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**SAVE THE CHILDREN  
NEPAL FIELD OFFICE  
CHILD SURVIVAL 7  
FIRST ANNUAL REPORT**

Agency for International Development

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## ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CS VII	Child Survival VII
CHV	Community Health Volunteer
DIP	Detailed Implementation Plan
DPHO	District Public Health Office/Officer
FE	Family Enrollment
GM/P	Growth Monitoring/Promotion
HIS/MIS	Health/Management Information System
HIV	Human Immunodeficiency Virus
HP	Health Post
IEC	Information, Education, and Communication
INGO	International Non-Governmental Organization
JVJ	Jeevan Jal (ORS)
KAP	Knowledge, Attitudes, and Practices
MCH	Maternal Child Health
MCHW	Maternal Child Health Workers
MSK	Medical Shopkeeper
MOH	Ministry of Health
NFE	Non-Formal Education
NGO	Non-Governmental Organization
ORC	Outreach Clinic
ORS/T	Oral Rehydration Solution/Therapy
SC/US	Save the Children USA
SSNCC	Social Services National Coordinating Committee
STD	Sexually Transmitted Disease
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development
VHW	Village Health Worker
WD	Women's Development

**Child Survival VII  
Strengthening of Child Survival Activities  
in Siraha District, Nepal  
First Annual Report 1991/1992**

**Introduction**

The goal of this Child Survival VII project is to reduce morbidity and mortality of children through strengthening of Ministry of Health (MOH) maternal child health service delivery and increasing community awareness of protective health behaviors and demand for health services.

Project activities to strengthen MCH service delivery include a) logistic and supervisory support to increase the number of MCH service delivery sites and improve availability of manpower, supplies, and equipment and b) management, technical, and communication skills training and support for health workers, CHVs, and TBAs to improve the quality of services provided.

Community awareness and mobilization will be encouraged through a) identification of locally appropriate child survival messages b) design and implementation of the IEC materials and methods for dissemination of these messages, c) communication skills training for CHVs, TBAs, Women's Group Leaders, and NFE Supervisors and Facilitators who will communicate child survival messages in their communities, d) revitalization of mothers' groups as a forum for MCH promotion, and e) development and strengthening of MCH service user's groups.

In this first year of the project, Save the Children US has focused on strengthening the collaborative relationships with the government and communities that will be critical to the success of the project. Although negotiations for a formal agreement between SC/US and the MOH at national level are nearing completion, project planning and implementation has been slow due to the lack of an agreement. A formal agreement will provide the basis for increased collaboration with the Siraha District Public Health Office, our key counterparts.

The expansion of the SC/US Siraha Field Office impact area from six to 24 Village Development Committees (VDCs) in October 1991 presented a considerable challenge to the health sector staff. Establishing community support for child survival activities has been constrained by low awareness and demand for preventive health services, and limited personnel and logistic support for the required field work (MOH and SC/US).

## 1. Results in Year 1

### 1.1 Major Results

1. A key success for the project this year is the nearly complete negotiation of a formal agreement between SC/US and the MOH. The nature of this unique agreement and its anticipated impact upon the project is described in Section 1.7 - Linkages.
2. The project staff completed family enrollment of the entire project area: 19,199 households, with a total population of 103,542. The process of family enrollment required two months, and included house numbering, training and supervision of a team of eight supervisors and 80 enumerators, hand tabulation of data in the field, and direct feedback to the communities as each VDC was completed. In addition to obtaining demographic and health information on the project population, this process strengthened relationships with the communities, increased staff familiarity with and understanding of the communities, and created a pool of local individuals who have knowledge and skill in community-based data collection, tabulation, and simple analysis.

1.2 Change in Approach to Individuals at Higher Risk - The DIP discusses a change in approach to individuals at higher risk, most clearly in the nutrition and maternal care sections. The HIS and health interventions outlined in the grant agreement were based on the assumption that CHVs would conduct regular, monthly or quarterly, home visits to all families in the impact area. The project and MOH staff believe that this is unrealistic, and opted to eliminate a comprehensive HIS and high risk case detection protocol from the CS VII project. A decision was made to target the entire beneficiary population. Women and children "enroll" for services through HP and outreach MCH clinics. Planned IEC activities were expanded to improve knowledge and practice of protective MCH behaviors at the household level.

1.3 Staffing - The organizational chart for the project was based on the commitment of the involved SC staff to establish a management structure consistent with administrative and programmatic management within the Nepal Field Office. It is anticipated that this approach will facilitate institutionalization of program activities and

grant management systems. Since the preparation of the DIP, the responsibilities of the Project Coordinator and Project Advisor have been revised. These changes are reflected in a revised organizational chart (Annex 4) and job descriptions (Annex 3). The Siraha Field Office will be dividing into two separate ilaka level offices in the coming year. The changes in organizational structure that will result from this division are still being discussed.

The project team in Siraha was comprised of the Project Coordinator, Non-Formal Education (NFE) Coordinator, three Staff Nurses, and the Assistant Accountant until July 1992. Team building has been slow to evolve due to the following factors: a) unavoidable, lengthy absences of the project coordinator for professional and personal reasons (including the death of his father), b) lack of clarity among staff regarding their roles, authority, and responsibilities, c) lack of regular meetings of project staff, and d) a focus on baseline data collection and preparation of the DIP.

In July 1992, additional project staff were hired: a) Training Coordinator, Bhagawan Das Shrestha, b) Information, Education, and Communication (IEC) Supervisor, Chola Kant Sharma, c) Health Information System (HIS) Supervisor, Ram Dayal Shah, and d) four Maternal Child Health Workers (see Annex 3 for job descriptions and resumes). The addition of new staff further slowed implementation of project activities due to the need to provide them with a period of orientation and training. Plans are being made to hire a fourth staff nurse in anticipation of the division of the Siraha Field Office. Building a strong, effective team will depend on increased attention to project management, improved communication, and increased support from the Kathmandu Field Office.

1.4 Continuing Education - Project staff participated in the following workshops and conferences this year:

Public Health Coordinator, Chanda Rai:

- National Vitamin A Workshop, Kathmandu, Nepal (2 days)
- Health Planning Workshop, Save the Children US, Asia/Pacific Region, Jomthien, Thailand (4 days)
- Maternal Health Conference, PVO/CSSP, Shiprock, New Mexico, USA (1 week)

Project Coordinator, Lok Raj Bhatta:

- K&P Survey Methodology Workshop, CARE and PVO/CSSP, Ahmedabad, India, served as Resource Person (10 days)

Staff Nurse, Ratna Maskey:

- Vitamin A Workshop, Hellen Keller International and SC/US, Gorkha, Nepal (5 days)
- Clinic Management Workshop, SC/UK, Patan, Nepal (6 days)

Staff Nurse, Sabitra Rai:

- TBA Training of Trainers Workshop, SC/UK, Choutara, Nepal (2+ weeks)

Training Coordinator, Bhagawan Das Shrestha:

- Vitamin A Workshop, HKI and SC/US, Gorkha, Nepal (5 days)

Project Advisor, Marsha Dupar:

- Orientation to SC/US Health Programming, Westport, Connecticut, USA (2 days)
- Orientation to SC/US Child Survival Programming, Jakarta, Indonesia (4 days)
- Health Planning Workshop, Save the Children US, Asia Pacific Region, Jomthien, Thailand (4 days)

1.5 Technical Support - The project received the following in-country technical assistance for child survival activities this year:

- HIS Review Meeting, Donna Sillan, Regional Health Advisor, Save the Children US, October 1991 (2 days)
- CS VII planning and management orientation, Karen LeBan, Health Unit Manager, Save the Children US, October 1991 (2 days)
- Baseline Survey Training, Cynthia Carter, PVO Child Survival Support Program, Johns Hopkins University, February 1992 (3+ weeks)
- Vitamin A Training, Laurine Brown, Consultant to Helen Keller International and Save the Children US, August 1992, (10 days)
- Assessment of SC/US's Primary Health Care Program Management, Bert Hirschorn, Consultant, JSI/Jakarta, September 1992, (10 days)

1.6 Community Participation

1. Health Post Management Committees have been established at Golbazar and Nainpur HPs. The thirteen members of these committees represent community administrative and political leaders from throughout Ilakas 4 and 5, the HP, CHVs, and SC/US. The committees discuss the health

priorities of the community (often curative), establish fees for MCH clinic registration, decide how to spend fees taken, make recommendations for maternal child referral cases sponsored by SC/US, and oversee the distribution of anti-snake venom and kala-azar treatments subsidized by SC/US. The Golbazar HP Management Committee has been active, meeting at least monthly, during most of this year. The Nainpur HP Management Committee has only recently become active, meeting monthly the past two months.

2. Outreach Clinic (ORC) Management Committees are being established at each of the 14 proposed ORC sites. These committees will have a similar composition but representatives are from the VDC level. SC/US staff have teamed up with HP staff to form these committees. The process has proven to be challenging, with several meetings required to discuss the proposed formation of the committees to support the ORC and other MCH activities within the VDC. The new ORC sites are currently being renegotiated with DPHO and HP staff. ORC Management Committee formation and strengthening activities will be resumed following clarification of the frequency and location of ORCs.

#### 1.7 Linkages to Other Health and Development Activities

1. SC/US has strengthened its relationship with the Ministry of Health this year, at national and district levels. Negotiations have neared completion for establishing a formal agreement (Memorandum of Understanding/MOU) between SC/US and the MOH at the national level. This agreement will be the first MOU in Nepal linking the SSNCC (which oversees all NGO programs in Nepal) and an INGO with the MOH. This unique MOU may set a paradigm for other INGOs to follow in Nepal in order to strengthen collaboration with the MOH. Until now, most INGO's working in public health do not have a formal agreement with the MOH.

The MOU will facilitate collaboration between SC/US and MOH officials at all levels. At a recent meeting with the District Public Health Officers from SC/US working areas, the chief of the MOH Public Health Division encouraged SC/US and MOH representatives to develop a spirit of "our" health programs, promoting maximum use of SC/US and MOH human and material resources.

