID Catch Indicators and PVSE Analysis:**

S.N.	Indicators	Project level			Kailali			Doti			Project: PVSE Analysis (%)			
		Base-line	LQAS '10	EOP	Base-line	LQAS '10	EOP	Base-line	LQAS '10	EOP	Dalits	Janajatis	Others	(N=)
1	<b>Exclusive breast feeding:</b> % of mothers who breastfed their infants exclusively under 6 months	80.1	87	85	82.3	83	85	76.5	89	85	89.23 (58/65)	88.33 (53/60)	84.96 (113/133)	258
2	<b>Infant and Young Child Feeding:</b> % of children age 6-23 months fed according to a minimum of appropriate feeding practices	-	78	55	-	78	60	-	79	55	72.73 (48/66)	75.00 (45/60)	82.71 (110/133)	259
3	<b>Maternal TT Vaccination:</b> % of women who receive TT2/2 + during pregnancy	56	93	65	63	97	65	51.2	91	65	87.50 (77/88)	97.56 (80/82)	93.53 (159/170)	340
4	<b>Skilled Delivery Assistance:</b> % of children age 0–23 months whose births were attended by skilled health personnel (Note: Includes doctor, nurse, ANM)	19	48	35	-	54	35	-	45	35	40.74 (33/81)	50.65 (39/77)	50.32 (78/155)	313
5	<b>Post-natal visit to check on new born within the first 3 days after birth:</b> % of women who had received post-natal care from health workers and FCHV within 72 hrs delivery	6.8	51	20	-	43	20	-	59	20	48.15 (26/54)	44.74 (34/76)	57.66 (64/111)	241
6	<b>Measles vaccination:</b> % of children age 12–23 months who received a measles vaccine	79.9	87	85	86.8	98	85	73.2	83	85	80.43 (37/46)	97.73 (43/44)	85.39 (76/89)	179
7	<b>Access to immunization services:</b> % of children age 12-23 months who received a DPT1 vaccination before they reached	77.3	92	95	69.1	100	95	85.2	88	95	90.91 (50/55)	96.15 (50/52)	89.90 (89/99)	206

S.N.	Indicators	Project level			Kailali			Doti			Project: PVSE Analysis (%)			
		Base-line	LQAS '10	EOP	Base-line	LQAS '10	EOP	Base-line	LQAS '10	EOP	Dalits	Janajatis	Others	(N=)
	12 months													
8	<b>Health system performance regarding immunization services:</b> % of children age 12-23 months who received a DPT3 vaccination before they reached 12 months	81.7	81	90	87.5	100	90	74.6	71	90	70.59 (36/51)	96.00 (48/50)	89.90 (89/99)	190
9	<b>Vitamin A supplementation in the last 6 months:</b> % of children aged 6-23 months who received a Vitamin A dose in last six months (Vitamin A supplementation coverage)	73.8	83	85	69.9	91	85	76.8	78	85	79.66 (47/59)	(54/61)	80.73 (88/109)	229
10	<b>ORT Use:</b> % of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids	41.2	42	55	43.6	100	55	18	25	55	35.29 (6/17)	100.00 (5/5)	28.57 (4/14)	36
11	<b>Appropriate Care seeking for Pneumonia:</b> % 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	4.7	57	96	7.9	95	95	1.5	30	98	25.00 (2/8)	92.31 (12/13)	50.00 (13/26)	47
12	<b>Treatment of fever in malarious zone:</b> % of children age 0-23 months with a febrile episode during the last two weeks who	16.7	14	25	19.7	100	25	13.6	NA	25	100.00 (1/1)	NA	NA	1

S.N.	Indicators	Project level			Kailali			Doti			Project: PVSE Analysis (%)			
		Base-line	LQAS '10	EOP	Base-line	LQAS '10	EOP	Base-line	LQAS '10	EOP	Dalits	Janajatis	Others	(N=)
	were treated with an effective anti-malarial drug within 24 hours after the fever began													
13	<b>Child sleeps under bed net:</b> % of children age 0–23 months who slept under an insecticide-treated bed net/long lasting insecticide impregnated bed-nets the previous night (in malaria-risk areas only)	-	53	30	17.6	57	30	-	-	30	64.29 (9/14)	50.00 (34/68)	55.26 (21/38)	120
14	<b>Point of Use:</b> % of households of children age 0-23 months that treat water effectively	11.2	25	15	18.2	13	20	4.3	55	10	28.57 (8/28)	19.44 (14/72)	31.15 (19/61)	161
15	<b>Appropriate Hand washing Practices:</b> % of mothers of children age 0-23 months who live in a household where soap is disposable for hand washing, and who washed their hands with soap at least 2 of the appropriate times (before food preparation, before feeding children, after defecation)	6.8	81	32	5.5	96	30	8.2	73	35	67.47 (56/83)	94.94 (75/79)	80.49 (132/164)	326
16	<b>Underweight:</b> % of children age 0-23 months who are underweight (-2sd from the median weight-for-age, according to the WHO/NCHS reference population)	-	16	-	-	8	-	-	20	-	20.69 (18/87)	7.41 (6/81)	17.65 (30/170)	338

