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TRIP REPORT:

**Nepal: Training and Initial Implementation
of Country Project**

**Prepared by:
Margot Zimmerman, PIACT
Scott Wittot, PIACT**

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**The Johns Hopkins University
Population Information Program
Population Communication Services
624 North Broadway
Baltimore, Maryland 21205
USA**

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I. EXECUTIVE SUMMARY

The JHU/PCS consultancy team (Margot Zimmerman and Scott Wittet of PIACT) arrived in Kathmandu during April 1984 to implement a project aimed at: 1) training FP/MCH IEC Division staff and others in the use of methodologies for audience research (Focus Group Discussions) and pretesting of primarily pictorial support materials; 2) developing and distributing a set of support materials for use by local healthworkers, and 3) training trainers and healthworkers in the use of these materials. Although changes in FP/MCH staff and their mandates and activities necessitated some revisions in the original project scope of work, it was felt that these changes were, for the most part, improvements. The current plan is to conduct the above trainings and to develop hand-out support materials on four topics: condom use, pill use, family planning motivation, and the preparation of ORS. The first three materials are booklets, the last a laminated card to be posted in homes.

Significantly more work was accomplished during the consultancy period than was originally foreseen. Two booklets, with regional versions, will be submitted to JHU/PCS in July. The other materials will be submitted in January 1985. All will be ready for inclusion in a UNFPA-sponsored "IEC kit" currently being prepared for use by Panchayat-based healthworkers. (The JHU/PCS materials represent the "give-away" items in the kits.) The project will conclude in June 1985.

The cooperation between FP/MCH, FPAN, UNFPA, and JHU/PCS has contributed to the strength of all FP/MCH IEC activities.

The amount of work already accomplished and the enthusiasm of project participants for the new methods and skills acquired during training have convinced the consultancy team of the value of the project. However, problems of discontinuity of FP/MCH IEC Division staff, discrepancies between those participating in training sessions in the classroom and in the field, the idea held by some people that the interpersonal communication of the local healthworker might be replaced by self-explanatory IEC materials, and evidence of problems in distribution of support materials suggest future courses of action to be supported by JHU/PCS and USAID. These include:

1. Emphasize and demonstrate the critical importance of proper training of fieldworkers.
2. Urge Kathmandu based staff to visit and work with fieldworkers.
3. Organize a follow-up visit by the consultancy team to evaluate project progress to date, to assist in and supervise training in the use of materials, and to observe field use of materials by local healthworkers.
4. Encourage the design of an effective distribution and resupply network for support materials.
5. Support work to counteract the strong, popular association of "family planning" with "operations" (permanent methods). This eclipses the idea of child spacing and may prejudice potential temporary method acceptors against fieldworkers.

II. ABBREVIATIONS

ANM	Auxiliary Nurse Midwife
APROSC	Agricultural Products and Services Center
CHL	Community Health Leader
CBHW	Clinic-Based Health Worker
CRS	Contraceptive Retail Sales Company Pub., Ltd.
DFPO	District Family Planning Officer
DORC	Development Oriented Research Center
DTCP	Development Training and Communication Planning
FGD	Focus Group Discussion
FP	Family Planning
FPAN	Family Planning Association of Nepal
FP/MCH	Family Planning/Maternal and Child Health Project
FPO	Family Planning Officer
HMG	His Majesty's Government of Nepal
IA	Information Assistant
ICHSDP	Integrated Community Health Services Development Project
IEC	Information, Education, and Communication
IS	Intermediate Supervisor
JHU/PCS	Johns Hopkins University, Population Communication Services
JSI	The John Snow Public Health Group, Inc.
MCH	Maternal and Child Health
MOE	Ministry of Education
MOH	Ministry of Health
NCP	National Commission on Population
NGO	Non-Governmental Organization
NSCDD	National Steering Commission on Diarrheal Diseases
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PBHW	Panchayat-Based Health Worker
PIACT	Program for the Introduction and Adaptation of Contraceptive Technology
RTO	Regional Training Officer
TA	Technical Assistance
UMN	United Mission to Nepal
UNICEF	United Nations International Children's Fund
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VHW	Village Health Worker

III. INTRODUCTION

A. Objectives of this Assignment were to:

1. Determine which subject areas have been selected by FP/MCH as topics for this initial effort in developing special materials for illiterates.
2. Train FP/MCH IEC staff and their counterparts from other organizations in the techniques, rationale and advantages of holding focus group discussions (FGDs).
3. Work with trainees to organize and hold FGDs with Panchayat-Based Health Workers (PBHWs) and representatives of the target audience.
4. Based on the results of the FGDs, select messages for an initial pictorial booklet in collaboration with FP/MCH IEC staff.
5. Work with the artist to prepare illustrations.
6. Train FP/MCH staff and representatives from other multi-sectoral organizations having a population communication component in the methodology of developing materials for illiterates and low-literates.
7. Work with FP/MCH IEC staff and others to initiate the process of print material development, pretesting, analysis and revisions.
8. Develop an evaluation plan for the project.
9. Plan appropriate time for return visits depending upon project status at conclusion of JHU/PCS consultancy. Help FP/MCH IEC staff prepare a detailed activity/time schedule for work to be completed between technical assistance visits.

