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SECOND ANNUAL REPORT

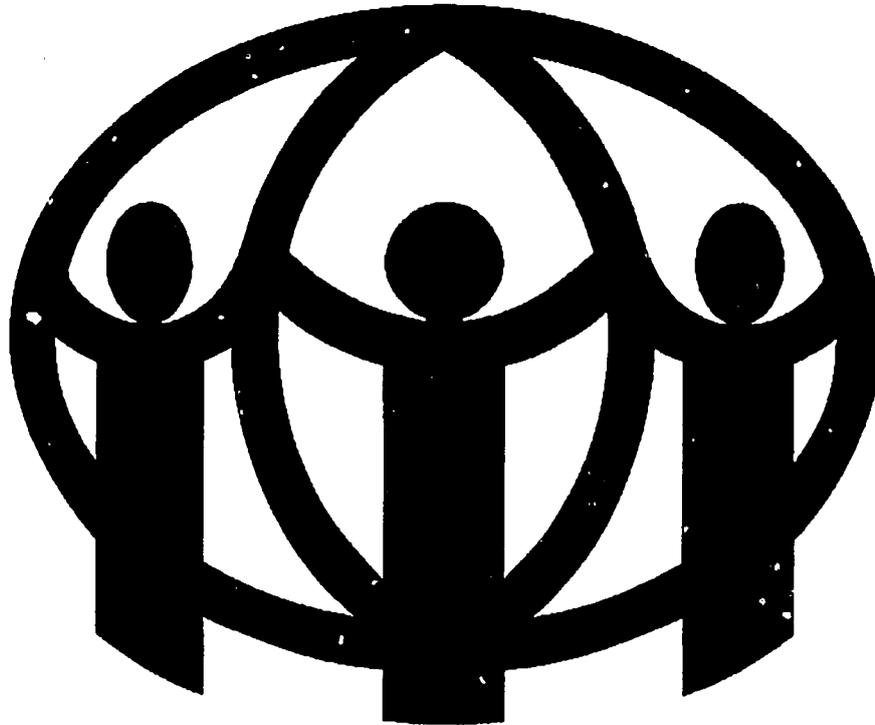
1992-1993

for

CHILD SURVIVAL VI

OTR-0500-A-00-0098-00

NEPAL



Submitted to

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
Washington, D.C.

by

ADVENTIST DEVELOPMENT AND RELIEF AGENCY INTERNATIONAL
Silver Spring, MD

October 1992

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I. CHANGES IN PROJECT DESIGN

A. Statement of Country Project Objectives - CS VI project

Objectives in DIP have been revised as previous ones were not measurable and incomplete. See the following revised Objectives.

REVISIONS:

Goal: Improve the health of mothers and children by helping the local MOH strengthen its delivery of services through education/training and collaborate with MOH in development of Child Survival program in four Kavre district Health Post Areas.

OBJECTIVES:

1. Establish a District training center in conjunction with SMH:
 - a. Provide six management seminars/workshops for in-charge staff of the three targeted health posts.
 - b. Give continuing education for various levels of health post staff: "At-Risk Identification and Management"; "Health Messages"; "AIDS"; "CS interventions"; Family Planning"; "Health Information System"; and other topics as requested by MOH.
 - c. Train TBA's and CHV's in cooperation with the MOH and District Public Health Office for Banepa and four Health Post Areas.
 - 1) Banepa - 14 new TBA's, 12 new CHV's
 - 2) Dapcha - refresher tr. for CHV's; 90 plus 15 new TBA's
 - 3) Nala - refresher tr. for 15 TBA, 12 CHV's
 - 4) Khopasi refresher 17 TBA, new tr for 20, Ref. tr. 108
 - 5) Panchkhal - 24 TBA's, CHV's refresher tr 90
 - d. Train District Public Health Office Leaders/Staff - C/S Management (4 sessions minimum) plus training of HIS work of MOH representatives.

- e. **Conduct three workshop for NGO's MOH representatives relevant to Child Survival: AIDS Education, EPI Info-Computer software for data management, Health Information Systems.**
 - f. **Evaluation Child Survival services for efficiency and effectiveness in management and outcomes (50% improvement)**
 - g. **Third year Conduct field training and clinical training at Scheer Memorial Hospital/Banepa primary care clinic monthly.**
2. **Enhance knowledge level of women through literacy/health classes for training for 450 women 15 years of age and above. Follow-up of interested women for establishment of mother's club and further training as CHV's and TBA's.**
3. **Organize/activate mothers groups for Child Survival/Safe Motherhood goals.**
- a. **Banepa 12 mothers groups**
 - b. **Dapcha 40 mothers groups**
 - c. **Panchkhal 40 mothers groups**
 - d. **Khopasi 50 mothers groups**
 - e. **Nala 25 mothers groups**
4. **Collaborate with the MOH Kavre District to make the present health Information System more meaningful, efficient, and effective:**
- a. **Health Post and Banepa Clinic will use growth cards and Antenatal - family planning cards for mother and children (under 5 years).**
 - b. **Mothers will receive immunization cards for infant/child**
 - c. **Health Post registration summaries will be monitored for accuracy and summative data and analyzed as part of the CS Project and Kavre District data.**
 - d. **Conduct at least two cluster surveys per year, share analysis with DPHO/MOH and use in planning.**

- e. Do a data base in Banepa and four health post areas for baseline data (use standard CS questionnaire of Johns Hopkins). Repeat at end of project.
 - f. Assist Village Development Committee to maintain accurate/complete data on births and deaths.
 - g. Train minimum of 15 Nepali individuals to conduct surveys, use questionnaires; do sampling; and train CS computer staff to utilize EPI computer program for analysis.
 - h. Conduct EPI Info computer Data Management Workshop for CS program staff, MOH representatives, and NGO representatives.
 - i. Conduct Health Information System Workshop for CS program staff, MOH representatives, NGO representatives.
 - j. Provide feedback to DPHO, Health Post staff and VDC.
5. **Written standards for CS interventions for use in field training and monitoring. These will be based on WHO Child Survival objectives.**
- Evaluation of interventions will be done by District Public Health staff counterparts of CS project staff using MOH goals for measurement of achievement. (recognition is give to very high expectations for the government and that time frame of project may not permit expected achievement.) Minimum achievement will be 50% of stated goals by October 1993.**
6. **Activate government trained CHV's who with CS project trained CHV's will provide the local areas of the CS project with; FP supplies and referrals.**
- a. **Referrals for prenatal care and child primary care. Early maternal case-finding and encouragement to obtain antenatal care. Assistance with reporting births to the VDC. Health Education on the 14 health messages Attendance and leadership in Mother's clubs (40% for active CHV's).**

- b. Provide continuing education monthly for CHV's and TBA's using ANM's, VHW's and Health Post In-charge.

B. Location and Size of the Priority Population living in the Child Survival Impact Areas

At the request of the community and JICA, the Health Post of Nala has been added to ADRA Child Survival project September 1992. Location is 4 kilometer NW of Banepa.

Population is:

Infants 0 - 11 Months
 Children 12 - 25 Months
 Women of Reproductive Age

Current data on other Health Posts and Banepa, Kavre district.

	CHILDREN 0 - 11 MONTHS	CHILDREN 12 - 60 MONTHS	WOMEN OF REPRODUCTIVE AGE 15 - 44
Banepa	247	958	2,870
Dapcha	740	2958	7,104
Panchkhal	1192	4656	9,588
Khopasi	1087	41312	9,275

C. Health Problems Which The Project Addresses

AIDS - In the 1992 Situational Analysis of Women and Children in Nepal, Kavre District has been identified as one of four districts where girls recruited for prostitution in India now have been returning. Though AIDS testing on returnees has now been started by the MOH, the number of those who were already in the country prior to the initiation of the testing program and their AIDS status is not known. Therefore, AIDS prevention education is being added to curricula for training at all levels of Health Post staff. Many had not heard of AIDS. To date there has been no known AIDS cases in Kavre district, so preventive education is the focus.

LITERACY - Literacy programs for women have now been extended to all four health posts and Banepa. These sessions now include

health classes in the third phase of the training and women are being organized into mothers clubs.

D. Child Survival Interventions

Interventions in the DIP listed Child Survival clinical services as interventions which Health Posts are to do. Omitted were ARI, Breast Feeding, Antenatal Care and Family Planning. These have been added. Standards and Protocols for the Health Posts and Banepa Clinic are given to follow; CDD, EPI, and Nutrition are also being classified as Standards and Protocols for the Health Posts and Banepa. This has been a part of the DIP revision so that the primary purpose of training/education could be addressed more directly. The above interventions are in the curricula, and are monitored through field training activities.

A greater emphasis on the "At Risk" mother and child and use of referrals has been started in the Health Posts and Banepa. The Risk concept has also become part of the training.

Attached please see the revised listing of objectives and interventions.

In cooperation with and participation of Kavre District Health Officer (Ministry of Health) and Scheer Memorial Hospital (District Hospital) of Kavre district thee interventions are being implemented)

1. Training

- Delivery of Child Survival, Safe Motherhood services at community level within the MOH Health System and Banepa Primary Care Center and Family Planning Center.
- Senior health post personnel from entire Kavre District are invited to training as well as those from project health post areas; staff at District office are also given training.
 - a. Classroom/workshop/seminar instruction
 - b. Field Training
 - c. Clinical Training at Scheer Memorial Hospital, Primary Care Center in banepa, and at the Health Posts.

2. **Literacy/Health Classes in Community**
3. **Health Education**
 - 14 health messages
 - Stop Smoking classes
 - Mother's Club
 - Individualized for "At Risk" mothers and children
 - AIDS
4. **Health Information System:**
 - Cluster Surveys, Baseline data
 - Record System for mothers/children at health post
 - Births/deaths reporting at village level
 - Referrals
5. **Standards and Protocols for CS Services**
 - At Risk mothers/Children
 - Child Survival: EPI, ARI, CDD, Nutrition, Family Planning.
 - Antenatal Care
6. **CHV and TBA Utilization (including Activation)**
 - Identity in community
 - Literacy
 - Credibility
 - VHW supervision
 - Refresher courses
7. **Community Involvement**
 - VDC participation
 - Women's clubs: mother's clubs
 - Health Committees
8. **Income Generation for Women**
 - Not yet started

E. Strategies for Identifying and Providing Service to Individuals at Higher Risk

See attached indicators being used for At Risk classification. These have been placed in all target health posts and Banepa clinic.

Training programs have included use of the At Risk indicators. Protocols still need to be written for use in care and follow-up. Two things have helped with providing service:

All locations now have Antenatal and Child Growth records easily accessible. They are used. Our next step is to get the VHW's and CHV's at the village level to work with these mothers to make return visits. We are starting more education in the literacy groups to help improve utilization. We also are using referrals to a physician for some of those AT RISK. There is a referral slip given. However, we now have to get the Scheer Memorial Hospital and the Banepa Primary Care Clinic to give feedback to the referral Health Post or village.

II. HUMAN RESOURCES AND COLLABORATION

A. Job Description and Resumés

See Appendix F for detailed job descriptions.

B. Technical Assistance

Consultants from ADRA-I

P. William Dysinger - January 1992 - 1 day, April 1992 - 1 day

Primary discussions with ADRA-Nepal Director who has been acting Director for Child Survival. Planning done for 3 staff to attend Johns Hopkins School of Public Health Training sessions:

Lyndi Wolfe - August 2 - 5, 1992

Training on EPI Info, EPI computer software training and tabulation of data, Management of cluster survey data.

March 2 - 9, 1992

1992 Asia Region PVO CS Workshop Ahmedabad, India, "Rapid Knowledge and Practice Surveys for Community Assessment and Action." Participants: Gyanendra Ghale, Birendra Pradhan

June 5 - 12, 1992

AID/FHA/PVC Conference Shiprock, New Mexico, "Lessons Learned: Integrating Maternal Health strategies in Child Survival." Participant: Mrs. Rama Basnet

Ruth M. White - September 15 - October 30, 1991

Development of work plans, Plans for leadership of program without a full-time Director Revision of Organizational chart Training Program plan for six months. Initiation of Health Posts and Banepa Clinic. Expansion of Literacy program for women to include health classes. Planning for Utilization survey Cluster survey planning, networking.

March 17 - May 5, 1992

Work plans for next six months Planning for training of CHV's/TBA's (Refresher and for new people) Planning for activation of CHV's Review of DIP, Preparation for Evaluation Initiation of referral system Design of CS Information Summary (leaflet) Review of Budget Training in evaluation of workers

August 25 - October 2, 1992

Midterm Evaluation being conducted Revision of DIP Rewriting of Job Descriptions Work on Annual report Revision of Organization chart Review of Cluster survey tabulation In-service Education of Staff.

C. Linkage to Other Health and Development Activities

1. Met request of Health Development Project (under Institute of Medicine) to participate in the training of their health posts In-Charge. They have also sent health Post In-Charge to CS Training.

2. Linkage with Regional Training Center (MOH) and Institute of Medicine for the training of District Supervisors, Health Post In-Charge, Auxiliary Health Workers, Village health workers etc.
3. Used resources of World Education, Save the Children (US) and Ministry of Education for female adult literacy classes in the project area.
4. Introducing the Norplant and IUD (family planning temporary methods) for the first time in Kavre district. Supplies for Norplant come from Family Planning Division through District Public health Office and supplies for IUD is from Family Planning Association of Nepal.
5. JSI is providing consultation for the development of Family Planning Center for Kavre district.
6. Participation with Banepa municipality literacy education planning group.

III. PROGRESS IN HEALTH INFORMATION DATA COLLECTION

A. Baseline Survey

When did you undertake baseline survey? Cost; time to do; interview time.

November 1992: Cluster survey done for baseline data in Dapcha, Khopasi and Panchkhal.

August 1992: Banepa Survey

Second surveys done in May/June 1992

Cost for all estimated to be 80-10,000 rupees.

Time: Preparation time for the survey takes about six weeks. Conducting the survey takes 3-4 weeks more because most of the villages do not have roads. Therefore, the interviewers have to walk to the villages which may take hours or even a day.

Interview time: about 1 hour per family

We developed our own questionnaire using suggestions from consultants. Then we had to translate them. We had Lyndi Wolf come for a workshop this past summer to help us learn EPI software use and how to tabulate the data.

Since we only recently got all the surveys tabulated we have not given feedback to the communities. We will do that in November. We have given copy of findings to the District Public health Officer. Our findings pretty well agree with the data on mothers and children of the government. The immunizations are close to the 70% level for those in the cluster survey. However, the mothers often do not have their immunization cards. Poor nutrition of children is a bigger problem than we expected. Majority of women do not get prenatal care and deliver at home without trained birth attendant. We are going to make nutrition and prenatal care a priority during the coming year. We are training more TBA's but must educate women to use them.

B. Routine Data Collection

1. System at the community level for collection of data on family useful for identifying and directing services to the high-risk. Baseline census and two cluster surveys have given us data but the tabulation and analysis has not been done until this recent summer when a consultant came to help with the computer program to do this. Determination of risk at the community level did identify children that were unimmunized. However, the immunization status of children under five years has greatly risen all over the country in the past couple of years. The target group at great risk are the pregnant women. Less than 10% of the pregnant women in Nepal have health care antenatally or at birth. In our surveys we found pregnant women use a trained birth attendant or go to the hospital. Risk mothers and children are hampered in obtaining adequate care because of poor accessibility. Malnutrition is another very high risk category for both pregnant women and children under five years. Being underweight is not recognized as a problem. Of course most people don't have any idea if there is a growth or weight problem. Use of arm bands for children hasn't been done much because CHV's haven't been working. At health posts growth charts have only been in use the past few months and many posts are still not using them. Those on file usually show only one visit to the health post.

Antenatal records and family planning cards are now being used in health posts. Using them for risk identification is just being implemented. At least we have records now. More field supervision and training on the risk concept has to be done. All traditional birth attendants being trained or given refresher courses are given picture charts on risk to use. These are also in the health posts now. The Risk concept will have priority in training during the next year and more field supervision is necessary.

Since our project is to work within the structure of the Ministry of Health using their employees, every change from the status quo is slow. WE work closely with the DPHO and hold continuing education etc, but supervision at the village level is nil or poor. Use of the VHW for this has not been very successful because: 1) they seldom go to the field except for immunizations. 2) the CHV's are not working except perhaps informally in some places not considering themselves employees of the MOH, they have no feeling of obligation. This summer the MOH provided house placards and CHV pins to be worn by CHV's. This may help with giving identity. We believe there must be community support for the CHV. We are exploring possibilities of women's groups and mother's clubs. We are bringing them in regularly for continuing education. Data collection by these women is difficult due to low literacy, so has not even gotten off the ground. At present they provide some totals of people they see, condoms given, immunization participation.

2. What is the system for reporting information on the activities of community health workers?

Government records are in use for VHW's and CHV's. These are collected by the MOH field supervisors. We are now trying to get copies of all monthly reports from the DPHO.

3. Regarding inputs and outputs. Which indicators have been the most difficult to collect.

Birth records and deaths are grossly under reported. Government records of services, immunization coverage etc are often incomplete or summative only. As mentioned previously, since we are not directly involved with services we have instituted use of growth cards, antenatal cards, and family

planning cards. Each health post has a box we provided in which to keep these. We monitor these regularly. However, since the VHW's in the field give immunizations cards to mothers, there is no record of those immunizations on the card at the health post. When mother's bring their immunization cards, they can be added to the growth cards. Much education of mothers is needed to know how to use the government health workers and facilities. We are trying to do this through literacy classes and soon with mother's clubs. Another problem is that VHW's are known to work very little except on immunization days. Therefore records they make about activities may be falsified. We put little credence on their records. Some VHW's are beginning to respond to training given and show more interest in their work, but we can't expect much progress in one year when the MOH has such disorganized records at the district level.

4. Monitoring of service performance and sustainability indicators (clinic sessions, VHW's still active.)

We are monitoring service performance in the Banepa clinic which is not under jurisdiction of the DPHO, although he does provide a aux. nurse-midwife. At health post level we know that hours of service are reduced to 11:00 am to 2:00 pm for most Health Posts. There is usually a clinic worker there from 10:00 to 3:00 pm. The problem is that the Health Post In-charge or the ANM may not be there every day or for only brief time. This has prevented women coming from long distances getting care. By training we have had some improvement. In places where the employees do not come we work with the community to notify the DPHO and we follow-up on request for transfer so that some action is taken. Presently we have pretty good staff who have regular clinics and take more pride in their work. Result has been an increase in patients. Dapcha health post In-charge was transferred and a better one assigned. We requested one ANM not be transferred because she was so good, and they did not transfer. It is customary to transfer people frequently; we are usually unable to change that practice.

5. Surveillance system to detect and investigate cases of acute paralysis in children below 15.

Not a part of our DIP. Seldom see polio here.

6. Individuals who have responsibility for collection, compilation and analyses of data:

Data Management and Health Information System is handled by: Mr Gyanendra Ghale

Surveys and field data director: Mr Birendra Pradhan

Part-time Technical Advisor for Data Analysis/Health Information System Maternal Health: Ms Jean Baker (Currently in process of being employed).

Data Compilation, computer tabulation, etc.:
Mr. Bal Ram Bhue

7. Individuals who have responsibility for monitoring quality of data in the project HIS:

Health Information System in field facilities is under the District Public Health Officer, Mr Shrestha. However the development of a HIS system for mothers and children has been responsibility of MR Birendra Pradhan of ADRA-CS. Technical advisors for this effort are:

Ms. Jean Baker

Mrs. Eileen Blood

Field monitoring is done by Mrs Rama Basnet

8. Feedback of information to people who collect the information, to VHW's, CHV's and communities:

Staff collecting information on surveys are also working with those doing data analysis. Since it is only this summer that we were able to get the data analyzed, there has been no feedback to the village level workers or to the community. We realize this is a deficiency, but hope to hold meetings after the rainy season in which reports will be given.

9. Expenditures project health information system since October 1990:

35% of HIS budget.

IV. IMPROVEMENTS IN PROGRAM QUALITY AND TECHNICAL EFFECTIVENESS

See Mid-term evaluation report

V. WORK SCHEDULE

A. Problems/Constraints

1. Full-time CS Director not available following departure of Mike Peterson July 1991 therefore ADRA Director became Acting CS Director. Strategy to cope with the problem was to obtain consultation of Dr Ruth M. White September 18 to November 1991; March 18 to May 3, 1992; August 28 to October 2, 1992. She provided guidance; helped with planning and assisted leadership staff in development of their work plans.
2. Revisions needed in DIP objectives and intervention

Work has been done on the revisions and these were discussed at time of mid-term evaluation. They are now in effect. Please see attached revisions of objectives and interventions.
3. The most serious constraint for the project is the instability of the Nepal Health Care System at present. Government efforts to integrate services has started in some respects, but MOH keeps changing the organizational structure. Integration has not reached the record keeping or the delivery of services level. Although we have attempted to use the strategy of training and field supervision to encourage integration, there is little grass roots support at the health post level to carry out the changes. Multiple summative records are requested of the staff, all hand copied. We are still trying to get copies of those that relate to mother and child services. It is the plan of the government to have one MCH division, whereas now there are about 5 departments involved. Our primary strategy is network, network: set up records in the health post to get data, and keep our ear to the ground to hear what is going to happen at the Ministry of Health. We also keep in touch John Snow International (NGO) which is helping the government during these organizational changes.

B. Work Plan

For work plan outlining critical activities to be carried out activities for the fiscal year 1992-1993.

See Mid-term Evaluation September 1992.

See attached list of priorities; goals for the next year; and projected training schedule; projected survey schedule and health information system plan.

VI. CHANGES IN PROJECT EXPENDITURES AND JUSTIFICATION FOR BUDGET CHANGES

See Appendix C

VII. SUSTAINABILITY

A. Recurrent Costs

The majority of the work is in Ministry of Health facilities and they continue. Hopefully they will be more efficient, and effective. However, within the two years we will have worked, I do not believe the MOH is itself organized and doing the needed supervision to maintain a record system data management for reaching down to village level, or the services to mothers and children. This next year will stabilize matters to some extent, but a three year extension would make the sustainability more certain.

