



USAID
FROM THE AMERICAN PEOPLE



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

Local Innovation for Better Outcomes for Neonates Project (LIBON)

Plan Nepal Child Survival Project XXII

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

30 September 2007 – 29 September 2011

Third Year Annual Report

(October 1, 2009 - September 30, 2010)

Submitted: Oct. 29, 2010

Report Prepared by:

Mr. Bhagawan Das Shrestha – Project Coordinator/LIBON-Plan Nepal
Mr. Dipak Dahal – Monitoring and Evaluation Officer/LIBON-Plan Nepal

Report reviewed by:

Mr. Sher Bahadur Rana – Health Coordinator – Plan Nepal
Ms. Kate Fehlenberg, Plan USNO
Ms. Harpreet Anand, Plan USNO

ACRONYM LIST

ADLC	- Assistant District LIBON Coordinator
AHW	- Auxiliary Health Worker (HP, SHP)
ANC	- Antenatal Care
ANM	- Auxiliary Nurse Midwife
BCC	- Behavioral Change Communication
CATCH	- Core Assessment Tool for Child Health
CBO	- Community Based Organization
CB-NCP	- Community Based – Newborn Care Programme
CSSA	- Child Survival Sustainability Assessment
CHD	- Child Health Division, Ministry of Health and Population
CSSA	- Child Survival Sustainability Assessment
CSTS	- Child Survival Technical Support
CHX	- Chlorhexidine
DDC	- District Development Committee
DHO	- District Health Office
DoHS	- Department of Health Service, MoHP
DIP	- Detail Implementation Plan
DLC	- District LIBON Coordinator
DPHO	- District Public Health Office
EPI	- Expanded Program of Immunization
FCHV	- Female Community Health Volunteer
FE	- Final Evaluation
FHD	- Family Health Division, MoHP
GoN	- Government of Nepal
HA	- Health Assistants (HP, SHP)
HF	- Health Facility
HMIS	- Health Management Information System
HP	- Health Post
HPC	- Health Program Coordinator (Plan Nepal)
IH	- International Headquarters (of Plan International)
INGO	- International Non Governmental Organization
IOM	- Institute of Medicine
IEC	- Information Education and Communication
IMCI	- Integrated Management of Childhood Illness
KPC	- Knowledge, Practice and Coverage
LIBON	- Local Innovation for Better Outcomes for Neonates
LQAS	- Lot Quality Assurance Sampling
MCHW	- Maternal and Child Health Worker
M&EO	- Monitoring and Evaluation Officer
MG	- Mother's Group
MNC	- Maternal and Newborn Care

MoHP	- Ministry of Health and Population, Government of Nepal
MPH	- Master in Public Health
MTE	- Mid-Term Evaluation
NCO	- Nepal Country Office (Plan Nepal)
NFHP	- Nepal Family Health Program
NGO	- Non Governmental Organization
NNH	- Neonatal Health
NNM	- Neonatal Mortality
OP	- Operational Plan
OR	- Operational Research
PC	- Project Coordinator (LIBON)
PHC	- Primary Health Center
PHC ORC	- Primary Health Care Outreached Clinic
PNC	- Postnatal Care
PU	- Program Unit
PWG	- Pregnant Women Group
PVO	- Private Volunteer Organization
RHCC	- Reproductive Health Coordination Committee
RYC	- Ramgunj Youth Club (Partner NGO)
SBA	- Skilled Birth Attendant
SHP	- Sub Health Post
TOT	- Training of Trainers
TU	- Tribhuwan University
USA	- United States of America
USAID	- United States Agency for International Development
USNO	- United States National Office (Plan International)
VDC	- Village Development Committee
VHW	- Village Health Worker (SHP)

TABLE OF CONTENTS

A. KEY PROGRESSES AND MAIN ACCOMPLISHMENTS	1
B. ACTIVITY STATUS	4
C. IMPEDED PROGRESS	6
D. TECHNICAL ASSISTANCE	6
E. SUBSTANTIAL CHANGES	6
F. SUSTAINABILITY	6
G. RESPONSE TO MTE REPORT	7
H. ANY OTHER INFORMATION	N/A
I. MANAGEMENT SYSTEMS	7
J. COLLABORATION AND CAPACITY BUILDING	9
K. MISSION COLLABORATION	10
L. ADDITIONAL ACTIVITIES	N/A

ANNEXES

Annex 1: Monitoring and Evaluation Table

Annex 2a: LIBON Year 4 Work Plan (Revised)

Annex 2b: LIBON Work Plan with DIP Comments

Annex 3: Social Behavior Change Strategy – N/A (for 1st Annual Report only)

Annex 4: Presentation on “Pregnant Women’s Groups and the Impact on Newborn's Mortalities in Bara District, Nepal”

Annex 5: Results Highlights

Annex 6: PWG Formation

Annex 7: Year 3 Trainet Data

Annex 8: CHX Training Information for Year 3

Annex 9: Birth Preparedness Plan Mass Campaign Log for Year 3

Annex 10a: Operational Indicators Report (July 2009-June 2010)

Annex 10b: Operational Plan Indicators by District (July 2009-June 2010)

Annex 11: CB-NCP Follow-up Training in Sunsari District

Annex 12: Health Management Information System data of fiscal year 066/67

Annex 13: Article on LIBON submitted to MDG Success Story – July 2010

A. MAIN ACCOMPLISHMENTS

The USAID-funded Local Innovation for Better Outcomes for Neonates (LIBON) project awarded to Plan USA and implemented by Plan Nepal in partnership with the Government of Nepal (GoN), Ministry of Health and Population (MoHP), and local partner organizations has made substantial progress during a dynamic third year of implementation despite a challenging environment in project districts throughout the year.

One of LIBON's notable accomplishments this year has been the documentation of the Pregnant Women's Group (PWG) approach as a best practice that has been widely shared at national and international levels. The article "Pregnant Women's Groups and the Impact on Newborn's Mortalities in Bara district, Nepal" was published in the Nepal Public Health Association (NEPHA) Newsletter¹ in November of 2009 (Y3, Q1) and also in the Souvenir of Perinatal Society of Nepal in Dec 2009.

Key indicators have been drawn from the Health Management Information System (HMIS) analyzed for all three LIBON districts (details provided in Annex 12).

The following are the key activities and accomplishments during year 3 of LIBON:

CB-NCP Training

CB-NCP training for health facility staff and female community health volunteers (FCHVs) was completed in both Parsa and Sunsari from district to community level. This year, 21 health workers and 1,030 Female Community Health Volunteers (FCHVs) (859 from Village Development Committee (VDCs) and 171 from Municipality) were given TOT training on CB-NCP in Sunsari. Likewise, in Parsa district 103 health workers, 132 Village Health Workers (VHW) and Maternal and Child Health Workers (MCHW), and 794 FCHVs (740 from VDC and 54 from sub-metropolitan city) were trained on CB-NCP by the end of September 2010 (see Table 1 and 2 below).

Table 1: CB-NCP Training - Sunsari District

Type of training	Batches	# Trained	Duration	Time Frame
Health Facility level – TOT	1	21	7 days	September 2010
FCHV level (VDC)	43	859	7 days	Oct 2009 to Jan 2010
FCHVs (Municipality)	7	171	3 days	Jan 2010 to Mar 2010
CB-NCP follow-up after training	1	39	8 days	27 Sept to 4 Oct 2010

All facility health staff, VHW/MCHW² and FCHVs received required CB-NCP guidelines, reporting forms, patient registers, job aides and equipment during training. Pictorial and color-coded job aides were made available to FCHVs who are illiterate.

¹ NEPHA Volume #1, Issue # 2, Page-8

² VHW/MCHW: Village Health Workers and Maternal and Child Health Workers have similar duties; some areas have one, some the other. For CB-NCP intents and purposes, these sub-facility community outreach staff are interchangeable.

LIBON is implemented through the Nepal's Ministry of Health and Population (MoHP) under the Child Health Division (CHD) and the Health Information Management System Section of the Management Division of Department of Health Services. MoHP has taken increased ownership for the monitoring and evaluation of the project, and as a result, the HMIS staff of Sunsari district have installed and been trained in the Newborn Health Information Management System (NHIS; software system for CB-NCP) in their District Health Office in June 2010.

Table 2: CB-NCP Training - Parsa District

Activities	Batches	# Trained	Duration	Time Frame
Health Facility level – TOT	5	103	7 days	Oct 2009 to Nov 2009
VHW/MCHW – SHP level	6	132	5 days	Oct 2009 to Dec 2009
FCHV level (VDC)	41	740	7 days	Jan to 1 Sept 2010
FCHVs (Municipality)	3	54	3 days	April 2010

Follow-Up after CB-NCP Training

The follow-up after CB-NCP training was completed in Sunsari district in the last week of September 2010. The general objective was to assess and reinforce quality program performance and provide guidance for improvement of the program. The specific objectives were to:

- Assess the status of staff capacity and performance of Sunsari health facilities;
- Assess and reinforce knowledge and skills of service providers on CB-NCP;
- Assess and reinforce management of newborn care service in health facilities (to check the logistics support); and
- Assess the quality of newborn care service received by mothers/caretakers.

As part of the follow-up, 39 participants (District Supervisors, District Officers, Ilaka In-charges, NGO partners and Plan Nepal staff) received orientation to refresh their CB-NCP knowledge and skills related to preparation for field data collection and to provide on-site coaching, feedback and suggestions to implementers. Thirteen teams were organized to assess all 52 health facilities in Sunsari district, all of which were covered in four days. Staff from the MoHP, Child Health Division and Save the Children facilitated the orientation. The major findings were shared with district stakeholders and CB-NCP partners at the United States Agency for International Development (USAID) Nepal's Child Survival Health Grant Program partners meeting.

The major findings on the CB-NCP follow-up training in Sunsari district are provided below:

- Facility delivery increased to 63 percent from 38 percent in the second year of the project (Nepali fiscal year 2065/66) as per HMIS report of DHO, Sunsari (see Annex 11 for details)
- Day 3 post-natal visits by FCHV's were 67.7 percent; this information was collected after implementing the CB-NCP program in Sunsari district (see Annex 11 for details)

Performance-based Incentives for FCHVs

Plan provided two days' orientation on performance-based incentives to FCHV's in Sunsari and Parsa districts on February 2010 and July 2010, respectively. Incentive orientation/training on distribution guidelines was given in three batches to all District Supervisors, Public Health Officers, and Health Facility In-charges of both Sunsari and Parsa districts. After a pilot and study conducted by the GoN in 2007, the MoHP has decided to roll-out incentives within the CB-NCP pilot. This FCHV incentive mechanism is aligned with the Nepal HMIS to provide incentives out of the MoHP regular budget.

Incentives are allocated from government health facilities and transferred to FCHV Endowment Funds, available from District (Public) Health Offices {D(P)HOs}. Incentives are based on group performance: all FCHV's within a Village Development Committee (VDC) are rated based on five newborn indicators³. Incentives are scaled as follows: for a group score of 70 percent or more in any of the five categories, NRs 400 is transferred to the VDC FCHV Fund per category; for a score of 60-70 percent, NRs 300 are allocated; 50-60 percent receive NRs 200; and less than 50 percent do not receive any incentive. An update on how this impacts performance and health outcomes for mothers and newborns will be provided in the Final Evaluation.

Pregnant Women's Group Update

In Sunsari, 30 new Pregnant Women Groups (PWGs) were formed from November 2009 to September 2010 in addition to the 229 PWGs already functioning. Among them, 55 percent of members are illiterate; 28 percent are from Dalit ("untouchable" or marginalized) caste groups; and 40 percent are from Janajati (disadvantaged group), maintaining LIBON's promise to reach the most vulnerable. As of year 3, Parsa district had 115 PWGs and 356 of the original 430 PWGs (82 percent) in Bara are still functional as of September 2010. (see Annex 6 for details). LIBON phased out of Bara district in September 2006, but follow-up has shown that 82 percent (356 of 430) of the original PWGs established by Plan were still functional as of September 2010.

The main reasons for their sustainability (as recorded during the Mid-Term Evaluation) are: (1) sustained support from VHVs/MCHWs; (2) supportive supervision from Health Facility workers or NGOs/CBOs; (3) literate, motivated and active FCHVs; (4) sense of ownership by members of the PWGs; (5) peer support among PWG members; (6) continued supply of PWG materials; and (7) linkage of PWG meeting with Antenatal Care (ANC)/Postnatal Care (PNC) Clinic or with Outreach Clinic.

Innovation: Involving Key Decision-Makers: Husbands and Mothers-in-law

Following a recommendation from LIBON's Mid-Term Evaluation (MTE) to involve decision makers in PWG health education sessions, the D(P)HOs of Sunsari and Parsa districts and Plan Nepal disseminated key CB-NCP messages to PWG member husbands and mothers-in-law. The sessions were conducted by MoHP staff (either a District Health Officer, Supervisor, Sub/Health Post or Primary Health Care staff), and sessions are attended by committed PWG members, their husbands, mothers-in-law and FCHVs to follow Birth Preparedness Plan (BPP) guidelines. The program was started from July 2010 (Y3 Q4), and sessions have been held in 59 VDCs across the LIBON districts (17 in Bara; 22 in Parsa; 20

³ (1) # women registered in their PWG's; (2) % facility deliveries in that VDC; (3) % home-born newborns whose birth weight was recorded within three days after delivery; (4) % of FCHV's who complete at least three post-natal visits [days 1,3,7] for each newborn in their area; (5) % of FCHV's completing the one-month post-natal visit

sessions in Sunsari). Overall, attendees involved were 25 percent from Dalit; 48 percent Janjati; and 11 percent Muslim with a total of 1,138 husband or mothers-in-law involved (see Annex 9 for details).

Chlorhexidine (CHX) Operational Research

MoHP is piloting Chlorhexidine (CHX) application on the umbilical cord in four Districts in Nepal, including Parsa where Plan Nepal is supporting CHX trial efforts. In Parsa, unlike the other three pilot districts, CHX is distributed directly to pregnant woman (at 7 months gestation) by the FCHVs during PWG meetings to keep with them in case of a home delivery. The GoN is also supplying CHX to birthing centres, hospitals and health facilities in an effort to use CHX on the umbilicus for all deliveries, but in a nation where 80 percent of births still occur at home, distributing directly to FCHVs and mothers is a critical intervention to prevent neonatal sepsis, one of the top three causes of neonatal mortality. There is also social marketing of CHX in the Clean Home Delivery Kit (CHDK) in four CB-NCP piloting Districts by CRS.

Chlorhexidine application training was provided to 122 Parsa district health workers and stakeholders; onsite training was given to 92 health workers and medical doctors of Parsa's three District hospitals;⁴ 132 VHW/MCHWs and 794 FCHVs trained on CHX by Plan across Parsa from October 2009 to September 2010 in year 3. All CHX trainings were integrated into already-scheduled CB-NCP training programs to save resources (See Annex 8 for details).

LIBON Mid-Term Evaluation Completed

Plan Nepal with the various D(P)HO's, CHD staff, members of Nepal's Institute of Medicine (IOM) along with Plan USA staff and an external consultant completed mid-term evaluation in March 2010. The report was submitted to USAID in April of 2010.

B. ACTIVITY STATUS

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

To ensure equitable access to CB-NCP services, LIBON established PWGs in low-coverage MoHP services areas and/or in areas of with a high proportion of disadvantaged groups. During monthly meetings, pregnant women self-monitor utilization of CB-NCP behaviors using a community and behavioral map which has six major indicators⁵, using color-coded tikas⁶ to register events. The color-coded map is particularly useful to reach illiterate women and contributes to the overall increased service utilization. FCHVs have continued to facilitate PWG monthly meetings in year 3 with VHW/ MCHW support, with 30 new groups and additional 229 functioning in Sunsari, 115 functioning in Parsa, and an 82 percent maintenance rate in Bara (see Annex 6 for details).

⁴ Narayani Sub-Regional Hospital; National Medical College Hospital; and Pokhariya Hospital

⁵ These six indicators are: (1) ANC checkup; (2) Tetanus toxoid; (3) Iron and folic acid; (4) BPP (money, transport and blood) and procurement of clean home delivery kit; (5) post-partum Vitamin A; and (6) birth registration of newborn

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

The main role of Plan staff in the CB-NCP program is to develop PWG lineage at the local health facility level (PHCs, Outreach Clinics, Birth Centers) to truly institutionalize this successful outreach, access and demand creation mechanism.

LIBON continued to provide technical and financial support for CB-NCP district-level TOTs and community level trainings in year 3. VDC-level FCHVs received comprehensive training on CB-NCP; while municipal FCHV's received only three days' training on CB-NCP so they can recognize danger signs and make referral to tertiary hospitals and PHCs which are easily accessible in the municipalities of the three LIBON Districts.

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

The PWG approach along with the Birth Preparedness Plan mass campaigns in Year 3 aimed to provide health education and engender commitment to CB-NCP behaviors in Sunsari and Parsa. This combined approach in Year 3 led to an increase in demand of NNH services.

30 new PWGs were formed in Sunsari by September 2010 which has 207 pregnant women.

Child survival key health messages are continuously broadcast through local radio stations in local dialects in LIBON working districts. Calendars with the five key CB-NCP messages of basic care of neonates were printed and distributed to pregnant women and health workers through FCHVs, HF staffs local NGOs/CBOs, and other line agencies in all three districts.

