

## Part 2 Module 4: Monitoring the project, Healthy Baby Fair (HBF) and Participatory Evaluation



Module 4: Monitoring the Project, Healthy Baby Fair & Participatory Evaluation

Session 1: Monitoring the Project for Quality

Session 2: The Healthy Baby Fair

Session 3: Participatory Evaluation

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<p><b>Competency</b></p> <p><b>Materials</b></p>	<p>At the end of this session, PD facilitators will be able to:</p> <ul style="list-style-type: none"> <li>-Monitor the mohallah sessions, the VHC activities &amp; assess quality of monitoring</li> <li>- Help the community to carry out a community-wide event (Health Baby Fair)</li> <li>- Evaluate the project with the community</li> </ul>
<p><b>Process</b></p> <p><b>Helpful Hints</b></p>	<p>1. <u>Monitoring the project for quality</u></p> <p>Divide the participants in 3 groups, one for Mohallah sessions, one for monitoring tools and the last for VHC meetings.</p> <p>Trainer asks participants to develop a list of what should be monitored</p> <p>After feedback session, trainer shares a sample list is shared with participants. (See Appendix 1 A for details).</p> <p>Discuss monitoring plans and develop simple monitoring tools with participants.</p> <p>Explain to PD facilitators the purpose of this monitoring : for improved quality of implementation and results, for documentation and NGO</p>

requirement. (tools and time line)

Explore role and responsibilities of PD facilitator and Village health Committee. Create a matrix on the appendix 1 B model.

2. **Exploring the Healthy Baby Fair component** of project with participants

Trainer shares the objectives of the event:

1. To carry out advocacy for PD practices at village level
2. To reinforce key, life saving messages regarding maternal and newborn care
3. To acknowledge publicly the contribution of activists

Trainer discusses with participants the different activities during the events (See Appendix 2 for details) and the logistics involved for each activity (who, where, when, and how)

Trainer share examples of Healthy Baby Fair events with a picture show.

HBF activities include: Healthy baby contest, Poster competition, community activists performance (role-play), testimonies of PD success stories, Questions and Answers activity, children games, Cultural segment, Learning from each other, Prize distribution.  
(See Appendix 3 for details on a HBF)

### **3. Exploring the participatory evaluation format**

Trainer explores with participants the meaning and objectives of a participatory evaluation.

- Participant share their experience with evaluation (in a year cycle): comparing data a year later. Example: harvest this year compared to last year, income: better off this year compared with last year?
- Trainer and participants develop a definition of evaluation

Objectives may include:

1. Develop exit strategies for NGO staff with community
2. Facilitate linkages with other organizations or institutions
3. Devise ways to sustain the impact of the PD mohallah session

Trainer develops a format for project evaluation with the PD facilitators by asking the participants the following questions:

- What do we want to evaluate in this project?
- What will we use as an indicator of success?
- How? Tools for evaluation? (mapping)
- Role of PD team in participatory evaluation?

(See Appendix 4 for details on a sample format for participatory evaluation)

Trainer asks participants what they and community members should evaluate at the end of project (after 9 to 12 months), preferably after 12 months. (Brainstorming)

Trainer presents an evaluation format for each activity to evaluate and divide the participants in different group to develop an evaluation format. (See Appendix 5 for sample results evaluation).

(Optional) Trainer discuss with participants the importance of evaluating community mobilization.

Participants are invited to brainstorm on what elements of community mobilization they and the community should evaluate.

This may include: leadership, community members 'participation, degree and equity of participation from more vulnerable groups (as defined by the community), ownership of the project, capacity building, etc.

