

**INTRAH**

**TRIP REPORT # 0-35**

TRAVELERS: Ms. Lynn Knauff, Deputy Director  
Mr. Raymond Baker, Associate Director

COUNTRY VISITED: NEPAL

DATE OF TRIP: February 24 - March 1, 1985  
Project finalization and sub-

PURPOSE: contract development of CRS and  
DON/MOH proposals. Development of finance  
agreement with D.O.R.C.

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Attendants (TBA's) in Five Districts, Division of Nursing,  
Ministry of Health**

## **EXECUTIVE SUMMARY**

From February 24 - March 1, the INTRAH team (Lynn Knauff, Ray Baker and James Veney, his report to be submitted separately) held discussions and proposal reviews in Kathmandu with six organizations' representatives, USAID/Nepal, and the Ministry of Health (MOH) Secretary and Planning Chief. Two draft sub-contracts were developed: one with the Division of Nursing and another with the Contraceptive Retail Sales Program.

A meeting was held of the Family Planning Training Advisory and Coordinating Board to review the status of all proposals and to determine next steps. Collaborative proposal development between Family Planning/Maternal and Child Health (FP/MCH) Project and the Integrated Community Health Services/Development Project (ICHS/DP) was endorsed by representatives of those organizations and USAID/Nepal. If the proposals are reviewed in Chapel Hill by April, an INTRAH visit in late May should be made to finalize the workplans and budgets, and to develop draft sub-contracts.

The Development-Oriented Research Center (D.O.R.C.) will be INTRAH's fiscal agent for MOH organizations and will assist in monitoring and reporting of training activities.

**SCHEDULE**

- Saturday, Feb. 23:** Arrived in Kathmandu at 5:30 p.m.
- Sunday, Feb. 24:** Meeting with staff at Contraceptive Retail Sales (CRS)  
Meeting with Development-Oriented Research Center (DORC)  
Director, Mr. Padma Nath Tiwari  
Met Dr. T. B. Khatri, Chief, FP/MCH to arrange another meeting
- Monday, Feb. 25:** Brief meeting with Mr. Jay Anderson, USAID  
Meeting at Division of Nursing, (DON)  
Meeting at Integrated Community Health Services (ICHS)  
Meeting at Family Planning Association of Nepal (FPAN)  
Meeting with MOH Secretary, Mrs. C. K. Kiran
- Tuesday, Feb. 26:** Briefing with Mr. Jay Anderson, USAID  
Meeting with CRS staff  
Meeting at Institute of Medicine  
Meeting with Dr. Pande, Chief, MOH Planning Division
- Wednesday, Feb. 27:** Meeting at FP/MCH
- Thursday, Feb. 28:** Meeting with Mr. Karna, FP/MCH  
Meeting with Mr. Malcolm Kennedy, UNICEF  
Meeting with DON/MOH representatives
- Friday, March 1:** Meeting of Family Planning Training Advisory and Coordinating  
Board  
Debriefing with Mr. Jay Anderson, USAID
- Saturday, March 2:** Departure from Kathmandu at 12:50 p.m.

## **I. PURPOSE**

The purpose of the visit was to discuss the proposals that had been submitted for INTRAH support and to finalize and reformat into draft sub-contracts those that were acceptable. In addition, a project management finance agreement was to be developed with Development Oriented Research Center (D.O.R.C.).

## **II. ACCOMPLISHMENTS**

- A. Proposals were submitted to INTRAH for review from: Division of Nursing, of the Ministry of Health (DON/MOH), Family Planning/Maternal and Child Health Project of the Ministry of Health (FP/MCH), Integrated Community Health Services Development Project of Ministry of Health (ICHS/DP), Contraceptive Retail Sales Program (CRS), Family Planning Association of Nepal (FPAN), and Institute of Medicine (IOM).
- B. The six proposals were reviewed and discussed individually with the submitting organizations and with INTRAH's USAID liaison, Mr. Jay Anderson, who had submitted his written comments on each proposal.
- C. A meeting was held of the Family Planning Training Advisory and Coordinating Board to review the focus, objectives and status of each proposal, and to identify next steps (see Appendix B for minutes of the meeting).
- D. Draft sub-contracts were developed with Division of Nursing and the Contraceptive Retail Sales Program.
- E. A project management agreement was developed with the Development Oriented Research Center (D.O.R.C.).
- F. Evaluation designs were developed for the DON/MOH and CRS projects, and design possibilities were discussed with the other submitting organizations' representatives.
- G. The need for collaborative and/or complementary proposal development between FP/MCH and ICHS/DP was clearly and straightforwardly discussed with each organization and at the Board meeting. Both organizations

agreed to collaborate during their re-write and to identify points of intersection in their proposals.

### **III. BACKGROUND**

See INTRAH Trip Report # 0-8 which describes the roles of each submitting organization, the proposed responsibilities of D.O.R.C., and the next steps to be taken in preparation for this visit. By the time of Ms. Knauff's departure from Chapel Hill (February 4) only two proposals had been received (DON/MOH and FPAN). Upon arrival in Nepal on February 23, three proposals were given to Ms. Knauff (FP/MCH, ICHS/DP, and CRS) and another (IOM) was submitted on Feb. 25. All except DON/MOH and CRS will require a significant amount of re-writing as a result of discussions with the submitting organizations.

### **IV. ACTIVITIES**

- A. A briefing and debriefing were held with Mr. Jay Anderson, Public Health Advisor, USAID. He indicated that high priority should be given to the DON/MOH and CRS proposals, and expressed concern about the evident lack of collaboration between FP/MCH and ICHS/DP during the writing of their proposals as well as the lack of reality expressed in their budgets. If and when FP/MCH and ICHS/DP collaborated, he would give high priority to their proposals. He stated that in-country training costs could not be picked-up by the bilateral project. When asked about the evaluation report of USAID's bilateral project, he replied that it had limited utility; in any case, we were not furnished a copy.

We discussed several issues and opportunities with him:

1. Difficulty in planning travel owing to delay in concurrence from USAID. Mr. Anderson indicated that Kathmandu #0207 had inquired about the purpose of travel for INTRAH's three person team. That cable was not relayed

to INTRAH; instead, D.O.R.C. had sent a telex to which INTRAH responded by cabling USAID with the assignment purpose which was repeated in State 033052 of February 1, 1985.