2. The establishment of a MOU between SC/US and the MOH will strengthen the relationship between the Siraha Field Office and the DPHO. The current DPHO has expressed his support for child survival project activities, but other MOH mandates restrict the availability of resources. A formal agreement will provide the basis for increased collaboration at the district level. This will have direct impact upon project efforts aimed at strengthening the capacity of the MOH to provide MCH services through the two Ilaka Health Posts, as the DPHO is responsible for all HP resources and activities.
3. The strong, cooperative relationship between the project staff and the Golbazar/Ilaka 4 HP staff has been facilitated by the close proximity of the health post and SC/US field office. The relationship with Nainpur/Ilaka 5 HP staff is less strong, but equally cooperative, particularly since the arrival of a new HP In-charge. It is anticipated that collaboration with Nainpur HP will increase in the coming year, with the establishment of a second field office within Ilaka 5.
4. SC/US collaborated with Helen Keller International to conduct a one-week Vitamin A Workshop for DPHO and SC/US staff. This workshop was unique in that it was attended by staff from health, productivity, agriculture, and education sectors who developed an integrated Vitamin A intervention strategy for each working area. The SC/US Public Health Coordinator participated in a workshop to establish a national Vitamin A policy and strategy and serves as a member of an ongoing task force to determine a national strategy for prevention and treatment of Vitamin A deficiencies.
5. The SC/US Public Health Coordinator assisted the MOH Training Division in revitalizing the Maternal Child Health Worker Program. This national program aims to increase access to community-based professional MCH services through the training and posting of two women from each ilaka, with a current government commitment to the training of two MCHWs per district. SC/US staff contributed to the revision and conduct of the MCHW Training of Trainers Workshop. Four women were selected from Ilakas 4 and 5 for training and employment as MCHWs under grant support, as described in the DIP. They are currently being trained through the MOH MCHW training program. Discussions were initiated with the DPHO regarding the availability of government funded positions for these four MCHWs following the completion of the project.

6. SC/US collaborated with SC/UK, Redd Barna, and PATH to develop a proposal for developing a safe birthing kit for marketing throughout Nepal. Funding for this project has been obtained from UNFPA. This one year project will begin in November 1992. It is anticipated SC/US's Siraha impact area will be among those selected for testing and market research. The development of these kits would enhance CS VII project activities promoting hygienic practices at the time of delivery.

## 2. Constraints, Unexpected Benefits, and Lessons Learned

- 2.1 Constraints - The constraints faced by the project this year are discussed in the Introduction and Sections 1 and 2: a) lack of a formal agreement between SC/US and the MOH at national and district levels, b) delayed development of a fully staffed and trained project team, c) delayed establishment of community users' groups throughout the expanded SC/US impact area, and d) a focus on baseline data collection and preparation of the DIP.
- 2.2 Unexpected Benefits - Project staff collaborated with the Women's Development sector in the preparation and sale of a weaning food mix by women's group members. These women bring packages of the mix to MCH clinics for purchase by mothers attending clinic. While the sales generate a small profit for the women's groups, the participating women view this work as community welfare.
- 2.3 Institutionalization of Lessons Learned - Given the ambitious scope of this three year child survival project, the staff consistently established work plans that were difficult to complete. The commitment of manpower and materials required to conduct the family enrollment and baseline survey, and to prepare the DIP, delayed the implementation of other activities. As discussed in the baseline survey report, when a project begins with overambitious goals it can face start-up constraints which may lessen effectiveness. In response to this experience, project objectives were revised in scope and level of coverage or knowledge and practice. Project activities were prioritized during the development of the proposed annual work plan for 1992/1993.

## 3. Changes Made in Project Design

- 3.1 Change in Perceived Health Needs - The family enrollment and baseline survey data clarified the health needs of the beneficiary population. The low level of knowledge and

practice of mothers was surprising. The "Report on Baseline Survey" discusses changes in project priorities and activities based on survey findings. Objectives were revised in the DIP to reflect these changes, i.e., addition of the ARI intervention and expansion of community-based IEC activities to improve feeding practices.

3.2 Change in Project Objectives - A list of project objectives from the DIP is provided in Annex 1. Two of these objectives are currently under review.

1. 60% of lactating mothers of children 0-12 months will have received one dose of Vitamin A: This objective is being revised to reflect recommendations to avoid administration of high doses of Vitamin A to pregnant women. Current recommendations restrict high dose administration to lactating women of infants under 2 months. This becomes problematic in Siraha, where many women do not present their infants for immunization until they are over 3 months. It is likely that the project staff will follow MOH recommendations for Vitamin A administration to non-pregnant, lactating mothers once these recommendations have been established. The percent of coverage will be reduced to reflect the reduction in time available for administration to these women.
2. 80% of CHVs and 50% of trained TBAs and mothers' group members will have basic literacy skills: This objective was set prior to completion of data collection regarding the literacy status and interest in literacy skills of CHVs, TBAs, and mothers. As discussed in Schedule 7 of the 1992 Questionnaire (Annex 5), a literacy study of CHVs and mothers group members was conducted in September 1992. Results of this study will be utilized to revise this objective, if needed.

3.3 Change in Planned Interventions - Few changes from the DIP have been made in the type or scope of child survival interventions.

1. The proposed work plan for 1992/93 includes the establishment of a multi-sectoral population and development program within the Siraha Field Office. This program should enhance the impact of other child survival interventions and increase knowledge of the benefits of reduced population growth.

2. Increased access to improved, community-based MCH services and commodities will be investigated in the coming year. Project staff will conduct a study to assess the KAP of medical shopkeepers and local health practitioners (quacks) regarding case management of diarrhea and ARI, and promotion of family planning. Training will be provided to improve early detection, appropriate treatment, and referral of diarrhea and ARI cases. Additionally, these individuals will receive training in promotion and marketing of ORS and contraceptive pills and condoms.

3.4 Change in Potential and Priority Beneficiaries - The beneficiary population was not changed.

#### 4. Progress in Health Information Data Collection

##### 4.1 Characteristics of the Health Information System

4.1.1 Individual record cards are utilized for immunizations and growth monitoring. These cards are distributed by HP staff and VHWS during MCH clinics and at EPI sites, when they are available. The cards are kept by the individual or mother. Maternal health/family planning cards are not currently used by the MOH, but efforts are ongoing to develop a woman's health card.

4.1.2 The project has not altered the MOH HIS during this past year. It had been planned that a comprehensive HIS would be initiated during the first year of the project. This system would have been similar to those implemented by SC/US in Gorkha District and other countries, which identify individual women and children at high risk for morbidity and mortality. As discussed in Section 1.2, project staff decided to cancel plans for a comprehensive HIS due to the lack of human and material resources for the routine home visits from which the HIS data would originate. The revised plan calls for the establishment of a revised MOH HIS that was field tested in 1989. This system was condensed again in recent months, and the MOH has committed to implementing it in all 75 districts. Many of the revised forms have already been printed and sent to DPHO's for distribution. The project staff are eager to become well oriented to this HIS and to assist the Siraha DPHO and HP staff in implementing this system. Support will be provided for training of DPHO/HP and SC staff, as well as CHVs.

- 4.1.3 The project has collected data on MCH clinics from both HPs this year. These reports are copies of the monthly reports submitted by the HP to the DPHO. Several factors have affected the usefulness of this data to the project: a) reports are not always submitted, b) reports may not be complete for all clinic sessions and EPI sites conducted, and c) HP staff have been reluctant to share reports of activities not directly funded by SC/US, reports may be complete for one intervention, i.e., EPI, and incomplete for another, i.e., family planning.
- 4.1.4 CHVs have pictorial record books in which they have been taught to record their community-based health activities. Accuracy and completeness of this information is variable, depending on the literacy status of the CHV, her level of interest, knowledge, and skill in record keeping, and on the frequency of support visits made by the VHWs. VHWs find it difficult to supervise CHVs due to lack of time and logistic support. Where records are kept and collected by the VHWs, this information is added to the HP reports to the DPHO.
- 4.2 Special Capacities of the Health Information System
- 4.2.1 The project has not monitored service standards such as number of scheduled clinic sessions held.
- 4.2.2 The project has been assisting the DPHO/HP staff in updating their records of active CHVs and mothers groups. A recently conducted literacy study yielded a list of names of CHVs and members of active mothers' groups. It is anticipated that there will be turnover of CHVs in the coming year due to a renewed initiative of the MOH to recruit literate CHVs.
- 4.2.3 The project does not carry out case-finding or surveillance activities for acute paralysis or other diseases.
- 4.2.4 The project has not monitored hours of pre-service, in-service, or continuing education training of community health workers.
- 4.2.5 The project staff did not establish a system for collecting health data this year. The chief reason for delayed implementation of the HIS was the desire to implement a system that was integrated with the MOH

system and that would not burden health workers and volunteers with parallel data collection, compilation, and reporting. Agreement regarding the HIS should be easy to establish given the national standardization of the system. SC/US is identifying specific indicators for monitoring and evaluating project objectives to ensure that the HIS yields the necessary data.

#### 4.3 Management of the Health Information System

- 4.3.1 Approximately \$12,000 has been spent on the project's HIS since October 1991. Most of these costs were incurred during family enrollment. The field-based activities described in Section 1.1 were followed by compilation of data by VDC and Ilaka, re-inking of the family enrollment cards, and tabulation of ethnicity, family planning prevalence, and disease prevalence data.
- 4.3.2 The project is currently reviewing its indicators. Objectives and activities are being planned for the coming year.
- 4.3.3 Results of the baseline survey and family enrollment were shared with the MOH during the preparation of the DIP in February (national level) and April (DPHO). As family enrollment data was tabulated in the field, the people who collected the data and the communities received immediate feedback. Tabulation of ethnicity, family planning prevalence, and disease prevalence is being conducted now. This information will be shared with the MOH and community following data analysis next quarter.
- 4.3.4 The chief responsibility for collecting and compiling data rests with the HP staff and VHWs. The project HIS Supervisor will be responsible for monitoring the quality of the data. Data analysis will be the shared responsibility of the HP staff and project staff. The Project Coordinator will be active in monitoring progress toward project objectives and working closely with the HIS Supervisor. The project team will receive assistance from the Kathmandu-based monitoring and evaluation personnel, as needed.
- 4.3.5 The Project Coordinator and HIS Supervisor will be fully knowledgeable about the HIS prior to implementation. Training for DPHO staff, HP staff VHWs, CHVs, and TBAs will be conducted. Routine supervision of the HIS will be the shared responsibility of the entire project staff.

## 5. Sustainability

### 5.1 Recurrent Costs

- 5.1.1 It is difficult to estimate the recurrent costs of project activities at this time, since implementation of many activities has been delayed. Anticipated recurrent costs that will continue after AID Child Survival funding ends include: travel and per diem expenses for outreach clinic and supervisory activities conducted by MOH personnel, supplies for MCH clinics and EPI sites, refresher training expenses, supervision expenses, and IEC activity expenses, such as demonstrations of JVJ preparation and weaning food preparation.
- 5.1.2 Current efforts to collect payment from beneficiaries for preventative services and health education are hindered by a community demand for curative care (see Section 1.6) and the absolute poverty of many families in the impact area.