Since this assignment involved training and production in the development of primarily pictorial support materials for illiterates, PIACT was asked to design and implement the aforementioned tasks.

B. Background

When the JHU/PCS team completed a needs assessment planning workshop in November 1983, we were told by the UNFPA Deputy Representative that UNFPA had appropriated funds for the development of IEC kits on health

and family planning that would be used by both the FP/MCH's Panchayat-Based Health Workers (PBHWs) and the ICHSDP's Village Health Workers (VHWs) when they visited clients or worked in and around the clinics or health posts. At that time, no one on the FP/MCH IEC staff mentioned those kits until we raised the issue to make sure that any materials prepared under the JHU/PCS project would augment or reinforce, but not duplicate, whatever materials would eventually be prepared for the kits.

DTCP is the executing agency for many UNFPA communications projects. In past years, they have helped prepare IEC kits for Thailand and Vietnam similar to those currently being prepared in Nepal. Najib Assifi, UNDP/DTCP consultant, gave some background on the two-week workshop which is using UNFPA funds allocated to both the ICHSDP and FP/MCH projects. Their goal is to design and produce, by January 1985, 1500 IEC kits for use by VHWs and 2500 for use by PBHWs. For two weeks they designed, critiqued and revised a wide array of FP and MCH posters, wall charts, and two lengthy flipcharts (that remain in the kits when not in use) plus two booklets -- one on family planning and one on MCH -- that are meant as "give-aways". The booklets, however, are only suitable for literate audiences as at least 80 percent of the material is written Nepali text.

When the consultants observed the workshop, it was immediately apparent that the DTCP and JHU/PCS materials' development methodologies were not wholly compatible because DTCP does not emphasize participation of target audience members in all phases of the development process. While the group dynamic of the DTCP workshop was impressive, it was clear that many of the materials were not appropriate to illiterate/low-literate audiences and that the overly ambitious scope of the project was creating the need for short-cutting steps in the development process. It was not at all apparent to the JHU/PCS consultant how these discrepancies in IEC philosophy and methodology could be resolved.

IV. DESCRIPTION OF IN-COUNTRY ACTIVITIES

A. Pre-Project Planning

Several meetings were held during the first few days of the mission. Those few that had a significant effect on the scope and direction of this Country Project and the tasks to be completed during the consultancy mission are summarized below.

There had obviously been much talk prior to our arrival about what might be done under the JHU/PCS Project, some of it at variance with our signed project agreement. A meeting was held with Dr. Khatri, the FP/MCH project chief, and others from UNFPA and FP/MCH to ensure that the two IEC print materials activities, production of a kit of FP/MCH materials for use by PBHWs and VHWs (UNFPA/DTCP), and the production and use of low cost FP/MCH materials that can be understood by a predominantly illiterate population (JHU/PCS), would be both complementary and mutually reinforcing.

Although Assifi's IEC kit was already heavy with flipcharts and other media, everyone agreed that the healthworkers definitely needed materials on a variety of health and family planning topics to hand out to new and prospective clients. Michael Heyn of UNFPA suggested that JHU/PCS should prepare several one or two-page illustrated fliers on each of the FP methods plus ORT, immunization, pre- and post-natal care and child nutrition that the village workers could distribute following demonstrations with their cloth wall chart and two flipcharts of 40-50 pages each. We felt that such fliers might be too flimsy, could not adequately cover the topic, and would not achieve our intended objective of providing appropriate reinforcement and instructional material.

Dr. Khatri expressed concern that the language used in all of the DTCP materials was too sophisticated for a village audience. He asked if we could assume responsibility for the two DTCP booklets already intended as kit handouts. But when we pointed out that such booklets would only

be useful to women (or couples) with high levels of literacy, he abandoned that suggestion and said that the JHU/PCS project should produce material which would be suitable for illiterates and would supplement the other materials being prepared for the IEC kits.

That suggestion was acceptable to the JHU/PCS consultants, but we stressed the importance of training the Regional Training Officers in the proper use of materials developed for illiterates, so that they -- in turn -- could train the Intermediate Supervisors (IS) and the PHWs. This must be done regardless of whether or not the JHU/PCS support materials are included as part of a FP/MCH IEC kit.

Lengthy discussion ensued over the topics of materials to be developed under the JHU/PCS Project. Dr. Khatri is particularly keen to get some visible signs of IEC support out into the villages by the end of 1984.