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

Various tools were used to maintain CB-NCP quality assurance at all levels of service. PWGs used the community maps to monitor behaviors among mothers; CB-NCP trainings maintained standardized facilitator-to-participant ratios and adhered to stringent pre-test to post-test cut-offs to award certificates to only qualified trainees. Monthly Ilaka level meetings and quarterly district level partner meetings were also carried out to review progress, determine gaps and agree on action plans for the next quarter.

A CB-NCP follow-up assessment was conducted in Sunsari District in the last week of September 2010. Knowledge and skills on NNH services of Health Workers, VHW/MCHWs and FCHVs were assessed and feedback provided onsite. Onsite coaching is provided during regular monthly meeting as well as at home visits to these workers.

Monitoring and supportive supervision is ongoing through Ilaka level review meetings, supportive supervision visits to Health Facilities (HFs), Primary Health Care – Out Reach Clinic (PHC-ORC), Expanded Programme of Immunization (EPI) clinic and FCHVs level in all three districts. Plan Nepal LIBON project has also supported National Immunization Days and MOP UP program for the eradication of POLIO in Bara, Parsa, and Sunsari Districts.

Result 4: Strengthened support for NNM reduction in Nepal

Plan Nepal has official agreements with national level partners MoHP, IOM and Nepal Family Health Program (NFHP-II), which guide national level coordination of CB-NCP activities; these activities continued in year 3. Plan Nepal staff participated in the CB-NCP Technical Working Group under the CHD and FHD and regular coordination meetings held by USAID/Nepal with the Nepal Family Health Program and other CB-NCP International Non-Governmental Organization (INGO) partners. The LIBON project Steering Committee held a meeting with the Plan Nepal Country Director, the FHD and CHD Directors and the

Dean of the IOM to review MTE report and scaling up of PWG approach to other districts of Nepal in Q4 of year 3.

For more detail on results, see Monitoring and Evaluation Table in Annex 1.

C. IMPEDED PROGRESS

Nepal has experienced extended periods of political unrest due to change of government and continued tension between the various parties in the coalition government. There was also an initial delay in the Parsa CB-NCP training due to administrative issues about resource fees for local trainer for about two months. This problem was resolved by coordination with CHD director.

D. TECHNICAL ASSISTANCE

The LIBON project team anticipates the need for technical assistance for the Final Evaluation (FE) and CHX operational research in Parsa. The plan for the operational research is in April 2011 and Final Evaluation is in September 2011.

E. SUBSTANTIAL CHANGES

The MTE was done in March 2010, a month later than as planned in the Detail Implementation Plan (DIP). This delay was a result of a delayed finalization of CB-NCP training modules by MoHP of Nepal. USAID approved the late submission. The final evaluation of the Operational Research on CHX program pilot was postponed to April 2011 from previous plan of Feb 2011. The main reason for the change has been due to a delay in the CHX training of the health workers, VHW/MCHW and female community health volunteers (FCHVs).

F. SUSTAINABILITY

LIBON partnered in a participatory and systematic way with local, district, and national level stakeholders in order to facilitate a sustainable approach to project activities. With support from the LIBON team, project activities were carried out through the MoHP District Development Committee (DDC), D(P)HO and local health facilities.

MoHP staffs were protagonists in the project activities and assumed ownership of the activities and outcomes, as evidenced in year 3 with the FCHV incentive scheme. LIBON staff worked throughout year 3 to develop capacity in both KPC/LQAS and Child Survival Sustainability Assessment (CSSA) among GoN personnel and project partners: LIBON trained 81 MoHP staff in LQAS during the MTE. LIBON also strived to ensure the sustainability and expansion of project activities through sharing of lessons learned and best practices. LIBON staff shared the Pregnant Women Group (PWG) approach in different forums, domestically and internationally. LIBON staff provided support to Bara District and followed up on activities from the previous Child Survival (CS) project, including PWGs, to assess which activities had been sustained.

Preliminary assessment of the status of PWGs shows that up to 83 percent of the PWG formed by the previous project have been sustained. CSSA framework was done during the mid-term evaluation of the project and was reported in the mid-term report. The CSSA will be done again during the final evaluation.

G. Response to MTE Recommendations

MTE Recommendation	Action Plan	Stakeholders to be involved	When to complete	Lead Role
Sustainability of results of CS and CB-NCP	<p>Planning meeting including LQAS results review. One key consideration is the July 2008 Memorandum of Understanding (MOU) between Plan and the MoHP where MoHP agreed to “maintain and sustain all interesting results” achieved by Plan in Bara.</p> <p>Also, alternate sustainability mechanisms will be explored with DDCs and VDCs, based on initial successes where VDCs have supported FCHVs and MCHWs.</p>	CHD, FHD, NFHP, Plan, D(P)HO, DDCs and VDCs	May 2010	Health Coordinator (HC) and Project Coordinator (PC) LIBON
Action Taken	Planning meeting was conducted with DHO Bara and work plan was prepared and implemented to sustain the CS indicators in Bara. DHO coordinated with DDC to support FCHV at VDC level for allowances during the monthly meeting at HFs.			
Further support to increase PNC	<p>CB-NCP FCHV Flip Chart does not emphasize PNC. However, another MoHP program, the Birth Preparedness Plan (BPP) by FHD includes PNC. Coordinate with FHD for FCHV BPP refresher training.</p>	FHD, CHD, NFHP, D(P)HO	May 2010	HC and PC at central and DLC/HPC at District level
Action Taken	BPP health education session was started by using BPP flip chart and mother’s cards (supplied by FHD) which has PNC information since July 2010. 85 venues of 52 VDCs in Bara, Sunsari and Parsa Districts conducted the sessions and it is on going.			
M&E needs qualitative data as well as quant for trend analysis	Meeting with IOM to plan qualitative research works by selected students	IOM, Plan	June 2010	PC and HC
Action Taken	There was meeting with IOM and one MPH student of IOM is doing qualitative research on “Factors Affecting Newborn Care Practices and Postnatal Check Up of Early Neonates in Parsa District”.			
Decentralizing support by involving Ilakas and VDCs	Plan will review the monitoring system and will design a quarterly management report and	Plan, VDCs	June 2010	M and E Officer, PC and HC

MTE Recommendation	Action Plan	Stakeholders to be involved	When to complete	Lead Role
	consultation process			
Action Taken	CB-NCP data has been reviewed at national level workshop in Aug 2010 and will continue on quarterly basis at District level.			
Expansion of US Management and Technical Support	Plan USA will work with Plan Nepal to design and maintain systematic support to the field	Plan USA and Plan Nepal	July 2010	Plan's LIBON Evaluation Team
Action Taken	Technical support from the USNO scheduled for Nov for the design for CHX study evaluation instrument and preparation for final evaluation. Plan USA will provide ongoing managerial and technical support to Plan Nepal.			
Consider adding more qualified female field staff	Plan Nepal management agrees and will follow affirmative action in the filling of three current vacancies.	Plan Nepal Human Resource (HR) and Field Office Managers in 3 Districts	April 2010	PC
Action Taken	Process ongoing to hire female staff from Bara PU.			

I. MANAGEMENT SYSTEMS

LIBON assigns field teams by Plan supervision area (Programme Units/PU's). Each supervision area has one LIBON Facilitator (Supervisor) who is responsible for supporting FCHVs, Mothers Groups, PWGs and Local Health Facility Management Committees (HFMC's). Each of the LIBON Facilitators in Sunsari supports approximately 13 VDCs and a maximum of 117 FCHVs, 13 Management Committees, and 21 VDCs. Similarly, LIBON Facilitators in Parsa support a maximum of 189 FCHVs and 21 HFMC's. The LIBON project team has strengthened the capacity of NGO partners to perform their activities through the provision of training and supportive supervision.

Altogether, nine LIBON Facilitators managed their own supervisory area, and ten additional District and Country Office staff (based in Kathmandu) supported the project and reported to the LIBON Project Coordinator. This project team was responsible for all aspects of training, health information system management, Behaviour Change Communication (BCC)/Information Education and Communication (IEC), communication and coordination, and administrative and financial tasks.

The field team was technically and managerially supported by Plan Nepal's Country Office (NCO) through Plan Nepal, Bara and Sunsari Program Unit Offices. The Plan Nepal National Health Coordinator supported the project from the NCO and Plan USA provided technical, management and administrative backstopping from the Washington DC office. LIBON utilized a participatory approach to management whereby day to day planning and decision making was carried out at the field level. However, overall progress was supported and monitored by the management team and reviewed during monthly staff meetings.

Financial Management

The total approved budget for the LIBON four-year standard category Child Survival project is \$2,038,074, with USAID contributing \$1,494,337 and Plan contributing \$543,737. The total expenditure as of September 2010 is \$1,114,737 (75%) in USAID grant and \$399,668 (74%) in Plan match fund. LIBON worked with partner organizations to monitor spending and ensure accurate monthly financial reporting. Internally, the LIBON Admin and Finance Assistant sent monthly financial reports from the field to the NCO to review the expenditures. A grant/project number was assigned to LIBON within the Plan corporate General Ledger to ensure accurate tracking of project expenditures. LIBON expenditures were broken down by specific expenditure codes before being sent to Plan International Headquarters (IH) and Plan USA to be reviewed for USAID compliance.

Human Resources

FCHVs: *FCHWs* are community-level volunteers (working 4-8 hours per week) who are responsible for working with mothers in the project intervention areas on CB-NCP interventions and are responsible for convening the monthly PWG meetings. There are nine FCHVs (one in each ward) in each VDC in Parsa and Bara districts but in Sunsari district it is based on population. A total of 2,762 FCHVs are working across the three districts. One FCHV covers an average of 87 households (better than the internationally recommended 1:100HH).

MoHP Staff: At the Health Post level, a Health Assistant acts as In-charge and is supported by an Auxiliary Nurse Midwife (ANM), an Auxiliary Health Worker (AHW), a VHW and a helper. At the Sub-Health Post level, an AHW is the In-charge and is supported by a VHW, an MCHW and a helper. These Health Facility staffs are responsible for MoHP regular health interventions including Integrated Management of Childhood Illness (IMCI), Maternal and Newborn Care (MNC) and Neonatal services. VHW and MCHW are responsible for management of Possible Severe Bacterial Infection (PSBI) at local level by giving injection gentamicin which is referred by FCHVs and outreach activities and supportive supervision to FCHVs.

NGO Partners: Ramgunj's Youth Club (RYC), an NGO partner, is supporting CB-NCP training, logistics management and BCC/IEC activities in Sunsari district. They are helping to build the capacity of the community, specifically the local health facility management committee, and to strengthen and mobilize the PWGs.

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

J. COLLABORATION AND CAPACITY BUILDING

During year 3, LIBON project staff worked in close collaboration with the local health facility staff, FCHVs, mothers' groups, PWGs, local health facility support committees, and local partners in all three project districts.

Plan Nepal coordinated with MoHP's Child Health and Family Health Divisions and Save the Children to conduct Community Based-Newborn Care Programme (CB-NCP) training and follow-up after training in both Sunsari and Parsa districts in year three. The District LIBON

Coordinators and Assistant District LIBON Coordinators coordinate with and provide support to the DHO, DPHO, NGOs and other local partners.

Monthly Ilaka level review meetings have been continuing in all districts to review HMIS data and plan corrective measures for substandard indicators. Ilaka review meetings are followed by monthly district review meetings, in which Plan Nepal also participates.

Quarterly Reproductive Health Coordination Committee (RHCC) meetings were regularly conducted in Bara, Parsa and Sunsari districts where all INGOs, NGO/CBOs and D(P)HO personnel and other stakeholders participate.

PVO Coordination/Collaboration in Country

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

K. MISSION COLLABORATION

LIBON has benefited from regular interaction with the USAID/Nepal mission. During year 3, LIBON staff participated in quarterly USAID partner meetings and invited USAID participation and input into project activities including CB-NCP roll out in Sunsari and Parsa districts. Plan Nepal participated in the annual review of USAID grantees and partners. The USAID Mission in Nepal supported Plan and other partners in negotiating and clarifying the PVO role in the roll out of the CB-NCP. USAID Nepal also met with Plan USA visitors during their technical assistance visits to Nepal. LIBON collected data on the USAID/Nepal OP indicators and shared on a quarterly basis with the local mission (see Annex - 10 for details).

ANNEX-1: MONITORING AND EVALUATION TABLE

Project Objectives/ Results	Related Key Activities (from DIP)	Key activities	Status of Activities	Comments
Result 1: Increased Access to NNH Services in Sunsari and Parsa	1.IR1: Community outreach mechanisms expanded and strengthened	1.IR1 Activities: Provision of CB-NCP training for FCHV and MoHP staff	On target	All level of training has been completed in both Sunsari and Parsa Districts.
		Formation of PWGs	Completed	30 new PWGs were formed in Sunsari by September 2010.
	1.IR2: Marginalized groups access services in equal proportion to non-marginalized groups	1.IR2 Activities: PWG behavior mapping of participation	Completed	2,855 pregnant women in Parsa and Sunsari Districts and approx 1,600 pregnant women in Bara are using Community Behavior Map through PWG monthly meeting. This is a continuous process.
Result 2: Increased Demand for NNH Services in Sunsari and Parsa	2. IR1: Mothers recognize risks associated with pregnancy, delivery, and neonatal period and are able to take appropriate action.	2.IR1 Activities: Community-Based health education in PWGs	Completed	374 PWG groups in Parsa and Sunsari were educated on maternal and newborn health services and danger signs. This is a continuous process.
		Information Education and Communication (IEC) through mass media	Completed	Importance of facility delivery and key newborn life saving messages were radio broadcast in local languages in Parsa and Sunsari. The key messages were also distributed via pictorial charts and calendars to pregnant women.
Result 3: Increased Quality of NNH Services in Sunsari and Parsa	3.IR1: NNH monitoring and planning systems strengthened	3.IR1 Activities: Provision of CB-NCP training from national to community levels	Completed	CHD of MoHP has finalized the CB-NCP training modules, guidelines, forms and registers. The national, regional and district level orientations completed. All levels of training have been completed in both Sunsari and Parsa districts.
		Incorporation of Community Based (CB) monitoring systems	Completed	There was strengthening of monthly Ilaka level review meetings followed by district review; Facilitation on monthly FCHV meeting at local health facility; Joint supportive supervision with DHO/DPHO and other line agencies to review progress against the targets in HF, Ilaka level and district level; Developed CB-NCP supervision check list for HF and District levels.

ANNEX-1: MONITORING AND EVALUATION TABLE

Project Objectives/ Results	Related Key Activities (from DIP)	Key activities	Status of Activities	Comments
		Training and support for the application of Lot Quality Assurance Sampling (LQAS)/Knowledge Practice and Coverage (KPC)	Completed	Completed in all Bara, Sunsari and Parsa Districts for mid-term data collection and analysis. This will be continued in final evaluation.
		Application of data review and utilization strategies during MoHP review and planning meetings	Completed	The LQAS findings data are shared with district stakeholders make action plans to achieve the results. This is a continuous process
Result 4: Strengthened support for NNM reduction in Nepal	4.IR1: Data generated and utilized to inform national level policy	4.IR1 Activities: Publication and distribution of semi annual project newsletter	On target	The newsletter is in process for publication
		LIBON Steering Committee regularly reviews project progress and findings	On target	One meeting was held where MTE finding was shared and discussed to replicate the PWG approach to other districts
		Conduct and disseminate findings from operations research study	Not yet on target	CHX orientation, TOT and training to health worker at community level staff was completed and rCHX Operational research is ongoing in Parsa district
		Student research and sharing on NNH topics	Completed	In year 3, as per recommendation of MTE, one Master in Public Health (MPH) student of IOM is conducting qualitative research on “Factors Affecting Newborn Care Practices and Postnatal Check Up of Early Neonates in Parsa District”. One MPH student from B.P. Koirala Institute of Health Sciences (BPKIHS) study on project monitoring on before and after CB-NCP program implementation in Itahari PHC from 1 May 2010 to 30 Jun 2010

ANNEX 2A: LIBON YEAR 4 WORKPLAN (REVISED)

Major Activities	Year 4: 2010-2011			
	Q1	Q1	Q2	Q3
	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011
START-UP AND ADMINISTRATION:				
Hire and train LIBON Staff				
Purchase equipment				
MOUs with IOM, NFHP and MoHP				
Execution of MOUs with DDC and DHO				
Preparation of DIP				
DIP sharing with USAID – USA				
Prepare and sign formal agreements with partners (NGO/CBO/DHO/IOM) to implement the LIBON program in Sunsari, Parsa and Bara districts				
DIP revision and resubmission				
RESULT 1: INCREASED NNH SERVICES IN SUNSARI AND PARSА				
Design and preparation of modules on Community Based Newborn Care Package (CB-NCP) jointly Child Health Division (CHD), MoHP				
Master Training of Trainers (MTOT) on CB-NCP (5 persons each from Sunsari and Parsa) in Kathmandu organized by CHD				
District Training of Trainers (DTOT) on CB-NCP in Sunsari and Parsa districts (<i>Ilaka</i> In charge and DHO staff)				
Training on CB-NCP at <i>Ilaka</i> (sub-district) level in Sunsari and Parsa districts (for new comers staff only)	√			
Training on CB-NCP at Sub-health post level in Sunsari and Parsa districts				
Formation of pregnant women group (PWG) linking with local health facility in Sunsari and Parsa districts and strengthening of existing PWG in Bara district	√	√	√	√
Pilot Emergency Referral system in one <i>Ilaka</i>		√	√	
Train FCHVs on CB-NCP of interventions in Sunsari and Parsa districts				
RESULT 2: INCREASED DEMAND FOR NNH SERVICES IN SUNSARI AND PARSА				
Dissemination of CB-NCP message to community (mother) groups by FCHVs through using BCC methods and materials in Sunsari and Parsa districts	√	√	√	√

