

PD-ABC-513

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**Save the Children/US
Nepal Field Office**

Cooperative Agreement No. PDC-0500-G-00-1077-00

**CHILD SURVIVAL 7
QUARTERLY REPORT**

Period: January-March 1993

**Save the Children/US
Nepal Field Office**

Cooperative Agreement No. PDC-0500-G-00-1077-00

CHILD SURVIVAL VII QUARTERLY REPORT

JANUARY - MARCH 1993

I. SITE: Siraha District Ilakas 4 & 5

II. POPULATION: 103,542
Children <5 years: 14,191
Women 15-45 years: 21,763

POPULATION COVERED TO DATE:
Population: 103,542
Children <5 years: 14,191
Women 15-45 years: 21,763

III. PROJECT GOAL/STRATEGY:

The goal of this CS VII project is to reduce morbidity and mortality of children through strengthening of Ministry of Health (MOH) maternal child health (MCH) service delivery and increasing community awareness and practice of protective health behaviors, including demand for health services. Project objectives are presented in Appendix A.

IV. LINKAGES:

A. MOH: Negotiations for a formal agreement between the MOH and SC/US were successfully completed this quarter. This agreement will facilitate collaboration between the MOH and SC/US at all levels.

B. NATIONAL VITAMIN A DEFICIENCY CONTROL PROGRAM: SC/US worked with other INGOs to present examples of their multisectoral vitamin A deficiency control strategies at a national planning meeting. It is expected that Siraha District will initiate semi-annual vitamin A capsule distribution campaigns this year. Project staff will coordinate with the District Public Health Office (DPHO) to support these campaigns in accordance with the MOH's new national guidelines.

C. SAFE MOTHERHOOD INITIATIVE: SC/US was asked to join a national task force to develop a Safe Motherhood National Plan of Action. The SC/US representative is a member of the sub-group that will identify activities to raise the status of women, and to promote intersectoral collaboration.

V. ACHIEVEMENTS/CONCERNS AND ACTIONS TAKEN:

The action plan for this quarter is presented in Appendix B. Achievement of these planned activities was affected by staff changes, including selection of a new Project Coordinator. An orientation workshop was conducted for all Siraha project staff in February and the action plan was revised (Appendix C). Project staff elected to postpone some activities pending the findings of the mid-term evaluation.

COORDINATION ACTIVITIES

	Committee Meetings		MOH Coordination Meetings
	HP	ORC	
# Scheduled	6	11	2
# Conducted	4	10	1

MCH SERVICES

	MCH Clinics		EPI Sites
	HP	ORC	
# Scheduled	12	33	360
# Conducted	12*	33	216**

* Integrated HP MCH Clinics are conducted twice/month. Antenatal/prenatal services are also provided once/week during weeks when integrated clinic is not held.

** Estimated from data available to SC/US.

A. MOH COORDINATION: The District Public Health Officer was absent from his post following a motor vehicle accident early in the quarter. Although a quarterly coordination meeting was not held, the project staff coordinated with him following his return regarding supplies, training, and transfer of HP staff.

B. OUTREACH CLINICS AND MANAGEMENT COMMITTEES: ORC Management Committees were formed for four remaining ORCs. An orientation training regarding SC/US activities and the health program was given for all 12 ORC sites. Conflicts regarding ORC sites and activities in two VDCs were resolved following the orientation training.

C. HEALTH POST MCH CLINICS AND MANAGEMENT COMMITTEES:

Integrated MCH clinics were conducted as scheduled, twice monthly per HP. Management Committee meetings were cancelled one month as committee members were involved with local holidays. Orientation training for the HP committees is scheduled for the coming quarter. Committee members have effectively negotiated with HP staff to improve HP MCH clinics.

D. EPI SITES : Project staff have met with HP staff to improve supervision of EPI sites. However, the supervision plan was not finalized or implemented. Informal observations made by SC/US staff have suggested that scheduled EPI sites are not always conducted. Project staff will coordinate with HP staff in the coming quarter to establish a supervision system.

E. DIARRHEAL DISEASE CONTROL: ORT Corner equipment and materials were distributed to both health posts and all 12 ORC sites. In March, HP and project staff started providing ORT at all clinic sites including demonstration of ORS preparation for mothers with sick and healthy children. SC/US continues to collaborate with the MOH to improve supply and distribution of ORS. HP staff reported that ORS was not always available this quarter.

F. CHV AND TBA PROGRAM SUPPORT: Meetings were held with CHVs and TBAs to identify the training, supervision, and logistic support needs of these volunteers. Their role in the community health program was discussed, as were plans to conduct monthly supervision meetings and quarterly training. The MOH conducted refresher training for all CHVs. The CHV literacy survey (Appendix D) identified factors that contribute to CHV effectiveness: literacy, relationship to household head, and CHV selection process. Project staff will discuss these findings with HP/DPHO staff to facilitate improvements in the CHV program.

G. LITERACY: The "Report of Community Health Volunteers and Mothers' Groups Literacy Survey" appears in Appendix D. Key findings of the survey include a baseline CHV literacy rate of 29.6% and a mothers' group member literacy rate of 9.2%. While most illiterate CHVs are interested in acquiring literacy skills, most mothers' groups are inactive and group members difficult to identify and locate. Among 57 trained TBAs interviewed, only one TBA said she is literate and only 15 TBAs expressed interest in acquiring basic literacy skills. Project staff have recommended changing the literacy objective to focus on CHVs and women of childbearing age with expressed interest in becoming literate.

2,125 women and 219 men are attending nonformal education (NFE) classes at 96 basic and 45 advanced NFE centers. To

support these classes, project staff conducted training and refresher training for 136 NFE supervisors and facilitators; completed interim testing of all NFE participants; conducted regular meetings with NFE supervisors and facilitators; maintained regular supervision of NFE centers. 53 CHVs, 6 TBAs, and 186 mothers' group members are attending NFE classes. CHVs have been encouraged to continue in classes and have demonstrated a lower than average dropout rate of only 8%.

