

#  PROPOSAL

#  SAFE MOTHERHOOD INITIATIVE

#  BY THE ESTABLISHMENT OF ANTENATAL CARE CENTERS

#  SARA WELFARE SOCIETY

#  CONTACT PERSON

#  Syed Anwar Hassan

 Program Manager

|  |
| --- |
| **Address:** 51/A, Sadiq Town, Rahim Yar Khan, Punjab Pakistan |
| **Contact Person:** Syed Anwar Hassan **Cell:**+92-316-4442031**Email:** **sws.ryk@gmail.com** |
|  |  |  |

#  Basic Information of Organization

|  |  |
| --- | --- |
| Name of Group/Organization  | Sara Welfare Society |
| Type of Organization (CBO, SMC, PTC, TIG, SG, Other)  | CBO |
| Active/Dormant  | Active |
| Registration Date (if applicable)  | 31 August, 2014 |
| Mailing address | Sara Welfare Society 16-C Sadiq Town Rahim Yar Khan |
| Title of Proposed Project | Safe Motherhood( formation of antenatal care centers) |
| Location of Proposed project: (Province, District, Tehsil, City/Village)  | Rahim Yar Khan |
| Total Budget Requested | (PKR) 5,000,000$ 31250 |
| Project Duration  | 1 year |
| Key Contact for the group/organization; Specify name, position, contact info, CNIC, email ID)  | 1) Snobar Khalid President,03009670247,31303-8281375-8, snobar.ashiq@gmail.com 2) Syed Anwar Ul Hassan , Gen.Sec,03335093915, 31303-7206847-5, kpakistan@gmail.com 3) Abdullah Bin Maqsood Finance Sec, 03016550922, 31303-2349868-3 |
| Year of Establishment  | 2014 |
| Geographic areas | District Rahim Yar Khan, women |
| Is the applicant registered with the government? | Yes Reg #(DO.SW.RYK 93)  |
| Bank Account #  | Sara Welfare Society Bank Of Punjab Adda Gulmerg Branch Rahim Yar Khan Acc# 02280020062340009 IBAN # : PK52bpun2280020062340009 |

# VISION

A life of freedom, justice and dignity for everyone regardless race, ethnicity, sex, free of violence and human rights abuses.

# MISSION

 Working together for socio- economic development to the target societies through the strengthening their capacity and the implementation of the programs and humanitarian and protection interventions with participatory approach to all levels of community to defeat poverty, ignorance and reach prosperous with stability and protective environment.

# GOAL

To empower the marginalized sectors of society through peaceful struggle for pro- people and community development.

# AIMS AND OBJECTIVES

SWS is working towards achieving the following objectives for the benefit of its target group (socially and economically deprived people).

* To promote income generating activities and create vocational skills for the youngsters and women to become self-sufficient and reduce poverty.
* To improve the rights of women focusing on the issues such as, early marriage, exchange marriage, health, inheritance, property rights, and other forms of discriminations against girls and women.
* To promote understanding better relationship among the communities and attitude change for working together for peace and development in the society and creating congenial atmosphere of stability in marginalized and deprived areas of Punjab including environmental protection and wildlife.
* To encourage the community for sustainable development and mobilization/ awareness on HIV/Aids.
* To promote a human rights culture and peace in society by working towards awareness raising, mobilization, on attitude change and empowerment of the marginalized community, IDPs, women, children, CBOs, and involve local NGOs and the government law enforcement institutions/agencies in order to protect the rights all persons (especial focus on women and children rights).
* To document the ongoing violations of human rights in the country and submit to the concerned agencies in order to bring the criminals and perpetrators to book whenever possible.
* To work for sustainable and pro-people development at grass root level.
* To establish local culture and traditional art institute (Recourse Centre) which is a focal point for the community initiatives in the fields of peace promotion and integration of community development projects.