ANNEX 2A: LIBON YEAR 4 WORKPLAN (REVISED)

Major Activities	Year 4: 2010-2011			
	Q1	Q1	Q2	Q3
	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011
Support on BCC (flip chart, mothers cards, key ring with message) material of CB-NCP to FCHVs in Sunsari and Parsa districts	√	√	√	√
Mass media (radio) BCC messages	√	√	√	√
RESULT 3: INCREASED QUALITY OF NNH SERVICES IN SUNSARI AND PARSА				
FCHV participate in monthly monitoring and decision making meeting at the village level in Sunsari and Parsa districts	√	√	√	√
Support implementation of CB-NCP of service (Supportive supervision and monitoring) in Sunsari and Parsa districts	√	√	√	√
Monthly review meeting in Ilaka (sub-health post and <i>Ilaka</i> in-charges) and district (DHO staff and <i>Ilaka</i> in-charges) level in Sunsari, Parsa and Bara districts	√	√	√	√
Training in application of LQAS and CSSA for MoHP, IOM, and District level stakeholders in Sunsari, Parsa and Bara districts			√	√
KPC survey application using LQAS in Sunsari, Parsa and Bara districts			√	√
RHCCs prepare annual strategic and operational plans in Sunsari, Parsa and Bara districts		√		
Quarterly meeting of RHCCs in Sunsari, Parsa and Bara districts	√	√	√	√
RESULT 4: STRENGTHENED SUPPORT FOR NNM REDUCTION IN NEPAL				
Publication on Neonatal health in Nepal (in coordination with other INGOs)	√			
Coordination and sharing meeting with USAID, NFHP, Care, MIRA and others INGOs working on neonatal program	√	√	√	√
Meeting with District stakeholders in Sunsari, Parsa in regard to municipality approach for community mobilization	√		√	
Semi-annually steering committee meeting		√		√
LIBON staff participate in the neonatal/sub-committee technical group of the Child Health Division	√	√	√	√
IOM student apprenticeships and internships in LIBON implementation sites	√			
Plan, conduct and share Operations Research study/results on priority NNH topic	√	√	√	√

ANNEX 2A: LIBON YEAR 4 WORKPLAN (REVISED)

Major Activities	Year 4: 2010-2011			
	Q1	Q1	Q2	Q3
	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011
Presentation of results in international forum			√	
MONITORING AND EVALUATION				
Submit financial and program reports to Plan USA	√	√	√	√
Baseline study (LQAS, CSSA, IHFA)				
Technical Assistance visits from Plan USA staff	√			√
Mid-term evaluation				
Final Evaluation			√	√
COLLABORATION WITH USAID				
Bi-monthly meeting with USAID funded partners on child survival	√	√	√	√
Quarterly coordination meeting with USAID, Local Mission	√	√	√	√
Reporting: Annual, Mid-term, Final Evaluation to USAID	√			√

ANNEX 2B: DIP WITH COMMENTS

ANNEX-2B: LIBON work plan with DIP comments

Major Activities	Year 1				Year 2				Year 3				Year 4				Personnel	Comments
	Q1	Q2	Q3	Q4														
	Oct – Dec 2007	Jan – Mar 2008	Apr – Jun 2008	Jul – Sep 2008	Oct – Dec 2008	Jan – Mar 2009	Apr – Jun 2009	Jul – Sep 2009	Oct – Dec 2009	Jan – Mar 2010	Apr – Jun 2010	Jul – Sep 2010	Oct – Dec 2010	Jan – Mar 2011	Apr – Jun 2011	Jul – Sep 2011		
Start-up and Administration:																		
Hire and train LIBON Staff	√	√			√												HRM, PC	Completed
Purchase equipment	√	√	√														Admin, PC	Completed
MOUs with IOM, NFHP and MoHP		√	√														CD, PC, HC	Completed
Execution of MOUs with DDC and DHO				√	√												PUM, PC, DLC, HPC, Asst DLC,	Completed
Preparation of DIP		√	√														CMT, PC, HPC, USNO	Completed
DIP sharing with USAID – USA			√														HC, PC, USNO	Completed
Prepare and sign formal agreements with partners (NGO/CBO/DHO/IOM) to implement the LIBON program in Sunsari, Parsa and Bara districts		√	√	√				√				√					CD, PUM, HC, PC, HPC, DLC, Asst DLC	Completed
DIP revision and resubmission			√	√														Completed
Result 1: Increased Access to NNH Services in Sunsari and Parsa																		
Design and preparation of modules on Community Based Newborn Care Package (CB-NCP) jointly Child Health Division (CHD), MoHP		√	√	√	√												HC, PC	Completed
Master Training of Trainers (MTOT) on CB-NCP (5 persons each from Sunsari and Parsa) in Kathmandu organized by CHD			√	√	√												HC, PC	Completed
District Training of Trainers (DTOT) on CB-NCP in Sunsari and Parsa districts (<i>Ilaka</i> In charge and DHO staff)				√	√	√	√										PC, HPC, DLC, Asst DLC	Completed
Training on CB-NCP at <i>Ilaka</i> (sub-district) level in Sunsari and Parsa districts				√	√	√			√				√				PC, HPC, DLC, Asst DLC	Completed
Training on CB-NCP at SHP level in Sunsari and Parsa Districts						√			√								HPC, DLC, Asst DLC	Completed

ANNEX 2B: DIP WITH COMMENTS

Major Activities	Year 1				Year 2				Year 3				Year 4				Personnel	Comments
	Q1	Q2	Q3	Q4														
	Oct – Dec 2007	Jan – Mar 2008	Apr – Jun 2008	Jul – Sep 2008	Oct – Dec 2008	Jan – Mar 2009	Apr – Jun 2009	Jul – Sep 2009	Oct – Dec 2009	Jan – Mar 2010	Apr – Jun 2010	Jul – Sep 2010	Oct – Dec 2010	Jan – Mar 2011	Apr – Jun 2011	Jul – Sep 2011		
Formation of PWG linking with local health facility in Sunsari and Parsa districts and strengthening of existing PWG in Bara			√	√	√	√	√	√	√	√	√	√	√	√			HPC, DLC, Asst DLC	252 PWGs formed in Sunsari and 115 PWGs in Parsa district. 83% Bara PWGs still functional.
Pilot Emergency Referral system in one <i>llaka</i>										√	√	√					HC, PC, DLC, Asst DLC	Need technical support from USNO
Train FCHVs on CB-NCP of interventions in Sunsari and Parsa districts					√	√	√	√	√	√	√						HPC, DLC, Asst DLC	1,070 FCHVs trained in 57 batches in Sunsari and 794 FCHVs trained in 44 batches in Parsa. FCHV training on CB-NCP completed in Sunsari, Parsa Districts.
Result 2: Increased Demand for NNH Services in Sunsari and Parsa																		
Dissemination of CB-NCP message to community (mother) groups by FCHVs through using BCC methods and materials in Sunsari and Parsa districts						√	√	√	√	√	√	√	√	√	√	√	HPC, DLC, Asst DLC	On going
BCC support materials on CB-NCP to FCHVs in Sunsari and Parsa Districts					√	√	√	√	√	√							PC, HPC, DLC, Asst DLC	Completed (Provided during CB-NCP training)
Mass media (radio) BCC messages						√	√	√	√	√	√	√	√	√	√	√		Completed in Year 3 and is going on.
Result 3: Increased Quality of NNH Services in Sunsari and Parsa																		
FCHV participate in monthly monitoring and decision making meeting at the village level in Sunsari and Parsa districts			√	√	√	√	√	√	√	√	√	√	√	√	√	√	HPC, DLC, Asst DLC	Ongoing
Support implementation of CB-NCP of service (Supportive supervision and monitoring) in Sunsari and Parsa districts						√	√	√	√	√	√	√	√	√	√	√	HC, PC	Ongoing
Review meeting on CB-NCP at VDC, district, region and national level											√	√	√	√	√	√	PC, HPC, DLC, Asst DLC	On target

ANNEX 2B: DIP WITH COMMENTS

Major Activities	Year 1				Year 2				Year 3				Year 4				Personnel	Comments
	Q1	Q2	Q3	Q4														
	Oct – Dec 2007	Jan – Mar 2008	Apr – Jun 2008	Jul – Sep 2008	Oct – Dec 2008	Jan – Mar 2009	Apr – Jun 2009	Jul – Sep 2009	Oct – Dec 2009	Jan – Mar 2010	Apr – Jun 2010	Jul – Sep 2010	Oct – Dec 2010	Jan – Mar 2011	Apr – Jun 2011	Jul – Sep 2011		
Monthly review meeting in Ilaka (sub-health post and <i>Ilaka</i> in-charges) and district (DHO staff and <i>Ilaka</i> in-charges) level in Sunsari, Parsa and Bara districts		√	√	√	√	√	√	√	√	√	√	√	√	√	√		HPC, DLC, Asst DLC	Ongoing
Training in application of LQAS and CSSA for MoHP, IOM, and District level stakeholders in Sunsari, Parsa and Bara districts		√	√	√					√	√			√	√	√	√	HC, PC, M&EO, HPC, DLC, Asst DLC	Completed during baseline and MTE and planned for FE
KPC survey application using LQAS in Sunsari, Parsa and Bara districts		√	√	√					√	√			√	√	√	√	PC, M&EO, HPC, DLC, Asst DLC	LQAS data used for monitoring and planning by Plan Nepal and D(P)HOs
RHCCs prepare annual strategic and operational plans in Sunsari, Parsa and Bara districts			√			√				√				√			PC, HPC, DLC, Asst DLC	Completed for 1 st , 2 nd and 3 rd years and planning for 4 th year.
Quarterly meeting of RHCCs in Sunsari, Parsa and Bara districts			√	√	√	√	√	√	√	√	√	√	√	√	√		PC, HPC, DLC, Asst DLC	Ongoing
Result 4: Strengthened support for NNM reduction in Nepal																		
Publication on Neonatal health in Nepal (in coordination with CARE)					√				√				√		√		HC, PC	The newsletter is in processes
Coordination and sharing meeting with USAID, NFHP, Care, MIRA and others INGOs working on neonatal program	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	HC, PC	Ongoing
Meeting with District stakeholders in Sunsari, Parsa in regard to municipality approach for community mobilization					√		√				√						PC, LDC, Asst LDC	Ongoing
Bi-annually steering committee meeting	√		√			√		√			√			√		√	CD, HC, PC	SC met only twice in Year 1 and 2. One meeting is year three. Planned 2 meetings for year 4.
LIBON staff participate in the neonatal/sub-committee technical group of the Child Health Division		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	HC, PC	Ongoing

ANNEX 2B: DIP WITH COMMENTS

Major Activities	Year 1				Year 2				Year 3				Year 4				Personnel	Comments
	Q1	Q2	Q3	Q4														
	Oct – Dec 2007	Jan – Mar 2008	Apr – Jun 2008	Jul – Sep 2008	Oct – Dec 2008	Jan – Mar 2009	Apr – Jun 2009	Jul – Sep 2009	Oct – Dec 2009	Jan – Mar 2010	Apr – Jun 2010	Jul – Sep 2010	Oct – Dec 2010	Jan – Mar 2011	Apr – Jun 2011	Jul – Sep 2011		
IOM student apprenticeships and internships in LIBON implementation sites				√				√			√	√			√	√	HC, PC	Two MPH students did thesis work in Sunsari in Y2. One thesis work in Parsa in Y3 is ongoing.
Plan, conduct and share Operations Research study/results on priority NNH topic								√	√	√	√	√	√	√	√		HC, PC	The OP research for CHX: CHX distribution and training complete in Parsa. The OR finding will be shared in Y4.
Presentation if results in international forum															√		HC, PC, HQ backstops	Will occur in Year 4.
Monitoring and Evaluation:																		
Submit financial and program reports to Plan USA	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	PC, AFA, GA	Ongoing
Baseline study (LQAS, CSSA, IHFA)		√															HC, PC, M&EO, HPC, DLC, Asst DLC, AFA	Completed
Technical Assistance visits from Plan USA staff		√		√	√			√		√			√			√	HQ backstops	Ongoing
Mid-term evaluation										√							HC, PC, M&EO, HPC, DLC, Asst DLC, AFA	Completed
Final Evaluation																√	HC, PC, M&EO, HPC, DLC, Asst DLC, AFA	Will occur in Year 4 as planned
Collaboration with USAID:																		
Monthly meeting with USAID funded partners on child survival		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	HC, PC	Ongoing
Quarterly coordination meeting with USAID, Local Mission	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	HC, PC	Ongoing
Reporting: Annual, Mid-term, Final Evaluation to USAID						√				√	√		√			√	HC, PC, M&EO, AFA	Annual Y2 and MTE completed

ANNEX-4: PRESENTATION ABOUT PROJECT

Plan Nepal

Pregnant Women's Groups and the Impact on Newborn's Mortalities in Bara District, Nepal

Presented on the 36th Annual International Conference on Global Health New Technologies + Proven Strategies
= Healthy Communities – May 26-30, 2009, Washington DC, USA
and

Peri-Natal Society of Nepal (PESON) Dec 11-12, 2009

Bhagawan Das Shrestha, MPH, Project Coordinator LIBON Project, Plan Nepal

Web link http://www.globalhealth.org/conference_2009/view_top.php3?id=954 at "D5: Better Beginnings: Improving Neonatal Outcomes / Bhagawan Das Shrestha Presentation"

Background

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

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

Intervention

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

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

Methodology

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

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

ANNEX-4: PRESENTATION ABOUT PROJECT

Results

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

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

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

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

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

Conclusion:

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

Recommendation:

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

Success Factors

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

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

Challenges

- To replicate the PWG approach to scattered community is a challenge.

Outcomes

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

ANNEX-5: RESULTS HIGHLIGHT

Promising Practice – Pregnant Women’s Groups

Each PWG is comprised of 7-15 pregnant women (averaging 8) living within walking distance of one another in the same village. They meet once a month to discuss pregnancy related concerns, including any complications or danger signs, and how to prepare for delivery and newborn care. LIBON’s approach to empowering PWGs is tailored to the local context. Women are taught to be self-reliant: they monitor their own demand for and utilisation of health services using behavioural mapping, a technique which relies on peer pressure and does not require them to be literate. This is especially useful given only 64 percent of PWG members are literate. Working through the local female community health volunteers (FCHVs) has also been extremely effective and has allowed LIBON to work with existing government resources. As the main service providers to the PWGs, the FCHVs provide all-essential health education to pregnant women. The FCHVs receive technical backstopping from government staff at sub-health posts, health posts and primary health centres.

The PWG impact study shows that there was a 50–60 percent statistically significant reduction in the maternal, infant, neonatal, and early neonatal mortality rates over a 5-year period (2001-2006) in members of PWG compared to non-members in Bara District (see detail report in annex 4).

Scaling Up: The PWG approach has scaled up from one district Bara to 5 more districts – Parsa and Sunsari (Project districts), Makawanpur, Banke and Morang districts (Plan Nepal working districts). With support from Plan Nepal’s LIBON Project, 30 new Pregnant Women Groups were formed from November 2009 to September 2010 in addition to the 229 PWG’s already functioning in Sunsari. As of Year 3 Parsa District had 115 PWGs, and 356 of the original 430 PWGs (82%) in Bara are still functional as of September 2010.

Best Practice – Published Article on PWGs

The PWG has been documented as a best practice and shared at national and international levels. The PWG approach was selected for a panel presentation in the Seventh Conference of the Perinatal Society of Nepal (PESON) in Dec 2009 and Global Health Council 2009 Annual Conference in a panel entitled “Better Beginnings: Improving Neonatal Outcomes.” In Year 3, the article “Pregnant Women’s Groups and the Impact on Newborn’s Mortalities in Bara District, Nepal” was published in the Nepal Public Health Association (NEPHA) Newsletter¹ in November of 2009 (Y3, Q1), in the Souvenir² of the Seventh Conference of the Perinatal Society of Nepal (PESON-7) “Strategies for Improving Maternal and Neonatal Health in Developing Countries” 11-12 Dec 2009, Kathmandu, Nepal and also in the report of Mother and Infant Research Activities (MIRA) Nepal titled “Facilitating Synergies to Scale-Up Maternal and Newborn Best Practices in Nepal” at page 5 in March 2010.

¹ NEPHA Volume #1, Issue # 2, Page-8

² Souvenir PESCON-7, 11-12 Dec 2009, Page-96 : 98

ANNEX 6: PREGNANT WOMEN GROUP FORMATION

PWG Information as of September 2010

Summary of PWG (new and follow up) formation in Sunsari District (Oct 2007 – Sept 2010)

Districts	# of PWG	# of Pregnant Mothers	Literacy # and percent		Ethnic Group				DAP
			Yes	No	D	J	M	O	
Sunsari	259	2044	938	1106	484	609	54	883	0
Parsa	115	811	93	718	224	459	51	77	2
Total	374	2855	1031	1824	708	1068	105	960	2
			36%	64%	25%	37%	4%	34%	0.01%
Note:	1 PWG= about 8 pregnant women		D = Dalit	J = Janajati	M =Muslim	O = Other	DAP = Differently Able People		

LIBON no longer operates under Plan in Bara District (closed out in Sept 2006), but follow-up has shown that 82% (356 of 430) of the original PWG's established by Plan were still functional as of September 2010.