(See Appendix 6 for Sample community mobilization evaluation)

Appendix 1 A: Sample Process Monitoring (part of Participatory Evaluation) –

<b>Step</b>	<b>Results</b>	<b>Indicator</b>	<b>tools</b>	<b>Data Source</b>	<b>Frequency</b>
Training of Activists	Good Attendance	Actual vs. planned participation (% person days)	TOA Evaluation Form	Review of TOA attendance that day	once
	Active Learning	% of simulation and/or actual practice of key steps at daily sessions	same	Observation of ½ day activities	once
	Competency-Based	Participant’s key skills assessed according to performance standards (% person skills)	same	Observation of training sessions	once
	PD Concept Transmitted	% of participants who demonstrate understanding of PD concept	Same	Interview with all participants	once
VHC workshop	Capacity building	-% of participants with demonstrated skills in vital events monitoring & newborn mapping	VHC workshop evaluation form	Observation of 1 day workshop	once
Mohalla sessions	Correct Messages	% of messages presented accurately	Mohalla Evaluation Form	Observation of mohalla session	½ mohalla sessions, randomly
Community mobilization	Participation	% of target population who attend	Mohalla Evaluation Form	Review of mohalla attendance	1/2mohalla sessions, randomly
	Active Learning	% messages being delivered via simulation and/or actual practice	Same	Observation of mohalla session	Same
	Participant Contribution	% of participants contributing to sessions activity	same	Interview of mohalla attenders	same
	PD Concept Transmitted	% of participants having understanding of PD concept	same	same	same
Monitoring	Timely monitoring	% of postnatal visit performed within 1 week after delivery or <i>chilla</i>	Monitoring Evaluation Form	Review of Pregnancy and 40-Day	½ months, randomly
	Complete & accurate monitoring	% Postnatal visit forms completely & accurately filled in	same	same	½ months, randomly

Booster PDI	Performed	# of PDI boosters home visits carried out during implementation phase	Booster PDI report form	KII of new behavior adopters	On-going
	Accuracy of behavioral determinants	Reported modified determinants of behavior	same		
VHC meetings	Timely	% of meeting taking place monthly	VHC Feedback Form	VHC	Quarterly
CM	Participatory	% of actual vs. maximal participation	same	same	Quarterly
CM	Data for Decision-Making	Draw conclusions and/or make decisions based on NB PD monitoring (y/n)	same	Village Action Team	Quarterly
	Monitoring	Members apply the triple “A” method for monitoring	same	VAT Action team	Quarterly
CM	Creating linkages	# of meetings and/or events between VAT and MOH. Other NGOs...			Participatory evaluation
	Maximizing local resources	Reported increased role of LHW and TBAs (attendance, initiatives, etc.)			
Healthy Baby Fair	Participation	# of community members involved in the event	HBF Report form	VAT Action Team	Once
	Reinforcement of key/PD behaviors	Number & nature of key messages reinforced during this event	HBF Report form	Observation of event	Once
Advocacy		Number & nature of advocacy activities spurred from HBF Reported success driven “ripple effect”	Photographs & media reporting on event	VAT Community report	Once

Appendix 1 B: Sample matrix for partners roles and tasks-

Partners	Level	Responsibilities	Activities	Frequency	Tools/forms
PD Activists (male & female)	Mohallah	To sensitize men & women on issues regarding maternal & newborn care To promote key beneficial behaviors at household level To monitor delivery outcomes To document behavior change To counsel vulnerable families To participate in VAT meeting To organize & participate in Healthy Baby/Child Festival	Participation in PD process  PD sessions  “ “ Home visit Home visit  Village Action Team meeting Festival	Once  Monthly or twice monthly Newborn < 3 days, 40 days when necessary once a month/every 2 months Once, 8 <sup>th</sup> month	Poster/attendance Materials for mohallah sessions Stuffed dolls, AF cards, CDK bazaar
Village Action Team (VAT)	Village	To monitor health services (presence of health providers & quality of service delivery)	Visit to RHC	Once/twice a year?	Delivery register Pictorial check lists, mapping
Village coordinator	Village	To Supervise PD activists, assess quality of PD sessions To Update delivery outcome/birth registry, vital events, maintain score board To coordinate with SC PD team: share information & request support for community initiatives	VAT meeting Visit to mohallah sessions VAT meeting  VAT meeting	Monthly Once Monthly	Attendance VAT meeting Delivery/birth, vital events registry, community score board