We first agreed upon the need for a laminated card (approximately 8" x 10") showing, in pictures, how to mix and use ORS. It is intended that a mother could hang this on her kitchen wall. This would help ensure that she would have the instructions handy when needed, and it was also suggested that such a prominent display might generate discussion among family members and neighbors. Subsequently, other health priorities were suggested, but the JHU/PCS consultants pointed out that PCS-supported IEC activities should emphasize population-related topics.

Everyone's high priority topic for a family planning handout was a booklet on DMPA. After explaining that USAID money could not be used to prepare such a booklet at this time, the JHU/PCS team pointed out that FPAN has been working on such a DMPA booklet. Michael Hey, said that UNFPA would be willing to finance the printing of the booklet.

After a lengthy and lively discussion, it was decided that the JHU/PCS Project would support the development of the following materials:

1. A pictorial booklet, for motivational purposes, on why families need to space their children. The UNFPA/DTCP flipchart has one section on demographic and socio-economic factors which encourage smaller families, and it was agreed that we would try to highlight some of these problems pictorially.
2. A booklet on proper pill use.
3. A booklet on proper condom use.
4. A plastic-coated "wall card" on OHT preparation suitable for display.

This list includes four types of materials while the original proposal specified three. After some quick calculations, the JHU/PCS consultants determined this was possible for two reasons:

1. There is no need to prepare a flipchart, as the IEC kit will already contain two. Not only would a flipchart be costlier to print; it takes more developmental and pretesting time as well.
2. FPAN has developed, through a number of rounds of pretests and revisions, both a pill and condom booklet, but neither one has yet been printed. If FP/MCH could begin with further pretesting and development of these materials, we could save additional time (and money) during the training phase. Dr. Khatri believes that materials developed in one region of Nepal should be modified for use in other regions where dress and appearances are often quite different, especially the southern Terai. Within two or three weeks the IEC staff could begin testing for such regional variations.

At no time during the course of this meeting had anyone mentioned the "representatives from other multi-sectoral organizations having a population communication component" who were to be trained in the development of client-oriented support materials, so we asked about what arrangements had been made for their participation. Apparently, at the last UNFPA-sponsored tripartite review, it was decided that expecting the IEC Division of FP/MCH to "backstop" the family planning activities of other ministries was unrealistic. Instead, those participating in this review, including Heyn and Khatri, agreed that the IEC Division really needed to concentrate on getting materials produced.

Once produced, these materials will be made available to the other ministries and departments. These ministries and departments still have, as part of their programs, a commitment to prepare some kind of FP/MCH materials, but the programs will be run independently and the IEC Division of FP/MCH will no longer be expected to "backstop" them or provide technical input.

We received no explanation as to why the project document was not altered to reflect this change in emphasis before it was signed by the MOH. We later drafted a brief letter to JHU/PCS explaining this reduction in the number of persons to be trained and suggested that Dr. Khatri send it to the Project Director, so that there will be some official recognition of this change in the project files.

The consultants believe this is a change for the better, as trying to conduct focus group discussions and pretesting activities in village settings with a large entourage is usually unsuccessful.

It was recognized that the proposed plan of action was contingent upon FPAN's willingness to share their materials. Shankar Shah, Executive Director of FPAN, graciously offered to share the pill and condom booklets they had been developing with FP/MCH IEC Division staff. Although a few messages need additional pretesting, comprehension should be sufficiently high following one or two further rounds of revisions that staff can soon take these materials to different areas of Nepal, e.g. the Terai, with the fastest growing population in Nepal, to test for regional variations.

B. Project Implementation

1. Financial Management

Mr. Padma Nath Tiwari, Director of DORC (Development Oriented Research Center), was most helpful in providing logistical support to the project. He rented cars for the days IEC staff and consultants

went to the field, purchased supplies needed for the training sessions, and made reservations and purchased tickets when staff and/or consultants needed to fly to other parts of Nepal to train the Information Assistants and conduct further pretests.

Maya Shrestha, the IEC Division Chief, will be his "contact person" for financial disbursements, purchasing requests, arranging for subcontracts (e.g. printing), etc. She will submit to him the names of persons attending training sessions and doing field work and he will then give her the money to which these persons are entitled. Maya will disburse the money and make sure each individual signs a chit acknowledging receipt of funds. These signed vouchers must then be returned to Tiwari; he will account, quarterly, for all project funds spent to date.

2. Training/Fieldwork

a. Plans and Arrangements

Several meetings were held with both Dr. Khatri and members of the IEC Division to plan schedules, and agendas. Khatri explained that his IEC Division staff continues to dwindle, and a few of the capable individuals with whom we worked last November are no longer available. However, three new persons are about to be transferred into this division from other sections of MOH. Dr. Khatri is trying to speed up the process, as he is committed to accelerating the time frame of this project, and we have tried to emphasize the importance of staff availability and continuity.