### 5.2 Strategies for Increasing Post-Project Sustainability

- 5.2.1 At the end of the project, SC/US aims to sustain the community demand for services and improved knowledge and practice of health protective behaviors at the household level. While the project aims to strengthen delivery of health services by the MOH during the life of the project, it is recognized that support for improved access to quality health services may not be fully sustainable at the end of three years.

Sustained interest in preventative and curative health services and activities is being stimulated in the community through revitalization of mothers' groups and formation and strengthening of HP and ORC Management Committees. Increased supervision of CHVs and TBAs will increase their visibility within the community, creating the potential for a sustainable incentive for the work of these volunteers.

- 5.2.2 The project did not engage in activities to reduce recurrent costs this year.

### 5.3 Cost Recovery

- 5.3.1 The project initiated the collection of a fee for registration of children and women at MCH clinics. This fee is equivalent to less than one US cent, but creates an economic burden for some families. These

funds go into an account that is maintained and managed by the HP or ORC Management Committees. In most instances the Committees prefer to utilize these funds to support curative services.

- 5.3.2 As discussed above, some families cannot afford the clinic registration fee. In such cases the fee is waived. Community reaction to cost recovery activities is varied. At a recent ORC, a few community members demanded that each child or woman should receive medicines, whether or not they were indicated.
- 5.3.3 The knowledge and skills of project staff in cost recovery and price setting have not been enhanced through training this year. The staff lacks experience in this area and face considerable resistance from community members and HP staff.

## 6. Project Expenditures and Justification for Budget Changes

- 6.1 Pipeline Analysis - 1992 Annual Report Form A is attached.
- 6.2 Justification of Budget Changes - Delays in implementation of project activities resulted in underspending of funds as allocated in the grant agreement. The constraints faced by the project that resulted in underspending were discussed in Sections 1 and 2: a) lack of a formal agreement between SC/US and the MOH at national and district levels, b) delayed development of a fully staffed and trained project team, c) delayed establishment of community users' group throughout the expanded SC/US impact area, and d) a focus on baseline data collection and preparation of the DIP.

The budget in the DIP reallocated unspent funds from Year 1 into Years 2 and 3.

## 7. 1992/1993 Work Schedule and Budget

SC/US field staff are currently finalizing their annual plans and budgets for 1992/1993. The work schedule presented here is undergoing review by Kathmandu- and Siraha-based field staff which may result in some changes. The budget presented here is unchanged from that submitted with the DIP, since the work plan has not yet been finalized, and total expenditures for 1991/1992 cannot be calculated until after completion of the fiscal year. Revisions in the work schedule and budget for the coming year, if any, will be submitted with the next quarterly report.

**SAVE THE CHILDREN US  
NEPAL FIELD OFFICE**

**1992/1993 WORK SCHEDULE**

<b>I. MOH MCH SERVICE DELIVERY SUPPORT</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>
<b>A. DPHO/HP Coordination</b>	X	X	X	X	X	X	X	X	X	X	X	X
<b>B. Community Support</b>	X	X	X	X	X	X	X	X	X	X	X	X
<b>C. MCH Clinic Support</b>												
- Negotiate Clinic Schedule + Sites	X	X	X									
- Support/ Supervise Conduct of Clinics		X	X	X	X	X	X	X	X	X	X	X
<b>D. Health Worker + Volunteer Support</b>												
- Observation Tour								X				
- Performance Prize											X	
<b>E. EPI Support</b>												
- Equipment/ Vaccine Support		X	X	X	X	X	X	X	X	X	X	X
- Support/ Supervise Conduct of EPI Sites	X		X		X		X		X		X	

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>F. CDP Program Support</b>												
- Establish Diarrhea Corners				X								
- Support/ Supervise Diarrhea Corners				X	X	X	X	X	X	X	X	X
- Negotiate JVJ Supply/ distribution with DPHO		X	X	X	X	X	X	X	X	X	X	X
- JVJ marketing Pilot Study/ Program								X	X	X	X	X
<b>G. Nutrition Program Support</b>												
- Establish Vitamin A Distribution				X								
- Sarbottam Pitho Sales												
- Weaning Food Demonstrations		X	X	X	X	X	X	X	X	X	X	X
- Demonstration Kitchen gardens				X	X	X	X	X	X	X	X	X
- Pilot Study Program to Reduce Malnutrition							X	X	X	X	X	X

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	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
H. Maternal Health Support Program												
- Equipment /Supplies			X									
- Facilities		X	X									
- ANM Training						X	X	X	X	X	X	
- TBA/CHV						X	X	X	X	X	X	
- CHV/TBA Monthly Meetings	X	X	X	X	X	X	X	X	X	X	X	
I. Family Planning Program Support												
- Negotiate/ Initiate VHW Depo				X								
- Negotiate Pills & Condom Supply/ Distribution With DPHO			X	X	X	X	X	X	X	X	X	
- CHV/TBA Supervision		X	X	X	X	X	X	X	X	X	X	X
- FP Marketing Pilot Study/ Program						X	X	X	X	X	X	X
J. ARI Program Support												
- Needs Assessment												
- Negotiate Drug Supply/ Distribution With DPHO			X	X	X	X	X	X	X	X	X	
- Pilot Study/ Program With Community-Based Health practioners						X	X	X	X	X	X	X

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TRAINING:	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
A. HIS - Health Worker - Health Volunteer			X X									
B. Management Training - Health Workers/SC - Community Leaders				X X								
C. Community Education Workshop					X							
D. Technical Training For Health Worker - EPI - CDD - ARI - Nutrition/ Vitamin A - Maternal Health - Family Planning						X X X		X				
E. Technical Training For Health Volunteer - TBAs - CHVs				X X								
F. Communication Skills Training/ Supervision - Health Workers/SC - Health Volunteer - NFE Supervisors/ Facilitators - Women's Group Leaders							X			X X X	X X X	X X X

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III. IEC:	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
A. KAP Study		X	X									
B. JVJ Preparation Study		X	X									
C. Design CS IEC Methods/ Materials				X	X	X	X	X	X	X	X	
D. Implement IEC Methods/ Materials												
- ORC/EPI Notice Boards/Cards - Other			X			X	X	X	X	X	X	
IV. <u>MANAGEMENT INFORMATION SYSTEM:</u>												
A. MIS Design	X	X										
B. MIS Training			X									
C. MIS Implementation				X								
D. MIS Monitoring /Evaluation				X	X	X	X	X	X	X	X	X

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MAY 28, 1992

PVO/COUNTRY: Save the Children

NEPAL CS7 DIP BUDGET

	Year 1		Year 2		Year 3		TOTAL - Years 1-3		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	A.I.D.	PVO	A.I.D.	PVO	A.I.D.	PVO	A.I.D.	PVO	TOTAL
<b>I. PROCUREMENT</b>									
A. Office Equipment (specify)	7,850	37,250	1,950	0	450	0	10,250	37,250	47,500
B. Supplies	9,000	4,500	10,100	5,000	8,300	4,000	27,400	13,500	40,900
C. Consultants (Exclude evaluation costs)	1,150	0	7,100	0	2,250	500	10,500	500	11,000
D. Services (Exclude evaluation costs)	8,200	485	4,500	1,685	5,623	1,685	18,323	3,855	22,178
<b>SUBTOTAL</b>	<b>26,200</b>	<b>42,235</b>	<b>23,650</b>	<b>6,685</b>	<b>16,623</b>	<b>6,185</b>	<b>66,473</b>	<b>55,105</b>	<b>121,578</b>
<b>II. EVALUATION (specify)</b>									
A. Baseline Survey	3,750	900	0	0	0	0	3,750	900	4,650
B. Mid-term	0	0	2,500	500	0	0	2,500	500	3,000
C. Final	0	0	0	0	4,250	1,500	4,250	1,500	5,750
<b>SUBTOTAL</b>	<b>3,750</b>	<b>900</b>	<b>2,500</b>	<b>500</b>	<b>4,250</b>	<b>1,500</b>	<b>10,500</b>	<b>2,900</b>	<b>13,400</b>
<b>III. PERSONNEL</b>									
A. Technical	43,615	13,415	46,379	14,826	49,264	15,641	139,258	43,882	183,140
B. Administration	1,760	8,696	1,936	9,349	2,130	10,068	5,826	28,113	33,939
<b>SUBTOTAL</b>	<b>45,375</b>	<b>22,111</b>	<b>48,315</b>	<b>24,175</b>	<b>51,394</b>	<b>25,709</b>	<b>145,084</b>	<b>71,995</b>	<b>217,079</b>
<b>IV. TRAVEL/PER DIEM</b>									
A. Domestic	18,500	0	27,500	0	27,500	0	73,500	0	73,500
B. International	5,000	0	3,065	0	2,500	0	10,565	0	10,565
<b>SUBTOTAL</b>	<b>23,500</b>	<b>0</b>	<b>30,565</b>	<b>0</b>	<b>30,000</b>	<b>0</b>	<b>84,065</b>	<b>0</b>	<b>84,065</b>
<b>V. COMMUNICATIONS</b>									
A. Printing/Reproduction	0	500	3,500	1,000	4,500	1,500	8,000	3,000	11,000
B. Postage/Delivery system	500	0	500	0	500	0	1,500	0	1,500
C. Telephone	500	0	500	0	500	0	1,500	0	1,500
D. FAX/Telex	1,000	500	1,500	500	1,750	500	4,250	1,500	5,750
<b>SUBTOTAL</b>	<b>2,000</b>	<b>1,000</b>	<b>6,000</b>	<b>1,500</b>	<b>7,250</b>	<b>2,000</b>	<b>15,250</b>	<b>4,500</b>	<b>19,750</b>
<b>VI. FACILITIES</b>									
A. Equipment Rentals	0	0	0	0	0	0	0	0	0
B. Facilities Rentals	2,000	0	2,000	0	2,000	0	6,000	0	6,000
C. Other	500	500	750	0	400	0	1,650	500	2,150
<b>SUBTOTAL</b>	<b>2,500</b>	<b>500</b>	<b>2,750</b>	<b>0</b>	<b>2,400</b>	<b>0</b>	<b>7,650</b>	<b>500</b>	<b>8,150</b>
<b>VII. OTHER DIRECT COSTS</b>									
	3,750	0	4,000	0	5,000	0	12,750	0	12,750
<b>VIII. INDIRECT COSTS</b>									
A. Overhead/Administration	19,809	0	21,789	0	21,630	0	63,228	0	63,228
B. Other	0	0	0	0	0	0	0	0	0
<b>SUB-TOTAL</b>	<b>19,809</b>	<b>0</b>	<b>21,789</b>	<b>0</b>	<b>21,630</b>	<b>0</b>	<b>63,228</b>	<b>0</b>	<b>63,228</b>
<b>GRAND TOTAL</b>	<b>126,884</b>	<b>66,746</b>	<b>139,569</b>	<b>32,860</b>	<b>138,547</b>	<b>35,394</b>	<b>405,000</b>	<b>135,000</b>	<b>540,000</b>
<b>SUBTOTAL WITHOUT ICR</b>	<b>107,075</b>	<b>66,746</b>	<b>117,780</b>	<b>32,860</b>	<b>116,917</b>	<b>35,394</b>	<b>341,772</b>	<b>135,000</b>	<b>476,772</b>

