Bal Bachau
(Child Survival in Nepal)

CSXIX Expanded Impact Category
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Annual Report
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List of Abbreviation

AHW	:	Auxiliary Health worker
AICBO	:	Assistant Institutional Capacity Building Officer
ANC	:	Antenatal Clinic
ANM	:	Auxiliary Nurse Midwife
BCC	:	Behavioral Change Communication
CBO	:	Community Based Organization
CDD	:	Control of Diarrheal Disease
CHD	:	Child Health Davison
CHMC	:	Community Health Management Committee
CHS	:	Community Health Specialist
CSHGP	:	Child Survival and Health Grant Program
DEO	:	District Education Office
DHC	:	District Health Coordinator
Dr.	:	Doctor
DT	:	District Team
EDP	:	External Development Partner
FEDO	:	Feminist Dalit organization
FWR	:	Far West Region
HA	:	Health Assistant
HFI	:	Health Facility In-charge
HMIS	:	Health Management Information System
HS	:	Health Supervisor
HSC	:	Health Sector Coordinator
IEC	:	Information Education & Communication
IGA	:	Income Generation Activities
KPC	:	Knowledge Practice and Coverage survey
LMIS	:	Logistic Management Information System
LRP	:	Local Resource Person
M&E	:	Monitoring and Evaluation
MCHW	:	Maternal Child Health Worker
MG	:	Mother Group
MNH	:	Maternal & Neonatal Health
NFE	:	Non- Formal Education
NFHP	:	Nepal Family Health Program
NTAG	:	Nepal Technical Assistance Group
P&AS	:	Partnership and Advocacy Specialist
PAC	:	Project Advisory Committee
PCM	:	Pneumonia Case Management
PD	:	Positive deviances
PHCC	:	Primary Health Care Center
PLWHA	:	People Living with HIV/ AIDS
PM	:	Project Manager

PMT	:	Project Management Team
PSC	:	Partners Selection Committee
PVO	:	Private Volunteer Organization
RBA	:	Right Based Approach
RHD	:	Regional Health Directorate
RM&DS	:	Research Monitoring and Documentation Specialist
SL	:	Saving Loan
STA	:	Senior Technical Advisor
TOT	:	Trainers of Training
TS	:	Training Specialist
VHW	:	Village Health Development Worker

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1. Introduction
1.1 Background

Nepal, a developing country has been making considerable changes in overall development indicators. The human development index (HDI) – per capita income, life expectancy and literacy rate, is found to be progressive i.e. increasing HDI rank from 140 to 136. Currently, life expectancy rate is of 59.7 where as 54 -1992.

Nearly, 40% is found to decrease in infant mortality rates and under-five years' mortality rates to 64/1000 live birth and 91/1000 births, respectively. Substantial improvements in health indicators are due to the implementation of diverse integrated programs at different regions focusing on mothers and children. Yet, far western region (FWR) has low development indicators and high unmet need.

Health indicators, infant mortality rate (IMR) and under 5-mortality rate (U5MR) in particular, stand at 112.2 and 149.2 respectively, which are significantly higher than the national average of 64.4 and 91.2 respectively. The maternal mortality ratio (MMR) is estimated at 539/100,000 live births nationally and is likely to be higher than this in the FWR (MoH 2001).

CARE Nepal, Ministry of Health (MoH) and Social Welfare Council (SWC) are jointly implementing *Bal Bachau* in Far West (Child Survival XIX), a four-year program (Oct '03 – Sept '07), to support health systems in Kanchanpur, Doti, Dadeldhura and Bajhang districts. The project aims at contributing to improve the health of children (under age five) and pregnant and lactating mothers as part of strategy to improve household livelihood security in the four districts. The project has identified three key interventions – pneumonia case management, diarrhea case management and nutrition/micronutrient of Far Western region.

1.2 Program Description by Objective, Intervention and Strategies

The overall goal of the project is to *reduce child and maternal mortality and morbidity* by strengthening community, local, NGO, and MOH capacities in the Far Western Region of Nepal.

The **program objectives** are:

Objective No.1, Access to Services and Supplies: Families have increased access to health education, quality health care services, and essential medicines at the community level.

Objective No.2, Quality of Care: Community level MOH personnel, Female Community Health Volunteers (FCHVs), and other service providers practice appropriate case management of pneumonia and diarrhea, and other key IMCI interventions.

Objective No.3, Behavioral Change: Caregivers of children below five years of age practice healthy behaviors and seek medical care from trained medical providers when needed.

Objective No.4, Building Local Capacities: Local and community-based institutions and local NGOs are strengthened to support child survival activities on a sustainable basis. The project is based on the framework of CB-IMCI, the foundation of child health services adopted by MOH Nepal. Since 1997 MOH is seeking support from various bilateral and multilateral donors in order to expand CB-IMCI coverage throughout the country. CARE Nepal's Child Survival Project is supporting CHD/MOH in the implementation and strengthening of CB-IMCI in four districts of Far West Nepal. The project focuses on increasing community-based management and control of local health services through the coordination of health facility management, workers, and committees, along with other local institutions.

2. Major Accomplishments

Second year, CS XIX attempted to install core priority activity – Community & Household Integrated Management of Childhood Illness (C-IMCI) in all three new program districts (Doti, Dadheldura and Bajhang) in close coordination and collaboration with local health systems. C-IMCI complementary activities – Health Facility Management Committee (HFMC) strengthening program, female community health volunteer (FCHV) strengthening program and mothers group (MGs) extension program were the major focused task accomplished. Furthermore, accomplished activities constitute; multi-sectoral collaboration, linkage building and reaching communities with planned second year DIP activities.

Precarious security situation in nation has substantially affected overall developmental activities. In addition, immediate after Feb 1st Royal proclamation, political situation – protest, rally and strikes are increasing in number and had been aggravating working environment. Recently, there is call of cease-fire by Maoist for three month but the situation hasn't resume of normal state. Still there is fear of intimidation that had suspended almost all development activities in cease-fire as well. Wait and see is the only contingency approach, which have severely hindered CS XIX priority planned works. Therefore, 35% of second year activities as planned are yet to accomplish. Some of CS XIX sincere attempts in accomplishments are mentioned in table no 1 hereunder that is followed by brief description afterwards.

Table no. 1

Project objectives	Key Activities (as outlined in DIP)	Status of Activities	Comments
1. Access to services and supplies: Families have increased sustainable access to quality health care services and essential medicines at the community level.	1. Advocacy activities at district and regional review meetings for continued community-based availability by trained providers of cotrimoxazole, IFA, and SHDK , Vitamin A and deworming once the stock reaches below EOP. 2. Link FCHV with MOH HP/SHP through coordination for continued restocking	1. The monitoring and survey findings of program are discussed in regional as well as district PAC to address identified pertinent issues. 2. Health matters are regularly discussed in monthly staff meeting (DHO) to take corrective action promptly. 3. FCHV restocking at Kanchanpur district is good and procedure are institutionalized but in other three district training to FCHV is in process and the restocking lobbying is underway to local government and health system.	1. Although monitoring and survey findings of program are discussed but the coverage is not to the expected level (due insecurity to move over remote hamlets. 2. Absence of local government body in VDC executive pose problem to explore support in for of FCHV.
2. Behavioral Change: Caregivers of children under 5 years practice healthy behaviors and seek medical care from trained source when needed	1. Continued training & support to FCHVs for continued health education to mothers through mothers' groups on the importance of: • exclusive breastfeeding • treatment seeking for common childhood illness • key signs of pneumonia • continued breastfeeding and fluid consumption during episodes of sickness • use of ORS to prevent dehydration • IFA supplementation & Iron rich food during pregnancy • complete immunization • safe delivery & SDHK • deworming for children • use of iodized salt • hygiene and hand washing practices 2. Training of HP/SHP out reach workers (VHW/MCHW) on above-noted topics 3. Training of local NGO/FCHV CC staff on above-mentioned topics, to provide support for community-based education by FCHVs and mothers' groups 4. BCC activities with mothers' groups and community level, local resource person (persons of influence	1. FCHVs of the project districts are reached regularly by the partners, project staff and DHO with different means – visit, review meeting (1/2month), day celebration and FCHV – CC. And during this visit we review and update their knowledge and skill on mentioned topic. Furthermore, project ponders to reach mothers who are not the mothers' group member by FCHV. 2. Interaction workshop between positive behavior practicing person and non – positive behavior practicing persons were conducted for eg: nutritious children babies mother and malnourished children mother, mother in law & husband etc.	1. Although the visit programs are regular but the supervision and monitoring at their site is minimal hence, quality assurance procedures are not satisfactory.

Project objectives	Key Activities (as outlined in DIP)	Status of Activities	Comments
	including husbands, in-laws, traditional healers, etc.)		
3. **Quality of care:** Community level MOH personnel, FCHVs, and other service providers practice appropriate case management of pneumonia and diarrhea, and other key IMCI intervention areas	1. Training of DHO, Health Post/Sub health post staff on CB- IMCI, (PCM, CDD, micronutrients etc.) and reporting methods 2. Skills training for DHO, HP, SHP staff for supportive supervision. 3. Training of FCHVs on CB-IMCI to improve their skills on PCM and CDD management 4. Training of FCHVs in the use of reporting tools & methods.	1. CB – IMCI training of district level training – Clinical & supervisors to district officers and management training has been accomplished. 2. Monitoring and evaluation (M&E) workshop with the project district DHO has been accomplished and developed integrated checklist and conducts supportive supervision in a planned way. 3. Community level training – VHW/MCHW has also been accomplished but FCHV training at project districts is ongoing state.	
4. **Local capacity building and cross cutting strategies:** Local and community-based institutions and local NGOs are strengthened with capacity to support CS activities on a sustainable basis	1. Support training of FCHV-CC for developing them as NGO's 2. Support for developing functional linkages for FCHVs with VDC & other HFMCs . 3. Train NGOs on planning and monitoring processes & CS related technical interventions 4. Train multiple partners in use of monitoring tools and data feedback. 5. Train mothers' groups in S/L and income generating activities in Kanchanpur 6. Cross visits for mothers' groups, FCHV MOH and local partners 7. Training for HFMC for strengthening CDP programs & health facility management 8. Training for various level community institutions i.e., mother's groups, –FCHV-CC on social analysis (Reflect model) and decentralization/governance/empowerment (power package)	1. To date four FCHV – CC of Kanchanpur district has been registered as CBOs. 2. FCHVs are executive member of HFMC and calls VDCs person when required at their regular monthly meeting. 3. NGOs and multiple partners are trained in monitoring and evaluation system and meets regularly monthly to discuss on identified issues. 4. Mothers' groups 163 have been trained in S/L and income generation. 5. FCHVs of the project districts were taken in cross visits to Kanchanpur to cross fertilize learning and experience. 6. Refresher review meeting of Community Health Management Committee - CHMC (CDP program committee) of 19 facilities is accomplished. 7. DABI – Reflect model has been installed in all four districts for health advocacy.	
Objective # 5 ; **Mainstreaming and Advocacy** Lessons learnt to be documented & disseminated for advocating at regional and national level for mainstreaming of lessons learnt			

2.1 Project Advisory Committee formation and regular meeting

A project advisory committee (PAC) has been formed at regional and district level. The PAC is formed with the purpose to contribute in the project monitoring and provide meaningful guidance and evaluate the process of implementation and monitor the progress. The committee's role is to give strategic feedback in overall program, link/coordinate available local resources for synergistic impact and most importantly, take ownership and accountability of program during and beyond the project period. A regional and district advisory committee at all project district has been formed and they meet at every six month for updates, review and discuss on progress. (Annex i)

2.2 CB-IMCI implementation at CS districts

Children under 5 years of age in Nepal die mainly of preventable diseases, including combination of pneumonia, diarrhea, measles and malaria, which are aggravated by malnutrition. To date, complaints driven treatment approach have been in practice at local health outlets (PHCC, HP, SHP and ORC). As a result, large numbers of cases go undetected if patients visiting the health facility for treatment do not report the complaints. After the implementation of IMCI, however, Health Workers have started to deal with childhood illnesses in an integrated manner. This addresses the risk of leaving out the cases, which have not been reported or complained about. If health workers continue to work hard the FWR may be developed as a region, where IMCI has been practiced successfully.

Maternal and child health worker (MCHW) investigating a child with CB-IMCI protocol
Photo: Dadeldhura team

The clinical training was held at the Seti Zonal Hospital with standard protocol with proven methodology focusing on practical sessions to enhance participants' skills on childhood illness. It was a collective and collaborative effort of DoHS/CHD, FWRHD, D/PHO, CS XIX, NEPAS, Seti Zonal Hospital and Health workers to make IMCI clinical training successful.

Likewise, community level training (management part of IMCI and community health workers/volunteers training) held in respective project districts in collective management of District Health Office (DHO) and CSXIX with a standard protocol and proven teaching learning methodology carved by practical exercises.
227 clinical health workers from Doti, Dadeldhura, Kanchanpur, Bajhang and partner staff have participated in the 12 batches of training conducted so far. Whereas, 885 clinical/community health workers participated in community based IMCI training.

The number of participants per districts in CB-IMCI training is mentioned below.

District	Training type	Status	Batch/ Participant	IMCI Clinical				Community level IMCI training			
				Clinical (MToT)	Clinical	Supervisor	Total	Magt. ToT	2 day Magt	VHW/ MCHW /FCHV	Total
Doti	Clinical	*Completed*	Batch	1	3	1	**5**				
			DHO (HA, SN, AHW & ANM)	7	49	6	**62**				
			Partners/CS	1	11	3	**15**				
	Community	C	HA, SN, AHW & ANM					16	72	-	**88**
		C	VHW/MCHW					-	-	90	**90**
		O	FCHV					-	-	172	**172**
Dadeldhura	Clinical	*Completed*	Batch	1	2	1	**4**				
			DHO (HA, SN, AHW & ANM)	-	41	6	**47**				
			Partners/CS	-	6	2	**8**				
	Community	C	HA, SN, AHW & ANM					10	51	-	**61**
		C	VHW/MCHW					-	-	37	**37**
		O	FCHV					-	-	322	**322**
Bajhang	Clinical	*Completed*	Batch	1	3	1	**5**				
			DHO (HA, SN, AHW & ANM)	11	51	6	**68**				
			Partners/CS	-	4	-	**4**				
	Community	C	HA, SN, AHW & ANM					12	28	-	**40**
		C	VHW/MCHW					-	-	75	**75**
		P	FCHV					-	-	-	**-**
Kanchanpur	Clinical	*Completed*	Batch	-	1	-	**1**				
			DHO (HA, SN, AHW & ANM)	-	20	-	**20**				
			Partners/CS	1	2	1	**4**				
Grand Total				20	184	24	228	38	151	696	885

Note: Training status; C – Completed, O – Ongoing and P – Planned

2.3 Joint review meeting with local partners

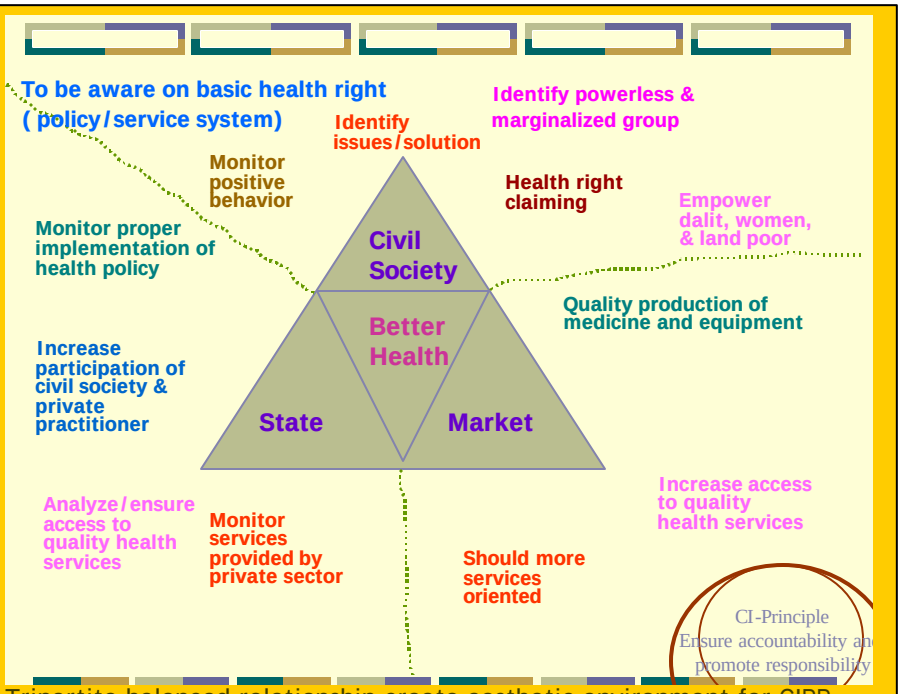
One-year (June'04 – July '05) accomplishments of partners and the project were reviewed in Doti and Dadeldhura in a three-day meeting attended by program staff and representatives from the partner organizations. The meeting discussed the progress updates, organizational strengths and the implementation challenges to develop mutuality in relationship and interdependence.