The Banepa primary care clinic may become an extension of the Scheer Memorial Hospital in cooperation with the municipality. The Family Planning center will probably become an extension of Scheer Memorial Hospital if the District Public Health Office does not continue it.

Literacy classes probably cannot be sustained at the level of current thrust. However, Banepa has established a committee to eradicate illiteracy in Banepa in four years. Education Department of the government of Nepal is doing more in literacy but it will be some time before they reach the areas. Red Cross and even Family Planning Association of Nepal are starting to teach literacy classes. So it is probable that by the end of the project (if we have another 3 years) there will be programs of government that are meeting literacy needs as well as the local NGO's.

If the government does get their new health policy underway and the programs integrated down to the local level, there is hope for some degree of sustainability. But this upgrading is slow work.

B. Strategies for Reducing Sustainability Concerns

Most important strategy is to work directly within the Ministry of Health System in Kavre District. We are not a parallel agency.

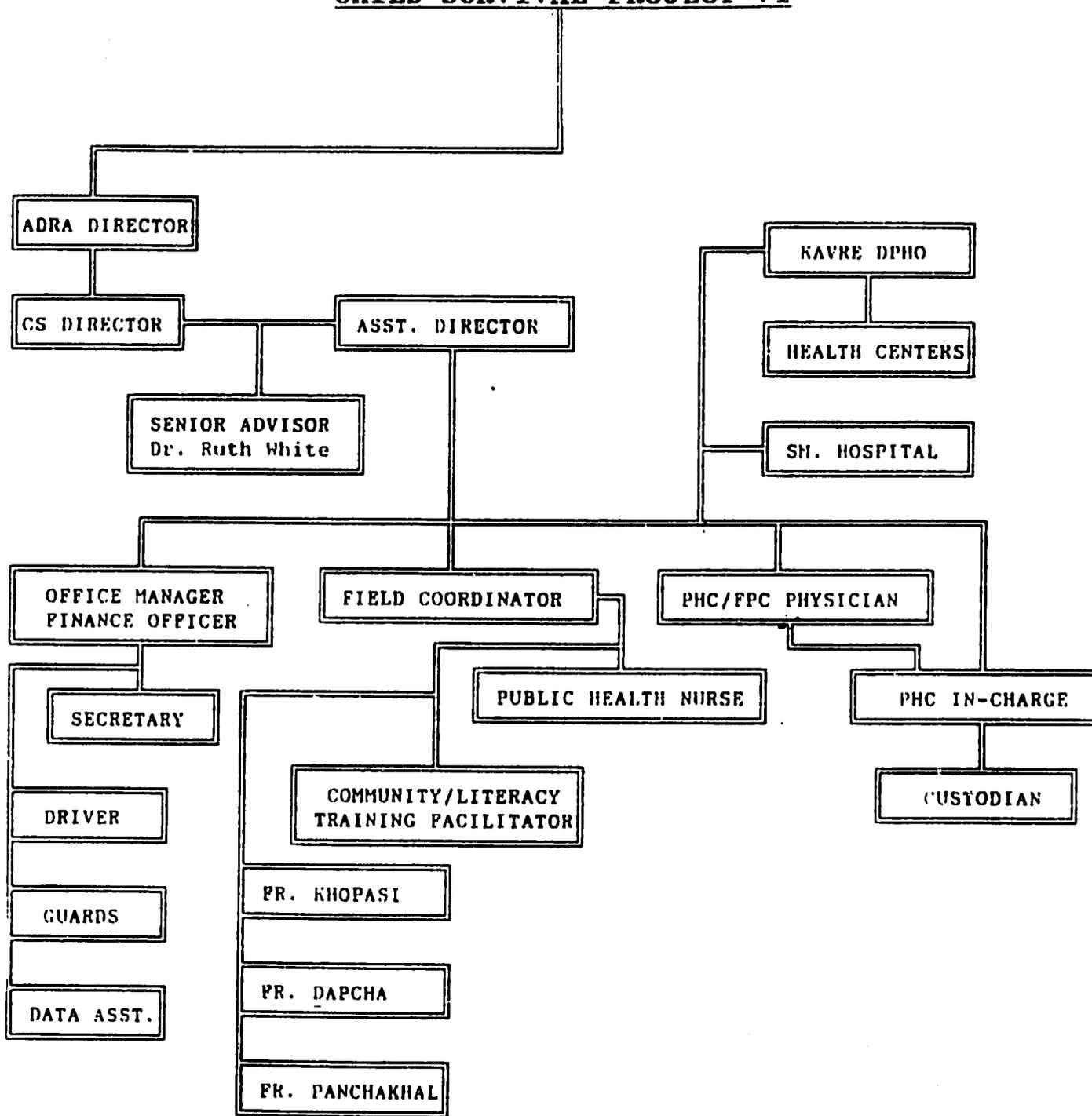
By working with Banepa Municipality and the VDC Committees at the local level and educating them and the people what to expect of services, they will take action if minimum standards are dropping. Already they are participating in planning.

Training of ADRA-CS in Nepal during past year to increase the PVO staff understanding of costs and cost recovery has not been done directly. However in their planning of training programs they present a budget and get funds on that basis. The Banepa Primary Care Clinic is now giving study to increasing the clinic fees as they are so low. There is no way this program can pay for itself for sometime because of the poverty in Nepal.

APPENDIX A

Organizational Chart for Child Survival

ADRA ORGANIZATIONAL CHART FOR CHILD SURVIVAL PROJECT VI



Note: This Organizational Chart for ADRA Child Survival Project has been prepared according to the chart made by Dr. Ruth White.

APPENDIX B

Salary Scale

STAFF SALARY STRUCTURE

EFFECTIVE 01 NOVEMBER 1992

S.NO.	POSITION	MINIMUM ACADEMIC QUALIFICATIONS	RELEVANT EXPERIENCE	MAX. & MIN SALARY EFFICIENCY BAR
1.	Casual/contract worker	Relevant	Relevant	Daily wage
2.	Custodian (Peon)	Literate	Relevant	1000 - 1800
3.	Security Guard - 1 Sr. Security Guard -2	Literate Literate	Relevant Ex. Military	1500 - 2550 1700 - 2950
4.	Vaccinator/Cl.	Literate	"	1700 - 2950
5.	Driver	Literate	3-5 years	2000 - 4000
6.	ANM	SLC+Training	3 years	2550 - 4100
7.	Field Representative	Certificate	2-3 years	1500 - 4000
8.	Secretary Office Assistant - 2	Certificate Certificate	1-2 years 2-3 years	2550 - 5000 3000 - 5200
9.	Accountant Accountant - 2	Certificate Bachelor	1-2 years 2-4 years	3000 - 5500 4500 - 7000
10.	Staff Nurse Community staff nurse Sr. Staff Nurse	Certificate " Certificate	3 years 5 years 7 years	3500 - 6500 3600 - 6850 4000 - 7000
11.	Data Info. Assistant - 1 Data Manager - 2	Bachelor "	2-3 years 5 years	4000 - 6000 4500 - 7000
12.	Admin. Secretary	Bachelor	5 years	4000 - 7000
13.	Community D. Officer -	Bachelor	5 years	5500 - 8000
14.	Public Health Nurse - 1	Bachelor	3-5 years	5500 - 8000
15.	Clinic Physician	MBBS	5 years	6500 - 9000
16.	Field Co-ordinator	Bachelor/Master	3-5 years	6500 - 10000
17.	Administrative Officer	Bachelor/Master	3-5 years	6500 - 10000

Note:

- The Salary efficiency bar will be effective from 1 November 1992.
- Salary increments will be provided through yearly performance Evaluation and also through small inflation increments for cost of living expenses when approved by the Project Director.

APPENDIX C

Budget

**ADRA NEPAL CHILD SURVIVAL PROJECT VI
COUNTRY PROJECT PIPELINE ANALYSIS REPORT FORM - A (1)**

**STATEMENT OF PROJECT EXPENDITURES
(September, 1990 to 31 July 1992)**

Page 1

**FUNDING SOURCE :US AID & ADRA International
SECTOR : CHILD SURVIVAL PROJECT VI**

MULTI SECTOR	Actual	Actual	Total	Total	Total	Remaining	Remaining
	Expenditures From Sept.'92 to 31 Jul.'92	Expenditures From Sept.'92 to 31 Jul.'92	AID & PVO Expenditures as on 31 July 1992	3 years Budget	3 years Budget	Budget as on 31 July 1992	Budget as on 31 July 1992
	A.I.D	P.V.O		A.I.D.	P.V.O	A.I.D.	Of P.V.O.
	\$	\$	\$	\$	\$	\$	\$
			(Col.2+Col.3)			(Col.5-Col.2)	(Col.6-Col.3)
EQUIPMENTS PROCUREMENT							
Office	17,367.81		17,367.81	15,000.00	0.00	(2,367.81)	0.00
Teaching	4,823.32		4,823.32	2,800.00	0.00	(2,023.32)	0.00
Transport	76.45	25,899.97	25,976.42	3,550.00	25,000.00	3,473.55	(899.97)
Voluneteer Accomodation	0.00		0.00	3,000.00	0.00	3,000.00	0.00
TOTAL EQUIPMENTS	22,267.58	25,899.97	48,167.55	24,350.00	25,000.00	2,082.42	(899.97)
SUPPLIES							
Office	4,356.00		4,356.00	3,000.00	0.00	(1,356.00)	0.00
Subscriptions	111.23		111.23	450.00	0.00	338.77	0.00
Medical	0.00	47.62	47.62	0.00	2,074.00	0.00	2,026.38
TOTAL SUPPLIES	4,467.23	47.62	4,514.85	3,450.00	2,074.00	(1,017.23)	2,026.38
SERVICES							
Workshop/Training Expenses	4,208.64		4,208.64	6,598.00	0.00	2,389.36	0.00
Auditing	0.00	817.92	817.92	0.00	3,025.00	0.00	2,207.08
TOTAL SERVICES	4,208.64	817.92	5,026.56	6,598.00	3,025.00	2,389.36	2,207.08
CONSULTANTS							
Local	1,935.82		1,935.82	7,725.00	0.00	5,789.18	0.00
External	27,822.39		27,822.39	23,375.00	0.00	(4,447.39)	0.00
TOTAL CONSULTANTS	29,758.21	0.00	29,758.21	31,100.00	0.00	1,341.79	0.00
EVALUATION							
EVALUATION	0.00		0.00	12,000.00	0.00	12,000.00	0.00
TOTAL EVALUATION	0.00	0.00	0.00	12,000.00	0.00	12,000.00	0.00
INDIRECT COSTS							
INDIRECT COSTS	0.00	0.00	0.00	70,472.00	37,620.00	70,472.00	37,620.00
TOTAL INDIRECT COSTS	0.00	0.00	0.00	70,472.00	37,620.00	70,472.00	37,620.00

- 22 -

ve Assistant	3,328.66		3,328.66	7,000.00	0.00	3,671.34	0.00
	2,307.38		2,307.38	5,500.00	0.00	3,192.62	0.00
Director	0.00	0.00	0.00	0.00	9,551.00	0.00	9,551.00
Director	0.00	0.00	0.00	16,457.00	106,621.00	16,457.00	106,621.00
Director	4,023.64		4,023.64	8,500.00	0.00	4,476.36	0.00
Director	1,145.66		1,145.66	9,800.00	0.00	8,654.34	0.00
	4,908.16		4,908.16	10,000.00	0.00	5,091.84	0.00
	1,809.58		1,809.58	5,000.00	0.00	3,190.42	0.00
	808.33		808.33	1,400.00	0.00	591.67	0.00
Director (1)	1,449.64		1,449.64	2,900.00	0.00	1,459.36	0.00
Director (2)	848.67		848.67	2,600.00	0.00	1,751.33	0.00
Director (3)	848.67		848.67	2,600.00	0.00	1,751.33	0.00
Director (4)	848.67		848.67	2,600.00	0.00	1,751.33	0.00
	1,033.65		1,033.65	2,900.00	0.00	1,866.35	0.00
	5,997.66		5,997.66	8,100.00	0.00	2,102.34	0.00
NONREL-TECHNICAL	29,358.37	0.00	29,358.37	85,357.00	116,172.00	55,998.63	116,172.00
	5,713.86		5,713.86	41,825.00	3,300.00	36,111.14	3,300.00
Mileage	5,475.07	0.00	5,475.07	15,763.00	0.00	10,287.93	0.00
Expenses	0.00		0.00	30,000.00	0.00	30,000.00	0.00
Expat. All	3.37	0.00	3.37	42,874.00	68,725.00	42,870.63	68,725.00
REL EXPENSES	11,192.30	0.00	11,192.30	130,462.00	72,025.00	119,269.70	72,025.00
COSTS							
System	5,939.78		5,939.78	25,000.00	0.00	19,060.22	0.00
on P.D.	2,115.00		2,115.00	2,115.00	0.00	0.00	0.00
Gas	3,450.51		3,450.51	27,270.00	0.00	23,819.49	0.00
Use	3,981.97		3,981.97	8,729.00	0.00	4,747.03	0.00
ly	221.52		221.52	1,000.00	0.00	778.48	0.00
aintenance	4,102.72		4,102.72	9,458.00	0.00	5,355.28	0.00
	2,034.54		2,034.54	5,000.00	0.00	2,965.46	0.00
	4,718.27		4,718.27	17,654.00	0.00	12,935.73	0.00
	2,774.05		2,774.05	5,000.00	0.00	2,225.95	0.00
ten	0.00		0.00	1,000.00	0.00	1,000.00	0.00
	139.45		139.45	5,000.00	0.00	4,860.55	0.00
etives	523.69		523.69	5,000.00	0.00	4,476.31	0.00
as	1,822.32		1,822.32	6,000.00	0.00	4,177.68	0.00
	1,143.22		1,143.22	3,000.00	0.00	1,856.78	0.00
	0.00	916.27	916.27	0.00	3,000.00	0.00	2,083.73
DIRECT COSTS	32,967.04	916.27	33,883.31	121,226.00	3,000.00	88,258.96	2,083.73
ILY EXPENSES	134,219.37	27,681.78	161,901.15	485,015.00	258,916.00	350,795.63	231,234.22
Exchange Rates	1,150.55		1,150.55				
Ledger and	(25.53)		(25.53)				
ifference	22.22		22.22				
ases -	135,366.61	27,681.78	163,048.39	485,015.00	258,916.00	349,648.39	231,234.22

ADRA/NEPAL
CHILD SURVIVAL PROJECT VI
COUNTRY PROJECT PIPELINE ANALYSIS: REPORT FROM - A (2)

Projected expenditures against remaining obligated funds

Effective From 01 August 1992 to 30 September 1993

Page 1

MULTI SECTOR	AID GRANT US\$	PVO GRANT US\$	TOTAL US\$
EQUIPMENTS PROCUREMENT			
Office	5,000.00		5,000.00
Transport	10,000.00	4,500.00	14,500.00
TOTAL EQUIPMENTS	15,000.00	4,500.00	19,500.00
SUPPLIES			
Office	7,500.00		7,500.00
Subscriptions	303.39		303.39
Medical	0.00	2,074.00	2,074.00
TOTAL SUPPLIES	7,803.39	2,074.00	9,877.39
SERVICES			
Workshop/Training Expenses	15,000.00		15,000.00
Auditing	0.00	2,000.00	2,000.00
TOTAL SERVICES	15,000.00	2,000.00	17,000.00
CONSULTANTS			
Local	12,000.00		12,000.00
External	20,000.00		20,000.00
TOTAL CONSULTANTS	32,000.00		32,000.00
EVALUATION			
EVALUATION	10,000.00		10,000.00
TOTAL EVALUATION	10,000.00		10,000.00
INDIRECT COSTS			
Indirect Costs	0.00	35,000.00	35,000.00
TOTAL INDIRECT COSTS	0.00	35,000.00	35,000.00

Administrative Staffs:

Administrative Officer	4,500.00		4,500.00
Accountant	0.00		0.00
Project Director	16,457.00	9,591.00	26,048.00
Country Director	0.00	106,621.00	106,621.00
Administrative Secretary	3,200.00		3,200.00
Office Secretary	1,588.00		1,588.00

Technical Staff:

Field Coordinator	4,500.00		4,500.00
Public Health Nurse	3,500.00		3,500.00
Community Development Officer	3,000.00		3,000.00
Community Staff Nurse	1,600.00		1,600.00
Field Representatives	7,000.00		7,000.00
Data Information Assistant	2,200.00		2,200.00
Driver	1,600.00		1,600.00

Clinic Staff:

Physician	4,500.00		4,500.00
Sr. Nurse In-Charge	2,700.00		2,700.00
Clinic Staff Nurse	1,600.00		1,600.00
Sr. Vaccinator/Recorder	1,200.00		1,200.00
Custodian	1,200.00		1,200.00

Other Staff	3,500.00		3,500.00
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SUB-TOTAL PERSONNEL-TECHNICAL	63,845.00	116,212.00	180,057.00
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TRAVEL:

Short Term	18,000.00		18,000.00
Vehicle(s) Mileage	8,000.00	3,300.00	11,300.00
Participants Expenses	8,000.00		8,000.00
Long term Expat. All	1,000.00	65,000.00	66,000.00

SUB-TOTAL TRAVEL EXPENSES	35,000.00	68,300.00	103,300.00
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Direct Costs for New Programmes:

Health Info. System Up-grading	25,000.00		25,000.00
Pilot Project	10,000.00		10,000.00
PHC Clinic	8,000.00		8,000.00
Family Planning Center	10,000.00		10,000.00
Community Involvement	5,000.00		5,000.00
Utilization	15,000.00		15,000.00
Community Development	8,000.00		8,000.00
Referral System	5,000.00		5,000.00
Banepa Training Center Furnishing Costs	15,000.00		15,000.00
Literacy and community Health Classes	12,500.00		12,500.00
Health Education	8,000.00		8,000.00

SUB-TOTAL DIRECT PROGRAMME COSTS	121,500.00		121,500.00
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Direct Costs			
Communications	10,000.00		10,000.00
Equipment Lease	500.00		500.00
Language Study	500.00		500.00
Equipment Maintenance	4,000.00		4,000.00
Office Rent	4,000.00		4,000.00
PVO Workshop	5,000.00		5,000.00
Volunteer Incentives	2,000.00		2,000.00
Field Expenses	3,500.00		3,500.00
Staff Support & Development	10,000.00		10,000.00
Publications and development	8,000.00		8,000.00
Meeting expenses	1,000.00		1,000.00
Volunteer Accomodations	1,000.00		1,000.00
Insurance	0.00	3,148.22	3,148.22
SUB-TOTAL OTHER DIRECT COSTS	49,500.00	3,148.22	52,648.22

TOTAL MONTHLY EXPENSES	349,648.39	231,234.22	580,882.61
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US AID BUDGET NARRATIVES AND JUSTIFICATION

1. Equipment Procurement US \$15,000.00

This amount of funds will be used to purchase two off-road bikes and to set-up the CS field office in Banepa.

2. Office Supplies US \$7,803.00

This amount of US\$ 7803.39 will be used to cover the costs of office supplies such as stationary and subscriptions of health magazines etc.

3. Services (Training) US \$15,000.00

This allocated amount of fund will be used to conduct the training programs. There will be two types of training programs. One type of program will be based on curriculum and other will be a field based training program.

4. Consultants US \$32,000.00

The allocated fund is required to cover the cost of CS External Advisor visits and the cost of local consultants. ADRA CS expects more visits of education advisors and also plan to use local residential advisors within the year 1992/93.

5. Evaluation US \$10,000.00

This allocated funds of US\$ 10000.00 will cover the costs of the project's final evaluation.

6. Personnel US \$63,845.00

This allocated fund will cover costs of the various project's regular workers. The reason for the slight increase in this fund compared to the original personnel related fund is due to the changes occurring in the personnel structure and plan, according to the revision made in the project Details Implementation Plan. Project estimated that maximum 17 months of salaries will be required from August 1992 to September 1993 and in which the allowances and gratuities for the workers are also included.

7. Travel US \$35,000.00

This allocated fund will cover the cost of vehicle mileage, per diem and the expenses involvement in the participation of any workshop/Training held outside or inside of a country by the project staff.

8. Direct Cost of New Programs US \$12,1500.00

a. Health Information Up-grading US \$25,000.00

These funds will cover the costs of surveys, equipment purchase for survey, survey data management training to the staff and the development of DATA Management in MOH District Office through MOH staff.

b. Pilot Project US \$10,000.00

This amount of funds will be used to cover the costs of pilot projects which will be organized by CS VI Project.

c. PHC Clinic US \$ 8,000.00

This allocated fund will be used to cover the cost of the PHC clinic. ADRA CS has planned to introduce a drug scheme program in the PHC clinic for future sustainability.

d. Family Planning Center US \$10,000.00

This allocated fund is to cover the costs of family planning equipment, incentives for the health staff and the acceptors, staff training costs and to organize the family planning camps within this budgeted period.

e. Community Involvement US \$5,000.00

These funds will be used to conduct the programs for participation of the community leaders in a delivery of community health care services. Our project covers more than 40 VDCs (Village Development Committees) and approximately 500 hundred elected leaders. These funds will also be used to form the women's clubs/mother's clubs in the project's areas.

f. Utilization US \$15,000.00

This allocated fund will cover all expenses involved in TBAs training/orientation, CHVs orientation and activations in our project areas, standard and protocols for CS services etc. Please see the annual report for details.

g. Community Development US \$ 8,000.00

This will cover the costs of community development activities such as kitchen Gardening, Sanitation and bee keeping etc.

h. Referral System US \$ 5,000.00

These allocated funds will cover the costs of referral management between Health Posts and the Scheer Memorial Hospital and between Village Health Workers to Health Posts etc.

i. Banepa Training Center Furnishing costs US \$ 15,000.00

This amount will be needed to furnish the training center which will be constructed from the donation within the year 1993.

j. Literacy and Community Health Classes US \$12,500.00

This amount of funds will cover the costs of adult women literacy classes and health education classes in the project's fields.

k. Health Education US \$8,000.00

This amount of fund will be used to educate people in 14 health messages, to stop smoking habits and to mobilize the mother's group etc.