# PROJECT DESCRIPTION:

* PURPOSE OF THE DOCUMENT

The objective of the pre-feasibility study is primarily to facilitate potential entrepreneurs in project identification for investment. The project pre-feasibility may form the basis of an important investment decision and in order to serve this objective, the document/study covers various aspects of project: concept development, start-up and output.

# PROJECT PROFILE

 The project is to administer antenatal care centers for women. The proposed plan is to offer health facilities in “HARD TO REACH” areas of Pakistan for basically women & child health care by bringing a SAFE MOTHERHOOD Initiative.

# Project Brief

The study provides information regarding donation opportunity for setting up antenatal care centers for the rural areas of district Rahim Yar Khan (Punjab). However, such a project could also be feasible and beneficial for other “HARD TO REACH” Areas of Pakistan. The project aimed at providing advocacy to women who are unable to approach the BHUs In distant areas who are unable to approach the trained medical staff and lose their lives in the hands of untrained mid-wife services and to optimize maternal and fetal health, to offer women maternal and fetal screening, to make medical and social interventions available to women where indicated, to improve women’s experience of pregnancy, prevention and early recognition and birth and to prepare women for motherhood whatever their risk status. Together we must strengthen and invest in care during pregnancy, labor, birth, first day, week, year of life along continuum of care approach. Count every mother, newborn child and adolescent through measurement, programmed tracking and accountability Reach every mother, newborn child to reduce in equities. Harness the power of parents, families and communities Improve quality of maternal, newborn child and adolescent care.

Antenatal care centers refer to the care of pregnant women. The main objective of care centers are

1. Maintenance of health of mother during pregnancy
2. Identification of high risk cases and appropriate management
3. Prevent development of complications
4. Decrease maternal and fetal mortality and morbidity
5. Remove the stress and worries of women regarding delivery process
6. Teach the mother about child care, sanitation, nutrition and hygiene
7. Advice about family planning
8. Care of under fives accompanying pregnant mothers
9. Identification and management of obstetric complications
10. Awareness of Preventative measures from diseases during pregnancy
11. Reproductive health counseling
12. Reduce barriers to accessing care and reach out to women without access

