

INTRAH

TRIP REPORT # 0-36

TRAVELERS: Dr. James Veney, INTRAH
Evaluation Officer

COUNTRY VISITED: NEPAL

DATE OF TRIP: February 23 - March 2, 1985

PURPOSE: To assist in development of
evaluation components of project
proposals submitted for INTRAH assistance

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EXECUTIVE SUMMARY

Dr. James E. Veney, INTRAH Evaluation Officer and Professor of Health Policy and Administration, School of Public Health, University of North Carolina, visited Nepal with INTRAH Deputy Director Ms. Lynn K. Knauff and INTRAH Association Director for Administration, Mr. Raymond Baker, from February 23 to March 1. The purpose of the visit was to assist in project development activities, to ensure continuing evaluation of project training activities and to identify possible candidates for the May/July Chapel Hill-based evaluation training. During the course of the visit, meetings were held with the Public Health Advisor of USAID/Nepal, and officials of the Contraceptive Retail Sales (CRS) Program of Nepal, the Nursing Division of the Ministry of Health (DON/MOH), the Integrated Community Health Services Development Project (ICHS/DP), the Family Planning/Maternal and Child Health (FP/MCH) Project, the Family Planning Association of Nepal (FPAN), the Institute of Medicine Project (IOM) of Tribhuvan University and the Planning Division of the Ministry of Health.

During the visit an evaluation framework was designed for the training projects to be carried out by both CRS and DON/MOH, and evaluation requirements were specified for contracts between these organizations and INTRAH. General evaluation expectations and requirements of INTRAH contractual agreements with the ICHS/DP and FP/MCH Projects and the IOM were also discussed. In addition, two persons

were identified as candidates for the May/July 1985 Chapel Hill-based evaluation training.

SCHEDULE OF VISIT

- 2-23-85, 1700: Arrival from Sri Lanka.
- 2-24-85, 1030: Meeting with Mr. Hem B. Hamal, General Manager and Mr. Ranjan Poudyal, Communications Manager, Nepal Contraceptive Retail Sales Program (CRS).
- 2-25-85, 1100: Meeting with Ms. Rukhmini Shrestha, Chief and Ms. Terry Miller, WHO Technical Specialist, Nursing Division, Ministry of Health (DON/MOH).
- 2-25-85, 1300: Meeting with Dr. Suniti Acharya, Deputy Director, Integrated Community Health Services/Development Project (ICHS/DP).
- 2-25-85, 1530: Meeting with Mr. Shankar Shah, Director, and Mr. Kush N. Shrestha, Chief, Program & Training Section, Family Planning Association of Nepal (FPAN).
- 2-26-85, 0900: Meeting with USAID Public Health Officer, Mr. Jay Anderson.
- 2-26-85, 1100: Meeting with Mr. Hem Hamal, General Manager, and Mr. Ranjan Poudyal, Communications Manager, CRS.
- 2-26-85, 1500: Meeting with Dean Acharaya, and Dr. Uma Das, Campus Chief, Institute of Medicine, Tribhuvan University.
- 2-26-85, 1600: Meeting with Dr. B.R. Pandey, Chief of the Planning Division, Ministry of Health.
- 2-27-85, 1030: Meeting with Mr. Ajit Singh Pradhan, Evaluation Officer, ICHS/DP to discuss evaluation and record-keeping for that project.
- 2-27-85, 1300: Meeting with Mr. Gokarna Regmi, Demographer, Family Planning/Maternal and Child Health Project.
- 2-28-85, 1030: Meeting with Mr. Gokarna Regmi of the FP/MCH Project to discuss evaluation activities in that organization.
- 3-1-85, 1230: Debriefing at USAID.

3-1-85, 1400: Joint meeting with representatives of all organizations visited in Nepal (CRS, DON/MOH, ICHS/DP, FP/MCH, FPAN, IOM, PD/MOH) in the offices of FP/MCH.

3-2-85, 1300: Departure from Nepal.

I. PURPOSE

The main purpose of this visit was to assist in design of INTRAH technical assistance projects in Nepal and to ensure that evaluation is an integral component of all projects developed. A secondary purpose of the trip was to identify persons who would be likely candidates for the May/July 1985 Chapel Hill-based course on evaluation training.