<b>Partners</b>	<b>Level</b>	<b>Responsibilities</b>	<b>Activities</b>	<b>Frequency</b>	<b>Tools/forms</b>
SC PD team	Village	Selection of villages	Visit to potential villages	Once or twice	Questionnaire  PD guidelines & tools  Training manual  Process check list  Results Monitoring matrices Progress report Booster PDI questionnaire  Documentation of outcomes
		Setting up initial partnership for PD process	Visit to village	Two + visits	
		Set up evaluation plan	Baseline survey	Once, a few days	
	Mohallah	Use of the PD approach & Community mobilization	PD process: Situation analysis, PDI, etc..	5 to 10 days	
		Training of PD activists	Training	over 4 weeks	
Mohallah village	Supervise first mohallah PD sessions	Supervision & feedback	“ “		
	Train villagers to manage the project	Facilitate VAT workshop	once		
	Monitor PD activists & VAT	On site visits	?????????		
Village	To monitor project impact	To monitor project impact	Participation in VAT meeting	Every 2 months	
			Collect & compile data (vital events, behavior changes), carry out booster PDI		
SNL senior staff		To support community initiative and provide a link with other agencies To coordinate with other RH activities (training of dais, etc.)	Coordination/Feedback sessions/meetings: achievements, problems & solutions, next steps	Every month?, 2 months?	

Appendix 3 A: Excerpts from a Healthy Baby Fair  
Report on Healthy Baby Show, Garamthone  
August 4, 2004

**Introduction:**

Healthy baby show is a village level festival, organized to celebrate the successful PD implementation/accomplishment in second last month of implementation phase. Community members, local leaders, religious leaders, health care providers, teachers, parent's i.e. mothers, fathers along-with their children actively participate in this event. Various interactive games and tools i.e. theatre, role-plays, folklore, illustrations, story-telling etc. are used to re-enforce the key messages on maternal and newborn health care. The community members are invigorated and motivated to sustain these learned behaviors. They proudly share their success stories that how they adopted PD behaviors, which helped them, have healthy babies. Another very important objective of the event is to acknowledge and appreciate the community activists (PD village level implementers) for their leadership role to organized and mobilize the community members around the newborn health issues.

Before the beginning of the show, three categories of newborns/children a) less than one year, b) between one to two year and c) between two to three years are weighed and ranked according to weight-for-age nutritional status. This forms the basis of healthy babies' competition.

**Objectives of HBS are:**

1. PD Advocacy at the village level to follow PD behaviors.
2. Reinforce the key messages on mother and newborn care.
3. Acknowledgement of the PD activists by involving the entire community

**Proceedings of the Show:**

Third healthy baby show was organized in the village Garamthone on August 4, 2004. It was a very successful event, which attracted more than 500-community members along-with their children. The PD activists played a leadership role in organizing the show and provided full support in all logistic arrangements. The show looked like a marriage ceremony in which all family members participated with great enthusiasm. The community members were involved in many pre-show activities, to augment their interest and participation in the event.

**Poster Competition:**

We held a poster competition among the male and female community partners prior to the show. The team provided them with flip charts and color markers to make illustration/pictures depicting the maternal and newborn health behaviors. The community took great interest in this competition and developed some beautiful posters having different newborn health messages. There was a stiff competition among the families and every member of the household was involved in designing posters to win the competition.

All posters were displayed on the walls during the show and different community members were invited to come, read and share the messages given in the posters. The posters reflected indigenous wisdom and provided them a chance to feel proud of their local knowledge and skills. These bright posters and pictures make the whole environment very colorful and attractive. The judges identified the best four posters and distributed gifts among the successful community members.