Summary of New PWG formation in Sunsari District (Oct 2009 – Sept 2010)

Districts	# of PWG	# of Pregnant Mothers	Literacy # and percent		Ethnic Group			DAP
			Yes	No	Dalit	Janjati	Others	
Sunsari	30	207	93	114	57	82	54	0
			41%	59%	25%	39%	36%	0%
Note:	1 PWG= about 8 pregnant women							DAP = Differently Able People

Summary of Follow-up PWG in Parsa and Sunsari Districts (Oct 2007 – Sept 2009)

Districts	# of PWG	# of Pregnant Mothers	Literacy # and percent		Ethnic Group				DAP
			Yes	No	D	J	M	O	
Sunsari	229	1837	845	992	427	527	0	883	0
Parsa	115	811	93	718	224	459	51	77	2
Total	344	2648	938	1710	651	986	51	960	2
			35%	65%	25%	37%	2%	36%	0.01%
Note:	1 PWG= about 8 pregnant women		D = Dalit	J = Janajati	M =Muslim	O = Other	DAP = Differently Able People		

ANNEX 6: PREGNANT WOMEN GROUP FORMATION

List of New PWGs in Sunsari District - Year 3

SN	Date of Formation in English	Name VDCs	Ward no	Tole ¹	# of Pregnant Mothers	# of Literate		Ethnic Group		
						Yes	No	Dalit	Janjati	Others
1	4-Nov-09	Sonapur	9	Balkunth	5	2	3	2	3	0
2	5-Nov-09	Sonapur	3	Rani gaw	9	7	2	0	5	4
3	7-Nov-09	Kaptangunj	9	Mehta	7	2	5	1	0	6
4	2-Dec-09	Amaduwa	3	Hasanpur	7	4	3	0	5	2
5	2-Dec-09	Amaduwa	7	Aurbani	5	3	2	0	2	3
6	24-Dec-09	Amahibella	6	Harijan	6	2	4	2	0	4
7	2-Mar-10	Basantpur	9	Mandal Tole	5	3	2	4	1	0
8	7-Mar-10	Amaduwa	4 (b)	Bediya	4	1	3	1	3	0
9	8-Mar-10	Sonapur	1	Batmara	7	5	2	2	3	2
10	9-Mar-10	Purbakusaha	8	Bagbadi	6	6	0	1	0	5
11	11-Mar-10	Harinagara	8	Mehata	4	4	0	0	0	4
12	12-Mar-10	Madheli	4	Laxminiya	7	3	4	2	5	0
13	17-Mar-10	Narshing	6	Mandal Tole	11	1	10	0	10	1
14	22-Mar-10	Jalpur	1	Paudar tole	5	2	3	0	5	0
15	24-Mar-10	Dumraha	8a	Main tole	5	0	5	0	2	3
16	24-Mar-10	Dumraha	8b	Bankulwa	4	2	2	1	1	2
17	26-Mar-10	Haripur	4	Mandal Tole	6	0	6	6	0	0
18	26-Mar-10	Haripur	5	Mandal Tole	14	4	10	4	5	5
19	29-Mar-10	Haripur	9	Koshi Byarej	13	4	9	2	5	6
20	5-Apr-10	Bhasi	4 (a)	Siwanagar	4	1	3	3	1	0
21	6-Apr-10	Bhasi	4 (b)	Mochi	6	4	2	6	0	0
22	21-Apr-10	Ramgunj	5	Belgachhi.	4	1	3	1	0	3
23	18-May-10	Pakali	2	Jotpur	7	1	6	0	3	4
24	5-Apr-10	Amaduwa	4 (b)	Bedia	4	1	3	1	3	0
25	26-Jun-10	Chitaha	6	Chitaha	11	8	3	0	8	3
26	6-Jul-10	Tannmuna	3	Tannmuna	8	0	8	2	6	0
27	6-Jul-10	Tannmuna	4	Tannmuna	7	5	2	1	4	2
28	29-Jul-10	Ramgunjbel	8	Ababhi	9	7	2	7	2	0
29	6-Sep-10	Kaptangunj	6	Sardar	6	4	2	6	0	0
30	15-Sep-10	Sripur	4	Jha Tole	11	6	5	2	0	9
		Total			207	93	114	57	82	68

45% 55% 28% 40% 33%

¹ A *Tole* is a marketplace or a bazaar; it is the core of what could be a larger geopolitical area, like the central city vs. its suburbs.

ANNEX – 7: TRAINING INFORMATION LOG FROM TRAINET YEAR 3

SN	District	Name of Event	Level	Venue	From	To	Days	Number of Participants & Facilitators										Total	Disaggregated					
								Government		I/NGO/CBO		IOM		Plan		Other			DAG		Janjati		Others Caste	
								M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F
1	Parsa	CB-NCP TOT at Ilaka level	District	Makalu hotel	4-Oct-09	10-Oct-09	7	15	5	0	0	0	0	0	0	0	20	0	0	12	2	3	3	
2	Parsa	CB-NCP TOT at Ilaka level	District	Makalu hotel	9-Oct-09	15-Oct-09	7	17	4	0	0	0	0	0	0	21	1	0	10	1	6	3		
3	Sunsari	CB-NCP training at FCHV level	FCHV	Dewanganj	9-Oct-09	15-Oct-09	7	0	20	0	0	0	0	0	20	0	0	0	0	0	20			
4	Sunsari	CB-NCP training at FCHV level	FCHV	Bhaluwa	10-Oct-09	16-Oct-09	7	0	23	0	0	0	0	0	23	0	3	0	18	0	2			
5	Sunsari	CB-NCP training at FCHV level	FCHV	Lukahi	10-Oct-09	16-Oct-09	7	0	21	0	0	0	0	0	21	0	0	0	0	0	21			
6	Parsa	CHX Orientation	District	Makalu hotel	13-Oct-09	13-Oct-09	1	16	2	2	0	0	0	0	20	0	0	9	2	9	0			
7	Parsa	CHX Training	District	Makalu hotel	14-Oct-09	14-Oct-09	1	14	0	0	0	0	0	0	14	0	0	6	0	8	0			
8	Sunsari	CB-NCP training at FCHV level	FCHV	Harinagara	26-Oct-09	1-Nov-09	7	0	19	0	0	0	0	0	19	0	1	0	0	0	18			
9	Sunsari	CB-NCP training at FCHV level	FCHV	P.Kusaha	26-Oct-09	1-Nov-09	7	0	23	0	0	0	0	0	23	0	5	0	1	0	17			
10	Sunsari	CB-NCP training at FCHV level	FCHV	Kaptanganj	26-Oct-09	1-Nov-09	7	0	17	0	0	0	0	0	17	0	1	0	0	0	16			
11	Sunsari	CB-NCP training at FCHV level	FCHV	Sonapur	26-Oct-09	1-Nov-09	7	0	22	0	0	0	0	0	22	0	2	0	10	0	10			
12	Parsa	CB-NCP training at VHW/MCHW	Comm	Makalu hotel	27-Oct-09	31-Oct-09	5	14	6	0	0	0	0	0	20	0	0	8	4	6	2			
13	Parsa	CHX training at VHW/MCHW level	Comm	Makalu hotel	1-Nov-09	1-Nov-09	1	14	6	0	0	0	0	0	20	0	0	8	5	6	1			
14	Kathmandu	English Language Training		American Language Center	2-Nov-09	18-Nov-09	17						1		1					1				
15	Sunsari	CB-NCP training at FCHV level	FCHV	Prakashpur	4-Nov-09	10-Nov-09	7	0	20	0	0	0	0	0	20	0	1	0	5	0	14			
16	Parsa	CB-NCP training at VHW/MCHW	Comm	Makalu hotel	5-Nov-09	9-Nov-09	5	13	9	0	0	0	0	0	22	0	2	7	2	6	5			
17	Sunsari	CB-NCP training at FCHV level	FCHV	Ghusaki	5-Nov-09	11-Nov-09	7	0	21	0	0	0	0	0	21	0	4	0	0	0	17			
18	Parsa	CB-NCP TOT at Ilaka level	District	Makalu hotel	6-Nov-09	12-Nov-09	7	14	6	1	0	0	0	0	21	1	0	6	3	8	3			
19	Sunsari	CB-NCP training at FCHV level	FCHV	Tanmuna	6-Nov-09	12-Nov-09	7	0	22	0	0	0	0	0	22	0	7	0	11	0	4			
20	Sunsari	CB-NCP training at FCHV level	FCHV	Bhutaha	6-Nov-09	12-Nov-09	7	0	19	0	0	0	0	0	19	0	2	0	0	0	17			
21	Parsa	CHX training at VHW/MCHW level	Comm	Makalu hotel	10-Nov-09	10-Nov-09	1	13	9	0	0	0	0	0	22	0	2	7	2	6	5			
22	Parsa	CB-NCP training at VHW/MCHW	Comm	Makalu hotel	11-Nov-09	15-Nov-09	5	7	12	0	0	0	0	0	19	0	0	3	7	4	5			
23	Parsa	CHX training at VHW/MCHW level	Comm	Makalu hotel	16-Nov-09	16-Nov-09	1	7	12	0	0	0	0	0	19	0	0	3	7	4	5			
24	Sunsari	CB-NCP training at FCHV level	FCHV	Haripur	16-Nov-09	22-Nov-09	7	0	22	0	0	0	0	0	22	0	2	0	6	0	14			
25	Sunsari	CB-NCP training at FCHV level	FCHV	Madhayli	16-Nov-09	22-Nov-09	7	0	20	0	0	0	0	0	20	0	2	0	13	0	5			
26	Sunsari	CB-NCP training at FCHV level	FCHV	Babiya	16-Nov-09	22-Nov-09	7	0	18	0	0	0	0	0	18	0	1	0	3	0	14			

ANNEX – 7: TRAINING INFORMATION LOG FROM TRAINET YEAR 3

SN	District	Name of Event	Level	Venue	From	To	Days	Number of Participants & Facilitators										Total	Disaggregated					
								Government		I/NGO/CBO		IOM		Plan		Other			DAG		Janjati		Others Caste	
								M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F
27	Parsa	CB-NCP TOT at Ilaka level	District	Makalu hotel	17-Nov-09	23-Nov-09	7	10	7	3	0	0	0	0	0	0	0	20	0	0	9	5	4	2
28	Parsa	CHX training - Hospital (NMC)	Hospital	National medical college	19-Nov-09	19-Nov-09	1	14	21	0	0	0	0	0	0	0	35	0	0	7	8	7	13	
29	Parsa	CHX training - Hospital (NSRH)	Hospital	Narayani sub-regional hospital	20-Nov-09	20-Nov-09	1	25	12	0	0	0	0	0	0	37	1	0	11	6	13	6		
30	Parsa	CHX training - Hospital (PH)	Hospital	Pokhariya Hospital	22-Nov-09	22-Nov-09	1	20	0	0	0	0	0	0	0	20	0	0	13	0	7	0		
31	Sunsari	CB-NCP training at FCHV level	FCHV	Satterjhora	23-Nov-09	29-Nov-09	7	0	19	0	0	0	0	0	0	19	0	4	0	10	0	5		
32	Sunsari	CB-NCP training at FCHV level	FCHV	Khanar	24-Nov-09	30-Nov-09	7	0	19	0	0	0	0	0	0	19	0	3	0	10	0	6		
33	Parsa	CB-NCP TOT at Ilaka level	District	Makalu hotel	25-Nov-09	1-Dec-09	7	11	9	0	0	0	0	0	0	1	21	0	0	7	4	4	6	
34	Sunsari	CB-NCP training at FCHV level	FCHV	Amduwa	25-Nov-09	1-Dec-09	7	0	18	0	0	0	0	0	0	18	0	5	0	7	0	6		
35	Sunsari	CB-NCP training at FCHV level	FCHV	Bhakraha	26-Nov-09	2-Dec-09	7	0	20	0	0	0	0	0	0	20	0	2	0	4	0	14		
36	Sunsari	CB-NCP training at FCHV level	FCHV	Jalpapur	1-Dec-09	7-Dec-09	7	0	22	0	0	0	0	0	0	22	0	4	0	1	0	17		
37	Sunsari	CB-NCP training at FCHV level	FCHV	Chimdi	3-Dec-09	9-Dec-09	7	0	21	0	0	0	0	0	0	21	0	3	0	14	0	4		
38	Parsa	CB-NCP training at VHW/MCHW	Comm	Makalu hotel	4-Dec-09	8-Dec-09	5	13	9	0	0	0	0	0	0	22	2	0	6	6	5	3		
39	Sunsari	CB-NCP training at FCHV level	FCHV	Bhokraha	4-Dec-09	10-Dec-09	7	0	23	0	0	0	0	0	0	23	0	0	0	1	0	22		
40	Bara	LOAS training	District	Kalaiya,Bara	6-Dec-09	19-Dec-09	14	26	1	0	0	0	0	17	1	0	45	3	0	29	0	11	2	
41	Sunsari	CB-NCP training at FCHV level	FCHV	Akamba	6-Dec-09	12-Dec-09	7	0	19	0	0	0	0	0	0	19	0	1	0	18	0	0		
42	Parsa	CHX training at VHW/MCHW level	Comm	Makalu hotel	9-Dec-09	9-Dec-09	1	13	9	0	0	0	0	0	0	22	2	0	7	6	4	3		
43	Sunsari	CB-NCP training at FCHV level	FCHV	Narsing	9-Dec-09	15-Dec-09	7	0	23	0	0	0	0	0	0	23	0	0	0	2	0	21		
44	Parsa	CB-NCP training at VHW/MCHW	Comm	Makalu hotel	10-Dec-09	14-Dec-09	5	11	12	0	0	0	0	0	0	23	0	1	9	7	2	4		
45	Parsa	CB-NCP training at VHW/MCHW	Comm	Makalu hotel	10-Dec-09	14-Dec-09	5	12	14	0	0	0	0	0	0	26	2	0	9	7	1	7		
46	Sunsari	CB-NCP training at FCHV level	FCHV	Sripur	11-Dec-09	17-Dec-09	7	0	24	0	0	0	0	0	0	24	0	1	0	0	0	23		
47	Sunsari	CB-NCP training at FCHV level	FCHV	Purbakusaha	11-Dec-09	17-Dec-09	7	0	19	0	0	0	0	0	0	19	0	2	0	9	0	8		
48	Sunsari	CB-NCP training at FCHV level	FCHV	Bhasi	14-Dec-09	20-Dec-09	7	0	18	0	0	0	0	0	0	18	0	1	0	14	0	3		
49	Parsa	CHX training at VHW/MCHW level	Comm	Makalu hotel	15-Dec-09	15-Dec-09	1	11	12	0	0	0	0	0	0	23	0	1	9	7	2	4		
50	Parsa	CHX training at VHW/MCHW level	Comm	Makalu hotel	15-Dec-09	15-Dec-09	1	12	14	0	0	0	0	0	0	26	2	0	9	7	1	7		
51	Sunsari	CB-NCP training at FCHV level	FCHV	Chandbala	17-Dec-09	23-Dec-09	7	0	20	0	0	0	0	0	0	20	0	2	0	11	0	7		
52	Sunsari	CB-NCP training at FCHV level	FCHV	Madhuban	19-Dec-09	25-Dec-09	7	0	19	0	0	0	0	0	0	19	0	3	0	3	0	13		
53	Sunsari	CB-NCP training at FCHV level	FCHV	Hansposa	25-Dec-09	31-Dec-09	7	0	19	0	0	0	0	0	0	19	0	0	0	7	0	12		