II. ACCOMPLISHMENTS

During seven working days in Nepal, the following was accomplished:

1. The traveler assisted in the refinement of project proposals for INTRAH assistance with the Contraceptive Retail Sales program (CRS), the Division of Nursing, Ministry of Health (DON/MOH), the Integrated Community Health Services Development Project (ICHS/DP) and the Family Planning/Maternal and Child Health Project (FP/MCH).
2. The traveler familiarized himself with the family planning activities currently being conducted in Nepal.
3. The traveler assisted in the development of evaluation plans for projects under development with the CRS Program, DON/MOH, the Integrated Community

Health Services Development Project, and the Family Planning/Maternal and Child Health Project.

4. The traveler identified two candidates for the May/July 1985 Chapel Hill-based course on evaluation training.

III. BACKGROUND

INTRAH has both a responsibility and a mandate to provide for evaluation of its training projects. This visit to Nepal was an attempt to ensure that such evaluation is built into the training activities of the projects developed and becomes a part of the projects from their inception.

IV. DESCRIPTION OF ACTIVITIES

The principal activities of this visit were as follows:

1. Briefing and debriefing with Mr. Jay Anderson, Public Health Advisor, USAID/Nepal;
2. Meeting with Mr. Hem Hamal, General Manager and Mrs. Rayan Poudyal, Communications Manager, of the Nepal Contraceptive Retail Sales Program to discuss an experimental project for community-based distributors, including the development of an evaluation plan for that project.

The CRS project will begin in a very small way with the training of only 25 CBD's. Evaluation will include a determination of whether the CBD's

are able to accumulate a group of continuing users over time, and whether their activities are progressively more profitable.

3. Meeting and discussions with Mrs. Rukhmini Shrestha, Chief, and Ms. Terry Miller, WHO Technical Specialist, of the Nursing Division, Ministry of Health regarding a program to train 70 auxiliary nurse-midwives to train an additional 1500 TBA's in FP/MCH. During these discussions an evaluation framework was designed that includes an annual follow-up of trained TBA's as well as a terminal sample survey assessment of the efficacy of trained TBA activities that will be based on a comparison of the work of a sample of 280 trained TBA's to that of 280 non-trained TBA's in the same geographic areas. A copy of an initial survey done in one district in Nepal is attached (Appendix B) as an example of the type of survey that will be conducted to assess the effects of the project.
4. Meeting and discussions with Dr. Suniti Acharya, Deputy Director and Mr. Ajit Singh Pradhan, Evaluation Officer of the Integrated Community Health Services/Development Project (ICHS/DP) to discuss the management training that they hope to implement with INTRAH support and, additionally,

to discuss the strategies used by ICHS/DP at the present time for record-keeping and evaluation . Copies of the forms used for record-keeping by the ICHS/DP were obtained. Unfortunately, the forms are in Nepali (as no English versions of the forms were available) so these are not attached. During these discussions it was possible to identify one candidate, Mr. Ajit Singh Pradhan, for the May/July 1985 Chapel Hill-based evaluation training.

5. Meeting and discussions with Mr. Shanker Shah, Director, and Kush N. Shrestha, Chief, Program and Training Section of the Family Planning Association of Nepal. During this meeting the possibility that FPAN might seek the assistance that they require from several agencies and sources other than INTRAH before designing a training package to be proposed to INTRAH was discussed. Further details are given in the trip report of Ms. Lynn Knauff, submitted separately.
6. Meeting with the staff of the Family Planning/ Maternal and Child Health Project, Ministry of Health. It was possible to assist staff of the FP/MCH Project in the design of a training project that will take into account the similarities in training needs of the FP/MCH and ICHS/DP Projects and encourage collaboration between the two

projects (see trip report #0-35 by Ms. Knauff and Mr. Ray Baker). Discussions were also held with Mr. Gokarna Regmi, a demographer with the Project who is a suitable candidate for the May/July 1985 evaluation training course in Chapel Hill.