Meetings were held with the IEC Division's Chief and Information Officers who are currently available. Training and pretesting plans were discussed and the first week's schedule agreed upon. It was decided not to plan beyond that until we saw how closely we were able to follow this initial schedule. A brief outline follows:

Sunday, April 29

1. Inauguration of Project
2. Introductions
3. Basic processes and principles for population/family planning communication with an emphasis on Step 3: Development, pretesting and revision.
4. Training in pretesting methodology using handouts, discussion, perception exercises, and role-playing.

Monday, April 30

1. Role-playing continued, using messages designed by FPAN for pill and condom materials.
2. Discussion of, and training in, conducting focus group discussions.
3. Role-playing a FGD among participants and consultant team.
4. Preparation of guidelines for conducting FGDs among groups of rural men, women, and healthworkers to collect information on what messages to include in the motivational booklet.

Tuesday, May 1 and Wednesday, May 2

Pretesting: Two distinct locations within the valley to be selected by IEC Division staff.

Thursday, May 3

1. Training in collating and analyzing pretest results.
2. Working with the artist to recommend message alterations based on pretesting results.

Friday, May 4 and Sunday, May 6

Conduct six FGDs in two different panchayats. In each area the plan is to hold one session with men, one with women, and one with village healthworkers (PBHs, VHs and CHLs or CBHs).

Monday, May 7

1. Analysis of information received during FGDs.

2. Brainstorming session to develop messages for the motivational booklet.
3. Work with the artist.

Zimmerman initiated discussions with Dr. Khatri on the need to agree upon an evaluation plan. We gave them a copy of the plan drafted by Nancy Loy and revised by Loy and Zimmerman in D.C. prior to beginning this assignment. We explained that this was not to be thought of as a test of the Division's performance, but rather as a tool for identifying problems at an early stage of project implementation and making needed corrections as appropriate.

The JHU/PCS team also stressed the importance of submitting quarterly (and timely) narrative reports to JHU/PCS and that such reports could be a valuable way of monitoring whether project activities were completed on schedule and of identifying potential problems at an early stage. PIACT has developed an outline for all field projects to use when submitting narrative reports which we have found to be both practical and useful -- and not too cumbersome for the LDC institution. We went over this outline with Dr. Khatri and gave him a copy.

b. In-Service Training

On Sunday, April 29, fifteen participants arrived at APROSC, site of two days of in-service training on how to develop primarily pictorial materials. Nine participants were from the IEC Division, four were from the Evaluation Division and one was from the Training Division; all work at FP/MCH Central Office. On Tuesday, three new members of the IEC Division joined the program to be active project participants. One health educator from the Patan clinic also attended.

About nine of these men and women are expected to actually participate in all the field activities and will be involved in the project on a continuing basis. Two, who are from the IEC Division, have some other responsibilities, but will be involved on a part-time, but regular, basis. The others are attending so that they have a good grasp of the project either because they are involved in administration or because they may be asked to assist in monitoring or evaluating the project as it progresses. Min Dhoj Karki, from FPAN, also participated in the training. A complete list of participants and their area of responsibility within FP/MCH is included in Appendix A of this report.

The training was carried out as described in the outline above. A detailed account of this training can be found in a complete report of field activities on file at JHU/PCS.

c. Training Assessment

In addition to reviewing with the FP/MCH staff what they had accomplished during training and the first week of practical fieldwork, the JHU/PCS team met with Dr. Khatri to assess progress to date.

Khatri was pleased to hear about plans to send two groups to pretest newly revised versions of the abovementioned booklets outside of the valley in the Terai and in villages in the middle hills as he had been particularly interested in the production of a region-specific version of client materials.

Also of concern to Dr. Khatri, and to Dr. Joshi, Chief of the MCH Division, was the lack of consensus among various organizations as to standards for ORS preparation (e.g. how to measure liquids and solids, feeding instructions, etc.). In order to try to foster some consensus, the JHU/PCS consultants offered to serve

as catalysts. Working with an artist, we will pictorially portray various possible mixing instructions and will meet with representatives of all those organizations working with ORT (UNICEF, CRS, WMO, ICNSDP, FP/MCH, JSI among others) to see if one set of instructions can be agreed upon by all participants. Then the IIC Division can begin pretesting those instructions to see which messages are understood (if any) and which need further adaptations to achieve clarity.

Dr. Khatri feels that the impact of all of these materials on the performance of PHNs and the behavior of potential clients must be assessed. We agreed, but pointed out that such an activity could only be carried out in Year II, after the materials had been in use for some time. He saw the logic of that time frame and said he hoped that would ensure a Year II project with JHU/PCS.