CHILD SURVIVAL VII: NEPAL

BUDGET VS. ACTUALS FOR YEAR 1 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT \*

	NEPAL HO & FO CHARGES YEAR 1				YEAR 1: EXPENSES VS. PLANNED BUDGET *				PLANNED BUDGET		LIFE OF GRANT: CUMULATIVE EXPENSES VS. TOTAL GRANT			
	HOME OFFICE		FIELD OFFICE		EXPENSES 07/31/92	PLANNED BUDGET**	BALANCE	% SPENT	YEAR 2	YEAR 3	CUMULATIVE ACTUALS	TOTAL GRANT	BALANCE	% SPENT
	EXPENSES 07/31/92	PLANNED BUDGET**	EXPENSES 07/31/92	PLANNED BUDGET**										
<u>Procurement</u>														
Supplies***	0.00	0.00	9,961.32	16,850.00	9,961.32	16,850.00	6,888.68	59.1% *	12,030.00	8,750.00	9,961.32	37,650.00	27,688.68	26.5%
Consultants	0	0.00	8,769.22	9,350.00	8,769.22	9,350.00	580.78	93.8%	11,600.00	7,873.00	8,769.22	28,823.00	20,053.78	30.4%
Sub-Total:	0.00	0.00	18,730.54	26,200.00	18,730.54	26,200.00	7,469.46	71.5%	23,630.00	16,623.00	18,730.54	66,473.00	47,742.46	28.2%
Evaluation	0.00	0.00	713.19	3,750.00	713.19	3,750.00	3,036.81	0.0% *	2,500.00	4,250.00	713.19	10,500.00	9,786.81	6.8%
<u>Other Program Costs</u>														
Salaries	22,465.62	24,010.00	3,863.05	10,622.00	26,328.67	34,632.00	8,303.33	76.0%	36,831.00	39,128.00	26,328.67	110,591.00	84,262.33	23.0%
Fringe	5,431.93	5,882.00	1,106.65	4,862.00	6,538.58	10,744.00	4,205.42	60.9% *	11,484.00	12,265.00	6,538.58	34,493.00	27,954.42	19.0%
Travel	11,907.23	5,000.00	6,542.30	18,500.00	18,449.53	23,500.00	5,050.47	78.5%	30,545.00	30,000.00	18,449.53	84,065.00	65,615.47	21.9%
Other	0.00	0.00	3,982.96	8,250.00	3,982.96	8,250.00	4,267.04	48.3% *	12,750.00	14,650.00	3,982.96	35,650.00	31,667.04	11.2%
Sub-Total:	39,804.78	34,892.00	15,494.96	42,234.00	55,299.74	77,126.00	21,826.26	71.7%	91,630.00	96,043.00	55,299.74	264,799.00	209,499.26	20.9%
TOTAL	39,804.78	34,892.00	34,938.69	72,184.00	74,743.47	107,076.00	32,332.53	69.8%	117,780.00	116,916.00	74,743.47	341,772.00	267,028.53	21.9%

\* Final Field Office, Home Office and Overhead through 07/31/92

\*\* Budget per DIP

\*\*\* Supplies are individually under \$500 per item.

Notes: Year 1 budget: FO staff 7,605 + HO staff 24,010 = 31,615

FO staff- fringe 2,738 + HO staff 5,882 = 8,620

FO travel 24,278 + HO mov. & storage 5,000 = 29,278

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Year 1 = August 27, 1991 - September 30, 1992.

Year 2 = October 1, 1992 - September 30, 1993.

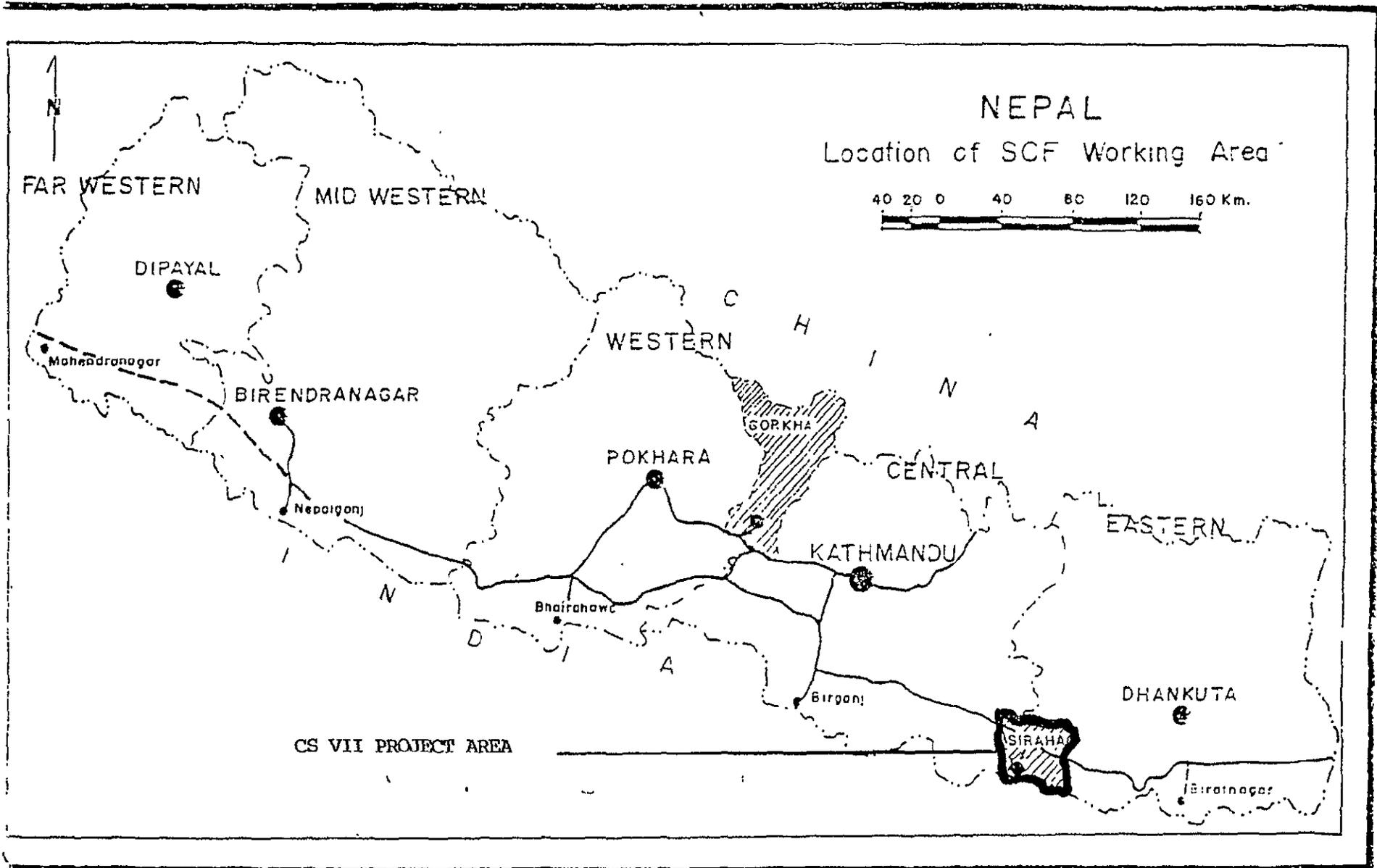
Year 3 = October 1, 1993 - September 29, 1994.

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CHILD SURVIVAL VII  
DIP PROJECT OBJECTIVES  
MAY 26, 1992

1. 60% of children 12-23 months will be completely immunized with BCG, polio, DPT, and measles.
2. 50% of women 15-45 years will have received 2 doses of TT.
3. 60% of families with children under 2 years will know how to prepare and administer JvJ correctly.
4. 40% of children under 2 years with diarrhea will be treated with JvJ and receive more food and fluids during and after diarrhea episodes.
5. 50% of mothers with children under 2 years will correctly name 3 causes of diarrhea.
6. 40% of mothers of under 2 years old children will give appropriate weaning foods.
7. 25% of women will eat more during pregnancy.
8. 60% of children 12-23 months will have received two doses of Vitamin A.
9. 60% of lactating mothers of children 0-12 months will have received one dose of Vitamin A.
10. 30% of pregnant women will receive an antenatal check-up.
11. 40% of mothers of children under 2 years will know the three cleans for safe delivery.
12. 20% of eligible couples will be using temporary or permanent methods of contraception.
13. 25% of mothers of children under 2 years will seek advice or treatment from health workers when their child has difficult respirations.
14. 80% of CHVs and 50% of trained TBAs and mother's group members will have basic literacy skills.

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**HEALTH FACILITIES**

- + Hospital
- H Health Post

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JOB DESCRIPTIONS AND RESUMES

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CHILD SURVIVAL VII  
JOB DESCRIPTION  
PROJECT COORDINATOR

The Project Coordinator will be the SC Health Officer based in Siraha. He/she will report administratively to the Project Manager/Field Coordinator, and sectorally to the Public Health Coordinator in Kathmandu. The Project Coordinator and Project Advisor will work in close collaboration in all areas of CS VII grant management.

The Project Coordinator will be responsible as follows:

I. ADMINISTRATIVE

- A. To advise the Public Health Coordinator and Education Program Officer on the overall direction of the project.
- B. To manage the CS VII grant programmatically and administratively in consultation with the Program Director, Public Health Coordinator, Education Program Officer, Project Manager/Field Coordinators, and Project Advisor.
- C. To coordinate with DPHO/HP staff, community leaders and members, and SC Siraha field staff in planning, implementation, and evaluation of the CS VII project, in close collaboration with the Siraha Project Manager/Field Coordinators.
- D. To coordinate regular meetings with the Siraha Project Manager/Field Coordinators and sectoral heads regarding intersectoral coordination for CS VII project activities.
- E. To supervise the conduct of CS VII project activities in Siraha.
- F. To ensure financial accountability for project funds spent in Siraha.
- G. To prepare CSVII quarterly reports submitted to SC/US home office and USAID with assistance from the Project Advisor.
- H. To assist the Project Advisor with preparation of the annual CS VII project reports submitted to SC/US home office and USAID.
- I. To assist the Project Advisor with documentation of the qualitative and quantitative impact of the CS VII project.