7. Meeting with Dr. Badri Raj Pandey of the Planning Division of the Ministry of Health. Dr. Pandey, as director of the Division will be required to approve all proposed training projects to be conducted with INTRAH support. It was Dr. Pandey who was able to suggest the name of Mr. Regmi as a potential candidate for the May/July 1985 Chapel Hill-based evaluation training.
8. Several meetings with Mr. Padma Nath Tiwari, Director of the Development Oriented Research Centre (D.O.R.C.) A contractual agreement that will include support of the translation of documents from English to Nepali and then back to English as part of the INTRAH training in Nepal was developed with D.O.R.C.
9. Meeting with Dr. Gopal N. Acharya, Dean and Dr. Uma D. Das, Campus Chief, of the Institute of Medicine of Tribhuvan University during which an IOM proposal for pre-service training of auxiliary nurse-midwives was discussed. It was agreed that INTRAH would provide a consultant to assist in the development of such a proposal.

VI. RECOMMENDATIONS

1. A strategy for the development of an evaluation component for the community-based distribution training project was designed during discussions with CRS. This strategy is outlined in the contract document that was developed with CRS and should be the basis of evaluation for that training project. Actual implementation of the evaluation activity will be the responsibility of CRS with the assistance of INTRAH staff.
2. The evaluation component of the DON/MOH auxiliary nurse-midwife/traditional birth attendant training project was developed. As the WHO statistical support that was available for the first TBA survey (see Appendix B) is not likely to be available at the conclusion of this training activity, INTRAH should expect to provide technical assistance at the time of that survey activity and perhaps during other critical points in the training program.
3. The ICHS/DP and the FP/MCH Projects will be developing training project proposals that recognize the mutual training needs of both organizations. As these two projects will be the largest INTRAH-supported training efforts in Nepal, it is appropriate that participants be

requested from each of these organizations for the May/July 1985 Chapel Hill-based evaluation training course. During the Chapel Hill-based course, the strategy for evaluation of these two training efforts should be developed and refined.

APPENDIX A:
Persons Contacted

USAID/Kathmandu

Mr. Jay Anderson, Public Health Advisor

Nepal Contraceptive Retail Sales (CRS)

Mr. Hem B. Hamal, General Manager

Mr. Ranjan Poudyal, Communications Manager

Nursing Division, MOH

Ms. Rukhmini Shrestha, Chief

Ms. Terry Miller, WHO Advisor

Integrated Community Health Services/Development Project
(ICHS/DP)

Dr. Suniti Acharya, Deputy Director

Mr. Ajit Singh Pradhan, Evaluation Officer

Family Planning Association of Nepal (FPAN)

Mr. Shankar Shah, Director

Mr. Kush N. Shrestha, Chief, Program and Training
Officer

Development Oriented Research Centre (DORC)

Mr. Padma N. Tiwari, Director

Planning Division, Ministry of Health (PD/MOH)

Dr. Bhadri Raj Pandey, Chief of the Planning Division

Institute of Medicine, Tribhuvan University

Dr. Gopal P. Acharaya, Dean

Dr. Uma D. Das, Campus Chief

Family Planning/Maternal and Child Health (FP/MCH) Project

Mr. Gokarna Regmi, Demographer

APPENDIX B

Survey of TBA's in Kaski District

NEONATAL MORTALITY SURVEY IN KASKI DISTRICT

NEPAL, MARCH 1984

1. Introduction
2. Population and Methods
3. Results
4. Discussion
5. Conclusion

Dr P.E.L. Hedman
Medical Officer, NEP EPI Project

Mr C.T. Tamondong
Statistician, NEP MPN 002

Revised 7 May 1984

Kathmandu, NEPAL.

I. Introduction

The Division of Nursing of the Ministry of Health in Nepal has started a training programme for Traditional Birth Attendants (TBAs). One of the intervention districts is Kaski and the writers were asked to help and suggest a disease indicator to monitor the TBA performance and to conduct the survey to serve as a reference for future surveys.

The ideal disease as an indicator to monitor TBA performance should be dependant on techniques and hygiene during delivery and perinatal care. The indicator should not be influenced by other health activities like immunization and should be of high incidence in order to make sample size as small as possible.