The JHU/PCS team provided Dr. Khatri with feedback on the performance of his staff, at his request. After praising several of his officers, and pointing out areas where they had made progress, we took this opportunity to stress the need for staff continuity. One of our frustrations has been personnel changes and the fact that staff who work with us one day may suddenly not be available one or two days later. Much of this is inherent in "the system", and we will have to remain flexible, while at the same time stressing management by objectives and completing a given task within the previously agreed upon time frame.

d. Further Pretests and ORS Card Development

As planned, further pretests of the pill and condom booklets were carried out in the Terai and in the hills outside of the Kathmandu Valley. A JHU/PCS consultant accompanied the group during these pretests. In the Terai, local FP/MCH staff were

trained in the pretesting methodology and participated in the field work. Based on the results of these pretests, revisions were made in the hill booklets and first draft Terai versions were developed. For the first time, simple Nepali captions for the pictures were also tested and revised.

Both the revised hill and new Terai versions will be again pretested in the Western Terai and hills, after the departure of the JHU/PCS consultant, to test for Western regional differences. Comprehension has been so high, however, that it is probable that a final draft of the hill version of the booklets, and perhaps the Terai versions as well, will be ready for inspection by JHU in July 1984.

Inspired by the interest of Drs. Khatri and van der Vlugt (USAID), and of Michael Heyn (UNFPA), Mel Thorne (JSI), and others, the project team determined to put development of the ORS material on the fast track. Several versions of six-panel pages of pictures and simple text, demonstrating Jeevan Jal and "Aushadi Panni" (Medicine Water) preparation, were developed by Wittet and presented to interested individuals for comments.

Pretests of the ORS card, both Jeevan Jal and Aushadi Panni instructions, will be carried out in the Kathmandu Valley and the Western Terai and hills after the departure of the JHU/PCS consultant.

C. Post-Consultancy Evaluation of Training

Trainees who continued working with the JHU/PCS team on a regular basis during the pretesting and focus group discussion training sessions in the Kathmandu Valley were asked to complete an evaluation questionnaire. Ten respondents, consisting of the core IEC Division plus a few others who had participated on a fairly regular basis, provided their reactions to the training activities and materials' development methodologies they had experienced.

All respondents rated the training/project field activities as either "excellent" or "very good." The most useful sessions included: working with representatives of target audiences, pretesting methodology, collation of results, and FGD methodology. Respondents reported gaining skills in these and other areas including materials' revision and project management. All but one respondent found the pretesting methodology useful.

JHU/PCS consultant evaluations of trainees was generally positive. Especially effective project members included the Division Chief, Maya Shrestha, and Navin Pyakuryal, an Information Officer who functions as her right hand man, project director and advisor. Disappointments included the loss of a number of project members as soon as the comforts of the classroom were left behind.

D. Revision of Workplan (Planning for Remainder of Project)

Due to the impressive accomplishments during the first month of the project, a revised schedule was developed. This schedule sets achievable, specific goals for the team as an attempt at management by objectives. It also responds to team member requests for help during the training sessions in use of print materials for health workers and trainers of health workers. Dr. Khatri feels that a large-scale training of all PBHs in the use of the materials cannot proceed until April 1985 (after the sterilization camp season). However, the RTOs can be trained in November 1984, after the pill and condom booklets have been printed and during the follow-up visit by the consultancy team. They can then do a limited training of PBHs. At that time, JHU/PCS consultants will be able to evaluate project activities to date and observe actual use of materials in a field setting. Recommendations for further training efforts and considerations for materials' distribution and future revisions may also be made. The project schedule, as revised by the JHU/PCS consultant and the project team, follows.

REVISED WORKPLAN

Activities to be completed by May 1984 - June 1985

List of Activities

<u>List of Activities</u>	<u>Period</u>	<u>Location</u>	<u>Staff Person in Charge</u>
Finalize condom and pill booklets. Submit final drafts to JHU/PCS for approval.	May - June 1984	KTM	Division Chief, Production Officer, Artist and A-V Officer.
Pretest and revise motivational booklet and ORS card in hills, Terai and west. Develop regional versions if appropriate.	May - October 1984	KTM and selected areas	Division Chief, Information Officers, Information Assistants, Artist.
Print condom and pill booklets. Pretest printed booklets as aid in developing guidelines for training RTOs.	August-November 1984	KTM and selected areas	Production Officer, IEC Division Chief, and staff.
Train Regional Training Officers (RTOs) to train PBHMs in use of materials. Distribute condom and pill booklets to RTOs. Follow-up and training visit by JHU/PCS consultancy team.	November 1984	Regional Training Center	Information Officers, JHU/PCS consultancy team.
Begin monitoring training of PBHMs and assessing use of materials by PBHMs.	November 1984 and on to end	Regional Training Center and selected areas	Information Officers, JHU/PCS consultancy team.
Finalize motivational booklet and ORS card. Submit for approval to JHU/PCS.	January 1985	KTM	Division Chief, Production Officer, Artist and A-V Officer.
Print motivational booklet and ORS card. Pretest booklet and card as aid in developing communications for training in proper use. Distribute materials to RTOs.	March-April 1985	KTM and selected areas	Production Officer, IEC Division Chief and staff.
Prepare final report on project following continued assessment of materials used.	June 1985	KTM	IEC Division Chief, Project Chief, FP/MCH.