The meeting developed an operational hand kit to help program-implementing partners understand their roles, responsibilities and the deadlines they were required to meet. Preparation of the kit, as partners said, was the most important part of the meeting. The meeting also tabled an action plan to further enhance partnership spirit in the realm of organizational development.

2.4 Adherence to CARE's Programming Principles (CPP); A thematic workshop of all CS XIX staff

CARE Nepal regularly monitors its overall programming approach, strategies and activities alienation to its Programming Principles (CPP) as progressive process of programmatic shift – need based to rights based approach. Similarly, CS XIX step ahead and evaluated its objective, strategies and activities adherence to CPP in its regular all staff meeting/workshop. The workshop found that, CS XIX is guided by the aspirations of the local communities and pursue its mission with both excellence and compassion because the people it serves deserve nothing less.

Forty-seven participants took part in the review meeting held in April in Kanchanpur. The participants included CS XIX project staff, project managers and team leaders from CARE's other projects and senior officials from the country office. The participants shared their valuable thoughts to broaden programming principles in projects and beyond.



Tripartite balanced relationship create aesthetic environment for CIPP – Ensure accountability and promote responsibility.

The workshop reviewed with project updates and a series of presentations were made on CS XIX, particularly how the project adhered to CARE's programming principles: Promoting Empowerment, Working with partners, Ensuring Accountability and Promoting Responsibility, Addressing Discrimination, Promoting the non-violent resolution of conflicts and Seeking Sustainable Results (Annex - ii). The presentations cited practical examples and experiences adopted during the course of program implementation. Nonetheless, workshop outlined its area of improvement to shift its state from considerable to strong.

The workshop also expressed condolence and paid tributes to late Robin Needham, Country Director, Gopal Thapa, Driver and Prakash Thapa, House Keeper.

2.5 Local Resource Person (LRP)[1] training and mobilization

Local resource person – coordinator/supporter of FCHVs and mothers' group, is developed in all project districts one per VDC. LRP are trained and mobilized to provide guidance and support to enhance the performance of FCHVs and mothers' group by regularizing monthly meeting. The project dialogued with HFMC to obtain their agreement in taking accountability of mobilization and continuity of local resource person.

Altogether, Kanchanpur district selected 45 LRP i.e. 2 – 3 per VDC and 13 from municipality were selected and trained during January '05. Likewise, Doti district selected 16 LRPs from 16 VDC and trained. Remaining VDC LRP selection and training is in process.

2.6 Inter CARE projects integration workshop

The inter CARE projects/partners integration workshop was held to give momentum on reaching communities in an integrated way. Doti cluster projects/partners; Samaj Sewa Doti (Poverty Reduction Project), Community Development Forum and Equality Development Center (POWER), Red Cross Doti (ASHA) and SOURCE-Nepal & Feminist Dalit Organization (CS XIX) executive chairperson and two program staffs including projects staff participated the workshop. Thematic and activity level integration was the core part of discussion. The sessions were real work 'shop' where the participant shared their experiences, exchanged ideas & learning and articulated future strategic direction with the Silgadhi Declaration.

Silgadhi Declaration
Integration of Doti cluster projects/partners

We agree and commit to work in integrated way to promote efficiency, complementarities and synergy for lasting impact. We work together to promote empowerment, ensure accountability & responsibility for sustainable result through adopting right-based approach.

- Prepare operational guideline
- Prepare and disseminate project/partner briefing paper constituting scope of integration.
- Regularize (bimonthly and biannual) integration coordination meeting and review the accomplishments for betterment.
- Prepare joint action plan (PIE).
- Document and disseminate progress and promising learning/practices (both positive and negative) and use them as guiding paper to frame upcoming programs.
- Develop integration strategy paper based on successive experience of six months time.

"*Duplication is syndrome in development field hence on behalf of DDC I would like to appreciate CARE-Nepal start of integration within inter CARE projects/partners which could be the start that has to be scale-up further*" said in closing remarks of workshop by Local Development Officer.

[1] LRP is local resource person or to say coordinator/supporter of FCHVs and mothers groups, selected one per VDC from FCHVs and potential mothers group members.

2.7 Staff Capacity Building

The CS XIX staffs' members have been provided with several opportunities to build their capacity within and outside the country. Training Specialist (TS) accompanied with CARE RBA core team in a "RBA and Advocacy learning visit to India", 15 – 25th December '04. Learning visits provided greater exposure to enhance RBA, advocacy, governance and empowerment mindset and strategically design overall programmatic shift towards Right Based Approach. Following this visit, Research Monitoring and Documentation Specialist (RMDS) had also participated EPI – INFO regional workshop, 18 – 22nd April 2005, at Uganda organized by CORE Group and Makerere University, Kampala, Uganda. The both candidate has bye-in exceptional learning and they had been contributing their skill in facilitating the right-based approach initiative and monitoring and evaluation.

Recently, EIP –Info program has been used in lot quality assurance survey (LQAS) questionnaire design and analysis program. Furthermore, varies trainings – conflict management, risk management and HIV/AIDS district planning workshop/training were attended by few but representative staff. There were also number of training organized for CS XIX staffs and partners which are described below;

2.7.1 Rights Based Approach training

The training primarily covered – analysis of fundamental human rights its components in context of social structure, practical process of rights establishments with evidence based advocacy and issues identification & advocacy. The training sensitized participants to transform working approach and strategy both at individual and project level. Furthermore, prospective scope of RBA and its contribution in poverty alleviation and promoting social justices were realized leading to the commitment to think and act through RBA.

Almost all staff (45 in number) of CS XIX has been trained in Right based approach. It has happened "miracle" that project and partners staff mind set and working approach had been changed drastically. It was made possible in a REFLECT (locally named DABI – in English claim) training that blended the theoretical prospective of RBA with the practical experiences. To specify, a staff says – "*policy, rules, regulations and documents are for people not people for the implementation. Thus, people are sovereign and they have right to review/erase those documents which are not in favor of them*".

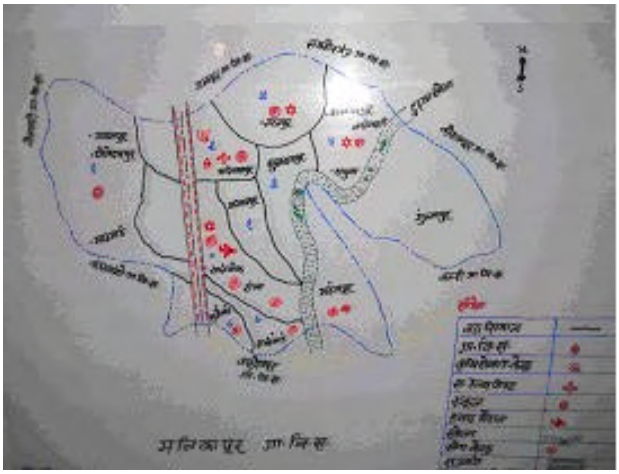
2.7.2 Performance Management Training

Performance management training workshop, held during November '04, covered human resource development issues, reviewed and recommended to make required changes in current performance management. The training workshop oriented CS XIX

management level staff (total 10 in numbers) that have supervisory and leadership responsibility.

2.7.3 Lot Quality Assurance Sampling Survey (LQAS) Training

The training imparted knowledge, skill and hand on experience to conduct effective LQAS survey to district health supervisors, partner and project staffs. Altogether 46 – DHO, 18 – Partners and project – 26 participated in training. Prime objective of training was to transfer skill and build capacity of DHO and partner organization to conduct valid and quality monitoring during and beyond the project period. To date, for practical purpose one survey had been conducted at four VDCs of each district. The results of survey were presented with complete analysis, action plan and feedback to the concerned organization in presence of District Health officials.



Where to find the respondents? – Map could be the best and only answer. Map prepared during LQAS training and survey.
Photo: RMDS

2.7.4 Behavioral Communication Change (BCC) training workshop

District Health officials and district team of Kanchanpur with few selected project staffs - specialist, DHC, AICBO & 1 HS were trained in the concept, scope and application of BCC in CS XIX project. This workshop covered BCC methodology, perceived barrier, BCC matrix, interpersonal communication skills, formative research, trial of improved practices (TIPS), and prepare a draft of BCC strategy. Practically, the workshop primarily focused to facilitate behavioral change process in community with potential local institution such as mother groups, FCHVs, HFMC and VDC.

The workshop followed with formulation of BCC strategy in reference to TIPS behavior survey in joint initiation of DHO and the project. The strategy is now in process of implementation and its results are yet to evaluated. However, monitoring results are quite optimistic and encouraging that we are in line of progress. Obviously, the overall process and the strategy are also being implemented in other districts as well. And with the results the strategy will be scale up across the FWR district in joint collaboration of FWRHD and respective D/PHO.

2.8 National program and Day Celebration

2.8.1 FCHV Day Celebration

Nation declared 1st October as FCHV day celebration based on its new FCHV strategy paper 2004. FCHV's, recognized as ambassador of nation's health, work and their volunteerism was paid tribute nationally. CSP also had been a part of the celebration and honored volunteerism by organizing felicitation program at respective project districts.

2.8.2 National Vitamin A Day

The staff extended their resource potential to make the Vitamin A day success in the project districts to reach every child aged 6 – 59 months old and 1 – 5 years old children for Vitamin A capsule and deworming tab respectively. This is a complementary to CS XIX activities as stated in DIP.

2.8.3 AIDS Day celebration

District AIDS coordination committee (DACC) – committee of development partners including CS XIX headed by D/PHO at project districts, collectively organized to fight against the stigma and discrimination to HIV/AIDS people. Greater involvement of people living with HIV/AIDS in every social, political and economic activity is reinforced at this day.

Various programs of awareness – rally, friendship football matches, quiz contest and elocution were organized in collaboration with local government, health institution, INGOs and civil society.

2.8.4 Measles Campaign

HMG MoH, nationally organized measles campaign as "second opportunity" for 9 month – 15 years children to develop state of herd immunity and prevent children from measles outbreak. Measles immunization during campaign is children's fundamental health right. CS XIX collaborated with FWRHD and DHO at project districts to increase the coverage. Prior announcement via media, vaccine transportation at district, vaccination support and monitoring were the major areas of contribution made at all project districts.

DHO and CS staff on duties …

2.9 FCHV strengthening program

2.9.1 FCHV Review Meeting

This meeting reviews FCHV's work performance, collects service delivery data, updates knowledge & skill and provides morale encouragement. The meeting is conducted three times per year in lead of health system. CS XIX collaborates with government counterpart D/PHO to achieve desired objective. Furthermore, the project takes this meeting as an opportunity to channels and review FCHV strengthening programs.

2.9.2 Female Community Health Volunteer status updates

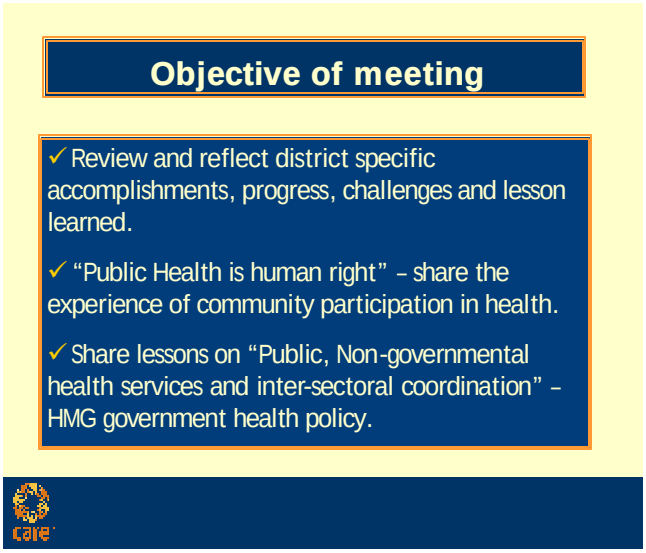
To channel child survival activities directly to community level, the project reviewed the FCHV status and updated their number, training status and progress. The review identified altogether 323 FCHVs are without basic training at the project districts however, they are active in serving their community. This issue has been discussed with RHD and respective DHO and prepared joint action plan to address the issues by the end of the year. To date, FCHV basic training is on process and other minor issues ID card distribution, lobby to local government DDC/VDC to allocate FCHV endowment fund and support FCHV in National program are addressed.

2.9.3 FCHV Reward program

… FCHV rewarding FCHV …

FCHV's volunteerism, hard work, commitment and generosity on health service delivery at community level is recognized and rewarded every year by HMG, which is indeed supported jointly with EDPs (like CARE Nepal). Local community, VDC and health facilities representative represent the evaluation committee which evaluates the contribution and give sincere recognition to FCHV's volunteerism publicly with token of honor. The project supports felicitation program, initiated by D/PHO, DDC and local community. This has contributed a lot to build community cohesiveness and values to the volunteerism leading to enhance FCHV's morale and build trust on FCHV's works in the community.

2.10 Second CS XIX review meeting



CS XIX and Far Western Regional Health Directorate (FWRHD) co-hosted a regional review workshop 22 – 23rd of September '05, to jointly retrospect project progress, share best practices, problem & constraint, suggest & recommend for synergy and jointly reviewed FY '05 program. Participants were from RHD, DHO & community health volunteer - FCHV, partners' organization representative and project staff, came together at this workshop to move forward in solidarity for the betterment of health status of far western region.

Additional Activities specific to project districts

2.11 Doti

2.11.1 School Health Program (SHP)

School health program – district specific initiative, is one of the behavioral communication change (BCC) activities ventured in a multi sectoral approach in collaboration with District Education Office (DEO), DHO, DLAs & CS Doti. The program constitutes – health knowledge transformation, drinking water and sanitation, parent interaction/education, and recreation. The organizations agreed to contribute as per organizational strength and expertise.