ANNEX – 7: TRAINING INFORMATION LOG FROM TRAINET YEAR 3

SN	District	Name of Event	Level	Venue	From	To	Days	Number of Participants & Facilitators										Total	Disaggregated					
								Government		I/NGO/CBO		IOM		Plan		Other			DAG		Janjati		Others Caste	
								M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F
54	Sunsari	CB-NCP training at FCHV level	FCHV	Madhyaharsahi	27-Dec-09	2-Jan-10	7	0	19	0	0	0	0	0	0	0	19	0	1	0	6	0	12	
55	Bara	CSSA Workshop	District	Makalu hotel	28-Dec-09	30-Dec-09	3	9	1	0	0	0	0	16	0	0	26	0	0	14	1	11	0	
56	Sunsari	CB-NCP training at FCHV level	FCHV	Singiya	28-Dec-09	3-Jan-10	7	0	20	0	0	0	0	0	0	0	20	0	2	0	10	0	8	
57	Sunsari	CB-NCP training at FCHV level	FCHV	Panchakanya	1-Jan-10	7-Jan-10	7	0	19	0	0	0	0	0	0	0	19	0	0	0	13	0	6	
58	Parsa	CHX Training	District	Makalu hotel	5-Jan-10	5-Jan-10	1	21	3	0	0	0	0	0	0	0	24	0	0	12	0	9	3	
59	Sunsari	CB-NCP training at FCHV level	FCHV	Barahakshetra	5-Jan-10	11-Jan-10	7	0	21	0	0	0	0	0	0	0	21	0	0	0	10	0	11	
60	Sunsari	CB-NCP training at FCHV level	FCHV	Dumraha	5-Jan-10	11-Jan-10	7	0	19	0	0	0	0	0	0	0	19	0	1	0	15	0	3	
61	Parsa	CHX Training	District	Makalu hotel	6-Jan-10	6-Jan-10	1	19	5	0	0	0	0	0	0	0	24	0	0	15	2	4	3	
62	Parsa	CHX Training	District	Makalu hotel	7-Jan-10	7-Jan-10	1	25	3	0	0	0	0	0	0	0	28	0	0	15	1	10	2	
63	Sunsari	CB-NCP training at FCHV level	FCHV	Pakali	7-Jan-10	13-Jan-10	7	0	22	0	0	0	0	0	0	0	22	0	1	0	15	0	6	
64	Parsa	CHX Training	District	Makalu hotel	8-Jan-10	8-Jan-10	1	25	7	0	0	0	0	0	0	0	32	0	0	21	4	4	3	
65	Sunsari	CB-NCP training at FCHV level	FCHV	Dumraha	10-Jan-10	16-Jan-10	7	0	19	0	0	0	0	0	0	0	19	0	1	0	15	0	3	
66	Sunsari	LOAS training	District	Itahari, Sunsari	12-Jan-10	26-Jan-10	15	25	1	8	2	0	0	10	6	1	53	2	0	12	5	30	4	
67	Sunsari	CB-NCP training at FCHV level	FCHV	Bharual	17-Jan-10	23-Jan-10	7	0	18	0	0	0	0	0	0	0	18	0	2	0	8	0	8	
68	Parsa	CB-NCP training at FCHV level	FCHV	Pakaha	19-Jan-10	25-Jan-10	7	0	27	0	0	0	0	0	0	0	27	0	3	0	21	0	3	
69	Parsa	CB-NCP training at FCHV level	FCHV	BiranchiBarba	19-Jan-10	25-Jan-10	7	0	18	0	0	0	0	0	0	0	18	0	5	0	11	0	2	
70	Parsa	CB-NCP training at FCHV level	FCHV	LahoreThakri	19-Jan-10	25-Jan-10	7	0	18	0	0	0	0	0	0	0	18	0	3	0	9	0	6	
71	Sunsari	CB-NCP training at FCHV level-NP	FCHV	Inaruwa NP	23-Jan-10	25-Jan-10	3	0	17	0	0	0	0	0	0	0	17	0	2	0	2	0	13	
72	Sunsari	CB-NCP training at FCHV level	FCHV	Baklauri	24-Jan-10	30-Jan-10	7	0	19	0	0	0	0	0	0	0	19	0	1	0	9	0	9	
73	Sunsari	CB-NCP training at FCHV level	FCHV	Bishnupaduka	25-Jan-10	31-Jan-10	7	0	20	0	0	0	0	0	0	0	20	0	0	0	17	0	3	
74	Sunsari	CB-NCP training at FCHV level	FCHV	Mahendranagar	25-Jan-10	31-Jan-10	7	0	18	0	0	0	0	0	0	0	18	0	0	0	7	0	11	
75	Sunsari	CSSA Workshop	District	Itahari, Sunsari	27-Jan-10	29-Jan-10	3	11	2	6	1	0	0	7	2	1	30	1	0	4	2	20	3	
76	Parsa	CB-NCP training at FCHV level	FCHV	Suwarnapur	28-Jan-10	3-Feb-10	7	0	17	0	0	0	0	0	0	0	17	0	1	0	14	0	2	
77	Parsa	CB-NCP training at FCHV level	FCHV	PidariGuthi	28-Jan-10	3-Feb-10	7	0	18	0	0	0	0	0	0	0	18	0	6	0	7	0	5	
78	Parsa	CB-NCP training at FCHV level	FCHV	Sedhahawa	28-Jan-10	3-Feb-10	7	0	18	0	0	0	0	0	0	0	18	0	1	0	17	0	0	
79	Sunsari	CB-NCP training at FCHV level	FCHV	Mahendranagar	2-Feb-10	8-Feb-10	7	0	21	0	0	0	0	0	0	0	21	0	0	0	6	0	15	
80	Sunsari	CB-NCP training at FCHV level	FCHV	Mahendranagar-2	2-Feb-10	8-Feb-10	7	0	20	0	0	0	0	0	0	0	20	0	1	0	10	0	9	
81	Sunsari	CB-NCP training at FCHV level	FCHV	Baklauri	3-Feb-10	9-Feb-10	7	0	14	0	0	0	0	0	0	0	14	0	1	0	11	0	2	

ANNEX – 7: TRAINING INFORMATION LOG FROM TRAINET YEAR 3

SN	District	Name of Event	Level	Venue	From	To	Days	Number of Participants & Facilitators										Total	Disaggregated					
								Government		I/NGO/CBO		IOM		Plan		Other			DAG		Janjati		Others Caste	
								M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F
82	Parsa	CB-NCP training at FCHV level	FCHV	Bhikhampur-1	6-Feb-10	12-Feb-10	7	0	18	0	0	0	0	0	0	0	18	0	0	0	9	0	9	
83	Parsa	CB-NCP training at FCHV level	FCHV	Bhikhampur-2	6-Feb-10	12-Feb-10	7	0	18	0	0	0	0	0	0	0	18	0	3	0	10	0	5	
84	Parsa	CB-NCP training at FCHV level	FCHV	Supauli	6-Feb-10	12-Feb-10	7	0	18	0	0	0	0	0	0	0	18	0	0	0	14	0	4	
85	Parsa	LOAS training	District	Makalu hotel	13-Feb-10	25-Feb-10	13	30	2	0	0	0	0	12	3	0	47	2	0	23	2	17	3	
86	Sunsari	FCHV incentive program	District		18-Feb-10	19-Feb-10	2	90	16	0	0			0	0		106	0	0	14	0	76	16	
87	Sunsari	CB-NCP training at FCHV level-NP	FCHV	Itahari NP - 1	25-Feb-10	27-Feb-10	3	0	20	0	0	0	0	0	0	0	20	0	2	0	10	0	8	
88	Parsa	CSSA Workshop	District	Makalu hotel	4-Mar-10	6-Mar-10	3	17	3	0	0	0	0	6	2	0	28	2	0	8	3	13	2	
89	Parsa	CB-NCP training at FCHV level	FCHV	Dhobini	8-Mar-10	14-Mar-10	7	0	18	0	0	0	0	0	0	0	18	0	5	0	6	0	7	
90	Parsa	CB-NCP training at FCHV level	FCHV	Tulsibarba	8-Mar-10	14-Mar-10	7	0	18	0	0	0	0	0	0	0	18	0	0	0	11	0	7	
91	Parsa	CB-NCP training at FCHV level	FCHV	Shambhauta	8-Mar-10	14-Mar-10	7	0	18	0	0	0	0	0	0	0	18	0	1	0	16	0	1	
92	Sunsari	CB-NCP training at FCHV level-NP	FCHV	Itahari NP - 2	8-Mar-10	10-Mar-10	3	0	20	0	0	0	0	0	0	0	20	0	0	0	4	0	16	
93	Sunsari	CB-NCP training at FCHV level-NP	FCHV	Itahari NP - 3	12-Mar-10	14-Mar-10	3	0	11	0	0	0	0	0	0	0	11	0	0	0	1	0	10	
94	Parsa	CB-NCP training at FCHV level	FCHV	Basanatapur	18-Mar-10	24-Mar-10	7	0	18	0	0	0	0	0	0	0	18	0	4	0	9	0	5	
95	Parsa	CB-NCP training at FCHV level	FCHV	Sibarba	18-Mar-10	24-Mar-10	7	0	17	0	0	0	0	0	0	0	17	0	6	0	10	0	1	
96	Parsa	CB-NCP training at FCHV level	FCHV	Surjaha	18-Mar-10	24-Mar-10	7	0	18	0	0	0	0	0	0	0	18	0	1	0	10	0	7	
97	Sunsari	CB-NCP training at FCHV level-NP	FCHV	Dharan NP - 1	18-Mar-10	20-Mar-10	3	0	35	0	0	0	0	0	0	0	35	0	0	0	26	0	9	
98	Sunsari	CB-NCP training at FCHV level-NP	FCHV	Dharan NP - 2	24-Mar-10	26-Mar-10	3	0	35	0	0	0	0	0	0	0	35	0	2	0	20	0	13	
99	Parsa	CB-NCP training at FCHV level	FCHV	Pokhariya	28-Mar-10	3-Apr-10	7	0	28	0	0	0	0	0	0	0	28	0	6	0	9	0	13	
100	Parsa	CB-NCP training at FCHV level	FCHV	Langadi HP	28-Mar-10	3-Apr-10	7	0	27	0	0	0	0	0	0	0	27	0	4	0	10	0	13	
101	Parsa	CB-NCP training at FCHV level	FCHV	Sripur Pachgawa	28-Mar-10	3-Apr-10	7	0	9	0	0	0	0	0	0	0	9	0	2	0	7	0	0	
102	Sunsari	CB-NCP training at FCHV level-NP	FCHV	Dharan NP - 3	30-Mar-10	1-Apr-10	3	0	33	0	0	0	0	0	0	0	33	0	0	0	23	0	10	
103	Parsa	CB-NCP training at FCHV level, NP	FCHV	Trijudha H.S, Birgunj-1	7-Apr-10	9-Apr-10	3	0	19	0	0	0	0	0	0	0	19	0	1	0	7	0	11	
104	Parsa	CB-NCP training at FCHV level, NP	FCHV	Trijudha H.S, Birgunj-2	7-Apr-10	9-Apr-10	3	0	19	0	0	0	0	0	0	0	19	0	0	0	9	0	10	
105	Parsa	CB-NCP training at FCHV level, NP	FCHV	Devine institute, Birgunj-3	7-Apr-10	9-Apr-10	3	0	16	0	0	0	0	0	0	0	16	0	0	0	10	0	6	

ANNEX – 7: TRAINING INFORMATION LOG FROM TRAINET YEAR 3

SN	District	Name of Event	Level	Venue	From	To	Days	Number of Participants & Facilitators										Total	Disaggregated					
								Government		I/NGO/CBO		IOM		Plan		Other			DAG		Janjati		Others Caste	
								M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F
106	Parsa	CB-NCP training at FCHV level	FCHV	Thori HP	12-Apr-10	18-Apr-10	7	0	9	0	0	0	0	0	0	0	9	0	0	0	4	0	5	
107	Parsa	CB-NCP training at FCHV level	FCHV	Bhawanipur	12-Apr-10	18-Apr-10	7	0	18	0	0	0	0	0	0	0	18	0	4	0	8	0	6	
108	Parsa	CB-NCP training at FCHV level	FCHV	Nirmal basti	12-Apr-10	18-Apr-10	7	0	9	0	0	0	0	0	0	0	9	0	0	7	0	2		
109	Kathmandu	Appreciate Inquiry training	National	Hotel Yak Palace, KTM	19-Apr-10	22-Apr-10	4						1	1					1			1		
110	Pokhara	Programming to Strengthen Maternal and Child Healthcare Delivery through Community Participation	National	Pokhara	19-Apr-10	30-Apr-10	12						1						1					
111	Kathmandu	Key Management Skill Training	National	Kathmandu	28-Apr-10	30-Apr-10	3						3						1		2			
112	Parsa	CB-NCP training at FCHV level	FCHV	Gadhi	28-Apr-10	4-May-10	7	0	18	0	0	0	0	0	0	0	18	0	1	0	10	0	7	
113	Parsa	CB-NCP training at FCHV level	FCHV	Nichuta (Deuriya)	28-Apr-10	4-May-10	7	0	21	0	0	0	0	0	0	0	21	0	2	0	17	0	2	
114	Parsa	CB-NCP training at FCHV level	FCHV	Mahuwan	28-Apr-10	4-May-10	7	0	18	0	0	0	0	0	0	0	18	0	3	0	13	0	2	
115	Kathmandu	Micro Planning Training	National	Dhulikhel	11-May-10	15-May-10	5						1				1		1					
116	Nawalparashi	Appreciate Inquiry based on M&E training	District	Gaidakot	9-Jun-10	11-Jun-10	3						1	2			3	1		1		1		
117	Parsa	CB-NCP training at FCHV level	FCHV	Bauharwa bhatta	11-Jun-10	17-Jun-10	7	0	18	0	0	0	0	0	0	0	18	0	0	0	10	0	8	
118	Parsa	CB-NCP training at FCHV level	FCHV	Bishrampur	11-Jun-10	17-Jun-10	7	0	18	0	0	0	0	0	0	0	18	0	2	0	9	0	7	
119	Parsa	CB-NCP training at FCHV level	FCHV	Nagardaha	11-Jun-10	17-Jun-10	7	0	18	0	0	0	0	0	0	0	18	0	2	0	8	0	8	
120	Parsa	CB-NCP training at FCHV level	FCHV	Dewarbana	21-Jun-10	27-Jun-10	7	0	18	0	0	0	0	0	0	0	18	0	0	0	8	0	10	
121	Parsa	CB-NCP training at FCHV level	FCHV	Auraha SHP	21-Jun-10	27-Jun-10	7	0	17	0	0	0	0	0	0	0	17	0	4	0	7	0	6	
122	Parsa	CB-NCP training at FCHV level	FCHV	Bairiya Birta	21-Jun-10	27-Jun-10	7	0	18	0	0	0	0	0	0	0	18	0	5	0	12	0	1	
123	Sunsari	CB-NCP software installation	District	DHO, Sunsari	23-Jun-10	24-Jun-10	2	5									5					5		
124	Parsa	Planning meeting	District	Hotel Makalu	30-Jun-10	30-Jun-10	1	3	18	0	3	0	0	6	2	0	32	0	0	2	15	7	8	
125	Parsa	CB-NCP training at FCHV level	FCHV	Pancharukhi	2-Jul-10	8-Jul-10	7	0	18	0	0	0	0	0	0	0	18	0	1	0	12	0	5	
126	Parsa	CB-NCP training at FCHV level	FCHV	Madhuban Mathal	2-Jul-10	8-Jul-10	7	0	18	0	0	0	0	0	0	0	18	0	3	0	12	0	3	
127	Parsa	CB-NCP training at FCHV level	FCHV	Bageshwori	2-Jul-10	8-Jul-10	7	0	18	0	0	0	0	0	0	0	18	0	1	0	12	0	5	
128	Parsa	FCHV incentive program	District	NSRH, Birgunj	13-Jul-10	14-Jul-10	2	32	3	0	0	0	0	1	1	0	37	0	0	23	1	10	3	
129	Parsa	FCHV incentive program	District	NSRH, Birgunj	14-Jul-10	15-Jul-10	2	36	0	0	0	0	0	1	0	0	37	0	0	28	0	9	0	
130	Parsa	CB-NCP training at FCHV level	FCHV	Bagahi	22-Jul-10	28-Jul-10	7	0	18	0	0	0	0	0	0	0	18	0	9	0	5	0	4	

ANNEX – 7: TRAINING INFORMATION LOG FROM TRAINET YEAR 3

SN	District	Name of Event	Level	Venue	From	To	Days	Number of Participants & Facilitators										Total	Disaggregated					
								Government		I/NGO/CBO		IOM		Plan		Other			DAG		Janjati		Others Caste	
								M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F
131	Parsa	CB-NCP training at FCHV level	FCHV	BirwaGuthi	22-Jul-10	28-Jul-10	7	0	18	0	0	0	0	0	0	0	0	18	0	5	0	8	0	5
132	Parsa	CB-NCP training at FCHV level	FCHV	Chorni SHP	22-Jul-10	28-Jul-10	7	0	18	0	0	0	0	0	0	0	0	18	0	4	0	9	0	5
133	Parsa	CB-NCP training at FCHV level	FCHV	Alau SHP	16-Aug-10	22-Aug-10	7	0	18	0	0	0	0	0	0	0	0	18	0	2	0	13	0	3
134	Parsa	CB-NCP training at FCHV level	FCHV	Jhauwa guthi	16-Aug-10	22-Aug-10	7	0	18	0	0	0	0	0	0	0	0	18	0	3	0	12	0	3
135	Parsa	CB-NCP training at FCHV level	FCHV	SugauliBirta	16-Aug-10	22-Aug-10	7	0	17	0	0	0	0	0	0	0	0	17	0	0	0	9	0	8
136	Parsa	CB-NCP training at FCHV level	FCHV	Srisiya	26-Aug-10	1-Sep-10	7	0	20	0	0	0	0	0	0	0	0	20	0	2	0	13	0	5
137	Parsa	CB-NCP training at FCHV level	FCHV	Itiyahi	26-Aug-10	1-Sep-10	7	0	18	0	0	0	0	0	0	0	0	18	0	1	0	15	0	2
138	Sunsari	CB-NCP TOT at Ilaka level	Ilaka	Inaruwa	20-Sep-10	26-Sep-10	7	7	13	1								21	1		1	6	6	7
		Total						677	2092	21	6	0	0	84	20	2	1	2897	23	191	400	1016	361	912

ANNEX 8: CHX INFORMATION YEAR THREE

Chlorhexidine (CHX) Training - Parsa District

Activities	Batch/es	Number of Trained	Duration	Time Frame	Remarks
Orientation and district planning	1	20	1 day	Oct'09	
Hospital staff	3	109	1 day	Nov'09	Staff from 3 Hospitals: (1) Narayani Sub-regional, (2) National Medical College and (3) Pokhariya Hospital
Health Facility level – TOT	5	122	1 day	Oct'09 to Jan'10	
VHW/MCHW – SHP level	6	132	1 day	Oct'09 to Dec'09	
FCHV level (VDC)	41	740	1 day	Jan to 1 Sep'10	
FCHV level (Municipality)	3	54	1 day	Apr'10	