VI. OTHER ACTIVITIES:

A. EVALUATION: The mid-term evaluation for the project was conducted March 25 - April 7, 1993. The team members included an external public health consultant, MOH officials, and SC/US staff from Nepal and headquarters. The findings and report will be finalized in April and presented to MOH officials in May.

B. COMMUNICATION STRATEGIES: IEC activities conducted this quarter include:

- Project staff from health and education sectors collaborated to conduct training of 117 NFE facilitators regarding prevention and treatment of diarrhea. Twenty of these facilitators received additional training about promotion of immunization and preparation of ORS. During supervision of these facilitators' classes it was observed that NFE participants had acquired knowledge about immunization and diarrhea and demonstrated correct preparation of ORS.
- Signboards were distributed at all ORC sites and 60 EPI clinic sites to inform local residents of the schedule and services available at these sites.
- SC/US education sector staff coordinated with government school teachers and NFE program staff to conduct an Education Day at 10 sites. An estimated 4,000 women and school children attended these gatherings at which women were congratulated for speaking out on issues related female literacy and health.

C. HEALTH INFORMATION SYSTEM: Project staff agreed that efforts to strengthen the MOH HIS will be more clearly identified following the mid-term evaluation. During this quarter, the Project Coordinator, HIS Supervisor, and Project Advisor reviewed the monthly HP reports submitted to the DPHO and the SC/US Health Program Quarterly Report forms to identify ways that available HP data can be utilized to monitor project activities and MOH health service delivery.

VII. PROJECT ADMINISTRATION:

PERSONNEL: In response to staff resignations last quarter, the following additions were made to the permanent project staff: Dhana Malla, Project Coordinator; Shyam Sundar Jha, Training Coordinator; Janaki Choudhary, Staff Nurse; Lila Nath Pandey, Staff Nurse; and Khila Nath Niraula, Assistant NFE Coordinator. Ms. Malla has ten years of experience with SC/US in MCH care and programming. An orientation workshop was attended by all project staff in February to review SC/US integrated community development programming and the CS VII Detailed Implementation Plan. To strengthen MCH service support to the MOH and the HIS, the three staff nurses and HIS Supervisor observed the SC/US MCH program in Gorkha District.

PROJECT MONITORING: Documentation of HP and Outreach MCH Clinics, trainings, and management committee meetings was facilitated this quarter through use of the form developed last quarter. Project staff are still seeking a way to effectively supervise and monitor EPI sites in coordination with HP staff.

VIII. ACTIVITIES NEXT QUARTER:

Anticipated project activities for the coming quarter are as follows. This schedule may be altered during the planning workshop in late April.

- Conduct and supervision of ongoing NFE basic and advanced classes.
- Finalize mid-term evaluation findings and report; present to MOH officers from national, regional, and district levels.
- Conduct workshop for project staff to review MTE findings and recommendations and prepare revised action plan for remainder of project.
- SC/US Regional Health Program meeting, Kathmandu.
- Vitamin A capsule distribution campaign.
- EPI Microplanning Workshop, pending agreement with DPHO and EPI Division.
- Communication Skills and Training of Trainers Workshop for project staff.
- Ongoing promotion of immunization and ORS at NFE centers.

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**CS VII OBJECTIVES
MAY 1992**

CDD OBJECTIVES:

60% of families with children <2 years will know how to prepare and administer JvJ (ORS) correctly.

40% of children <2 with diarrhea will be treated with JvJ and will receive more food and fluids during and after diarrhea episodes.

50% of mothers of children <2 will correctly name 3 causes of diarrhea.

EPI OBJECTIVES:

60% of children 12-23 months will be completely immunized with BCG, polio, DPT, and measles.

50% of women 15-45 years will have received two doses of TT.

NUTRITION OBJECTIVES:

40% of mothers of <2 year old children will give appropriate weaning foods.

60% of children 12-23 months will have received two doses of vitamin A.

60% of lactating mothers of children 0-11 months will have received one dose of vitamin A.

25% of women will eat more during pregnancy.

MATERNAL CARE OBJECTIVES:

30% of pregnant women will receive an antenatal check-up.

40% of mothers of children <2 will know the three cleans for safe delivery.

CHILD SPACING OBJECTIVE:

20% of eligible couples will be using temporary or permanent methods of contraception.

ALRI OBJECTIVE:

25% of mothers with children <2 will seek advice or treatment from health workers when their child has difficult respirations.

LITERACY OBJECTIVE:

80% of CHVs and 50% of trained TBAs and mothers' group members will have basic literacy skills.

Name: SIRAHA HEALTH PROGRAM. IA/Cluster/Ilaka: 4 and 5.

ENGLISH MONTH	1st Quarter	Oct	Nov	Dec
	<u>2nd Quarter</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>
	3rd Quarter	Apr	May	June
	4th Quarter	July	Aug	Sept.