There are two ways to monitor neonatal deaths to reflect TBA performances:

1. Incidence of neonatal deaths due to tetanus. The advantage is that tetanus is a disease which is easily defined by history and had proven useful in surveys. Tetanus neonatal death rates in Nepal vary from 3 to 38 per 1000 live births. However, the incidence of neonatal deaths due to tetanus is influenced by tetanus toxoid (TT) immunization of mothers and in the districts proposed in the TBA programme there are already TT immunization services. Hence, its use to monitor the effects of the TBA training will require an unduly large sample size which is more costly in time, money and manpower.
2. The advantage here is that the general neonatal mortality rate is higher compared to tetanus neonatal mortality rate and a small sample size will suffice. Further, there is less influence of TT immunizations, and it will include postnatal septicemic cases which have a high correlation to delivery and postnatal care. It will however be a crude indicator as it will include neonatal deaths caused by inborn congenital diseases which have no relation to TBA performance. However, the use of this indicator to monitor TBA performance before and after training seems most favourable as the sample size required will be small and field work will be practically easy.

II. Population and Methods

The TBA training programme in Kaski District covered three (3) health post areas - DEURALI, KRISTINACHNECHAUR and SHISHUWA. These three health post areas cover 81 wards divided into nine (9) panchayats.

An estimate of the neonatal death rate in Nepal is about 50 per 1000 live births. * Assuming a precision of $\pm 45\%$ of the neonatal death rate using the 95% confidence limits, the sample size arrived at was approximately 360. (Sample size $n = (1.96)^2 \times 50 \times 950 / (0.45 \times 50)^2 = 360.4$.) Applying the 40 cluster method used in EPI sample surveys for EPI target diseases, 9 births ($360/40 = 9$) therefore comprise a cluster.

The population census results of 1981 of the 9 panchayats, updated till March 1984, served by the three health posts was used as the sampling frame. The 40 clusters were randomly selected proportional to the population size of the panchayats.

It was reported that in the TBA training programme area, only about 25% of the total births are attended by TBAs. Hence, it was decided to include in the definition of births as those births attended by a TBA occurring within the last 12 months prior to the day of the survey. A TBA, locally called Sudeni, is defined as any female, usually a relative, who helped during the delivery. This broad definition of TBA as the target group for the training programme was used for the purpose of this survey.

Estimate obtained from Expanded Immunization Programme on EPI diseases survey.

The survey interview form (presented in Annex One in English and translated into Nepali in Annex Two) records the number of neonatal deaths (deaths within one month after birth) among births attended by a TBA and tries to give a clinical history that could identify deaths due to neonatal tetanus using standard Expanded Programme on Immunization survey questions. A question on if the child was loose in the limbs between spasms was added to the standard questions in an attempt to separate hypoglycaemic spasms from neonatal tetanus spasms. Also, the form records for all the births how the cord was cut and cared for and if the TBA had to perform any life-saving practice immediately after delivery.

Twenty (20) Village Health Workers from the three health post areas were employed as field survey staff. They were trained by the authors giving the background for the survey and explaining the survey technique. All twenty VHMs had a field exercise to learn the use of the form. Each VHM would conduct the survey of the wards randomly selected in his Health Post area.

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III. Results

Information on a total of 357 live births were collected by the 20 VHWs. Of these 311 were live births attended by the TBAs and the remaining 46 were attended by non-TBAs. The births attended by non-TBAs were not included in the tabulation.

The neonatal deaths found among the 311 TBA attended deliveries were:

Table I. Neonatal deaths among TBA attended deliveries in a neonatal mortality survey in Kaski District, Nepal, March 1984.

Number of live-births	Neonatal deaths	
	Number	Rate per 1000 live-births
311	15	48.2

Of these 15 neonatal deaths, three (3), or 20 percent were considered to be caused by neonatal tetanus.

The practice of cutting the umbilical cord is shown in Table 2.

Table 2. Umbilical cord cutting practices among births attended by TBAs in a neonatal mortality survey in Kaski District, Nepal, March 1984.

Cord cut with	TBA attended births	
	Number	Percent
Razor blade	167	53.7
Grasscutter's knife	123	39.6
Knife	7	2.3
Scissors	5	1.6
Khukri knife	4	1.3
Nailcutter	1	0.3
Blade with gold support	1	0.3
Thread	1	0.3
No answer in the form	2	0.6
Total	311	100.0

The umbilical cord was cut with either a razor blade or a grasscutter's knife in more than 90 percent of the births attended by TBAs.