ANNEX 9: BIRTH PREPAREDNESS PLAN MASS CAMPAIGN LOG YEAR THREE

Bara, Parsa and Sunsari Districts

SN	District	English Date	Venue	Name of covered VDC(s)/NP	Covered Ward No.	Number Pregnant Women					No. Husband/Parents	Number of support staff					
						Dalit	Janjati	Muslim	Others	Total		D(P)HO	HF	VHW	MCHW	Plan	Partner
1	Bara	9-Jul-10	Birta	Jeetpur	1,2,5,6,7	8	11	1	0	20	21	14	0	1	1	1	1
2	Bara	9-Jul-10	Jeetpur	Jeetpur	3	4	12	2	8	26	20	12	0	1	1	1	1
3	Bara	23-Jul-10	Malhani	Dahiyar	1 to 9	10	41	3	3	57	40	50	0	0	1	1	3
4	Bara	28-Jul-10	Bagawan	Bagawan	1 to 9	5	27	5	0	37	12	35	0	0	1	1	1
5	Bara	6-Aug-10	SHP bhawan	Madhurijabdi	1,3,7,8,9	10	15	3	0	28	20	20	0	0	0	1	1
6	Bara	6-Aug-10	SHP bhawan	Madhurijabdi	2,4,5,6	3	8	0	0	11	9	11	0	1	1	1	1
7	Bara	9-Aug-10	Sisahaniya	Sisahaniya	1,2,3	0	6	0	4	10	10	11	0	0	1	1	1
8	Bara	9-Aug-10	Sisahaniya	Sisahaniya	4,5,6	3	6	2	6	17	9	16	0	0	1	1	1
9	Bara	9-Aug-10	Sisahaniya	Sisahaniya	7,8	3	3	0	4	10	6	8	0	0	1	1	1
10	Bara	12-Aug-10	Parsa	Patahathi	4	2	6	0	0	8	0	10	0	0	0	1	1
11	Bara	13-Aug-10	Barwa	Patahathi	5	0	7	1	0	8	0	8	0	0	0	1	1
12	Bara	13-Aug-10	Patarhati	Patahathi	6,7,8,9	1	9	4	3	17	0	15	0	0	1	0	1
13	Bara	18-Aug-10	Hanuman Temple	Gamjabhawanipur	1,2,3,4,5,6,7,9	5	26	4	0	35	21	27	0	0	0	1	1
14	Bara	18-Aug-10	PHC	Gamjabhawanipur	8 and 7	7	4	3	0	14	0	7	0	2	0	1	1
15	Bara	19-Aug-10	SHP Bhawan	Parsauna	1 to 7	7	6	0	1	14	10	10	0	1	0	1	1
16	Bara	19-Aug-10	Bodhawan	Parsauna	9	1	9	0	0	10	0	6	0	1	0	0	1
18	Bara	26-Aug-10	Pataura	Motisar	5,6	3	2	2	3	10	8	9	0	0	1	0	1
19	Bara	26-Aug-10	Varbaliya	Motisar	7	5	1	0	0	6	7	10	0	0	1	0	1
17	Bara	26-Aug-10	Motisar	Motisar	1,2,3,4	5	3	0	4	12	10	12	0	1	1	0	1
20	Bara	27-Aug-10	SHP bhawan	Gadahal	1 to 7	6	12	0	4	22	16	12	0	0	1	0	1
21	Bara	27-Aug-10	Hengauliya	Gadahal	8	0	4	0	0	4	1	5	0	0	1	0	1
22	Bara	27-Aug-10	Valui	Motisar	8,9	3	3	0	2	8	7	6	0	0	1	0	1
23	Bara	30-Aug-10	Sano Hengauliya	Gadahal	9	6	0	0	0	6	0	5	0	0	1	0	1
24	Bara	30-Aug-10	HP Bhawan	Narahi	1 to 9	21	25	4	2	52	20	40	0	1	1	1	1
25	Bara	31-Aug-10	Inarawari	Sisahaniya	9	0	7	0	3	10	10	7	0	0	1	1	1
26	Bara	6-Sep-10	Ramauli losanda	Jeetpur	8,9	10	10	0	3	23	36	13	0	1	1	1	3
27	Bara	9-Sep-10	Pachayanpur	Raghunathpur	4,5,6,7	7	6	3	10	26	23	26	0	1	1	1	1
28	Bara	9-Sep-10	Inarwa	Raghunathpur	1,2,3	6	3	6	1	16	5	10	0	1	0	1	1
29	Bara	16-Sep-10	SHP bhawan	Kachorwa	5 to 9	30	50	12	4	96	30	81	0	0	3	1	1

ANNEX 10A: OPERATIONAL PLAN INDICATORS REPORT (JULY 2009 – JUNE 2010)

OP Indicators	District			Total	Target	Remarks
	Sunsari	Parsa	Bara			
1. Number of postpartum visit within 3 days of birth in USG assisted program	12,673	3,976	6,954	23,603	5,000	HMIS report (1 st visit)
2. Number of people trained in maternal/newborn health through USG supported program	1,353	1,133	0	2,486	1,805	
3. Number of people trained in child health and nutrition through USG supported health area program	0	0	0	0	0	
4. Number of new born receiving antibiotic treatment for infection from appropriate health workers through USG supported programs	40	6	Data not available and no CB-NCP district	46	4,200	Partially report came from Health Facilities of Sunsari and Parsa districts from Apr-Jun'10. The community level training was on going in Parsa during June this reporting month and which was completed only in Sept 1, 2010. Thus there is low coverage.
5. Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG supported program	36,678	12,209	6,940	55,827	53,000	HMIS report of under 5 children
6. Number of children 6 months to 5 years of age who received vitamin 'A' from USG supported programs	92,944	88,819	104,402	286,164	286,000	
7a. Number of USHG assisted service delivery points (average quarterly stock outs of number of service delivery points) experiencing stock-outs of specific tracer drugs (ORS)	0	13	28	41	0	Data from quarterly report of LMIS from D(P)HO. The data is total of 4 quarters so HF's are repeated
7b. Stock outs (Vitamin 'A')	0	18	46	64	0	- Do -
7c. Stock outs (Cotrim P)	0	14	13	27	0	- Do -
7d. Stock outs (Iron)	0	10	8	18	0	- Do -

Note: The OP indicators will be compiled and reported to local USAID mission annually with the project report.

ANNEX 9: BIRTH PREPAREDNESS PLAN MASS CAMPAIGN LOG YEAR THREE

SN	District	English Date	Venue	Name of covered VDC(s)/NP	Covered Ward No.	Number Pregnant Women					No. Husband/Parents	Number of support staff					
						Dalit	Janjati	Muslim	Others	Total		D(P)HO	HF	VHW	MCHW	Plan	Partner
30	Bara	16-Sep-10	Kachorwa School	Kachorwa	1 to 4	20	45	8	5	78	25	75	0	0	1	0	1
31	Bara	24-Sep-10	VDC Bhawan	Rauahi	1 to 6	3	25	0	3	31	15	22	0	0	0	1	1
32	Bara	29-Sep-10	High School	Umjan	4,5,6,8,9	5	25	0	0	30	12	9	0	1	0	0	1
33	Bara	29-Sep-10	SHP bhawan	Umjan	2,3	3	7	0	2	12	6	30	0	1	0	0	1
34	Bara	30-Sep-10	SHP bhawan	Karaiya	1 to 4	5	18	0	0	23	7	9	0	1	0	1	1
35	Bara	30-Sep-10	SHP bhawan	Sihorwa	6 to 9	4	15	12	2	33	15	20	0	1	0	2	1
36	Parsa	27-Jul-10	Janakitola	Janakitola	1,2,3,4,7	12	6	8	2	28	5	0	0	0	1	1	0
37	Parsa	11-Aug-10	Bindabasini	Bindabasini	1,2	5	6	0	0	11	3	0	0	1	1	1	0
38	Parsa	12-Aug-10	Biranchi barwa	Biranchi Barwa	2,3,4	6	13	6	0	25	12	0	1	0	1	5	0
39	Parsa	16-Aug-10	Chiljhapti	Masihani	8,9	2	3	1	3	9	12	0	0	1	1	1	0
40	Parsa	16-Aug-10	Chiljhapti	Masihani	3	2	9	0	4	15	20	0	0	1	1	1	0
41	Parsa	17-Aug-10	Hariharpur	Hariharpur	1,2,3,5,6	4	10	3	4	21	15	0	0	0	1	1	0
42	Parsa	23-Aug-10	Nagardaha-3	Nagardaha	2,3,4	4	3	0	0	7	10	0	1	1	1	2	0
43	Parsa	25-Aug-10	Bishrampur-4	Bishrampur	4	7	1	0	0	8	9	0	0	1	0	2	
44	Parsa	25-Aug-10	Mahuwan	Mahuwan	5,6	18	0	0	0	18	12	0	0	1	1	1	0
45	Parsa	26-Aug-10	Bairiya birta Da. Pu.	Bairiya Birta	5,6	4	6	8	0	18	7	0	0	1	0	1	0
46	Parsa	26-Aug-10	Mahuwan	Mahuwan	1,2,3,4	2	8	0	0	10	9	0	0	1	1	2	0
47	Parsa	29-Aug-10	Nagardaha	Nagardaha	6,7,8,9	0	13	7	0	20	14	0	0	1	1	0	0
48	Parsa	30-Aug-10	Baruwa	Bhauratar	9	10	0	0	0	10	4	0	0	1	0	1	0
49	Parsa	31-Aug-10	Gardhaul	Bahuwarwa Bhatta	8	0	10	0	0	10	6	0	0	1	0	1	0
50	Parsa	2-Sep-10	Belwa	Belwa Parsauni	1,2,3	1	9	15	0	25	8	0	0	0	1	1	0
51	Parsa	3-Sep-10	Baghi setwa	Bagahi	6	0	9	0	0	9	3	0	0	1	0	1	0
52	Parsa	7-Sep-10	Hariharpur birta	Harihapur Birta	4,3,2,5	0	20	2	5	27	18	0	1	1	1	1	0
53	Parsa	8-Sep-10	Daldalwa	Bagahi	9	9	5	0	1	15	23	0	0	0	0	2	0
54	Parsa	9-Sep-10	Dakaula bhauhari	Bauhari Pidari	8,9	0	18	0	0	18	12	0	0	1	0	1	0
55	Parsa	13-Sep-10	Sibarwa	Sibarwa	1,2,3	5	10	0	11	26	9	0	0	1	0	1	0
57	Parsa	14-Sep-10	Langadi	Langadi	6,7	4	7	2	2	15	15	0	0	1	0	1	0
56	Parsa	14-Sep-10	Baluwa	Mahuwan	7,8,9	4	7	2	6	19	14	0	0	1	1	1	0
58	Parsa	21-Sep-10	Ram ghadwa	Ramgadwa	5,6,7	0	12	0	0	12	13	0	0	1	0	1	0

ANNEX 9: BIRTH PREPAREDNESS PLAN MASS CAMPAIGN LOG YEAR THREE

SN	District	English Date	Venue	Name of covered VDC(s)/NP	Covered Ward No.	Number Pregnant Women					No. Husband/Parents	Number of support staff						
						Dalit	Janjati	Muslim	Others	Total		D(P)HO	HF	VHW	MCHW	Plan	Partner	
59	Parsa	22-Sep-10	Chorni-1	Chorni	1,2,3,4,5	7	18	0	1	26	8	0	0	0	1	1	0	
60	Parsa	22-Sep-10	Ramgadwa	Ramgadwa	4,8,9	0	15	7	0	22	20	0	0	1	0	1	0	
62	Parsa	23-Sep-10	Bindabasini	Bindabasini	6,7,8,9	9	7	1	0	17	4	0	0	0	1	1	0	
61	Parsa	23-Sep-10	Sabaiya tadi	Biruwa Guthi	1,2	7	2	12	0	21	11	0	0	0	1	1	0	
63	Parsa	24-Sep-10	Lalparsa 2	Lalparsa	2,7,9	4	12	0	0	16	12	0	0	0	1	1		
64	Parsa	27-Sep-10	Devarbana	Devarbana	5,6,7,8	6	5	10	0	21	17	0	0	1	1	1	0	
65	Sunsari	21-Jul-10	Harinagra PHC	Harinagra	1 to 9	15	10	5	21	51	21	30	15	0	1	1	0	
66	Sunsari	22-Jul-10	Laukahi SHP	Laukahi	4,5,6,7,8	9	6	0	8	23	16	7	22	1	1	1	1	
67	Sunsari	27-Jul-10	Baklauri HP	Baklauri	1,2,3,4,6	5	10	0	10	25	20	5	10	0	2	0	0	
68	Sunsari	27-Jul-10	Sitagunj HP	Sitagunj	7,8,9,5	6	9	0	10	25	23	2	8	0	1	1	0	
69	Sunsari	29-Jul-10	Sonapur SHP	Sonapur	4,5,6,7	4	2	25	4	35	20	15	7	0	1	1	1	
70	Sunsari	3-Aug-10	Bharoul SHP	Bharoul	2,3&5	3	8	0	19	30	25	5	12		1	1	1	
71	Sunsari	5-Aug-10	Chimadi SHP	Chimadi	5,4,3,2,1,9	5	15	0	0	20	12	8	12	0	1	1	1	
74	Sunsari	10-Aug-10	Amaduwa SHP	Amaduwa	3 to9	20	30	5	7	62	40	22	22	0	1	1	1	
72	Sunsari	10-Aug-10	Inaruwa H.P	Inaruwa	1,2,3&5	3	8	2	8	21	17	3	11	0	2	1	0	
73	Sunsari	10-Aug-10	Itahari PHC	Itahari		2	10	0	18	30	27	3	15	0	3	1	0	
75	Sunsari	11-Aug-10	Dharan	Dharan NP	16	0	12	0	5	17	15	2	7	0	0	1	0	
76	Sunsari	12-Aug-10	Dewangunj H.P.	Dewangunj	5,1&2	5	2	8	5	20	12	8	15	0	1	1	0	
77	Sunsari	13-Aug-10	Hanshposha Tarahara	Hanshposha	2	2	16	0	18	36	34	2	8	0	1	0	0	
78	Sunsari	17-Aug-10	Madhyaharshahi	Madhyaharshahi	3,4, 5,6	7	10	5	13	35	21	14	7	0	1	1	1	
80	Sunsari	18-Aug-10	Bhaluwa SHP	Bhaluwa	6,7,8	1	12	0	0	13	8	5	5	0	1	0	1	
79	Sunsari	18-Aug-10	Haripur SHP	Haripur	1,2,3	15	8	0	6	29	8	21	22	0	0	0	1	
81	Sunsari	23-Aug-10	Chitaha SHP	Chitaha	2,3,4,7	4	11	6	7	28	15	13	8	0	1	0	1	
82	Sunsari	26-Aug-10	Bhaluwa SHP	Bhaluwa	1,2	4	8	0	2	14	8	6	5	0	1	1	1	
83	Sunsari	30-Aug-10	Bishnupaduka	Bishunpaduka	4	2	3	0	4	9	5	4	9	0	0	0	1	
84	Sunsari	31-Aug-10	Bha.Shi. SHP	Bha. Shi.	2,3,4&5	7	9	0	11	27	24	5	10	0	1	1	1	
85	Sunsari	31-Aug-10	Dumraha	Dumraha	7	8	5	0	4	17	11	6	16	0	0	0	1	
Total						470	905	215	296	1886								
						25%	48%	11%	16%	100%								

ANNEX 10B: OPERATIONAL PLAN INDICATORS BY DISTRICT (JULY 2009 – JUNE 2010)

USAID Nepal Annual Operational Plan Indicator Reporting Format

SUNSARI DISTRICT

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH1	Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG supported program	F*	15000		No gender desegregated data. More achievements due to CB-NCP training to all health facility staff and FCHVs.		16000	
		M*	15000				16000	
		Total	30000	36,678			31000	HMIS data from DHO Report

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH2	Number of children 6 months to 5 years of age who received vitamin A from USG-supported programs	F*	42,000		No gender desegregated data. Met the target.		43,000	
		M*	42,000				43,000	
		Total	84,000	92,944			96,000	HMIS data from DHO Report

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH6	Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	F*	1,200		No gender desegregated data. The data is only three months (April – Jun 2010) due to delay in CB-NCP training.		1,200	
		M*	1,200				1,200	
		Total	2,400	40			2,400	CB-NCP 7 form

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH7	Number of postpartum visit within 3 days of birth in USG assisted program	F*	3000	12,673	More achievements due to CB-NCP training to all health facility staff and FCHVs.		4000	
		M*	NA	NA			NA	
		Total	3000	12,673			4000	HMIS report 1 st postpartum visit

ANNEX 10B: OPERATIONAL PLAN INDICATORS BY DISTRICT (JULY 2009 – JUNE 2010)

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH8	Number of USG-assisted service delivery points (average quarterly stockouts of number of service delivery points) experiencing stock-outs of specific tracer drugs (ORS, Vitamin A, Cotrim P, Iron)	F*	0	0	ORS=0, Vit A = 0, Cotrim P = 0, Iron = 0		0	HMIS data from DHO Report
		M*	0	0			0	
		Total	0	0			0	

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH9	Number of people trained in maternal/new born health through USG supported programs	F*	924	1,254	More achievements as FCHVs of municipalities and new health staff hired by VDC were also trained.		10	Data of TraiNet
		M*	0	99			10	
		Total	924	1,353			20	

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH10	Number of people trained in child health and nutrition through USG supported health area program	F*	0	0	No any training for child health and nutrition was supported by Plan Nepal LIBON project.		0	Data of TraiNet
		M*	0	0			0	
		Total	0	0			0	

ANNEX 10B: OPERATIONAL PLAN INDICATORS BY DISTRICT (JULY 2009 – JUNE 2010)

PARSA DISTRICT

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH1	Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG supported program	F*	4,500		No gender desegregated data. More achievements due to CB-NCP training to all health facility staff and FCHVs.		5000	
		M*	4,500				5000	
		Total	9,000	12,209				HMIS data from DHO Report

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH2	Number of children 6 months to 5 years of age who received vitamin A from USG-supported programs	F*	45,000		No gender desegregated data. Met 98% of target.		50000	
		M*	45,000				50000	
		Total	90,000	88,819			100000	HMIS data from DHO Report

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH6	Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	F*	900		No gender desegregated data. The data is only one month June 2010 as CB-NCP training was delayed.		1000	
		M*	900				1000	
		Total	1,800	6				CB-NCP form # 7

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH7	Number of postpartum visit within 3 days of birth in USG assisted program	F*	2000	3,976	More achievements due to CB-NCP training to all health facility staff and FCHVs.		4000	
		M*	NA	NA			NA	
		Total	2000	3,976			4000	HMIS repot 1 st postpartum visit.