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## II. PROGRAM

### A. Planning

1. To coordinate identification of priority health needs and target groups for development of the CS VII implementation plan with District Public Health Office (DPHO)/HP staff, community representatives, and SC's Kathmandu and Siraha based program and administrative staff.
2. To assist health and other sector staff, DPHO/HP staff and community representatives in revising CS VII objectives and target groups, as needed.
3. To facilitate quarterly updating of CS VII plan for submission to Program Department, in consultation with Project Advisor.
4. To collaborate with the Training Coordinator and Project Advisor in planning a training program for the ongoing development of CS VII project staff.

### B. Implementation

1. To advise the project staff regarding technical health issues, ensuring that project interventions are technically accurate and appropriate.
2. To coordinate and supervise the implementation of CS VII project activities; collaborating with Kathmandu- and Siraha- based program and administrative staffs.
3. To visit the project areas throughout Ilakas 4 and 5 frequently to facilitate the joint implementation of the project with government staff.
4. To promote and facilitate development of linkages with related public health and development agencies in Nepal.

### C. Training

1. To work with the Training Coordinator and Project Advisor on the development, conduct, and evaluation of training courses for the project staff, government staff, and community members.
2. To collaborate with the Training Coordinator and IEC Supervisor regarding the training of CHVs, TBAs, schoolteachers, Non-Formal Education (NFE) supervisors and facilitators and women's group leaders regarding health education and promotion messages.

D. Monitoring and Evaluation

1. To coordinate the development, implementation, and evaluation of the HIS in collaboration with the Public Health Coordinator, HIS Supervisor, and Project Advisor.
2. To coordinate collaboration with government staff regarding HIS development, implementation, and evaluation.
3. To facilitate quarterly review and revision of CS VII project objectives and workplan in consultation with the Kathmandu and Siraha field staffs, and DPHO/HP staff.
4. To prepare timely reports of project activities, including expenses.
5. To coordinate the collection, review and compilation of HP data for preparation of the Siraha Health Program quarterly reports submitted to the Public Health Coordinator.
6. To prepare CS VII quarterly reports submitted to SC/US home office and USAID with assistance from the Project Advisor.
7. To assist the Project Advisor with preparation of CS VII annual reports submitted to SC/US home office and USAID.
8. To coordinate the preparation and presentation of periodic achievement reports to community groups and DPHO/HP staff.
9. To assist the Project Advisor with the design and conduct of CS VII surveys and evaluation activities.
10. To participate on the CS VII midterm and final evaluation teams, as necessary.

**CHILD SURVIVAL VII  
JOB DESCRIPTION  
PROJECT ADVISOR**

The Project Advisor will be based in Kathmandu, and spend approximately 50% of his/her time in Siraha. He will report to the Program Director, through the Public Health Coordinator; and to the Field Office Director.

The Project Advisor will be responsible as follows:

**I. ADMINISTRATIVE**

- A. To advise the Field Office Director, Public Health Coordinator, and Project Coordinator on overall project status and direction in relation to health programming strategy.
- B. To coordinate programmatic and administrative management of the grant with the Program Director, Public Health Coordinator, Education Program Officer, Project Manager/Field Coordinators, and Project Coordinator.
- C. To advise on financial and other grant compliance issues.
- D. To assist in enhancing administrative and technical skills of the project staff.
- E. To assure the quality of CS VII project reports submitted to SC/US home office and USAID.
- F. To assure documentation of qualitative and quantitative impact of the CS VII project.

**II. PROGRAM**

**A. Planning**

- 1. To assist Public Health Coordinator in the development of an integrated health program strategy.
- 2. To <sup>assist</sup> Public Health Coordinator in developing and updating plans for Siraha health program activities consistent with overall strategy.

**B. Implementation**

- 1. To advise the project staff regarding technical health issues, ensuring that project interventions are technically accurate and appropriate.
- 2. To facilitate availability of technical advice to the project staff regarding NFE issues, ensuring the highest quality of their activities.

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3. To assist the Project Coordinator in coordinating the implementation of project activities; collaborating with Kathmandu- and Siraha-based staffs.
4. To visit the project areas throughout Ilakas 4 and 5 on a quarterly basis to assist and advise project staff with their implementation of project activities.
5. To assist with development, conduct and evaluation of training courses for the project staff, government staff, and community members.
6. To promote and facilitate development of linkages with related public health agencies in Nepal.

C. Monitoring and Evaluation

1. To advise the Public Health Coordinator, Project Coordinator, and HIS Supervisor on HIS development, implementation, and evaluation.
2. To assist project staff in their collaboration with government staff regarding HIS development, implementation, and evaluation.
3. To coordinate the design and conduct of CS VII surveys and evaluation activities.
4. To participate on the CS VII midterm and final evaluation teams, as necessary.
5. To coordinate the preparation of all major reports (quarterly, semi-annual, annual, final) for submission to SC and USAID, as required.

**CHILD SURVIVAL VII  
JOB DESCRIPTION  
NON-FORMAL EDUCATION COORDINATOR**

The NFE Coordinator will be based in Siraha. He/she will report administratively to the Siraha Project Manager/Field Coordinator, and sectorally to the Education Program Officer in Kathmandu. The NFE Coordinator will work closely with the Project Coordinator and Project Advisor regarding CS VII NFE activities. The NFE coordinator will be responsible as follows:

**I. ADMINISTRATIVE**

- A. To advise the Education Program Officer, Project Manager/Field Coordinator, Project Coordinator, and Project Advisor on the overall direction and progress of CS VII NFE activities.
- B. To coordinate with District Education Office, community representatives, and Siraha field staff in planning, implementation, and evaluation of CS VII NFE activities.
- C. To consult frequently with the Project Manager/Field Coordinator and Project Coordinator regarding CS VII NFE activities, including personnel and financial matters.
- D. To supervise the conduct of CS VII NFE activities throughout Ilakas 4 and 5.

**II. PROGRAM**

**A. Planning**

- 1. To facilitate identification of priority NFE needs of women for development of the CS VII implementation plan in collaboration with District Education Office staff, community representatives, and SC's Kathmandu- and Siraha-based program and administrative staff.
- 2. To assist DEO staff, community representatives and project staff in revising CS VII NFE objectives, as needed.
- 3. To participate in preparation of CS VII quarterly plan for submission to the Program Department.

**B. Implementation**

- 1. To advise the project staff regarding technical NFE issues, ensuring that project interventions are technically accurate and appropriate.
- 2. To coordinate and supervise the implementation of CS VII NFE activities in collaboration with SC's Kathmandu

3. To collaborate with the IEC Supervisor, Project Coordinator, and Education Program Officer in the development of NFE materials that communicate child survival messages.
4. To assist CS VII project staff with supervision of NFE supervisors' and facilitators' presentations of child survival messages to NFE classes.
5. To promote and facilitate development of linkages with related government and development agencies in Nepal.

C. Training

1. To develop, conduct and evaluate training for NFE supervisors and facilitators.
2. To assist the IEC Supervisor with the planning, conduct and evaluation of communication skills training for NFE supervisors and facilitators.

D. Monitoring and Evaluation

1. To assist the Project Coordinator and Project Advisor with the design and conduct of surveys and evaluation activities for documentation of the qualitative and quantitative impact of the CS VII NFE activities.
2. To prepare quarterly summary of NFE activities, including expenses, for inclusion in quarterly report.
3. To participate in quarterly review of CS VII project objectives.
4. To participate in preparation and presentation of periodic project achievement reports to community groups.
5. To participate on the CS VII midterm and final evaluation teams, as necessary.

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CHILD SURVIVAL VII  
JOB DESCRIPTION  
MATERNAL CHILD HEALTH WORKER

The Maternal Child Health Worker (MCHW) will be based in Siraha. She will report administratively to the Project Manager/Field Coordinator, and sectorally to the Project Coordinator and Public Health Coordinator in Kathmandu. The MCHW will be responsible as follows:

I. ADMINISTRATIVE

- A. To coordinate with Health Post (HP) staff and community members regarding MCH Outreach Clinics (ORC) and mothers groups.
- B. To coordinate with Siraha field staff regarding multi-sectoral health education and promotion activities.
- C. To supervise the CHVs, trained TBAs, and mothers groups on a monthly basis. She discusses their problems, achievements, assesses their performance, and guides their activities.

II. PROGRAM

A. Planning

- 1. To assist health and other sector staff, DPHO/HP staff, and community representatives in revising CS VII objectives and target groups, as needed.
- 2. To participate in preparation of quarterly plan for submission to Program Department.

B. Training

- 1. To assist the Training Coordinator in assessing the training needs of CHVs and TBAs.
- 2. To assist the Training Coordinator in planning, conducting, and evaluating training activities of CHVs and TBAs.
- 3. To assist Project Coordinator and IEC Supervisor with training of CHVs, TBAs, schoolteachers, Non-Formal Education (NFE) supervisors and facilitators, and women's group leaders regarding health education and promotion messages.

C. Implementation

- 1. To assist project coordinator and staff nurses with formation of active Outreach Clinic Management Committees.

2. To assist Project Coordinator and Staff Nurses with organization and supervision of MOH ORC in collaboration with DPHO/HP staff, community representatives, CHVs and TBAs.
3. To work with CHVs, TBAs and VHWs to facilitate revitalization of mothers groups for improvement of health knowledge and practice at the household level.
4. To work with CHVs, TBAs, and VHWs to motivate, counsel and refer families for MCH services (immunization, well and sick child care, antenatal/postnatal visits and deliveries, FP, nutrition, etc.)
5. To work with CHVs and TBAs to motivate, counsel, and refer families for MCH services (immunization, well and sick child care, antenatal/postnatal visits and deliveries, FP, nutrition, etc.)
6. To assist the IEC Supervisor, Project Coordinator, Staff Nurses and other sector staff with conduct and supervision of health education and promotion activities.
7. To assist the Project Coordinator and Staff Nurses with strengthening the referral network at HP level, in collaboration with HP staff and community volunteers and representatives.

D. Monitoring and Evaluation

1. To assist the Project Coordinator and HIS Supervisor with planning, implementation and evaluation of the Health Information System.
2. To assist the Project Coordinator with planning, implementation and evaluation of health surveys.
3. To prepare timely reports of project activities, including expenses.
4. To assist the Project Coordinator, Staff Nurses and VHWs with collection, review and compilation of CHV/TBA data and preparation of the quarterly report for submission to the Public Health Coordinator and Project Advisor.
5. To participate in quarterly review of CS VII project objectives.

CHILD SURVIVAL VII  
JOB DESCRIPTION  
TRAINING COORDINATOR

The Training Coordinator will be based in Siraha, and spend up to 25% of his/her time in Kathmandu. He/she will report administratively to the Project Manager/Field Coordinator, and sectorally to the Project Coordinator and Public Health Coordinator in Kathmandu.