9. Direct costs US \$49500.00

This allocated amount will cover the normal direct costs as listed in the budget headings and also the costs of staff support and development and publications and developments etc.

APPENDIX D

Training Programs and Training Schedules for 1991-1992

WORK PLAN OF EDUCATION/FIELD COORDINATOR

Oct. 1, 1992-June 1, 1993

Tasks	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May.
Conduct Training: *Curriculum based: Admin/Fiscal staff Stat. Assistant (DPHO) ANM Refresher VHW II Refresher Other Training: Traditional Healers VDC/Ward members Literacy Teachers Workshop/Seminar: DDC/DPHO on HIS HPs on HIS & HP activities NGOs on Coordination School Teachers -Banepa -HP area *Field(On the job) ^{Training} : Discussion of referral cases(feedback) -in HP with VHW -in SMH with HPIC by physician Up-grading technical skills by physician in the field. Staff meeting: -DPHO CS Coordination meeting -CS staff progress meeting Field Supervision/Monitoring: -High-risk mother -High-risk children -Records of MCH, referral, and followup for CHV, VHW, TBA for FR for PHN <i>Field staff made</i> Health Information System: Baseline cluster survey Tabulation & analysis								
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Report writing								
Report writing of II survey								
Installation of computer in DPHO								
Analysis of Health Post monthly report								
Assist HP in proper record keeping & its graphic presentation								
Health Education: Health message development & Training materials.								
Assist with Kavre Health Post Publication								

EPI INFO TRAINING SCHEDULE

Sponsored by:

ADRA/Nepal Child Survival Project VI

Venue: Hotel Karnail's Conference Room
Time : 10.00 a.m. to 4.00 p.m.
Duration: 02-05 August 1992

- 02 Aug. 1992 - Training Begins at Hotel Karnali at 10.00 a.m.
- Introduction to Workshop and Participants
 - Expectations of the participants
 - Introduction to EPI Info
 - Creating Questionnaire
- Lunch - 12.30 p.m.
- Continue creating a Questionnaire
- 03 Aug. 1992 - Training begins at 10.00 a.m.
- Entering Data
 - Tutorial
- Lunch Time - 12.30 p.m.
- Creating a Check File
 - Overview of Analysis
- 04 Aug. 1992 - Training begins from 10.00 a.m.
- Data Entry of CS6 Questionnaire
- Lunch Time - 12.30 p.m.
- Data Entry continued
05. Aug. 1992 - Training Begins from 10.00 a.m.
- Merge
 - Analysis
- Lunch Time - 12.30 p.m.
- Report Writing/Export to Word Perfect
 - Closing Ceremony - Award of Certificates

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Name List of the Participants

<u>Sl.No.</u>	<u>Name</u>	<u>Organization</u>
01	Mr. Birendra Bahadur Pradhan	ADRA/Nepal CS6
02	Mr. Gyanendra Prakash Ghale	"
03	Ms. Bidya Devi Khadka	ADRA/Nepal
04	Ms. Shushila Shakya	"
05	Mr. Balaram Bhui	ADRA/Nepal CS6
06	Ms. Sita Bista	SCF/USA CSP
07	Mr. Prakash Aryal	PH Division (MoH)
08	Ms. Debby Jacobs	ADRA/Indonesia

ADRA CHILD SURVIVAL TRAINING PROGRAMS

SEPTEMBER 1991 - APRIL 1992
May - Sept. 1992

PARTICIPANTS	DATES OF TRAINING		NUMBER OF PARTICIPANTS	AREA OF FOCUS	I.P. INVOLVED	RESOURCE PERSONS USED	REMARKS
	FROM	TO					
District Supervisors	Sept. 22, '91	Sept. 27, '91	Eight	<ul style="list-style-type: none"> - National Health Policy, Primary Health Care (PHC) - Supervision/Coordination - Community Participation (COPAT) - Health Information System - Health messages 	—	<ul style="list-style-type: none"> - Public Health officers (3) from MOH - Associate Professor from IOM - ADRA/cs staffs 	District Public Health office staffs (6 days' training)
Field Representatives (F.R.)	Aug. 12, '91	Aug. 19, '91	Four	<ul style="list-style-type: none"> - Public Health System in Nepal - Health Messages 	—	<ul style="list-style-type: none"> - ADRA/cs staffs (Training Manager and doctor) 	ADRA/cs staffs (6 days' training)
Field Supervisors	Nov. 26, '91	Dec. 2, '91	Nine	<ul style="list-style-type: none"> - Nat'l Health Policy & Primary Health Care - Supervision - Coordination/Community Participation - Health Information System - Health Messages 	Dapcha, Khopasi, & Panchkhal H. Ps.		(6 days' training)
Auxiliary Health Workers (AHW)	Feb. 16, '92	Feb. 24, '92	Seven	<ul style="list-style-type: none"> - Nat'l Health Policy & Primary Health Care - Management in Health Post - Supervision/Coordination/COPAT - Health Information System - Public Health Problems - MCH Services in the Health Post 	Dapcha, Khopasi, Panchkhal & Nala Health Posts	<ul style="list-style-type: none"> - Public Health officers (MOH) - ADRA/cs staff - Local NGO (F.P., Jaycees) 	(7 days' training)
Health Post In-Charges (HPIC)	Nov. 17, '91 Nov. 24, '91 Dec. 01, '91	Nov. 22, '91 Nov. 29, '91 Dec. 06, '91	Four Four Four	<ul style="list-style-type: none"> - Relation between SMH & HP's - Referral system - Technical skill development - Sharing of ideas 	Nine Ilaka H.P.'s Three static H.P.'s	<ul style="list-style-type: none"> - Doctors and nursing staffs of SMH 	<ul style="list-style-type: none"> - SMH organized - ADRA/cs co-ordinated & financial management arranged
Traditional Birth Attendant (TBA)	Jan. 20, '92	Jan. 30, '92	Fourteen	<ul style="list-style-type: none"> - Prenatal Care - Preparation for aseptic delivery - Procedure of delivery - Postnatal care 	—	<ul style="list-style-type: none"> - DPHO staffs - Adra/cs staffs 	TBA from Banepa town (10 days' training)
Health Post in-Charges (HPIC)	Mar. 22, '92	Apr. 5, '92	Eleven	<ul style="list-style-type: none"> - Management - Coordination - Supervision - Community diagnosis - Community Participation - Training - Health Education - Public Health Problems 	<ul style="list-style-type: none"> - Nine Ilaka Health Posts of Kavre - One Ilaka Health Post of Surkhet - One Aurvedic Centre of Kavre 	<ul style="list-style-type: none"> - Public Health officers (two) - Associate Professor (IOM) - Chief, Regional Training Centre, Surkhet - Assit. Lect. IOM - ADRA/cs (dr., T.M.) 	<ul style="list-style-type: none"> (13 days' training) - Certificate distributed

ADRA CHILD/SURVIVAL TRAINING PROGRAMS

PARTICIPANTS	DATES OF TRAINING FROM TO		NUMBER OF PARTICIPANTS	AREA OF FOCUS	H.P. INVOLVED	RESOURCE PERSONS USED	REMARKS
TRADITIONAL BIRTH ATTENDANT (TBA)	JAN 20 '92	JAN 30 '92	FOURTEEN	-PRENATAL CARE -PREPARATION FOR ASEPTIC DELIVERY -PROCEDURE OF DELIVERY -POST NATAL CARE -REVISION OF RECORDS & -REPORTING CARDS	—	-DPHO STAFF -ADRA/CS STAFF -NURSING DIVISION STAFF	TBA FROM BANERA TOWN REFRESHER TRAINING (4DAYS)
	JULY 23 '92	JULY 27 '92	TWELVE				
DISTRICT SUPERVISORS HEALTH POST IN-CHARGES & ADRA/CS FR	MAY 19 '92	MAY 21 '92	TEN	-CONCEPT OF JO-CLUSTER SAMPLE SURVEY -PROCEDURE OF SURVEY -SUPERVISION OF INTERVIEWERS -ASKING QUESTIONS	DAPCHA, KHOPASI & PANCHKHAL ADRA/CS	ADRA/CS STAFF	
INTERVIEWERS	MAY 20 '92	MAY 21 '92	TWENTY	-CONCEPT OF JO-CLUSTER SAMPLE SURVEY -PROCEDURE OF SURVEY -ASKING QUESTIONS	—	ADRA/CS STAFF	LOCAL PEOPLE OF DAPCHA KHOPASI & PANCHKHAL B. P. AREA
VILLAGE HEALTH WORKERS	JUNE 7 '92	JUNE 12 '92	EIGHT	-NAT'L HEALTH POLICY & PRIMARY HEALTH CARE	DAPCHA, PANCHKHAL & KHOPASI B.P.	-ASST. LECTURES I.O.N. -ADRA/CS STAFF (T.K.)	DAPCHA PANCHKHAL KHOPASI
	JUNE 14 '92	JUNE 19 '92	THIRTEEN	-COMMUNITY PARTICIPATION -MOTIVATION			
	JUNE 21 '92	JUNE 26 '92	TWELVE	-HEALTH INFORMATION SYSTEM -HEALTH MESSAGES			
COMMUNITY HEALTH VOLUNTEERS	JULY 8 '92	JULY 21 '92	TWELVE	-HEALTH MESSAGES -ROLE OF CHV -RECORDING AND REPORTING	—	-ADRA/CS STAFFS	CHV OF BANERA
HEALTH POST IN-CHARGES	JULY 31 '92	JULY 31 '92	NINE	-SUPERVISION & HEALTH -INFORMATION SYSTEM	ALL HEALTH POSTS	DPHO & ADRA/CS	ONE DAY SEMINAR
STAFF OF ADRA/CS SKH, MINISTRY OF HEALTH & SC (US)	AUG 2 '92	AUG 5 '92	EIGHT	-QUESTIONNAIRE DEVELOPMENT -DATA ENTRY -TABULATION OF DATA	—	ADRA/I	EPITHO COMPUTER TRAINING

TBA Refreshers Training
Time Period July - 23 - 27 (4 days)
Place Banepa Clinic

Four days refreshers Training for TBA at Banepa started from 23 July. This training was to review previous training contents such as, ANC check up high risk pregnancy Nutrition, Personal hygiene, Delivery, Placenta removal, possible complication, Immunization, Post natal Care, Family Planning, weaning food etc. For this 4 days refreshers training, the class was scheduled from 10 am to 4 pm.

On the first day session all the kit boxes were checked and record cards were seen.

After seeing record card I was very happy that all of them are doing satisfactory job. Most of them are doing delivery, taking out the retained placenta and all of them are doing health education, on nutrition, hygiene etc. All of the TBAs are actively participating and referring the ANC to PHC, bringing the children for immunization and other women's health problems.

There were 12 participants for 4 days refreshers training.

I was pleased to know that they are visiting post natal mothers and giving necessary advice to the mothers.

It was encouraging to see their reports and hear them saying that they are called for home delivery, and because of their training and willingness to serve people are trusting them.

For this refreshers course 1 trainer was called from Nsg. division.

Slides were shown on-Nutrition and Personal hygiene.

Most of them had forgotten to fill record Card, now they have learned it to do correctly.

On the whole the TBA refreshers training for 4 days was very productive one. Still they need to be supervised regularly which will be done by Sabita.

Since Banepa municipality has one CHV for each ward, both, group will co-ordinate for the maternal and child health activities with each other.

Submitted by

Rama Basnet
PHN, ADRA/CS
Banepa

TIME-TABLE FOR TBA REFRESHERS TRAINING
JULY 23 TO JULY 27

July 23 Thursday

- 10:00 - 11:00 - Welcome, Registration
- 11:00 - 1:00 - TBA Record card evaluation
- Experiences of the TBAs after training.
- Distribution of new record cards.
- 1:00 - 1:30 - Break
- 1:30 - 2:30 - TBA Kit box observation
- 2:30 - 4:00 - TBA Kit Box observation
- 2:30 - 4:00 - Sterilization
- Importance method (Demonstration)

July 24 Friday

- 10:00 - 11:00 - Revision - ANC check up
High Risk Pregnancy
Referral System
- 11:00 - 12:00 - Preparation for home delivery of mother
- 12:00 - 1:00 - Revision Delivery
Possible complication
- Sign of Placenta Separation
- Cord tie, cut etc.
- 1:00 - 1:30 - Break
- 1:30 - 3:30 - Examination of New born
- Examination of post natal mother and care
- 3:30 - 4:30 - Slides show on safe birth at home

July - 26 - Sunday

- 10:00 - 11:00 Immunization
Importance of immunization, place to send for
- 11:00 - 1:00 Family Planning
Temporary and Permanent
Method

1:00 - 2:00 Surbottam Pitho
 Imprtance, methods of Preparation, when to start
 feeding it.

2:00 - 2:00 Break

2:30 - 4:00 Group Presentation, Discussion.

July - 27 Monday

10:00 - 12:00 Slides on Nutrition
 Importance of good nutritions food.

12:00 - 2:00 Diarrhoea, Cansers, Prevention , Rehydration,
 Therapy, Referral

2:00 - 2:30 Break

2:30 - 3:30 Hand washing
 Importance, methods

3:30 - 4;00 Allowance distribution

NAVE LIST OF TBAs IN BANEPA

	NAME	AGE	WARD NO.	TOLE
1.	Bijuli Laxmi Rajbalak	68	2	Banepa
2.	Sanu Maya Putwar	43	1	Waku tole
3.	Kanchhi Shrestha	38	5	Dakshu tole
4.	Ram Devi Rajbalak	38	2	Banepa
5.	Tara Devi Ranjit	28	6	Magar gaun
6.	Sanu Maiya Magar	21	3	Magar gaun
7.	Nani Maiya	27	3	Magar gaun
8.	Tara Shrestha	20	8	Janagal
9.	Mankumari Ranjitkar	24	6	Banepa
10.	Keshwati Manandhar	22	6	Banepa
11.	Annapurna Koirala	28	11	Budoul
12.	Sabitri Timalsina	23	11	Budoul
13.	Kalpana Shrestha	26	2	Chandeswari
14.	Krishna Maya	20	7	Banepa

श्री ५ को सरकार

स्वास्थ्य महाशाखा

नसिङ्ग महाशाखा

सुडेनी तालीम कार्यक्रम

सुडेनी प्रि-टेष्ट र पोष्ट टेष्ट फाराम

मुडेनीको नाम:-

गाउँको नाम:-

वाडं नं.:-

१. बर्यभित्त कति सुत्केरी गराएका छ ?:-

तालीम दिनेको नाम:-

ठारु (कहाँ):-

मिति:-

स्वा. चा. को नाम:-

जुडमा तथ्याङ्क:- २५

प्रि-टेष्ट तथ्याङ्क:-

पोष्ट टेष्ट ,, :-

नोट:- सुडेनीलाई एक्ला-एक्लै बोलाएर प्रश्न सोध्ने ।

-प्रश्न पढेर बुझ्ने गरी बुझाई दिने । उत्तर पढेर नमुनाउने ।

-सुडेनीले दिएको उत्तर मिल्दो जुल्दोमा (✓) लगाउने ।

-उत्तर नपाएकोमा खालिने छोड्ने ।

-पूर्वतालीमको बेलामा मिल्दो उत्तर भएमा पूर्वतालीमको कोठामा (✓) लगाउने ।

-तालीम पछिको बेलामा मिल्दो उत्तर भएमा तालीम पछिको कोठामा (✓) लगाउने ।

-यो फाराम तालीम पूर्व र तालीम पछि प्रयोग गर्ने ।

-हरेक ठीक उत्तर भएकोलाई १ प्रश्न दिने ।

-पूर्वतालीमको तथ्याङ्क जोडेर प्रि-टेष्टको तथ्याङ्क लेखेको ठारुमा लेख्ने र तालीम पछिको तथ्याङ्क जोडेर पोष्ट टेष्ट तथ्याङ्क लेखेको ठारुमा लेख्ने ।

क्र. सं.	प्रश्न	उत्तर	तालीम पूर्व	तालीम पछि
१.	महिला गर्भवती भइन् भनी कसरी चिन्नु हुन्छ ?	क. महिनावारी रोकिनु । ख. बिहान, बिहान बाक्लाक लाग्नु र राप्ता हुनु । ग. पेट बढ्दै ठूलो हुँदै जानु । घ. स्तन बढ्दै जानु (स्तनमा परिवर्तन घाउनु) ङ. चाँडो-चाँडो पिसाब लाग्नु ।	/	/
२.	गर्भस्थामा कस्तो संकेतहरू र लक्षणहरू देखा परेमा स्वास्थ्य चौकी पठाउनु हुन्छ ?	क. हात, खुट्टा अथवा मुख मुनिआमा । ख. धेरै पुरुषोपना र कमजोर देखिएमा । ग. बच्चा आउने द्वार (योनी) बाट रगत बगेमा । घ. रिङ्गता लाग्ने, धेरै कपाल दुख्ने आदि तिरमिराउने र मुछाँ परेमा । ङ. बच्चा उल्टो र तेस्रो बसेको भएमा । च. प्रसुतीको समयमा हुनु पर्ने भन्दा ज्यादा ठूलो पेट भएमा । छ. गर्भवती महिला ज्यादा पुडको वा पुठ्ठा विचरति देखा परेमा ।	/	/

NAVE LIST OF TBAs IN BANEPA

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12.	Sabitri Timalsina	23	11	Budoul
13.	Kalpana Shrestha	26	2	Chandeswari
14.	Krishna Maya	20	7	Banepa

श्री ५ को तस्फार

स्वास्थ्य महाशाखा

नसिङ्ग महाशाखा

सुडेनी तालीम कार्यक्रम

सुडेनी प्रि-टेष्ट र पोष्ट टेष्ट फाराम

शुडेनीको नाम:-

गाउँको नाम:-

वाङ नं.:-

तालीम दिनको नाम:-

ठाउँ (कहाँ):-

मिति:-

स्वा. ची. को नाम:-

जसमा तथ्याङ्क:- ६५

प्रि-टेष्ट लब्धाङ्क:-

पोष्ट टेष्ट ,, :-

१. वर्षभित्र कति मुत्करी गराएको छ ?:-

नोट:- -सुडेनीलाई एपला-एबल बोलाएर प्रश्न सोच्ने ।

-प्रश्न पढेर बुझ्ने गरी युसाई दिने । उत्तर पढेर नसुनाउने ।

-सुडेनीले दिएको उत्तर मिल्दो जुब्दोमा (✓) लगाउने ।

-उत्तर नपाएकोमा खालिने छोड्ने ।

-पूर्वतालीमको बेलासा मिल्दो उत्तर भएमा पूर्वतालीमको कोठामा (✓) लगाउने ।

-तालीम पछिको बेलासा मिल्दो उत्तर भएमा तालीम पछिको कोठामा (✓) लगाउने ।

-यो फाराम तालीम पूर्व र तालीम पछि प्रयोग गर्ने ।

-हरेक ठीक उत्तर भएकोलाई १ अङ्क दिने ।

-पूर्वतालीमको लब्धाङ्क जोडेर प्रि-टेष्टको लब्धाङ्क लेखेको ठाउँमा लेख्ने र तालीम पछिको लब्धाङ्क जोडेर पोष्ट टेष्ट लब्धाङ्क लेखेको ठाउँमा लेख्ने ।

क्र. सं.	प्रश्न	उत्तर	तालीम पूर्व	तालीम पछि
१.	महिला गर्भवती भइन भनी कसरी चिन्नु हुन्छ ?	क. महिनाबारी रोकिनु । ख. बिहान, बिहान बाकबाक लाग्नु र बान्ता हुनु । ग. पेट बढ्दै ठूलो हुँदै जानु । घ. स्तन बढ्दै जानु (स्तनमा परिवर्तन घाउनु) ङ. चाँडो-चाँडो पिसाब लाग्नु ।	/	/
२.	गर्भस्थामा कस्तो संकेतहरू र लक्षणहरू देखा परेमा स्वास्थ्य चौकी पठाउनु हुन्छ ?	क. हात, खुटा अथवा मुख नुनिएमा । ख. धेरै पस्रोपना र कमजोर देखिएमा । ग. बच्चा प्राउने द्वार (योनी) बाट रगत बगेमा । घ. रिङ्गला लाग्ने, धेरै कपाल दुख्ने याखा तिरमिराउने र मुर्छा परेमा । ङ. बच्चा उल्टो र तेर्सो बसेको भएमा । च. प्रसुतीको समयमा हुनु पर्ने गन्दा ज्यादा ठूलो पेट भएमा । छ. गर्भवती महिला ज्यादा पुढको वा पुछ्टा विकृति देखा परेमा ।	/	/

क्र. सं.	प्रश्न	उत्तर	तालीम पूर्व	तालीम पछि
		<p>क. गर्भवती महिला ३५ वर्ष भन्दा माथि र १८ वर्ष भन्दा कम उमेरको भएमा ।</p> <p>ख. गर्भको बच्चाको मुटुको टुकटुकी नसुनिएमा ।</p> <p>ग. पहिले भरेको बच्चा जन्मेको भएमा ।</p> <p>घ. बच्चा जन्मनु भन्दा पहिले योनीबाट रगत बगेको भएमा ।</p> <p>ङ. पहिलेको बच्चा पाउँदा समयमा साल नहारेको र बच्चा प्रसाधारण भएमा ।</p>		
३.	सुत्केरी गराउनको लागि कस्ता ठाउँ हुनुपर्छ ?	<p>क. शान्त सफा कोठा ।</p> <p>ख. उज्यालो र फराकिलो कोठा ।</p>		
४.	सुत्केरी गराउनको लागि तपाईं प्रापनी तयारी कसरी गर्नु हुन्छ ?	<p>क. हातको नङ सफा र छोटो गरी काट्ने ।</p> <p>ख. कपाल बाध्ने ।</p> <p>ग. लुगा छोटो गरी लगाउने ।</p> <p>घ. साबुन पानी र घिरोलाको जालोले राम्रोसँग हातधुने ।</p>		
	तपाईं सुत्केरीको घर पुगेपछि प्रभावको के के सामानहरू तयार गर्नुपर्छ ?	<p>क. ग्रामा र बच्चाको लागि चाहिने सफा कपडा र बाड्ना तयारी गर्ने ।</p> <p>ख. गर्भवती महिलाको राम्रो जाँच गर्ने ।</p> <p>ग. प्रशुती गराउन माहिलालाई सफा गुन्द्री, प्लास्टिक कपडा सफा कपडा आँछ्याई दिने ।</p>		
६.	सुत्केरी गराउनको लागि के कति सामान उमाल्नु पर्छ ?	<p>क. बच्चाको नाक, मुख पुछ्ने सफा ६ वटा टुक्रा कपडा उमाल्ने ।</p> <p>ख. नाल काट्ने २ वटा नयाँ पत्ति उमाल्ने ।</p> <p>ग. नाल बाध्ने ४ वटा धागो उमाल्ने ।</p> <p>घ. सामान झिक्न चिम्टा एउटा उमाल्ने ।</p> <p>ङ. सुपारी वा पँसा ।</p>		
७.	सुत्केरी गराउन चाहिने सामानहरू कति समय उमाल्नु पर्छ ?	<p>क. कम्तिमा २० मिनेट वा सामान उमालेको भाडोको २ घंटा पानी उमालेर घटाउने ।</p>		
८.	बच्चाको टाउको योनीमा देखिएपछि के के महत्त्वपूर्ण कार्यहरू गर्नुपर्छ ?	<p>क. योनीमा बच्चाको टाउको निस्केको हुने ।</p> <p>ख. भ्रामालाई नसुधेको बेलामा लामो लामो स्वास फेर्न सल्लाह दिने ।</p> <p>ग. बच्चाको टाउको पँदा हुँदा परिमियमा टेवा दिने ।</p> <p>घ. बच्चाको घातीमा नाल बेरेको छ कि हेर्ने वा छान्ने ।</p> <p>ङ. उमालेर पिसो भएको कपडाले बच्चाको मुख नाक सफा गरिदिने ।</p>		

ONE DAY CHV ORIENTATION SEMINAR IN
THREE HEALTH POST AREA

ADRA/CS with the co-ordination of DPHO planned to conduct one day orientation seminar for CHV at Panchkhal, Dapcha and Khopasi. The time period for the seminar was August 2-17. Since we had taken the same places as DPHO previously was giving the training, altogether 10 places were chosen according to the convenience for each CHV. So the seminar actually lasted for 10 days.