ANNEX 10B: OPERATIONAL PLAN INDICATORS BY DISTRICT (JULY 2009 – JUNE 2010)

Indicator ID	Indicators	Target FY10	Achievement FY10	Justification**	Target FY11	Source of information	
MCH8	Number of USG-assisted service delivery points (average quarterly stockouts of number of service delivery points) experiencing stock-outs of specific tracer drugs (ORS, Vitamin A, Cotrim P, Iron)	F*	NA	NA	ORS=13, Vit A = 18, Cotrim P = 14, Iron = 10. All these key commodities are supplied by MoHP / DHS/ DHO/ DPHO but due to delay in procurement procedure. It was delay to supply to the Health facilities. So Plan already discussed with DPHO Parsa for the timely supply of the key commodities. The DPHO agreed to supply in time.	NA	HMIS data from DHO Report
		M*	NA	NA		NA	
		Total	0	13		0	

Indicator ID	Indicators	Target FY10	Achievement FY10	Justification**	Target FY11	Source of information	
MCH9	Number of people trained in maternal/new born health through USG supported programs	F*	810	807	More achievements as FCHVs of municipality and new health staff hired by VDC were also trained.	10	TraiNet
		M*	71	326		10	
		Total	881	1,133		20	

Indicator ID	Indicators	Target FY10	Achievement FY10	Justification**	Target FY11	Source of information	
MCH10	Number of people trained in child health and nutrition through USG supported health area program	F*	0	0	No any training for child health and nutrition was supported by Plan Nepal LIBON project.	0	TraiNet
		M*	0	0		0	
		Total	0	0		0	

ANNEX 10B: OPERATIONAL PLAN INDICATORS BY DISTRICT (JULY 2009 – JUNE 2010)

BARA DISTRICT

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH1	Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG supported program	F*	7000		No gender desegregated data. Under target irregular present of health facilities staff.		7000	
		M*	7000				7000	
		Total	14000	6,940			14000	HMIS data from DHO Report

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH2	Number of children 6 months to 5 years of age who received vitamin A from USG-supported programs	F*	56000		No gender desegregated data. Met 93% target.		57000	
		M*	56000				57000	
		Total	112,000	104,402			114000	HMIS data from DHO Report

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH6	Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	F*	4000	Data not available	No segregate data for newborn is available as Bara is not CB-NCP district. But there is under two months data only.		4500	
		M*	4000	Do			4500	
		Total	8000	Do			9000	

Indicator ID	Indicators		Target FY10	Achievement FY10	Justification**		Target FY11	Source of information
MCH7	Number of postpartum visit within 3 days of birth in USG assisted program	F*	0	6,954	Target was not set for FY 10.		7,000	
		M*	NA	NA			NA	
		Total	0	6,954			7,000	HMIS report 1 st visit

ANNEX 10B: OPERATIONAL PLAN INDICATORS BY DISTRICT (JULY 2009 – JUNE 2010)

Indicator ID	Indicators	Target FY10	Achievement FY10	Justification**	Target FY11	Source of information	
MCH8	Number of USG-assisted service delivery points (average quarterly stockouts of number of service delivery points) experiencing stock-outs of specific tracer drugs (ORS, Vitamin A, Cotrim P, Iron)	F*	NA	0	ORS=28, Vit A = 46, Cotrim P = 13, Iron = 8 All these key commodities are supplied by MoHP / DHS/ DHO/ DPHO but due to delay in procurement procedure. It was delay to supply to the Health facilities. So Plan already discussed with DHO Bara for the timely supply of the key commodities. The DHO agreed to supply in time.	NA	HMIS data from DHO Report
		M*	NA	0		NA	
		Total	0	24		0	

Indicator ID	Indicators	Target FY10	Achievement FY10	Justification**	Target FY11	Source of information	
MCH9	Number of people trained in maternal/new born health through USG supported programs	F*	0	0		0	
		M*	0	0		0	
		Total	0	0		0	

Indicator ID	Indicators	Target FY10	Achievement FY10	Justification**	Target FY11	Source of information	
MCH10	Number of people trained in child health and nutrition through USG supported health area program	F*	0	0		0	
		M*	0	0		0	
		Total	0	0		0	

Attach detail breakdown of target and achievements (e.g. type of training, sub-partners, etc), and supportive documents as appropriate

TBI: To Be Identified

* “Male/Female disaggregation should be provided for appropriate indicators (e.g. number of people trained, number of people heard message)”, but data from HMIS is not yet collected disaggregated, so where Male/Female numbers are identical, a total from the HMIS was simply divided in half.

** Justification is must for achievement more or less than 10% of the target

This is a preliminary finding report; the final report is on the write up processes.

General Objective

To assess and reinforce program performance and provide guidance for improvement

Specific objectives

- To identify the trained human resource status of the health facility
- To assess and reinforce the knowledge and skills of service providers for newborn care
- To assess and reinforce management of newborn care service at the health facility (including logistics support)
- To assess the performance of service providers
- To assess the quality of newborn care service received by mothers/care taker

Study Design

- Cross-sectional
- Descriptive
- Observational study

Study Population and Selection Technique

Study Population	No	Selection Techniques
Institutional Health Workers	71	All HWs available during Follow-Up
VHW/MCHWs	78	All VHW/MCHWs available during Follow-Up
FCHVs	95	10% selected randomly
Mothers/Care takers	93	Purposive

Data Collection Methods and Tools:

S.N.	Methods	Tools	Respondents
1	Interview	Questionnaire	HWs/VHW-MCHW/FCHVs
2	Skill Observation	Observational checklist	HWs/VHW-MCHW/FCHVs
3	Logistics availability observation	Logistics Observation checklist	Health Facilities and Community Health Workers (VHW, MCHW and FCHVs)
4	Client Exit/Households Interview	Questionnaire	Beneficiaries/ Clients
5	CBNCP/IMCI Records and Reports Review	Recording format	Health Facilities

Conceptual Framework of Follow-up visit:

- 1) Orientation and Planning for follow-up visit
- 2) Practice of follow-up procedure
- 3) Group formation for follow-up
- 4) Environment setting of health facility for follow-up
- 5) Conduction of follow-up (Data collection, review of health facility support, analyze and provide feedbacks for problem solving of HWs)
- 6) Data compilation and analysis

ANNEX 11: CB-NCP FOLLOW-UP TRAINING IN SUNSARI DISTRICT (SEPT 27- OCT 4 2010)

7) Preparation presentation and shared with Child Health Division, IMCI section staff, DHO staff (officer, supervisors, PHC, HP, SHP in-charges) and Plan Nepal staff
The presentation was continued by Shiv Narayan Yadav on of field data collection.

% of Correct Knowledge of Service Providers on Newborn Care

Indicator	HW	VHW/ MCHW	FCHV
6 Cleans ¹	74.6	57.7	36.8
5 Essential Newborn Care	59.2	66.7	54.7
No of FCHV Visit	100	100	98.9
Timing of FCHV visit	85.9	82.1	84.2

Correct dose of Cotrim-P	93	93.6	82.1
Correct dose of Gentamicine	76.1	64.1	0
Classification of Hypothermia	66.2	35.9	0
Management of Hypothermia	90.1	85.9	32.6
Management of S Hypothermia	59.2	35.9	0
Classification of Birth Weight	76.1	89.7	84.2
Management of LBW baby	98.6	94.9	85.3
Management of VLBW baby	84.5	84.6	77.9
Correct application of KMC	29.6	15.4	9.5
Management of birth asphyxia	78.9	66.7	56.8

% Correct Skills of Service Provider for Newborn Care

Indicator	HF/VHW/MCHW	FCHV
Hand Washing	63.7	49.5
Use of weighing scale	45.9	41.8
Mayako Angalo (Kangaroo Mother Care)	47.9	42.9
Use of Thermometer	49.3	33
Management of birth asphyxia	17.8	17.6

Program Management of CBNCP

	Health Facility (N=46)	VHW/MCHW (N=78)	FCHVs (N=95)
Availability of gentamicine vial	97.8%	55.1%	NA
Availability of Insulin Syringe	100.0%	57.7%	NA
Availability of Cotrim-P tablet	100.0%	84.6%	77.9%
Functioning De-Lee Suction	82.6%	NA	93.5%
Functioning bag & mask	89.1%	NA	95.7%
Functioning Pan Scale or Salter scale	89.1%	76.9%	90.5%
Functioning timer	NA	71.8%	81.1%
Functioning thermometer	NA	69.2%	89.5%
Clean Delivery Kit	60.9%	NA	17.9%
FCHV Monthly Meeting Conducted last month	93.5%	NA	NA
CBNCP 6 and 7 submitted last month	93.5%	NA	NA

¹ Clean hands; Clean ties; Clean cord cutter; Clean umbilicus; Clean baby eyes; Clean perineum

ANNEX 11: CB-NCP FOLLOW-UP TRAINING IN SUNSARI DISTRICT (SEPT 27- OCT 4 2010)

Exit Interview with Mothers

Indicator	Place of delivery
Institutional Delivery	63%
Home Delivery	37%

Post-Delivery Visit by FCHV – Parent Survey

Indicator	%
24 hours	33.3
3 days	67.7
7 days	59.1
Above all three indicators	21
Did not check	1.1
Others	2.2

Awareness of 5 Essential Newborn Care – Parent Survey

Indicator	%
Keep the newborn dry with clean and soft cloth immediately	41
Keep the cord dry and do not apply anything to it	60
Keep the baby in skin to skin contact with mother for warmth	44
Breastfeed the baby within one hour of birth; no other intake (water, etc)	67
Delay bathing for at least first 24 hours	53
<i>All five indicators</i>	12

Awareness of General Danger Signs – Parent Survey

Indicator	%
Fast breathing (60 times or more per minute)	53
Severe chest in-drawing	28
Lethargic or unconscious	15
Unable to breastfeed	44
Hypothermia	36
Fever	80
Record red discharge around umbilical stump	26
All seven indicators	0

ANNEX 12: NEPAL HMIS DATA FINDINGS OF FY'066/67 (SEPTEMBER 2010)
SUNSARI, PARSA AND BARA DISTRICTS

Sunsari District

Indicator => Ilaka (Sub district)/	BCG	DPT 3	Measles	TT2+	Albendazole	Iron Preg	Iron PP	Vit "A"	ANC 4th Visit	SBA delivery (Inst + Home)	Facility Delivery	PNC 1 st Visit
Madhuban – PHC	124%	100%	95%	78%	97%	103%	63%	61%	52%	2.7%	2.5%	18%
R. Bhutaha – HP	104%	96%	98%	63%	91%	96%	42%	47%	78%	1%	0%	25%
Inaruwa – HP	103%	83%	81%	63%	106%	115%	49%	126%	54%	95.1%	95.1%	108%
Harinagara – PHC	100%	91%	96%	62%	101%	111%	51%	46%	75%	26.6%	23.1%	43v
Dewangunj – HP	100%	90%	87%	60%	85%	88%	51%	51%	43%	3.3%	1.5%	20v
Itahari – PHC	94%	77%	79%	57%	34%	50%	48%	152%	36%	134%	133.8%	142%
Madheli – HP	92%	87%	88%	40%	73%	75%	47%	47%	52%	27.3%	23.1%	36%
Baklauri HP	84%	80%	76%	33%	50%	51%	56%	56%	43%	2.7%	1.7%	20%
Sitagunj HP	82%	75%	77%	58%	78%	106%	75%	73%	56%	29%	26.1%	40%
Prakashpur HP	77%	59%	65%	34%	61%	62%	38%	39%	35%	2.9%	0%	11%
Satterjhora PHC	75%	71%	80%	49%	59%	67%	30%	37%	35%	5.6%	0.6%	16%
Chatara PHC	62%	51%	58%	24%	43%	39%	43%	38%	21%	9.4%	7.5%	13%
District Average	92%	91%	81%	52%	62%	71%	50%	88%	45%	55.6%	54.4%	67%

Vaccination:

The average district coverage of BCG vaccination is 92%, seven Ilakas has met district coverage and rest five Ilakas named Baklauri, Sitagunj, Prakashpur, Satterjhora and Chatara haven't met the district coverage and need to focus in these areas. Similarly, DPT3 vaccination's district coverage is 91% which is met by Madhuban PHC, R.Bhutaha and Harinagara Ilakas rest nine haven't. Likewise, measles' district coverage is 81%, and range 58% to 98%. The highest coverage by R. Bhutaha – 98% and other five Madhuban, Inaruwa, Harinagara, Dewangunj, Madheli Ilakas has also met the district coverage.

Antenatal Care:

The district coverage of TT2+ vaccination among expected pregnancy is 52% only which is range between 24% and 78%. Seven Ilakas has met the district coverage rest five Madheli, Baklauri, Prakashpur, Satterjhora and Chatara haven't met and focus on these areas as well as other areas have also need to improve. Similarly, mothers treated by Albendazole among expected pregnancy's district coverage is 62% and supplementation of iron to pregnant mother's district coverage is 71%. The five Ilaka (Itahari, Bakaluri, Prakashpur, Satterjhora, Chatara) haven't met district coverage in both two indicators. Likewise, ANC fourth visit's district coverage is 45%, the six Ilakas name Dewangunj,

ANNEX 12: NEPAL HMIS DATA FINDINGS OF FY'066/67 (SEPTEMBER 2010)
SUNSARI, PARSА AND BARА DISTRICTS

Itahari, Baklauri, Prakashpur, Satterjhora and Chatara haven't the district coverage however need to focus in all areas because the district coverage is only 45%.

Postpartum:

The supplementation of iron tablet to the post-partum mother among expected pregnancy, which is 50% district coverage out of 12 Ilaka, five have met the district coverage and rest haven't however need to focus in all area because the district coverage itself 50%. Similarly, Vitamin A to the post partum mother's district coverage is 88% which is range between 37% and 152%. Only two Ilakas named Inaruwa and Itahari out of twelve have met the district coverage. Likewise, PNC 1st visit's district coverage is 67% which is met by only two Ilakas i.e. Inaruwa and Itahari.

Delivery:

The percentage of delivery conducted by SBA in institution and home among expected pregnancies is 55.6%. It is varies from 1% to 134% which is covered by Itahari PHC including BPKIHS (a local teaching hospital) 134% and Inaruwa district head quarter hospital 95.1% and rest of haven't not met the district coverage. Incase of institutional delivery's district coverage is 54.4%.

In overall, five (Baklauri, Sitatgunj, Prakashpur, Satterjhora and Chatara) Ilakas have needed more focus areas to increase all most all low coverage indicators. The high priority indicators are ANC 4th visit, iron table during post partum period, TT2+ vaccination and institutional delivery.

Parsa District

Indicator => Ilaka (Sub district)	BCG	DPT III	Polio	Measles	Complete Immunization	TT	TT2+	Iron tab 180 during pregnancy	Iron 45 days during PNC	Vit A during PNC	ANC 4 th visit	Delivery by HW not SBA	Sub-standard
Bagahi	100%	85%	95%	106%	58%	103%	48%	94%	67%	75%	55%	60%	7
Bageshwori	98%	69%	71%	82%	73%	106%	58%	97%	66%	62%	58%	40%	9
Bhikhampur	127%	85%	76%	101%	100%	140%	62%	135%	94%	98%	71%	43%	5
Birgunj	186%	139%	152%	147%	148%	139%	76%	52%	79%	80%	41%	34%	6
Bishrampur	84%	82%	87%	80%	85%	89%	42%	110%	74%	78%	76%	42%	11
Langadi	109%	80%	84%	107%	97%	113%	47%	64%	68%	68%	31%	50%	8
Nichuta	112%	80%	91%	86%	79%	104%	59%	76%	58%	70%	38%	47%	9
Pakaha	94%	80%	79%	77%	71%	93%	27%	57%	72%	69%	41%	49%	10
Pokhariya	102%	90%	81%	87%	95%	116%	29%	139%	102%	97%	82%	25%	5
Sedhwa	99%	82%	83%	92%	88%	114%	30%	97%	68%	67%	45%	27%	8

ANNEX 12: NEPAL HMIS DATA FINDINGS OF FY'066/67 (SEPTEMBER 2010)
SUNSARI, PARSA AND BARA DISTRICTS

Srisiya	120%	100%	108%	103%	102%	88%	42%	95%	75%	71%	49%	22%	6
Thori	67%	54%	56%	68%	68%	94%	28%	45%	64%	73%	49%	39%	11
Total	106%	85%	89%	94%	86%	106%	45%	89%	72%	74%	52%	40%	
Sub-Standard	2	10	8	6	7	2	12	4	10	10	12	12	

Vaccination:

The average district coverage of BCG vaccination is 106%, seven Ilakas has met district coverage and two Bageshwori and Thori Ilakas are very low coverage. The DPT3 vaccination's coverage is 91% which is met by Birgunj and Srisiya Ilakas rest ten haven't met. Similarly, polio vaccination's district coverage is 89% and met by five areas named Bagahi, Birgunj, Nichuta and Srisiya but rest seven areas have to improve in this indicator. The measles' district coverage is 94% which range between 77% to 147%, the highest coverage by Birgunj HP 147% followed by Bagahi, Bhikhampur, Langadi and Srisiya and remaining six area haven't met district coverage too. Likewise, the complete immunization's district coverage is 86%.