# Introduction:

Pakistan is the sixth most populous country (185 million) of the world and 64% of its population lives in rural areas. There has been rapid population growth since it came into existence and given current rate of population growth, Pakistan will be the fifth most populous country globally by 2050. Currently, Pakistan is experiencing 32% of adolescents, between 10-24 years which is a biggest cohort in the history. It is a rare demographic opportunity that can be converted into dividend if tapped wisely with concrete social and economic investments in the lives of adolescents. Pakistan’s maternal mortality ratio (MMR), which indicates risk of death per pregnancy, has declined from 521 in 1990 to 332 (range 250– 433) in 2012, still far behind the proposed target of 130 by 2015. An estimated 14000 Pakistani women die every year of pregnancy-related causes. There are also wide variations between provinces, MMR being lowest in Punjab (227) and highest in Baluchistan (785 deaths/100,000 live births). One of the main reason of this High MMR is very low utilization of Family Planning services with current CPR of 35%.According to Pakistan demographic Health Survey 2012- 2013, Eight percent of adolescent women age 15-19 are already mothers or pregnant with their first child and 35% percent of women age 25-49 were married by age 18. Early pregnancy causes increase in morbidity and mortality in this age bracket. The most common reason of early pregnancy is early/forced/child marriages in Pakistan and it has a correlation with poverty, illiteracy and lack of understanding on sexual and reproductive health matters. Use of any contraception is 10% among married age 15-19 years and only 6.9% use of any modern method. That shows low utilization due to various reasons. Pakistan currently ranks 26th in the world for under-5 child mortality rates.14000 Pakistani women die every year of pregnancy related causes. Newborn deaths are still a major contributor to under five mortality with around half of under-5 deaths occurring in the first month of life (202,000/year); prematurity (27%), birth asphyxia (24%), sepsis (34%), and congenital anomalies (10%) are the major causes, aggravated by low birth weight. According to PDHS 2006–7 data on child mortality, the leading causes of death during the post neonatal period are diarrhea (27%) and pneumonia (26%). Deaths from both pneumonia and diarrhea are closely associated with overlapping risk factors such as those related to poverty, under-nutrition, poor hygiene, sanitation and deprived home environments, making children more prone to the above diseases. Evidence based cost effective, proven interventions exist to prevent and treat each main cause. Stillbirths (baby born with no signs of life at or after 28 weeks’ gestation-WHO) are one of the most common adverse outcomes of pregnancy. Out of 3.3 million stillbirths worldwide, 97% are occurring in developing countries. South Asia has the world’s largest numerical stillbirth burden and reported stillbirth rates. In Pakistan, it varies from 36 per 1000 to 70 or more per 1000 in some rural areas. Stillbirths, newborn survival and health are intrinsically linked with the survival, health and nutrition of women before conception as well as during and between pregnancies. The leading causes of death during the post neonatal period are diarrhea 27%& **pneumonia 26%.** **In Pakistan, stillbirth varies from 36-70 or More per 1000 in some rural areas**.Under-5 mortality in children born to mothers with no education (112/1000 live births) is two times higher than that of children born to mothers with secondary education (57/1000 live births) and more than three times higher than that of mothers with more than a secondary education (36/1000 live births). Maternal demographics also play an important role in child survival. An estimated 21% of the population still lives below the poverty line. The poverty gap ratio (which indicates the average degree of poverty according to distance below the poverty line), has decreased from 23% in 1991 to 4% in 2008. A major measure of this underlying issue is widespread malnutrition with wide disparities between provinces and districts in rates of stunting and wasting among children as well as women of reproductive age who have a body mass index below 18.5. Poor nutritional practices among adolescent mothers, pregnant women, and their children, coupled with the persistently low breast-feeding rates (37%) prevailing in most provinces, are major contributing factors to the overall under-nutrition in Pakistan. Regular house hold surveys and limited research has been carried out in the country to get the baseline and key indicators on maternal, newborn child. **An increase in the birth interval from 2 to 4 years or more results in better neonatal and child survival by 2.4 times in neonates to 2.9 times in children under 5 years.**

# Problem:

In Pakistan, one in 89 women die because of pregnancy and childbirth-related complications, and Pakistan’s Maternal Mortality Rate (MMR) is 299 per 100,000 live births.Twenty percent of the deaths of women of childbearing age are caused by maternal complications. The majority of these deaths are caused by postpartum hemorrhaging. Hemorrhages can be extremely problematic, especially if hospitals do not have enough blood for transfusions to replace the blood loss. Maternal mortality is also high due to puerperal sepsis and eclampsia. Sepsis is when infections during pregnancy, even those not directly related to the pregnancy, trigger the body’s inflammatory response to infection. Sepsis is also called blood poisoning, and it can only be cured with the prompt treatment of antibiotics.

Rural women are less likely to have access to a hospital. The rate of maternal mortality is consequently higher in rural areas than urban areas—23 percent rather than 14 percent. Home births are extremely common in rural areas. A total of 74 percent of women in rural areas give birth at home, compared to 43 percent of women in urban areas. If women have an education, they are more likely to seek out prenatal care. Ninety-six percent of women with an education had prenatal care visits with a doctor, rather than 50 percent of women who were not educated. One third of pregnant women in Pakistan do not get prenatal care at all, due to feeling it is unnecessary or that it costs too much money. Prenatal care can help prevent complications and decrease the maternal mortality rate. While prenatal care visits have increased, as of 2007, only 28 percent of Pakistani women went to the recommended four prenatal care visits. Another reason why Pakistan has a high maternal mortality rate is due to the fact that contraceptive use has not increased much in recent years. In 1984, the Total Fertility Rate (TFR) was six children per woman in Pakistan. By 2008, this number declined to about four children per mother, with a rate of about three children per mother for women in urban areas. However, contraceptive use has remained steady, and only about 30 percent of married women of childbearing age use contraceptives

Maternal mortality is also a problem in Pakistan due to a shortage of doctors, nurses and beds at government hospitals. Many of the regular staff members are postgraduate trainees who are not able to handle pregnancy related complications.

