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

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

**CHILD SURVIVAL 7
SIRAHA PROJECT
QUARTERLY REPORT**

Period: April-June 1993

I. SITE:

SIRAHA DISTRICT, ILAKA 4 AND 5

II. POPULATION:

103, 542 POPULATION:

CHILDREN < 5 YRS : 14, 191

WOMEN 15 - 45 YRS : 21, 763

POPULATION COVERED TO DATE :

POPULATION : 103, 542

CHILDREN < 5 YRS : 14, 191

WOMEN 15 - 45 YRS : 21, 763

III. PROJECT GOAL/STRATEGY:

The goal of this 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 behaviours, including demand for health services. The Revised Objective of this project is presented in Appendix A.

IV. ACTUAL ACCOMPLISHMENT AND ACTION TAKEN:

Accomplishments:

ANTICIPATED ACTIVITIES	ACCOMPLISHMENT
* Conduction and supervision of on going NFE basic and advance classes.	* Regular supervision were done in both classes.
* Finalize and present MTE report to Ministry of Health (MOH).	* Finalized and presented to MOH and other officers at MOH.
* Conduct workshop to review MTE findings and revise action plan for the future program.	* Conducted workshop, revised action plan for the future based on MTE finding.
* Organise SC/US regional health meeting.	* Held at Kathmandu as scheduled.
* Organise vitamin 'A' campaign.	* Vit. A camp was organised in both ilakas. The coverage is 93.2%. (See Appendix B)
* EPI micro planning workshop.	* Not organized because of lack of interest of DPHO.
* Organise communication skill & TOT for project staff.	* Completed nine days training on communication skill and TOT for project staff.
* Promotion of immunization and ORS at NFE centers.	* Completed and evaluated the program. 75% prepared the ORS correctly. (See Appendix C)

V. MAJOR CHANGES IN THIS QUARTER:

MTE report indicated that there was a little possibility to achieve the stated objective of DIP. It was recommended to revise these stated objectives. Thus a workshop was organised to review the DIP and replan.

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Replanning Meeting:

Program Director as well as program officers from education, women development and health sectors attended this workshop. The group revised the objectives and activities plan of CS VII project. (see attached appendix D).

VI. ACTUAL ACCOMPLISHMENT OF THE REVISED ACTIVITIES IN THIS QUARTER TO MEET THE PROJECT OBJECTIVE ARE AS FOLLOWS:-

Co-ordination activities :-

	Health Post	Out Reach Clinic	MOH COORDINATION MEETING
# OF MEETING SCHEDULED	6	10	4
# OF MEETING CONDUCTED	5	5	3

50% ORC meetings were not conducted because of training program in this quarter. The team was little bit behind for training in last quarter; therefore, more time was given for the training in this quarter.

MCH Services:-

	HEALTH POST (HP)	OUT REACH CLINIC(ORC)	EPI
# OF CLINIC SCHEDULED	12	36	360
# OF CLINICS CONDUCTED	12	33	355

- * 3 ORC were not conducted because of heavy rainfall. Staff could not travel to the clinic site.
- ** 5 EPI clinics were not held because of shortage of vaccine and staff in this quarter.

Health Information System :-

**# OF VDC'S RESISTERS
TO BE UPDATED 24**

**# OF COMPLETE
UPDATED TO DATE 21**

**3 VDCs REGISTERS WERE
NOT UPDATED BECAUSE OF
VACANT POST OF VHWS.**

IEC PROGRAM

A workshop on IEC message and material design was organized in the project area. The message were designed on the basis of findings of base line and focus group study, focusing on local culture and custom of community people. The message and materials are designed on 5 health component (CDD, ARI, EPI, FP, Maternal health)

*** Wall painting:**

Wall painting on different health message is completed in different sites of project area.

*** Video program:**

Video show was organized in six places in this quarter. Message about AIDS and family planing were dessiminated through this program. About 2500 people > 10 years benefitted from this program.

*** Slide show through cinema hall:**

Message about diarrhoea was dessiminated through cinema hall. Other slides are under preparation process.

Training Program:

Training Topics	Type and number of participants
1. Diarrhoea & Dehydration ORS Preparation.	* NFE Facilitators - 40 Community development workers and Club Members - 19 VHWS/MCHWs - 27 CHVs - 199
2. Family planning.	* Community Development Workers & Club Members - 19 NFE facilitators - 19 Womens' group - 30
3. Maternal Health	* NFE facilitator - 19 Womens' group - 30
4. EPI	* NFE facilitator - 40
5. Vit A	* CHVs - 199 Helpers for CHVs - 216
6. Traditional Birth Attendants Training (TBAs)	* TBAS - 75

The trainings were organised in small groups consisting of 20 participants. A few trainers were invited from local District Public Health Office and Health Post.