#### Community activists' performance:

Theatre performance highlighting the birth preparedness (male's involvement, clean birth kit and other maternal and newborn health issues such as exclusive breastfeeding), was very successful which ensured that at the end, every participant would take home message, regarding maternal and newborn health. PD activists took initiative to perform in a role-play before their own community members. The community members both male and female really enjoyed this segment and laughed a lot on the natural performance of their village fellows. They tried to convey a very important message of male's involvement in maternal and newborn health through this very strong and interactive communication tool, which was very well grasped by the audience.

#### PD success stories:

Once again, like other baby shows, community members felt pride in sharing their success stories. All the participants listened to these heartening stories with a great interest. Besides, the success stories two PD activists (male & female) shared with the community members that how they assumed the leadership roles. How all of them organized and collectively decided to improve the plight of their community regarding maternal and newborn health. They proudly said that they decided to come forward and do something collectively instead of looking for outside help. All the community members were feeling proud of their village fellows, who dared to be the first drop of rain, which later on resulted in a torrential rain.

#### Question & Answer segment:

This was also a very interesting segment in which all the participants were involved to test their memories. We asked the questions regarding Ghutti, Colostrum, danger sings, newborn danger sings, maternal diet, from the audience and gave souvenirs to the successful participants. We tried to reinforce the key messages through this participatory segment.

#### Children games:

The children were attired in colorful dresses, which were specially made for the occasion. A dress show was conducted and three beautifully dressed babies were given prizes. The children were also engaged in some very interesting games i.e. musical chairs, balloon race, banana eating, and song competitions.

#### Cultural segment:

There is no celebration without cultural songs in the community. We invited some community members who captivated the audience by their natural talent of singing cultural songs. Some children actively participated in this segment. They enthralled the audience by their natural performances. They sang cultural songs full of local wisdom, which encourage the community participation for welfare and prosperousness. The community members enjoyed these songs very much.

#### Learning from each other:

We invited the PD activists from other villages to experience the show and do the likewise in their own villages.

#### Prize Distribution:

At the end of the show, prizes were distributed among the healthy babies. The mother and father of the prizewinner babies were very excited and advocating the PD behavior to others.

Appendix 3 B: Excerpts from a Healthy Baby Fair  
**Success story of a mother from Kaag, shared at the Healthy Baby Show**

Robina is the mother of one-month-old baby girl, Laraib. Her husband is a driver. Her sister-in-law is the PD mohalla activist. The mother (Robina) was unhappy with her sister-in-law for joining PD team and used to say that she was wasting her time in such frivolous activities. One day her sister-in-law took her to a PD session, which totally changed her mind, and she realized the importance and usefulness of these activities for mother and newborn's health.

She has been a regular member of the mohalla session and attended almost all the mohalla session with great interest, as she was pregnant and wanted to have a healthy baby. She shared that three things were totally new to her, a) Colostrum, b) use of Clean Birth Kit and, c) delayed washing of the newborn. She tried to learn every good behavior or practice shared during the PD mohalla sessions. Her sister-in-law who is the female PD activist also supported her to adopt these PD behaviors.

She shared with the audience that usually in the village Kaag people use domestic knives to cut the cord, which develop infection and cause delay in healing of the cord. She decided to use the Clean Birth Kit (CBK), which was promoted during PD mohalla session to avoid any infection. She was delivered by a local Dai at home. She said that before the delivery she insisted Dai to wash her hands and use the given CBK, which she purchased from a Lady Health Visitor. The Dai was reluctant to use the CBK instead of her used scissors but was convinced after listening its advantages from the mother and her sister-in-law.

She gave colostrum to the newborn, which is usually considered dirty. She shared with the audience that colostrum is very healthy and serves as ghutti for the baby. The baby was wiped with the cotton instead of washing, wrapped in warm clothes and handed over to mother for immediate breast-feeding. The baby was washed on the second day to keep him safe from the cold.

She said that I would also convince other mothers to follow these behaviors, while citing the successful example of her own baby who never got sick until now due to these practices.