2. Proposed sub-contract with D.O.R.C. Mr. Jay Anderson expressed strong support for and no reservations about INTRAH's proposed agreement.
3. Process of approval for MOH - generated proposals. The responsible head will send a letter requesting approval to the Secretary of the MOH who subsequently indicates her concurrence by a letter to the responsible head.

During the debriefing, copies of draft sub-contracts and budgets were shown to Mr. Anderson, and prevailing problems with the other submitting organizations' proposals were identified.

Dr. David Calder, the new Health/Population/Nutrition Officer was introduced to the INTRAH team, but no substantive discussion was held with him. Ms. Barbara Spaid, the Population Officer was on home leave. It was learned that the current Mission Director, Mr. Dennis Brennan, will be leaving for an AID/Washington assignment at the end of March 1985.

- B. Two discussions were held with CRS's Mr. Hem Hamal and his staff. The proposal and an evaluation scheme were discussed as well as a number of issues and tasks preparatory to training community-based distribution (CBD) workers. In regard to the latter, CRS will need to decide on: job description and selection criteria for CBD workers; ratio of CBD workers to families; policy and procedures guidelines; the reporting system; items to be included in the worker's kit; workers' priorities; criteria for success of the CBD component; educational materials for the workers; the OC checklist that will be used; and the workers' record-keeping and accounts systems.

It was decided that the CBD component supervisor and the field supervisor should attend the July activity at the Asian Center of the Population and Community Development Association (PDA) in Bangkok, joining the Ugandan delegation.

A tentative list of CBD workers' training topics was developed, which included: record-keeping and reporting; simple accounting; ORS

demonstration; simple reproductive physiology, information on all methods including side-effects and complications; screening of new oral contraceptors; follow-up system; first aid; communications skills; referral sources; use of visual materials; storage of contraceptives; and policy and procedural guidelines.

Mr. Hamal asked that PDA assist with the training curriculum and pre/post test construction during the PDA activity in July.

A revised proposal and budget were prepared by CRS and a draft sub-contract was developed.

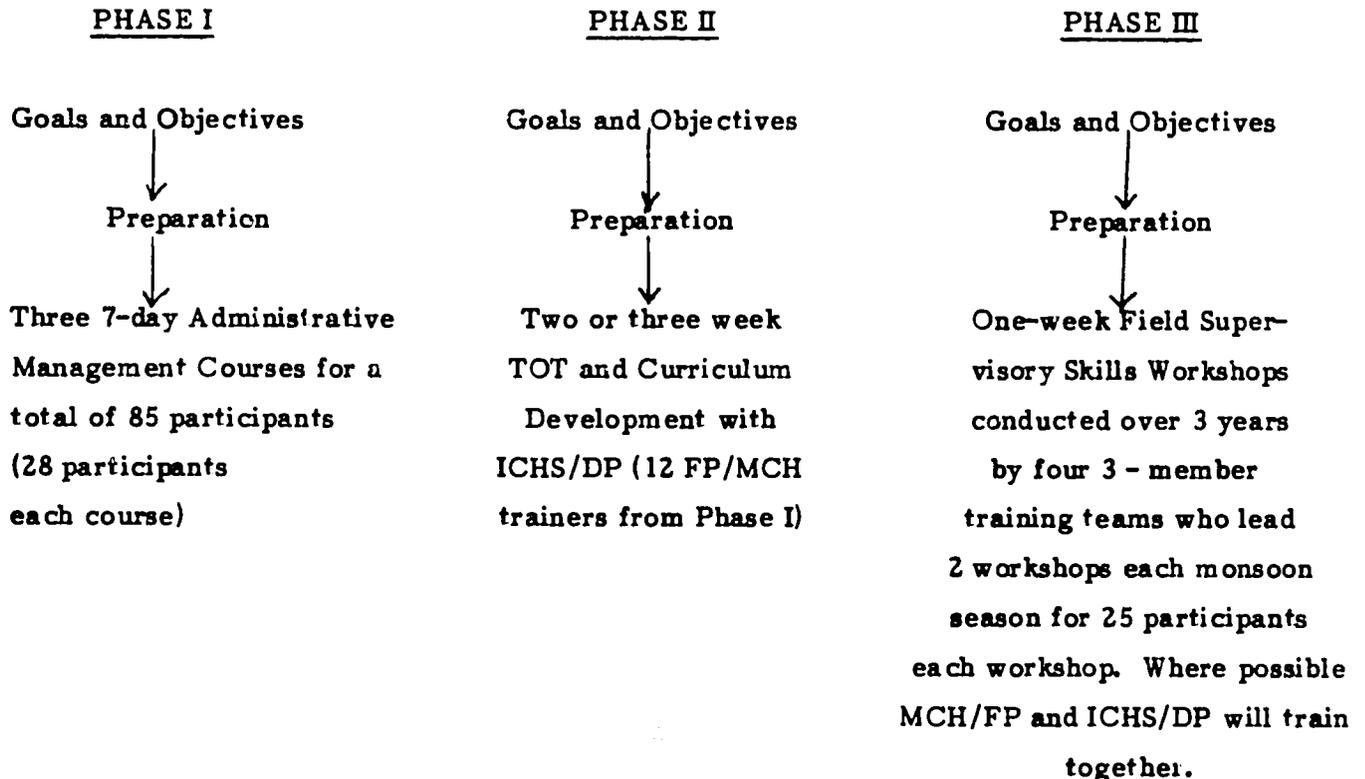
- C. A discussion on the ICHS/DP proposal was held with Dr. Suniti Acharya, Deputy Director. She outlined the focus, objectives and dimensions of the proposal for supervisory skills training. She cited the needs for INTRAH technical assistance including help in task analyses and design of an evaluation instrument for on-site follow-up assessment. The INTRAH team indicated that the proposed ICHS/DP timetable would have to be revised since INTRAH and AID processes could not be completed by April. We also cited the need for the following: strong evaluation component including 25% sample of participants; collaborative TOT and field training, where possible, with FP/MCH; and budgetary revisions.
- D. A discussion on the FPAN proposal was held with Mr. Kush Shrestha and Mr. Shankar Shah. Since it calls for the MCH orientation of Branch Officers and MCH training of FPAN's Branch Offices' health personnel, it was suggested that FPAN investigate the following sources of technical assistance (and then submit a revised proposal and budget): FP/MCH and ICHS/DP projects; UNICEF; and WHO/Delhi (Dr. Kanti Giri). Job descriptions including specific MCH responsibilities also need to be developed. Field-level collaboration with MOH and ICHS/DP personnel should be identified and acted on.
- E. A meeting was held with Dean (Dr.) Gopal Acharya and Dr. Uma Das of the Institute of Medicine. The proposal submitted to INTRAH will require extensive revision based on anticipated discussions between Dr. Das and Ms. R. Shrestha of the DON/MOH on the latter's TBA training project, the