The Training Coordinator will be responsible as follows:

I. ADMINISTRATIVE:

- A. To coordinate with DPHO/HP staff and project staff in planning, implementation, and evaluation of CSVII training activities.
- B. To consult frequently with the Project Manager/Field Coordinator and Project Coordinator regarding CSVII training activities, including financial matters.
- C. To supervise the conduct of CSVII training activities throughout Ilakas 4 and 5.

II. PROGRAM

A. Planning

- 1. To conduct training needs assessments of DPHO/HP staff, CHVs, TBAs, NFE supervisors and coordinators, women's group leaders, and school teachers to identify training priorities and facilitate planning of relevant CSVII training activities.
- 2. To plan CSVII training activities in close collaboration with Siraha- and Kathmandu- based project staff.
- 3. To assist project staff, DPHO/HP staff, and community representatives in revising CSVII objectives, as needed.
- 4. To participate in preparation of CSVII quarterly plan for submission to the Program Department.

B. Implementation

- 1. To advise the project staff regarding technical training issues, ensuring that training activities are technically accurate and appropriate.

*BK*

2. To coordinate and supervise the implementation of CSVII training activities in collaboration with SC's Kathmandu- and Siraha- based administrative and program staff.
3. To develop, field-test, and revise training materials and methods.
4. To collaborate with the NFE Coordinator, Project Coordinator, and Education Program Officer in the development of NFE materials that communicate child survival messages.
5. To assist the IEC Supervisor with the development, conduct, and evaluation of communication skills training for DPHO/HP staff, SC staff, school teachers, NFE supervisors and facilitators, CHVs, TBAs, and women's group leaders.
6. To assist the NFE Coordinator with the supervision of presentations of child survival messages given by NFE supervisors and facilitators, CHVs, TBAs, and women's group leaders.
7. To promote and facilitate development of linkages with related government and development agencies in Nepal.

C. Monitoring and Evaluation

1. To assist the Project Coordinator and Project Advisor with the design and conduct of evaluation activities for documentation of the qualitative and quantitative impact of the CSVII training activities.
2. To prepare quarterly summary of training activities, including expenses, for inclusion in quarterly report.
3. To participate in quarterly review of CSVII project objectives.
4. To participate in preparation and presentation of periodic project achievement reports to community groups.
5. To participate on the CSVII midterm and final evaluation teams, as necessary.

BIO-DATA

Name : BHAGAWAN DAS SHRESTHA

Permanent Address : Dhulikhel Nagar Palika, Ward # 5  
Block No. 0135, Kavrepalanchok, Bagmati

Contact Address : Save the Children US  
Golbazar, Siraha, Sagarmatha  
Phone: 033-60123

Birth date : 2016-11-5

Nationality : Nepali

**Education:**

<u>Year</u>	<u>Certificate/Diploma/Degree</u>	<u>School</u>
2032	SLC	Sanjiwani M.V. Dhulikhel, Kavre
2037	Certificate in Medical Science (General Medicine)	Central Campus, Institute of Medicine, Tribhuvan University
2047	Bachelor's Degree in Public Health	Central Campus, Institute of Medicine, Tribhuvan University

**Trainings/Workshops/Seminars:**

<u>Course</u>	<u>Duration</u>	<u>Organized by</u>
1. MIS Training		Ministry of Health
2. TB Control Training		INF, Surkhet
3. Planning Training		Ministry of Health

**Work Experience:**

<u>Year(s)</u>	<u>Title</u>	<u>Responsibilities</u>
2037-2046	Health Assistant	Health Post Inchagre
2047-2048	DPHO	Management of DPHO, Jumla
2049	Training Officer	Conduction of training
July 1992	Training Coordinator	Save the Children US

**Additional Skills:** Computer: Lotus 123

**References:**

Mr. Shiva S. Dangol  
Project Manager  
Save the Children US  
Golbazar, Siraha

Mr. Lok Raj Bhatta  
Project Coordinator  
Save the Children US  
Golbazar, Siraha

**CHILD SURVIVAL VII  
JOB DESCRIPTION  
IEC SUPERVISOR**

The Information, Education, and Communication (IEC) Supervisor will be based in Siraha. He/she will report administratively to the Project Manager/Field Coordinator, and sectorally to the Project Coordinator and Public Health Coordinator in Kathmandu.

The IEC Supervisor will be responsible as follows:

**I. ADMINISTRATIVE:**

- A. To coordinate with community representatives, DPHO/HP staff, and Siraha field staff in planning, implementation, and evaluation of CSVII IEC activities.
- B. To consult frequently with the Project Manager/Field Coordinator and Project Coordinator regarding CSVII IEC activities, including personnel and financial matters.
- C. To supervise the conduct of CSVII IEC activities throughout Ilakas 4 and 5.

**II. PROGRAM**

**A. Planning**

- 1. To coordinate the identification of appropriate child survival messages through focus group research regarding health KAP of families in the project area.
- 2. To assist project staff, DPHO/HP staff, and community representatives in revising CSVII objectives, as needed.
- 3. To participate in preparation of CSVII quarterly plan for submission to the Program Department.

**B. Implementation**

- 1. To advise the project staff regarding technical IEC issues, ensuring that project interventions are technically accurate and appropriate.
- 2. To coordinate and supervise the implementation of CSVII IEC activities in collaboration with SC's Kathmandu- and Siraha- based administrative and program staff.
- 3. To develop, field-test, and implement child survival communication strategies.

4. To collaborate with the NFE Coordinator, Project Coordinator, and Education Program Officer in the development of NFE materials that communicate child survival messages.
5. To coordinate the supervision of presentations of child survival messages given by NFE supervisors and facilitators, CHVs, TBAs, and women's group leaders.
6. To promote and facilitate development of linkages with related government and development agencies in Nepal.

C. Training

To develop, conduct, and evaluate communication skills training for DPHO/HP staff, SC staff, school teachers, NFE supervisors and facilitators, CHVs, TBAs, and women's group leaders.

D. Monitoring and Evaluation

1. To assist the Project Coordinator and Project Advisor with the design and conduct of surveys and evaluation activities for documentation of the qualitative and quantitative impact of the CSVII IEC activities.
2. To prepare quarterly summary of IEC activities, including expenses, for inclusion in quarterly report.
3. To participate in quarterly review of CSVII project objectives.
4. To participate in preparation and presentation of periodic project achievement reports to community groups.
5. To participate on the CSVII midterm and final evaluation teams, as necessary.

BIO-DATA

Name : CHOLA KANT SHARMA  
Permanent Address : Gunjanagar VDC, Ward # 4, Chitwan  
Contact Address : Save the Children US  
Golbazar, Siraha  
Birth date : 2019-8-5  
Nationality : Nepali

**Education:**

<u>Year</u>	<u>Certificate/Diploma/Degree</u>	<u>School</u>
2045	Diploma in Management (B.Com.)	Tribhuvan University

**Training:**

1. Educational Observer Training Course, British Council, Kathmandu.
2. Diploma in English Typing.

**Workshops/Seminars:**

1. National Dissemination Seminar on "Marketing Family Planning in Nepal - A study of CRS Consumers and Retailers" organized by Nepal CRS Company, NEW ERA, and Family Health International, Inc.
2. 5 day workshop on "Effective Information Education and Communication process in Nepal" organized by USAID/Johns Hopkins University and FPMCH, 1990.
3. MIS/logistic training programme organized by NEW ERA and FPMCH Division.

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**Work Experience:**

1. Record Supervisor/Field Supervisor/Research Assistant:  
5 years at New ERA.

Experience with several research works: baseline surveys, evaluation and monitoring studies, feasibility studies - mainly in the field of education, health, forestry, sanitation, population, family planning, agriculture and women development.

**Responsibilities:**

- Selection of interviewers
- Conduct training for interviewers
- Field logistic management
- Coordinating in the study area
- Conducting focus group research
- Data collection and tabulation
- Supervision of field staff and activities of the team/program
- Assisting in the preparation of research report
- Writing field reports

2. Information, Education and Communication Supervisor: 2 years at NEW ERA.

- Coordinate with DPHO/HP staff and community people,
- Dissemination of messages through audio-visual equipment
- Development, pre-testing and finalization of the information, education and communication materials with target audience
- Collection of IEC documents (from NGOS and INGOS)
- Distribution of audio-visual equipment to the DPHO and District Hospitals of the program district
- Supervision, monitoring and impact studies of the AV activities
- Collection, analysis and development of messages
- Dissemination of the messages through paintings and bill boards in the program districts
- Conducted communication training for health post staff
- Dissemination of the messages to the audience through cinema halls in the program districts
- Development and distribution of posters
- Reporting of IEC activities, i.e., impact studies

3. Information, Education and Communication Supervisor: Save the Children US, July 1992 - ongoing, for child survival project titled: "Strengthening of Child Survival Activities in Ilakas 4 and 5 of Siraha District".

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**Additional Skills:** Playing badminton.

**Social Activities:**

Active member of Youth Club. Actively involved in social and community development activities i.e. sanitation, blood donation, plantation, health activities, drinking water, and games etc.

**References:** Mr. Bharat M. Devkota  
Program Director  
Save the Children US  
Kathmandu

Mr. Shiva S. Dangol  
Project Manager  
Save the Children US  
Golbazar, Siraha

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CHILD SURVIVAL VII  
JOB DESCRIPTION  
HIS SUPERVISOR

The Health Information System (HIS) Supervisor will be based in Siraha. He/she will report administratively to the Project Manager/Field Coordinator, and sectorally to the Project Coordinator and Public Health Coordinator in Kathmandu. The HIS Supervisor will be responsible as follows:

I. ADMINISTRATIVE:

- A. To coordinate with community representatives, DPHO/HP staff, and Siraha field staff in planning, implementation and evaluation of the HIS.
- B. To consult frequently with the Project Manager/Field Coordinator and Project Coordinator regarding CS VII HIS activities, including personnel and financial matters.
- C. To supervise the conduct of CS VII HIS activities throughout Ilakas 4 and 5.

II. PROGRAM

A. Planning

1. To assist Project Coordinator in collaborating with government staff to plan HIS development, implementation and evaluation.
2. To assist project staff, DPHO/HP staff and community representatives in revising CS VII objectives, as needed.
3. To participate in preparation of CS VII quarterly plan for submission to the Program Department.

B. Implementation

1. To advise the project staff regarding technical HIS issues, ensuring that project interventions are technically accurate and appropriate.
2. To coordinate and supervise the implementation of CS VII HIS activities in collaboration with SC's Kathmandu and Siraha based administrative and program staff and DPHO/HP staff.
3. To assist the Project Coordinator with collection, review and compilation of HP data and preparation of the quarterly report for submission to the Public Health Coordinator and Project Advisor.