### **Success story of a father of village Chanjiala, Shared at the Healthy Baby Show**

Mr. Manzoor Ahmed is an activist of the village Chanjiala. He is a small shopkeeper. He has four children. Despite he is physically handicapped (polio); he is very active and has conducted his PD mohalla sessions regularly. At the birth of his own baby, a few weeks ago, he adopted all PD behaviors and made himself a living example for the others to follow, what he counsel in the mohalla sessions.

He said that he supported his wife to receive regular monthly antenatal checkups in the last trimester of her pregnancy. She had checked her BP up after every fifteen days during the last trimester so that they could assess any complication well in time. He was very conscious regarding his wife's health during pregnancy after receiving the PD training. His wife took additional food during the pregnancy. He arranged a transport and saved Rs.3000.00 to cope with any emergency at the time of delivery.

He shared with the audience that there were many malpractices by dais in the past, such as cutting the cord with used instruments (scissors, knife), which results in infection. He said, *"Both me and my wife, we decided to opt for hospital for delivery as it is the matter of life and death."*

His wife delivered by a Lady Health Visitor (LHV), at the Basic Health Unit, Beer. Before the delivery he personally met with the LHV to hand over the already purchased items, new blade, cotton and clean thread to her for clean delivery. He also requested to the LHV that his baby should be wiped with cotton instead of washing and handed over to mother soon after the delivery for breast-feeding, as it will facilitate in the process of delivering placenta. The Lady Health Worker was really very impressed with him and asked him where he learned all the information.

He said that nothing was applied on the cord, which was kept open and healed in a few days. The baby was given colostrum and is being exclusively breast-fed. He took care of his wife after the delivery regarding food and rest. His wife and newborn received a postnatal checkup form the BHU Beer.

He was happy and satisfied, as his baby is healthy. He gave all the credit to the SC/US for imparting training, which enabled him to do all that successfully. He shared that *"I have put my personal/practical example before the people, who now listen to me very carefully and love to adopt my behaviors, as they know, whatever I say, I believe in"*.

## Appendix 4: Sample Format for Carrying a Participatory Evaluation

### Sample Format 1 for Results Evaluation

<b>Components</b>	<b>Desired Results</b>	<b>Indicators</b>	<b>Tools</b>	<b>Data Source</b>
Vital events Births & deaths	Decrease in neonatal deaths	# and % of newborn who survived after 7 & 40 days	Births & deaths registry	Home visit at 3 days & at 40 days after delivery
Neonatal morbidity	Decrease in neonatal morbidity	# & % of newborn who did not get sick (asphyxia, infections, ARI) from birth to 40 days	Pictorial checklist	Home visit at 40 days
Behavior #1				
Behavior #2				
Behavior # 3				

### Sample Format 2 for Process Evaluation

<b>Components</b>	<b>What worked</b>	<b>What did not work</b>	<b>Lessons learned</b>	<b>Next steps</b>
Monitoring birth & deaths				
M. sessions				
VHC meetings				
Advocacy PD practices				
HBF				
C. mobilization				
Others				