training curriculum, and the evaluation findings. Dr. Das indicated need for technical assistance from INTRAH in preparation of the proposal. Ms. Maureen Brown was mentioned as a potential consultant for that assignment. Knauff will follow-up with Ms. Brown, who is currently in Cairo.

- F. Several meetings were held with DON/MOH representatives, Ms. Rukhmini Shrestha, Chief; Ms. Terry Miller, WHO advisor; and Ms. Chandra Shrestha, Assistant to the Chief. In general, the DON/MOH proposal was well conceptualized and complete. Recommendations were made and accepted concerning the evaluation scheme and the budget. We feel that a strong evaluation component will yield important but heretofore widely unavailable or only fragmentary documentation on TBA effectiveness as a result of training.
- A draft subcontract was developed with the DON.
- G. A meeting was held with Mrs. Chandra Kala Kiran, Secretary of the Ministry of Health. She indicated support of the DON/MOH proposal citing the proposed future prospect of assignment of Auxiliary Nurse-Midwives (ANMs) to hospitals rather than health posts, thereby creating an opening for TBA's to become the formal primary source for MCH service at the village level.
- H. A meeting was held with Dr. Bhadri Raj Pandey, Chief of the Planning Division of the Ministry of Health and formerly Chief of the FP/MCH Project. He expressed support for a core team comprised of FP/MCH and ICHS/DP trainers to write a joint or complementary proposals.
- I. A meeting was held at the FP/MCH Project with Dr. T. B. Khatri, Chief, Dr. Shyam Bhattarai, Deputy; and Mr. Ugra N. Karna; Program Coordinator (who had written the proposal). The discussion focused on: the consequences of seeming lack of training input into the proposal; the contrast and differences in input and outcomes between teaching and training; and, the desirability of collaboration between FP/MCH and ICHS/DP in a revised proposal. Dr. Khatri advised Mr. Karna to work with Ms. Knauff to develop an acceptable proposal.

On the following day, a proposal format was given to Mr. Karna and an outline of a workplan was developed showing FP/MCH and ICHS/DP collaboration.

Schematically, it was charted as follows:



Pre and post tests, field follow-up protocol and 10% evaluation sample will need to be designed.

- J. Ms. Padma N. Tiwari, Director of D.O.R.C. kindly arranged, attended and followed-up all appointments and worked with Mr. Ray Baker during sub-contracts' development.
  
- K. Ms. Knauff met with Mr. Malcolm Kennedy, UNICEF's Country Representative to brief him on INTRAH's proposed activities. UNICEF is also supporting TBA training, and would be willing to provide technical assistance to FPAN on the UNICEF program approach to MCH.

**V. RECOMMENDATIONS**

1. FP/MCH and ICHS/DP representatives should meet and be assisted by Mr. Tiwari in development of revised proposals and budgets. The proposals should be submitted simultaneously to INTRAH.
2. The CRS and DON/MOH draft sub-contracts should be submitted to AID/W for review. The CRS Board decision on the sub-contract should be transmitted promptly to INTRAH.
3. The draft subcontract with D.O.R.C. should be favorably acted on and approved by AID/W.
4. The IOM and FPAN proposals will require revision based on discussions both organizations will need to have with in-country resource persons.
5. If the FP/MCH and ICHS/DP proposals are received in April, an INTRAH visit should be made in late May to finalize the proposals and budgets, and develop sub-contracts.

**APPENDIX A**

**Persons Contacted/Met**

**USAID/Nepal**

Mr. Jay Anderson, Public Health Advisor

**MOH**

Mrs. Chandra Kala Kiran, Secretary

Dr. Bhadri Raj Pandey, Chief of the Planning Division

**FP/MCH Project**

Dr. Tara Bahadur Khatri, Chief

Dr. Shyam K. Bhattarai, Deputy Chief

Mr. Ugra N. Karna, Program Coordinator

**ICHS/DP Project**

Dr. Suniti Acharya, Deputy Director

**Division of Nursing/Ministry of Health**

Ms. Rukhmini C. Shrestha, Chief

Ms. Chandra Shrestha, Assistant to Ms. Shrestha

Ms. Terry Miller, WHO Advisor

**Institute of Medicine**

Dr. Gopal P. Acharaya, Dean

Dr. Uma D. Das, Campus Chief

**Family Planning Association of Nepal**

Mr. Shankar Shah, Director

Mr. Kush Narayan Shrestha, Program and Training Officer

Nepal Contraceptive Retail Sales Company (CRS)

Mr. Hem Hamal, General Manager

Mr. Jyoti R. Sharma, Executive Secretary

Mr. Ranjan Poudyal, Communications Manager

UNICEF

Mr. Malcolm Kennedy, Country Representative

Development-Oriented Research Center (D.O.R.C.)

Mr. Padma Nath Tiwari, Director

## APPENDIX B

NEPAL  
THE FAMILY PLANNING TRAINING  
ADVISORY AND COORDINATING BOARD  
MINUTES OF  
MARCH 1, 1985  
2:00 - 3:15 P.M.

