Mother and Child Health at and near Christian Hospital Chhatarpur (CHC), Madhya Pradesh, 2014 to 2017

Sl.	Activities	Pre-project	First Year (July 2014 - June 2015)												Year 2	Year 3
			1	2	3	4	5	6	7	8	9	10	11	12		
1.1.1.	a) EHA agrees loan fund operating guidelines with EMMS, uses 0-interest loans to attract 2 new doctors to CHC.															
	b) CHC constructs staff quarters, sufficient for 225-bed hospital.															
	c) Village visits & meetings with village leaders, PRI members, mothers, children, CBOs, AWWs, ASHA, ANM, VTDs, School Teachers, Traditional healers, private practitioners.															
	d) Meet Gov. officials monthly and review & plan at CHC/Block level and District level. (Dist. Collector, CMHO, BMO, NRHM – DPM, BPM, ICDS – DPO, PO, Key NGOs)	Share plans														
	e) Networking with ICDS, NRC, NRHM and Right to Food Campaign.															
1.1.2.	a) EHA identifies and trains annually 10 different EHA nurses in RCH in Herbertpur (5 months) & Chhatarpur (1 month).															
	b) Baseline and End line Survey on project objectives and indicators.															
	~ Select target area, inform District Administration															
	~ Developing baseline survey format															
	~ Print survey format, recruit staff		Week 1													
	~ Selecting volunteers for survey		Wks 2,3													
	~ Orienting staff & volunteers for survey		Week 4													
	~ Conducting survey & data entry (10 % house holds of each Gram Panchayat of a block)															
	~ Analyzing the data and reporting															
1.2.	CHC adds lift and ramp to MCH block, purchases and fits medical equipment in upgraded MCH block, increases from 150 to 225 beds.															
2.1.1.	CHC trains project staff on women's and children's health issues, including food rights.															
	a) Staff recruitment process															
	b) Staff Training															
2.1.2.	CHC trains government community health staff (AWWs & ASHAs in 1 month, ANMs & MPWs in next month) on women's and children's health issues.															
2.1.3.	a) CHC forms Mother and Child Health Forums (MCHF) at cluster[1], block and district levels.															
	b) CHC gives their members mother and child health messages to pass to their wider groups.															
	c) CHC trains and exposes MCHF members to monitor AWCs, health sub-centres, PHCs and CHC.															
2.1.4.	CHC conducts IEC: Sensitize community members on the rights, needs and potential problems related to mothers and children.															
	a) Organize and support Village Health & Nutrition Day and Mamta Diwas with RCH Nurses/Doctors.															
	b) Develops and disseminates key messages through posters, radio, TV, mobile, news paper, etc.															
	c) Holds healthy baby show and celebrats World Breast Feeding day and Nutrition Week.															
	d) Runs health education room at CHC for maternal and newborn care with nutrition demonstration.															
	e) Ensures AWWs & ASHAs conduct health education to mothers and children.															
2.1.5.	a) CHC develops and ensures monitoring systems for all existing food programmes are implemented.															
	b) CHC supports and ensures monitoring system in ICDS and health department from Block level to centre/sub-centre level.															
2.1.6.	CHC sets up 10 PD-Hearth Kitchen or NERS in each block.															
2.1.7.	CHC promotes safe drinking water and sanitation in targeted area.															
2.1.8.	CHC ensures that Govt. community health staffs identify malnourished children below 5 years and help them get rehabilitated with follow up.															
2.1.9.	CHC conducts village meetings with VHSC and cluster meetings with SHGs/CBOs to facilitate decision making and action planning.															
3.1.	CHC ensures that Govt. community health staff : a) oversee birth plans involving family members/decision makers.															
	b) Identify high risk & ANC defaulted mothers to help them access appropriate facilities/care.															
	c) Identify and refer sick newborn babies to access appropriate facilities/care.															
3.2.	CHC ensures that ANMs & AWWs conduct home visits and Interpersonal Counselling.															
	a) CHC conducts monthly cluster level review and planning meetings.															

4.1.	b) CHC conducts quarterly project level and block/ district level review and planning/ sharing meeting.																
	c) CHC conducts yearly review and planning meeting at the project and community level.																
	d) CHC sends EMMS quarterly reports																