The practice of cord dressing and cord care is presented in Table 3.

Table 3. Practices of umbilical cord dressing and care among TBA attended births in Kaski District, Nepal, Neonatal Mortality Survey, March 1984.

Cord care/dressing	TBA attended Births	
	Number	Percent
No dressing	87	28.0
Thread	149	48.0
Thread & Oil	40	12.9
Oil	21	6.8
Powder	3	1.0
Thread, oil & powder	1	0.3
Dead spider	1	0.3
Bread	1	0.3
Powder & Oil	1	0.3
Train ticket	1	0.3
Tied with blade	1	0.3
Acroflavin	1	0.3
Mercurochrome	1	0.3
Ointment	1	0.3
No answer in the form	2	0.6
Total	311	100.0

No dressing was applied in 28 percent of the TBA attended births. The 3 most frequently used cord dressings were: Thread, thread and oil, or oil. On one birth each the umbilical cord was dressed using a dead spider, bread or train ticket !

Results concerning the question of TBA practicing any life-saving practice after delivery is shown on Table 4.

Table 4. Performance of life-saving practice by TBAs when baby was born, neonatal mortality survey in Kaski District, Nepal, March 1984.

Did the TBA perform any life-saving practice when baby was born ?	TBA attended births	
	Number	Percent
YES	37	11.9
NO	270	86.8
No answer in the form	4	1.3
Total	311	100.0

In almost 90 percent of the deliveries, the TBAs did not do any life-saving practice after baby was born. Among the 37 who answered Yes, most often the answer were "Yes, the baby was cleaned" or "Yes, the baby was cleaned with warm water".

IV. DISCUSSION

An estimate of the neonatal mortality rate among TBA attended births in the area surveyed is 48.2 per 1000 live births with a standard error of 13.0 per 1000 live births.

Among Asian countries the neonatal mortality rates range from 4.0 (Macau, 1981) to 24.9 (Sri Lanka, 1978) per 1000 live births. This is low compared with the survey result indicating the possibility of reduction through some suitable health intervention such as TBA training. It may be useful therefore as one of the indicators to monitor and evaluate the TBA training programme in Kaski District.

The most commonly used umbilical cord cutter in the survey area were the grasscutter's knife and razor blade. In the future survey it may be useful to specify if these are sterilized or not.

Among the 87 live births (or, 28.0% of the sample of 311) with no umbilical cord dressing, neonatal mortality is disproportionately high - 10 deaths of the total 15 deaths observed, or 67%.

The question on "Did the TBA perform any life saving practice when the baby was born?" was misunderstood by the VHVs and the most often written answers were "Yes, baby was cleaned", or, "Yes, baby was cleaned with warm water". They (VHVs) should have been supervised in the field as they obviously did not understand the selection of only TBA attended live births to be included in the sample.

V. CONCLUSION

1. The neonatal mortality rate for the area surveyed was 48.2 per 1000 live births with a standard error of 13.0 per 1000 live births. The 95% confidence limits are 22.7 to 73.7 per 1000 live births.

2. The most commonly used umbilical cord cutter are the grasscutter's knife and razor blade accounting for more than 90 percent of the cases.

3. The number of neonatal deaths among live births without cord dressing is high.

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4. Neonatal mortality together with some characteristics describing it, e.g. cord dressing and cutting could be used as one of the indicators to monitor the TBA training programme. The survey is easy to do in the field and requires a reasonably small sample size. However, the survey should be conducted only after a lapse of at least one year after TBA training.

(SURVEY FORM ON NEONATAL DEATHS)

1. Any babies born from to..... (12 months)?

2. Was the delivery attended by a TRA?

(If yes to both questions)

Number of live births:

Date:.....

Interviewer :.....

Health Post :.....

Panchayat:.....

Ward No:..... Name of the head of the household:.....