Present: Dr. Shyam Bhattarai for Dr. Khatri, FP/MCH, Chairman; Dr. Suniti Acharya, Deputy Director, ICHS/DP; Ms. Rukhmini Shrestha, Chief, Division of Nursing; Dr. Uma D. Das, Campus Chief for Dean (Dr.), Gopal Acharya, IOM; Mr. Ugra N. Karna, Program Coordinator, FP/MCH; Mr. S. Thapa, CRS; Mr. Kush Shrestha, Program and Training Officer FPAN; Mr. Jay Anderson, Public Health Advisor, USAID/Nepal; Dr. Nils Daulaire, Chief of Party, John Snow Inc.; Mr. Padma Nath Tiwari, Director, D.O.R.C., convener; Mr. Ray Baker, Dr. James Veney and Ms. Lynn Knauff, INTRAH.

The meeting was convened at 2 p.m. in the office of Dr. Shyam K. Bhattarai, Deputy Director of the FP/MCH Project.

The first item on the agenda was reports from each of the organizations on the focus, objectives and current status of their training proposals. A summary of the reports follows:

- 1) Division of Nursing: Ms. Rukhmini C. Shrestha explained that the proposal focus is on the training of 1,580 TBA's in five districts. The TBA's will be trained by ANM's. An evaluation component will include regular supervisory visits, on-site performance evaluations of a 10% sample of TBA's over the three-year project period, a neo-natal mortality survey that updates the previous survey of Kaski District conducted in 1984, and comparison of performance and outcome data between trained and untrained TBA's.

The Division of Nursing's proposal has been discussed and budgeted and a draft sub-contract has been developed between INTRAH and DON/MOH to begin on September 1, 1985. Ms. R. C. Shrestha expressed appreciation to INTRAH for the assistance provided thus far.

- 2) Integrated Community Health Services/Development Project (ICHS/DP): Dr. Suniti Acharya described the focus of the training proposal which is targeted to improving the supervisory skills of Health Inspectors, Health Post In-Charges and FP Assistants. Dr. Archarya noted that ICHS/DP has been requested by INTRAH to modify the proposa. in the following ways: (a) as a result of planning and coordinating with FP/MCH and ICHS/DP training staffs, to identify activities which both sets of trainers will conduct/participate in jointly; (b) to expand and strengthen the evaluation component; (c) to identify potential co-trainings of ICHS/DP and MCH/FP field-level counterparts.

It was agreed that Mr. Padma Raj Rajbhandari of ICHS/DP and Mr. Ugra N. Karna of FP/MCH will work together during the development of their proposals, and that the proposals will be submitted simultaneously to INTRAH through Mr. Tiwari of D.O.R.C. who will provide assistance in development of the budgets. Copies of the proposals will be given to Mr. Anderson.

- 3) FP/MCH: Mr. Ugra N. Karna described the two focii of the FP/MCH proposal. They are: one, administrative management and two, supervisory skills training. Mr. Karna identified the three phases of the proposed project: (a) preparation for and conduct of administrative management courses for 85 persons, mainly FP/MCH personnel but also representatives from other projects and programs; (b) TOT and curriculum development for 12 trainers who will be responsible for planning, organizing, conducting and evaluating supervisory skills training of intermediate-level field personnel; (c) preparation for and conduct of field-level supervisory skills training. Mr. Karna indicated that (b) and (c) will be coordinated with ICHS/DP, and where possible, activities will be conducted jointly. This is especially clear in the case of the TOT and curriculum development activity in which FP/MCH and ICHS/DP trainers can be trained together and where the curriculum development process can be of benefit to both. Scheduling of field activities can also be discussed and joint field activities planned where feasible.

In both the FP/MCH and ICHS/DP cases, INTRAH funding cannot commence until September 1.

- 4) Institute of Medicine (IOM): The preliminary proposal for INTRAH funding was, according to Dr. Das, an outline of IOM's thinking about basic preparation of ANM's in TBA training. Dr. Das noted the need to coordinate with the DON, to review the curriculum being used in in-service training, and to learn about the field-level activities conducted under DON auspices. During the next six months, Dr. Das will be preparing a revised proposal. She has requested INTRAH assistance during the intermediate and final proposal preparation stages.
  
- 5) Family Planning Association of Nepal (FPAN): Mr. Kush Shrestha described the focus of the preliminary proposal submitted to INTRAH. FPAN intends to orient Branch officers in MCH, and train their staff nurses and auxiliary health workers in MCH service delivery skills. FPAN has also requested support of two medical staff to the NFP TOT in Manila in August, and support of the development of MCH training materials.

It was suggested that prior to preparation of a final proposal to INTRAH, FPAN should: (a) discuss with UNICEF the possibility of UNICEF technical assistance in the orientation of Branch Officers; (b) discuss the possibility of FP/MCH and ICHS/DP technical assistance in MCH training of staff nurses and auxiliary health workers; (c) discuss with WHO the possibility of technical assistance from Dr. Kanti Giri, WHO/Delhi, who was formerly FPAN's Medical Director; (d) develop a budget based on actual, uncovered requirements.

Dr. Bhattarai and Dr. Acharya indicated that their organizations could be of assistance as technical resources.

- 6) Contraceptive Retail Sales Program (CRS): Mr. Thapa outlined the CRS proposal which focuses on the training of 25 community-based distribution (CBD) workers in Jhapa district and two communities in the Kathmandu Valley. The CBD program is an experiment which will be tested for one year. INTRAH will support two

CRS staff for training at PDA in Bangkok during the Ugandans' study visit and the training, follow-up and evaluation of 25 CBD workers. A draft sub-contract has been developed between INTRAH and CRS which will be discussed at the CRS Board meeting.

Dr. Bhattarai speaking from the Chair endorsed the scope and focii of the proposals and encouraged collaboration between FP/MCH and ICHS/DP, between IOM and DON, and among FPAN and FP/MCH and ICHS/DP.

Ms. Knauff expressed appreciation to all parties for the level of effort expended and the hospitality extended during INTRAH's visit. She extended appreciation to Mr. Tiwari of D.O.R.C. for his efforts in the group's behalf, and to Dr. Bhattarai for hosting and for the refreshments served during the meeting.

Mr. Anderson noted that USAID was particularly interested in the DON and CRS projects as well as the proposed collaboration between ICHS/DP and FP/MCH.