To date, preliminary activities – development of concept paper, roles clarification and budget plan has been prepared, which will be implemented from October '05.

2.11.2 Specialized Health Camp in Doti

In every 3 – 4 years, FWRHD organizes specialized health camp in Doti, Bajhang and Dadeldhura district. Health Camp provides specialized gynecological service, major and minor surgery, child and maternal health services and general check up. More than five thousand Doti people benefited.

The project participated in the health camp together with other External Development Partners (EDPs) and contributed in camp management by technically assisting the management part. Along with this, project established IEC stall for health information dissemination. Project disseminated maternal and child health related IEC materials to generate discussion in child health issues in the community.

2.11.3 Pressure group formation, orientation and mobilization

Dalits – referred as a socially backward caste in Nepal are religiously, culturally, socially and economically oppressed. In far western region Dalits population is more than 40% of total national dalit population. Discrimination to dalits – castes from whom water is not accepted and whose touches requires sprinkling of holy water have been a strong social norm practiced in FWR. However, the government clearly mentions discrimination is serious guilt. Thus, dalits discrimination in dalits is their own issues and they have to fight and take leadership on their own issues. Recognizing the fact, the project united Doti dalits homogeneous groups at community to unite their voice for establishment of fundamental human rights – social inclusion, right to leave with dignity socially, economically and culturally by a united group named DABI (in English Claim) – advocacy forum.

To date, there are 12 DABI advocacy groups comprising of 20 – 25 members. All DABI members' meets regularly to discuss on concurrent social and health issues and unite for advocacy. Recognizing socio-cultural transformation as a challenge, whilst advocating social issues, often these groups members increases in number and builds networks between inter pressure groups at different location to amplify the claim. Inclusion of dalits in social, political and economic activities in conventional society is challenge; however, these groups have achieved considerable change in their hamlets.

2.11.4 Health facility reward

Three health facilities (Ladagada, Saraswatinagar and Ghangal) were felicitated by DHO on the basis of FY '05 year performance accomplishments indicators such as target vs achievements, immunization coverage, growth monitoring, conduction of out reach clinic (ORC clinic), ANC coverage and etc. Project primarily supported to analyze the records and reports of health facilities.

2.11.5 FCHV excursion visit

Thirty FCHVs' from 6 VDCs visited Kanchanpur district for learning excursion organized by the project. The visit cross fertilized the learning and experiences. Most importantly, the Doti FCHV primarily brought back lots of learning – to unite volunteers in a form of coordination committee FCHV – CC. And eventually, with their united voice they will replicate the learning to others.

Sorry, I want to take the forum and Share my excursion learning …

Health facility incharge was absent since three months, no body from head quarter comes here to monitor therefore, it always remains closed. Whilst, emergency even a cetamol tab. and first aid is not available and we always remain helpless despite of health facility in two minutes reach. One day, HFI came to prepare attendance for salary. At that time we FCHV's all united and engulfed him to gave pressure – "*you being civil servant getting salary with our tax pay is for us not you for salary and staying absent, from today onwards we will monitor your presence and service delivery, if there is anything not desirable we will unite community against you*". **Bhagyawoti** a FCHV - on excursion visit brought back courage and boldness to be a real citizen and FCHV to ensure the optimum and regular health service at community.

2.12 Dadeldhura

2.12.1 Health Facility Management Committee (HFMC) reformation

HFMC at local health facilities is the ministry's strategic steps towards decentralization in accordance of self-governance act. Equal representation policy of both male and female (4:4) at committee from local community with health facility incharge ensure gender balance and accountability. The project district – Dadeldura worked closely with DDC, DHO and UNICEF in HFMC reformation at five VDCs. In future, project advisory committee is expected to monitor the progress and advocate its impact in regional and national level forums.

2.12.2 Child rights – birth registration, program

Birth registration is the fundamental right of children. However, the registration status records/reports at local government registration unit are less than 5% of total births in FWR. Recognizing this fact, the project piloted birth registration program in four VDCs of Dadeldhura to make government & community accountable on the basis of evidence based advocacy.

Children are identified as prime viable facilitator for birth registration thus; children of school going age are helped to be organized through child's club. In child club, children discuss on birth registration issues, organize awareness raising program at remote hamlets and pressurize guardians, parents and local government body to respect children and their basic rights. Altogether there are 5 child clubs in two VDCs.

Child been used to earn money for herself and family - marketing cooking fuel – Child rights ???

Photo: Sushil Shrestha

In addition to birth registration child club members meets regularly and discuss in child right violation at their community and unites for advocacy to establish their rights. To date, child club members have started to first make themselves as exemplary model by registering their own birth. Yet today, they win to reduce the price of registration from Rs 50 to 15 and increased registration period from 35 to 60 days. Children by themselves engagement in the process has dramatically increase the number of birth registration in the month of Baishak (April/May), however, evaluation is yet to be done is it their initiation or it happened naturally.

In course of time, with substantial output, the program shall replicate in other project districts to contribute child survival issues.

2.13 Kanchanpur

2.13.1 Greater involvement of community in health right – "DABI"

DABI[2] (English Claim) – advocacy forum in support of CS XIX is operating in all VDCs of Kanchanpur. Altogether, 25 DABI center – comprise of homogeneous group (identical caste, class and issues focused target groups), are in operation. All member meets regularly to discuss on issues and unite for action at the local level.

Accepting challenge pays….

In our community there is a belief that if a menstruated "impure" woman drinks cow's milk, the cow stops giving milk. But, few members from DABI and I have challenged the unfounded practice by having cow's milk publicly when I was in my monthly cycle. Thus, we "proved" that it is not the menstruation that makes women impure but it is our social norm that is impure and superstitious. Likewise, many other social cases of quarrels between different parties, domestic violence and social discrimination have been challenged by the DABI group.

- Dabi facilitator, Beldadhi VDC, Kanchanpur

5-day review/refresher training was organized for DABI facilitators to enhance capacity to select/identify local issues, preparing advocacy plan and build network with like-minded stakeholders, media, bar association, and line agencies. Participants were enthusiastic about sharing their endeavors, experiences, challenges and risks with one another to enhance and promote their understanding about prevailed socio-cultural and system related issues of their communities.

2.13.3 Quarterly review meeting with DPHO

The review meeting is organized to oversees overall district health indicators and prepare corrective plan of action. CS Kanchanpur and DPHO collectively organized two review meetings with the participation of all out reach health facility incharges of the district. Meeting reviewed all health indicators in line with the yearly target Vs trend of achievement; inter health facilities progress comparison and sharing best strategies adopted be the different health facilities. Furthermore, the review also evaluated roles of DPHO and External Development Partners (EDPs) including CS XIX in improving the health status of the district.

2.13.4 CB – IMCI review/refresher training

The review/refresher training organized jointly with DPHO and Nepal Family Health Program (NFHP/Kanchanpur). The training collected community health workers/volunteers (CHW/V) service delivery data, refreshed CB – IMCI content & role of CHW/V and replenished required number of logistic/medicine in the health facilities.

[2] DABI – a local name given to REFLECT program so as to make program itself, users friendly and appealing.

2.13.5 Reproductive Health Coordination Committee (RHCC) Secretariat

RHCC is a coordination cell set up with HMG protocol in every district to coordinate Reproductive Health (RH) related activities to maximize synergistic collective effort and result. CS Kanchanpur was approached to take the role of secretariat position in RHCC in rotation basis to channel child survival activities in coordination with RHCC member organizations and thereby facilitate multi – sectoral approach.

2.13.6 Partnership with FCHV – CC

FCHV – CC, a peer but organized volunteer CBO in Kanchanpur, is implementing activities in partnership with the project. Those activities are; neonatal care training, interaction meeting of FCHVs' hushand and mother-in-laws, excursion visits, mothers groups cross visit, wall painting, child health orientation to male members and effective group meeting orientation for MG members. To date, FCHV-CC partnership with CS XIX has given hands on experience, knowledge and skill about institution management, organizing them to grow and to exercise empowerment. There are 21 FCHV-CC currently partnering to implement activities related to community mobilization and empowerment in the districts. Some 4 FCHV-CC has already become CBOs, and other are in the process by demonstrating their strength and confidence. As per their need the project supported them to enhance their knowledge and skill on finance management and proposal writing was felt therefore, the project supported them and provided training to enhance their skill.

Empowerment of FCHVs

FCHV – CC, a forum of FCHVs, was established in Kanchanpur at 1999 with a vision to unite FCHVs as a peer self – help group in health care. Kanchanpur densely populated with more than 350 thousand's has altogether 834 FCHV, i.e. 35 – 50 FCHVs per VDC. Widely dispersed FCHVs are hardly reached by immediate health workers - VHW/MCHW thus, record collection, replenishment of drug and supervision are also not sufficient. Recognizing the need for support, FCHVs themselves united as self help group FCHV – CC and undertook self-learning, record collection and requesting for drug replenishment to establish themselves as first referral point n community. Mobilization and support to mothers groups brought other element of volunteerism in forefront. For this, CSP equipped with saving and loan program that helped with to resolving petty economic needs. Their continuous, rigorous effort is recognized and given honored by DDC, DHO and Municipality. In partnering, they had gain experience and learning to plan activities, monitor, evaluate and most importantly organizational management. In last three years, FCHV – CC has grown rapidly and gained diverse organizational experience that had led to get them registration as CBO under the legal act of social organization.

2.13.7 Postive Deviance/Hearth Pilot Program

Special initiative program – Positive Deviance/Hearth is piloted in Kanchanpur to cross fertilize local but nutritious feeding practices within community people. The program has been implemented in two VDCs (Krishnapur and Tribhuvanbasti) and 2 & 3 no. wards of Mahendranagar municipality. Base line survey was been accomplished in June '05. Consecutively, PD Hearth training for PD facilitators – FCHV (18 in

Care takers and children busy in feeding nutritious food – Snap shot of PD/Hearth (Sajha Chuloo in Nepali)

number) is also completed. PD Hearth sessions are underway. To date, a total of 296 malnourished children has been rehabilitated by 18 PD/Hearth center. However, the change in behavioral practice in child care and feeding practice post PD/Hearth session is yet to be assessed.

2.13.8 Health decentralization policy – an experience of strengthening laboratory facility in local Health Facility

DDC, DPHO and Child Survival, Kanchanpur have had a number of successful experiences contributing to health decentralization process at the community level. One of the experiences has been captured in the box. The final evaluation survey carried out upon completion of CS XV in October 2003 has proven that health decentralization can be gained by HFMC in close support of DDC, DPHO and development organizations. The process leading to the achievements has been given utmost priority to replicate it into the new project districts – Doti, Dadeldhura and Bajhang.

Joint efforts for decentralization pays

A small but regular incident played a crucial role to improve the laboratory health facility in Jimuwa health post in Kanchanpur district. Ghanashyam, a member of the health facility management committee of the Jimuwa Health Post, was the MAN behind it, as the villagers acknowledge it. When in 2002, a small child fell ill (initially fever, and subsequently, loss of appetite and weight) in the neighborhood Ghanashyam sought the help of a traditional healer living nearby. The treatment did not have any effect on the child and the boy started getting weaker day by day. About two weeks later, Ghanashyam and the child's parents took the child to the Jimuwa Health Post. The in-charge there suspected malarial symptoms in the child, but could not say it for sure without testing blood. Since the health post did not have laboratory facility required for tests, he advised them to take the child to Bareli, India, for tests and treatment. The boy's parents took him to Bareli, where doctors confirmed that the baby was suffering from malaria and started treatment. The child was lucky, in that he could get timely treatment and survived. But not many other children his age are as lucky – while some have died for the lack of treatment at home, others succumbed to mysterious illnesses on their way to Bareli or Mahedra Nagar for treatment.

For Ghanashyam, it was too disturbing a thing and he wanted to do something about it. He knew if the local health facility were to be better-equipped many would not have to die, young or old. He then started mobilizing the health facility management committee to lobby for better facilities and equipment support in the health post. His idea to push for increased autonomy of the health post paid off finally with the DPHO and DDC allowing Jimuwa health post set up laboratory facilities defying the government rules, under which community health posts are not supposed to have the lab facilities. The DPHO provided with the lab facilities and the DDC lobbied for the change in health policy. The lab facilities were set up, but the health post lacked trained manpower to run them. The heath facility management committee approached CARE Nepal to step in to fill the gap by providing with a lab technician. All four partners – DPHO, DDC, CARE Nepal and HFMC – were now concerned about the sustainability of the new service available at the facility. They held a series of meetings and agreed on cost recovery scheme by charging subsidized rates/patient to raise money for blood slides collection, the lab technician's monthly salary and for the upkeep of the testing facilities. The joint efforts of Ghanashyam (HFMC), DPHO, DDC and EDPs have had very encouraging results in the days that followed. The people have been able to avail themselves of the lab facilities at subsidized prices and quickly, the health post is better equipped and can take care of the sick immediately. The facility has helped the village people save their hard-earned money and number of lives.

2.13.9 Increasing availability of iodine rich salt – *An attempt made to materialize Cross Sectoral Approach in Health*

Iodine rich salt availability across Nepal and its proper usage is not satisfactory. Therefore private sector involvement to increase accessibility has been welcomed. Final evaluation survey 2002 inferred iodine rich salt consumption and its proper usage rate is less than national average.

In Rampur VDC, the project initiated pilot study on the availability of iodine rich salt and its consumption pattern in partnership with FCHV – CC and private retailers. The survey findings were being shared with the DPHO, the health facilities of Rampur and with the stakeholders. Cross sectoral programming approach (tripartite engagement of market, health institution and community) is being implemented with set of activities targeting to increase consumption of iodine rich salt.

2.13.10 VDC level phase-out

For "*hands off and eyes on*" – phase out process has been initiated at Kanchanpur from two VDCs Krishnapur and Suda. It will continue up-to late third year of project period. Standing on proven experience, community institutions viz. management committee and FCHV-CC are recognized as a potential institution to hand over and promote their accountability on child health activities.

2.13.11 Community Drug Program review meeting

The project supported in collaboration with DPHO & DDC to conduct review meeting on ongoing community drug program to ensure its quality and enhance community ownership to program to take accountability of self management at local level as per its decentralized National policy. Review meeting discussed on the status and challenges of the CDP program and explored possible solution in facilitation of joint venture DPHO, DDD and the project supporters.

2.14 Bajhang

2.14.1 CS XIX program orientation

Bajhang district's CS program started since August '04, with an introductory orientation workshop in presence of invitees – district line agencies representative, civil society organization, political representatives and local communities. The orientation covered – project goal, objective, strategies, target group, working approach and expected output. To reach every nooks and corners of district, the orientation held at two levels – district and community level.

Program orientation gathered community people under the shed of tree (Chautari in Nepali)

Photo: Bajhang team

At two different levels (district and community), project collected valuable opinions of participant. As for example, Line agencies – welcomed program but requested to work in coordination, whereas community – committed to contribute to achieve desired objective, and political leaders – highlighted geographical areas that are in priority need and local communities – showed their optimism to have better health of mother and children.