V. Conclusions

The following activities were completed during JHU/PCS consultancy of April-May 1984:

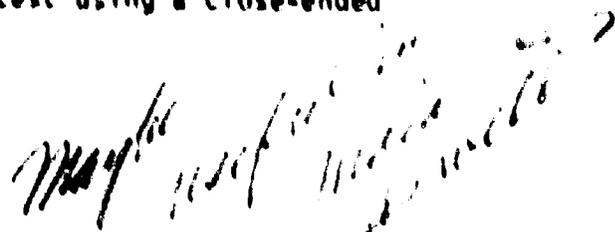
1. Subjects of print materials selected (three booklets: condom, pill, family planning motivation; one ORS preparation laminated card).
2. Training inaugurated. Training in focus group discussion (FGD) and pretesting methodologies given to core FP/NCII IEC staff (classroom and field).
3. FGDs held to guide development of messages for family planning motivational booklet.
4. Motivational booklet messages and ORS preparation messages developed.
5. Artist developed graphics to communicate above messages (to be pretested after JHU/PCS consultancy).
6. Conducted pretests of FPAN-developed condom and pill booklets in Kathmandu Valley, in Eastern Terai, and in middle hills outside of valley. Results analyzed and revisions made after each set of pretests. Regional versions (Terai) developed (to be pretested after JHU/PCS consultancy).
7. Some Intermediate Supervisors and Information Assistants trained in pretesting methodology. These staff were and will continue to be involved in pretesting in remote areas.
8. Training evaluated by trainers and trainees.
9. Developed detailed work schedule for rest of project period.

As can be seen by comparing the revised planned work schedule, included in the preceding section, with the original schedule in the proposal, considerably more work was accomplished during the JHU/PCS consultancy period than had been foreseen. Whereas the first piece of material was originally scheduled to be sent to JHU/PCS for approval in October 1984, it now appears that two pieces (pill and condom booklets), along with their "Terai versions", will be ready for submission in July. This is in part due to: the fact that versions of both these booklets had gone through some pretests by FPAN staff prior to the beginning of the current project; the zeal with which project participants have implemented pretesting

(and the development of regional versions) in a number of distinct areas throughout the Kingdom; and the efficiency of having a two-person (male and female) consultancy team in-country. The stepped-up schedule will allow for more pretesting and revision of materials and more emphasis on training of KIUs and PHWs in proper use of materials. The motivational booklet and ORS card should be ready for submission to JHU/PCS by January 1985.

Though many of the project participants gave the impression that they felt they knew all there was to know about pretesting at the beginning of the workshop, once in the field, using methods very different from the close-ended, quantitatively-oriented methods they had used before, their interest and enthusiasm were aroused. By the end of the consultancy most of those trained (IEC Division Chief, Information Officers, Information Assistants, and others connected with the project), showed a good deal of improvement in their interactive communication skills and ability to elicit useful information from respondents. This is true in spite of the tendency among "experts" all over the world to use authoritarian communication modes which restrict, rather than expand, avenues for interpersonal exchange. In a society as rigidly and hierarchically structured as Nepal's, this problem can be especially severe. However, the experience of this consultancy shows that such impediments to effective IEC materials' development can be overcome with training and with personal field experience demonstrating the effectiveness of interactive, more egalitarian communications methods.

Project participant satisfaction with the methodologies presented during the training was evidenced in several ways: the impressive number of field visits planned immediately following the training, trainee refusal to take breaks during field visits, and trainee comments. Some trainees felt that they had not spent enough time in the field prior to the finalization of other materials. Others expressed excitement about these new and different methodologies. One Information Officer, Navin Pyakuryal, is also working on the pretesting design for the UNFPA IEC kit (a mammoth undertaking due to the amount of materials in the kit). Although he and Najib Assifi had projected a large-scale pretest using a close-ended



questionnaire with 2,500 respondents, Navin now believes that more time should be spent interviewing respondents in the PIACT style, even though the study sample will have to be considerably smaller. He proposed developing a compromise pretesting scheme for the IEC kit, incorporating elements of both methods.

Although pleased to observe the enthusiasm generated during field phases of training, the consultancy team was initially disappointed by the lack of continuity in IEC Division staff and project participants. Several strong Information Officers who had participated in the November planning consultancy and in developing the project proposal had been spirited off to other agencies and Divisions before the start of the current project. This is in part due to the low salary paid to government personnel and the temporary nature of contracts in FP/MCH, many of which must be renewed every three months.