ACTIVITY	1				2				3				4				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
1. ORC Meeting + Supply System.				■								■					BDS
2. Toilet and tubewell Construction at Najanpur.	■	■	■	■													NPY
3. Negotiation to Road depart labor for building to healthpost.					■	■	■	■									BDS
4. Building repairment for maternal room in both healthpost.									■	■	■	■					NPY
5. First Aid training to School teachers.				■													T/C
6. Referral program.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	LNP
7. Epidemic and Endemic Control Prog. (Supply Sodium Antimony)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	J.S
8. DPHO Coordination Meeting.				■													BDS
9. Negotiation on CHV Kit boxes & DPHO.				■													BDS
10. JVS Supply follow up.				■													LNP
11. ORC + HP mgt. Cmt. Meeting.				■													J.C.
12. Purchasing and distribution Saki to CHWS.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	J.C.
13. Evaluation forms Supply for HP Personal.				■													BDS
14. Negotiat Clinic Site.				■													BDS
15. Supervision Schedule preparation.	■	■	■	■													BDS
16. observation tour to Garkua (health staff).				■													LNP
17. Cold Chain Assessment.	●	●	●	●													MCH
18. EPI Clinic Supervision.				■													LNP
19. Establishment ORT at Najanpur.				■													J.C.
20. Vit A dist by VHWS.				■													

Note:

1. Circle which quarter you are planning for.
2. Plan your leave also (which is presented as first activity).
3. 1, 2, 3, 4 represents weeks.
4. Try to be as specific as possible on activity.
5. Fill two copies of this, one for Cluster/IA/Ilaka office and second for
6. Do it in first week of every quarter, get it signed by immediate supervi and send one copy to KTM.

BDS:- Bhagwan Das Shrestha.
 NPY:- Nagendra prasad Yadav.
 T/C - Training Coordinator.
 LNP - Lilanath Pandey.
 J.S - Janaki Shrestha.

J.C - Janaki Chaudhary.
 MCHWS - Maternal, Child health workers.
 RDS - Ram dayal Saha.
 CKS - Chola Kanta Sharma.

SAVE THE CHILDREN US/NF
QUARTERLY ACTIVITY PLAN

Name: _____		IA/Cluster/Ilaka: _____												
ENGLISH MONTH	1st Quarter	Oct.			Nov.			Dec.						
	2nd Quarter	Jan.			Feb.			Mar.						
	3rd Quarter	Apr.			May.			June						
	4th Quarter	July			Aug.			Sept.						
ACTIVITY		1	2	3	4	1	2	3	4	1	2	3	4	
1. Equipment purchase/supply for delivery room														JS.
2. TBA kit box purchasing														JS.
3. Pills, Condom, Depo, Supply follow up														JS.
4. CHV/TBA Supervision														MCH
5. HIS workshop and training														RDS
6. Management training to health worker														TCO
7. FG Survey and IVI Study														CKS
8. Design IEC materials and message														CKS
9. Design ^{HIS} forms and format and pretest														RDS
10. MIS monitoring/evaluation - Develop and implement the format														RDS
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														

- Note:
1. Circle which quarter you are planning for.
 2. Plan your leave also (which is presented as first activity).
 3. 1, 2, 3, 4 represents weeks.
 4. Try to be as specific as possible on activity.
 5. Fill two copies of this, one for Cluster/IA/Ilaka office and second for _____
 6. Do it in first week of every quarter, get it signed by immediate supervi and send one copy to KTM.

BEST AVAILABLE COPY

Name:		IA/Cluster/Ilaka:												Responsible	
ENGLISH MONTH	1st Quarter	Oct			Nov			Dec							
	2nd Quarter	Jan			Feb			Mar							
	3rd Quarter	Apr			May			June							
	4th Quarter	July			Aug			Sept							
ACTIVITY		1	2	3	4	1	2	3	4	1	2	3	4		
1. Leave															
2. CHV Literacy Status Tabulation					XX	XX								RS/ MCM	
3. ORC Management Committee Formation + Training								XX		XXXX				DM: KH CKS/ LNI	
4. Finalize ORC Sites									XX					DM	
5. DPHO/HP Coordination								X						RS	
6. List EPI Sites									X					CKS	
7. Prepare + Distribute EPI site notice boards									X					LNP	
8. Distribute ORT Corner Supplies										XXX				JS/ KH	
9. CHV/TBA meeting (Saves)									XXX					DM	
10. Aldehyde Test Training										XXXX				DM	
11. DPHO: JJ Supply															
12. Depo Pills-Landom Supply															
13. EPI Supplies Mini-lap Camp															
14. TOT for SC Staff												XXXX		DM/ JC/L	
15. Store Management						X							X	LNP, JC/	
16. EPI Assessment + Training														JC/	
17. MCH Clinic Drug Supply + Vit A										XXX				CKS	
18. IEC Messages												XXX			
19.															
20.															

- Note:
1. Circle which quarter you are planning for.
 2. Plan your leave also (which is presented as first activity).
 3. 1, 2, 3, 4 represents weeks.
 4. Try to be as specific as possible on activity.
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 6. Do it in first week of every quarter, get it signed by immediate superv and send one copy to KTM.

RS = Ram Dayal Shah
 KN = Kila Nath Niraula
 MCHW = MCH workers
 DM = Dhana Malla
 CKS = Chala Kant Sharma
 LNP = Lila Nath Pandey
 JS = Janaki Shrestha
 JC = Janaki Choudhary

SAVE THE CHILDREN US
NEPAL FIELD OFFICE
CHILD SURVIVAL VII PROJECT

REPORT OF
COMMUNITY HEALTH VOLUNTEERS
AND MOTHERS' GROUPS LITERACY SURVEY
AUGUST 1992

SAVE THE CHILDREN US
P.O. BOX 2218
KATHMANDU
NEPAL

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EXECUTIVE SUMMARY

Nonformal education (NFE) can have positive impact and create dramatic changes in a community. In addition to teaching people how to read and write, NFE programs can introduce new ways of thinking about things, disseminate information on issues like health and population, and increase awareness of the people's rights and duties regarding community development activities. Concerned about the social utility of NFE programs, various governmental and non-governmental agencies are considering encouraging illiterate community workers and volunteers to participate in NFE programs to enhance their effectiveness and ability to document their activities.

Having recognized the impact of literacy upon community development programs, Save the Children US (SC/US) has focused its Child Survival VII NFE program on Community Health Volunteers (CHVs) and mothers' groups. It is anticipated that through acquisition of basic literacy skills, these women will become more effective and active advocates for the health of the children and women in their communities. Additionally, child survival messages will reach a larger audience of mothers given the program's focus on raising literacy among women of childbearing age.