2.14.2 Partner Selection and orientation

Bajhang selected two local NGO's adopting standard process of CARE – Nepal's partners selection procedure – forming selection committee's that includes district stakeholders, call letter of interest and assess organizational capacities *{a) Institutional/organizational regularity/system/process; b) Individual/organizational skills/experience/expertise}.*

Nepal Red-cross society District office, Bajhang and Bhumidev Jagaran Samitee were two organizations selected. As part of caste diversity promotion one Dalit organization was selected. After the selection, partner members were provided a detail orientation on CARE-Nepal's partnership strategy and CS program. Memorandum of understand (MoU) and terms of reference (TOR) has been signed with partner organization and the program are being implemented tripartite partnership with local NGO, counter part DHO and the project.

3. IMPEDING FACTORS and ACTION TAKEN (Challenges)

Since a decade ago the situation across the Nepal is precarious and serious due to insurgent movement. Recently, there is unilateral call for cease fire for three month by Maoist. Presumably, it was realized that the situation would normalize in course of time. In contrary, it has become more challenging, serious and threatening. Detention and abduction occur unpredictably and unexpectedly. Development works still remain affected. Strategies adopted are minimally effective in conflict transformation and resolution.

FWR and MWR are the most affected areas where the project districts exist. It is well known fact that all works are in conflict vis-à-vis commitment to fight against poverty and improve optimal health of mother and children have became a challenge. Implementation of planned activities at desired timeline are constantly revised hence, are not in order and progress.

3.1 Current security situation at project districts

Nation's security situation is very serious and challenging. All governmental service delivery institutions (partly health) are dysfunctional and thus, centralized at district head quarter. Developmental activities of INGOs (including CS XIX) in collaboration with government counter part and civil society are not in full fledge functioning.

Despite of this situation, the project has done considerable effort to work in conflict in a strategic way. Staff security at field, district and working station is CS prime concern and dealt without any compromise/risk. Conduction of regular meeting, to understand and if required change the working strategy at district and region is proven strategy adopted to build moral and confident to work in conflict. Furthermore, security point person at district and region regularly updates and cautiously implements the program.

In this reporting period, CS XIX has maintained its low profile and visibility at field. CS preparedness and its working strategy are;

CARE security manual is distributed and mission stance regarding conflict is oriented to all staff. Field staffs are given authority to make logical decision on security matters at

any location. Staff is prepared to use "Do No Harm framework" to maintain transparency, impartiality and neutrality. Partnership with local institution and local staff at project/partner organization has decreased the risk. Transparencies in programming and participation of civil society in project implementation and progress review have proved to be successful approach.

Working in conflict is cautious, dynamic and time taking therefore, the work accomplishment as desired is inadequate.

3.2 Absence of local government

Village development committee dissolution during July 2002 and government bureaucracy is functioning its activities through administrative clerk – (secretaries). Threat and intimidation to government representative fear secretaries to stay in working station hence, services like citizenship certificate, revenue collection and postal services at local level are full of challenge and dysfunctional. Consecutively, suspended local election and absence of local representative has posed serious problem in local developmental activities. In many instances, VDC annual budget is under expended.

Village Development Committee (VDC) Chairperson, who is also a chairperson of most of the managing committee such as HFMC & CHMC of health. In addition, agriculture and education local committee is also affected in absence of VDC chair has pose severe problem in developmental program planning, implementation, resource management and evaluation of program. Health facility management committee – (which is one of the appropriate channel to for community cohesiveness) community drug management committee – maintains year round drug availability, and FCHV endowment fund committee including many other committees' are facing problem of resource allocation, making decisions and program evaluation. Likewise, coordination, collaboration and linkage with local networks are also highly affected.

4. Technical Assistance

CS XIX works with the technical assistance of Country office and CARE Atlanta Health unit.

4.1 Mid – term evaluation

CS XIX two successive year is accomplished and the mid – term evaluation is planned for December/January '06 to review project performance in light of logical framework and give appropriate recommendation for next two years. The MTE is planned to be carried out externally, therefore, technical assistance from country office and CARE Atlanta Health unit is required. CARE Atlanta Health Unit together with CARE Nepal/Country Office will take the lead in carrying out the MTE. The project team shall contribute through active participation and provides necessary details during the process of mid – term evaluation.

5. Changes in Program Description and DIP

No significant changes in the program description and DIP have required modification of the Cooperative Agreement.

6. Sustainability Plan

Three components has been identified to sustain in longer term with defined accountable role of stakeholders they are, CB-IMCI service availability – HFMC, FCHV-CC and DHO, service seeking practices in community – community, FCHVs & MGs and regular CB-IMCI drugs availability by means of cost sharing schemes – CHMC and FCHVs. Other elements such as, DABI forum, advocacy and lobby to VDC for health consciousness is mentioned in the plan. Yet today, Kanchanpur has started the process by phasing out two VDCs. And the sustainability plan document is expected to finalize after the MTE findings and recommendations.

7. Specific Information Requisition

No specific information was requested in this reporting period.

8. Program Management System

CS XIX project district are ranged from terrain to mountainous ecological zone. Kanchanpur district falls in terrain where as, other three districts are situated in mountainous range. These districts are linked with highways except Bajhang. Telephones, emails and post mail are means of communication. Altogether, accessibility is nascent hence distance management is adopted for smooth operation of the project activities both at administration and program level.

Project manager leads the project from regional office in Doti. Technical and administrative team of region provides guidance and support to district team to implement planned activities.

In order to maintain consistency in programming and build strong coordination between the districts district team and partners a district meeting is conducted in every district. In district meeting the participant discuss on progress, reviews working strategies, challenges, lesson learned and shares valuable information. Prime concerns are given to security issues, and its challenges. Whereas a project management team (PMT) meeting consisting of DHCs and AICBO from all projects districts is held in the project office (Doti) every 3 months to build the linkage between district team meeting and PMT. Primarily, PMT discuss in project issues, tracks progress alienation to log frame and takes informed decision.

Similarly, project review is done by two channels PAC in every six months and regional review meeting in participation of district teams and stakeholders – DHO, DDC, partners and FCHVs.

8.1 Financial Management

Program implementation, budget expenditure and time lines are barely in synchrony of occurrence in desired schedule. Therefore, time plan and implementation schedule remains frequent postpone and prepone. As a result, budget expenditure as per planned is not meet. The project achieved more than 35 % of expenditure in total time span of 43 %.

Financial procedure in distance management is found to be challenging and time taking. However, authority delegation to DHC for financial transaction, partial settlement of program advances, and monthly support visit to district team from admin & finance team has eased financial management. Quarterly budget review in PMT meeting with individual district budget details – budget burn rate & budget expenditure vs time span sensitizes and monitors project budget. One of the budgets monitoring summary sheet (developed by country office in every quarter) is detailed as following:

Referring to the table no. 2, the expenditure of more than 35% in total time span of 43% in conflict time is remarkable. Financially, project is in strong state, in budget vs expenditure prospective.

Starting Date: 01 October 2003
Ending Date: 30 September 2007
Reporting Period: 01 October 2004 – 30 December 2004
Grant # GHS-A-00-03-00014-00

Table no. 2 Detail description of Budget (Oct '04 – June '05)

S.N	Description	Total Budget	Total expense as of June '05	Budget Balance as of June '05	% Spent
1	Personnel	699,534	223,549	475,985	31.96 %
2	Fringe Benefit	428,355	132,364	295,991	30.96 %
3	Supplies (Tech/logistic/Procurement)	124,030	32,581	91,449	26.27 %
4	Contractual (Baseline)	26,000	27,328	(1,328)	105.11 %
5	Program/Activities cost	655,959	247,751	408,208	37.77 %
6	Operation Cost	101,461	29,840	71,621	29.41 %
	Total Direct Cost (1-6):	2,035,339	729,444	1,305,895	35.84%
7	Indirect Cost	159,367	57,115	102,252	35.84 %
	Total USAID's Cost Sharing	2,194,706	786,560	1,408,146	35.84 %
	Total Matching Fund	731,391	329,899	401,492	45.11 %
	Grand Total	2,926,097	1,116,459	1,809,638	38.16 %

Time elapsed 43.75 %

Total cost sharing

	Total budget	June '05	Balance	% Spent
Total Federal (USAID)	2,194,706	786,560	1,408,146	35.84 %
Total Matching	731,391	329,899	401,492	35.84 %

Grand Total

2,926,097	1,116,459	1,809,638	38.16 %

8.2 Human Resource Management

Project Manager leads the CS XIX project. Regional team is comprised of 3 specialists and admin staffs. Whereas, District team comprise of 5 – 7 health supervisor, one Assistant Institutional Capacity Building Officer and one District Health Coordinator. CS staffs regularly meet at district and region to update their progress assess their current status and recommend taking necessary action for correction. Sufficient exposure at work, yearly performance appraisal and recognition of work performance is done in project on yearly basis.

Staff retention and maintaining staffs' morale at consistent level in remote district has always been challenge and normal. Furthermore, prospective staffs for better career go out. Thus in this reporting year, 1 – DHC left the project, 1 – DHC internally transferred and 1 – AICBO is in LWOP. The vacant position was also fulfilled at earliest.

8.3 Local Partners' Relationship

CS XIX works in partnership with all categories of partners[3] (except institutional partner) namely; counterpart – CHD, FWRHD and DHO, specialist partners (niche National NGOs) – NEPAS, NTAG and IRHDTC and implementing partners – local NGOs and CBOs. Specifically, Kanchanpur CS program is partnered with FCHV – CC.

Advisory committee at every district and regular meeting at every six month to update project progress, joint monitoring & evaluation and recommendation for improvements has facilitated open discussion and strengthen partnership relationship.

8.4 PVO collaboration/coordination in Country office

During the year CARE Nepal Country Office team continued its efforts to strengthening the collaboration and coordination with USAID local mission, Department of Health services (DOHS) and its child health divisions. The regular participation in national level working groups and task force formed by the Child Health Division on IMCI, Nutrition, Community drug program, and FCHV program have been a good opportunity for CSP to exchange the learning with various national level stakeholders, and contributing to national policy and strategy on child health.

The networking and coordination with NGO Coordination Committee, and National Vitamin A Group (NTAG) has allowed CSP to learn and share the experiences in maternal health issues, efforts to address them by various External Development Partners (EDPs) and integrating the distribution of Vit A to CSP working areas which is one of the key areas of Child Survival interventions.

In order to complement the CSP Kanchanpur' in addressing the community' felt need on malaria control, we have continuously discussed and negotiated with Nepal Family Health Program (NFHP), Kathmandu which ahs resulted in their eventual agreement to provide some additional funding for malaria control activities, such as strengthening seven Health facilities for the lab services with the necessary lab equipment and service provider's allowances, training for FCHVs for the preventive measures, case diagnosis, and referral to Health facilities for the control of malaria epidemic. In addition, the NFHP also decided to resume its program in Kanchanpur for the follow ups of past two years program implementation, which has contributed to strengthening the Health facility Operation and Management Committee (HFOMC), which has taken over the management of local health facilities in the district as per the Government's decentralization strategy. The complementary supports by NFHP have been quite helpful for the CSP's gradual phasing out from the district.

[3] Categories of partners – CARE's partnership strategic paper defines four level of partner counterpart as government line agencies, specialist as expert that feeds specialized subject matters, institutional partner as institutionalized relationship for defined period of time and implementing partners as organization namely local NGOs and CBOs involved in implementation of shared objective.

Inter-Project integration is one of CARE Nepal's approaches in the program implementation. The integration with non-health projects in the CSP districts was started last year, which took more momentum during this reporting period. There have been several other projects (POWER, PRP, WATSAN, ASHA, and Ujyalo) in the CSP districts. These projects are about women's empowerment, infrastructure development (includes repair and construction of health facilities, water and sanitation related activities.

The Country Office took initiatives through series of discussions with the project team and other sectoral colleagues to streamline inter-project integration. The CSP took lead in organizing Integration workshop in each CSP districts which was participated by the implementing partners and CARE project's key staff members of the district. The workshops created common understanding among the sectoral teams on the importance of inter-project integration, and worked out joint action plans to be executed in all the districts. Some of the key elements of the joint action plans are identifying the needy Health Facilities for renovation/construction, (e.g adding a separate room for ANC to maintain privacy), providing drinking water and latrines for the Health centers/WATSAN), inclusion of FCHVs and mother's group members in women's empowerment program/POWER), addressing the socio-cultural created discriminations on the basis of caste and class, strong coordination with peace building efforts in CSP areas/Ujyalo). The inert-sector efforts are continued to mobilize the resources for the utmost benefits from the non-health projects to CSP and vice versa.

For Child Survival, the integration with above listed projects has complemented the in meeting the community's immediate felt needs. This has encouraged and motivated them to take the ownership and responsibilities to improve their own conditions and move towards meeting their strategic needs.

As in last year, the efforts to integrate HIV/AIDS related activities in CSP Doti has been continued. The inclusion of HIV/AIDS project under CSP management has allowed the CSP Doti and Regional Office staff building their understanding and capabilities about HIV/AIDS and their roles to address the issue. The HIV AIDS project's principal target are the mothers of young children who have been suspected and diagnosed as HIV positive mainly due to their spouse's working history (migrant workers), which has enabled CSP in reaching out the mothers whose conditions are deteriorating due to the transmission of the HIV AIDS combined with Stigma and Discrimination they are going through in their daily lives. The combined works of CSP and HIV/AIDS in the communities has developed more confidence and trust among the community towards the CSP.

The HIV/AIDS program intervention on building Community Support Groups (CSG), providing VCT, and creating enabling environment for People with HIV through advocacy income generating opportunities to mothers and elder siblings, have

ultimately helped the CSP's target groups in understanding their condition on overall health including the HIV/AIDS and take actions to improve their conditions. An assessment on how specifically the HIV/AIDS intervention in Doti CSP has contributed may be worthwhile for future integrated actions in Child Survival efforts in the rural areas of the country.

9. Mission Collaboration

CSHGP is placing increased emphasis on coordination with USAID Missions and their bilateral programs for improved in-country complementarily of programming. Please describe collaboration with the USAID Mission, particularly related to the role this project plays in contributing to the Mission's overall health objectives. Discuss how the project collaborates with or complements mission bilateral programs. Include information the frequency and nature of interactions with Mission personnel, any joint planning activities with the Mission, and use of project results and lessons learned by the Mission and its partners.

The Child Survival Program has contributed to USAID mission and their bilateral programs in various ways, some of them are described below:

- **Health system Strengthening of the country through IMCI**:
  Implementation of CB-IMCI is one of the major interventions of the MoH. The CSP XIX has made a solid contribution by building the technical capacities of the health facilities in four districts in the remote areas. Particularly the CSP's contributions are in the following areas:
    - o Capacity building of community level health providers (HFs, HFMCs, and FCHVs)
    - o Creation of Community ownership through community mobilization, sensitization on their rights to health care, accessing health services and development of Local resource Persons for future support to the communities
    - o Improving the quality of health care services in the project districts. The percent of case identifications (ARI and CDD) has increased and service utilization has increased remarkably in the project districts. Kanchanpur has been awarded as the best district in the Far Western Region in terms of achieving the expected health indicators. The other three districts are also picking up in terms of improving the health status.

    - o Bringing in multi sectoral development actors closer to the child and maternal health efforts
    - o Initiated the application of Rights based approach in health care, by adapting the inclusiveness approach, and organizing various activities for the community empowerment.