Dr. Nils Daulaire indicated that JSL's electronic communications channels could be made available to the concerned parties and INTRAH.

Mr. Ray Baker of INTRAH expressed his appreciation for the level of effort expended by the organizations' staffs with whom he worked.

The next meeting of the Board will be convened by Mr. Tiwari during INTRAH's next visit proposed for the end of May.

The meeting was adjourned at 3:15.

A P P E N D I X C  
CBD Training for CRS Personnel

DRAFT

Training Need for Community Based Distribution (CBD) Program.

OVERVIEW

The Nepal Contraceptive Retail Sales (CRS) Company is a non-profit social marketing organization which is primarily concerned with the distribution and promotion of contraceptive products in the Kingdom of Nepal. The Basic objective of this Company is to supplement and compliment the national population and family planning programme through the application of effective marketing principles and practices in the sale of contraceptives.

The majority of the products presently being marketed by CRS are heavily subsidized. The principle of social marketing is basically concerned with achieving social goals rather than for profits.

Since the launching of its products in 1978, the Company has achieved a significant share of the contraceptive market with approximately 43% and 20 % shares in the Condom and Pills market. Very recently, it has also started to market ORS which is locally manufactured. Contraceptives as well as ORS products are distributed in 72 of the total 75 districts of the Kingdom through more than 10,000 general and medical outlets. Vaginal foaming tablets are sold through CRS outlets alone.

The Nepal CRS Company, formerly known as the Nepal CRS Project, was registered as a non-profit social marketing Company in August 1983, after Westinghouse Health Systems a USAID contractor, which initiated and managed the CRS Program in Nepal since 1977, terminated its contract with USAID/Washington. The CRS Program is currently funded by USAID Mission to Nepal.

The Company aims to achieve a significant level of economic independence by generating revenues from it's trade and a high degree of self sufficiency by the Year 1990.

The company is presently working towards business expansion and product diversification with a team of professionally trained and experienced staff. In the next few years, the company aims at becoming a major force in marketing, in the area of family planning and health, thereby, lending strong support to Nepal's health and family planning Programme.

#### GBD Objectives and Plan

##### A. OBJECTIVES

CRS products are now available in all major towns and minor bazars of the Kingdom. Experience has shown that mere increase of retail outlets does not substantially help in increasing sales. GBD has been chosen as an alternative channel for distribution of CRS products in order to reach remote village located distantly from towns and bazars.

The basic objective of this plan is to test the CBD concept in one of the districts, possibly in Jhapa in Far Eastern Nepal and in two rural areas in the greater Kathmandu Valley during this plan period.

In 1985, the Nepal CRS Company proposes to introduce a CBD Program on a test market basis in one district of the country, and in two rural areas of the greater Kathmandu Valley.

The CBD approach is basically to introduce a community based approach in Promoting and providing family Planning services at grass root level by utilizing indgeneous personnel and channels of communication and distribution, as an extension of the current CRS Program. This approach is seen to be able to accomodate family planning demand well beyond of that reached by existing Government and Commercial endeavours.

- B. All CRS products will be sold under CBD Program. According to a proposed plan, CBD Workers will be reasonably, but partially paid by CRS Company and will be entitled to incentives on the same basis as those applicable to stockists in general.

Provision will also be made to provide training to two central level staff members <sup>who</sup> will be trained in CBD Operation training and Management at the Asian Centre in Bangkok, Thailand. This will provide as essential back up to the Programme in terms of trained manpower and help generate additional trained personnel through the " Multiplier effect" as trainers.

C. PLAN AND LIST OF ACTIVITIES IN THE CBD PROGRAM.

- a. Feasibility assesement of the district
- b. Selection of CBD Workers
- c. Appointment of CBD Supervisors
- d. Training of two central level staff on Cbd operation.
- e. Training of CBD Program.
- f. Launching of CBD Program.
- g. Retraining of Cbd Workers after 5 months of sales launch.
- h. Final evaluation of Cbd Program after one year of the launch of  
CBD Programme.

TRAINING NEED FOR CBD PROGRAMME.

Community Based Distribution approach has been tested and successfully applied in many countries. The lessons learnt by these countries needs to be studied and translated in Nepal.

The CRS Company proposes to test the CBD Programme in one district in Nepal. Jhapa of the esatern development region, and in two rural areas of the greater Kathmandu Valley.

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If the CBD concept helps in achieving the objective set forth, the CRS Company intends to further expand this Programme to cover several districts in 1986. In order to initiate this effort, CRS Company proposes the following training Plan for 1985.

1. To train two central level staff members on the CBD Programme at the Asian Centre for Population and community Development Association, Bangkok, Thailand. The training Program for the staff members will be focused to develop capabilities in curriculum development, training program planning, supervision, communication skills, and evaluation of CBD Programme.
2. The two staff members trained will develop a curriculum, and a method for pre-and post test assesment of the training program. They will also select the village workers and prepare a job description for them.
3. A training Program will be held to train 15 village workers of Jhapa Districts and another 10 village workers from two rural areas of the Kathmandu Valley.
4. A retraining Program will be held after five months of the launching of the CBD Program to the 15 village workers for Jhapa District and 10 village workers from the two rural areas of Kathmandu Valley.

5. The areas for training the CBD workers will include the following.
  - a. Contraceptive methods
  - b. Screening of oral contraceptives
  - c. Follow up system for continuing acceptors
  - d. Knowledge of referral sources
  - e. Reproductive Physiology
  - f. Side effects and complications
  - g. Preparation use and demonstration of ORS
  - h. Communication skills
  - i. Storage of contraceptives
  - j. First Aid
  - k. Record keeping
  - l. Accounting
  - m, Counselling.
  
6. A final evaluation of the CBD operation including the training Programs will be made at the end of one year of the launch of sales through the CBD Programme. The evaluation will be made by INTRAH.

Nepal Contraceptives Retail Sales Co.