VII. LINKAGES:

A. MOH:

Meetings were held at MOH to present the findings and recommendations of MTE of the project. Regular meetings with DPHO was helpful to accomplish the planned activities.

b. National Vitamin A. Deficiency Control Program:

National Vit.A program supported Vit. A campaign. They provided the capsules of vit.A, the format for recording, posters about Vit.A, and manpower for camp supervision.

VIII. PROJECT MONITORING:

Documentation of HP and ORCs, trainings, meetings and other activities was facilitated through the use of government his forms and formats. It is planned to organize his workshop to designed simple, concise reporting forms and formats in last week of July. It is hoped that it will be helpful for monitoring and evaluating the project activities.

IX. ACTIVITIES FOR NEXT QUARTER:

The next quarterly schedule of the quarter is presented in Appendix D.

X. LITERACY:

It is the time for to test the literacy skill of NFE participants in all centers. Thus, the test was conducted in all 104 basic and advance centers. The result of the test are as follows:

Type of Centers	# of Centers	# of Participants Apeared in Exam.	Passed %
Basic	59	1266	68
Advance	45	697	80

The result of CHVs is given below:

Type of Centerer	# of CHVs Admitted	Requested for exam.	Appeared in Exam.	Passed %
Basic	44	40	37	27 (71%)
Advance	20	18	18	15 (83%)

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APPENDIX - A

REVISED OBJECTIVE OF CS VII PROJECT

1. 90% of mother with less than 2 yrs will have access to JVJ/ORS.
2. 35% of families with child less then 2 yrs will know how to prepare and give JVJ and ORS.
3. 25% of less than 2 yrs child with diarrhoea will be treated with JVJ and receive more food and fluid during and after diarrhoea.
4. 60% of children age 6 month to 60 months will receive 2 dose of VIT"A".
5. 60% of village health register will be up dated.
6. 60% of children age 0 to 23 months will be completely immunized.
7. 50% of women 15 to 45 yrs will receive at least 2 doses TT.
8. 25% of mothers with less than 2 yrs will know sign of ARI and seek advice for treatment.
9. 80% of mothers with less than 2 yrs children will know where treatment is available.
10. 70% of CHVs and 20% of trained TBAs will have basic literacy skill.
11. 20% of eligible couple will use temporary or permanent methods of contraception.
12. 40% of mothers with child less than 2 yrs will know 3 cleans of safe delivery.
13. 30% of pregnant mothers will have an antenatal check up.

APPENDIX - B

REPORT ON VITAMIN "A" CAMPAIGN

Introduction:

A successful campaign of vitamin "A" is completed (93.2% coverage) in 24 VDCs of Siraha SC/US ilaka. The campaign was organized on 14 - 15 May, 1993. Two days campaign was organized with joint cooperation of National Vitamin "A" program, local health post and SC US Siraha. Total target population (6 months to 60 months children) in the area is 14644, among them, 13650 children received vitamin "A".

Activities:

I) Coordination with GOs and NGOs

{XF "all"}A letter describing Vitamin "A" campaign was sent to local health post and DPHO to provide necessary support. Likewise, coordination was made with National Vitamin "A" program to provide Vitamin "A" capsule and other support. The coordination was also done with local club and committees for necessary support. Intersectoral coordination {XF "all"}was very helpful in supervision part of the program.

II. Training

The training was organized for different level of health worker and health volunteers. First, one day refresher training was organized for all 24 VHWs, who have received 5 days training on vitamin "A". Second round training was organized for 216 CHVs. The VHWs were also included in this training, CHVs were taught about the source, importance and dose of vitamin "A". They were also taught about record keeping. While teaching about record keeping, there was a difficulty to teach because of illiteracy. Some of wards has more than 400 children. In such types of wards, CHVs could not manage alone, therefore, it was decided to provide one helper to each CHV. Criteria for selecting the helper were:

- Literate
- Live in same ward
- Willings to work voluntarily

Third level training was organized for helpers. This training was conducted by VHWs in their respective VDC. Training was supervised by SC health staff and other staff.

III. IEC Program

- Miking in all 24 VDCs
- Pamphleting in all 24 VDCs
- Message through CHVs, VHWs, NFE classes, Club, Committee, etc.