To develop an appropriate NFE program for CHVs and mothers' groups SC/US conducted interviews with individual CHVs and focus group discussions with mothers' groups to identify all active CHVs, assess the literacy status of CHVs and their interest in literacy classes, assess the effectiveness of the CHVs, and to determine the literacy status of mothers' group members.

Key findings of the survey include a CHV literacy rate of 29.6% and a mothers' group member literacy rate of 9.2%. While most illiterate CHVs are interested in acquiring literacy skills, most mothers' groups are inactive and group members difficult to identify and locate. Among 57 trained TBAs interviewed, only one TBA said she is literate and only 15 TBAs stated they are interested in acquiring basic literacy skills. Therefore, the literacy objectives for the CS VII project were changed to focus on CHVs and women of childbearing age with expressed interest in becoming literate, rather than targeting TBAs and women who belong to mothers' groups. To further increase the impact of the NFE program on child survival, child survival messages will be disseminated through all NFE centers.

Regarding CHV effectiveness, CHVs responded that literacy enhances their effectiveness, and requested further training, labor cost incentives, and educational materials to support them in their volunteer work. While 92.6% of CHVs report holding mothers' group meetings regularly, the mothers' group members were unaware of these meetings and the health messages given by the CHVs. These findings highlight the discrepancy between the self-reported activities of the CHVs and mothers' awareness of the CHVs' activities. Based on these findings, project staff will intensify efforts to support the CHVs and reorganize the mothers' groups since thus strengthening the foundation of the MOH community-based health program.

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 Narayan Shah
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 Hari Ram Shrestha
 Ram Krishna Mahato
 Shree Deb Shah
 Deep Narayan Shah
 Danalal Choudhary
 Dev Narayan Nayak

Shikha Chauhan conducted the focus group discussions with the mothers' groups.

Support for the survey and report preparation were also provided by many of the SC/US Siraha Field Office staff, including:

Shiva Dangol, Project Manager
 Lok Raj Bhatta, CS VII Project Coordinator
 Dhana Malla, CS VII Project Coordinator
 Chola Kant Sharma, IEC Coordinator
 Bhagawan Das Shrestha, Training Coordinator
 Ram Dayal Shah, HIS Supervisor
 Ratna Maskey, Staff Nurse
 Sabitri Rai, Staff Nurse
 Janaki Shrestha, Staff Nurse
 Bela Ghising, MCH Worker
 Anita Chaudhary, MCH Worker
 Binita Adhikari, MCH Worker
 Kalyani Shah, MCH Worker

Ishwor Khattri, Education Coordinator, coordinated the preparation and conduct of the survey and wrote the initial draft of this report. Marsha Dupar, CS VII Project Advisor, provided assistance with the data analysis and writing the report. Frances Wang also assisted with editing of the report.

ABBREVIATIONS

CS	Child Survival
CHV	Community Health Volunteer
DPHO	District Public Health Office(r)
HP	Health Post
INGO	International Non-Governmental Organization
MCH	Maternal Child Health
MOH	Ministry of Health
NFE	Nonformal Education
SC/US	Save the Children US
TBA	Traditional Birth Attendant
VDC	Village Development Committee
VHW	Village Health Worker

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**REPORT OF COMMUNITY HEALTH VOLUNTEERS
AND MOTHERS' GROUPS LITERACY SURVEY**

AUGUST 1992

I. INTRODUCTION

Nonformal education (NFE) can have positive impact and create dramatic changes in a community. In addition to teaching people how to read and write, NFE programs can introduce new ways of thinking about things, disseminate information on issues like health and population, increase awareness of the people's rights and duties regarding community development activities, and teach skills like how to keep records and home accounts. NFE programs also provide a forum in which people can creatively discuss various issues and thereby develop their own level of understanding.

Concerned about the social utility of NFE programs, various governmental and non-governmental agencies are considering encouraging illiterate community workers and volunteers to participate in NFE programs so that they will be able to better communicate with various agencies in writing and by keeping records.

In consideration of the above, Save the Children US (SC/US) has taken the initiative and focused its Child Survival VII NFE program, which covers 24 Village Development Committees (VDCs), on mothers' groups and Community Health Volunteers (CHVs). It is anticipated that through acquisition of basic literacy skills, these women will become more effective and active advocates for the health of the children and women in their communities. Additionally, child survival messages will reach a larger audience of mothers given the program's focus on raising literacy among women of childbearing age.

To develop an appropriate NFE program for CHVs and mothers' groups SC/US conducted a survey in August 1992 to obtain the following information:

- Names of CHVs
- Literacy rate among CHVs
- Number of CHVs and mothers' group members who attended NFE classes in 1992
- Names of CHVs interested in attending NFE classes in 1993
- Preferred location and time of day for NFE classes

Additional information regarding effectiveness of the CHVs' work was collected through the CHV interviews and discussions with mothers' groups.

II. METHODOLOGY

This study included interviews with individual CHVs and focus group discussions with mothers' groups.

A. CHV Survey

1. Sample

Representatives of the SC/US Siraha health and education sectors decided that the survey should include all CHVs in the 24 VDCs of Ilakas 4 and 5. There are nine CHVs from each VDC, totalling 216 CHVs to be interviewed. The list of names and villages of the CHVs was obtained from the ilaka health posts.

Interviews with 186 active CHVs (86.1%) were conducted. The remaining 30 CHVs (13.9%) were not found at their homes during the survey period.

The literacy status of all CHVs was confirmed during additional visits to the CHVs' homes in January 1993. At that time there were 206 CHVs in their positions and 10 vacant posts.

2. Questionnaire

The interview questionnaire (see Appendix A) was designed by SC/US education and health sector staff to collect data on the literacy status of CHVs and mothers' group members, and on the effectiveness of the CHVs' work.