Pakistan currently only spends less than 1 percent of its GDP on healthcare. In order for maternal mortality rates to decrease, more money has to be devoted to improving hospital care and making hospitals more accessible. The stigma around contraceptive use also has to end, and an increase in education would also lead to a lower MMR.

# Outcome after activation of Antenatal care centers:

Outcome variables are neonatal and infant mortality, low birth rate Women attending at least one ANC visit have a 1.04% reduced probability of their newborn dying within the first month after birth and a 1.07% points lower probability of experiencing death of their child within the first year of life. ANC visits will significantly relate to lower mortality outcomes. Compared with the mere attendance of less than four ANC visits (irrespective of the quality of the provider), having at least four ANC visits and having at least once seen a skilled provider reduce the probability of neonatal deaths by an additional 0.56% and are associated with an additional 0.42% points reduction in the probability of infant deaths. . Improving quality of care around the time of birth will save most lives, but this requires educated and equipped health work force, including those with midwifery skills, and availability of essential commodities. So in short by establishing Antenatal care centers we can solve the problems.

* Proposed Tehsil of District Rahim yar Khan:

|  |  |  |
| --- | --- | --- |
| **Tehsils** | **Proposed Union of District Rahim Yar Khan** | **Total Unions** |
| Khanpur  | AZIM SHAH, CHAK NO.45/P, ISLAM GARH, JAJJA ABBASIAN, MARI ALLAH BACHAYA | 5 |
| Rahim Yar Khan | AMIN GARH, BADLI SHARIF, , CHAK NO.105/P, CHAK NO.51/P, RAJANPUR. | 5 |

# Project Activities

Good care during pregnancy is important for the health of the mother and the development of the unborn baby. Pregnancy is a crucial time to promote healthy behavior and parenting skills. Good ANC links the woman and her family with the formal health system, increases the chance of using a skilled attendant at birth and contributes to good health through the life cycle. Inadequate care during this time breaks a critical link in the continuum of care, and effect both women and babies.

# Baseline survey

The main objectives of the Knowledge, Attitudes and Practices (KAP) base-line study is to serve as a before implementing target communities in the area of maternal health. The base-line allows to see the extent to which the project will able to achieve improvements to a sub set of indicators set out in Safe Motherhood Project log frame.

* Establishment of Antenatal care centers:

Provide Opportunity to women to detect pregnancy risk, counseling, support to their families and a higher likelihood of delivery in the presence of skilled birth attendant. To produce more community midwives by the establishment of ANC Centers for providing an easy approach of women during pregnancy.

# Sensitization Sessions / Advocacy to women:

Empower community to overcome obstacle to care and reach the missing women not receiving the ANC services and to maximize the opportunities for pregnant women. The safe motherhood plan of establishing ANC centers recommends community based preventive measurements of health to reduce mortality and morbidity rate in respective district.

# Capacity Building of hired staff:

Capacity Building was undertaken including LHVs and midwives to provide knowledge for the skills necessary to provide ANC services. Ongoing in-service training and replication of this initiative will ensure sustainability and long –term results.

* Scale up family planning interventions with the collaboration of local Departments:

 Family planning needs to be scaled up with an emphasis on education, advocacy and modern long-term methods (including IUDs, pills, and sterilization) with the collaboration of local stakeholders, health and Population welfare departments.

* Shift tasks to a broader range of people.

 It was recommended that retired nurses be recruited as community midwives. Community health care workers should be trained to distribute and collect information from patients, and integrate these data into the health system. Skilled birth attendants can decrease both maternal and child mortality. Increasing women’s access to quality health services during pregnancy, and ensuring they are attended to by skilled providers during childbirth

# Quality and performance Indicators:

Quality improvement Approaches and tools help identify and overcome local constraints to providing client-oriented, effective ANC and ensure that women return after their first visit. To impact mortality and morbidity outcomes of children and that simultaneously are potentially influenced by ANC attendance.