IV. Distribution

Vitamin "A" capsules were distributed by CHVs and helpers. All CHVs were given Vitamin "A" capsule, ink, a pencil and standard format to keep record. Ink was given to mark the children who received capsule to prevent repetition of the dose. No allowance but snack was provided to the helpers and CHVs during the campaign. VHWs role on that day was to supervise the activities of the campaign.

V. Supervision System

CHVs were supervised by VHWs, clubs member, & SC US staff. The supervision schedule is attached. All SC US staff did supervision in different ward of different VDC's based on schedule.

VI. Recording/Reporting System

Ward level report was prepared by CHVs and helpers, then the VDC level report was prepared by VHWs. The report prepared by VHWs were submitted to SC US Siraha, Itaka office.

VII. Lessons Learned

- May not required miking for next time because CHVs can inform.
- One day campaign is enough.
- Not necessary to mark the children who received capsule because they are made alert about danger of double dose. They will not repeat.
- Snacks was not required because most of the CHVs distributed capsules in the morning. So instead of snacks it is better to provide in kind incentives like soap dish or soap.
- Better to organize deworming camp together with this campaign, to prevent requirement of extra manpower.

**SUPERVISION SCHEDULE FOR VITAMIN " A" CAMPAIGN
ILAKA # 4**

S. No.	VDCs	Name of Supervisors 2050-2-3	Name of Supervisors 2050-2-4
1.	Jamdah	Bela Ghising	Dhana Malla
2.	Muksar	Gopal Tamang	Bela Ghising
3.	Lalpur	Raj Kumari Gurung	Arjun Thapaliya
4.	Asanpur	Shiva Dongol	Renu Upadhaya
5.	Chandra Lalpur	Ram Dayal Saha	Tulsi
6.	Chandra Udayapur	Arjun Thapaliya	Surya Binod Pokhrel
7.	Chandra Ayodhapur	Janaki Shrestha	Raj Kumari Gurung
8.	Barchawa	Dhana Malla	Lila Nath Pandey
9.	Balkawa	Kalyani	Janaki Shrestha
10.	Betauna	Badri Ram	Kalyani
11.	Mahanour	Bideshwor Mahato	Ram Dayal Saha
12.	Devipur	Chola Kanta Sharma	Shyam Dhakal

ILAKA # 5

1.	Phulkahakatti	Avimannu Adhikari	Avimannu Adhikari
2.	Bislanipur Katti	B.B. Dhakal	A. K. Singh
3.	Dhangadhi	Chandra Shyangbo	S.S. Jha
4.	Pokhervinda	D.P. Dev.	Janaki Chaudhary
5.	Maheshpur	S.S. Jha	Jagannath Khanal
6.	Laxmipur	S.S. Jha	Ram Kumar Mishra
7.	Kharkihai	Lilanath pandey	Khila Nath Niraula
8.	Mohanpur	Janaki Chaudhary	Chola Kanta Sharma
9.	Pipra	Kila Nath Niraula	Chandra M. Shyangbo
10.	Bhawanipur	Jaganath Khanal	D. P. Dev
11.	Ayodhya Nagar	A.K. Singh	Narayani Joshi
12.	Hanuman Nagar	Narayani Joshi	S. S. Jha

APPENDIX - C

REPORT ON JEEVAN JAL AND IMMUNIZATION MESSAGE DISSEMINATION PROGRAM THROUGH NFE CENTRE

A. OBJECTIVE

To up grade the knowledge attitude & practice (KAP) level of mothers about Jeevan Jal (preparation and use) & immunization.

B. INTRODUCTION:

It was three month long program started from Falgun 26 (March 9th '93) and ended on Jeshta 30 (May 15th '93). It was scheduled to train all 117 NFE facilitators from ilaka 4 & 5 but only 95 facilitators received the training. After receiving one day training, the facilitators were provided a set of equipment, Jeevan Jal (JVJ) packets, and small information board of immunization schedule as teaching materials. Each centre who received training would be able to teach their participants for 15 days after their regular classes. Every member of the center has to practise JVJ preparation within 15 days. After 15 days the teaching materials provided by the office was handed over to another center who just received the training. Evaluation of the program was done after completing the training/teaching process in all trained centre.

C. CO-ORDINATION:

First of all coordination was made with education sector to discuss about launching this program through NFE centers. Education coordinator Mr. Ishwor Khattri was very helpful and good advisor for this program. CS VII' project staff are very much thankful to him and to his staff. In coordination with education coordinator training schedule and activities procedure were prepared. Coordination was also done with local DPHO to obtain JVJ packets. 500 packets of JVJ were received from District Public Health Office (DPHO).