B. Focus Group Discussions

Given the potential for CHVs to express biased answers to the questions regarding their work, a decision was made to conduct focus group discussions with mothers' groups to verify the findings of the CHV interviews. Discussions of about one hours' duration were organized with four mothers' groups. These informal discussions were guided by the interviewer who used the CHV survey questionnaire to solicit information regarding literacy status and CHV effectiveness. Thirty-six mothers' group members participated in the focus group discussions.

C. Selection and Training of Interview Team

Twelve interviewers were hired from a group of supervisors and facilitators from SC/US's school children's tutoring program. SC/US provided two days' training in interviewing techniques. The survey

questions were tested at the completion of this training.

III. FINDINGS

The following analysis and conclusions are drawn from the ideas and experiences of the 186 CHVs interviewed during the literacy survey, the four focus group discussions with mothers' groups, and the interviews with all 206 CHVs conducted in January 1993.

A. Literacy Status of CHVs

Literacy status was determined through a combination of interviewing and testing. Literate status was defined as Class 8 pass or higher, or a pass score on the basic literacy test. Special testing sessions were held for confirming the literacy status of those interviewed CHVs who said they had not passed Class 8 but were literate. Literacy status of all of the CHVs was confirmed during individual interviews in January 1993. CHVs who attended and passed NFE classes in 1992 were considered illiterate, unless they had previously passed Class 8 or higher, since this assessment was undertaken to determine the literacy status of CHVs at the start of the CS VII project (October 1991)

Among the current 206 CHVs, 64 (29.6% of 216 CHV positions) are literate:

51 CHVs (23.6%)	Class 8 pass or higher
13 CHVs (6.0%)	basic literacy test pass

B. CHV Interest in NFE Classes

According to the January 1993 interviews, 16 of the 142 illiterate CHVs are not interested in joining NFE classes due to health and domestic reasons. This leaves 126 illiterate CHVs interested in joining an NFE class to acquire basic literacy skills. This finding suggests that emphasis should be redirected away from less active illiterate CHVs and focused on the more active illiterate CHVs who expressed interest in becoming literate.

According to the CHV survey, only 5% of the CHVs who expressed interest in NFE classes indicated that it would be possible for them to attend classes in the daytime. This is not surprising given the farming and household responsibilities of women in these rural villages. Of this 5% of CHVs interviewed, 0.5% preferred morning classes, and 4.5% preferred afternoon classes. CHVs prefer that literacy classes be held in the evening, a time when they are free from household responsibilities.

C. **Mothers' Groups**

According to the CHV survey, 172 of 186 interviewed CHVs (92.5%) have maintained mothers' groups. The remaining 14 CHVs did not have active mothers' groups. These findings conflict with the findings of the four mothers' group discussions. The 36 mothers interviewed were unaware of meetings held by the CHVs. The average ratio of CHVs to mothers' group members was reported by the CHVs to be 12-13 mothers per CHV.

Mothers' groups were developed by the Ministry of Health as a support for CHVs and as a vehicle for disseminating health messages to mothers. Staff from the District Public Health Office (DPHO) and ilaka health posts were/are responsible for forming the groups according to set criteria. Group members are women of childbearing age (15-44 years) who have a child under 5 years of age. The 15-20 women in each group should reside in the ward in which the group is formed. The survey findings revealed that only 12% of the current mothers' groups were formed according to this established criteria.

D. **Literacy Status of Mothers' Group Members**

CHVs provided a name list of 2,587 mothers' group members. The CHVs reported that 239 (9.2%) of the mothers' group members are literate. The mothers participating in the focus group discussions confirmed that literacy is very rare among mothers' group members, perhaps less than the 9.2% rate reported by the CHVs. In many groups none of the members are literate.

E. **Selection of CHVs**

The established MOH procedure for selection of CHVs mandates that mothers' groups select the CHV from their ward. According to the CHV survey, this policy is not always followed, resulting in the selection of inappropriate or ineffective CHVs. In these cases, the interviewers suggested that reselecting a new CHV according to the government procedure might resolve the problem.

F. **CHV Working Period**

The CHV program is mobilized by the DPHO or ilaka health post. CHVs were selected three years previously, and provision had not been made for re-selection. Only 22% of the interviewed CHVs have been working for three years, and 73% have been working for less than two years. Therefore, manpower training and

other investments into this group are not always working as effectively as we would expect.

G. CHV Effectiveness

The CHV program is one of the key programs in the MOH public health system. CHVs work as extension workers between the MOH and the community. Additionally, the CHV program has the potential to make a considerable contribution to community development, through public health activities. In this way, both the community and MOH public health programs are strengthened through the activities of the CHVs.

In this discussion of the CHV program and its achievements, it is important to recognize the time and ideas that CHVs have contributed to the community as voluntary workers. Expectations of CHVs are high because their achievements have been high. Nevertheless, all projects should be evaluated for effectiveness in terms of fulfilling one's duty and responsibilities. Therefore, indicators for achievements included in this survey are as follows:

1. Meetings

According to the government's working guidelines for CHVs, they should hold mothers' group meetings at least once a month. In these meetings, they should distribute information about the CHV program and discuss topics such as family planning, immunization, diarrhea and sanitation, nutrition, etc.

According to the focus group survey, mothers' group members know their CHVs. However, they do not know that the CHVs conduct such activities, nor do they know that various messages had been given by the CHVs.

Not surprisingly, the CHV survey indicates a higher figure - that 86% of CHVs conduct monthly meetings - but not one CHV was able to show documentation that the meetings had taken place. Among these CHVs, 57% indicated that they conducted more than seven meetings in one year, but they were confused about the content of the meetings. Nevertheless, we can say that 57% of CHVs reported being active in regards to meetings.

