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

Cooperative Agreement No. FAO-0500-A-00-2034-00

**CHILD SURVIVAL 8
QUARTERLY REPORT**

Period: January-March 1993

**SAVE THE CHILDREN US
NEPAL FIELD OFFICE**

CHILD SURVIVAL VIII

**AGREEMENT NO-FAO-0500-A-00-2034-00
QUARTERLY REPORT JANUARY-MARCH 1993**

- I. Project Area: Nuwakot District, Ilakas 1, 12 and 13
Total VDCs: 14
- II. Population: 38098 Children under 5 years: 6096
Women 15-45 years: 7620
- III. Objectives of the Second Quarter - January to March 1993:

a. Goal:

Sustained reduction in infant child and maternal mortality and morbidity through empowering families to address their health, educational and development needs and by creating an increased demand for improved government health services.

b. Objectives:

The following are the objectives and achievements for this quarter:

1. To establish two other Ilaka offices in Ilakas 1 & 13.

Achievement:

Two additional Ilaka offices were established in Ilakas 1 and 13. Houses were rented for office and staff quarters. Most of the supplies and equipment were procured for both Ilaka offices. Each Ilaka offices is staffed with one Field Coordinator and four sectoral staff.

2. To strengthen the linkages with government offices.

Achievement:

- a. The formal agreement between Ministry of Health and Save the Children US is completed in March 1993.
- b. The formal inauguration program of Child Survival VIII was organized on March 30, 1993, in Ilaka 12 of Nuwakot District. All the concerned government officers, chairman of District Development Committee, VDC Chairmen and Vice-Chairmen and local NGOs of Nuwakot District were invited. It was inaugurated by the Honorable Vice-Chairman of the National Planning Commission, Dr. Ram Saran Mahat.

3. To prepare a detailed implementation plan (DIP) of project activities.

Achievement:

A DIP workshop was held from January 20-22, 1993 in Nuwakot District to prepare Child Survival VIII DIP. The workshop was facilitated by Ms. Donna Sillan, Regional Health Consultant of SC/US. CS VIII DIP was produced and submitted to USAID.

4. To establish 104 Nonformal Education (NFE) centers.

Achievement:

One hundred four NFE centers were established by SC/US and some NFE classes were established in 2 VDCs of Ilaka 1 by Basic Primary Education Project as a result of coordination with District Education Office.

Problems/Concerns:

Seven out of 104 SC/US NFE centers were dropped because of local political problems and inappropriate site selection by local facilitators.

5. To obtain baseline data regarding literacy status of Community Health Volunteers (CHVs).

Achievement:

Literacy status of CHVs in Ilaka 1 was obtained. Out of 45 CHVs only 6 were found to be literate. Literacy education of the remaining CHVs in Ilakas 12 and 13 are underway.

6. To support activities related to education.

Achievement:

Eighteenth Education Day was observed in February, 1993, in Ilaka 1 and 12. NFE participants attended the function displaying playcards and slogans. NFE participants and facilitators emphasized the importance of education.

7. To train NFE Facilitators.

Achievement:

NFE Facilitator Training was organized at Samundratara in Ilaka 12 of Nuwakot District. There were 104 participants. The training program was organized twice because of the large number of participants. They were divided into two groups. The group received training from December 25 to January 3, 1993, and the second group from January 6 to 15, 1993. (See appendix 3)

8. To coordinate with District Public Health Office (DPHO) and health posts to identify MCH mobile clinic sites and prepare clinic schedules.

Achievement:

a. Save the Children US is working in full collaboration with DPHO and health posts to strengthen rural maternal child health (MCH) service delivery. A workshop was conducted with DPHO and health post incharges from March 3 to 6, 1993, in Ilaka 1 (See appendix 2). It was organized to initiate the MCH mobile clinic.

9. To initiate MCH mobile clinics in all Ilakas.

Achievement:

To initiate the MCH mobile clinics, 16 mothers' groups that had been formed by Ministry of Health were revitalized. 28 MCH mobile clinic sites were identified, i.e., two sites per VDC. Fifty three CHVs in Ilakas 12 and 13 received two days' training on management and organization of MCH mobile clinics. The training for the rest of the CHVs is underway.

10. To provide training to health post staff, other NGOs and Save the Children US Nuwakot team on AIDS.

Achievement:

A training on AIDS prevention and control strategies including management of sexually transmitted disease (STDs) was organized from January 14 to 18, 1993, at Samundratara, Nuwakot District. Two health post Incharges, 11 Save the Children US Nuwakot staff and one staff of Srijana Bikash Kendra participated in the training program (See appendix 1).

11. To conduct STD camps in all Ilakas.

Achievement:

A STD camp was organized in collaboration with DPHO, National AIDS Control Project and Women Rehabilitation Center (WOREC) at four sites in Ilakas 1, 12 and 13. Four hundred ninety clients out of 100 attendants with STDs and other related conditions benefitted from the camp. One female and one male doctor served the clients. All camps were organized at health posts with the help of health post Incharges and other health post personnel.

12. To raise awareness about AIDS prevention and control among high school students.

Achievement:

An essay competition on "Role of students in controlling AIDS" was held among high school students of Ilakas. Twelve students from high schools participated in the competition. Prizes were given to the winners. This function was organized at Ramati high school in Ilaka 12.