In addition to staff changes affecting continuity of the project, the discrepancy between the number of participants during the initial two days of classroom training and those participating in subsequent field visits was disappointing. A total of 13 persons participated in one or both days of classroom training; only 10 continued to participate (and, then, somewhat sporadically) through the end of the consultancy and beyond. Monetary incentives (per diems) for participating in Kathmandu-based workshops are identical to field-based incentives. But in the field, people must pay for food and lodging and often face the hardships of travel to remote areas. This may in part account for the interest in training exhibited initially, and the drop-out rate experienced as soon as fieldwork was begun. This situation is a problem inherent in the "system".

The successful coordination of the JHU/PCS project and the UNFPA project to develop IEC kits contributes to the overall strength of FP/MCH's IEC activities. The cooperation of all parties involved was impressive and encouraging. The consultancy team is also pleased to note that the materials being developed under the JHU/PCS project will stand on their

own and successful distribution and use of them is not tied to the success of the IEC kit project. If that project is a success, however, this additional avenue for training of local health workers in the use of support materials and for distribution of the JHU/PCS materials will strengthen our project.

VI. Recommendations

The consultancy team is concerned that one aspect of the effective use of such support materials, health worker training, is still not perceived as critical to the success of the IEC program. Too many of those at FP/MCH want the materials to be self-explanatory in order that the local health worker need not be as vigorously trained and need not spend time communicating with clients on these topics. Of course, the consultancy team adamantly protested such notions. We do not desire nor intend to replace the interpersonal mode in health communications, it was explained. While most of the IEC Division agreed with this philosophy, they were concerned that they did not yet have all the training or communication skills required to really get such a program going. They suggested combining a follow-up visit by the JHU/PCS team with a training/supervisory visit at the time of the RTO and PBHW trainings in November. We promised to consult with JHU/PCS and USAID on this idea. The project participants also felt that the effectiveness of the consultancy had been increased by having a two person team, male and female, working on the project. They felt that this arrangement would also work well during the follow-up visit, RTO and PBHW training, and observation of field use of the materials by PBHWs.

Another concern of the consultancy team involves distribution and resupply of materials. An evaluation of the effectiveness of the FPAN vasectomy and mini-lap booklets pointed out that there were serious distribution problems. Further investigation of existing distribution and resupply networks for PBHWs should be implemented. As there has not been much experience in supplying them with IEC materials before, perhaps these projects (JHU/PCS materials and UNFPA IEC kits) will provide the impetus to develop a workable system.

Specific recommendations for future JHU/PCS action in regard to this project include, therefore:

1. Organize a follow-up visit by the consultancy team in November 1984 to evaluate the project up to that point (at month seven out of 14), to facilitate the development of final, photo-ready drafts of the motivational booklet and ORS card, to assist in and supervise the training of the RTOs and PBHWs, and to observe field use of the materials (condom and pill booklets) by PBHWs. Sending a two-person team is again recommended based upon the impact of such a team on the effectiveness of the initial consultancy.
2. Emphasize the critical importance of proper training of fieldworkers in performance of their therapeutic functions, in development of effective communication skills, and in the use of pictorial instructional materials that can be distributed to clients.
3. As a support to the above activity, urge Kathmandu-based staff to visit and work with PBHWs, CHLs, and VHWs - to know their problems and needs. Both in the November 1983 planning meetings and during the consultancy it was clear that the conception of the PBHW's world by central staff and the real world in which he/she works are quite discrepant.
4. Investigate and assist in the design of an effective materials' distribution and resupply system for PBHWs and other field workers (VHWs, CHLs).
5. Support work to counteract the strong popular association of "family planning" with "operations". This is a result of government agency emphasis on permanent methods and incentive programs. This association eclipses the idea of spacing and may prejudice those not ready for a permanent method against family planning personnel and materials.
6. Revise incentive programs for classroom and field trainings in any future project proposals. Be sure that the added expenses of field work are accounted for in per diems (or that classroom-based per diems be lowered to reflect lower costs).
7. Continue to support the efforts of the FP/MCH IEC Division. Look for ways to help improve working and salary conditions for them in order to retain effective staff members.