Budget for CBD Training Program

First Phase

<u>I. TRAINING OF TWO OFFICIALS/TRAINERS IN BANGKOK</u>	
A. Air Fair : Rs. 7,300 x 2 Persons	Rs. 14,600.00
B. Perdiem at the rate of US \$ 45 a day for 16 man days x 2 persons @ US \$ 19.10(US \$ 1440.00) (To be handled by PDA)	Rs. 27,504.00
C. Tution Fee at the rate of US \$ 500.00 x 2 persons @ US \$ 19.10 (US \$ 1000.00) (To be handled directly by Program for International Training for Health USA)	Rs. 19,100.00
	<hr/>
	SUB TOTAL : Rs. 61,204.00
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 II. Development of job discription (a) trainers (b) CBD Supervisor (c) CBD Workers A Office Supplies.	
	Rs. 500.00
	<hr/> <hr/>
<u>III. Development of Curriculum and Educational materials + Reporting System</u>	
A. Honorarium for Local Consultant for 15 man days at the rate of 250.00 a day.	Rs. 3,700.00
B. Office Supplies	Rs. 500.00
C. Typing and Printing	Rs. 1,300.00
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	SUB TOTAL : Rs. 5,500.00
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<u>IV. Recruitment of CBD Workers</u> (10 in Kathmandu and 15 in Jhapa)	
A. Perdiem for Supervisors at the rate of Rs.100 for 10 man days in Jhapa.	Rs. 1,000.00
B. Vehicle running cost for <u>Jhapa</u> (Fuel + Repair/Maintenance)	Rs. 4,000.00
C. Vehicle running cost in Kathmandu	Rs. 2,000.00
	<hr/>
	Rs. 7,000.00
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V. TRAINING IN JHAPA

A. Allowance for 15 CBD Workers at the rate of Rs. 40 for 10 man days 15 x 40 x 10	Rs. 6,000.00
B. Perdiem for Trainers at the rate of Rs. 100 x 2 persons for 15 man days	Rs. 3,000.00
C. Vehicle running cost	Rs. 4,000.00
D. Office Supplies	Rs. 2,500.00
E. Training Hall rental (Rs. 300 x 15 days)	Rs. 4,500.00
F. Honorarium for resource persons (Rs. 250 x 5 lectures)	Rs. 1,250.00
G. Perdiem for Driver at the rate of Rs. 80 x 15 man days.	Rs. 1,200.00
H. Perdiem for one assistant at the rate of Rs. 90.00 for 15 man days	Rs. 1,350.00

SUB TOTAL : Rs.23,800.00

VI. TRAINING IN KATHMANDU

A. Allowance for 10 CBD Workers at the rate of Rs. 40.00 per person for 10 man days :	Rs. 4,000.00
B. Perdiem for two trainers at the rate of Rs.100.00 for 15 man days :	Rs. 3,000.00
C. Vehicle running cost :	Rs. 2,500.00
D. Office Supplies :	Rs. 2,000.00
E. Training Hall rental at the rate of Rs. 350 a day for 10 man days :	Rs. 3,500.00
F. Honorarium for Resource persons/trainers Rs. 250 x 5 lectures :	Rs. 1,250.00
G. Perdiem for Driver at the rate of Rs. 80.00 x 15 man days :	Rs. 1,250.00
H. Perdiem for one assistant at the rate of Rs. 90.00 ten man days :	Rs. 1,350.00

SUB TOTAL : Rs.18,850.00

VII. Refresher training after six months at Jhapa

A. Perdiem for 15 CBD Workers at the rate of Rs. 40 for 5 man days :	Rs. 3,000.00
B. Perdiem for trainers at the rate of Rs. 100 x 2 persons for 8 man days :	Rs. 1,600.00
C. Vehicle running cost :	Rs. 4,000.00
D. Office Supplies :	Rs. 1,500.00
E. Training Hall rental at the rate of Rs. 300 x 5 man days :	Rs. 1,500.00
F. Perdiem for Driver at the rate of Rs. 80.00 for 8 man days :	Rs. 640.00
G. Perdiem for one assistant at the rate of Rs. 90 for 8 man days :	Rs. 720.00

SUB TOTAL: Rs. 12,960.00

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VIII. Refresher training after six months at Kathmandu

A. Allowance for 10 CBD Workers for 5 man days at the rate of Rs. 40.00 :	Rs. 2,000.00
B. Perdiem for two trainers at the rate of Rs. 100 for 5 man days :	Rs. 1,000.00
C. Vehicle running cost :	Rs. 2,000.00
D. Office Supplies :	Rs. 1,500.00
E. Training Hall rental at the rate of Rs. 350 for 5 man days :	Rs. 1,750.00
F. Perdiem for Driver at the rate of Rs. 80.00 for 5 man days :	Rs. 400.00
G. Perdiem for one assistant at the rate of Rs. 90.00 for 5 man days :	Rs. 450.00

SUB TOTAL: Rs. 9,100.00

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IX. Final Review (Jhapa)

A. Perdiem for two officials at the rate of Rs. 100 for 10 days :	Rs. 2,000.00
B. Office Supplies :	Rs. 500.00
C. Vehicle running Cost :	Rs. 4,000.00
D. Perdiem for Driver at the rate of Rs. 80.00 for 10 days :	Rs. 800.00
E. Photographs :	Rs. 500.00
F. Honorarium for Independent Consultant (Evaluator) Rs. 300 for 10 days :	Rs. 3,000.00
G. Perdiem for Consultant at the rate of Rs 100.00 a day for 10 days :	Rs. 1,000.00

SUB TOTAL : Rs. 11,800.00

X. Final Review (Kathmandu)

A. Vehicle running cost :	Rs. 3,000.00
B. Office Supplies :	Rs. 1,000.00
C. Honorarium for Independent Consultant (Evaluator) at the rate of Rs. 300.00 for 5 man days:	Rs. 1,500.00
D. Photographs :	Rs. 400.00

SUB TOTAL : Rs. 5,900.00

XI. Review Report Printing

A. Printing :	Rs. 2,000.00
B. Mailing :	Rs. 500.00

SUB TOTAL : Rs. 2,500.00

/bm.