3. How was the cord cut at the delivery?

4. How was the cord dressed, cared for ?

5. Did the TRA perform any lifesaving practice when the baby was born?..

6. Number of babies who died within one month after birth?

7. Symptoms of the child that died:

Did the baby suck the breast after birth?	Yes	No
Did the baby refuse the breast after illness?	Yes	No
Did the child have fever?	Yes	No
Did the child have spasms?	Yes	No
Was the child loose in the limbs between spasms?	Yes	No

१) कुनै बच्चा देखि सम्म जन्मेको ?
(१२ महिना भित्र)

२) बच्चा सुत्निको नक्सलबाट जन्माइएको थियो ?

(यदि दुवै प्रश्न सधैं हुनु भने) जिनै जन्मिएका बच्चाहरूको संख्या :-

मिति, प्रश्नकर्ता :-

स्वास्थ्य केन्द्र पंजागत :-

वार्ड नं. घर मुलुकको नाम :-

३) बच्चा जन्मदा शेरु सालनाल कसरो काटिएको थियो ?

४) बच्चाको सालनालमा कसरो मलम पट्टी लगाइएको थियो ?

५) के सुत्निको बच्चा जन्मपछि लोका नयाउने कार्य गरियो थियो ?

६) कुनै १ महिना भित्र कुनै बच्चाहरूको संख्या ?

७) कुनै बच्चाको लक्षणहरू:

(क) बच्चा जन्मे पछि आमाको दुध चुसको थियो ? थियो थिएन

(ख) बच्चा बिरामी पछि आमाको दुध चुसको थियो ? थियो थिएन

(ग) बच्चा लाल्ज्वरो आएको थियो ? थियो थिएन

(घ) बच्चा लाल् वाउठो रोग लागेको थियो ? थियो थिएन

(ङ) वाउठो आएको रोग सुत्न सुत्नो थियो ? थियो थिएन

८. मलमपट्टी भन्नाले सपानो, गोबर, अंगार राखिएको थियो वा थिएन र

यो नसरेको भए कसरो dressing गरिएको थियो ?

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Program for International Training in Health

The University of North Carolina at Chapel Hill
School of Medicine

208 North Columbia Street (344A)
Chapel Hill, North Carolina 27514

May 2, 1985

Cable: INTRAH, Chapel Hill, N.C.
Telephone: (919) 966-5636
TLX 3772242
ANSWERBACK: UNCCHINTRAH

Ms. Marilyn Schmidt
Program Monitor
ST/POP/IT
SA 18 Room 311
Agency for International Development
Washington, D.C. 20523

Re: AID-DPE-3031-C-00-4077

Dear Marilyn:

Enclosed is one complete copy of INTRAH trip report # 0-30:

Country: Thailand

Activity Title: Technical Assistance to PDA

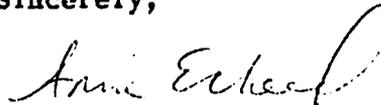
Dates: January 14 - February 9, 1985

Traveller(s): Ms. Pauline W. Muhuhu, INTRAH E/SA Office Director

Purpose of Trip: To provide technical assistance to PDA in curriculum development and to make arrangements for African officials' study tours.

Please let us know if you need additional copies of this report or portions thereof.

Sincerely,

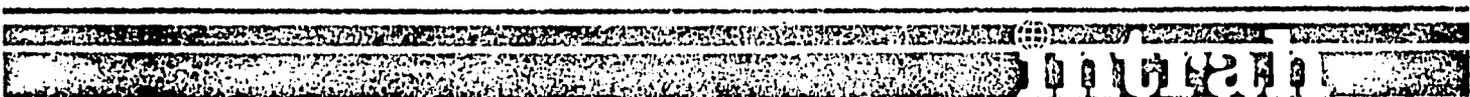


Anne Echerd
Program Assistant

Enclosures:

- cc: Mr. Terrence Tiffany, USAID/Bangkok
- Mr. Edward Muniak, Asia/TR/PHHR
AID Development Unit
- Dr. James Lea, Director/Ms. Lynn Knauff, Deputy Director
Regional Office/Nairobi
- Mr. Robert Minnis, IHPS
- Ms. Charlotte Cromer, ST/POP/OCS
- Mr. Larry Eicher, Africa/TR/PHHR

Ms. Barbara Kennedy,
REDSO/ESA/Nairobi



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