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4. To promote and facilitate development of linkages with related government and development agencies in Nepal.

C. Training

To develop, conduct and evaluate HIS training for DPHO/HP staff, SC staff, CHVs and TBAs, in collaboration with the Training Coordinator.

D. Monitoring and Evaluation

1. To assist the Project Coordinator and Project Advisor with planning, implementation and evaluation of health surveys.
2. To assist the Project Coordinator and Project Advisor with the design and conduct of evaluation activities for documentation of the impact of the HIS on health program management.
3. To prepare quarterly summary of HIS activities, including expenses, for inclusion in quarterly report.
4. To participate in quarterly review of CS VII project objectives.
5. To participate in preparation and presentation of periodic project achievement reports to DPHO/HP staff and community groups.
6. To participate on the CS VII midterm and final evaluation teams, as necessary.

BIO-DATA

Name : RAM DAYAL SAH

Permanent Address : Chandralalpur VDC, Ward # 5  
Choharwa, Siraha Dist

Contact Address : Save the Children US  
Golbazar, Siraha  
Phone: 033-60123

Birth Date : 2015-1-18

Nationality : Nepali

Education:

<u>Year</u>	<u>Certificate/Diploma/Degree</u>	<u>School</u>
2031	SLC	Sri BMJ Janata M.V., Chandragung Marar
2034	Certificate (I.Com.)	RRM Campus, Janakpurdham
2037	Diploma (B.Com)	RPM Campus, Janakpurdham

Trainings/Workshops/Seminars:

<u>Course</u>	<u>Duration</u>	<u>Organized by</u>
Elementary Statistics and Official Statistics	Feb. 12 to Mar. 20, 1990	Central Bureau of Statistics.

Work Experience:

<u>Year(s)</u>	<u>Title</u>	<u>Responsibilities</u>
July 1992 - ongoing	HIS Supervisor	Responsible for development, implementation, and monitoring of HIS/MIS in collaboration with DPHO/HP staff.

4 years experience with MOH.

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**Social Activities:** Social welfare activities in local villages.

**References:** Mr. Shiva S. Dangol  
Project Manager  
Save the Children US  
Golbazar, Siraha

Mr. Lok Raj Bhatta  
Project Coordinator  
Save the Children US  
Golbazar, Siraha

**CHILD SURVIVAL VII  
JOB DESCRIPTION  
STAFF NURSE**

The Staff Nurse will be based in Siraha. He/she will report administratively to the Project Manager/Field Coordinator, and sectorally to the Health Officer and Public Health Coordinator in Kathmandu. The Staff Nurse will be responsible as follows:

**I. ADMINISTRATIVE**

- A. To supervise CS VII project MCH activities on regular basis.
- B. To coordinate with Health Post (HP) staff and community members regarding MCH Outreach Clinics (ORC).
- C. To coordinate with SC staff from education, productivity, SANRM, and infrastructure sectors regarding health education and promotion activities.
- E. To supervise the Maternal Child Health Workers on a monthly basis. She discusses their problems, achievements, assesses their performance, and guides their activity. Assists the MCHWs with supervision of Community Health Volunteers (CHVs), trained Traditional Birth Attendants (TBAs), and Mothers' Groups.

**II. PROGRAM**

**A. Planning**

- 1. To work with health and other sector staff, District Public Health Office (DPHO)/HP staff, and community representatives to identify priority health needs and target groups for development of the CS VII implementation plan.
- 2. To assist health and other sector staff, DPHO/HP staff, and community representatives in revising CS VII objectives and target groups, as needed.
- 3. To participate in preparation of quarterly plan for submission to Program Department.

**B. Training**

- 1. To assist the Training Coordinator in assessing the training needs of HP staff, MCHWs, CHVs, and TBAs.
- 2. To assist the Training Coordinator in planning, conducting, and evaluating training activities of HP staff, MCHWs, CHVs, and TBAs.

3. To assist the Project Coordinator and IEC Supervisor with training of CHVs, TBAs, school teachers, Non-Formal Education (NFE) Supervisors and facilitators, and Women's Group leaders regarding health education and promotion messages.

C. Implementation

1. To organizes and supervise MCH ORC in collaboration with DPHO/HP staff, community representatives, CHVs, and TBAs.
2. To assist the IEC Supervisor, Project Coordinator and other sector staff with conduct and supervision of health education and promotion activities.
3. To assist the Project Coordinator with strengthening the referral network at HP and District Levels in collaboration with DPHO/HP staff and community volunteers and representatives.

D. Monitoring and Evaluation

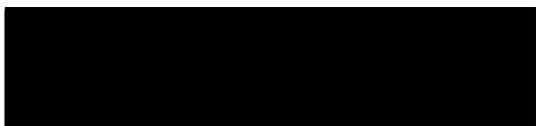
1. To assist the Project Coordinator and HIS Supervisor with planning, implementation, and evaluation of the Health Information System.
2. To assist the Project Coordinator with planning, implementation, and evaluation of health surveys.
3. To prepare timely reports of project activities, including expenses.
4. To assist the Project Coordinator and HIS Supervisor with collection, review and compilation of HP data and preparation of the quarterly report for submission to the Public Health Coordinator and Project Advisor.
5. To participate in quarterly review of CS VII project objectives.
6. To assist the Project Coordinator with preparation and presentation of periodic achievement reports to community groups and DPHO/HP staff.
7. To participate in midterm and final evaluations, as needed.

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BIO-DATA

Name : JANAKI SHRESTHA

Permanent Address :



Contact Address : Save the Children US  
Golbazar, Siraha

Birth date :



Nationality : Nepali

Education:

<u>Year</u>	<u>Certificate/Diploma/Degree</u>	<u>School</u>
1991	Staff Nurse	Institute of Medicine, Nursing Campus, Biratnagar

Trainings/Workshops/Seminars:

<u>Course</u>	<u>Duration</u>	<u>Organized by</u>
1. Diarrhoeal Disease Control	5 days	DPHO, Morang
2. Traditional Birth Attendant Course	15 days	Nursing Division
3. Intra-Uterine Device Course	40 days	DPHO, Morang
4. Depo-Provera Course	7 days	Regional Directorate of Health, Dhankuta
5. Immunization Course	10 days	DPHO, Morang

**Work Experience:**

<u>Year(s)</u>	<u>Title</u>	<u>Responsibilities</u>
1974-75	ANM	Bhaluwai Health Post, Siraha
1975-76	ANM	Lahan " " "
1977-86	ANM	Koshi Zonal Hospital
1987-92 (Mar)	ANM	Public Health Division, Morang
1992 March-ongoing	Staff Nurse	Save the Children US

**References:**

Mr. Shiva S. Dangol  
Project Manager  
Save the Children US  
Golbazar, Siraha

Mrs. Chanda Rai  
Public Health Coordinator  
Save the Children US  
Kathmandu

BIO-DATA

Name : RATNA MASKEY

Permanent Address : [REDACTED]

Contact Address : Save the Children US  
Golbazar, Siraha

Birth date : [REDACTED] [REDACTED]

Nationality : Nepali

Education:

<u>Year</u>	<u>Certificate/Diploma/Degree</u>	<u>School</u>
1989	Staff Nurse	
1979	SLC	
1972	ANM	

Trainings/Workshops/Seminars:

	<u>Course</u>	<u>Duration</u>	<u>Organized by</u>
1.	ANM	1974	HMG
2.	Nutrition Attendant Course	1990	

Work Experience:

<u>Year(s)</u>	<u>Title</u>	<u>Responsibilities/Place</u>
1977-83	ANM	SCF/UK and Paediatric Hospital
1983-84	ANM	Kanti Hospital, Maharajgunj
1984-87	Staff Nurse	Training/service
1987-89	Staff Nurse	Maternity Hospital, Thapathali
1989-1991	Staff Nurse	Nagarkot Health Post, Bhaktapur
1991-ongoing	Staff Nurse	Save the Children US

Additional Skills: Yoga, Family Enrollment and Baseline Survey methods.

References:

Mrs. Chanda Rai  
Public Health Coordinator  
Save the Children US  
Kathmandu

Mr. Lok Raj Bhatta  
Project Coordinator  
Save the Children US  
Golbazar, Siraha

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BIO-DATA

Name : SABITRA RAI

Permanent Address : [REDACTED]

Contact Address : Save the Children US  
Golbazar, Siraha

Birth date : [REDACTED]

Nationality : Nepali

Education:

<u>Year</u>	<u>Certificate/Diploma/Degree</u>	<u>School</u>
1990	3 Years Nursing Course	Nursing Campus, Maharajgunj
1986	SLC	Shree Sarswati Secondary School

Trainings/Workshops/Seminars:

	<u>Course</u>	<u>Duration</u>	<u>Organized by</u>
1.	Communication Skill Training	4 days, 1990	SC/US
2.	Child Survival VII Project Baseline Survey Methods Training	3 days, 1992	SC/US
3.	Family Enrollment Methods Training	4 days, 1991	SC/US
4.	Training of Trainers for Community Health Volunteers Training	10 days, 1992	SC/US

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**Work Experience:**

<u>Year(s)</u>	<u>Title</u>	<u>Responsibilities</u>
1991-ongoing	Staff Nurse	Save the Children US

**Additional Skills:** Play Badminton, Handball.

**Social Activities:** Social welfare activities.

**References:**

Mr. Shiva Dangol  
Project Manger  
Save the Children US  
Golbazar, Kathmandu

Mrs. Chanda Rai  
Public Health Coordinator  
Save the Children US  
Kathmandu

Mr. Bharat Devkota  
Program Director  
Save the Children US  
Kathmandu

BIO-DATA

Name : GOPAL PRASAD TAMANG

Permanent Address : [REDACTED]

Contact Address : Save the Children US  
Golbazar, Siraha

Birth date : [REDACTED]

Nationality : Nepali

Education:

<u>Year</u>	<u>Certificate/Diploma/Degree</u>	<u>School</u>
1988	Diploma (B.Com.)	Tribhuvan University

Trainings/Workshops/Seminars:

<u>Course</u>	<u>Duration</u>	<u>Organized by</u>
Training on Audit Assistant	5 weeks	Revenue Administration Training Centre, HMG

Work Experience:

<u>Year(s)</u>	<u>Title</u>	<u>Responsibilities</u>
6/1/4 (11 yrs)	Sub-Accountant/ Internal Auditor/ Audit Superintendent	To keep books of accounts and prepare financial reports. To audit the books of accounts/ financial audit & performance audit and to submit the audit report to Auditor General.
Nov 1991 - ongoing	Accounts Assistant	Save the Children US