SUMMARY

I. Training of two officials/trainers in Bangkok	:	Rs. 61,204.00
II. Development of Job Description	:	Rs. 500.00
III. Development of Curriculum and Educational material + Repackaging System	:	Rs. 5,500.00
IV. Recruitment of CBD Workers	:	Rs. 7,000.00
V. Training in Jhapa	:	Rs. 23,800.00
VI. Training in Kathmandu	:	Rs. 18,850.00
VII. Refresher training after six months in Jhapa	:	Rs. 12,960.00
VIII. Refresher training after six months in Kathmandu	:	Rs. 9,100.00
IX. Final Review in Jhapa	:	Rs. 11,900.00
X. Final Review in Kathmandu	:	Rs. 5,900.00
XI. Review Report Printing	:	Rs. 2,500.00
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	GRAND TOTAL	: Rs.159,114.00
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A P P E N D I X D

**FP/MCH TRAINING FOR TRADITIONAL BIRTH ATTENDANTS**

**IN**

**KASKI, TANAHU, PARSA, SIRAHA, AND RAUTAHAT DISTRICTS**

**Submitted by:**

**Division of Nursing, Department of Health Services, Teku  
Kathmandu, Nepal**

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I. SUMMARY:

The project for the training and retraining of 1680 Traditional Birth Attendants (TBA's; or in Nepali, sudenis)—in five districts serving a population of approximately 1.5 million persons will prepare the TBA's to provide improved maternal and child health services, including family planning, in the villages in which they live.

The following will occur:

1. A three-day planning workshop for five Public Health Nurses (PHN's) and the Division of Nursing staff to organize program implementation.
2. Registration of all TBA's following a one-day training course for Village Health Workers who will collect the data.
3. Two 20-day training courses in each district for new Auxilliary Nurse Midwife (ANM) instructor supervisors. The total number of ANM's to be trained is 70.
4. Two 15-day courses in each of 70 health post areas for initial training of 1,400 TBA's, and district-level training of 20 days for 130 TBA's.
5. Refresher training of 4 days duration for 150 previously trained TBA's.
6. Each Health Post ANM and District PHN will provide one week per month supervision to the TBA's.
7. Program implementation, monitoring, and analysis of change in TBA performance and an evaluation of change in neo-natal mortality in Kaski District.
8. An evaluation seminar to present findings to decision makers and to prepare recommendations for follow-up.

II. RATIONALE: (see Appendix A for TBA's' responsibilities)

Traditional birth attendants perform over eighty percent of the deliveries in rural and suburban areas. They are usually the community members most closely associated with maternal and child health and family planning practices. They form not only a key group influencing the health of mothers and children, but are essentially the major source of service and information to women of child bearing age. TBA's are a potentially vital and viable link in the delivery of maternal and child health and family planning services because of their acceptance in rural areas

as part of the sociocultural fabric of Nepalese society, their presence in every village (each village has approximately five to ten sudenis), and the willingness of many of them to learn new skills. The formal health care system has not adequately utilized this important community resource.

### III. EXPECTED OUTCOMES:

1. Registration of all (estimated 2700) practicing TBA's in the five districts.
2. Training and regular supervision of 1680 of the 2700 TBA's by PHN's and ANM's.
3. Strengthening of PHN's and ANM's supervisory skills in maternal and child health/family planning.
4. Reduced neo-natal mortality and improved health status of mothers and children.

### IV. OBJECTIVES OF TRADITIONAL BIRTH ATTENDANT TRAINING:

After completing the training TBA's will:

- 1) provide the necessary care to pregnant women during the prenatal period including advice on nutrition and personal hygiene;
- 2) be able to identify high risk pregnancies and potential problems during labour, and refer the high risk mothers to an ANM;
- 3) be able to conduct a safe delivery;
- 4) practice aseptic techniques;
- 5) promote family planning practices; (see Appendix B) and
- 6) encourage mothers to breast-feed as long as possible introducing weaning foods at six months.

V. METHODOLOGY:

The project will be implemented as follows:

- 1) A three-day planning workshop will be held in Kathmandu for PHN's from each of the five districts in which a TBA training program took place in 1983/84 to plan with them the implementation of the expanded program in their district.

The PHN's will be given: (1) TBA Training Manuals prepared under RTSA project NE-2006 for each new ANM instructor/supervisor to be trained; (2) kits for each TBA; and, (3) a supply of TBA Baseline Data Forms, Activity Record Forms and Performance Checklists to be used for supervision by the ANM. They will be instructed in how to register all TBA's in their districts.

- 2) The PHN will go to all health posts in the district to conduct a one-day workshop to train Village Health Workers and the health post staff to identify and register all practicing TBA's. The data will be made out in triplicate for a health post, district, and central TBA registry.

- 3) The District PHN's will conduct a fifteen day training course for ANM's to become trainer/supervisors of the the TBA's in their respective areas. Previously-trained ANM's will assist in the training. The objectives of this training course will be to enable ANM's to:

- select appropriate TBA's for training;
- learn teaching methods and how to supervise the TBA's;
- plan the training program and administer it in her Health Post;
- complete the necessary TBA Activity, Record, Baseline Data and Performance forms;
- supervise and follow-up the TBA's effectively; and
- plan the retraining of the TBA's with the previously trained ANM's so that they can implement the program in their health post areas.

ANM training will be conducted twice in each district. During the first 20 day course, seven untrained ANM's will attend as students and three

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previously trained ANM's will be instructors. During the second 20 day course another seven untrained ANM's will attend as students and another two previously trained ANM's will serve as instructors. Thus, 70 ANM's will receive initial training.

- 4) The actual training of TBA's will take place in the health post areas. Each of the newly trained ANM's in each district will select 10 for training. They will conduct two courses of 15 days, each time training 10 TBA's. Thus,  $14 \times 20 \times 5 = 1400$  new TBA's will be trained.

The training will include demonstrations and role playing. Heavy emphasis will be placed on clinical practice. ANM's will conduct the courses with previously developed teaching techniques for illiterate adult learners as they were taught in the district program. The topics to be included are:

- care during the antenatal period and how to identify and refer high risk cases.
- safe care during labour and delivery and identification of problems which need referral.
- postnatal care of mothers and newborn.
- how to motivate mothers for family planning.
- how to record births, infant deaths and their own activities.