There remains much room for improvement, including understanding meeting methods, conforming to the standard subjects, documenting meetings held, and making clear decisions about the meeting location.

2. CHV's Relationship to Her Household Head

Another important factor affecting CHV effectiveness is the relationship between the CHV and her household head. CHVs living in households where her husband or someone junior to her is the household head are more likely to be active and effective in their volunteer work. According to the survey data, 54% of the CHVs living in households headed by their husbands are able to actively contribute to the community health program. Only 29% of those in households headed by their fathers-in-law, 13% of those in households headed by their mothers-in-law, and 3% of those in households headed by others are able to be effective and active as CHVs.

Thus those women living in households headed by their mother-in-law, father-in-law, or other superior should probably not be selected as CHVs, although those living in households headed by their husband are alright.

3. CHV Literacy and Reporting

Only six out of 186 CHVs reported keeping and submitting reports of their work each month. All six of these CHVs stated that they can read and write. Of these reports, three may not be reliable as actual records were not found. Nevertheless, 42.5% of the CHVs reported keeping reports. Most of these CHVs are literate and keep their own records, while illiterate CHVs depend upon their husband or son to keep their records.

CHVs agree that literate candidates ought to be selected or that illiterate CHVs should enroll in literacy classes to enhance the effectiveness of the CHV program.

4. Support for the CHVs

This question was designed to identify types of support that could improve CHV effectiveness. Of 186 respondents, 40.3% agreed that conducting effective training and refresher courses would help; 29% indicated that labor cost incentive/motivation is needed; 19.4% suggested that more health education materials are needed; 8.6% agreed that more interest and support from the community are needed; and 2.2% requested improving supervision and support from VHWS. Family support and medicine supplies were also mentioned.

5. Medicine Supplies for CHVs

Primary health care is one of the more important responsibilities of the CHVs. Having a sufficient and effective supply of medicine helps achieve this goal. According to the survey, 42.5% of the CHVs keep and maintain a first aid box. SC/US restocked CHV kit boxes in 1990 in six VDCs only. The remaining 57.5% have not kept a first aid box or did not receive one after training. Therefore, 42.5% of the CHVs are considered active in regards to medicine supplies.

IV. DISCUSSION AND RECOMMENDATIONS

A. CHV Literacy

The CHV literacy objective of the Child Survival VII project has never been set at 100%. Generally, the minimum attrition rate among NFE class participants is 15%. This program expects only 10% of CHVs to drop out due to the extra encouragement and support they receive. Of the NFE class participants who complete the course, generally no more than 75% pass the basic literacy examination. Therefore it is anticipated that among the CHVs who attend NFE classes about 70% will acquire basic literacy skills.

The CS VII CHV literacy objective was set at 80%. The findings of this literacy survey indicate that this objective is not achievable and the objective will be reduced to 70%. To achieve a 70% basic literacy rate among CHVs, the NFE program will need to reach all CHVs interested in becoming literate. Reaching all CHVs with expressed interest in literacy classes will be challenging, as the CHVs are spread throughout all 216 wards of ilakas 4 and 5. In 1992, 18 CHVs successfully passed the basic literacy test, and an additional 42 CHVs are currently enrolled in the 1993 NFE centers.

B. Mothers' Group Member Literacy

The CHV survey and focus group discussions indicate that the literacy status of the mothers' group members is very low (less than 10%). This data is consistent with the 7.9% literacy rate among the mothers of children less than two years interviewed during the CS VII baseline survey. These findings illustrate the great need for the CS VII project NFE program to focus on raising the literacy status of women.

The CS VII project established a three year objective of 50% literacy among mothers' group members, as it is well recognized that maternal literacy enhances child survival. The SC/US Siraha field staff remain

committed to raising the literacy status of mothers and women of childbearing age, but believe that this specific objective cannot be achieved in three years.

Due to the lack of active mothers' groups it has been difficult to identify these women for recruitment into NFE classes. Although efforts are being taken to increase the effectiveness of CHVs, including formation and maintenance of active mothers' groups, only one year remains for enrolling mothers' group members in basic literacy classes (which last 6-8 months). Given these difficulties, the project staff have focused on motivating CHVs to participate in NFE classes which have been set up in the CHV's village wherever possible. The remaining NFE class participants are interested women of childbearing age. To further enhance the impact of the NFE program on child survival, child survival messages are disseminated at all NFE centers.

C. TBA Literacy

In December 1992, the SC/US health sector staff identified and interviewed 57 trained TBAs from the project area regarding their literacy status and interest in basic literacy skills. These TBAs had received basic TBA training from the MOH as much as seven years ago, and some of them attended the SC/US sponsored refresher training in 1991.

Of the 57 trained TBAs interviewed, only one stated that she is literate. It should be noted that the literacy skill of this TBA was not confirmed by testing. Seven TBAs were enrolled in literacy classes in 1992. Among the remaining illiterate TBAs, only 15 expressed interest in acquiring basic literacy skills. Many of the TBAs stated that they were too old to be interested in reading and writing. In this regard, TBAs are generally older than CHVs and mothers' group members. Thirty of the interviewed TBAs (52.6%) were over 35 years of age. The normal age distribution among women enrolled in SC/US literacy classes is only 20% of 35 years.

The findings of this assessment of the literacy status of trained TBAs indicates that the TBAs are not a priority group for literacy training. While it is assumed that reading and writing skills would improve the TBAs' ability to document their activities, their lack of interest in becoming literate overrides this assumption. Therefore, the CS VII objective for increasing the literacy rate among trained TBAs to 50% is inappropriate, and will be dropped. As stated above, the focus of the CS VII literacy program will be

on CHVs and interested women of childbearing age (15-44 years).

The potential role of trained TBAs in improving child survival will not be ignored, but will be strengthened through technical and communication skills training and regular supervision. Project staff will work with DPHO and health post staff to identify ways to improve the recording and reporting of the TBAs' service delivery and promotional activities.