D. TRAINING:

One day refresher training was organized for all facilitators. Pre-test was carried out at the beginning of the training, to identify their KAP level about JVJ & immunization. It was found that immunization KAP level was lower than JVJ. Thus the emphasis was given on immunization. NFE facilitators were divided into five groups and training was organized in every 15 days interval.

E. SUPERVISION:

Effective supervision was done by not only health and education staff but also by other SC/US staff. A supervision schedule was prepared by IEC coordinator and was circulated to every staff members of SC/US Siraha..

F. EVALUATION:

After completing the training and teaching process in all centers, evaluation was done by all SC/US staff and NFE supervisors. A short questionnaire and checklist was prepared for the test. Short instruction was given to the NFE supervisors and other staff to the make data collection effective process. Two person from each centre were sleeted randomly. The person who was selected randomly would have to demonstrate JVJ preparation then answer the question about immunization. The sample consisted of 190 of participants 95 NFE centers. Hand tabulation was done and it took three days. Finding are presented in next page.

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G. FINDINGS:

The main findings are as follows:

- * 93.7% of the respondent washed their hands before the demonstration.
- * 92.6% of the respondent used clean pot.
- * 97.4% of the respondent used full 6 glasses of water.
- * 77.9% of the respondent tested the JVJ.
- * 96.8% of the respondent used whole packet of JVJ.
- * 91.6% of the respondent mixed thoroughly JVJ during the preparation time.
- * 74.7% of the respondent correctly prepare the JVJ.
- * 77.9% of the respondent reported that 24 hrs in appropriate time of prepared JVJ and rest of them reported don't know and other answers.
- * 57.4% of the respondent reported that the actual age of TT. (i.e. 15-45)
- * 53.2% of the respondent have knowledge on TT dose.
- * 22.6% of the respondent have no knowledge on TT dose.
- * 91.2% of the respondent reported that positive attitude on immunization.
- * 95.8% of the respondent have good knowledge on water for preparation of JVJ.
- * 21.0% of the respondent reported EPI services available places. (i.e. VHW, CHWs)
- * 27.9% reported that EPI service is available at Health Post (HP).
- * 17.9% reported hospital.
- * 14.7 % of the respondent reported that EPI service is available at ORC/MCH clinic.
- * 18.8% of the respondent have no knowledge of EPI service available place.

The data exhibits that most of the NFE participants have good knowledge on JVJ. The result showed 74.7% of the total respondent prepare the JVJ correctly. The previous study (FGD) revealed only 11.9% of the family member prepare JVJ correctly. It is noteworthy that the program of the JVJ was more effective and knowledge on JVJ is higher than immunization.

APPENDIX - D

SAVE THE CHILDREN US/NFO QUARTERLY ACTIVITY PLAN												
Name: Health Sector		IA/Cluster/Ilaka:										
ENGLISH MONTH ACTIVITY	July				Aug				Sept			
	1	2	3	4	1	2	3	4	1	2	3	4
1. LEAVE												
2. MCH/EPI CLINIC	X				X				X			
3. NAUTANKI PROGRAM.			X									
4. WALL PAINTING	X											
5. SLIDE SHOW THROUGH CINEMA HALL.		X	X	X	X	X	X	X	X	X	X	X
6. ORC/HP MGMT COM. TRAINING.					X							
7. HP/ORC COM. MEETING.		X			X					X		
8. CHVITBA MEETING.		X			X					X		
9. ARI/FPMCH TRAINING TO VHWS.			X									
10. VHW'S MEETING.			X				X			X		
11. CHV'S TRAINING.						X						
12. PROVIDE EQUIPMENT FOR MCH ROOM TO HP. ANM TRAINING.		X										
13. DPHO/HP CO-ORDINATION MEETING.			X									
14. WOMEN'S GROUP TRAINING.	X										X	
15. FP DEVICES DISTRIBUTION.	X	X	X	X	X	X	X	X	X	X	X	X
16. MASS MEETING FOR HEALTH INFORMATION.		X								X		
17. HIS TRAINING TO HP STAFF.				X								
18. TECHNICAL TRAINING TO HP STAFF.			X									
19. CHV/TBA ENTRODUCTION PROGRAM.	X	X	X	X	X	X	X	X	X	X	X	X
20. A TRIP TO SARRA FOR TRAINING ON RURAL DEVELOPMENT IN BANGALORE, INDIA.										X	X	

FILE : QRY-RP.DOC
NARMAYA/NEETA/JULY 16, 1993

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