- 5) The 25 ANM's (5 in each district) who were trained under the RTSA/A project will call 150 previously trained Traditional Birth Attendants (6 per ANM) for a four day review and additional training. The additional content will be:

- FP refresher.
- how to advise the mother on good nutrition for herself and baby.
- oral rehydration therapy.
- improved environmental sanitation in the home and village.

- 6) To strengthen the supervision of the TBA's, PHN's will visit them with the ANM's. They will collect data, evaluate changes in TBA performance, provide on-the-job training, and together develop strategies to improve the program. Supervisory plans will be made for each ANM to spend a minimum of one week per month on TBA supervision. PHN's will spend a minimum of one week per month working with the ANM's; each TBA will be visited once every two months. PHN's will discuss not only the TBA program, but any relevant maternal and child health/family planning problem with the TBA's. This process of supervision will build a referral system among the Public Health Nurses, Auxilliary Nurse Midwives, and Traditional Birth Attendants.
- 7) A repeat neonatal mortality survey will be conducted in Kaski District using the same methodology and forms as in March 1984 to compare rates before training TBA's and after. The sample will be in the same health post areas: 81 wards divided into nine panchayats. Twenty village health workers will be used to collect the data from randomly selected wards.
- 8) A four day evaluation seminar will be held in Kathmandu to review program implementation and outcome. After the seminar, a written report will be prepared by the Division of Nursing which will include a report from each district on program achievements.

## VI. EVALUATION

- 1) The Division of Nursing will administer bio-data and participant reaction forms to all ANM's trained during the project and to a simple random sample of 150 TBA's trained during the project and supply the results to D.O.R.C. for translation into English and transmitted to INTRAH. The names of all TBA's trained will be forwarded to INTRAH by D.O.R.C.
- 2) The Division of Nursing will develop a written pre/post-test instrument of expected knowledge for both the training of ANM's and the training of TBA's. This instrument will be administered to all ANM's before and after

the training course and to a simple random sample of 150 TBA's (as in 1 above)

by interview, before and after the training course. Results will be transmitted to D.O.R.C. to be forwarded to INTRAH.

- 3) At two points in time approximately one year and two years following the training event, the Division of Nursing will administer the original post-test to a simple random sample of 30 ANM's and 150 TBA's (same 30 ANM's at each point, same 150 TBA's as in 1 and 2 above). This may be done during routine supervisory visits. Results will be transmitted to D.O.R.C. for forwarding to INTRAH.
- 4) The Division of Nursing will supply to D.O.R.C. for forwarding to INTRAH the results of observational assessments for the 150 TBA's in the TBA sample.
- 5) The Division of Nursing will carry out a sample survey of at least 120 trained TBA's and a group of 120 untrained TBA's selected at random from the five districts. This survey will follow the design of the survey "Neonatal Mortality Survey in Kaski District, Nepal" (March 1984 by P. E. L. Hedman and C. T. Tamandong). Results of this survey will be given to D.O.R.C. for transmittal to INTRAH.

## APPENDIX A

### RESPONSIBILITIES OF THE TRADITIONAL BIRTH ATTENDANT

**Maternal and child  
health/family planning**

**The Traditional Birth Attendant:**

recognizes symptoms of pregnancy, takes a history,  
and conducts ante-natal exams;

identifies high risk factors and refers to auxiliary  
nurse midwives;

arranges for appropriate place for delivery;

teaches pregnant mother about required nutrition;

teaches mother about child spacing and family  
planning;

teaches mother about good hygienic practices;

refers for tetanus immunization;

keeps records on services provided to each woman;

detects malnutrition and complicating diseases and  
refers to health post in-charge or auxiliary nurse  
midwife;

manages labour of normal deliveries in a safe manner  
and attends to the newborn;

refers complicated deliveries; if not possible, conducts  
according to resources available (including manual  
removal of placenta when necessary);

teaches mother to breast feed;

cuts cords in safe manner;

visits mother and checks for infections, and gives  
treatment as appropriate;

arranges for immunization of infants;

refers children to health post for weight and growth  
monitoring;

teaches mother how to provide good food for the child;

motivates for family planning and refers to auxiliary  
nurse midwives; and

recognizes illness and provides simple treatment or refers as necessary.

**Nutrition**

**The Traditional Birth Attendant:**

teaches women about breast feeding for as long as possible, introducing weaning foods at six months;

teaches mother how to prepare good food for the infant;

motivates mother to be aware of growth and weight of children;

identifies malnourished children and refers to auxiliary nurse midwife or public health nurse supervisor;

teaches mother about increase in food intake and food quality during pregnancy; and

teaches oral rehydration techniques and when and how to administer oral rehydration therapy.

**Safe water supply  
and sanitation**

**The Traditional Birth Attendant:**

teaches the community the relationship between unhygienic practices at home and ill-health;

practices good personal hygiene in her work;

discourages indiscriminate defaecation;

when in homes encourage hygienic practices; and

keeps area of work clean with proper disposal of waste materials.

## APPENDIX B

### FAMILY PLANNING RESPONSIBILITIES OF THE TBA

Traditionally the sudenis in Nepal have a role in "curing" infertility as well as preventing unwanted pregnancies. A baseline survey on the traditional birth attendants, conducted by the Division of Nursing, showed that their ideas of desirable family size follow those that of the community unless they have contact with a formal health worker who teaches them about the health problems caused in women having a large number of children. However with training, the public health nurses in all of the districts reported that the traditional birth attendants were effective family planning motivators. For example, one newly trained traditional birth attendant referred twelve women to the mini-sterilization camp in which her instructor, the public health nurse, worked.

The training course for the traditional birth attendants aims to:

- encourage the traditional birth attendants to motivate women to think of their own health;
- teach them the importance of well-spaced pregnancies for the mother's health;
- create an awareness of the economic burden caused in families having too many children and how it lowers the health status of the living children;
- prepare the traditional birth attendant with the simple facts of contraceptive methods so that she can advise mothers about the availability of methods to space children;
- incorporates the traditional birth attendant into the formal referral system so that she can get personal attention for her clients from the health post personnel.