D. CHV Effectiveness

The findings of the CHV interviews and discussions with mothers' groups regarding CHV effectiveness point to the following ways to strengthen the CHV program:

1. Adherence to the MOH CHV selection procedure and criteria tends to result in greater CHV effectiveness. In some wards, it may be advantageous to replace ineffective CHVs now, rather than waiting for the current CHV to voluntarily resign. Additionally, during CHV selection, preference for literate candidates and women who live in households headed by their husband or someone who is their junior may lead to the selection of more active CHVs. Project staff will collaborate with the DPHO and health post staff to clarify the CHV selection process, and to select new CHVs in wards where the CHV is inactive or the post is vacant.
2. Rapid turnover of CHVs suggests that CHVs need additional support to maintain their interest in and commitment to their volunteer work. Basic and refresher training for CHVs was the most frequently stated form of support requested by the CHVs, followed by labor cost incentives and educational materials. Project staff will collaborate with the DPHO and health post staff to address these needs.
3. The Child Survival VII project staff recently conducted focus group interviews to identify the beliefs that guide health behaviors at household level regarding diarrhea, immunization, and pneumonia. The findings of these interviews will be used to identify key child survival messages and to design appropriate communication strategies for these messages. SC/US has utilized flip charts, pamphlets, posters, and street drama to effectively increase awareness of ORS and family planning in Gorkha District. These methods and materials will be tested for their appropriateness

in the Maithili- and Nepali-speaking, tarai communities of the project. CHVs will be provided with appropriate educational materials and communications skills training to increase their ability to communicate the selected child survival messages.

4. The success of the CHV program is dependent upon the active participation and support of the DPHO and health post staff. CHV selection, training, supervision and monitoring of CHV activities are the responsibility of these government staff. SC/US will share the findings of this study with the DPHO/HP staff and identify priority interventions that can be jointly undertaken to increase CHV effectiveness.
5. The contradictory findings of the CHV interviews and discussions with mothers' groups regarding the conduct of mothers' group meetings highlights the need to support the CHVs to establish effective mothers' groups. Mothers' group effectiveness may be facilitated through recruitment of literate women into the groups during reformation and revitalization. During CHV training, emphasis must be placed on the role of the CHV in the community health program, including the specific tasks to be carried out by CHVs and mothers' group members.

CHV QUESTIONNAIRE

Date: Interviewer Name:
 CHV Name: Age:
 Qualification: VDC:
 Ward #: Village:

Family Description:

Name	Sex	Age	Relation to HH Head	Academic Qualification	Occupation	Remarks

Sex: M F

Completed age of CHV:

Qualification: please mention highest level/grade passed:

Occupation:

1. Agriculture
2. Business
3. Daily wages
4. Other (specify)

years as CHV:

How were you selected as CHV?

1. Village meeting
2. VHW
3. Mothers' Group
4. Village Leaders
5. Other (specify)

Is there a Mothers' Group in your ward?

Yes No (skip)

If yes, who organized the group?

1. Mothers' Group meeting
2. Village level meeting
3. CHV herself
4. VHW
5. Other (specify)

of women in Mothers' Group:

How many times has the group met (# times/per year):

If group has not met, why not? (skip)

If there is a Mothers' Group, describe participants:

Name	Age	Address	Adult Literacy		Remarks
			yes	no	

Did you join adult literacy class in current year?

Yes (go to 6)

No (go to 7)

If you did not join, why didn't you go?

1. Too far
2. No interest
3. No time
4. Other (specify)

Do you think to join literacy class in coming year?

Yes No

If not thinking to join, why not?

Are you interested to join literacy class if opened in your village?

Yes No

What are your reasons not to join?

1. Practical reasons (i.e., no time)
2. Too old
3. Other (specify)

If you and the Mothers' Group members want to learn to read, what place (VDC) is suitable (give name):

Is it possible for all participants to attend the class in this place?

Yes No

If yes, how many?

If no, why not?

Which time is suitable to attend class?

1. Morning
2. Day time
3. Afternoon
4. Evening
5. Other time

What support would help to make CHV work effective?

1. Training
2. Support from the VHW
3. Community participation
4. Health education materials
5. Other (specify)

What is your guardians opinion of your work?

Do you agree that CHVs need to be literate?

Yes, why?

No, why not?

Have you replaced the medicine in your kit box?

Yes

No, why not?

What medicines are left in your kit box (give description)?

Medicine

Quantity

Cetamol
Jeevan Jal
Gentian Violet
Cotton wool
Bandage ,
Iodine

Do you keep a record book?

Yes, what type of record (explain):

No, why not?

Can you keep your own record?

Yes

No, who helps you?

To whom do you report?

1. Health post
2. VHW
3. Do not report

If you report to HP/VHW, how often?

1. End of each month
2. Bimonthly
3. Quarterly
4. Other (specify)

If you do not report, why not?

सैन्य दक्षिण भारत राज्य

सिंह का जीवन

स्वास्थ्य स्वयंसेविकाहरूलाई (सुनिश्चित प्रदान गर्दा)

अर्न्तगत प्रिय

सुन्तस्वायी तिनै धाकोको नाम

नाम:	उमेर
धर्मता:-	आ. वि. सं.
वार्ड नं.	गाउँ/बोला

9. कृपया तपाईंको परिवारिक विवरण दिनुहोस् ?