- **Coordination with local mission and its other initiatives**
    - Regular updates on the project progress, done (annual basis). Moreover the interactions are also held with the mission personnel (telephone, e-mails)
    - Vitmin A distribution and measles campaigns in the project areas. The project has contributed greatly in the Vit A distribution, and during the measles campaigns which contributed in increasing the coverage of the Vit A distribution and measles vaccination in the country
    - FCHV strengthening through active participation in strategy review, and modification, celebration of FCHV day and rewarding them. The close work with FCHVs in other districts and as implementing partners in Kanchanpur)has enabled us to know about their capacities and their needs which are communicated to the Family health Division for necessary actions. Our experience while developing a new strategy quite helpful to the Family health Division. Similarly, the FCHVs have also been well organized and taking the roles of change agents in their communities. This is becoming examples for other Development agencies as well as the MoH as well.
    - Meeting with the mission as necessary. Our regular sharing of CSP modality to work in conflict situation has been quite useful for the local mission in reviewing their working modalities and updating themselves.
    - Participation as a member organization in various Working Group formed under the Child Health Department, such as IMCI, CDP, Nutrition, and FCHV (Family health Division) on regular basis and contributing to the review of policies and scaling up the activities. We have been also participating in the mission led annual interaction program on Sustainability and shared our experience in working towards sustainability. Some of the CSP approaches of working in partnership with FCHVs, Health facility management Committees, and Mother's Groups have been identified as means to gear the programs towards sustainability.

- Raising complementarily for CSP**: Several rounds of discussions and joint assessment with local mission and Nepal Family Health Program (which is also funded by USAID) on the need for malaria control activities in Kancanpur district were conducted during the reporting period. This is a complementary activity for the CSP. The result was that the community could now get the long awaited support in controlling the malaria led sickness. The close coordination with NFHP in Kanchanpur has eased the efforts to improving the quality of services and strengthening health service delivery mechanism in the district.**

10. Regional and District Annual Workplans

Bal Bachau in Far West
Kanchanpur, district Office

Program Plan Vs Achievement (Oct 03 – Sept 05)

SN	Activities	Unit	Target	Achiev	Percent	Carry Over	Responsibility	Support Needed	
1	**Existing S/L Mothers Group Strengthening Program**								
1.1	*Strengthening the S/L activity*	Group	834	834	100				
1.1.1	Review of existing S/L activity in MG's	Group	834	834	100		HS	FCHVCC, AICBO	
1.1.2	Selection of 20% of S/L group for strengthening	Group	167	167	100		HS	FCHVCC, AICBO	
1.1.3	Need assessment of the selected mother groups	Eve	167	167	100				
1.1.4	Organize training for identified needs	Eve	167	167	100		HS	DHC, AICBO	
1.1.5	Monitor S/L activity in those groups	Eve	167	167	100		HS	FCHVCC	
1.2	*Strengthening of IGA in MG groups*								
1.2.1	Selection of 10% of mothers group for strengthening	Group	84	84	100		HS	FCHVCC, AICBO	
1.2.2	Need assessment of the group	Eve	84	84	100		HS	FCHVCC, AICBO	
1.2.3	Organize training for identified needs						HS	FCHVCC, AICBO	Effort made to link these activities with some other local NGOs
1.2.4	Monitor IGA of those groups						HS	FCHVCC, AICBO	
1.2.5	Develop IEC health awareness message and mother group cohesiveness e.g. passbook to record S/L.	Eve	1	1	100		DHC	FCHVCC, HS, AICBO	

SN	Activities	Unit	Target	Achiev	Percent	Carry Over	Responsibility	Support Needed	
1.3	*Mothers Group Expansion Program*								
1.3.1	Develop norms for organizing mothers group meeting on rotational basis in different area of ward				100		HS	AICBO	
1.3.2	Develop/implement a mothers behavioral monitoring plan						HS	MDS, PHN	Is done in partnership with FCHVCC
1.3.3	Review and document expansion program						HS	AICBO	
2	**Female Community Health Volunteers**								
2.1	*Strengthening Program*								
2.1.1	Develop FCHV/MG members as resource person (two FCHVCC member and two MG member of every VDC)								
	General ToT for selective FCHV/MG members	Eve	4	4	100		DHC	TS, AICBO, HS	
	Effective group meeting orientation	Gr.	23	23	100		HS	FCHVCC	
	POWER training			Done through POWER			DHC	TS, AICBO, HS	
2.1.2	Selection of new FCHV for drop out FCHV (priority to be given to dalit group)						HS	DPHO	As NFHP are dealing with this activities
2.1.3	Basic training to Drop-out FCHVs	Per.	40				HS	DPHO	NFHP is going to conduct
2.1.4	Excursion visit for FCHVs (including municipality)	FCHVCC	21	21	100		HS	AICBO, DDC & DPHO	
2.1.5	Reward for best FCHV (including municipality)		45	45	100		DHC	AICBO, HS, DPHO	
2.1.6	Support to develop IEC materials such as calendar reflecting health message and FCHV performance	Eve	3	3	100		DHC	TS, CHS	

SN	Activities	Unit	Target	Achiev	Percent	Carry Over	Responsibility	Support Needed	
2.2	*Partnership with FCHVCC*								
2.2.1	Orientation to MG members on effective group meeting	MG	674	674	100		HS	TS, PAS, FCHVCC	
2.2.2	"Power" package orientation to MG member	MG	161	161	100		HS	TS, PAS	
2.2.3	Support on quarterly review meeting (including municipality)	Eve	42	42	100		DHC	DPHO	
2.2.4	Celebration of FCHV day								
	Meeting of FCHVCC representative at district level	Eve	1	1	100		DHC	HS, AICBO, DPHO	
	Support to celebrate October 1st as "FCHV day"	Eve	20	40			HS	HF	
2.3	*FCHVCC strengthening program*								
2.3.1	Selection of potential FCHVCC through capacity assessment tool	CC	5	5	100		AICBO	PAS, MDS, HS	
2.3.2	Develop selected FCHVCC to local NGO	CC	5	5	100				
	Registration, Constitutional and policy development	CC	5	5	100		AICBO	PAS, MDS, HS	
	Linkage workshop with VDC, DDC, DPHO & district level donors org	FCHVCC	26				AICBO	DHC, HS	Will be done only after the phase out of majority of the VDCs
3	**Health Facility Management Committee/CHMC**								
3.1	Monitor HFMC through capacity assessment tool	HF	19	19	100		AICBO	MDS, DHC, HS	
3.2	Account training for Health Facility workers (admin clerk and SHPI)	Eve	2	2	100		AICBO	DHC, DPHO	
3.3	RUD/Dispensing training	eve	4				DHC	TS	Is to other priority work of DPHO
3.4	Exposure visit to HFMC members and DHO focal	Per.	45	45	100		AICBO	DHC, DPHO	

SN	Activities	Unit	Target	Achiev	Percent	Carry Over	Responsibility	Support Needed	
	person								
3.5	IEC material and campaign support	HF/Eve	21	21	100		DHC	TS, DPHO	
4	**Activities with VDC**								
4.1	Initiate to establish FCHV endowment fund in collaboration with VDC	VDC	19				HS	AICBO, DHC	Is still under thought either to do or not.
4.3	Attend VDC council meeting	Eve	40	40	100		HS	DHC, AICBO, VDC	
4.4	Joint monitoring visit of community level health outreach program (ORC/Imm. Clinic & MG meeting) one clinic/month	Clinic	152	152	100		HS	HFMC, FCHVCC	
5	**Activities with DPHO**								
5.1	Facilitate/participate in every quarter of DPHO focal persons meeting (including municipality)	Eve	1	1	100		DHC	MDS	
5.2	Support biannual health facility staff review meeting (including municipality)	Eve	4	4	100		DHC	DPHO	
5.3	Integrated joint monitoring visit including DDC	Eve	2	2	100		DHC	DPHO/DDC	
5.3	Technical support on CDP review meeting	Eve	2	2	100		DHC	DPHO/DDC	
5.4	Support to print out Cash book(Nagadi Kitab), ledger, etc	HF	21	21	100		DHC	DPHO	
5.5	Joint partnership on malaria program	clinics	4	4	100		DHC	DPHO	
5.6	IEC material printing and dissemination						CHS	DHC, LMD	Ongoing
6	**Activities with DDC**								
6.2	Participate in DDC council meeting	Eve	2	2	100		DHC	AICBO	

SN	Activities	Unit	Target	Achiev	Percent	Carry Over	Responsibility	Support Needed	
6.3	Support coordination activities in district level	Eve	2	2	100		DHC	AICBO	
6.4	Support for advocacy activities of WDO and Child welfare committee at district level						DHC	DPHO ,WDO	Merged with the PAC meeting
7	**Nutrition**								
7.1	Organize iron intensification program in partnership with local HFs								
7.1.1	One day orientation for district supervisors	eve	1				DHC	AICBO, HS, DPHO	
7.1.2	One day orientation for Health facility HWs	eve	2				DHC	AICBO, HS, DPHO	
7.1.3	Three days training to community level health workers/volunteers	Per.	875				DHC	AICBO, HS, DPHO	
8	**Positive Deviance (as a OR / Pilot study)**								
8.1	Positive Deviance training for staffs and partners (concept to be clarified)	Event	1	1	100		DHC	CHS, HS	
8.2	Selection of VDC for PD	VDC/Muni	3	3	100		DHC	CHS, HS	
8.5	Positive deviance inquiry/Baseline information collection	Eve	1	1	100		HS	DHC, AICBO	
8.6	Implement PD Session in selected VDCs	ses.	3	3	100				
8.7	Formation of support group committee in volunteer selection	Per.	3	3	100		HS	DHC, AICBO	
8.8	Monitoring of PD hearth program	eve	12	9	75		HS	DHC, AICBO	
9	**Municipality Support program**								
9.1	Maternal and child health services support program	Clinic	7	7	100				

SN	Activities	Unit	Target	Achiev	Percent	Carry Over	Responsibility	Support Needed	
	(equipment, supervision)								
9.2	Interaction W/S for management committee to strengthen clinic management	Clinic	7						
9.3	HMIS Training to municipality health workers(*)	event	1						Planed to be implemented with DPHO
9.4	Exposure visit	event	1						
9.6	Joint monitoring and supervision of clinic	event	42	28	66.67				
10	**Maternal and neonatal health program**								
10.1	Support DPHO to implement MNH related activities as new strategy so as to increase ANC coverage								On going
10.1.1	Training on MNH to HF health workers (refresher)								
10.1.2	Documentation of case studies and BCC examples				100				
10.1.3	Interaction with Mother in-law and husbands	Events	20	20	100				
10.1.4	Maximization in use of IEC materials and conduct other BCC related activities				done				
11	**Integration with existing project**						HSC/PC		
11.1	Develop coordination strategy with POWER and NFHP Project	Event	1	1	100				
11.5	Empowerment training fro Saving and Credit group						TS		
11.6	Finalization of REFLECT package	Events	1	1	100		TS		
11.7	Conduct REFLECT training	Events	1	1	100		AICBO		
11.8	Incorporate FCHVs in IGAs						HS		
							AICBO		
							DP		

SN	Activities	Unit	Target	Achiev	Percent	Carry Over	Responsibility	Support Needed	
11.9	Link savings and loan group with FCHV in their area and provide special priority to them for training and other CS opportunities						DP		
11.1	Link and prioritize FCHV families (Dalit boys and girls and non girls) for scholar scheme of POWER and NFHP Project			On going			TS		
11.11	Analyze the POWER and NFHP training package and incorporate health message into it (access and behavior)			On going through Dabi					
11.12	Develop a integrated 3 days good governance, gender and leadership training			Done during LRP training and POWER training	100 %		DHC	RO, CO	
11.13	Provide integrated training to HFMC members						DHC	RO, CO	
12	**Exit/Phase out plan (hand off eyes open)**						DHC	AICBO, HS, RO, CO	
12.1	Develop VDC categorization criteria and categorize VDCs for phase out			Done	100 %				
12.2	Develop phase-over plan			Developed			TS	PM, Specialists	
12.3	Implement REFLECT model to phase-over VDC			Ongoing			TS	PM, Specialists	
13	**Human Resource Development Activities (CARE Staffs)**						TS	PM, Specialists	
13.1	General ToT						TS	PM, Specialists	Is cancelled
13.2	Project Management						TS	PM, Specialists	
13.3	RBA	Training	1				TS	PM,	

SN	Activities	Unit	Target	Achiev	Percent	Carry Over	Responsibility	Support Needed	
								Specialists	
13.4	PDQ						TS	PM, Specialists	Will be done through NFHP
13.5	LQAS	Eve	1	1	100 %		TS	PM, Specialists	
13.6	DNH/Conflict Management	Eve	1	1	100 %		TS	PM, Specialists	
13.7	POWER	Eve		Covered through POWER			TS	HSC, PM, Specialists	
13.8	REFLECT	Eve	1	Done					
13.9	PD Hearth	Eve	1	Done					
13.10	National/International Exposure visit								

Work Plan (Kanchanpur)

Bal Bachau in Far West

October 05 – September 06

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
A	**District Level Program**																
1	DHO support in supervisors quarterly meetings	Eve	3													DHC	AICBO/HS
2	DHO regular reivew meeting (PHCI, HPI & SHPI)	Eve	3													DHC	AICBO/HS
3	PD/Hearth (Kpur)																
	Implementation of PD/Hearth session	Session	9														
	Monitoring of PD/Hearlth session	eve	27													HS	AICBO/DHC
	Sharing of PD/Hearlth progress	W/S														DHC	AICBO/HS/RMDS
4	DABI (REFLECT) program	Center	25													AICBO	HS/DHC/PAS
5	LQAS survey	Eve	2													HS/DHC/AICBO	RMDS
6	Coordination and Linkage (PAC meeting)	Meeting	3													DHC	AICBO/PAS/PM
7	Advocacy activities in coordination committee; RHCC, DACC etc.	meeting	3													DHC/AICBO	PAS/PM
8	Participate in DDCC council meeting	Eve	1													DHC	AICBO/PAS
B	**Community Level Program**																
9	Review meeting (CDP)	Eve	1													DHC/AICBO	HS/TS
10	HFMC - Re/Capacity assessment	HFMC	23													AICBO/HS	DHC/PAS
	HFMC training																
11	Joint supervision & monitoring	Events	36													DHC/AICBO	HS/RO/CO
12	RUD training	Events	2													DHC/CHS	AICBO/HS
13	Dispensing training	Events	1													DHC/CHS	AICBO/HS
C	**Municipality support program**																

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
15	Municipality clinic management committee interaction W/S	Events	7													AICBO/HS	DHC
16	Municipality basic child health orientation to MG	Events	174													HS/AICBO/DHC	TS
17	Municipality/Dabi excursion visit	Events	1													AICBO	DHC/RO
18	VDC Level Phase out W/S	Events	18													HS/AICBO	DHC
19	Joint monitoring visit of community level health outreach program (ORC/ Imm.CLINIC & MG meeting, one clinic per month)	Clinics	76													HS/AICBO/DHC	RMDS/PM/TS
D	**FCHV Program**																
20	Basic and refresher training	Events	2													DHC	AICBO/TS/HS
21	Reveiw meeting	Events	60													HS	AICBO/DHC
22	Partnership with FCHVCC	FCHVCC	21													AICBO/HS	DHC/PM
23	Reward to best performer FCHV	No	60													HS/AICBO	DHC/RO
24	Excursion visit (Within and inter district)	Events														HS/AICBO	DHC
25	FCHV Day celebration	Events	1													HS	AICBO/DHC
E	**Others (MG and S/L programs)**																
27	BCC joint action plan making	W/S	1													DHC	AICBO
28	Capacity assessment of FCHVCC	FCHVCC	19													AICBO/HS	DHC/PAS
29	Mother group strengthening program															HS/AICBO	DHC
30	Monitoring of Mother Behavior															HS/DHC	RMDS