Appendix 5: Sample Results evaluation

**Sample Results Framework: Behavior Change and Messages: Haripur PD/SNL**

#	Result (R = routine; S = Special Care)	Indicator	Behavior & Target Group	Messages from PDs and information dissemination
1	Tetanus toxoid vaccination (R)	% of mothers surveyed with infant under 1 y with at least 2 TT doses during last pregnancy	Mother <ul style="list-style-type: none"> <li>use facility-based and outreach immunization services</li> </ul>	<ul style="list-style-type: none"> <li>TT protects both the mother and the baby</li> </ul>
2	Recognition of maternal danger signs (R)	<p>% of mothers with infant &lt; 1 y who can mention at least 2 danger signs</p> <ul style="list-style-type: none"> <li>during pregnancy (bleeding, swelling of hands or feet, convulsion, headache, difficult breathing, fever)</li> <li>during labor and delivery (&gt;24 h for 1<sup>st</sup> delivery, &gt; 12 h for others; excess bleeding, convulsions, fever, chills, malpresentation)</li> <li>after delivery (excess bleeding, retained placenta, fever, foul discharge, convulsions)</li> </ul>	<p>Mother and family knows:</p> <ul style="list-style-type: none"> <li>maternal danger signs (see list)</li> </ul>	<ul style="list-style-type: none"> <li>Danger signs can mean that a life-threatening problem is present</li> <li>Any pregnant women can have these danger signs: see list</li> <li>Any women in labor can have these danger signs: see list</li> <li>Any postpartum women can have these danger signs: see list</li> </ul>
3	Care-seeking for danger signs (R)	of those mothers with infant < 1 y who reported a maternal danger sign, the % who sought care at XXX	Mother and family <ul style="list-style-type: none"> <li>seek care at appropriate facility</li> <li>seek care immediately</li> </ul>	<ul style="list-style-type: none"> <li>When a danger sign is present, survival can be threatened quickly</li> <li>Your family is key to helping you</li> <li>If you have a danger sign, your family must take you without delay to XXX, a facility that can help you.</li> </ul>
4	Delivery preparedness (R)	% of mothers/families with infant < 1 y who report at least 2 of 3 preparation steps: clean delivery, money, and transport	Mother and family <ul style="list-style-type: none"> <li>prepare for clean delivery</li> <li>save money</li> <li>prepare for emergency transport.</li> </ul>	<ul style="list-style-type: none"> <li>Prepare ahead of time because labor can begin suddenly</li> <li>Prepare ahead of time because danger signs can develop suddenly</li> </ul>
5	Maternal Antenatal Diet (R)	<i>% of mothers with infant &lt; 1 y who report maintaining or increasing her daily dietary intake during her pregnancy</i>	Mother <ul style="list-style-type: none"> <li>does not “eat down”</li> </ul>	<ul style="list-style-type: none"> <li>Remember that you need to “eat for two”</li> <li>If you restrict your diet, your baby may be weak and unhealthy.</li> </ul>
6	Clean delivery (R)	% of mothers/family members/birth attendants with infant < 1 y who say newborn’s cord was cut with a clean/new instrument OR used a clean birth kit	Birth attendant <ul style="list-style-type: none"> <li>use a clean surface like sheet</li> <li>wash hands with soap</li> <li>cut cord with clean blade</li> </ul>	<ul style="list-style-type: none"> <li>Provide clean surface, soap and clean razor blade</li> <li>Ask the birth attendant to scrub her hands with soap and water before touching you</li> </ul>