# Skills Training (ST) for Rural Health Midwives:

To enhance the skills of rural health midwives in recognizing and responding the life-threatening obstetrical situations in their respective areas, a 3-day LST Training will be conducted. LST training will meant to ensure and safeguard the right of every mother and newborn to survival..

# Develop strong linkages with stakeholders by the meetings:

Develop links among community health providers, service agencies, families to facilitate communication, coordination, and inter-family support.

# Qualified Maternity health services:

In order to remove financial barriers and improve access to delivery services, the SWS will introduce free maternity health services to women with the involvement of skilled Doctors.

# End-line Surveys:

The end-line survey aims to assess the changes in comparison with the situation of the baseline survey conducted. This end-line survey will apply a quantitative research method, using questionnaires for structured interviews and observation checklists.

* Beneficiaries:
* Two Tehsil groups of District RYK (15 members) took active role in implementation of antenatal care centers.
* Interaction through coordination meetings with stakeholders from District Working Groups.
* Information sharing with 200 stakeholders at district level through Launching Ceremony and different meetings with the Health and Population welfare department
* Awareness raising to 3000 women (4 sessions per month with 20 participants) through sensitization sessions.
* Capacity Building of 30 members (3 days trainings) to address the pregnant women issues per year.
* 50 participants g0t free operate on Safe motherhood initiative through funding and collaboration of government health department and BHUs.

## Implementation Methodology

The program will adopt the approach to address safe Motherhood initiative through establishment of Antenatal care centers to decrease the rate of mortality and morbidity. The overall goal of the program is to address motherhood issues through improved advocacy by meaningful participation of communities, their representatives and duty bearers. Safe Motherhood shall be mobilized to initiate and undertake advocacy and oversight of women pregnancy issues. The program envisions enhanced level of understanding of citizens on oversight, and advocacy with their representatives and district government to improve the responsiveness to address pregnancy issues.

In order to be effective and long lasting, women responsiveness strategies must be supported by the team, involve relevant stakeholders, and must address the needs of the parties, build capacities, and empower staff members. The line departments will equally be convinced to make appropriate actions regarding the raised issues. The marginalized communities will be focused for their widespread awareness on women issues through a designed set of activities clearly relating with the program objectives. These groups will also involve at grass root level to interact with women and professional associations and cadres of government officials. Awareness sessions will be launched with the maximum participation of community.

SARA Welfare Society will develop close coordination with health and population departments smooth and effective planning, coordination, administration and implementation of project activities in the region. The selection of participants will be done as per criteria developed with the coordination of team. The program will create wide spread awareness among local community and stakeholders to regarding issues. The project will adopt the approach to involve marginalized women through organizing and strengthening the community.

## Management Plan

Since **SARA Welfare** initial response to implement governance initiatives in the community human resources have been reinforced internally, with attention to enhancing capacity. For the proposed interventions new staff will be hired for key positions to implement the program efficiently. Our finance, logistics and HR systems are robust and have been approved by the donors we work with. These systems have proved capable of dealing with a situation of this scale and depth. Technical support will be continually provided to SARA welfare’s field officers by the management of SARA welfare society.

The project will be implemented by SARA Welfare’s field office at two tehsils (khanpur, rahim yar khan) district Rahim Yar Khan with the regular support from head office at RYK. SARA welfare will assign clear roles and responsibilities of each individual staff to efficiently and effectively implement this project. The Project Staff of SARA Welfare will be required to closely coordinate with the focal person in the District Line Departments.

SARA Welfare’s team at the head office in RYK will support the District Coordinator in planning and reporting. The technical team will develop the material (for trainings, capacity building events, awareness and advocacy) based on inputs from the field. M&E team will periodically visit the project site for measuring progress against quantitative and qualitative indicators.