The sites for CHV seminar were Panchkhal healthpost, Kunta, Debpur, Dapcha health post, Shankhu on the last day we conducted the seminar at Mulpi. The time for the seminar was 10-4. Since all would not come on time so we started the selecting at 1 and left seminar at 4pm so it was a kind of getting together with CHV, VHW and health post staff and ADRA/CS staff also including DPHO staff.

In Panchkhal the first seminar after the introduction of each other and discussing about high risk Pregnancy we were able to show one film on first Baby of Sanu maya. The health post staff also were present.

Our next day meeting was at Kunta Besi. It took the CHV of 4 VDC. Most of them were present for the seminar.

In Nagarkot CHV of two VDC were present, there were two VHW with them.

In Dapcha health post the CHV of 4 VDC were called for meeting. It was one of the big group of CHV meeting. Health post staff also took part in it. For CHV meeting at Shankhupaticaur and Kavre one staff from DPHO was present, he also took part in it.

Planning officers (PI, F/P and Nutrition) from centre level visited at Khopasi health post while we were having the seminar with CHV. DPHO from Dhulikhel accompanied with them. CHV talked with those main Personnel. They assured the CHV that they are going to be provided with house board for recognition and a badge for themselves. Health post incharge was involved for that 1 day seminar at Khopasi.

Dhunkhrga was the next place selected for 1 day orientation seminar with CHV. It covered the CHV from 3 VDC, most of them had to leave the home previous day to reach (attend) the seminar.

In Kushadevi and Mulpi area, Panauti redcross requested their field staff to involve (6 of their field workers) in the seminar. So 3 field staff for Kushadevi and 3 for Mulpi area. (we did not have to pay for those field workers)

The main purpose for organizing this 1 day seminar was to get together, expose the activities of ADRA/CS, to make clear the relationship between ADRA/Cs and DPHO.

CHV Orientation Seminar at Panchkhal
TIME TABLE

2 August 1992

- 10:00 - 11:00 - Warm up, Introduction
- 11:00 - 12:00 - Introduction of ADRA/CS
- 12:00 - 1:00 - High Risk Mothers and children of Referral System
- 2:00 - 2:30 - Break
- 2:30 - 4:30 - Video - Sanu Maiya Ko Pahilo Bachha.

3 August 1992 Kunta

- 10:00 - 11:00 - Introduction, Warm up
- 11:00 - 12:00 - Introduction of ADRA/CS
- 12:00 - 2:00 - High Risk Pregnancy, (mothers and children)
- 2:00 - 2:30 - Break
- 2:30 - 4:00 - Discussion with CHV about their activities

4 August 1992 Debpur

- 10:00 - 11:00 - Introduction, Warm up
- 11:00 - 12:00 - Introduction of ADRA/CS
- 12:00 - 2:00 - High Risk pregnancy, High Risk children Referral System
- 2:00 - 2:30 - Break
- 2:30 - 4:00 - Diarrhoea causes, Prevention, Management

6 August 1992 Dapcha

- 10:00 - 11:00 - Introduction, Warm up
- 11:00 - 12:00 - Introduction ADRA/CS
- 12:00 - 2:00 - High Risk Pregnancy, children and Referral System
- 2:00 - 2:30 - Break
- 2:30 - 4:30 - Video show, Sanu Maiya Ko Pahilo Bachha

7 August 1992 Shankhu

- 10:00 - 11:00 - Introduction, Warm up
- 11:00 - 12:00 - Introduction ADRA/CS
- 12:00 - 2:00 - High Risk Pregnancy, children and Referral System
- 2:00 - 2:30 - Break
- 2:30 - 4:00 - Slides show, Safe birth at home.

9 August 1992 Kavre

- 10:00 - 11:00 - Introduction, Warm up
- 11:00 - 12:00 - Introduction ADRA/CS
- 12:00 - 2:00 - High Risk Pregnancy, High Risk Children and Referral System
- 2:00 - 2:30 - Break
- 2:30 - 4:00 - Diarrhoea, causes, Prevention, management at home, Referral System

ADRA/CS wanted to find out the literacy rate among CHV. In this matter we have found most of them are literate. In some places like Mulpi 100% are literate (complete report will be submitted) But in some places only about 33% are literate. It was very interesting to find out some of the CHV have already completed TBA training and doing good job in community level. For the seminar we had some topics for the presentation such as - high risk pregnancy, high risk children, cereal based ORT and referral system. We discussed about their field problem, wanted to find out how many of them are interested in their services. (some of them have already quit their job by either submitting resignation or not attending the previous meeting organized by DPHO.

Finding: According to VHW my and observation present CHV at community level are doing satisfactory job. Some of them are doing excellent services. But because of withdrawn of Rs 100 some of them are not so much interested. Now they are known in the community, so if people come and ask any help they can provide they are willing to do so. They keep monthly record and pass it to VHW. They help on immunization day. Most of them have not called meeting to the mothers group after not receiving Rs 100.

They are actively participating in referral system. In spite of bad weather and long walk most of the CHV (89%) were present. They want training, they are happy to learn anything new. ADRA/CS is going to plan with DPHO to have quarterly meeting with CHV.

One more thing we encourage them to do is to revive the mothers group, since CHV alone will not be able accomplish the task she is supposed to carry out. But if she makes the mothers group to realize that every person in the community is responsible for his health (preventive side of any disease).

The meeting with CHV was very Productive one.

Report on:

SELECTION and TRAINING
OF CHV IN BANEPA

After co-ordination with DPHO and mayor of Banepa municipality mothers group was formed. In each ward of Banepa Nagar Palika. There were minimum 14 to maximum 32 members in one mothers group. We had to select 12 CHV (one from each ward and 2 from ward no 11) so 12 mothers group was formed. In the meeting with mothers group the objectives of the CHV selection, the role of the mothers group in the health activities in their ward and the assistance they are going to receive from ADRA/CS and DPHO was discussed.

Among the mothers group one community health volunteer was chosen by themselves who wanted to serve voluntarily with the help of the mothers. In some wards where 2 volunteer wanted to come as CHV, we gave 3-4 days time to think over, again called a meeting and the right person was chosen. The members of the mothers group is going to be extended as the CHV starts calling regular meeting and ask their help in health information system and other health activities. The mothers group seem to be very interesting. About 2 months time was spent in the selection of CHV from ward No. 1-11. The criteria for CHV selection from DPHO was followed for our selection also.

Training

Altogether there were 12 CHV for the Training. Two mothers were chosen from ward No. 11, because it is the biggest ward.

It was a 12 days basic training. On the first day of the training Mayor of Banepa Nagar Palika and DPHO were present. Since this is the 1st town based CHV programme the Mayor was very happy and proud of it.

During the training session the same curricular from DPHO was followed; pre-test questionnaire was prepared by our side. Some guest speaker were invited for the class, slides were shown on

- Family Nutrition
- Hygiene
- Smoking
- Safe birth at home

There was a video show on "Sanu Maiya Ko Pahilo Bachha" on the last day.

During the training period they abserved Dressing, Immunization, First aid treatment. We had field visit to see the CHV in ward No.6 and 7 of Panauti. There they came to know how in a ruler setting a CHV is working, keeping al the health information and passing it to the VHW without salary.

Since DPHO and CHV division in Kathmandu were unable to provide Kit boxes for CHV to ADRA/CS Provided one Kit box for each CHV.

The Kit box contains:

- | | |
|--------------------|-----------|
| - Cetamol 5 strips | - GV |
| - Iodin | - R D Sol |
| - Leukoplast | - Cotton |
| - Gauze Pieces | - Soap |
| - Towel | - Forcep |
| - Scissors | |

On the last day again mayor and DPHO were invited. The mayor gave the kit boxes to CHV. This CHV training is altogether 24 days. We have to give 2 more training within a year.

Strong points of the training.

- The group was quite active, among them 10 were able to read and write and 2 were illiterate.
- Average Pre-test mark - 18 (full mark 45)
Average Post mark 38
- The group had come voluntarily knowing that they are not going to be paid.
- The teaching media was effective and interesting.
- We are going to have monthly meeting with mothers group in the ward. Sabita will be responsible in guiding them.

Weak Points

- All would not come on time, so to start on time was always a problem.
- Replacement of the medicine seems to be a problem - DPHO has given a word that he would help in some way.

If we give proper supervision and training these CHV are going to continue their duty in their ward with help of the mothers group.

Submitted by
Rama Basnet
ADRA/CS Banepa

TIME TABLE FOR CHV TRAINING

July 8 Wednesday

- 10:00 - 10:30 Welcome, Introduction
10:00 - 11:00 Introduction of ADRA/CS - Birendra
11:00 - 11:30 Prc - Test
11:30 - 1:30 Introduction of CHV CHV Program, Importance and responsibilities of CHV and Training - Birendra

1:30 - 2:00 Break
2:00 - 4:00 Introduction of local NGO and health organization to whom CHV can approach for help for her Programme - Rama Basnet

July 9 Thursday

- 10:00 - 12:00 Members of Mother Group
Preparation for meeting
Calling meeting
Selection of chairman
Increasing the number of mothers group.
- Jaya Mangal

12:00 - 2:00 Mothers Group
Health Education
Home visit by CHV

Home visit by members of mothers group
- Mr. Bishnu P. shrestha

2:00 - 2:30 Break
2:30 - 4:00 Pregnant women and cleanliness
Role of CHV in the ward in cleanliness - Pradeep

July 10 Friday

- 10:00 - 11:30 High risk Preganancy - Gina Gray
11:30 - 1:00 Alcohol, smoking etc and it's effect on health during Pregnancy - Naseeb

1:00 - 2:30 Delivery - Sabita
2:30 - 3:00 Break
3:00 - 4:00 Post natal mothers and importance of cleanliness
- Rama

July 12 Sunday

- 10:00 - 12:00 Family Nutrition, Breast milk, Weaning food.
12:00 - 2:00 Growth monitoring, Roles of CHV - Narayan
2:00 - 2:30 Break
2:30 - 4:00 Diarhoea Disease - Gina Gray
Importance of water.
- 51

13 July Monday

- 10:00 - 10:30 Revision
10:30 - 12:00 Rehydration therapy
Prevention from diarrhoea
Desyntry - Pradeep
- 12:00 - 1:00 Preparation of Jeevanjal
Importance of Latrine - Indira
- 1:00 - 1:30 Break
1:30 - 3:00 Slides show on Personal and environmental hygiene
- Mr. Birendra.

14 July Tuesday

- 10:00 - 11:00 Immunization - Sabita
11:00 - 1:00 BCG, DPT, Polio, Measles, TT
Time table
TT and Pregrant woment - Narayan
- 1:00 - 1:30 Break
1:30 - 4:00 Field observation

15 July Wednesday

- 10:00 - 11:00 Importance of Breast Milk
Food for post natal mothers - Rama
- 11:00 - 1:00 Importance of mixed food, Jaulo, mixed beans
Children's food - Birendra (slides)
Surbottam Pitho - Sabita
- 1:00 - 2:00 Break
2:00 - 2:30 Break
2:30 - 4:00 Runche, Marasmus, Kwasiwarker uses of Muac
- Jaya Mangal

16 July Thursday

- 10:00 - 11:00 Personal hygiene, hand Washing - Jaya Mangal
11:00 - 12:30 Dirty - water causes, effect - Indira
12:30 - 1:30 latrine Construction, etc - Pradeep

17 July Friday

- 10:00 - 11:00 Effect of open field defecation
Worms - Narayan
- 11:00 - 1:00 Family Planning - Rama
- 1:00 - 1:30 Break
1:30 - 2:30 Big family and other problems. Roles of CHV
- Jaya Mangal.
- 2:30 - 4:00 Group Presentation field visit.

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July 19 Sunday

- 10:00 - 12:00 Reproductive organ - Male
Reproductive organ - Female
Menstruation - Rama
- 12:00 - 2:00 Conception and growth
Temp, FIP Methods
Permanent FIP Methods - Dr. Amatya
- 2:00 - 3:30 Break
- 2:30 - 4:00 Film Show (Slides safe motherhood) - Naseeb

20 July Monday First Aid

- 10:00 - 12:00 Burn, Fresh wound, Abscess, Bleeding, old wound.
- Dr. Amatya.
- 12:00 - 1:30 Fractures arm, leg, back, etc. - Birendra
- 1:30 - 2:00 Break
- 2:00 - 4:00 Hospital visit

July 21 Tuesday

- 10:00 - 12:00 Dog bite, mad dog (bite)
Fever, Foreign body in eyes, body pain - Naseeb
- 12:00 - 1:00 Foreign body into throat, nose bleeding - Birendra

21 July 1992

- 1:00 - 1:30 Break
- 1:30 - 3:00 Film show, "Sanu Maiya Ko Pahilo Bachha"
- 3:00 - 4:00 Post Test Meeting ends

NAME LIST OF CHV AT BANEPA TOWN

	<u>NAME</u>	<u>WARD NO</u>
1.	Bishnu Maya Shrestha	1
2.	Surge Kumari Manandhar	2
3.	Prem Maya Sewacharya	3
4.	Purna Laxmi	4
5.	Gobinda Laxmi	5
6.	Man Kumari Ranjit	6
7.	Roshani Mulmi	7
8.	Krishna Maya Rajbhandari	8
9.	Mira Shrestha	9
10.	Subhadra	10
11.	Kanchi K.C.	11
12.	Rita Bhujel	12

11 August 1992 Khopasi

- 10:00 - 11:00 - Introduction - Warm up
- 11:00 - 12:00 - Introduction ADRA/CS
- 12:00 - 2:00 - High Risk Pregnancy, High risk children, Referral System
- 2:00 - 2:30 - Break
- 2:30 - 4:00 - Slides show - safe delivery at home

12 August 1992 Dhunkharga

- 10:00 - 11:00 - Introduction Warm up
- 11:00 - 12:00 - Introduction ADRA/CS
- 12:00 - 2:00 - High Risk Pregnancy, High Risk children Referral System
- 2:00 - 2:30 - Break
- 2:30 - 4:00 - Diarrhoea, causes, Prevention, Management

16 August 1992 Kusadevi

- 10:00 - 11:00 - Introduction Warm up
- 11:00 - 12:00 - Introduction ADRA/CS
- 12:00 - 2:00 - High Risk Pregnancy, High Risk Children, Referral System
- 2:00 - 2:30 - Break
- 2:30 - 4:00 - Slides on safe delivery at home.

17 August 1992 Mulpi

- 10:00 - 11:00 - Introduction Warm up
- 11:00 - 12:00 - Introduction ADRA/CS
- 12:00 - 2:00 - High risk Pregnancy, high Risk Children, Referral System
- 2:00 - 2:30 - Break
- 2:30 - 4:00 - Slides on Safe delivery at home

स्वास्थ्य स्वयं सीविका प्रिटेष्ट र पोष्ट फारम

नाम:- गौबिन्द लक्ष्मी रंजित
वाड नं.:- ५

तालिम दिनेको नाम:- Rama B.
ठार:- Sonari P...
मिति:- 8.7.92
जम्मा अंक:- ४५
प्रि टेष्ट लब्धाङ्क:- १२
पोष्ट टेष्ट ... :- ३९

हरेक ठिक उत्तरलाई एक अंक दिने ।

	तालिम पूर्व	तालिम पछि
प्र.नं.१. आमा र वच्चाको शरिर नस्तो हुन्छ ?		
क) विरुवा जस्तै नमलो हुन्छ ।		✓
	✓	
प्र.नं.२. आमा समुहमा को को हुन्छन ?		
क) पाँच वर्ष मुनिका वच्चा भएका आमा		✓
ख) भएर विवाह गरेको मछीला		✓
ग) छुटा वच्चा भएका आमा	✓	
प्र.नं.३. जोलिम पुण गर्भ नस्तो लाई भनीन्छ ?		
क) पँचिस वर्ष माथी र अठार वर्ष मुनिका		
महिलाहरू गभवति भएकी		
ख) पहिला भएका वच्चा जन्मेका	✓	✓
ग) अधिग्री भएकी महिला गभवति भएकी		
प्र.नं.४. गभवति महिलाले नै नस्ताँ सर सफाई गर्नु		
पर्छ ?		
क) सफा लुगा लगाउने	✓	✓
ख) नुहाउने	✓	✓
ग) तातो पानिले दुधको पुना सफा गर्ने		✓
प्र.नं.५. सुत्केरी महिलाले पोसिलो खाना किन खानु पर्छ		
- वच्चालाई दुध खाउनु पर्ने भएकोले		✓
- आमाको स्वास्थ्यको लागि	✓	✓
प्र.नं.६. वच्चालाई काँसेले दिला खाना खाउने ?		

- प्र.नं.७. फाडा पखाला भनेको के हो ?
- क) दिनमा तीन पटक वा बढि दिसा फाला-
ल गने। ✓
- प्र.नं.८. फाडा पखाला लागेको बच्चालाई के के खान
दिने ?
- क) पानी, आमाको दुध ✓
ख) जीवन जल ✓
ग) साधारण खाना ✓
- प्र.नं.९. फाला का कडा लडाण के के हुन् ?
- क) पातलो दिशा ✓
ख) तालु बैसरी गादिनु ✓
ग) पिसाव रौकीनु ✓
- प्र.नं.१०. सौप कति धरीका हुन् ?
- क) वी.सी.जी. ✓
ख) डि.पी.टी. ✓
ग) पौलीयो ✓
प) दादुराको सुह ✓
ड०) टि.टि. ✓
- प्र.नं.११. सुनेनास भनेको के हो ?
- क) खाना नभएर हुने अवस्था ✓
- प्र.नं.१२. पानी क्वरी सफा राख्ने ?
- क) मूल सफा राख्ने ✓
ख) पानी राख्ने माडो सफा राख्ने ✓
ग) पानी उमालेर पिउने ✓
- प्र.नं.१३. कौरा कौरी कती हुनु पर्छ ?
- क) दुई घटा ✓
- प्र.नं.१४. पिल्डको साधारण अक्षर के के हुन ?
- क) वाक् वाक् लाग्ने ✓
ख) रिडोटा लाग्ने ✓
ग) कठिनाइदारी विद्यमान हुने ✓

प्र.नं. १५. एक चक्कि पिल्ल खान विजिस्का के गने ?		
क) ममेलीपल्ट संकना साथ खाने		✓
प्र.नं. १६. आगोले पोलैको ठाउमा के गने ?		
क) प्रशस्त पानी राखने		
ख) सफा राखने		
प्र.नं. १७. हात खुट्टा माचीए के गने ?		
क) सिधा राखने		✓
ख) माचीएको तल माथी पाटलो काथकां काभ्रौ वाघै		✓
प्र.नं. १८. ज्वरो आएमा के गने ?		
क) शरिरलाहँ चिसो पानीले पुछने		
ख) पानी पट्टी राखने		✓
प्र.नं. १९. रूधा खोकी लागे के गने ?		
क) अपला खाने		
ख) अदुवा, नुन, वैसार पकाएर खाने		
ग) तातो पानीको वाफ लिने		✓
प्र.नं. २०. चोट, पटक र घाउ, पोलैको, माचिको र अन्य आकस्मिक दुपटनामा स्वास्थ्य स्वयं सिक्काको नाम के हौ ?		
क) आफूले जाने तम्पको प्रारम्भिक उपचार गने		✓
ख) आफूले गर्न नसके विरामीलाहँ स्वास्थ्य वाकी वा अस्पताल पठाहँ दिने	✓	✓