Antenatal Care:

The district coverage of TT2+ vaccination among expected pregnancy is 45% only which is range between 27% and 76%. Six Ilakas has met the district coverage remaining six Bishrampur, Pakaha, Pokhariya, Sedhwa, Srisiya and Thori haven't met and need to focus on these areas as well as other areas have also need to improve. Similarly, supplementation of iron to pregnant mother's district coverage is 89%. The five Ilaka (Birgunj, Langadi, Nichuta, Pakaha and Thori) haven't met district coverage in the indicator. Likewise, ANC fourth visit's district coverage is 52%, the Ilakas name Birgunj, Langadi, Nichuta, Pakaha, Sedhwa, Srisiya and Thori Ilakas haven't the district coverage however need to focus in all areas because the district coverage is only 52%.

Postpartum:

The supplementation of iron tablet to the post-partum mother among expected pregnancy is 72% district coverage. Six Ilakas (sub districts) out of 12 have met the district coverage and remaining six Bagahi, Bageshwori, Langadi, Nichuta, Sedhwa and Thori haven't met. Similarly, Vitamin A to the post partum mother's district coverage is 74% which is range between 62% and 97%. The five Ilakas have met the district coverage out of twelve rest seven Ilaka name Bageshwori, Langadi, Nichuta, Pakaha, Srisiya and Thori haven't.

Delivery:

The percentage of delivery conducted by health worker among expected pregnancies is 40%. The five Birgunj, Pokhariya, Sedhwa, Srisiya, Thori haven't met the district coverage however, need to focus and increase institutional delivery in all health facilities.

ANNEX 12: NEPAL HMIS DATA FINDINGS OF FY'066/67 (SEPTEMBER 2010)
SUNSARI, PARSА AND BARА DISTRICTS

In overall, orderly Thori, Bishrampur, Pakaha, Bageshwori and Nichuta areas have to need more focus to increase all most all low coverage indicators.

Bara District

Health facility / Indicator	Immunization						ANC		Delivered conducted by SBA at		Delivered conducted by other than SBA at		PNC		Iron Tab during pregnant women		% of postpartum mothers receiving		Iron Compliance (225 tab)	Sub-Standard	Priority	
	BCG	DPT3	Polio3	Measles	TT2	TT2+	1st Visit	4th Visit	HF	Home	HF	Home	1st PNC	Neonatal first time check-up	De-worming receive	New	Repeated	Iron Tabs				Vit "A"
District Total	103%	97%	93%	95%	45%	40%	95%	54%	9%	9%	3%	33%	54%	57%	82%	112%	124%	74%	72%	49%		
Simara PHC	98%	140%	86%	92%	28%	40%	72%	48%	2%	2%	0%	12%	35%	32%	64%	95%	120%	74%	72%	37%	19	HP
Nijgadh PHC	100%	110%	110%	111%	57%	73%	139%	100%	32%	9%	8%	11%	60%	76%	108%	192%	167%	76%	76%	57%	2	LP
Ganjaphawanipur PHC	106%	104%	104%	102%	58%	32%	86%	48%	1%	9%	2%	22%	44%	43%	77%	79%	182%	47%	48%	36%	15	HP
Rampur HP	91%	78%	78%	84%	42%	45%	66%	42%	2%	21%	1%	14%	45%	43%	66%	126%	89%	84%	83%	36%	18	HP
Rampurwa HP	86%	74%	74%	85%	40%	19%	113%	70%	1%	5%	0%	54%	60%	71%	95%	99%	241%	73%	73%	74%	12	HP
Gadahal HP	84%	71%	77%	79%	28%	33%	67%	28%	1%	3%	2%	33%	50%	51%	84%	92%	126%	57%	55%	28%	20	HP
Simraungadh HP	109%	108%	117%	88%	64%	65%	125%	64%	1%	13%	5%	68%	94%	99%	111%	132%	71%	102%	102%	70%	4	LP
Kawahi Goth HP	115%	99%	100%	92%	105%	39%	122%	36%	2%	18%	22%	81%	95%	85%	118%	126%	163%	109%	100%	33%	5	LP
Bhodaha HP	94%	78%	80%	89%	32%	22%	71%	31%	0%	3%	0%	15%	30%	38%	44%	91%	102%	74%	64%	23%	22	HP
Pheta HP	92%	77%	81%	70%	30%	32%	87%	32%	0%	16%	0%	17%	40%	39%	58%	97%	82%	45%	47%	29%	22	HP
Bariyarpur HP	123%	101%	101%	99%	54%	28%	114%	77%	4%	16%	12%	93%	84%	103%	87%	133%	184%	97%	99%	82%	2	LP
Parsauni HP	104%	80%	81%	105%	51%	31%	99%	71%	1%	6%	4%	47%	63%	72%	95%	123%	152%	88%	84%	30%	7	LP
Haraiya HP	87%	89%	89%	98%	33%	37%	81%	68%	3%	15%	0%	22%	46%	51%	78%	95%	231%	62%	61%	56%	18	HP
Chyutaha HP	130%	117%	122%	132%	47%	91%	94%	72%	0%	8%	1%	57%	86%	74%	86%	117%	153%	95%	99%	49%	5	LP
Hardiya PHC	111%	113%	115%	135%	55%	70%	75%	57%	6%	10%	7%	52%	63%	77%	113%	149%	64%	114%	102%	68%	4	LP
Sub-Standard	7	7	8	8	7	9	9	7	14	7	9	8	7	7	6	7	4	7	6	8		
Priority	P	P	P	P	P	HP	HP	P	HP	P	HP	P	P	P	LP	P	LP	P	LP	P		

ANNEX 12: NEPAL HMIS DATA FINDINGS OF FY'066/67 (SEPTEMBER 2010)
SUNSARI, PARSA AND BARA DISTRICTS

The data is analysis from HMIS data of Bara district from the Nepali months of Shrawan 2066 to Asar 2067 (FY'066/67).

Findings:

- Eight Ilakas have been found to need more attention; the remaining seven Ilaka are less a priority (see table below).
- Similarly, four indicators (TT2+; 1st ANC visit; Facility delivery by SBA; and Facility delivery conducted by non-SBA) are in high priority and thirteen indicators are in priority level and rest four indicators are in less priority level.
- Two health facilities have only met one indicator out of twenty-three indicators in district level coverage.

The Ilaka wise division priority based on district coverage:

High Priority	Less Priority
1. Simara PHC	1. Nijgadh PHC
2. Ganjabhawanipur PHC	2. Simraungadh HP
3. Rampur HP	3. KawahiGoth HP
4. Rampurwa HP	4. Bariyarpur HP
5. Gadahal HP	5. Parsauni HP
6. Bhodaha HP	6. Chyutaha HP
7. Pheta HP	7. Hardiya PHC
8. Haraiya HP	

The indicator categories are division based on district coverage:

High priority indicator	Priority indicator	Less priority
1. TT2+	1. BCG	1. Deworming received by Pregnant women
2. 1 st ANC visit	2. DPT	2. Iron tab during pregnant women (repeated)
3. Facility delivery conducted by SBA	3. Polio 3	3. Vitamin A during postpartum period
4. Facility delivery conducted by non-SBA	4. Measles	
	5. TT2	
	6. 4 th ANC visit	
	7. Delivered conducted by SBA at home	
	8. Delivered conducted by other than SBA at home	
	9. 1 st PNC visit	
	10. Neonatal first time check-up	
	11. Iron tab during new pregnant women	
	12. Iron tab during postpartum mother	
	13. Iron compliance (225 tab)	

MDG Success Stories:

Pregnant women Group approach reducing maternal, infant and neonatal deaths in Bara, Parsa and Sunsari districts of Nepal

Key Highlights

- ▶ There was a 50–60 percent statistically significant reduction in the maternal, infant, neonatal, and early neonatal mortality rates over a 2-year period (2004-2006) in members of PWG compared to non-members in Bara District, Nepal.

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

P value is <0.0001 in all cases except in MMR is <0.02.

- ▶ The self monitoring of service utilization on the behavioural map by pregnant women in a group motivates them to utilization of services by peer pressure.
- ▶ The simultaneous empowerment of Pregnant Women Groups and the upgrading of the health facilities, both linked to the monthly data analysis and planning meetings at local levels, was very successful to reduce infant and neonatal mortality rates which ultimately help to progress MDG 4 and 5.

A pregnant women self monitoring utilization of health services during the PWG meeting in Bara, Nepal, 2010



BASIC FACTS ABOUT THE INITIATIVE

- ▶ Country / Region: Nepal / South Asia
- ▶ Title of the initiative/project: Pregnant Women Group Approach to reduce maternal, infant and neonatal deaths / Local Innovation for Better Outcomes for Neonates (LIBON)
- ▶ Implementing agency: Plan Nepal partnership with Ministry of Health and Population, Government of Nepal,
- ▶ Intended outcome and relevant MDG Goals and targets: The intended outcome is to increase skilled birth attendant delivery, ante and post natal visits including newborn check for sustain reduction of new neonatal, infant and maternal mortalities.
- ▶ Specific target groups: Pregnant women and under five children

THE DEVELOPMENT CONTEXT

Nepal's under-five, infant and neonatal mortality rates are 61, 48 and 33 per 1,000 live births, respectively (DHS 2006). Over 80% of women in the Bara District, central Terai region, deliver at home without a skilled birth attendant. In 2001 Plan Nepal began a USAID-funded Child Survival project in partnership with the Nepal Ministry of Health and Population (MOHP) and Non-Governmental Organizations in Bara District to reduce the maternal and under-five child mortality rates in all 98 Village Development Committees (VDC). The impact study of pregnant women group (PWG) approach was conducted in June 2006 and the result was shown in the key highlight box. Plan was awarded a follow-up project, namely, Local Innovation for Better Outcomes of Neonates (LIBON) from USAID to expand this approach in the districts of Sunsari and Parsa of the Eastern and Central Terai respectively. Plan Nepal's LIBON has delivered spectacular results: in the two districts it currently operates in, Sunsari and Parsa. It has reduced infant deaths by 60% and maternal deaths by 50%. In a single year (2009), it was directly responsible for saving 39 lives of the 2799 mothers it reached in Baram Parsa and Sunsari districts of Nepal. LIBON is helping Nepal achieve its Millennium Development Goal in maternal and infant mortality.

PWG - an innovative approach—working through groups of pregnant women (PWGs)—empowers women: not only do they become more knowledgeable but they learn to speak up and demand of their families and the government that they and their newborns get the health services they are entitled to. In a country where women habitually eat last and least, where sanitation is poor, and where 80% of deliveries are at home, that knowledge and that power is life-giving. Another success is the remarkable inclusiveness of PWGs where a traditionally hierarchical society with extreme social discrimination, reaching marginalised groups where MMR and IMR are almost double the national rate and ratios like Dalits¹ and janajati². The composition of PWGs testifies to their ability to reach the previously unreachable: two-thirds are from disadvantaged groups, nearly one-quarter are Dalits¹ and 38% are janajati¹. LIBON has increased equity in health care.

LIBON's approach to empowering PWGs is tailored to the local context. Women are taught to be self-reliant: they monitor their own demand for and utilisation of health services using behavioural mapping, a technique which relies on peer pressure and does not demand women be literate. Given that 64% of PWG members are literate, this provision is crucial. It is equally effective that the main service providers, the ones who provide all-essential health education to pregnant women, are local female community health volunteers (FCHVs) who are part of the government system and who receive technical backstopping from the staff of government sub-health posts, health posts and primary health centres. Besides avoiding the flaws of a parallel system, using existing human resources saves on costs.

Foot note:

1 The so-called untouchables of the Hindu caste system, 2 Indigenous ethnic groups, 1 Dalits constitute 12% of the total population. 1 Janajatis constitute 16% of the total population.





ANALYSIS OF SUCCESS FACTORS

What has worked?

Female Community Health Volunteers (FCHVs) regularly conduct behavioural change communication (BCC) sessions among pregnant women group (PWG) including husbands and mother in laws usually on monthly basis. They use BCC pictorial materials like flip chart and behavioural map on utilization of health services by pregnant women for their self monitoring.

Why it has worked?

PWG approach has worked because:

1. The monthly meeting helps to update knowledge of pregnant women, husband and mother in laws on what to do for mothers and newborns during pregnancy, at birth, after birth and when to seek health services while they saw dangers signs during these periods.
2. There is provision of self monitoring on utilization of services which can be understood even by illiterate persons.
3. Pregnant women tend to change health behaviour and practices through peer pressure.
4. This approach has been integrated with government existing maternal and newborn health and linked with overall development of life of pregnant women.

What challenges have been faced and overcome?

Decision makers like husbands and mother-in-laws were not sensitive to advise pregnant women for seeking proper care of pregnant women, delivered mothers and newborn even after attending BCC sessions by pregnant women only. Therefore, husbands and mother-in-laws have been included in BCC sessions for their better understanding and there is indication that it has worked effectively.

KEY RECOMMENDATIONS FOR SCALING UP

- Analyze factors which need particular attention for scaling up or replication in other contexts

The particular attention for the scaling of pregnant women group approach along with decision makers are:

1. The community should be in a cluster having 8 to 12 pregnant women,
2. There should be facilitators from the community with technical backstop from local health institution staff
3. PWG should be link with government's existing health system.
4. Useful for inclusiveness in a traditionally hierarchical society with extreme social discrimination, reaching marginalised groups
5. Useful for illiterate community
6. Remarkably low price establishing each new PWG group costs not more than two U.S. dollars, and the annual cost of operation is even less.

Note: PWG Summary information of Parsa and Sunsari by May 2010

Districts	# of PWG	# of Pregnant Mothers	Literacy # and percent		Ethnic Group				DAP
			Yes	No	D	J	M	O	
Sunsari	252	1988	907	1081	465	586	0	937	0
Parsa	115	811	93	718	224	459	51	77	2
Total	367	2799	1000	1799	689	1045	51	1014	2
Bara	430		36%	64%	25%	37%	2%	36%	0.01 %
Note:	1 PWG= about 8 pregnant women		D = Dalit	J = Janajati	M =Muslim	O = Other	DAP = Differently Able People		

In case of Bara district 83% (359) PWG out of 430 groups has been done to follow-up.

BOX 1: Anecdotal evidence or interview with individuals Or Other relevant information to supplement the information in the other sections.

1. A paper entitled "Pregnant women group participation and reduction of neonatal and maternal mortality rates" presented at then 36th Annual International Conference on Global Health, Omni Shoreham Hotel, Washington, DC, USA, May 27- May 31, 2009
http://www.globalhealth.org/conference_2009/view_top.php3?id=954 at "D5: Better Beginnings: Improving Neonatal Outcomes / Bhagawan Das Shrestha Presentation"
2. An article entitled "Pregnant Women's Groups and the Impact on Newborn's Mortalities in Bara District, Nepal" published in Nepal Public Health Association (NEPHA)'s newsletter, vol. 1, issue 2, Pg 8, November 2009 and in the Souvenir of Peri-Natal Society of Nepal (PESON) of November 2009
3. An article entitled "Reducing neonatal and infant mortality through women's participation" published in Plan Nepal's quarterly magazine Khabar, Kathmandu, Nepal, in June 2009
4. An article entitled "Empowerment of pregnant women's group" published in Plan Nepal's Khabar, Kathmandu, Nepal in April 2009
5. The NGO Mother and Infant Research Activities (MIRA) declared Plan Nepal's PWG approach as one of the five best health practices in Nepal

ABOUT US

Logo and short description of the organisation



Plan Nepal is a humanitarian, child centred development organization without religious, political or governmental affiliation, serving in the communities of Nepal since 1978 to uplift the situation of children and women from the deprived and marginalized socio-economic groups. Plan's vision is of a world in which all children realize their full potential in societies, which respect people's rights and dignities. Its mission is to achieve lasting improvements in the quality of life of deprived children in developing countries through a process that unites people across cultures and adds meaning and values to their lives. Currently it directly works in 15 districts of Nepal and other 25 districts through various parties. Plan Nepal has scaled up PWG approach in 6 districts. There are 797 functional PWGs in three districts Bara, Parsa and Sunsari districts of Nepal as of May 2010.