Work Plan (District), Bajhang

Bal Bachau in Far West

October 05 – September 06

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
1	**General**																
1.6.1	Staff training need assessment	Event	1													DHC/TS	
1.6.3	Develop yearly training plan	Event	1													DHC/AICBO	TS
1.6.4	Implement staff training plan	Events														DHC/AICBO	TS
1.9	District staff monthly meeting	Events	12													DHC	AICBO/PM/Specialist
1.10	Regional management visit	Events	3													PM	DHC
1.11	Technical support visit	Events	3													RO/CO	DHC
2	Sharing progress with district level forum	Events	3													DHC/AICBO	PAS
2.1	**Review CSP,s program in RHCC, DHCC**	Events	2													DHC	AICBO/PM
2.2	Regular meeting of PAC	Events	3													DHC	AICBO
2.3	District council (Jila Parishad) meeting	Event	1													DHC	AICBO
2.4	Informal/ formal meeting coordination with technical monitoring committee of DAO															DHC/AICBO	PM
3	**Development of district profile**																
3.3	Writing district profile	No	1													DHC/AICBO	HS/RMDS
4	**Integration with existing projects**																
4.2	Provide nutrition training to strengthening kitchen gardens activities in 14 VDCs of PRP working area	Events	28													DHC/AICBO	PAS
4..1.1	Develop training curriculum	Event	1													DHC/AICBO	TS
4.1.2	Implement training program															HS/DHC/AICBO	TS
4.4	Incorporate FCHVs in IGAs	VDCs	47													AICBO/HS	DHC/PAS

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
4.5	Linkage 27 saving loan group with FCHVs in their area and provide special prioritize them for training and CS opportunities	VDCs	14													HS	DHC/AICBO
4.6	Link and prioritize FCHVs families (Dalit boys & girls for scholarship scheme	VDCs	47													AICBO/HS	DHC
4.9	Provide integrated training to HFMC members during CDP program	Events	47													HS/AICBO/DHC	TS/PAS
5	**Strengthening of health system**																
5.1	CBIMCI training																
5.1.4	FCHVs first phase 5 days I training	Events	47													DHC/AICBO/HS	TS/PM
5.1.5	FCHVs level 2 phase training 2 days	Events	47													DHC/AICBO/HS	TS/PM
5.1.6	Traditional healer orientation 1 days	Events	10													HS	AICBO/DHC/TS
5.1.7	Yearly one days review/refresher training of all level health worker	Events	12													HS/AICBO/DHC	PM
5.2	CDP training															DHC	TS
5.2.1	District level meeting	Event	1													DHC	TS
5.2.2	Preparation of district plan of action	Event	1													DHC/AICBO/HS	TS
5.2.3	District level orientation	Events	1													DHC/AICBO	TS
5.2.4	Training of trainers	Events	1													DHC/AICBO	TS
5.2.5	Health worker training	Events	12													DHC/AICBO	TS
5.2.6	Community program	VDCs	47													DHC/AICBO	TS
5.2.7	Implementation of program	VDCs	47													HS/DHC/AICBO	TS
5.2.8	Supervision & monitoring	VDCs	47													HS/AICBO	DHC/TS
5.3	HMIS /LMIS training	Event	2													DHC	RMDS
5.3.1	Training for program staff	Event	1													DHC/AICBO	RMDS/TS

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
5.3.2	Training for HF staff	Events	12													DHC/AICBO	RMDS/TS
5.3.3	Training for the community health worker (Including FCHVs)	Events	24													DHC/AICBO	RMDS/TS
6	**FCHVs program strengthening**																
6.1	Discussion with DPHO office on strengthen and weakness of existing FCHVs program district based on BSL and HMIS report	Events	3													DHC/AICBO	TS/RMDS
6.2	Development of activities plan of FCHVs program of strengthening	Events	3													HS/AICBO/DHC	RO
6.3	Basic FCHVs training of new recruit	Events	10													DHC	TS
6.4	Implementation of technical intervention of FCHVs strengthening program	Events	47													HS/AICBO	DHC
6.6	Supervision program for FCHVs	Nos	423													HS/AICBO	DHC
6.7	FCHVs review meeting	Events	3													HS	AICBO/DHC
6.8	FCHV refresher training	Events	234													HS	AICBO/DHC
7	**Working with local NGOs**																
7.1	Develop potential role of NGOs partners in CSP	Event	1													AICBO	DHC/PAS
7.4	Develop partners strengthening program for individual	Nos	2													AICBO/DHC	TS/PAS
7.5	Implementation of partners strengthening program (Yearly review)	Event	1													AICBO/DHC	PAS
7.6	Linkage partners with MoH & national/ international level donors	Events	NA													AICBO/DHC	PAS
8	**Activities with DHO**																
8.1	Facilitate/ participate in every quarter of DHO focal persons meetings	Events	3													DHC	AICBO
8.2	Integrated joint monitoring visit	Times														DHC/AICBO	RMDS
9	**Activity with DDC**																
9.1	Participate and present CSP progress and plan in DDC council	Events	1													DHC	AICBO/PM

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
9.2	Technical support in health coordination activity at district level	Events														DHC/AICBO	RMDS/PAS
10	**Activity with VDCs**																
10.1	Get an agreement from VDCs to established FCHVs endowment fund	No	47													HS/AICBO	DHC/PAS
10.2	Attend regular meeting of VDCs (Quarterly)	Events	141													HS/AICBO/DHC	
10.3	Attend VDCs council meeting	Events	1													HS/AICBO	DHC
10.4	Joint monitoring visit of the community level health out reach clinic program (ORC/Immunization clinic, MGs meeting) 1 clinic/ month	Visit	564													HS/AICBO/DHC	RMDS/TS
11	**Prepare phase out plan**															DHC/AICBo	RMDS/PAS
12	**Human Resource development activities**																
	PDQ	Events	1													DHC	TS
	National/international exposure visit															DHC/TS	PM/HSC

Work Plan (Doti)

Bal Bachau in Far West

October 05 – September 06

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
1	**General**																
1.1	District staff meeting (bimonthly)	Event	6		*		*		*		*		*		*	DHC	AICBO
2	**Monitoring of Project through District Level Forum (i.e. PAC, District Council meeting)**																
2.1	Conduct/ facilitate meeting of disrtrict advisory committee	Times	Biannually		*						*					DHC	AICBO
2.2	Support RHCC/DACCmeeting	Times	Bimonthly		*		*		*		*		*		*	DHC	AICBO
2.3	Briefing CSP program, progress and future plan in district council meeting (Jilla Parishad)	Times	Yearly									*				DHC	AICBO
3	**Work with exisiting health networks**																
3.1	Workshop on Intersectoral collaboration in health with DLA (MSP)	Event	Yearly			*										AICBO	DHC P&AS
3.2	Develop Integarted Action Plan	Event	Yearly			*										AICBO	DHC P&AS
3.3	Joint Progress Review meeting (with DHO)	Event	halfyearly				*						*			AICBO	DHC P&AS
4	**Strngthening health system**																
4.1	**CBIMCI Training**																
4.1.1	District level planning and Orientation 2 days (drop out HF staffs)	Pers							*								
4.1.2	HF level workers trainig (both clinical and management) 9+2 days (drop out HF staffs)	Pers							*							DHC	TS
4.1.3	Basic CBIMCI Trainig to FCHVs first phase 5 days	Pers	426							*						HS	DHC, AICBO
4.1.4	FCHV level second phase 2 days	Pers	650					*				*				HS	DHC, AICBO
4.1.5	Traditional healer Orientation 1 day	Pers	116							*						HS	DHC, AICBO

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
4.1.6	Yearly one day review/refresher training to all level health workers (including community health workers)	Event	1											*		HS	DHC, AICBO
4.2	**Ilaka Level review meeting including PHCI, HPI, SHPI (semiannually) 2 days**	Event	2					*						*		HS	DHC, AICBO
4.3	**HMIS/LMIS Training**																
4.3.1	LMIS Training for Project Staff	Event	1								*						
4.3.2	Training to DHO staff (statistician/medical recorder) on HMIS software	Pers	2+2			*										DHC	AICBO, RM&DS
5	**Supervision and Monitoring**																
5.1	LQAS Survey (biannually)	Event	2		*						*					HS	DHC,AICBO, RM&DS
6	**FCHV Strengthening Program**																
6.1	Identify the number of dropout FCHVs and Plan/conduct training for them (priority to Dalit on replacement)	Pers	172							*						HS	AICBO, DHC, DHO
6.2	Quartrerly review meeting of FCHV (alternately with DHO quarterly review meeting)(content: health messages /orientation development)	Times	3				*				*				*	HS	AICBO, DHC, DHO
6.3	Exposure visit to FCHV/MG	Event	1						*							HS	AICBO, DHC, DHO
6.4	Celebration of FCHV Day	Times	Annually	*												HS	AICBO, DHC, DHO
6.5	Reward for the best FCHV at VDC Level	Times	Annually	*												HS	AICBO, DHC, DHO
6.6	Support FCHV to develop network cell FCHVCC as per demand	FCHV CC	6	*	*											HS	DHC, AICBO
6.7	Capacity Development Training to FCHVCC	Event	1						*								P&AS, RO
7	**Behavioral Change Program**																
7.1	**Interaction workshop between healthy baby and malnourished baby's mothers**	Event	24					*	*							HS	DHC, AICBO
7.2	**School Health Program**																
7.2.1	Orientation Package Development for the															DHC	AICBO, HS

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	Primary/lowersecondary school student																
7.2.2	Identify Child Health Awareness Club	No.	2		*											HS	AICBO, DHC
7.2.3	Orientation to CHAC/School teacher/School management committee	Event	2		*											HS	AICBO, DHC
7.2.4	Review of program progress, problems etc with DDC, DEO, DHO		Ongoing													DHC	AICBO
8	**Working with local partners**																
8.1	**Develop Organisational Workplan (as per the Capacity Assessment Report)**	Event	1			*										AICBO	DHC, P&AS
8.2	**Annual Activity Agreement with Partner Organisations**	Times	Annuall uy	*												AICBO	DHC, P&AS
8.3	**Review meeting with Partner Organisations**	Times	Semian nually		*						*					AICBO	DHC, P&AS
8.4	**Health Facility Management Committee Strengthening**																
8.4.1	Formation and Activation of HFMC with DHO collaboration		Ongoing													HS	AICBO, DHC, DHO
8.4.2	Orientaion on HFMC Management to District staff	Event	1					*								TS	AICBO, DHC, RM&DS
8.4.3	Training to health facility management committee	Event	25						*	*	*	*				AICBO	HS, DHC, TS, DHO
8.4.4	Joint monitoring (DDC, DHO) visit to HFMC (half yearly)		Ongoing													DHC	AICBO
9	**Coordination with DHO**																
9.1	Facilitate/ensure every quarter of DHO focal person meeting	Times	3			*				*				*		DHC	AICBO
9.2	Integrated joint monitoring visit by Regional and Central level		Ongoing													DHC	AICBO
10	**Coordination with DDC**																
10.1	Facilitate in health coordination activities at district level	Times	Ongoing													DHC	AICBO
11	**Coordination with VDC**																
11.1	Get an agreement from VDC to establish FCHV Endowment fund	VDC	4	*	*	*										HS	AICBO, DHC

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
11.2	Update meetings, decisions with VDC and its council	VDC														HS	AICBO, DHC
11.3	Joint monitoring visit of community level health outreach program (ORC/Imm. Clinic and MG meeting) one clinic/month	Clinic		*	*	*	*	*	*	*	*	*	*	*	*	HS	HFMC, FCHVCC
12	**Saving/Loan Program**																
12.1	Support to initiate S/L activities	FCHV CC	As per demand													HS	AICBO, DHC
12.2	Selection of facilitators from VDC	FCHV CC	2/FCHV CC													HS	AICBO, DHC
13	**Maternal and Neonatal Health**																
13.1	Support to ORC Clinic (supplies, Technical support)		Ongoing													HS	AICBO, DHC
13.2	Mobilize HFMC to strenthen ORC		Ongoing													HS	AICBO, DHC
13.3	Awareness creation on ANC coverage, behavioral change against misbeliefs, malpractices (pregnancy, care and Safe delivery practices through LRP)		Ongoing													HS	AICBO, DHC
14	**Staff Development Training**																
14.1	Public Auditing Training to Project staff	Event	1					*								TS	PM, HSC, Spec.
14.2	National/International Exposure visit	Event	1							*						TS	PM, HSC, Spec.
14.3	Creative Writing workshop/training	Event	1										*			TS	PM, HSC
14.4	Case writing skill development training to HS	Event	1									*				RM&DS	PM
15	**Integration with exisitng Project**																
15.1	Incorporate FCHVs in IGAs (linkage with other projects)															HS	AICBO, DHC
15.2	Link Saving and Loan Group with FCHV in their area and provide special priority to them for training and other CS opportunities		Ongoing													HS	AICBO, DHC
15.3	Link and prioritize FCHV families (Dalit boys and girls and non dalit girls) for scholar		Ongoing													HS	AICBO, DHC

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	scheme of POWER, PRP and ASHA Project																
15.4	Analyse the POWER, PRP and ASHA training package and incorporate health messages into it (Access and Behavior)		Ongoing													AICBO	DHC, P&AS
15.5	Develop an Integrated 3 days Good Governance, Gender and Leadership Training (content to be incorporated in the trainig curriculum of HFMC Orientation Training)															TS	AICBO, DHC
15.6	Provide Integrated Training to HFMC members (training contents delivered together with the HFMC Orientation)																
16	**Prepare Phase Out Plan**						*									**DHC, AICBO, HS**	**Regional Team**

CARE Nepal, Child Survival Project II
Far Western Nepal
Dadeldhura

Operational plan of year 3 (October 05 - September 06)

SN	.Activities	Implementor	Unit	Target	October	November	December	January	February	March	April	May	June	July	Aug	Sept	Responsibility	Support needed
1	**LRP development**																	
1.2	Meeting of MG/FCHVCC through LRP: LRP Mobilization community level)	NGO															**HS & NGO CHF**	**AICBO/DHC**
2	**Management**																	
2.1	District level meeting bi-monthly																**DHC**	**AICBO,RO**
2.2	Provision/Movement of Messenger (Monthly)																**AICBO**	**DHC**
3	**Program Monitoring of project through district level forums (Project Advisory, District Council Meetings)**																	
3.1	Regular meeting of PAC/ RHCC	CSP															**DHC**	**PM/DHO**
4	**Working with existing net works (Multi Sector Line Agencies)**																	
4.1	Workshop to explore possible partner to seek complementary support on CBIMCI (District level)	NGO															**NGO & AICBO**	**DHC & PAS**
5	**Strengthening Heath system**																	
5.1	FCHV first phase training/TH/Local leader orientation. Community level)	DHO/CSP															**IMCI FP & HSs**	**DHC/DHO/RO**
5.2	IMCI Orientation to TH																**IMCI FP & HSs**	**DHC/DHO/RO**
5.3	FCHV second phase training (Commnuity Level)	DHO/CSP															**IMCI FP & HSs**	**DHC/DHO/RO**
6	**CDP program**																	
6.1	Explore possibilities of collaboration with UNICEF to implement CDP																**DHC**	**DHO & RO**
7	**FCHV strenthening Program**																	
7.1	FCHV review meeting (one day) (Community Lvel)	DHO/CSP															**HS,AICBO & NGO staff**	**DHC,DHO & RO**