CONTACT LIST1. Nepal Family Planning/MCH Project

Dr. Tara Bahadur Khatri, Project Chief
 Dr. Bhattarai, Acting Deputy Project Chief
 Dr. Madav Joshi, Chief, MCH
 Ms. Maya Shrestha, Chief, IEC Division

Training Participants:

Ms. Maya Shrestha - IEC Division, Division Chief
 Mr. Ramdar Shrestha - IEC Division, Administrator
 Mr. Hari Bandi Kshetri - IEC Division, Information Officer
 Mr. Mukunda Raj Baidhya - IEC Division, Audio-Visual Officer
 Mr. Shyam K. Prajapati - IEC Division, Information Officer
 Mr. Navin K. Pyakuryal - IEC Division, Information Officer
 Mr. Ashesh Malla - IEC Division, Information Officer
 Ms. Gyanu Shrestha - IEC Division, Information Officer
 Ms. Sirjana Sharma - IEC Division, Information Officer (new)
 Mr. Lokendra Prasad Ghimire - IEC Division, Information Officer (new)
 Mr. Yadav Bhetwal - IEC Division, Production Officer (new)
 Ms. Sumana KC - Training Division, FP/MCH
 Ms. Indu Devkota - Evaluation Division, FP/MCH
 Ms. Sarala Shrestha - Health Educator, Patan Clinic
 Ms. Meera Upadhaya - IEC Division, Broadcasting Officer
 Mr. Jiv Krishna Shrestha - Evaluation Division, FP/MCH
 Mr. Muneswor Mool - Evaluation Division, FP/MCH
 Mr. Tek B. Dange - Evaluation Division, FP/MCH
 S. Ranjit, free lance artist

Ramshah Path, Panchayat Plaza
 P.O. Box 820
 Kathmandu, Nepal
 Tel: (0) 212733, 213705

2. Biratnagar FP/MCH Staff

Mr. Ser Bahadur Shrestha, Family Planning Officer
 Ms. Lata Shrestha, Intermediate Supervisor
 Mr. Batu Pokhrel, Information Assistant

3. Information Assistants Trained by Information Officers in Materials' Development Methodology

Shyam Kumar Thapa, Information Assistant
 Nilam Kumari Sharma, Information Assistant
 Sabitri Pant, Information Assistant
 Vishnu Kanta Sharma, Information Assistant
 Rewanta Man Shrestha, Audio-Visual Assistant
 Prakash Man Singh, Information Assistant
 Binad Aryal, Information Assistant

4. USAID

Mr. Dennis Brennan, Mission Director
Dr. Janet Ballentyne, Deputy Mission Director
Dr. Jake van der Vlugt, Chief H & P Division (home tel: 14168)
Mr. Jay Anderson, Population Officer
Ms. Barbara Spald, Health Officer
Mr. Dev Karki

Rabi Bhavan
Kalmati, Kathmandu
Tel: 211144, 212325

5. National Commission on Population (NCP)

Dr. Prakash Upreti, Secretary and Chairman of IEC Task Force
Singha Darbar
P.O. Box 1118
Kathmandu
Tel: 216523 (home tel: 216092)

6. Family Planning Association of Nepal (FPAN)

Mr. Shanker Shah, Executive Director (home tel: 212719)
Mr. Yadav Kharel, General Secretary
Mr. Min Dhoj Karki, IEC Division

Lekhnath Marg
P.O. Box 486
Kathmandu
Tel: 21307, 215497, 215554, 215961
Telex: 2307 FPAN NP

7. Integrated Community Health Service Development Project (ICHSDP)

Dr. Kalyan Raj Pande, Deputy Chief of Project, Department of Health Services
Dr. Sunita Acharya, Deputy Chief
Dr. Beni Bahadur Karki, Deputy Chief
Mr. Padma Raj Bhandari, Chief, Training Section

Kalikaasthan
Kathmandu
Tel: 215068

8. Nepal CRS Company Pvt. Ltd.

Mr. Hem Hamal, General Manager

P.O. Box 842
Thamel, Kathmandu
Tel: 216424
Telex: NP 2205 A-APU

9. UNFPA

Mr. Michael Heyn, Representative (home tel: 214990)
Mr. D. B. Lama, Program Officer

Mhalpi, Naya Bazar
Kathmandu
Tel: 216916, 216416

10. John Snow Inc.

Dr. Mel Thorne, Project Chief
Ms. Nellie Kanno, Training and Manpower Development Advisor
(home tel: 211160)
Mr. Dev Ratna Dhakwa

Tel: 522113, 521013

11. World Neighbors

Mr. Tom Arens
191235 Hadigaon (residence and office)
P.O. Box 916
Kathmandu
Tel: 211378

12. UNICEF

Mr. Henry Kasiga, Program Coordinator, Health and Nutrition
Mr. George McBean, Communications Officer
Ms. Marie Casey

P.O. Box 1187
Kathmandu
Tel: 214581

13. Development Oriented Research Center

Mr. Padma Nath Tiwari, Director

P.O. Box 608
Kathmandu
Tel: 211848
Telex: NP 2273 HTT

14. Britien Nepal Medical Trust (BNMT)

Mr. Frank Guthrie, Field Director

Panchali-Biratnagar
P.O. Box 9
Koshi Anchal
Nepal
Tel: 2871

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