**Annex 8: Contribution from Matching Funds**

S.N.	Details of support	Unit	Quantity	Outputs
<b>A</b>	<b><i>Mr. &amp; Mrs. Simon Turton Fund</i></b>			
1	Equipment support to FCHV in Doti	No	N/A	700 Clinical thermometers, 7650 CHDK, 100 Color-coded Salter-scales, 100 bags, 51 rubber suction bulbs
2	Basic training to FCHV	Person	30	Completed
3	Information display boards on MNH	No	185	110 SATH Flex, 50 RH Charts, 25 hoarding boards (on MNH)
<b>B</b>	<b><i>David Wiches Fund</i></b>			
1	Orientation of HFOMC	Events	66	51 HFOMC have been oriented in Doti; 15 planned for Kailali
2	CHDK procurement and distribution	No	15000	3000 CHDK distributed in Doti; remaining on plan
3	Birthing centre equipment support	Sites	15	8 BC in Kailali have been provided with equipment, while in Doti 7 delivery beds are being procured
4	Orientation to traditional/local healers on MNH	Events	94	205 TH/LH in Doti and 404 TH/LH in Kailali oriented
5	Production of BCC drama/documentation	Times	1	Planned for first quarter of 4 <sup>th</sup> year
6	Program management support cost	Months	18	Salary for 1 Sr. FM for 18 months covered
<b>C</b>	<b><i>New Jersey Overseas Aid Commission Fund</i></b>			
1	Construction of Regional Neonatal Referral Centre at Seti Zonal Hospital	Site	1	Construction on-going
2	Renovation of 5 Birthing Centres	Site	5	3 BC in Doti and 2 in Kailali being renovated
3	Renovation of Health Training Centres	Site	5	Training halls at SBA training center, Kailali, DPHO/Kailali, DHO/Doti, Regional Health Training Center, Kailali, & Malakheti
4	Training of Health Workers on Birthing Center Management	Event	5	Planned for HW from renovated BC
5	Program Management Support Cost	Month	12	Covering salary of 12 months of Sr. FM
<b>D</b>	<b><i>Mother's Matter Mini Grant</i></b>			
1	Development and sharing of guidelines on Misoprostol (MSC) distribution scale-up	Event	1	Accomplished through a national workshop and two district sharing and feedback workshops
2	MNH Update Training to 120 HWs	Event	8	1 ToT and 7 events of training (3 in Doti and 4 in Kailali) of Doctor, ANM, Staff Nurse with SBA training conducted
3	Procurement of Zinc and MSC tablets enough for 20,000 children, and 20,000 pregnant mothers	Event	1	20000 Zinc and 60000 Misoprostol tablets handed over to CHD and FHD

4	Production of training materials and guidelines MSC	Event	1	Produced & printed new guidelines of MSC, MSC information leaflets, BPP/MSF Flip-charts & BPP action cards
5	Program Management Support Cost	Month	3	Supported the cost of salary of Sr. FM for one month
<i>E</i>	<i>TOSA Foundation for Maternal health</i>	Month	5	
1	CB-Misoprostol implementation through Training of FCHVs, HWs			All the FCHVs in Doti (650) and Kailali (1270) will receive training on BPP combined with Misoprostol in Doti, and refresher course on BPP combined with misoprostol in Kailali All HWs in both districts will be covered Eligible medical staff of Doti and Kailali will be provided with SBA training in close coordination with Nepal health Training Center/DOHS, and Regional Health Training Center The HFs with high coverage of ANC, and commitment from HFOMC and VDCs for upgrade will be selected for upgrade.
2	HWs training on BPP	participants	200	
3	SBA training to 15 Delivery attending medical staff	participant	15	
4	Upgrading of 20 Birthing Centers	HF	20	