7.2	FCHVs exposure in Kanchanpur (Community) for learning for FCHVCC formation																	**AICBO & HS**	**DHC/DHO/RO**
7.3	FCHVCC formation																		
7.4	Meeting with VDC,FCHV,MG,and other LNGOs,CBOs (Local)	NGO/CSP																**AICBO & HS**	**DHC/DHO/RO**
7.5	Basic Training to dropout FCHV (Community)	DHO/CSP																	
7.6	MG strengthening Program (Illaka Level W/S) (Community)																	**NGO staff & Trained LRP, FCHVCC**	**HS & AICBO**
7.7	Facilitate / Monitor MG meeting (25 % of Total MG)	NGO																**NGO staff & Trained LRP, FCHVCC**	**HS & AICBO**
7.8	Celebration of FCHV day & award to FCHVs (Community)	NGO/DHO																**HS & NGO staff**	**AICBO, DHC & DHO**
7.9	Develop linkage with VDC to establish edowment fund of FCHV for blue cup, cotrim & ORS.																	**HS, local HI staff & NGO staff**	**AICBO, DHC, DHO & DDC**
7.1	Coordination meeting with DEO for NFE class for FCHV/MG (District)	CSP/DEO																**DHC**	
8	**Behavioral Change and Communication**																		
8.1	Interaction between healthy baby mother and unhealthy baby mother (2 and 3 year) three session each year/VDC/Year (Local)	**NGO/CSP**																**NGO staff & HS**	**AICBO, DHC/RO & DHO**
8.2	District level teachers training on C-to-C programme	**CSP**																**DHC**	**RO & DHO/DEO**
8.3	Student training on IMCI message dissemination in community	**DHO/NGO/DEO**																**AICBO & HS**	**DHC, RO & DHO/DEO**
9	**Capacity Building of Local Partners**																		
9.1	Registration of FCHVCC a local CBOs at VDC level.																	**AICBO**	**DHC & HSs**
9.2	Partnership with FCHVCC	CSP																**HSs**	**AICBO,DHC & RO**

9.3	Capacity assessment of FCHVCC	CSP															**HSs**	**AICBO,DHC & RO**
9.4	Participate in DDC/VDC counsil for effective coordination meeting (Local)	CSP/NGO															**AICBO**	**DHC & RO**
9.2	**Local NGO's**																		
9.2.1	Organizational Capacity building training to LNGOs (District)																**AICBO**	**DHC & RO**
9.3	**Health Facilities management Committee**																		
9.3.1	Health Facilities management Committee strengthening training (DTOT)	CSP/DHO															**DHC**	**RO**
9.3.2	Formation/reformation/Reorganize HFMC	DHO/NGO															**HSs, NGO staff**	**DHC**
9.3.3	HFMC stregthening training at local level	DHO/CSP/NGO															**HSs, DHO supervisor & NGO staff**	**DHC & AICBO**
10	**VDC level interaction program for social auditing to organized and led by the HFMC once a year**																		
10.1	Village level interaction meeting once a Year	HFMC/DHO/NGO															**HFIC**	**DHO supervisor, HSs**
10.2	Biannualy Meeting with HF staff (Local)	CSP/DHO															**HSs, AICBO**	**DHC,DHO & RO**
10.3	Prepare Update District Profile including DHO annual report	DHO/CSP															**DHC**	**DHO, RO**
12	**Coordination with DHO**																**DHC**	**RO**
12.1	Integerate joint Monitoring visit by regional and central level																**HSs, AICBO,DHO Supervisor**	**DHC,DHO & RO**
13	**Coordination with DDC**																		
14	**Coordination with VDC**																		
14.1	Attend meeting of VDC (quarterly)																		
17	**Nutrition (Micro Nutrient)**																		

17.1	Joint monitoring visit of community level health outreach program (ORC/ Imm.Clinic, & MG meeting) One clinic / Month (Community)	NGO/DHO/HFMC																**HSs, AICBO,DHO Supervisor**	**DHC,DHO & RO**
17.2	Nutrition (Micro Nutrient)																		
17.3	Support to National Vit."A" Program (Community)	NGO/DHO																**HSs**	**DHC**
17.4	Orientation on Iron suplementation during pregnancy through LRPs /NFE/Teachers (Community)	NGO/DHO																**HSs, AICBO,DHO Supervisor**	**DHC,DHO**
18	**Quality of care**																		
18.1	Demonstration of Iodine Content in Locally available salt by Iodine toolkit (Community)	NGO/DHO																**HSs, AICBO,DHO Supervisor**	**DHC,DHO**
19	**Integration with existing project**																		
19.1	Coordination meeting with ASHA project to get complementary support in health																	**DHC**	**RO,CO**
28 October,2005																			

Work Plan (Regional)

Bal Bachau in Far West

October 05 – September 06

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
1	**Staff Development**																
1.1	Consolidation of staff Development Plan	Plan					III									TS	PM
1.2	Training and Monitoring Plan	Plan					III									TS	PM, Specialist
2.	**Program Management**																
2.1	Regional Annual Implementation Plan	Event	1	I												PM	Specialist
2.2	Develop Individual Operating Plan	IOP	4	III												Specialist, PM	CO
2.3	Regional Program Review Meeting (District Team and Regional team)	Event	3				IV			I			I			PM	Specialist, DT
2.4	Regional support visit to District office	Visit	12	I	I	I	I	I	I	I	I	I	I	I	I	PM, Specialist	DT
3	**Regional Advisory Committee**																
3.1	Regional Advisory Committee meeting	Event	2		I										I	PM	Specialist
3.2	District Advisory Committee Meeting	Event	8		I									I		DT	PM, Specialist
4	**Integration with other projects**																
4.1	Integration meeting with other CARE projects working in same geographical location of CS XIX	Event	1		I											PM	Specialist, CO
	Integration Strategy paper development																
5	**Coordination with Health Stakeholders**																
5.1	*Regional Level*																
5.1.1	Regional quarterly review meeting with RHD	Event	3				IV				II				II	PM	RM&DS
5.1.2	Joint field visit with RHD team	Event	3				II			IV				IV		PM	RM&DS
5.1.3	Regional contact office establishment in RHD premise	Off	1		IV											PM	Specialist
5.2	*Central Level*																

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
5.2.1	Participation in National level MoH committee viz. CDP, Nutrition, IMCI and FCHV		Ongoing													HSC	CHS
5.2.2	Participation in National level I/NGO committee viz. NTAG, NGOCC, Safe motherhood network etc		Ongoing													HSC	CHS
5.2.3	Coordination with INGO and bilateral agencies viz. USAID, CECI, GTZ etc.		Ongoing													HSC	CHS
5.2.4	Coordination with multilateral agencies UNICEF, WHO etc		Ongoing													HSC	CHS
6	**Explore/support for fund raising and complementary activities in CSP program**																
6.1	Work with Johnson & Johnson for complementary projects															HSC	STA
6.2	Explore for complementary projects in MNC and HIV/AIDS															HSC	STA
7.	**Capacity Building**																
7.1	*Development of Curriculum*																
7.1.1	Evidence based advocacy of How Community Based in CB-IMCI Concept paper development preparatory workshop	Event	1				IV									TS	PM, Specialist
7.1.2	Develop concept note on Multisectoral approach application in CB-IMCI	Note	1					II								P&AS	PM, Specialist
8	**Monitoring Plan**																
8.1	*Project Information Management Plan*																
8.1.1	Submit quarterly report on program accomplishments	Report	1			IV			IV			IV			IV	RM&DS	DT, PM, Specialist
8.2	*Health Management Information System*																
8.2.1	Review meeting on Data quality, HMIS and LMIS with RHD and DHO	Event	1						II							RM&DS	PM, Specialist
8.3	*Special operational project (Research/Case study)*																

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
8.3.1	Develop a special study/operational research study project	Project	1		IV											RM&DS	PM, Specialist
8.3.3	Quarterly newsletter (nepali) publication	Times	3					III				II			II	RM&DS	PM, Specialist
8.3.4	Biannual newsletter (English) publication	Times	2					II						II		RM&DS	PM, Specialist
9	**Partnership Program**																
9.1	Re capacity assessment report preparation	Rep	4					III								P&AS	PM, Specialist
9.2	Organizational development training to partner organization	Event	1						II							P&AS	PM, Specialist
10	**Local Capacity Building**																
10.1	*FCHVCC*																
10.1.1	Prepare strategic prospective plan of FCHVCC	Plan	1			IV										P&AS	PM, Specialist
10.2	*Health Facility Management Committee*																
10.2.1	Coordinate and support for HFMC training at Dadeldhura district															TS	DT, CO, PM, Specialist
	Orientation workshop at Dadeldhura DHO		1														
	ToT training to DHO staffs	Event	1														
	VDC level training	Event	20														
10.2.3	Joint monitoring of HFMC training with RHD, NHTC, DDC etc	Event	2													TS	DT, PM
10.2.4	Documentation and Dissemination	Doc							I		II					RM&DS	PM, DT, Specialist
11.	**Health system strengthening**																
11.1	CB-IMCI training																
	Community level training																
	Community level training	Event															
	Community level training	Event															
11.2	*Community Drug Program*																
11.2.1	Facilitate Co-ordinate meeting with RHD,	Event	1					III								PM	Specialist

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	DHO, UNICEF, GTZ, for CDP implementation in collaboration.																
11.2.2	Support Bajhang district office to co-ordinate with LMD/CDP and implement CDP program.															TS	PM, Specialist
	District level CDP orientation program	Event	1														
	VDC level CDP orientation program	Event	3														
	CDP ToT training to DHO and DDC staffs	Event	1														
	CDP training to all DHO staffs	Event	3														
	CDP training at all VDC	Event	47														
	CDP support program		Ongoing														
11.2.3	Joint monitoring with LMD/CDP, DDC, RHD, DHO etc	Event	2													DT	PM, Specialist
11.3	*HMIS/LMIS strengthening program*																
11.3.1	Regional review meeting	Event	2				III						III			PM	Specialist
12	**FCHV strengthening program**																
12.1	District/Regional FCHV based evidence based advocacy		Ongoing													RM&DS	PM, Specialist
12.2	Review meeting of CB-IMCI training	Event	4													TS	PM, Specialist
12.3	Documentation and Dissemination	Doc							I							RM&DS	PM, Specialist
13	**Behavioral communication change**																
13.1	Follow up of BCC activities in Kanchanpur	Event	1				IV									PM	CO
13.2	Documentation and Dissemination	Doc														RM&DS	DT, PM, Specialist
14	**Prepare Phase out plan**																
14.1	Prepare 1st draft of phase out plan of the project	Doc	1				IV									PM	Specialist
15	**Activities with RHD**																
15.1	Semi-annual review meeting	Event	2						IV						III	PM	DT, Specialist
16	**Counter part capacity building**																

SN	Activities	Unit	Target	Timeline												Responsibility	Support Needed
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
16.1	Human resource development															PM	Specialist
16.2	Institutional Development															PM	Specialist

Annex i

Bal Bachau in Far- west
Project Advisory Committee
Scope of Works (SOW)

1. Background:

Bal Bachau in Far -West (Child Survival Project - XIX) hereafter BBFW, is a child survival project designed as "expanded impact category" to expand/replicate the promising lessons learned from Kanchanpur district to other three districts Doti, Dadeldhura and Bajhang of Far Western Region. It aims to support His Majesty's Government's long-term goal to reduce child and maternal mortality and morbidity rate through strengthened community, local organization viz. NGO's, CBO's and district level health institutions. BBFW is literally designed for assistance/supporting organization and work in collaboration with Health System viz. DoHS, Regional Health Directorate, District/Public Health Office, Health Facilities and community level health workers to contribute and increase the accessibility of health service & supplies, ensure the quality of care, and facilitate healthy behavioral change of community.

BBFW attempted to integrate strategies to improve the prevalent morbidity and mortality among children < 5 years of age, figures by adopting CB-IMCI approach (especially management of pneumonia and diarrhoeal diseases) in program areas. The program will assist in developing community systems and processes to improve the community's capacity to take their own health into their own hands.

Key objectives of Bal Bachau in Far West is to assist MOH in implementation of community based integrated management of childhood illness (CB-IMCI) thereby increasing the accessibility of services and supplies, improving the quality of care (in terms of appropriate case management of pneumonia and diarrhea) and facilitate behavioral change of community and practice healthy behavior and seek medical care from trained sources when needed. BBFW works in partnership with local and community level organization to strengthen and support child survival activities on sustainable manner.

Prime intervention areas of BBFW are; pneumonia case management (PCM), Control of Diarrhoeal Disease (CDD) and Micronutrient initiatives (Vitamin A, iron and iodine).

BBFW attempts to coordinate and collaborates with government line agencies especially that have direct/indirect linkage with health program such as DDC, DHO, DAO, DEO, WDO, INGOs and VDC etc. Further, it seeks the local government involvement in overall program and develops multisectoral platform for synergistic impact. For this, it plans to form the Project Advisory Committee (PAC) established in all project and in far-western region that foresees every activities of BBFW there by taking accountability of program and progress achieved.

2. Project Advisory Committee (PAC):

BBFW believes and try to perform its activities with multi-sectoral coordination and collaboration with community's health, these agencies are DHO, DDC, DAO, DEO, WDO, DAO (agri), INGOS, and members from civil society and others as per need. The PAC literally will be responsible or act as regional/district level BBFW program guidance, coordination and monitoring. That oversees overall activities of program from the beginning till the end of the project. It facilitates in developing smooth working environment and creates tremendous opportunities of coordination and collaboration to assimilate the learning of different organization and work in synergy for one another.

3. Purpose:

Bal Bachau in Far West programs collaborates with different development organizations and shares/employs the lessons learnt of different organization and build on it. It believes on more than two set of eyes in overall program design, implementation and evaluation, hence it efforts to collaborates with district as well as regional level government and non government organizations and take part in overall development of district as well as region. For this, a Project Advisory Committee is conceived and that will enhance the project's overall program with valuable guidance and support. Primarily it's objective is of followings;

- To enhance the BBFW program progress with valuable guidance and recommendation.
- To develop a forum to share finding of BBFW achievement and challenges faced.
- To monitor the BBFW program activity and enhance the quality of work.
- To develop ownership of district line agencies on the project interventions.
- To suggest appropriate measures and provide feedback for necessary improvement and replication of best practices into other districts. so that the BBFW program can be steered towards a competitive performance for the benefit of the rural community.

4. Composition and structure of Project Advisory Committee:

There will be two level of Project Advisory Committee one at region and other at district. Both these committee works for the BBFW and are independent bodies, but these will be interlinked with each other but are not of hierarchy protocol. The Advisory Committee will remains as an informal forum to share and exchange ideas, review progress and make the program interventions effective and sustainable.