	Results	Indicator	Behavior & Target Group	Messages from PDs and information dissemination
7	Newborn Warming and Drying (R)	% of mothers with infant < 1 y who report that her newborn was (a) wrapped before delivery of placenta or (b) wrapped and handed to mother to hold or breastfeed (Will need formative research)	Birth attendant and family <ul style="list-style-type: none"> <li>place baby on clean, dry blanket and cover or wrap</li> <li>give baby to mother immediately</li> </ul>	<ul style="list-style-type: none"> <li>Do not place baby on the floor/ground</li> <li>Wrap and dry the baby immediately, even before the cord is cut or the placenta is delivered</li> </ul>
8	Colostrum or Immediate Breastfeeding (R)	% mothers surveyed with infant under 1 y who <ul style="list-style-type: none"> <li>breastfed their infant within 1 hour of birth</li> </ul>	Family and Birth attendant <ul style="list-style-type: none"> <li>Give the baby to the mother within 30 minutes of birth</li> </ul> Mother <ul style="list-style-type: none"> <li>Put the baby to your breast as soon as you hold him/her</li> </ul>	<ul style="list-style-type: none"> <li>Colostrum is “natural ghutti”</li> <li>It is like the baby’s first immunization</li> <li>Colostrum is clean and safe</li> <li>When your newborn sucks your colostrum, your milk comes in quicker and in greater amounts</li> <li>Immediate breastfeeding reduces mother’s bleeding</li> </ul>
9	Exclusive Breastfeeding (R)	% of mothers with infant < 1 m (1-1.9, 2-2.9, etc.)who say they gave nothing but breastmilk in the last 24 hours	Family and Birth attendant <ul style="list-style-type: none"> <li>Support mother to put the baby to breast at least every 3 hours</li> </ul> Mother <ul style="list-style-type: none"> <li>Put the baby to breast at least every 3 hours</li> <li>Do not put anything else in the baby’s mouth except your nipple</li> </ul>	<ul style="list-style-type: none"> <li>Breastmilk is a complete food for your newborn</li> <li>Breastmilk is clean, warm, and tasty.</li> <li>Breastmilk prevents disease.</li> <li>Breastmilk is all the food needed by your baby for the first 6 months.</li> </ul>
10	Maternal Postpartum Diet (R)	% of mothers with infant < 1 y who report increasing her daily dietary intake during the 40 days after pregnancy	Mother <ul style="list-style-type: none"> <li>eats and drinks more than usual</li> </ul>	<ul style="list-style-type: none"> <li>Remember that you need to “eat for two”</li> </ul>
11	Reduced maternal workload	% of mothers with infant < 1 y who report maintaining reduced workload for 40 days	Mother <ul style="list-style-type: none"> <li>Delegates chores</li> </ul> Family members <ul style="list-style-type: none"> <li>Assume some of mother’s chores</li> </ul>	<ul style="list-style-type: none"> <li>Mothers need rest after delivery to care for their newborn.</li> <li>Mothers need rest after delivery to regain their strength.</li> </ul>
12	Recognition of Newborn Danger Signs (S)	% of mothers with infant < 1 y who can mention at least 2 newborn danger signs (hypothermia, fever, inability to suck, convulsions, difficult or fast breathing, no cry, purulent discharge from eyes or cord, vomiting, blue lips)	Mother and family knows: <ul style="list-style-type: none"> <li>newborn danger signs (list)</li> </ul>	<ul style="list-style-type: none"> <li>Danger signs can mean that a life-threatening problem is present</li> <li>Any newborn can have these danger signs: (see list)</li> </ul>
13	Recognition of Birth Asphyxia (S)	% of mothers with infant < 1 y who know 2 of 3: many newborns who do not breathe are, in fact, still alive; living newborns who are not breathing are an emergency; living newborns who are not breathing must be	Mother, family, and birth attendant know: <ul style="list-style-type: none"> <li>Non-breathing newborn is an emergency and NOT normal</li> </ul>	<ul style="list-style-type: none"> <li>Newborns who do not breathe or cry immediately after birth can get very sick or die.</li> <li>If you see that the newborn is not breathing, do NOT go and find someone</li> </ul>