सुडेनी तालीम कार्यक्रम

सुडेनी प्रि-टेष्ट र पोष्ट टेष्ट फाराम

सुडेनीको नाम:- *श्री ५ को सरकार*

गाउँको नाम:- *नसिङ*

वाडं नं:- *५*

तालीम दिनेको नाम:- *श्री ५ को सरकार*

ठाउँ (कहाँ):- *नसिङ*

मिति:- *२०७३.०५.०५*

स्वा. ची. को नाम:- *५६*

जम्मा तथ्याङ्क:- *६५*

प्रि-टेष्ट सन्ख्याङ्क:- *१४*

पोष्ट टेष्ट ,, :- *५१*

१. बर्षभित्र कति सुत्केरी गराएको छ ?:- *१*

नोट:- सुडेनीलाई एबला-एबल बोलाएर प्रश्न सोध्ने ।

-प्रश्न पढेर बुझ्ने गरी बुझाई दिने । उत्तर पढेर नसुनाउने ।

-सुडेनीले दिएको उत्तर मिल्दो जुल्दोमा (✓) लगाउने ।

-उत्तर नपाएकोमा खालिने छोड्ने ।

-पूर्वतालीमको बेलामा मिल्दो उत्तर भएमा पूर्वतालीमको कोठामा (✓) लगाउने ।

-तालीम पछिको बेलामा मिल्दो उत्तर भएमा तालीम पछिको कोठामा (✓) लगाउने ।

-यो फाराम तालीम पूर्व र तालीम पछि प्रयोग गर्ने ।

-हरेक ठीक उत्तर भएकोलाई १ प्रश्न दिने ।

-पूर्वतालीमको सन्ख्याङ्क जोडेर प्रि-टेष्टको सन्ख्याङ्क लेखेको ठाउँमा सेक्ने र तालीम पछिको सन्ख्याङ्क जोडेर पोष्ट टेष्ट सन्ख्याङ्क लेखेको ठाउँमा सेक्ने ।

क्र. सं.	प्रश्न	उत्तर	तालीम पूर्व	तालीम पछि
१.	महिला गर्भबती भइत भनी फसरी चिन्नु हुन्छ ?	क. महिनावारी रोकिनु । ख. बिहान, बिहान बाकबाक लाग्नु र बान्ता हुनु । ग. पेट बढ्दै ठूलो हुँदै जानु । घ. स्तन बढ्दै जानु (स्तनमा परिवर्तन भएजनु) ङ. चाँडो-चाँडो पिसाब लाग्नु ।	/	/
२.	गर्भवस्थामा कस्तो संकेतहरू र सङ्केतहरू देखा परेमा स्वास्थ्य चौकी पठाउनु हुन्छ ?	क. हात, छुटा भएवा मुँह सुनिएमा । ख. घेरै फुलोपना र कमजोर देखिएमा । ग. बच्चा भएजने द्वार (योनी) बाट रगत बगेमा । घ. रिङ्गला लाग्ने, घेरै कपाल दुख्ने प्राङ्का तिरमिराउने र मुछाँ परेमा । ङ. बच्चा उल्टो र तेस्रो बसेको भएमा । च. प्रसुतीको समयमा हुनु पर्ने भन्दा ज्यादा ठूलो पेट भएमा । छ. गर्भवती महिला ज्यादा पुढको वा पुठ्ठा विकृति देखा परेमा ।	/	/

क्र. सं.	प्रश्न	उत्तर	तात्प्रीम पूर्व	तात्प्रीम पछि
		<p>अ. गर्भवती महिला १५ वर्ष भन्दा माथि र १८ वर्ष भन्दा कम उमेरको भएमा ।</p> <p>ब. गर्भको बच्चाको मूट्टुको टुकुटुकी नसुनिएमा ।</p> <p>ग. पहिले मरेको बच्चा जन्मेको भएमा ।</p> <p>द. बच्चा जन्मनु भन्दा पहिले योनीबाट रगत बगेको भएमा ।</p> <p>ध. पहिलेको बच्चा पाउंदा समयमा साल नक्षरेको र बच्चा प्रसाधारण भएमा ।</p>		
३.	सुत्केरी गराउनको लागि कस्तो ठाउँ हुनुपर्छ ?	<p>क. शान्त सफा कोठा ।</p> <p>ख. उज्यालो र फराकिलो कोठा ।</p>		
४.	सुत्केरी गराउनको लागि तपाईं आफ्नो तयारी कसरी गर्नु हुन्छ ?	<p>क. हातको नङ सफा र छोटो गरी काट्ने ।</p> <p>ख. कपाल बाध्ने ।</p> <p>ग. सुग्ग छोटो गरी लगाउने ।</p> <p>घ. साबुन पानी र घिरीलाको आलेले राम्रोसँग हातधुने ।</p>		
	तपाईं सुत्केरीको घर पुगेपछि प्रशवको के के सामानहरू तयार गर्नुपर्छ ?	<p>क. भ्रामा र बच्चाको लागि चाहिने सफा कपडा र बाडना तयारी गर्ने ।</p> <p>ख. गर्भवती महिलाको राम्रो जाँच गर्ने ।</p> <p>ग. प्रशुती गराउन महिलालाई सफा गुन्डी, प्लास्टिक छयवा सफा कपडा भोछ्याई दिने ।</p>		
६.	सुत्केरी गराउनको लागि के कति सामान उभाल्नु पर्छ ?	<p>क. बच्चाको नाक, मुख, पुछ्न सफा ६ वटा टुक्रा कपडा उभाल्ने ।</p> <p>ख. नाल काट्न २ वटा नयाँ पत्ति उभाल्ने ।</p> <p>ग. नाल बाध्ने ४ वटा धागो उभाल्ने ।</p> <p>घ. सामान झिकन चिम्टा एउटा उभाल्ने ।</p> <p>ङ. सुपारी वा पिसा ।</p>		
७.	सुत्केरी गराउन चाहिने सामानहरू कति समय उभाल्नु पर्छ ?	<p>क. कम्तिमा २० मिनेट वा सामान उभालेको भाडोको २ घण्टा पानी उभालेर घटाउने ।</p>		
८.	बच्चाको टाउको योनीमा देखिएपछि के के महत्वपूर्ण कार्यहरू गर्नुपर्छ ?	<p>क. योनीमा बच्चाको टाउको निस्केको हेर्ने ।</p> <p>ख. भ्रामासाई मडुबेको बेलामा सामो सामो श्वास फेर्न सल्लाह दिने ।</p> <p>ग. बच्चाको टाउको पंदा हुँदा पेरिमियमा टेवा दिने ।</p> <p>घ. बच्चाको घातीमा नाल बेरेको छ नि हेर्ने वा छाप्ने ।</p> <p>ङ. उभालेर चिसो भएको कपडाले बच्चाको मुख नाक सफा गरिदिने ।</p>		

क्र. सं.	प्रश्न	उत्तर	तात्पर्य पूर्व	तात्पर्य पछि
६.	बच्चा जन्मी सकैपछि उसलाई तुरुन्त गर्नुपर्ने हेरविचार के के हुन् ?	<p>क. बच्चाको सास फेरेको छ छैन हेर्ने ।</p> <p>ख. बच्चाको टाउको अलिकति तल पारी मुख भित्र सफा गर्ने ।</p> <p>ग. यदि बच्चाको भाँफे सास नफेरेमा हल्कासाँग बच्चाको पिठ्यूमा मुसाने ।</p> <p>घ. बच्चाको टाउको देखि खुट्टासम्म जाँच गर्ने ।</p> <p>ङ. बच्चालाई ग्यालो पारी राख्ने ।</p>		
१०.	नाल कति छोडेर बाध्ने ?	क. २-२ भौलाते नापेर नाल ठीक ठाउँ निर्धारित गर्ने ।		
११.	नाल कति ठाउँमा बाध्ने ?	क. नाललाई घाणोले तीन ठाउँमा बाध्ने ।		
१२.	नाल किले काट्ने ?	क. नयाँ समालेको पत्तिले नाल काट्ने ।		
१३.	बच्चा जन्मिएपछि र साल सन्नु भनि भ्रामालाई के स्थाहार सुसार गर्नु हुन्छ ?	<p>क. पिसाब फेर्ने प्रोत्साहन गर्ने ।</p> <p>ख. नाल खुकुलो भएर तल झुन्डिएको र योनीबाट थोरै रगत भुल्ल बगेको छ कि हेर्ने ।</p> <p>ग. पाठेघरको खुम्चाईको गति हेर्ने ।</p> <p>घ. बच्चालाई भ्रामाको दूध चुसाउन लगाउने ।</p> <p>ङ. तातो खानेकुरा खान दिने ।</p>		
१४.	साल क्षरेपछि सुत्केरी भ्रामालाई के हेरविचार गर्नु हुन्छ ?	<p>क. योनीबाट घेरे रगत बगेको छ कि हेरविचार गर्ने ।</p> <p>ख. घेरे रगत बग्न नदिन रोकथाम गर्ने ।</p> <p>ग. योनी बरिपरि कहिँ फाटेको छ कि जाँच गर्ने ।</p> <p>घ. बच्चा भाउने द्वार सफा गर्ने ।</p>		
१५.	सुत्केरी पछि घरमा भ्रामा र बच्चासाई भेट्नु जाँदा के के जाँच गर्नु हुन्छ ?	<p>क. स्तनको जाँच गर्ने ।</p> <p>ख. योनीबाट निस्कने रगत पानी जाँच गर्ने ।</p> <p>ग. बच्चाको नाइटी जाँच गर्ने ।</p> <p>घ. पाठेघरको नाप र प्रबस्थाको जाँच गर्ने ।</p> <p>ङ. बच्चाको नरु हेर्ने ।</p> <p>च. बच्चाको दूध चुसेको छ छैन हेर्ने ।</p> <p>छ. बच्चाको दिशा पिसाब गरेको छ छैन सोध्ने ।</p>		
१६.	सुत्केरी भएपछि भ्रामालाई स्वास्थ्य सम्बन्धी के सल्लाह दिनु हुन्छ ?	<p>क. पोषणवारे सल्लाह दिने ।</p> <p>ख. परिवार नियोजन बारे सल्लाह दिने ।</p> <p>ग. रोग विरुद्ध दिइने सुइ, खोपवारे सल्लाह दिने ।</p> <p>घ. व्यक्तिगत क्षर-सफाइवारे सल्लाह दिने ।</p>		

APPENDIX E

Baseline/Cluster Survey

62'

SURVEY RESULTS

FIRST 30 CLUSTER SURVEY
3 Ilakas Total(Panchkal, Dapcha, Khopasi
Date: December 1991

Number of household interviewed = 200
Number of Population in 200 households = 1215

DEMOGRAPHIC INFORMATION

THIS INFORMATION IS CONFINED TO THE HOUSEHOLDS INTERVIEWED.

RACE	Freq	Percent
Brahmin/Chhetri	104	52.0%
Newar	19	9.5%
Tamang	71	35.5%
Other	6	3.0%
Total	200	100.0%

RELIGION	Freq	Percent
Buddhist	48	24.0%
Hindu	152	76.0%
Total	200	100.0%

M/TONGUE	Freq	Percent
Nepali	135	67.5%
Others	1	0.5%
Tamang	64	32.0%
Total	200	100.0%

Survey Results

First 30 Cluster Survey

Question to household head: Will you send illiterate women to adult literacy classes?

Sending to adult classes	Freq	Percent
Will send	156	78.0%
Will not send	44	22.0%
Total	200	100.0%

AGE/GROUP	Freq	Percent
0 TO 1	183	15.1%
1 TO 4	111	9.1%
5 To 9	178	14.7%
10 TO 14	87	7.2%
15 TO 19	67	5.5%
20 TO 24	146	12.0%
25 TO 29	141	11.6%
30 TO 34	76	6.3%
35 TO 39	43	3.5%
40 TO 44	34	2.8%
45 TO 49	44	3.6%
50 TO 54	31	2.6%
55 TO 59	26	2.1%
60 TO 64	18	1.5%
65 & ABOVE	30	2.5%
Total	1215	100.0%

SEX	Freq	Percent
Females	591	48.6%
Males	624	51.4%
Total	1215	100.0%

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Survey Results
First 30 Cluster Survey

Marital Status	Freq	Percent
Not Applicable (Below 15 yrs)	556	45.8%
Single	76	6.3%
Widow	7	0.6%
Married	576	47.4%
Total	1215	100.0%

OCCUPATION	Freq	Percent
Business	23	1.9%
Farmer	533	43.9%
Labor	20	1.6%
Not applicable (Below 15 yrs)	556	45.9%
Service	44	3.6%
Unemployed	37	3.0%
Total	1215	100.0%

SMOKING (above 15 yrs)	Freq	Percent
Not applicable (Below 15 yrs)	558	45.9%
Smoker	313	25.8%
Non smoker	344	28.3%
Total	1215	100.0%

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Survey Results
First 30 Cluster Survey

EDUCATION	Age/Group					
	Under 16			Above 16		
	SEX		Total	SEX		Total
Females	Males	Females		Males		
Class 1	26 46.4%	30 53.6%	56 9.6%	0 0.0%	1 100.0%	1 0.2%
Class 2	13 52.0%	12 48.0%	25 4.3%	0 0.0%	2 100.0%	2 0.3%
Class 3	7 35.0%	13 65.0%	20 3.4%	5 71.4%	2 28.6%	7 1.1%
Class 4	5 38.5%	8 61.5%	13 2.2%	0 0.0%	6 100.0%	6 1.0%
Class 5	10 52.6%	9 47.4%	19 3.2%	5 35.7%	9 64.3%	14 2.2%
Class 6	2 22.2%	7 77.8%	9 1.5%	1 16.7%	5 83.3%	6 1.0%
Class 7	1 16.7%	5 83.3%	6 1.0%	3 33.3%	6 66.7%	9 1.4%
Class 8	1 25.0%	3 75.0%	4 0.7%	2 12.5%	14 87.5%	16 2.5%
Class 9	0 0.0%	5 100.0%	5 0.9%	0 0.0%	11 100.0%	11 1.7%
Class 10	0 0.0%	0 0.0%	0 0.0%	5 12.8%	34 87.2%	39 6.2%
Class 11	0 0.0%	0 0.0%	0 0.0%	1 11.1%	8 88.9%	9 1.4%
Class 12	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 100.0%	3 0.5%
Class 13	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1 0.2%

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Survey Results

First 30 Cluster Survey

Illiterate	0.0%	0.0%	72	0.0%	0.3%	349
	47	25		259	90	
Literate	65.3%	34.7%	12.3%	74.2%	25.8%	55.5%
	16.3%	8.4%	8	85.8%	27.5%	156
Not applicable (Below 15 yrs)	4	4	1.4%	21	135	24.8%
	50.0%	50.0%	349	13.5%	86.5%	0
Total	1.4%	1.3%	59.6%	7.0%	41.3%	0.0%
	173	176	0	0	0	0.0%
	49.6%	50.4%	0.0%	0.0%	0.0%	
	59.9%	59.3%	0.0%	0.0%		
	289	297	586	302	327	629
	49.3%	50.7%		48.0%	52.0%	

ADULT AND HEALTH EDUCATION INFORMATION

Question to Illiterate women above 15 yrs: Are you interested to take a adult literacy classes?

Adult literacy classes	Freq	Percent
Interested	169	65.6%
Not interested	88	34.2%
Total	257	100.0%

If no, What are the reasons?

Reasons/Problems	Freq	Percent
No reasons	11	12.5%
Too much home duty	39	44.3%
Small baby to look	5	5.7%
Not interested	30	34.1%
Others	3	3.4%
Total	88	100.0%

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Survey Results

First 30 Cluster Survey

Question to Literate women above 15 yrs: Are you interested to take a health classes?

Health Classes	Freq	Percent
Interested	35	16.8%
Not intersted	173	83.2%
Total	208	100.0%

If no, Why?

Reasons/problems	Freq	Percent
No reasons	169	97.7%
Too much home duty	2	1.2%
Small baby to look	1	0.6%
Others	1	0.6%
Total	173	100.0%

NUTRITIONAL INFORMATION

THIS INFORMATION IS CONFIRMED TO CHILDREN UNDER 5 YEARS.

How many children below 5 years recorded armband Green, red and yellow?

Armband colour	Freq	Percent
Green	174	67.4%
Red	21	8.1%
Yellow	63	24.4%
Total	258	100.0%

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Survey Results
First 30 Cluster Survey

IMMUNIZATION STATUS

THIS INFORMATION IS CONFINED TO CHILDREN UNDER 5 YRS OF ALL THE HOUSEHOLDS INTERVIEWED.

BCG vaccine	ILAKAS			Total
	DAPCHA	KHOPASI	PANCHKHAL	
BCG given	60 30.9%	62 32.0%	72 37.1%	194 92.4%
BCG not given	3 18.8%	7 43.8%	6 37.5%	16 7.6%
	4.8%	10.1%	7.7%	
Total	63 30.0%	69 32.9%	78 37.1%	210

DPT	Immunization card		Total
	Yes	No	
DPT not given	1 4.3%	22 95.7%	23 11.0%
First Dosage	2 22.2%	7 77.8%	9 4.3%
First & Second	3 27.3%	8 72.7%	11 5.2%
three dosage	118 70.7%	49 29.3%	167 79.5%
	95.2%	57.0%	
Total	124 59.0%	86 41.0%	210

Survey Results
First 30 Cluster Survey

DPT	ILAKAS			Total
	DAPCHA	KHOPASI	PANCHKHAL	
DPT not given	7 30.4%	7 30.4%	9 39.1%	23 11.0%
First dosage	5 55.6%	1 11.1%	3 33.3%	9 4.3%
First & Second	5 45.5%	3 27.3%	3 27.3%	11 5.2%
Three dosages	46 73.0%	58 84.1%	63 80.8%	167 79.5%
Total	63 30.0%	69 32.9%	78 37.1%	210

POLIO	Immunization Cards		Total
	Yes	No	
Polio not given	0 0.0%	16 100.0%	16 7.6%
First dosage	2 16.7%	10 83.3%	12 5.7%
First & Second	3 23.1%	10 76.9%	13 6.2%
Three dosages	119 96.0%	50 29.6%	169 80.5%
Total	124 59.0%	86 41.0%	210

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Survey Results
First 30 Cluster Survey

POLIO	ILAKAS			Total
	DAPCHA	KHOPASI	PANCHKHALI	
Polio not given	3 18.8%	6 37.5%	7 43.8%	16 7.6%
First dosages	4.8%	8.7%	9.0%	
First & Second	8 66.7%	1 8.3%	3 25.0%	12 5.7%
Three dasages	12.7%	1.4%	3.8%	
	6 46.2%	3 23.1%	4 30.8%	13 6.2%
	9.5%	4.3%	5.1%	
	46 27.2%	59 34.9%	64 37.9%	169 80.5%
	73.0%	85.5%	82.1%	
Total	63 30.0%	69 32.9%	78 37.1%	210

MEASLES Vaccine	Immunization Card		Total
	Yes	No	
No reponse	1 8.3%	11 91.7%	12 5.7%
Measles given	0.8%	12.8%	
Measles not given	105 69.5%	46 30.5%	151 71.9%
	84.7%	53.5%	
	18 38.3%	29 61.7%	47 22.4%
	14.5%	33.7%	
Total	124 59.0%	86 41.0%	210

Survey Results
First 30 Cluster Survery

MEASLES Vaccine	ILAKAS			Total
	DAPCHA	KHOPASI	PANCHKHAL	
No response	0 0.0%	10 83.3%	2 16.7%	12 5.7%
Measles given	45 29.8%	53 35.1%	53 35.1%	151 71.9%
Measles not given	18 38.3%	6 12.8%	23 48.9%	47 22.4%
	28.6%	8.7%	29.5%	
Total	63 30.0%	69 32.9%	78 37.1%	210

Immunization Status	Immunization Card		Total
	Yes	No	
Complete	103 73.6%	37 26.4%	140 66.7%
Not complete	21 30.0%	49 70.0%	70 33.3%
	16.9%	57.0%	
Total	124 59.0%	86 41.0%	210

Immunization Status	ILAKAS			Total
	DAPCHA	KHOPASI	PANCHKHAL	
Complete	40 28.6%	50 35.7%	50 35.7%	140 66.7%
Not complete	23 32.9%	19 27.1%	28 40.0%	70 33.3%
	36.5%	27.5%	35.9%	
Total	63 30.0%	69 32.9%	78 37.1%	210

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Survey Results
First 30 Cluster Survey

Immunization Card	ILAKAS			Total
	DAPCHA	KHOPASI	PANCHKHAL	
Yes	38 30.6%	37 29.8%	49 39.5%	124 59.0%
No	25 29.1%	32 37.2%	29 33.7%	86 41.0%
Total	63 30.0%	69 32.9%	78 37.1%	210

FAMILY PLANNING INFORMATION

Question: Have you done family planning?

Family Planning	ILAKAS			Total
	DAPCHA	KHOPASI	PANCHKHAL	
Yes	18 22.2%	28 34.6%	35 43.2%	81 36.2%
No	44 30.8%	48 33.6%	51 35.7%	143 63.8%
Total	62 27.7%	76 33.9%	86 38.4%	224

if no, Why?

Reasons/problems	Freq	Percent
No response	2	1.4%
Does not know	18	12.6%
Not necessary	70	49.0%
Not interested	31	21.7%
Others	22	15.4%
Total	143	100.0%

13

Survey Results
First 30 Cluster Survery

Permanent family planning	Freq
Laparascopy	2
Vasectomy	28
Total	30

Temporary family planning	Freq
Condom	19
Dipo	23
IUD	1
Norplant	1
Pills	7
Total	51

MATERNAL INFORMATION

Question: How many children should be in one family?

No. of kids	Freq	Percent
1-2	92	46.0%
3-4	95	47.5%
More than 4	13	6.5%
Total	200	100.0%

Question: Is there any pregnant woman in your household?

Pregnant women	Freq	Percent
Yes	16	8.0%
No	184	92.0%
Total	200	100.0%

74

Survey Results

First 30 Cluster Survery

Question: Where the pregnant women in your family go for check-ups?

Place for check-ups	ILAKAS			Total
	DAPCHA	KHOPASI	PANCHKHAL	
TBA	0 0.0%	0 0.0%	1 100.0%	1 0.5%
Health Posts	18 25.4%	24 33.8%	29 40.8%	71 35.5%
H.C./PHC/Hospital	3 11.5%	17 65.4%	6 23.1%	26 13.0%
Lama	0 0.0%	2 100.0%	0 0.0%	2 1.0%
Witch doctor	12 75.0%	3 18.8%	1 6.3%	16 8.0%
Private Clinic	0 0.0%	2 100.0%	0 0.0%	2 1.0%
Other	1 33.3%	2 66.7%	0 0.0%	3 1.5%
No where	26 32.9%	19 24.1%	34 43.0%	79 39.5%
Total	60 30.0%	69 34.5%	71 35.5%	200

Question: Do you think Pregnant women need special care?