## Sustainability

Advocacy is central for sustainability of this project, continuing to function after the end of the program. Through this project they will be not limited to on papers only, but become more strengthen in line with promotion and advocacy of Safe Motherhood initiative at district level with clearly defined role. This initiative will be supported through capacity building to play a leading role in the recovery of Safe Motherhood initiative at local level through innovative ideas. For sustainability, the project intends to invest more on this initiative to perform various functions to decrease the mortality rate. SARA Society relies on these groups so as they are the right people to make this initiative forward and strengthened even after the project phases out. These groups further have in its functions to extend support to develop a monitoring mechanism for marginalized to become the part at local level. If all these functions are done in true spirit, the departments make up to a level to score better in delivering quality services to the women.

 During and after the project implementation, the project results will be measures on following indicators;

* Organization should ensure that the goals and objectives of their support interventions are informed by district goals and objectives.
* Organizations or project initiators should ensure that implementation timelines of health interventions are mutually agreed upon with host institutions so as to allow for modifications before project implementations.
* Donor organizations and host institutions should ensure a laid down funding plan for the implementation of project activities beyond donor support timelines.
* Donor organizations and host institutions should ensure planned integration of project activities into routine activities of host institutions right from the start of intervention projects.
* The design of projects should include leads/champions by project initiators within host institutions at administrative levels with a capacity-development/building plan to ensure the championing of project activities.
* Both project initiators and host institutions should ensure community participation at the decision making stage of projects for an appreciation of projects’ purposes and activities. This would afford communities the possibility of modifications in the implementation of activities that would ensure sustainability.
* Sustainable planning should therefore be incorporated in the design (NGO level), integration (host institutional level) and participation (community level) in the implementation of projects by all stakeholders.

## Monitoring and evaluation

In order to measure & evaluate the performance, SWS will use its Quality Assurance guide; monitoring & evaluation mechanism which illustrates principles and tools of monitoring, evaluation and accountability. The guide suggests suitable procedures to develop performance indicators and measure the same using prescribed tools (instruments) and report accordingly.

The Monitoring and Evaluation (M&E) framework for this program will be based on and guided by the standards developed for the sector. SWS will use Monitoring and Evaluation tools on minimum standards and SOPs for each sub-sector of the subject matter and will tailor the evaluation framework accordingly. The Monitoring and Evaluation framework, respecting the results of inception period analysis and baseline studies will provide the basis for ongoing monitoring with an end-point review to reflect on progress against the agreed activity objectives, and will draw on SWS’s organizational tools. Project activities and indicators have been set based on existing standards to be regularly monitored throughout project implementation. SWS has a monitoring system in place at provincial level, under the overall supervision of Director, the monitoring team is responsible for data collection, compilation and reporting to management on project objectives and indicators to report progress and make timely and informed decisions.

In addition to the seeking guidelines from the M&E mechanism, SWS will actively follow the HR rules and set “performance objectives” for each activity which will correspond to the planned results within the stipulated timeframe. The objective setting form (available in SWS’s HR manual) will be developed jointly with the trainers and their immediate supervisors. The objective setting form will articulate

:

1. Specific objectives
2. Results to be achieved (short term and medium/ long term)
3. Performance/ measurement indicators (to gauge what was accomplished)
4. Means of verifications (MOVs)
5. Time frame
6. Support required etc.

SWS shall constitute an implementation and monitoring team for the project. The implementation team members shall be based at local level in target area while monitoring and evaluation support shall be provided by the Monitoring and Evaluation Department based in Rahim yar Khan.

SWS’s team (Director M & E) shall pay time to time visits to the project sites to ensure that the project is being implemented at the desired pace and with the mutually agreed upon quality standards. The Monitoring and Evaluation department based in Rahim yar Khan shall pay periodic visits the target area and submit a report. SWS shall submit brief monthly reports to Donor indicating the progress, bottlenecks, lesson learnt and recommendations to overcome problems and issues. SWS shall adopt multilayered strategy towards implementation by devise a mechanism with the consultation of all the stakeholders for the sustainability beyond the project timeline.