		treated at home until the breathing starts and NOT brought anywhere		else to double check.
14	Response to Birth Asphyxia (S)	<ul style="list-style-type: none"> <li>▪ of those mothers/family members/birth attendants with infant &lt; 1 y who reported a non-breathing newborn, the % who report that the birth attendant provided resuscitation by stimulation</li> <li>▪ % of mothers with infant &lt; 1 y who know the response for a non-breathing newborn: immediate drying and brisk rubbing his back</li> </ul>	<p>Family and birth attendant know:</p> <ul style="list-style-type: none"> <li>• dry non-breathing newborn, turn him on his side, and rub his back briskly to help him start breathing</li> </ul>	<ul style="list-style-type: none"> <li>• If the newborn is not breathing, immediately dry him and rub his/her back briskly to help him start breathing</li> <li>• If the newborn is not breathing, do not seek care anywhere else. Help him NOW.</li> </ul>
15	Recognition of Low Birth Weight (S)	(Will need formative research)	<p>Mother and family knows:</p> <ul style="list-style-type: none"> <li>• the difference between a usual small newborn and an unusually small newborn</li> </ul>	<ul style="list-style-type: none"> <li>• Some newborns are much smaller than normal because they are born too soon or did not grow well.</li> <li>• Very small newborns must be recognized quickly because they need special care right away.</li> </ul>
16	Response to Low Birth Weight (S)	<ul style="list-style-type: none"> <li>▪ of those mothers with infant &lt; 1 y who reported a low birth weight baby, the % who reported using 3 of 4 types of special care</li> <li>▪ % of mothers with infant &lt; 1 y who know 3 of 4 types of special care for a low birth weight newborn</li> </ul>	<p>Mother and family provides:</p> <ul style="list-style-type: none"> <li>• extra care in warmth (Could include modified Kangaroo Mother Care if formative research indicated acceptability.)</li> <li>• extra care in feeding</li> <li>• extra care in infection prevention</li> <li>• delayed first bath for at least 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• The small baby gets cold easily so doubly wrap him until he gets bigger</li> <li>• postpone his first bath for at least a full day.</li> <li>• It has a small stomach, so feed him every two hours until he gets bigger</li> <li>• It can get infection more easily, so everyone who touches him should wash their hands until he gets bigger</li> <li>• It can get infection more easily, so watch for danger signs (below)</li> </ul>
17	Care-seeking for Newborn Danger Signs (S)	of those mothers with infant < 1 y who reported a newborn danger sign, the % who sought care at XXX	<p>Mother and family</p> <ul style="list-style-type: none"> <li>• seek care at appropriate facility</li> <li>• seek care immediately</li> </ul>	<ul style="list-style-type: none"> <li>• Danger signs can mean that a life-threatening problem is present</li> <li>• When a danger sign is present, survival can be threatened quickly</li> <li>• Mother's husband and mother-in-law can help the baby receive care quickly</li> <li>• Seek care without delay from XXX, a facility that can save your baby.</li> </ul>

Appendix 6: Sample Community Mobilization Evaluation Framework

<b>Results</b>	<b>Indicator</b>	<b>Activities</b>	<b>With whom</b>	<b>When</b>	<b>Forms/source</b>
Increased Community awareness of maternal & newborn care issues (M /F) <b>Information Equity</b>	Reported example of increased community awareness on maternal & newborn care issues Enhanced free flow of information	FGD –M &F (1A) Resource mapping (1-B) KII (optional)	Village leaders, <i>numberdar</i> activists, teachers, religious leaders , LHWs, TBAs Father, shopkeeper, MIL? Fathers, Grandfathers	Baseline:1st preliminary visit  Endline:Participatory Evaluation session*	B & E** Summary reporting form
2. Increased willingness & capacity to change <b>Collective self-efficacy</b>	Reported incidence of change re maternal & newborn care at community level (practices, attitudes, beliefs) Perceived efficacy to take action & to solve problem as a group	FGD- M & F  KII (optional)  FGD	Representatives from each mohallah,  VHC members + community activists Leaders	Baseline:3 <sup>rd</sup> visit: Orientation session for activists  Endline:Participatory Evaluation session*	B & E** Summary reporting form  VAT monthly report
3. Increased community access & involvement in community project <b>Degree &amp; equity of participation</b>	% increase in representation of minority groups or individuals Increased level of broad-based representation of groups in the community organization-VHC % increase of members (men, women & youth) involvement at home & village level in community health projects	Resource mapping  FGD PLA tool on decision making inside/outside the home	Village leaders, <i>Numberdars</i> activists, teachers, religious leaders(F) LHWs, TBAs VAT members, random	Baseline:1st preliminary visit  Endline:Participatory Evaluation session	B & E** Summary reporting form  Collective action matrices (M/F)
4. Emergence of new leaders/leadership	Equity & diversity of leadership Conflicts resolution	FGD	VAT members Other leaders	Endline:Participatory Evaluation session	Community dialogue & collective action Matrices

- \* Evaluation session: After 9 to 12 months implementation
- \*\* Baseline & endline Evaluation summary