Special care for pregnant	Freq	Percent
Yes	182	91.0%
No	18	9.0%
Total	200	100.0%

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Survey Results
First 30 Cluster Survery

If yes, what kind of special care?

Types of special care	Freq
Physical Check-ups	104
Additional diet	49
Vitamins	27
Others	2
Total	182

If no, why?

Reasons for no	Freq
Does not know	9
No need	7
Others	2
Total	18

What immunization should a pregnant woman get?

Immunization	Freq	Percent
TT	93	46.5%
Does not know	104	52.0%
Others	3	1.5%
Total	200	100.0%

Who helps in your home during delivery?

Helps obtained from	Freq	Percent
TBA	7	3.5%
Untrained TBA	10	5.0%
Neighborhood old woman	162	81.0%
Nurse	6	3.0%
None	15	7.5%
Total	200	100.0%

1/6

Survey Results
First 30 Cluster Survey

Who delivered the last baby born to your family household?

Birth attendants	Freq	Percent
TBA	2	1.0%
Untrained TBA	10	5.0%
Neighborhood old woman	120	60.0%
Nurse	3	1.5%
Old woman in family	50	25.0%
None	8	4.0%
Hospital	7	3.5%
Total	200	100.0%

Do you believe colostrum should be fed to the baby?

Colostrum feeding	ILAKAS			Total
	DAPCHA	KHOPASI	PANCHKHA	
Yes	52 31.7%	53 32.3%	59 36.0%	164 82.0%
No	8 22.2%	16 44.4%	12 33.3%	36 18.0%
Total	60 30.0%	69 34.5%	71 35.5%	200

if no, why?

Reasons for no	Freq
Not mentioned	1
Not our tradition	10
Can't digest	10
Harmful to baby	13
Others	2
Total	36

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Survey Results

First 30 Cluster Survey

How long should a baby be breastfed?

Breast feeding	Freq	Percent
One year	2	1.0%
2-3 years	134	67.0%
until next birth	53	26.5%
until baby stops	11	5.5%
Total	200	100.0%

What is the best weaning foods?

BESTFOOD	Freq	Percent
Jaulo	31	15.5%
Lito(rice)	42	21.0%
Lito (sarbotum pitho)	72	36.0%
Commercial milks	4	2.0%
Adult foods	51	25.5%
Total	200	100.0%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY

3 Ilakas Total (Panchkhal, Dapcha, Khopasi)

Date: May 1992

- Note:** 1. All the Questions were asked to individual women having a child under 2 years.
 2. Number of individual women interviewed, N = 262.

Mother's Education/Occupation

1. What was the highest educational level you attained?

EDUCATION	FREQ	PERCENTS
1. none	211	80.53%
2. primary does not read	13	4.96%
3. primary reads	27	10.31%
4. secondary	11	4.20%
TOTAL	262	100.00%

2. Do you work away from home?

Care of child of working mother	Freq	Percents
1. Yes	56	21.37%
2. No	206	78.63%
Total	262	100.00%

3. Do you do any income generating work?
 (multiple answers possible; record all answers)

income generating work	Freq	Percents
a. nothing	238	90.84%
b. handicraft, weaving, carpet etc.	0	0.00%
c. selling agricultural products	3	1.15%
d. selling foods, dairy products	1	0.38%
e. sell poultry	15	6.20%
f. servant/services/labor	2	0.76%
g. salaried worker	2	0.76%
H. other income	3	1.15%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

4. Who takes care of (name of child) while you are away from home? (multiple answers possible; record each one)

Income generating work	Freq	Percents
a. mother takes child with her	43	16.48%
b. husband/partner	16	6.13%
c. older children	56	21.46%
d. relatives	145	55.56%
e. neighbour/friends	5	1.92%

Breast feeding/Nutrition

5. Are you breastfeeding (name of child)?

Breastfeeding	Freq	Percents
1. yes	244	93.13%
2. no	18	6.87%
Total	262	100.00%

6. Have you ever breast-fed (name of child)?

Breastfeeding in past	Freq	Percents
1. yes	13	76.47%
2. no	4	23.53%
Total	17	100.00%

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SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

7. After the delivery, when did you breast-feed (name of child) for the first time?

First Breast-fed	Freq	Percents
1. during the first hour after delivery	61	23.55%
2. from 1 to 8 hours after delivery	129	49.81%
3. more than 8 hours after delivery	57	22.01%
4. do not remember	12	4.63%
Total	259	100.00%

8. a. Are you giving (name of child) Super flour porridge?

Giving Super flour porridge	Freq	Percents
1. yes	77	29.39%
2. no	185	29.39%
.Total	262	262.00%

Super flour Porridge	AGECHILD(months)							
	0	1	2	3	4	5	6	7
Feeding	1 1.3%	1 1.3%	0 0.0%	3 3.9%	9 11.7%	3 3.9%	4 5.2%	5 6.5%
Not feeding	16 3.6%	12 6.5%	9 4.9%	8 4.3%	10 5.4%	5 2.7%	9 4.9%	7 3.8%
Total	17 6.5%	13 5.0%	9 3.4%	11 4.2%	19 7.3%	8 3.1%	13 5.0%	12 4.6%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

	AGECHILD(months)							
	8	9	10	11	12	13	14	15
Super Flour Porridge								
Feeding	4 5.2%	3 3.9%	2 2.6%	3 3.9%	4 5.2%	1 1.3%	4 5.2%	4 5.2%
Not feeding	50.0%	30.0%	25.0%	30.0%	40.0%	9.1%	33.3%	57.1%
	4 2.2%	7 3.8%	6 3.2%	7 3.8%	6 3.2%	10 5.4%	8 4.3%	3 1.6%
	50.0%	70.0%	75.0%	70.0%	60.0%	90.9%	66.7%	42.9%
Total	8 3.1%	10 3.8%	8 3.1%	10 3.8%	10 3.8%	11 4.2%	12 4.6%	7 2.7%

	AGECHILD(months)								Total
	16	17	18	19	20	21	22	23	
Super Flour Porridge									
Feeding	1 1.3%	3 3.9%	3 3.9%	4 5.2%	6 7.8%	3 3.9%	3 3.9%	3 3.9%	77 29.4%
Not feeding	11.1%	33.3%	30.0%	50.0%	40.0%	27.3%	21.4%	37.5%	
	8 4.3%	6 3.2%	7 3.8%	4 2.2%	9 4.9%	8 4.3%	11 5.9%	5 2.7%	185 70.6%
	88.9%	66.7%	70.0%	50.0%	60.0%	72.7%	78.6%	62.5%	
Total	9 3.4%	9 3.4%	10 3.8%	8 3.1%	15 5.7%	11 4.2%	14 5.3%	8 3.1%	262

b. Are you giving (name of child) fruits or juices?

	Giving fruits or juice	Freq	Percents
1.	yes	74	28.24%
2.	no	188	71.76%
	Total	262	262.00%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

		AGECHILD(months)							
FRUIT/JUICE		0	1	2	3	4	5	6	7
Feeding		0	3	0	0	1	2	3	3
		0.0%	4.1%	0.0%	0.0%	1.4%	2.7%	4.1%	4.1%
Not feeding		0.0%	23.1%	0.0%	0.0%	5.3%	25.0%	23.1%	25.0%
		17	10	9	11	18	6	10	9
		9.0%	5.3%	4.8%	5.9%	9.6%	3.2%	5.3%	4.8%
		100.0%	76.9%	100.0%	100.0%	94.7%	75.0%	76.9%	75.0%
Total		17	13	9	11	19	8	13	12
		6.5%	5.0%	3.4%	4.2%	7.3%	3.1%	5.0%	4.6%

		AGECHILD(months)							
FRUIT/JUICE		8	9	10	11	12	13	14	15
Feeding		1	2	4	5	4	3	5	2
		1.4%	2.7%	5.4%	6.8%	5.4%	4.1%	6.8%	2.7%
Not feeding		12.5%	20.0%	50.0%	50.0%	40.0%	27.3%	41.7%	28.6%
		7	8	4	5	6	8	7	5
		3.7%	4.3%	2.1%	2.7%	3.2%	4.3%	3.7%	2.7%
		87.5%	80.0%	50.0%	50.0%	60.0%	72.7%	58.3%	71.4%
Total		8	10	8	10	10	11	12	7
		3.1%	3.8%	3.1%	3.8%	3.8%	4.2%	4.6%	2.7%

		AGECHILD(months)								
FRUIT/JUICE		16	17	18	19	20	21	22	23	Total
Feeding		5	4	5	4	5	3	7	3	74
		6.8%	5.4%	6.8%	5.4%	6.8%	4.1%	9.5%	4.1%	28.2%
Not feeding		55.6%	44.4%	50.0%	50.0%	33.3%	27.3%	50.0%	37.5%	
		4	5	5	4	10	8	7	5	188
		2.1%	2.7%	2.7%	2.1%	5.3%	4.3%	3.7%	2.7%	71.8%
		44.4%	55.6%	50.0%	50.0%	66.7%	72.7%	50.0%	62.5%	
Total		9	9	10	8	15	11	14	8	262
		3.4%	3.4%	3.8%	3.1%	5.7%	4.2%	5.3%	3.1%	

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

c. Are you adding leafy green vegetables, such as spinach, to (name of child)'s food?

Giving green, leafy vegetables	Freq	Percents
1. yes	133	50.76%
2. no	129	49.24%
Total	262	262.00%

AGECHILD(months)

EAFY/GREEN vegetables	0	1	2	3	4	5	6	7
Feeding	1 0.8%	2 1.5%	1 0.8%	0 0.0%	1 0.8%	1 0.8%	1 0.8%	4 3.0%
Not feeding	16 12.4%	11 8.5%	8 6.2%	11 8.5%	18 14.0%	7 5.4%	12 9.3%	8 6.2%
Total	17 6.5%	13 5.0%	9 3.4%	11 4.2%	19 7.3%	8 3.1%	13 5.0%	12 4.6%

AGECHILD(months)

EAFY/GREEN Vegetables	8	9	10	11	12	13	14	15
Feeding	3 2.3%	4 3.0%	5 3.8%	9 6.8%	9 6.8%	8 6.0%	10 7.5%	5 3.8%
Not feeding	37.5%	40.0%	62.5%	90.0%	90.0%	72.7%	83.3%	71.4%
Total	8 3.1%	10 3.8%	8 3.1%	10 3.8%	10 3.8%	11 4.2%	12 4.6%	7 2.7%

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SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

LEAFY/GREEN Vegetables	AGECHILD(months)								Total
	16	17	18	19	20	21	22	23	
Feeding	7 5.3%	6 4.5%	9 6.8%	7 5.3%	12 9.0%	9 6.8%	13 9.8%	6 4.5%	133 50.8%
Not feeding	2 1.6%	3 2.3%	1 0.8%	1 0.8%	3 2.3%	2 1.6%	1 0.8%	2 1.6%	129 49.2%
Total	9 3.4%	9 3.4%	10 3.8%	8 3.1%	15 5.7%	11 4.2%	14 5.3%	8 3.1%	262

9. When should a mother start adding solid foods as well as breastfeeding?

Adding foods		Freq	Percents
1.	start adding between 4 and 6 months	98	37.40%
2.	start adding earlier than 4 months	48	18.32%
3.	start adding 6 months or later	97	37.02%
4.	doesn't know	19	7.25%
Total		262	100.00%

Diarrhoeal Diseases

10. Has (name of child) had diarrhoea during the last two weeks?

Had diarrhoea	Freq	Percents
1. yes	127	48.47%
2. no	135	51.53%
Total	262	100.00%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

1. During (name of child)'s diarrhoea did you breast-feed (read the choices to the mother)

Gave breast-mil	Freq Percent	
1. more than usual	7	5.50%
2. same as usual	87	68.50%
3. less than usual	29	22.80%
4. stopped completely?	3	2.40%
5. child not breastfed	1	0.80%
Total	127	100.00%

2. During (name of child)'s diarrhoea, did you provide (name of child) with fluids other than breast-milk (read the choices to the mother)

Gave other Fluids	Freq	Percents
1. more than usual?	16	12.60%
2. same as usual?	22	17.32%
3. less than usual?	15	11.81%
4. stopped completely?	13	10.24%
5. exclusively breastfeeding	61	48.03%
Total	127	100.00%

3. During (name of child)'s diarrhoea, did you provide (name of child) with solid/semisolid foods (read the choices to the mother)

Gave solid foods	Freq	Percents
1. more than usual	8	6.30%
2. same as usual	18	14.17%
3. less than usual	33	25.98%
4. stopped completely	11	8.66%
5. exclusively breastfeeding	57	44.88%
Total	127	100.00%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY 3 Ilakas Total (Panchkhal, Dapcha, Khopasi) Date: May, 1992

14. When (name of child) had diarrhoea, what treatments, if any, did you use?

Treatment for diarrhoea	Freq	Percents
1. nothing	73	57.48%
2. ORS sachet	27	21.26%
3. sugar-salt solution	15	11.81%
4. cereal base ORT	0	0.00%
5. infusions or other fluids	4	3.15%
6. anti-diarrhoea medicine or antibiotics	17	13.39%
7. Others	5	3.94%

15. When (name of child) had diarrhoea, did you seek advice or treatment for the diarrhoea?

Sought advice	Freq	Percents
1. yes	55	43.65%
2. no	71	56.35%
Total	126	100.00%

16. From whom did you seek advice or treatment for the diarrhoea of (name of child)? (multiple answers possible; record each answer)

From whom advice was sought	Freq	Percents
1. general hospital	3	5.36%
2. health centre/clinic/post	21	37.50%
3. private clinic/doctor	18	32.14%
4. pharmacy	6	10.71%
5. village health worker	3	5.36%
6. traditional healer	12	21.43%
7. traditional birth attendant	0	0.00%
8. relatives & friends	3	5.36%
9. Other	1	1.79%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

17. What signs/symptoms would cause you to seek advice or treatment for (name of the child)'s diarrhoea? (multiple answers possible; record all answers)

Serious symptoms of diarrhoea	Fre	Freq	Percents
1. doesn't know		4	7.02%
2. vomiting		26	45.61%
3. fever		22	38.60%
4. dry mouth, sunken eyes, decreased urine output (dehydration)		3	5.26%
5. diarrhoea of prolonged duration (at least 14 days)		3	5.26%
6. blood in stool		6	10.53%
7. loss of appetite		8	14.04%
8. weakness or tiredness		8	14.04%
9. Other		17	29.82%

18. What are important actions you should take if (name of child) has diarrhoea? (multiple answers possible; record all answers)

Actions to take against diarrhoea	Freq	Percents
1. doesn't know	86	32.95%
2. take the child to the general hospital/health centre	86	32.95%
3. give the child more to drink than usual	47	19.01%
4. give the child smaller more frequent feeds	6	2.30%
5. withhold fluids	5	1.92%
6. without foods	1	0.38%
7. Other actions	72	27.59%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

19. What are important actions a mother should take when a child is recovering from diarrhoea?
(multiple answers possible, record all answers)

Action for recovery from diarrhoea	Freq	Percents
1. doesn't know	147	56.11%
2. give the child smaller frequent feeds.	25	9.54%
3. more foods than usual	11	4.20%
4. give foods with high caloric content	62	23.66%
5. other	36	13.74%

IMMUNIZATIONS

20. Has (name of child) ever received any immunizations?

Child ever received vaccine	Freq	Percents
1. yes	212	80.92%
2. no	50	19.08%
Total	262	100.00%

21. At what age should (name of child) receive measles vaccine?

Period for receiving Measles	Freq	Percents
1. specify in months(9 months)	157	59.92%
2. doesn't know	56	21.37%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

22. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?

Reason for taking TT	Freq	Percents
1. to protect both mother/newborn against tetanus	44	16.79%
2. to protect only the woman against tetanus	9	3.44%
3. to protect only the newborn against tetanus	29	11.07%
4. doesn't know or other	180	68.70%
Total	262	100.00%

23. How many women had how many TT vaccines?

No of TT vaccines	Women Freq	Percents
1	26	29.20%
2 or more	63	61.80%
Total	89	100.00%

24. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?

No. of TT needed	Freq	Percents
1. one	23	8.78%
2. two	54	20.61%
3. more than two	54	20.61%
4. none	2	0.76%
5. doesn't know	129	49.24%
Total	262	100.00%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY
3 Ilakas Total (Panchkhal, Dapcha, Khopasi)
Date: May, 1992

25. Do you have an immunization card for (name of child)?

Immunization card	Freq	Percents
1. yes	90	34.35%
2. lost it	98	37.40%
3. never had one	74	28.24%
Total	262	100.00%

MATERNAL CARE

26 Are you pregnant now?

Pregnant or not	req	percents
1. yes	27	10.31%
2. no	235	89.69%
Total	262	100.00%

PREGNANT'	AGECHILD(months)							
	0	1	2	3	4	5	6	7
Yes	0	0	0	0	1	0	0	0
	0.0%	0.0%	0.0%	0.0%	3.7%	0.0%	0.0%	0.0%
No	17	13	9	11	18	8	13	12
	7.2%	5.5%	3.8%	4.7%	7.7%	3.4%	5.5%	5.1%
	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%
Total	17	13	9	11	19	8	13	12
	6.5%	5.0%	3.4%	4.2%	7.3%	3.1%	5.0%	4.6%

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SURVEY RESULTS

SECOND 30 CLUSTER SURVEY 3 Ilakas Total (Panchkhal, Dapcha, Khopasi) Date: May, 1992

AGECHILD(months)

REGNANT	8	9	10	11	12	13	14	15
es	1	2	3	1	1	1	1	1
>	3.7%	7.4%	11.1%	3.7%	3.7%	3.7%	3.7%	3.7%
o	7	8	5	9	9	10	11	6
>	3.0%	3.4%	2.1%	3.8%	3.8%	4.3%	4.7%	2.6%
	87.5%	80.0%	62.5%	90.0%	90.0%	90.9%	91.7%	85.7%
Total	8	10	8	10	10	11	12	7
	3.1%	3.8%	3.1%	3.8%	3.8%	4.2%	4.6%	2.7%

AGECHILD(months)

REGNANT	16	17	18	19	20	21	22	23	Total
es	1	0	1	0	3	3	3	4	27
>	3.7%	0.0%	3.7%	0.0%	11.1%	11.1%	11.1%	14.8%	10.3%
o	8	9	9	8	12	8	11	4	235
>	3.4%	3.8%	3.8%	3.4%	5.1%	3.4%	4.7%	1.7%	89.7%
	88.9%	100.0%	90.0%	100.0%	80.0%	72.7%	78.6%	50.0%	
Total	9	9	10	8	15	11	14	8	262
	3.4%	3.4%	3.8%	3.1%	5.7%	4.2%	5.3%	3.1%	

27. Do you want to have another child in the next two years?

Plan to have another child this year	Freq	Percents
1. yes	35	14.89%
2. no	192	81.70%
3. doesn't know	8	3.40%
Total	235	100.00%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY 3 Ilakas Total (Panchkhal, Dapcha, Khopasi) Date: May, 1992

28. Are you currently using any method to avoid/postpone getting pregnant?

Family Planning used	Freq	Percents
1. yes	42	20.69%
2. no	161	79.31%
Total	203	100.00%

29. What is the main method you or your husband are using now avoid/postpone getting pregnant?

Family planning method adopted	Freq	Percents
1. tubal ligation/vasectomy	9	21.43%
2. norplant	1	2.38%
3. injections	23	54.76%
4. pill	3	7.14%
5. IUD	2	4.76%
6. barrier method/diaphragm	4	9.52%
7. condom	0	0.00%
8. foam/gel	0	0.00%
9. exclusive breast-feeding	0	0.00%
10. rhythm	0	0.00%
11. abstinence	0	0.00%
12. coitus interrputus	0	0.00%
Total	42	100.00%

30. How soon after a woman knows she is pregnant should she see a health professional (physical, nurse, midwife)? (probe for months)

When one knows she is pregnant	Freq	Percents
1. first trimester, 1-3 months	36	13.74%
2. middle of pregnancy, 4-6 months	44	16.79%
3. last trimester, 7-9 months	12	4.58%
4. no need to see health worker	31	11.83%
5. doesn't know	139	53.05%
Total	262	100.00%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY 3 Ilakas Total (Panchkhal, Dapcha, Khopasi, Date: May, 1982

31. What foods are good for a pregnant woman to eat to prevent pregnancy anemia.
(multiple answers possible; record all answers)

Foods to prevent anaemia	Freq	Percents
1. doesn't know	114	43.51%
2. proteins rich in iron (eggs, fish, meat): Legumes	83	31.68%
3. leafy green vegetables, rich in iron	79	30.15%
4. Other	65	24.80%

32. How much weight should a woman gain during pregnancy?

A good Weight gain during pregnancy	Freq	Percents
1. 10-12 kilos	12	4.58%
2. gain weight of baby	7	2.67%
3. doesn't know	225	85.88%
4. Other	18	6.87%
Total	262	100.00%

33. When you were pregnant with (name of child) did you visit any health site (dispensary/health centre, aid post) for pregnancy/parental care?