SS

**Additional Skills:** Typing, Driving.

**References:** Mr. Shiva S. Dangol  
Project Manager  
Save the Children US  
Golbazar, Siraha

Mr. Jagannath Khanal  
Field Coordinator  
Save the Children US  
Golbazar, Siraha

# 1. Background

## 1.0 Important Statistics

	<i>West Bank</i>	<i>Gaza Strip</i>	<i>Total</i>		<i>West Bank</i>	<i>Gaza Strip</i>	<i>Total</i>
<b>Demography</b>				<b>Education</b>			
Land Area	5,500 sq km	365 sq km	5,865	Number of schools			
Population est.	1,045,300	684,900	1,73,200	Kindergartens	353 (est.)	120 (est.)	473
Refugees	430,083	528,684	958,767	Elementary	410	167	577
Hardship Cases	29,433	50,048	79,481	Preparatory	330	77	497
% Population under 15	49%	48%		Secondary	262	36	298
% Population under 5	18%	19%		Student Enrolment	292,836	194,193	487,029
Est Population Growth p.a.	3.9%	5.2%		Av Classroom size in UNRWA schools	36.7	46.4	
Population Density	194 per sq km	1,876 per sq km		Est Average lost school days 90/91	35%	43%	
% Population in towns	30%	52%		<b>Violence during Intifada</b>			
% Population in camps	10%	33%		Total Palestinians killed by Israeli Defense Forces			1,049
% Population in villages	60%	15%		Age 1-10 yrs	44	(4%)	
<b>Health</b>				Age 11-16 yrs	196	(19%)	
% Births in Hospital/clinic	68%	80%		Age 17-25 yrs	555	(53%)	
UNRWA Vaccination Coverage (%)				Age 26-40 yrs	149	(14%)	
Polio	98.9	97.8		Age 41-50 yrs	38	(4%)	
DPT	98.4	98.6		Age 51-up yrs	67	(6%)	
BCG	94	99.7		Inter-Palestinian killings			527
Measles	93.9	93.4		Est. Israelis killed by Palestinians			80
Infant Mortality per 1000				Est. Total Palestinian Injuries requiring hospitalization			50,000
Israeli Est.	22	26.1		Est. Total Palestinian Detentions			80,000
Palestinian Est.	50+	50+					
Life Expectancy at birth							
	63 years	63 years					

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## 1.1 Historical Background

In 1947, the UN General Assembly set out a partition plan for Palestine which proposed that the area be divided into a Jewish State and an Arab State. The Arab state was to comprise mainly of the West Bank, with "corridors" connecting it to the Gaza Strip to the south and Arab areas around Acre in the north. The Jewish State was to have all remaining land. Neither side would have Jerusalem which was to have international status. This plan was never realized. Both sides rejected it and by the end of the 1948/49 war, the map had been withdrawn by force. The new state of Israel controlled all Arab areas along the northern coastal strip plus West Jerusalem.

These 1949 ceasefire borders became known as the "green line". The West Bank and Gaza Strip were the only parts of Mandate Palestine to remain under Arab control and for the next eighteen years the West Bank and East Jerusalem were administered by Jordan and the Gaza Strip by Egypt. It should be noted therefore, that neither the West Bank nor Gaza Strip have natural geo-political boundaries. Their borders simply represent the lines of demarcation which separated the Israeli army from the Arab army in 1949.

The green line lasted until 1967 when Israel occupied large new areas of Arab territory during the Six Day War. These included the Gaza Strip, the West Bank, East Jerusalem, the Golan Heights and Sinai. From 1967 onwards these areas became recognized internationally as "occupied territories" as a result of UN General Assembly Resolution 242 of 22nd November 1967. This resolution called for a just and lasting peace in the area based on Israeli withdrawal on the one hand and respect for the

rights and independence of every state in the area on the other.

Since that time, East Jerusalem has seen defacto annexation by the Israelis (a "reunified" Jerusalem was declared Israel's capital in 1980) but in 1982 Sinai was returned to Egypt after the Camp David Accords and the Israeli-Egyptian peace treaty of 1979. At the time of writing, there has been no change in the occupied status of the Gaza Strip, West Bank or the Golan Heights.

## 1.2 The People of West Bank and Gaza Strip

There are no accurate population figures available for the West Bank and Gaza Strip. The last census was carried out in 1967 and all figures are now projections. The estimated population of the West Bank (1,045,300) and of Gaza Strip (648,900) is made up of two main groups – traditional people of the area and refugees who fled into these areas during the 1948/49 war, before they were occupied by Israel in 1967. The population is divided as follows:

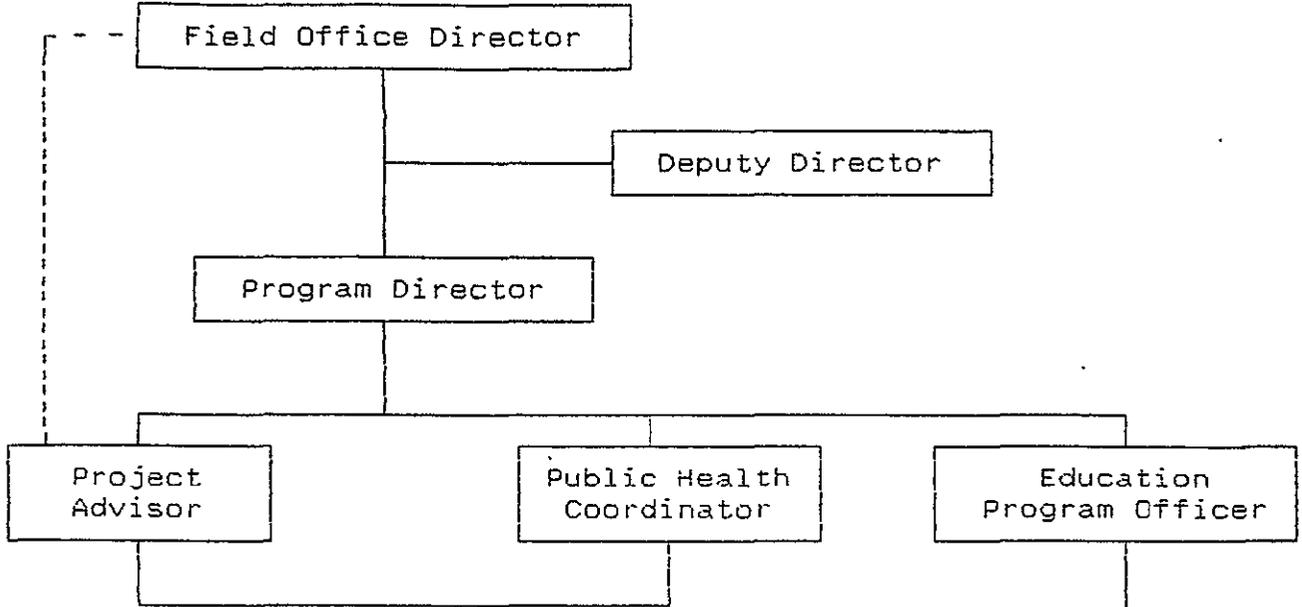
	<i>Non-refugees</i>	<i>Refugees</i>	<i>Total</i>
West Bank	615,217 (59%)	430,083 (41%)	1,045,300
Gaza Strip	156,216 (23%)	528,684 (77%)	684,900

*(Source:  
UNRWA 91 & UNICEF 91)*

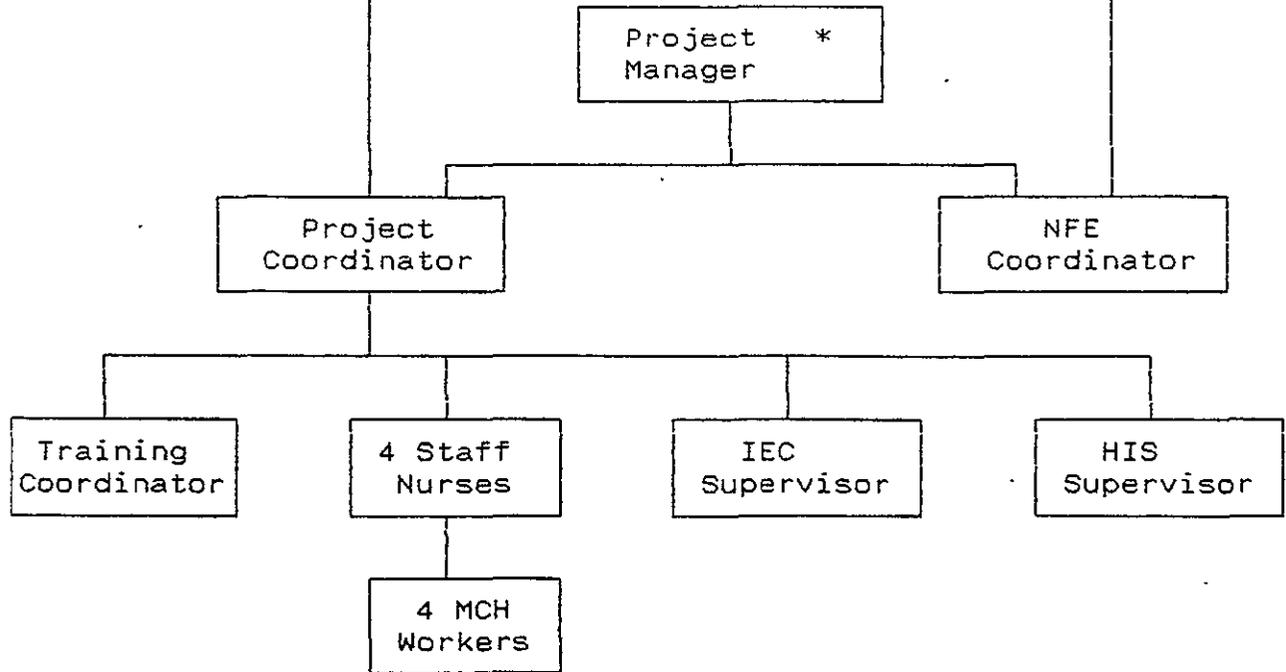
The population of the West Bank and Gaza Strip is growing fast. No official figures are available for the whole population but UNRWA estimate the population growth rate among refugees at 3.9% per annum in the West Bank and at 5.2% per annum in Gaza Strip. It is estimated that when combined with Palestinians living in Israel, it will reach parity with the Israeli population by the year 2015.

**ORGANIZATIONAL CHART - CSVII PROJECT**

KATHMANDU:



SIRAHA:



\* This is a SC/US management position in the Siraha Field Office. The Project Manager reports to the Program Director.

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