क्र. सं.	नाम	लिंग/वर्ष	धर्मता/संस्था/जाति	शैक्षिक योग्यता	पेशा	वैशेष्य

लिङ्ग १. पुरुष

२. महिला

वर्ष उभेर लेख्वा पुरा बरि को वर्ष लेख्नु होस

शैक्षिक योग्यता :- शैक्षिक योग्यता लेख्वा उच्चरदावाले कति कक्षा पास गरेको छ. रोधी कक्षा लेख्वा होस

१ = खैती

२ = व्यापार

३ = ज्यालादारी

४ = अन्य (खुला उनु होस)

२. तपाईंको स्वास्थ्य स्वयं सैनिका अथवा जसको लागि तपाईं भर्ना

६ तपाईंको स्वास्थ्य स्वयं सैनिका प्रथम कसरी हलौट गरिनुको विधि

१ गाँउको वैद्यक द्वारा

२ स्वास्थ्य कार्यालय (आ. स्वा. का.) द्वारा

३ आमा समुहको वैद्यक द्वारा

४ बाउको अन्य मान्य व्यक्ति द्वारा

५ अन्य (खुला उनु होस)

४ तपाईंको यस वडाका आमा समुहको गहन बारेको छ

१. छ

२. छैन

(प्रश्न नं. ४.६ मा जम्मा)

6. तपाईंले अस वर्ष खेलेको प्रौढ केंद्रमा पढ्न आएको छ ?

१. छ प्र. नं. ६.३ मा जणु होस

२. छैन प्र. नं. ६ मा जणु होस

6.१ यदि पढ्न आएको छैन भने किन नपाढ्न आएको होला ?

१. कुट्टा लगाएर

४. फुसई नभए

२. भन्त नलागेको

५. अर्या (खुला) होस

6.२ यदि अठ्ठ साउँदे वर्ष खोलेने प्रौढ केंद्रमा पढ्ने विचार गर्नु
आएको छ ? १. छ २. छैन

6.२.१ यही विचार गर्नु आएको छैन भने किन होला ?

6. तपाईंको आठमा नौ प्रौढ केंद्र खुलेको खण्डमा पढ्ने विचार
गर्नु आएको छ ? १. छ २. छैन

6.१ यही पढ्ने विचार गर्नु आएको भए किन होला ?

१. अव्यवस्थित कारण

२. उमेर गइ सकेको हुनाले

३. अर्या (खुला) होस

८ तर्क र आगा समुहका सदस्यहरूलाई गणको लागि परिचय गर्न
 शब्द परिभाषा कुन बाहुमा राख्ने उपयुक्त हुनेछ? खोज्नु पर्नेछ।
 भाग बढाउनु दिनु पर्नेछ।

३. उक्त स्थानमा शब्दहरू पायाउ परी गर्ने. कसलाई चिन्त हुन
 सक्छन्? १. सक्छन् [] २. सक्छन् []

३.१ यही सक्छन् भने कुनै जना हुनसक्छन् जुन सक्छन्।

[] जेना

३.२ सक्छन् भने जेना नसक्छन्।

१० प्राइ उल्टो कुन समसमा चिन्त गर्नेछौं? १

- १ विधान २ द्विउत्तर ३ नेतृका ४ उभय

११. तर्कका क्रमलाई बढी प्रभावकारी बनाउन के गर्नु पर्नेछ?

- १ तार्किक विनु गर्ने
 २ ठोस स्वा. को. लाई सहयोग गर्न लगाउने
 ३ समुदायबाट सहयोग पाउनु गर्ने
 ४ सहायक शिक्षा लगाउनु दिनुपर्ने
 ५ कसै (कुनै) होस्।

यो काम प्रतिलिपि गर्ने छु विचारमा रहेको तथ्य के हो।

16. स्वास्थ्य स्वयं सेविका दुनको लागि कार्यमा सहभागी हुनु हुन्छ ?
 पछि अनई प्रति तपाईं सहमति हुनु हुन्छ ?
 १. हु २. हो

१३. १ यदि हुनु हुन्छ भने किन ?

१३. २ यदि सहमत नभएमा किन नहुनु भएको होला ? कुनै कार्य दिनु होस

१४. तपाईंलाई दिइएको औषधी वाक्स (किट वाक्स) मा कुनै समस्या
 औषधी आपूर्ति भएको छ ?

१. हु २. हो

१५. १ कुनै भने किन होला ?

१५. २ कुनै समस्या औषधी वाक्स (किट वाक्स) मा कुनै समस्या
 सचिद्वर वारे निम्न विवरण बतार्नु होस

- | | संख्या |
|---------------|--------|
| १. सिराजोल | _____ |
| २. गिबजल | _____ |
| ३. जि. भि. | _____ |
| ४. कपास | _____ |
| ५. क्याण्डेस | _____ |
| ६. वि. आयोडिन | _____ |

92 तपस्विन आपुले वाचु आपुणे कामाकें रेकॉर्डिंग गरिअसुन बाणकाड
 42 9 द [] 2. द []

93.9 यही वचुं बाणको द तें तें कामाकें रेकॉर्डिंग गरिअसुन बाणकाड
 सुलार दि, होस

94.2 यदि वचुं बाणको दैन मने किं वचुं बाणको होस?

95 तपस्विन आपुणे कामाकें रिपोर्ट आपुणे वचुं बाणको
 9 दानाडु [] 2. वचुं बाणको ।

95.9 यही आपुणे वचुं बाणको नवकाडने नए कसेले वनाडन मय्या जई ?

96 आपुणे कामाकें रिपोर्ट करुलार वुमकाडु सुळ ?

1. हे. पो. मा सेके वुमकाडुन
2. शा. स्वा. का. लाई
3. नवकाडने

96.9 आपुणे रिपोर्ट हे. पो. र शा. स्वा. का. लाई वुमकाडु सुळ ?
 मने कति कति सजयमा वुमकाडु सुळ ?

1. प्रतिनाको अव्यमा
2. हे प्रतिनाको एक पदक
3. तिन महिन्याकें एक पदक
4. असा (वचुं बाणको)

96.2 यही रिपोर्ट वुमकाडु सुळ मने किं नवकाडुन मय्या ?