Monthly Review Meetings will be conducted in order to ascertain project progress towards achievement of Project objectives. For the proposed project SWS will use the information as a baseline to measure project progress and achievement towards objectives and indicators.

* **Reporting**

SWS will submit the following reports:

* Base-line Report
* Monthly activities progress report
* Event/activities reports
* Project completion report
* End-line Report

SWS will adopt the following procedures to do result-based monitoring of the project;

* Specific monitoring tools/formats will be developed for this project by the MER department of SARA Welfare Society
* M&E visits will be conducted on quarterly basis and its report will be shared with the Donor’s focal person(s).
* The methodology of monitoring visits to the field would be participatory.
* Monitoring Antenatal Care Centers twice in every month of the project duration.
* Establishment of a performance review committee comprised upon; One Field Team Member, Project Coordinator, MER Director, CEOs of SWS. It will be responsible for overall effectiveness of this project.
* Monthly Performance Reports (MPRs) will be shared with the Donor for performance tracking and constructive feedback.
* Mid-review meeting will also be organized with the Donor in order to have a detailed review of the project.

# Budget Sheet



* Activity Plan:

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Activity** | **Implementation Timeline (Month)** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | Hiring of Project staff |  |  |  |  |  |  |  |  |  |  |
|  | Office setup |  |  |  |  |  |  |  |  |  |  |
|  | Vehicle Hiring |  |  |  |  |  |  |  |  |  |  |
| 1.1.1 | Base-line Survey |  |  |  |  |  |  |  |  |  |  |
| 1.1.2 | Initial selection of midwives to become the part of SWS. |  |  |  |  |  |  |  |  |  |  |
| 1.1.3 | Coordination meetings with District Working groups, health and population departments. |  |  |  |  |  |  |  |  |  |  |
| 1.1.4 | Establishment of Antenatal care centers |  |  |  |  |  |  |  |  |  |  |
| 1.1.5 | Regular interaction with stakeholders and local government departments through regular monthly planning and review meetings |  |  |  |  |  |  |  |  |  |  |
| 1.1.6 | Launching Ceremony for advocacy campaign with all stakeholders at district level by involving marginalized community; person with disabilities, women, youth, minorities etc. |  |  |  |  |  |  |  |  |  |  |
| 1.1.7 | Awareness sessions or Advocacy addressing pregnancy issues to women in Antenatal care centers |  |  |  |  |  |  |  |  |  |  |
| 1.1.8 | Monitoring Visits by Monitoring Team |  |  |  |  |  |  |  |  |  |  |
| 1.1.9 | Engagement with district level leadership of local departments |  |  |  |  |  |  |  |  |  |  |
| 2.1.1 | Training Module: Training module finalized for LHVs and midwives on life skills training. |  |  |  |  |  |  |  |  |  |  |
| 2.1.2 | Training of 30 members on life skills training |  |  |  |  |  |  |  |  |  |  |
| 2.1.3 | Orientation cum training of project staff |  |  |  |  |  |  |  |  |  |  |
| 2.1.4 | Staff Review and Planning meetings on quarterly basis (3 meetings) |  |  |  |  |  |  |  |  |  |  |
| 2.1.5 | Two media campaign on challenges and outcomes on Safe Motherhood initiative. |  |  |  |  |  |  |  |  |  |  |
| 2.1.6 | Development and printing of Information, Education and Communication IEC advocacy material (posters, leaflets and flyers) with the consultation of stakeholders on Safe Motherhood initiative |  |  |  |  |  |  |  |  |  |  |
| 2.1.7 | Review meetings including all staff members |  |  |  |  |  |  |  |  |  |  |
| 2.1.8 | Free maternity operate  |  |  |  |  |  |  |  |  |  |  |
| 2.1.9 | Monthly Progress Report |  |  |  |  |  |  |  |  |  |  |
| 3.1.1 | Final Completion Report |  |  |  |  |  |  |  |  |  |  |