4.a. Regional Advisory Committee (7-9 member)

1. Chairperson	Regional Directorate	
2. Member	DHO	Kanchanpur
	DHO	Doti
	DHO	Dadeldhura
	DHO	Bajhang
3. Member	CARE- CO representatives (Program Coordinator, Health)	
4. Member	Representatives	2 people from Civil Society (Dalit /Women)
5. Member	i. Invitee, RHTC, Dhangadhi ii. Invitee	
6. Member secretary	PM, Regional Office, CSP	

4.b. District Advisory Committee (7-9 member)

1. Chairperson	District Health Officer, DHO	
2. Member	Representatives	DDC
3. Member	Representative	WDO
4. Member	Representative	DEO
5. Member	Representatives	2 people from Civil Society (Dalit /Women/NGO/CBO)
6. Member	i. Invitee, Partner Organization ii. Invitee	
7. Member	DHO, Child Health Focal Person	
8. Member secretary	DHC, District Office	

Roles and Responsibilities of PAC:

The roles and responsibilities of PAC are as following;

1. Conduct meeting regularly (bi-annually) and update the progress of BBFW.
2. Provide necessary guidance and support to the program.
3. Create opportunities for cross learning across the member organization and explore replication of best practices.
4. Participate in monitoring through field visits, review the progress frequent intervals and provide constructive feedback to the project team.
5. Take accountability of project progress and achievement and weaknesses.
6. Create favorable operating environment for smooth implementation of the intervention.
7. Provide support, contribution during the planning and implementation of project activities as necessary.

Financial and Logistic Support:

The PAC will be treated, as a contributor of BBFW. The nature of their contribution will remains on joint/shared effort to compliment the BBFW in planning, implementation, supervision & monitoring and evaluation of the project activities to meet the goal and objectives of the BBFW. In regard of logistic, during meeting PAC takes lead role in it's operation. Further it also take responsibilities for joint monitoring and supervision of field level activities as well.

Deliverables:

It is expected that both level of PAC will document their initiatives, learning and shares with other committee and to the related stakeholders, if it is needed.

•••

Annex ii

Testing RBA rating scale in CSP II

18th August 2004

Principle: Promote Empowerment

Current Position	Why?	Proposed Position	How?
Considerable	• The project works in partnership with FCHVCC and mothers groups. • Evidence based advocacy is the one of the core strategy of the project. • The project had been advocating its promising lessons to influence FCHV strategic document viz. selection criteria, concept of coordination committee, endowment fund etc. • Collaborates with FCHV coordination committee and provides a significant proportion of its resources to implement community initiative.	**Strong**	• Join different level of alliances and networks that are based on rights movements. • Encourage women and *Dalits* to take lead role in change process • We support FCHV to actively participate in decision-making process. •

Principle: Work with Partners

Current Position	Why?	Proposed Position	How?
Considerable	• The project works with 19 FCHVCC and four local NGOs (among them two are from *Dalits*) • Multisectoral collaboration is the principle of project to improve health status along with economic and social status. • Mission partnership strategy paper has considerably conceptualized and followed in partnership program. • The project jointly assesses partner's institutional capacity and support in institutional development. • The voice of partners is not so strong as project activities are fixed during the design process.	Strong	• Develop partnership with different organizations based on demonstrated action and results. • Involved partners from project designing phase till completion. • Review and updates CARE-Nepal policies based on partnership strategy.

Principle: Ensure Accountability and Promote Responsibilities

Current Position	Why?	Proposed Position	How?
Basic	• Project promoted women empowerment and strengthen the role of women representatives at the local government more accountable and responsive towards the issues of women. • One of the major outcomes is to make service providers more accountable and responsive to the need of women and children. • We share our program and budget to concerns stakes. • Project has prepared entry point and implementation strategy for different districts.	Considerable	• We work with women and *Dalits* to make claims on duty bearers. • We work for pro poor policies and try to get our message across who prefer not to hear the message. • Create forums at different levels where right holders and duty bearers have an opportunity to interact each other. • Ensure involvement of Dalit women and poor in project design process.

Principle: Address Discrimination

Current Position	Why?	Proposed Position	How?
Basic	• The project works with women groups to address marginalization. • The project goals and objectives clearly address discrimination and denial of rights. • Gender and diversity strategy of CARE-Nepal is guiding documents for CSP II	**Strong**	• The project will challenge the power structures that are discriminatory. • We will find out where discrimination is rooted (policy, norms, structure etc.) and proactively work to confront these factors. • Promote public auditing and hearings.

Principle: Non-Violent Resolution of Conflict

Current Position	Why?	Proposed Position	How?
Basic	• The project and partners staffs are oriented in DO No Harm. • Project has developed strategies to work in conflicting situation. • Community level orientations trainings are targeted to rights holder and duty bearers to understand their roles and responsibilities to minimize conflict • We conducted start up workshop to ensure our activities will not create or contribute conflict	**Considerable**	• Promote gender and diversity strategy in staff development and hiring process. • Develop alliances with Human Rights organizations. • Promote public auditing and hearings.

Principle: Seeking Sustainable Results

Current Position	Why?	Proposed Position	How?
Basic	• Project assist project participant to enhance their skill and knowledge through capacity building trainings. • Project attempts to empower partner organizations to take lead in the project implementation. • Project influenced policy makers in favor of women children and *Dalits*. • We have plans to handover the project promising activities to partners	**Considerable**	• Conduct social analysis during design phase of project. • Develop strong policy analysis and feedback mechanism. • Orient project participants on RBA •

Annex iii (Project Data Sheet Updated)

CSHGP Project Data Sheet (Sub Form 1 of 7)

Project: CARE - Nepal (2003 - 2007) - Expanded Impact Project

General Project Information:

Cooperative Agreement Number:	GHS-A-00-03-00014-00
CARE HQ Backstop Person:	Khrist Roy
Project Grant Cycle #:	19
Project Start Date:	9/30/2003
Project End Date:	9/29/2007
USAID Mission Contact Person:	Dharmphal Raman

Project Field Contact Information:

Field Program Manager :

Name:	Ram Sharan Pyakurel
Title:	Bal Bachau
Email:	cspdoti@carenepal.org
Telephone:	094-420518
Additional Project Address Information	
Address:	CARE-DOTI (PN-41 CSP II - Bal Bachau in Far West)REGIONAL OFFICE
City:	Doti
State:	Far Western Province
Postal Code:	-"

Country:	Nepal
Fax:	944-420519

Alternate Field Contact

First Name:	**Last Name:**
Title:	**Email:**
Address1:	**Address2:**
City:	**State:**
Zip Code:	**Country:** Nepal
Telephone:	**Fax:**
Project Web Site:	

Grant Funding Information:

USAID Funding:*(US $)*	**PVO Match:*(US $)***
$2,500,000	$833,378

Project Description:

CARE's Bal Bachau (Child Survival) project's goal is to reduce child and maternal mortality and morbidity.

This a second phase under Expanded Impact Category. The project will work within the framework of IMCI although the main components are pneumonia case management, micronutrients- IFA, Vitamin A, deworming and Iodine Deficiency disorder, control of diarrheal diseases, and maternal and newborn care.

CB-IMCI, health system strengthening, quality assurance through PDQ, strengthening of Community drug program and Behavior Change Communication within BEHAVE framework will be primary technical strategies of the project.

The project will work for strengthening of local capacity by working with health facilities, local NGO/CBO's, coordination committees of Female Community Health Volunteers and enhancing of community ownership of health facilities through strengthened Health Facility Management Committees and local government (VDC/DDC) involvement in community health.

The project will work on cross cutting strategies like - linkages with other line agencies of HMG and stakeholders, focus on disadvantaged (ethnic or low-caste groups), integration with other CARE projects (in line with MSP approach of C-IMCI), promotion of community cohesion (through conduction of do no harm training and use of reflect approach) and focus on gender and child rights issues.

Project Location:
District of Kanchanpur, Doti, Dadeldhura and Bajhang.

Project: CARE - Nepal (2003 - 2007) - Expanded Impact Project

Partner Information: <Help>

Partner Name:
1.

Partner Type:
Select the Partner Type

Project: CARE - Nepal (2003 - 2007) - Expanded Impact Project

Project Location / Subareas:

Does this project collect, monitor and report on Rapid CATCH data for different *geographic* project subareas ?

○ Yes ◉ No

If this is true, click *Yes* and enter each distinct subarea name:
If this is false, click *No*.

Strategies:

The following 3 boxes list different kinds of general strategies, assessment tools and BCC strategies that could be implemented during the life of this CSHGP project.
Please check those boxes that are planned for this project.

General Strategies:	
Microenterprise ☐	Social Marketing ☐
Private Sector Involvement ☐	Advocacy on Health Policy ☑
Strengthen Decentralized Health System ☑	Information System Technologies ☐
Use Sustainability Framework (CSSA) ☐	

M&E Assessment Strategies:	
KPC survey ☑	Health Facility Assessment ☑
Organizational Capacity Assessment with Local partners ☑	Organizational Capacity Assessment for your own PVO ☐
Participatory Rapid Appraisal ☐	Participatory Learning in Action ☑
Lot Quality Assurance Sampling ☑	Appreciative Inquiry-based strategy ☐
Community-based Monitoring Techniques ☐	Participatory Evaluation Techniques(for mid-term or final evaluation) ☑
Use of Pocket PCs or Palm PDA Devices ☐	TB Cohort Analysis ☐

Behavior Change & Communication (BCC) Strategies:	
Social Marketing ☐	Mass Media ☑
Interpersonal Communication ☑	Peer Communication ☑
Support Groups ☑	Use of BEHAVE Framework ☐

Capacity Building:

Please check the box next to each capacity building area or group that is targeted for institutional strengthening during the life of this CSHGP project:

PVO	Non-Govt Partners	Private Sector	Govt	Community
US HQ (General) ☐ US HQ (CS Unit) ☑ Field Office HQ ☑ CS Project Team ☑	PVOs (Int'l./US) ☑ Local NGO ☑ Networked Group ☑ Multilateral ☐	Pharmacists or Drug Vendors ☐ Business ☐ Traditional Healers ☑ Private Providers ☐	National MOH ☑ Dist. Health System ☑ Health Facility Staff ☑ Other National Ministry ☑	Health CBOs ☑ Other CBOs ☑ CHWs ☑ FBOs ☐

Project Interventions & Components:

Enter a percentage representing the amount of funds your project is targeting towards each intervention. If you are not implementing a particular intervention then leave the box blank. On the same line as the intervention percentage, check the boxes indicating whether or not this intervention is part of an overall IMCI strategy and also check the kinds of training (CHW or HF)envisioned for this particular intervention. For each intervention implemented, check the specific intervention components that are planned.

Immunizations ☐ %	IMCI Integration ☐	CHW Training ☐	HF Training ☐
Polio ☐	Classic 6 Vaccines ☐	Vitamin A ☐	
☐			
Cold Chain Strengthening ☐	New Vaccines ☐	Injection Safety ☐	Mobilization ☐
Measles Campaigns ☐	Community Registers ☐		

Nutrition 35 %	IMCI Integration ☑	CHW Training ☑	HF Training ☑
ENA ☐	Gardens ☐	Comp. Feed. from 6 mos. ☑	Hearth ☐
Cont. BF up to 24 mos. ☐	Growth Monitoring ☐	Maternal Nutrition ☑	
Micronutrients %		CHW Training ☐	HF Training ☐
Iodized Salt ☐	Iron Folate in Pregnancy ☐	Zinc (Preventive) ☐	Food Fortification ☐
Pneumonia 35 %	IMCI Integration ☑	CHW Training ☑	HF Training ☑
Pneum. Case Mngmnt. ☑	Case Mngmnt. Counseling ☑	Access to Providers Antibiotics ☐	Recognition of Pneumonia Danger Signs ☑
Zinc ☐	Community based treatment with antibiotics ☐		
Control of Diarrheal Diseases 30 %	IMCI Integration ☑	CHW Training ☑	HF Training ☑
Water/Sanitation ☐	Hand Washing ☑	ORS/Home Fluids ☐	Feeding/Breastfeeding ☑
Care Seeking ☐	Case Mngmnt./Counseling ☑	POU Treatment of water ☐	Zinc ☐
Malaria %	IMCI Integration ☐	CHW Training ☐	HF Training ☐

Training in Malaria CM ☐	Adequate Supply of Malarial Drug ☐	Access to providers and drugs ☐	Antenatal Prevention Treatment ☐
ITN (Bednets) ☐	ITN (Curtains and Other) ☐	Care Seeking, Recog., Compliance ☐	IPT ☐
Community Treatment of Malaria ☐	ACT ☐	Drug Resistance ☐	Environmental Control ☐
Maternal & Newborn Care ☐ %	IMCI Integration ☐	CHW Training ☐	HF Training ☐
Emerg. Obstet. Care ☐	Neonatal Tetanus ☐	Recog. of Danger signs ☐	Newborn Care ☐
Post partum Care ☐	Delay 1st preg Child Spacing ☐	Integr. with Iron & Folate ☐	Normal Delivery Care ☐
Birth Plans ☐	STI Treat. with Antenat. Visit ☐	Home Based LSS ☐	Control of post-partum bleeding ☐
PMTCT of HIV ☐	Emergency Transport ☐		
Child Spacing ☐ %	IMCI Integration ☐	CHW Training ☐	HF Training ☐
Child Spacing Promotion ☐	Pre/Post Natal Serv. Integration ☐		
Breastfeeding ☐ %	IMCI Integration ☐	CHW Training ☐	HF Training ☐

Promote Excl. BF to 6 Months ☐	Intro. or promotion of LAM ☐	Support baby friendly hospital ☐	PMTCT of HIV ☐
HIV/AIDS ☐ %		CHW Training ☐	HF Training ☐
OVC ☐	Treatment of STIs ☐	Behavior Change Strategy ☐	Access/Use of Condoms ☐
STI Treat. with Antenat. Visit ☐	ABC ☐	PMTCT ☐	Nutrition ☐
Home based care ☐	PLWHA ☐	ARVs ☐	HIV Testing ☐

Family Planning & Reproductive Health ☐ %	IMCI Integration ☐	CHW Training ☐	HF Training ☐
Knowledge/Interest ☐	FP Logistics ☐	Community-Based Distribtuion ☐	Social Marketing ☐
Male Reproductive Health ☐	Youth FP Promotion ☐	Quality Care ☐	Human Capacity Development ☐
FP/HIV integration ☐	Maternal/Neonatal Integration ☐	Cost Recovery Schemes ☐	Community Involvment ☐
Access to Methods ☐	Policy ☐		

Tuberculosis ☐ %	IMCI Integration ☐	CHW Training ☐	HF Training ☐
Facility based treatment/DOT ☐	Microscopy ☐	Monitoring/Supervision Surveillance ☐	Community IEC ☐
Drug managment ☐	Advocacy/Policy ☐	Linkages with HIV services ☐	Community based care/DOT ☐

Pediatric TB ☐

Project: CARE - Nepal (2003 - 2007) - Expanded Impact Project

Target Beneficiaries:	
Infants < 12 months:	31,388
Children 12-23 months:	30,321
Children 0-23 months:	61,709
Children 24-59 months:	84,805
Women 15-49 years:	36,280
Population of Target Area:	931,054

Project: CARE - Nepal (2003 - 2007) - Expanded Impact Project

Rapid CATCH Data:

Click on the Red link (under the 'Stage' column) to view / access / update Rapid Catch data for that phase of the project.

If data has already been entered for a particular phase, the date of first entry will appear under the 'Date' column and an 'X' will appear under the 'Entered' column.

Date	Stage	Entered
29-Oct-04	DIP	X
	Mid Term	
	Final Evaluation	