Prenatal Check-up	Freq	Percents
1. yes	68	25.95%
2. no	194	74.05%
Total	262	100.00%

SURVEY RESULTS

SECOND 30 CLUSTER SURVEY 3 Ilaka Total (Panchkhal, Dapcha, Khopasi) Date: May, 1992

34. During (name of child)'s pregnancy, was the amount of food you ate....
(read the choices to the mother)

Amount of food eaten	Freq	Percents
1. more than usual?	33	12.60%
2. same as usual	111	42.37%
3. less than usual	115	43.89%
4. doesn't know	3	1.15%
Total	262	100.00%

35. At the delivery of (name of child), who tied and cut the cord?

Who cut the cord	Freq	Percents
1. yourself	80	30.53%
2. family member	126	48.09%
3. traditional birth attend	8	3.05%
4. health professional (physician, nurse or midwife)	23	8.78%
5. other	25	9.54%
6. doesn't know	0	0.00%
Total	262	100.00%

36. Who helped in the delivery of last child(name of child)?

Who assisted	Freq	Percents
1. yourself	39	14.89%
2. family member	172	65.65%
3. traditional birth attendant	5	1.91%
4. health professional (physician, nurse or midwife)	22	8.40%
5. other	24	9.16%
6. doesn't know	0	0.00%
Total	262	100.00%

SCHEDULE FOR BASE LINE CLUSTER SURVEY

	Date 1991	
	From	To
1. Questionnaire development		
- questionnaire writing (Birendra, Gyanendra)	Sept.21	Sept.28
- questionnaire typing & printing (Birendra, Gyanendra)	Sept.29	Oct.2
2. Location of cluster identification (Birendra, Gyanendra)	Sept.28	Sept.29
3. Information letter to VDC & Ward members (Gyanendra, Field Representatives)	Sept.30	Oct.13
4. Information to the community. (Field Representatives)	Sept.30	Oct.13
5. Identification of Interviewer	Sept.29	Oct.13
-6 from Panchkhal by Mr. Satyal		
-6 from Khopasi by Mr. Pradip		
-5 from Dapcha by Ms. Indira		
-3 from Nala by Mr. Baidhya		
6. Request for supervisors to DPHO (Gyanendra)	Sept.30	Sept.30
7. Pre-survey training	Oct.14	Oct.16
-1 day, 10 supervisors		
-2 day, 10 supervisors & 20 interviewers		
-3 day, field exercise (Birendra, Gyanendra)		
8. Survey in the 30 clusters. (Interviewer will interview the mother and supervisor will supervise and check the interviewed questionnaire and supervision from CS office)	Oct.18	Oct.23
9. Tabulation (Supervisors) (Balaram)	Oct.28 Nov.1	Oct.30 Nov.6
10. Report Writing (Gyanendra, consultant)	Nov.9	Nov.30

BANEPA MUNICIPALITY
BASELINE SURVEY RESULTS
AUGUST 1991

Nutrition/Malnutrition:

Green	Yellow	Red	Total
843	223	49	1115

Family Planning:

Permanent	Temporary	Total
768	336	1104

Literacy: Women of agegroup 15 and above.

Illiterates	Literates	Total
2076	2689	4765

Smoking: Selected agegroup: 15 and above.

Females smokers	Males smokers	Total
587	1517	2104

Banepa Municipality
Baseline Survery Results
August 1991

Distribution of population under agegroups, sex, and wardwise

Ward No.==>	W/1			W/2			W/3			W/4			W/5			W/6		
	Sex==> F	M	Tot	F	M	Tot	F	M	Tot	F	M	Tot	F	M	Tot	F	M	Tot
AGEGROUP																		
0 to 11m	21	10	31	8	10	18	10	5	15	14	13	27	13	8	21	14	15	29
1 to 4	51	33	84	34	29	63	41	56	97	68	44	112	38	36	74	55	64	119
5 to 9	75	81	156	44	32	76	68	93	161	68	91	159	62	64	126	82	93	175
10 to 14	89	82	171	47	47	94	64	69	133	67	93	160	62	70	132	87	95	182
15 to 19	80	71	151	52	47	99	85	72	157	67	76	143	74	78	152	78	81	159
20 to 24	68	60	128	49	58	107	69	62	131	66	61	127	74	60	134	94	70	164
25 to 29	54	49	103	45	42	87	46	48	94	53	41	94	49	53	102	73	82	155
30 to 34	43	43	86	22	31	53	33	32	65	44	40	84	37	35	72	59	49	108
35 to 39	31	38	69	28	16	44	31	35	66	43	31	74	32	36	68	47	37	84
40 to 44	34	18	52	17	20	37	19	22	41	31	29	60	28	30	58	37	33	70
45 to 49	32	23	55	28	20	48	25	24	49	18	31	49	32	22	54	30	36	66
50 to 54	22	27	49	23	16	39	22	23	45	15	25	40	18	26	44	29	33	62
55 to 59	13	21	34	14	17	31	25	23	48	23	22	45	25	19	44	21	21	42
60 to 64	16	16	32	5	15	20	21	16	37	17	17	34	13	19	32	11	18	29
65 & Above	21	32	53	18	22	40	23	24	47	27	26	53	29	63	92	38	41	79
Unmention	0	1	1	11	10	21	3	9	12	1	18	19				2	4	6
Total	650	605	1255	445	432	877	585	613	1198	622	658	1280	586	619	1205	757	772	1529

F	W/7		F	W/8		F	W/9		F	W/10		F	W/11		Totals		
	M	Tot		M	Tot		M	Tot		M	Tot		F	M	Tot	F	M
14	10	24	10	6	16	7	4	11	10	7	17	19	19	38	140	107	247
25	23	48	27	19	46	20	22	42	60	46	106	80	87	167	499	459	958
54	44	98	34	48	82	29	31	60	65	106	171	113	125	238	694	808	1502
39	52	91	42	43	85	17	31	48	76	94	170	89	96	185	679	772	1451
35	42	77	40	46	86	33	29	62	80	94	174	75	73	148	699	709	1408
44	32	76	36	46	82	45	32	77	93	77	170	88	75	163	726	633	1359
36	37	73	35	31	66	36	36	72	77	81	158	59	59	118	563	559	1122
13	25	38	33	20	53	25	21	46	46	60	106	48	58	106	403	414	817
23	20	43	24	24	48	14	15	29	44	47	91	39	40	79	356	339	695
18	18	36	16	12	28	19	16	35	39	25	64	34	34	68	292	257	549
17	7	24	18	11	29	16	12	28	23	26	49	35	30	65	274	242	516
19	29	48	19	17	36	10	15	25	20	27	47	26	41	67	223	279	502
14	12	26	10	12	22	4	6	10	20	20	40	8	16	24	177	189	366
11	11	22	16	5	21	6	6	12	15	17	32	19	25	44	150	165	315
17	13	30	13	20	33	7	11	18	28	25	53	24	27	51	245	304	549
3	7	10	6	17	23	8	22	30	3	19	22	1	2	3	38	109	147
382	382	764	379	377	756	296	309	605	699	771	1470	757	807	1564	6158	6345	12503

Second 30 Cluster Survey Questionnaire
Ilakas: Panchkhal, Dapcha, Khopesi

Date: May, 1992

PVO Child Survival Knowledge & Practice Questionnaire
ADRA/Nepal (Child Survival VI)

All questions are to be addressed to the mother (women 15-49 years old)
with a child under two (less than 24 months old)

Interview date <dd/mm/yy> Reschedule interview <dd/mm/yy>
Interviewer name _____
Supervisor _____

1. Name and age of the mother

Name _____ Age (years) ##

2. Name and age of the child under two years old

Name _____

Birth date <dd/mm/92> Age (months) ##

Community _____ VDC ## Ward ## Village ##

Mother's Education/Occupation

3. What was the highest educational level you attained?

- 1. none []
- 2. primary does not read []
- 3. primary reads []
- 4. secondary []

4. Do you work away from home?

- 1. Yes []
- 2. No []

5. Do you do any "income generating work"?

(multiple answers possible; record all answers)

- a. nothing []
- b. handicraft, weaving, carpet etc. []
- c. harvesting, fruit pickers []
- d. selling agricultural products []
- e. selling foods, dairy products []
- f. servant/services/labor []
- g. shop keeper, street vendor []
- h. salaried worker []
- i. other (specify) _____ []

Who takes care of (name of child) while you are away from home?
(multiple answers possible; record each one)

- a. mother takes child with her []
- b. husband/partner []
- c. older children []
- d. relatives []
- e. neighbour/friends []
- f. maid []
- g. nursery school []
- h. others (specify) _____ []

Diarrheal Diseases

7. Has (name of child) had diarrhea during the last two weeks?

- 1. yes []
- 2. no [] ---> go to 15
- 3. doesn't know [] ---> go to 15

8. During (name of child)'s diarrhea did you breast-feed
(read the choices to the mother)

- 1. more than usual? []
- 2. same as usual? []
- 3. less than usual? []
- 4. stopped completely? []
- 5. child not breastfed []

9. During (name of child)'s diarrhea, did you provide (name of
child) with fluids other than breast-milk

(read the choices to the mother)

- 1. more than usual? []
- 2. same as usual? []
- 3. less than usual? []
- 4. stopped completely? []
- 5. exclusively breastfeeding []

10. During (name of child)'s diarrhea, did you provide (name of
child) with solid/semisolid foods

(read the choices to the mother)

- 1. more than usual? []
- 2. same as usual? []
- 3. less than usual? []
- 4. stopped completely? []
- 5. exclusively breastfeeding []

11. When (name of child) had diarrhea, what treatments, if any, did you use?
 (multiple answers possible; record all answers)
- a. nothing []
 - b. ORS sachet []
 - c. sugar-salt solution []
 - d. cereal based ORT []
 - e. infusions or other fluids []
 - f. anti-diarrhea medicine or antibiotics []
 - g. other specify _____ []

12. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea?
- 1. yes []
 - 2. no [] ---> go to p. 15

13. From whom did you seek advice or treatment for the diarrhea of (name of child)?
 (multiple answers possible; record each answer)
- a. general hospital []
 - b. health center/clinic/post []
 - c. private clinic/doctor []
 - d. pharmacy []
 - e. village health worker []
 - f. traditional healer []
 - g. traditional birth attendant []
 - h. relatives & friends []
 - i. other (specify) _____ []

14. What signs/symptoms would cause you to seek advice or treatment for (name of the child)'s diarrhea?
 (multiple answers possible; record all answers)
- a. doesn't know []
 - b. vomiting []
 - c. fever []
 - d. dry mouth, sunken eyes, decreased urine output (dehydration) []
 - e. diarrhea of prolonged duration (at least 14 days) []
 - f. blood in stool []
 - g. loss of appetite []
 - h. weakness or tiredness []
 - i. other (specify) _____ []

15. What are important actions you should take if (name of child) has diarrhea?
(multiple answers possible; record all answers)
- a. doesn't know []
 - b. take the child to the general hospital/health center []
 - c. give the child more to drink than usual []
 - d. give the child smaller more frequent feeds []
 - e. withhold fluids []
 - f. withhold foods []
 - g. other (specify) _____ []
16. What are important actions a mother should take when a child is recovering from diarrhea?
(multiple answers possible; record all answers)
- a. doesn't know []
 - b. give the child smaller more frequent feeds []
 - c. more foods than usual []
 - d. give foods with high caloric content []
 - e. other (specify) _____ []

Immunizations

17. Has (name of child) ever received any immunizations?
- 1. yes []
 - 2. no []
 - 3. doesn't know []
18. At what age should (name of child) receive measles vaccine?
- 1. specify in months [___/___]
 - 2. doesn't know [___] (99)
19. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?
- 1. to protect both mother/newborn against tetanus []
 - 2. to protect only the woman against tetanus []
 - 3. to protect only the newborn against tetanus []
 - 4. doesn't know or other []
20. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?
- 1. one []
 - 2. two []
 - 3. more than two []
 - 4. none []
 - 5. doesn't know []

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21. Do you have an immunization card for (name of child)?
1. yes (must see card)
 2. lost it ----> go to 24
 3. never had one ----> go to 24
 4. I have not found ----> go to 24

22.

Look at the vaccination card and record the dates of all the immunizations in the space below
(dd/mm/yy)

BCG		-	/	-	/	-	-
OPV	1st	-	/	-	/	-	-
	2nd	-	/	-	/	-	-
	3rd	-	/	-	/	-	-
DPT	1st	-	/	-	/	-	-
	2nd	-	/	-	/	-	-
	3rd	-	/	-	/	-	-
Measles		-	/	-	/	-	-

23.

Look at the vaccination card and record the dates of all the immunizations in the space below

(a) one

(b) Two or more than two

(c) None

MATERNAL CARE

24. Are you pregnant now?
1. yes ----> go to 28
 2. no
25. Do you want to have another child in the next two years?
1. yes ----> go to 28
 2. no
 3. doesn't know
26. Are you currently using any method to avoid/postpone getting pregnant?
1. yes
 2. no ----> go to 28

27. What is the main method you or your husband are using now to avoid/postpone getting pregnant?

- 1. tubal ligation/vasectomy []
- 2. Norplant []
- 3. injections []
- 4. pill []
- 5. IUD []
- 6. condom []
- 7. foam/gel []
- 8. exclusive breast-feeding []
- 9. Natural []
- 10. other (specify) _____ []

28. How soon after a women knows she is pregnant should she see a health professional (physician, nurse, midwife)? (probe for months)

- 1. first trimester, 1-3 months []
- 2. middle of pregnancy, 4-6 months []
- 3. last trimester, 7-9 months []
- 4. no need to see health worker []
- 5. doesn't know []

29. What foods are good for a pregnant woman to eat to prevent pregnancy anemia?

(multiple answers possible; record all answers)

- a. doesn't know []
- b. proteins rich in iron (eggs, fish, meat) []
- c. leafy green vegetables, rich in iron []
- d. other (specify) _____ []

30. How much weight should a woman gain during pregnancy?

- 1. 10-12 kilos []
- 2. gain weight of baby []
- 3. doesn't know []
- 4. other (specify) _____ []

31. When you were pregnant with (name of child) did you visit any health site (dispensary/health center, aid post) for pregnancy/prenatal care?

- 1. yes []
- 2. no []

32. During (name of child)'s pregnancy, was the amount of food you ate

(read the choices to the mother)

- 1. more than usual? []
- 2. same as usual? []
- 3. less than usual? []
- 4. doesn't know []

33. Who helped in the delivery of (name of child).
1. Yourself
 2. family member
 3. traditional birth attendant ()
 4. health professional (physician, nurse, or midwife) ()
 5. other (specify) _____ ()
 6. does not know _____ ()

34. At the delivery of (name of child), who tied and cut the cord?
1. yourself []
 2. family member []
 3. traditional birth attendant []
 4. health professional (physician, nurse or midwife) []
 5. other (specify) _____ []
 6. doesn't know _____ []

Breastfeeding/Nutrition :

35. Are you breastfeeding (name of child)?
1. yes [] ---> go to 37
 2. no []
36. Have you ever breast-fed (name of child)?
1. yes []
 2. no []
37. After the delivery, when did you breast-feed (name of child) for the first time?
1. during the first hour after delivery []
 2. from 1 to 8 hours after delivery []
 3. more than 8 hours after delivery []
 4. do not remember []
38. When should a mother start adding foods to breastfeeding?
1. start adding between 4 and 6 months. []
 2. start adding earlier than 4 months []
 3. start adding 6 months or later []
 4. doesn't know []
39. a. Are you giving (name of child) Super flour porridge?
1. yes ()
 2. no ()
 3. does not know ()

6. Are you giving (name of child) fruits or juices?

- 1. yes []
- 2. no []
- 3. doesn't know []

C. Are you adding leafy green vegetables, such as spinach, to (name of child)'s food?

- 1. yes []
- 2. no []
- 3. doesn't know []

40. MUAC (1 to 5 years children only)

SN	Age(in month)	sex	Red	Yellow	green

The form is checked & is correct
Signature of Supervisor: _____

First 30 Cluster Survey Questionnaire
 Block: Panchkhal, Dapcha, Khopasi
 Date: December, 1991

Cluster Survey
 Interview Questionnaire

Demographic

Block No. -----

Date -----

Ward No. -----

Village/Tole -----

Caste -----

Religion -----

Mother Tongue -----

Family Serial No. -----

S. No.	Name	Age	Sex	M/S	Occupation	Education	Smo Ke	Remarks
			M/F	Y/N			Y/N	

(Ask to household head)

Do you want to send female above 15 years in literacy class?

i) Yes

ii) No

(Ask illiterate women above 15 years)

a) Do you want to join literacy class?

S.No.	Yes	No	If no why ?	a	b	c	d
			a. Too much home duty b. Caring for young child c. Not interested d. Others				

b) If yes, what time will be more appropriate and how far you can come?

S.No	Morning	Day	Evening	Appropriate time From/To	Distance in minutes

(Ask literate women above 15 years)

a) Do you want to join in health and other classes?

S.No.	Yes	No	If no Why?	a	b	c	d
			a. Too much home duty b. Caring for young child. c. Not interested d. Others				

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Family planning

a) Are you using any F.P. methods

N.	Yes	No	If no, why ?	a	b	c	d
			a. Lack of knowledge b. No need c. Not interested d. Other reasons				

a) If yes,

N.	Sex M/F	Age	Permanent			Temporary						
			Vasectomy	Minilap	Lapros	O/Pills	Depo	IUD	Plant	Condom	othe	

How many children should be in one family?

i) 1-2 ii) 3-4 iii) more than 4

Are there any pregnant women in your household?

i) Yes No

If yes, name i)
ii)

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b) If yes, which time will be more appropriate and how far you can come?

S.No	Morning	Day	Evening	Appropriate time From/To	Distance in minutes

VACCINATION:

SN.	Name of Child	Birth date	Vac. Card (+, -)	Vaccination Record (Record date of Vaccination)							Fully Vaccinated (+, -)	
				BCG	Polio			DPT				Measles
					1	2	3	1	2	3		

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Where the pregnant women in your family go for check-up?

- a. TBA
- b. H. P.
- c. H.C./PHC clinic/Hosp.
- g. Private clinic
- d. Traditional healer
- e. Priest
- f. Other
- h. No where

a. Do you think Pregnant women need special care?

- i) Yes
- ii) No

b. If yes, what

- i) Physical check-up
- ii) Additional diet
- iii) Vitamines
- iv) Others (.....)

c. If no, why?

- i) Do not know
- ii) No need
- ii) Other (.....)

1. What immunization should a pregnant woman get?

- T.T.
- ii) Do not know
- iii) Other

1/2

What foods should a pregnant or lactating mother eat each day?

- a. Milk d. green leafy vegetables
b. Legumes e. Other vegetables
c. meat, fish, eggs f. fruits
g. Cereals (grains, rice, millet, corn wheat)

Who helps in your home during delivery?

- i) TBA ii) Nurse
iii) Untrained Birth attendant
iv) Older women in your neighbour
v) None

Who delivered the last baby born to your family household?

- a. TBA d. Nurse
b. Untrained Birth attendant
c. Aunty/grandmother e. None
f. Older women in you neighbour
g. Hospital

a. Do, you believe colustrum should be fed to the baby?

- i) Yes ii) No

b. If "no" why ?

- i) No clustrum ii) hanrmful to the baby
iii) Can't digest iv) Others (.....)

How long should a baby be breastfed?

- a. One year
- b. 2-3 year
- c. until pregnant with next baby
- d. until child doesn't want anymore

What are the best weaning foods?

- i) Rice gruel (Jaulo)
- ii) Commercial powder milk
- iii) Porridge (Rice)
- iv) Adult food
- v) Porridge (Super flour)

Nutrition (1-5 years)

SN.	Age in months	Sex M/F	M U P A C		
			Red	Yellow	Green

Has child under 5 years died?

- i) Yes
- ii) No

If yes,

Date of death	Sex M/F	Cause

APPENDIX F

Job Descriptions

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CHILD SURVIVAL JOB DESCRIPTION

FOR

PROJECT DIRECTOR
SEPTEMBER 1992

QUALIFICATIONS:

Minimum of Bachelors Degree, Masters degree or above preferred knowledge of Nepali or willingness to study it, and fluency in English, leadership and management proficiency, communication ability. Preparation in public health or other profession with experience in community health including primary care of mothers and children. computer competency required including use of EPI or willingness to learn this program.

DUTIES:

- The PD will develop the scope and direction of the entire ADRA/Child Survival project according to DIP objectives and interventions.
- Perform leadership and management tasks in the daily operations of the project. Responsible for the coordination of all CS entities.
- Approves the hiring of deployment of personnel and maintains authority for all final decisions related to Child Survival personnel polices.
- Oversees maintenance and proper upkeep of all equipment and Vehicles in collaboration with administrative/Fiscal Officer.
- Is expected to hold weekly staff meetings and will provide logistical support for all staff.
- Is a member of and reports to the local ADRA Board and will attend all meetings related to Child Survival.
- Collaborates with MOH, other NGO's and Scheer Memorial Hospital in implementation of Child Survival Project.
- Liaison with ADRA-International and ADRA/SUD in behalf of CS Project.
- Conducts project evaluations/Planning, analysis data from HIS data from HIS system, Writes required reports.

RELATIONSHIP:

The Project Director answers directly to the ADRA/Nepal Country Director. Is also responsible for recognizing the special relationship required to ADRA/International, USAID, Ministry of Health/Nepal and other Government and Non-Government Agencies including Scheer Memorial Hospital. The Project director is expected to assume responsibility for supervision of Child Survival employees and will effectively make use of Child Survival Advisors/Consultants.

TRAINING:

The Project Director will have opportunity to take advantage of continuing education and various training programs. It is expected that Director will keep up-to-date on health interventions for Child Survival.

JOB SUMMARY:

Although ADRA/Nepal Country director is officially responsible for the Child Survival Project. The Project Director will assume full responsibility for the implementation, reporting, completion and achievement of the goals of the project.

The Project Director will make frequent visits to the project sites for the purpose of monitoring, evaluation and support. The Project Director will be informed on all Child Survival information and issues. The Project Director is expected to develop and appropriate public relation scheme for project awareness and support.

LOCATION: ADRA/Nepal Headquarters, Kathmandu.

CHILD SURVIVAL JOB DESCRIPTION

for

ADMINISTRATIVE/FISCAL OFFICER

Sept. 1992

QUALIFICATIONS:

B.A. Business; experience in accounting; organization and public relation skills; typing and computer skills. Capable in problem solving, managing people. Fluency in English and Nepali, drivers license. Integrity, willingness to follow work policies regarding attendance and fulfillment of responsibilities of job.