**Note:** this section covers the support contributed in the last FY, and current FY



### Annex 9: Collaboration with Other Projects

S.N.	Projects	Major Interventions	Areas of Collaboration		Outside CARE-Nepal
			CARE-Nepal in -house Project	From other CARE Projects	
1	CRADLE	<p>Health and Health Services</p> <p>Organizational Development</p> <p>Community and Ecological Environment</p>	<p>Safe Passage (SP):</p> <ul style="list-style-type: none"> <li>• Training to SP staffs on MNH</li> <li>• BCC message focusing on MNH and HIV and AIDS in the mothers groups</li> <li>• Monitoring and technical support to health facilities and health workers</li> </ul> <p>SAMADHAN:</p> <ul style="list-style-type: none"> <li>• Sharing BCC/IEC materials</li> <li>• Follow up of community based initiatives on disaster preparedness</li> </ul> <p>SAHABHAGITA:</p> <ul style="list-style-type: none"> <li>• Women's health issues in WRF</li> <li>• Contribute in reducing domestic violence (superstition and traditional beliefs)</li> </ul> <p>CSP:</p> <ul style="list-style-type: none"> <li>• Follow up Infrastructure</li> </ul>	<p>Safe Passage (SP):</p> <ul style="list-style-type: none"> <li>• Training to MANASHI staffs on HIV and AIDS (ToT and series of training at different level)</li> <li>• Support to MGs by PES</li> <li>• Review meeting at different level (participation and financial support)</li> <li>• DACC strengthening</li> </ul> <p>SAMADHAN:</p> <ul style="list-style-type: none"> <li>• Training to FCHVs on first aid in the working area of SAMADHAN</li> <li>• Capacity building on life search and rescue</li> </ul> <p>SAHABHAGITA:</p> <ul style="list-style-type: none"> <li>• Lead role in women's issues (domestic violence)</li> <li>• Women's health issues in WRF</li> <li>• Inclusion of women in decision making</li> </ul> <p>CSP:</p> <ul style="list-style-type: none"> <li>• Infrastructure development</li> </ul>	<p>D(P)HO</p> <p>Partner NGO</p> <p>GTZ</p> <p>World Vision</p> <p>Hellen Keller</p> <p>SPW</p> <p>UMN</p>

			development support to HF <ul style="list-style-type: none"> <li>• Coordinating and organizing health camp to manage women's health problems – Prolapsed Uterus</li> </ul>	support to HF <ul style="list-style-type: none"> <li>• Institutional support for establishing Blood Bank in the District Hospital</li> <li>• Financial support for the health camp</li> </ul>	
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## Annex 10: Case study

### Expanding Horizon for MNH: Role of Different Stakeholders

Chhatiwan Sub-Health Post (SHP) is located in the highway at Budar of Chhatiwan VDC, Doti. Being accessible by many communities, the SHP has been the central point for health service for the communities with high patient flow and large catchment area. However, due to unavailability of the Birthing Facilities like Skilled Birth Attendants (SBA), necessary infrastructure, and essential equipment for delivery, delivery service has not been provided from the SHP, leaving hundreds of women of the communities to deliver at home.

Until the *Orientation on Community-Based New-born Care Program (CB-NCP)* was conducted by the project on May 14<sup>th</sup>, 2010, the VDC Secretary was also not aware about the need for MNH services at the health facility. The orientation program sensitized the VDC Secretary and other stakeholders of the VDC about the issues around maternal and newborn care, the need for delivery services, and their possible role in contributing to MNH of the community. The Secretary, thereby, committed to allocate certain resources from their development fund for MNH activities, including hiring an Auxiliary Nurse Midwife (ANM) who would be trained in SBA to provide delivery services, and also a process for upgrading the SHP into a Birthing Center, seeking resources from different sources.

As a result, an ANM, Yasoda KC, was hired by the HFOMC on June 22<sup>nd</sup>, 2010. They have also started the process of upgrading the SHP into a Birthing Center, and have been seeking sources to provide necessary equipment and infrastructure for the delivery services. They have also contacted CARE Nepal and requested the support, and the Project has also planned to renovate the SHP into a Birthing Center with additional financial and technical support from CARE Nepal's Community Support Program (CSP). The provision of SBA and delivery facilities is very likely to increase institutional deliveries. Furthermore, the communities would benefit from other MNH services from the health facility.

Hence, the orientation of HFOMC, including other stakeholders, has proved effective to sensitize wide range of development actors on MNH issues and drive their attention towards improving MNH services through allocating and identifying possible resources from the community.

Similarly, 7 VDCs in Doti and 6 VDC in Kailali have already allocated funds to recruit ANMs in 7 HF (birthing centers). In Doti, one VDC has allocated funds for renovating 1 birthing centre. This trend is increasing, with increasing numbers of VDCs allocating fund for MNH in the districts.

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## Annex 11: Project Data Form CRADLE

Has been reviewed. at the Mchip web site