DUTIES:

- Assist the project director in administrative functions, fiscal management, and reports for the projects.
- Purchasing and monitoring of supplies.
- Transportation and travel management.
- Facilitate data management and analysis in collaboration with computer and data management staff.
- Accounting supervision with regular auditing procedures and reports to CS Director.
- Budget management in collaboration with CS Director.
- Public Relations including editing project newsletter.
- Liaison with business, organizations and MOH as appropriate.
- Participate in preparation of annual reports, evaluation reports, and other reports as needed.

RELATIONSHIPS:

The administration/fiscal officer is responsible to the Child Survival project director. He will participate in communications with community leaders, Scheer Memorial Hospital and other organizations as needed. He will communicate with the staff in a professional manner.

TRAINING:

The administration/fiscal Officer will be given opportunity to attend various training and upgrading programs and is expected to participate in them.

REVIEW/APPRaisal (EVALUATION):

The Administration/Fiscal Officer will receive an evaluation at the end of the first three months of employment and twice yearly. Wage increase will depend in these evaluations and the recommendation of the CS Director.

personnel management; handle transportation matters;
date management and project reports. liaison with
and organizations. Administrative functions for Banepa
Clinic and Family Planning Centre.

athmandu.

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CHILD SURVIVAL PROGRAM JOB DESCRIPTION

for

EDUCATION/FIELD COORDINATOR SEPTEMBER 1992

QUALIFICATIONS:

Bachelors degree in Public Health. Knowledge of Nepali or willingness to study it, fluency in English. Preference given to person also trained as Medical Assistant. Experience in rural or community primary care. Preference given to person who has worked for Ministry of Health and knows the Nepali health care system. Ability to relate well with people and community leaders. Teaching experience and or supervision of health workers and asset. Integrity and willingness follow the work policies regarding attendance and fulfillment of responsibilities of the job.

DUTIES:

- Field Child Survival Program coordination including information System.
- Training of District and Health Post workers regarding implementing CS services.
- Liaison with DPHO/MOH staff at district level and region and department levels of government.
- supervision of field representatives for health posts.
- Evaluation/surveys of Child Survival Program
- Health Education classes and messages regarding mother/child health for community, literacy classes, district health workers (Plan and implement).
- Supervision of public health nurse and community development officer; assist with supervision of Banepa Primary Care clinic CS services.

RELATIONSHIPS:

The Education/Field Coordinator will answer directly to the CS Program Director. He will participate in communications with MOH and with community leaders.

TRAINING:

The Education/Field Coordinator will be given opportunity to attend various training and upgrading programs and is expected to participate in them.

REVIEW/APPRAISAL (EVALUATION):

The Education/Field Coordinator will receive and evaluation at the end of the first three months of employment and twice yearly. Wage increases will depend on these evaluations and the recommendation of the CS Program Director.

JOB SUMMARY:

Liaison with the DPHO, MOH, and various agencies. Curricular planning and Manpower Training. Field supervision of C.S. Program implementation. Maintain health Information system and conduct field surveys for evaluation of program. Supervision of Field workers for Cs program services.

LOCATION:

Banepa, Kavre District

Expected to do some administrative Functions in Kathmandu.

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CHILD SURVIVAL JOB DESCRIPTION

for

PUBLIC HEALTH NURSE Sept. 1992

QUALIFICATIONS:

Bachelors degree in Nursing with specialization in public health nursing. Knowledge of Nepali or willingness to study it; fluency in English. Experience in public health nursing in rural areas; experience in maternal-child community/clinic work. Ability to communicate well with community people and to supervise and participate in training of community auxiliary workers. Integrity, and willingness to follow the work policies regarding attendance and fulfilling the responsibilities of the job.

DUTIES:

- Maintain liaison with: Scheer Memorial Hospital, the Banepa Primary Care Clinic and the Health Posts of Dapcha, Panchkal, Khopasi, and Nala.
- Assist Education/Field Coordination with writing of policies/standards of care for CS Services.
- Training and Supervision of Community Auxiliary workers with special attention to Traditional Birth Attendants and community Health Volunteers.
- Facilitate use of referrals, give Feed back to Field.
- Participate in training programs being conducted by the CS Program.
- Discussion with ANM in AT-Risk mothers/children.
- Foster Health Education Activities in the Primary Care Clinic and the Health Posts and work with community Development Officer in Health Education for Literacy Classes at communities and mothers clubs.
- Monitor Maternal Child Health Records at the CS program sites. Facilitate referrals and special follow-up to services and assist mothers, children.
- Other responsibilities as directed by Education/Field Coordinator or Director of CS.

RELATIONSHIPS:

The public health nurse will answer directly to the Education/Field Coordinator. She is responsible for fostering a sound communications with Scheer Memorial Hospital and Banepa Primary Care Clinic so that referrals and services can benefit mothers and children needing immunizations, family planning services, and health education.

TRAINING:

The Public Health Nurse will be given opportunity to participate in Various training and upgrading programs and is expected to participate in them.

REVIEW/APPRaisal (EVALUATION):

The public health nurse will receive an evaluation at the end of the first three months of employment and ~~twice~~ yearly. Wage increases will depend on these evaluations and the recommendations of the Education/Field Coordinator and approved by the Project Director.

JOB SUMMARY:

Maternal-Child Health liaison with S.M. Hospital, Banepa Primary Care Centre, and Health Posts. Training; supervision; and Health Education of TBA's and CHV's.

LOCATION: Banepa/Kavre District.

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CHILD SURVIVAL JOB DESCRIPTION

for

FIELD REPRESENTATIVES
SEPTEMBER 1992

QUALIFICATIONS:

Community Medical Assistant (CMA or equivalent) is required. Practical experience in MCH services. Ability to communicate and obtain cooperation of Health Post staff. Must be of good health and able to do field activities. Fluency in English is helpful.

DUTIES:

- Assist Education/Field Coordinator in monitoring and training of health post staff and VHW's in CS activities and health information system.
- Field communication and support for understanding and achievement of Child Survival interventions.... Working closely with District Field Workers.
- Encouragement of Health Post staff to maintain good standards of cleanliness; appropriate storing of supplies; adequate supplies; and following of CS policies of Child Survival services.
- Assist in surveys and data collection as assigned.
- Monitor referrals and encourage use...
- Supervise VHW's to encourage regular hours of work, and completion of duties in field.

RELATIONSHIPS:

FR work directly under the Education/Field Coordinator, but are expected to maintain professional relationships with all CS staff. Will maintain and collaborative relationship with MOH field and Health Post staff.

TRAINING

FR are expected to participate in training activities of the project. Intensive training will be provided to the FR to prepare them for their duties. The FR is expected to take advantage of all training opportunities.

AISAL:

will be made at end of first three months of employment early to asses job performance. Any salary increase will be the evaluations of the Education/Field Coordinator and recommendation of the CS Project Director.

side in their respective Ilakas. They will report at CS held in Banepa for project business and meetings.

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CHILD SURVIVAL PROGRAM JOB DESCRIPTION

for

CLINIC-IN-CHARGE NURSE

(Banepa Primary Care Clinic, Family Planning Center)
SEPTEMBER 1992

QUALIFICATIONS:

Registered staff Nurse of Nepal; preference given to nurse with B.S. Degree. Fluent in English. Experience in out-patient clinic nursing; preference given for person with supervisory experience. Ability to relate well with people. Aptitude for health education. Family Planning experience or willingness to take training. Knowledge of midwife an asset. Integrity and willingness to follow the work policies regarding attendance and fulfillment of responsibilities of the job.

DUTIES: Supervision/Management; collaborates with clinic physician.

- Implementation of maternal care and family planning services in the Banepa Primary Care Clinic; encourages prenatal care and child spacing, makes referrals.
- Implement child Health Services to children under 5 years: immunizations, nutrition monitoring, diarrhoea rehydration/care, respiratory infection surveillance, encourage breast feeding, nutrition education etc, makes referrals.
- Supervision of Family Planning Center surgical setup/sterilization of equipment Care.
- Health Education of women of child-bearing age/mothers regarding safe motherhood, child rearing, and family health, child spacing.
- Special attention to at risk mothers and children with referral if needed.
- Other responsibilities as requested.

RELATIONSHIPS:

The Clinic-in Charge nurse will answer directly to the Administration/Fiscal Officer. She Discusses personnel problems and program implementation problems with him. She cooperates with Education/field coordinator in achieving C.S. objectives.

TRAINING:

The Clinic-in-Charge nurse will be given opportunity to participate in various training and upgrading programs and is expected to participate in them.

REVIEW/APPRAISAL (EVALUATION):

Clinic-in-Charge Nurse will receive an evaluation at the end of the first three months of employment and twice yearly. Wage increases will depend on these evaluations and the recommendation of the CS Program Director.

JOB SUMMARY:

Management and supervision of the Banepa Primary care clinic and nursing services of the Family Planning Center. Implement C.S. services and health education.

LOCATION: Banepa

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CHILD SURVIVAL JOB DESCRIPTION

for

COMMUNITY STAFF PHYSICIAN

QUALIFICATIONS:

MBBS or MD with experience in Paediatrics. Obstetrics, primary care, preference given to doctor who had done work in rural areas and is interested in improving status of mothers and children. Fluency in Nepali and English necessary. Aptitude for clinical instruction and interest in upgrading primary care in rural areas of high priority.

DUTIES:

- Responsible for primary care of mothers and young children as well as family planning as assigned.
- Field training of Health Post-in-Charge persons in 4 Health Posts as well as monthly rounds with them at Scheer Memorial Hospital.
- Monitoring of Child Survival interventions and standards performed by Health Post-in-Charge and other Health Post Staff.
- Referral follow-up and feedback to CS staff/HPIC.
- Participate in teaching and training programs as assigned.

RELATIONSHIPS:

The physician will be on the staff of Scheer Memorial Hospital half time, and responsible to the Medical Director for clinical work there. He will serve in the Child Survival Project half time and be responsible to the CS Administrative/Fiscal Officer and collaborate with the Education/Field Coordinator.

TRAINING:

The physician is expected to participate in any course/training sessions for professional advancement as the opportunity may arise as approved by the CS Director.

REVIEW/APPRAISAL:

The physician will receive a performance evaluation by the Medical Director and Child Survival Director twice yearly. Wage increases will depend on these evaluations.

JOB SUMMARY:

The Community Staff Physician will be responsible for primary care of mothers and children as assigned at Scheer Memorial Hospital, Banepa Primary Care Clinic. He will conduct field training of Health Post-in-Charge at 4 health posts and supervise standards of care. He will serve in Family Planning Centre as assigned.

LOCATION:

Scheer Memorial Hospital in Banepa, Banepa Primary Care Clinic, and Family Planning Centre; 4 health posts in Kavre district.

CHILD SURVIVAL JOB DESCRIPTION

for

COMMUNITY STAFF NURSE SEPTEMBER 1992

QUALIFICATIONS:

Staff nurse with community health training; certificate in nursing. Ability to communicate in Nepali and English. Aptitude for health education and instruction of community auxiliary workers. Interest in mother-child health in rural areas. Preference given to nurse with community experience and midwifery practice. Personal integrity and willingness to work productively are needed.

DUTIES:

- Assist public health nurse in Child Survival project community activities.
- Supervision of birth attendants during delivery of baby (periodically)
- Discussions with CHV's about AT-RISK mothers and children.
- Monitoring of referrals, health post mother-child records.
- Assist in organizing mother's clubs.
- Health education participation in literacy classes.
- Other duties as assigned.

RELATIONSHIPS:

The community staff nurse will be responsible to education/Field coordinator and the public health nurse for CS project. She is expected to maintain professional relationships with all CS staff, and communicate well with Health post staff and auxiliary workers (CHV's TBA).

REVIEW AND APPRAISAL:

The community nurse will receive a performance evaluation by the Education Field Administrator and/or the Public health Nurse at end of three months and twice yearly. Wage increases will depend on these evaluations and the recommendation of the project director.

TRAINING:

The community staff nurse is expected to participate in all training activities pertinent to her work as well as special opportunities to learn more about Child Survival work. A probation period of six months will prepare her for the functions of her job.

JOB SUMMARY:

The community staff nurse must develop a thorough understanding of the Child Survival project and provide supervisory/monitoring functions with village health workers, community health volunteers, and health post auxiliary nurse midwives in behalf of Child Survival goals. She works closely with Health Post in-charge in the implementation of Child Survival interventions and standards.

LOCATION:

Kavre District: Banepa, Nala, Khopasi, Panchkhal, Dapcha. Expected to live in Kavre district.

**CHILD SURVIVAL JOB DESCRIPTION
FOR
RESIDENT ADVISOR IN DATA MANAGEMENT/
AND MATERNAL HEALTH**

Sept. 1992

QUALIFICATIONS:

MPH degree with training related to MCH: Family Planning, Nutrition or health education. Computer and data analysis skills. Experience in report writing, staff development, program implementation. Fluency in English. Ability to write data reports. Advisement/consultant skills.

DUTIES (Part-Time Position):

- participate in Health Information System/Data management for CS Project:
provide data analysis for surveys, DPHO data reports, etc.
- Give continuing education regarding Health Information System and Data reporting.
- Evaluate effectiveness of referral system at Banepa Clinic, Scheer Memorial Hospital, and Health Posts.
- Participate in writing of annual reports, and other reports.
- Provide consultation/guidance for further development of Family Planning Centre and other aspects of maternal health services.
- other duties as assigned by CS Director.

RELATIONSHIPS:

Responsible to the Administrative/Fiscal Officer for HIS, and management and work closely with the Education/Field coordinator in relation to Family Planning/Maternal Health Advisement. Will work collaboratively with data/computer personnel in data management.

TRAINING:

Opportunity is given to attend various training and upgrading programs as needed.

REVIEW/APPRAISAL:

Evaluation is done at end of three months of employment and twice yearly. Wage increases will depend on these evaluations and the recommendation of the Cs Program Director.

JOB SUMMARY:

Data analysis and report writing for CS project. Advisement for CS Project and District Public Health data collection. Consultation in development of Family Planning Centre and to CS Project in antepartum, family planning, and child health utilization, his referrals, etc.

LOCATION:

Based on Kathmandu, but expected to visit Banepa, District Health Office, and health posts as needed.

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APPENDIX G

Individuals At Higher Risk

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INDIVIDUALS AT HIGHER RISK - SELECTION CRITERIA

A. Stages/Condition of Mother

1. Age below 18 years and above 35 years.
2. Multigrida: Carrying fifth or more pregnancy.
3. Low height below 140 cm.
4. Low weight below 40 kg.
5. Birth spacing less than two years.

B. History of problems in previous pregnancy.

1. Stillbirth
2. Caesarean section
3. Abnormal position of baby (Breach or transverse)
4. Profuse bleeding during labor.
5. Cord prolapse
6. Retention of placenta
7. Eclampsia
8. Twins

C. Sign and symptom/disease during pregnancy

1. Swelling legs.
2. Elevated blood pressure
3. Severe headache
4. Severe
5. High fever
6. Bleeding/Foul smelling discharge
7. Labor pain before EDD.
8. Nutritional deficiencies like anemia, PEM.
9. Infections diseases like STD (including AIDS), viral Jundice, Malaria, Tuberculosis etc.
10. Heart diseases.

High - Risk Children

A. Birth to one year:

1. Premature baby - low birth weight (less than 2000 gm)
2. Incomplete immunization.
3. Poverty/Joint family.
4. Malnourished baby
5. Diarrhoea - more than five episode
6. Baby with chronic ARI.
7. Orphan.

B. One to five year:

- 1. Malnutrition.**
- 2. Incomplete immunization.**
- 3. Frequent diarrhea (5 or more times in a year)**
- 4. Tuberculosis.**
- 5. Frequent or chronic ARI.**
- 6. Poverty/Joint family.22**

APPENDIX H

Pipeline Analysis

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Actual Expenditures to Date
 (09/01/90 to 09/30/92)

Projected Expenditures Against
 Remaining Obligated Funds
 (10/01/92 to 08/31/93)

Total Agreement Budget
 (Columns 1 & 2)
 09/01/90 to 08/31/93

COST ELEMENTS

I. PROCUREMENT

- A. Supplies
- B. Equipment
- *C. Services/Consultants
 - 1. Local
 - 2. Expatriate

SUB-TOTAL I

II. EVALUATION

SUB-TOTAL II

III. INDIRECT COSTS

HQ/HO Overhead 17 (%)

SUB-TOTAL III

IV. OTHER PROGRAM COSTS

- A. Personnel (list each position & total person months separately)
 - 1) Technical
 - 2) Administrative
 - 3) Support
- B. Travel/Per Diem
 - 1) In country
 - 2) International
- C. Other Direct Costs (utilities, printing rent, maintenance, etc)

SUB-TOTAL IV

TOTAL HEADQUARTERS

* Excludes Evaluation Costs

	A.I.D. 1	PVO 2	TOTAL 3	A.I.D. 4	PVO 5	TOTAL 6	A.I.D. 7	PVO 8	TOTAL 9
A. Supplies	67.50	22.50	90.00	932.50	4,830.50	5,763.00	1,000.00	4,853.00	5,853.00
B. Equipment				4,418.00		4,418.00	4,418.00		4,418.00
*C. Services/Consultants									
1. Local									
2. Expatriate	6,600.00	2,200.00	8,800.00	19,333.00	(2,200.00)	17,133.00	25,933.00		25,933.00
SUB-TOTAL I	6,667.50	2,222.50	8,890.00	24,683.50	2,630.50	27,314.00	31,351.00	4,853.00	36,204.00
II. EVALUATION									
SUB-TOTAL II	5,358.99	2,045.16	7,404.15	(858.99)	9,733.84	8,874.85	4,500.00	11,779.00	16,279.00
III. INDIRECT COSTS									
HQ/HO Overhead 17 (%)									
SUB-TOTAL III	96,918.53	32,346.60	129,265.13	124,662.47	65,472.40	190,134.87	221,581.00	97,819.00	319,400.00
IV. OTHER PROGRAM COSTS									
A. Personnel (list each position & total person months separately)									
1) Technical	11,267.21	3,744.00	15,011.21	(7,893.21)	20,039.00	12,145.79	3,374.00	23,783.00	27,157.00
2) Administrative	10,384.67	3,452.31	13,836.98	8,764.33	(3,452.31)	5,312.02	19,149.00		19,149.00
3) Support									
B. Travel/Per Diem									
1) In country									
2) International	23,265.93	7,755.30	31,021.23	54,662.07	15,484.70	70,146.77	77,928.00	23,240.00	101,168.00
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	13,596.72	4,533.24	18,129.96	16,613.28	10,466.76	27,081.04	30,210.00	15,001.00	45,211.00
SUB-TOTAL IV	58,514.53	19,484.85	77,999.38	72,146.47	42,538.15	114,685.62	130,661.00	62,023.00	192,684.00
TOTAL HEADQUARTERS	167,459.55	56,099.11	223,558.66	220,633.45	120,374.89	341,009.34	388,093.00	176,474.00	564,567.00

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COST ELEMENTS	Actual Expenditures to Date (09/01/91 to 05/31/92)			Projected Expenditures Against Remaining Obligated Funds (06/01/92 to 08/31/93)			Total Agreement Budget (Columns 1 & 2) (09/01/90 to 08/31/93)		
	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
I. PROCUREMENT									
A. Supplies	3,429.78	95.12	3,524.90	20.22	1,978.88	1,999.10	3,450.00	2,074.00	5,524.00
B. Equipment	17,054.17	6,419.92	23,474.09	7,295.83	18,580.08	25,875.91	24,350.00	25,000.00	49,350.00
* C. Services/Consultants									
1. Local	1,935.82		1,935.82	5,789.18		5,789.18	7,725.00		7,725.00
2. Expatriate	8,221.26		8,221.26	21,751.74	3,025.00	24,776.74	29,973.00	3,025.00	32,998.00
SUB-TOTAL I	30,641.03	6,515.04	37,156.07	34,856.97	23,583.96	58,440.93	65,498.00	30,099.00	95,597.00
II. EVALUATION									
A. Consultant/Contract				9,900.00		9,900.00	9,900.00		9,900.00
B. Staff Support				1,200.00		1,200.00	1,200.00		1,200.00
C. Other				900.00		900.00	900.00		900.00
SUB-TOTAL II	0	0	0	12,000.00	0	12,000.00	12,000.00	0	12,000.00
III. INDIRECT COSTS									
HO/HO Overhead ____ (%)									
SUB-TOTAL III	0	0	0	0	0	0	0	0	0
IV. OTHER PROGRAM COSTS									
A. Personnel (list each position & total person months separately)									
1) Technical	15,905.78		15,905.78	40,494.22		40,494.22	56,400.00		56,400.00
2) Administrative	8,012.12	2,040.07	10,052.19	20,944.88	114,131.93	135,076.81	28,957.00	116,172.00	145,129.00
3) Support									
B. Travel (Short Term)									
1) In country	4,630.83	4,895.79	9,526.62	41,132.17	67,129.21	108,261.38	45,763.00	72,025.00	117,788.00
2) International				84,699.00		84,699.00	84,699.00		84,699.00
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	25,824.02		25,824.02	95,401.98	3,000.00	98,401.98	121,226.00	3,000.00	124,226.00
SUB-TOTAL III	54,372.75	6,935.86	61,308.61	282,672.25	184,261.14	466,933.39	337,045.00	191,197.00	528,242.00
TOTAL FIELD	85,013.78	13,450.90	98,464.68	329,529.22	207,845.10	537,374.32	414,543.00	221,296.00	635,839.00

* Excludes Evaluation Costs

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TOTAL

1992 COUNTRY PROJECT PIPELINE ANALYSIS - REPORT FORM A
 PVO/COUNTRY PROJECT Child Survival VI

Actual Expenditures to Date (09/01/90 to 09/30/92)			Projected Expenditures Against Remaining Obligated Funds (10/01/92 to 08/31/93)			Total Agreement Budget (Columns 1 & 2) (09/01/90 to 08/31/93)			
A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	
TOTAL HEADQUARTERS	167459.55	56099.11	223558.66	220633.45	120374.89	341009.34	388093.00	176474.00	564567.00
TOTAL FIELD	390250.63	119263.06	509513.69	445856.37	249459.94	695316.31	836107.00	368723.00	1204830.00
TOTAL	557710.18	175362.17	733072.35	666489.82	369834.83	1036325.65	1219200.00	545197.00	1769397.00

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