13. To assess the problems related to EPI program and determine possible solutions.

Achievement:

A meeting was organized to analyze the problems of the EPI program. Identified major solutions were cold chain maintenance and refresher training for VHWs. It was decided that SC/US would provide 30 liters of kerosene to maintain cold chain to Kaule health post and Samundratar health post.

14. To initiate Early Childhood Development (ECD) activities.

Achievement:

A four day long workshop was conducted to formulate the strategies and curriculum of parenting education (PE), home-based child care center (HBCC), and child to child classes (see appendix 4).

Community level meetings were conducted on PE and HBCC. Two PE classes were initiated.

15. To form a savings group for the self-help of village women.

Achievement:

One savings group was formed.

16. To train the staff.

Achievement:

Training programs and workshops were organized according to the needs of the staff members, focusing on projects requirements. The following staff members received trainings related to the nature of their jobs:

TITLE	TOPIC	DURATION
10 NFE Supervisors	NFE Center Supervision	5 days
1 Field Coordinator	Gender Analysis	4 days
3 Women Development Coordinator	Training of Trainers	5 days
1 Field Coordinator	"	"
2 NFE Coordinator	"	"
1 IEC Coordinator	"	"
Deputy Public Health Coordinator	"	"
Health Research & Training Officer	"	"
1 Field Coordinator	Legal Rights	3 days
4 Women Development Coordinator	Focus Group Research on AIDS	7 days
1 Field Coordinator	"	"
3 Community AIDS Educators	"	"
IEC Coordinator	"	"
Accountant	"	"
Women's Development Program Officer	ECD Conference Singapore	7 days

PROJECT ACTIVITIES FOR THE NEXT QUARTER - APRIL TO JUNE, 1993:

- Formation of six parents' groups, i.e., 6 fathers' and 6 mothers' group.
- Formation of three child to child groups.
- Formation of three NFE women's groups.
- Organization of one teacher' training ECE.
- Attending one VDC level meeting.
- Refresher training for facilitators.
- Conduct 42 MCH mobile clinics.
- 10 days training for TBAs.
- Organization of two days' training for 14 VHWs.
- Refresher training for 126 CHVs.
- Vitamin A camp will be held in each Ilaka.
- TT mass camp will be organized in each high school.
- Organization of school health program in all secondary schools.

ANTICIPATED TRIP:

- | | | | |
|----|------------------------------|--------|---|
| 1. | Country Director | Berlin | IXth International
Conference on AID in
affiliation with the
IVth STD World Congress |
| 2. | Public Health
Coordinator | " | " |

Appendix 1

REPORT ON AIDS TRAINING AT NUWAKOT

INTRODUCTION

"AIDS Education and Prevention Project" has been planned for Nuwakot District because Nuwakot District has been identified in national surveys and journals as presenting one of the most serious problems of female trafficking and prostitution in Nepal. All identified cases of Nepalese with full-blown AIDS were prostitutes who have returned from India. Therefore more attention must be given to educating young women and their families where there is the most prostitution. Thus, SC/US targeted this district to support Nepal's National AIDS Prevention Project. This project combines the multi-sectoral expertise of SC/US, Srijana Bikash Kendra and Nepal National Social Welfare Association (NNSWA).

One of the objectives of this project is to train 80% of Srijana Bikash Kendra, NNSWA, government health post, District Education Office and SC/US staff in how to provide AIDS education, counselling, referral, and support services to villagers. According to this objective, a five days' AIDS training program was organised at the SC/US Ilaka office in Samundratara, Nuwakot district. The training was from January 14-18, 1993. There were 15 participants. Out of these, two participants were health post incharges, and one was from Srijana Bikash Kendra. The rest of the participants were SC/US Nuwakot team members. There were three facilitators to conduct the training program.

GENERAL OBJECTIVES:

The objectives of the training program were as follows:

- To update and upgrade the level of knowledge and skills regarding HIV/AIDS and STDs.
- To review the latest information about HIV and AIDS
- To share information about HIV among themselves and then to clarify what it is they do not know.

TRAINING ACTIVITIES:

It is important that participants and facilitators all feel comfortable during the training session. The initial job of the facilitator is to begin training with activities that will build trust and help participants feel comfortable. Ice breaking exercises were performed to build trust and create a comfortable environment. At the beginning of the session, a picture of HIV was put on the board and participants were asked to write about it on a piece of paper. Answers were interesting such as flower, world, globe, HIV, egg, etc. To help the participants become acquainted and to speak as a full member of the training program, they were grouped into pairs. Each pair was given five minutes to draw or find an object which can serve as a symbol of what AIDS means to them. Each pair was invited to explain why they chose or drew that particular symbol and at the same time to introduce themselves to the group. The participants enjoyed and seemed happy during this introduction period. Creative and meaningful symbols were presented.

For active participation, participants voluntarily served as officers of the day (two officers for a day) on a rotational basis. The responsibilities of the officers of the day were to announce the activities of the day's session, display a daily time table and report what they had learnt from the sessions. A management committee consisting of two members was also formed in a similar manner. Their responsibilities were to arrange and maintain the cleanliness of the classroom, monitor resources and arrange tea and snacks for the tea break.

The major components of the training program were the meaning of HIV/AIDS, the HIV/AIDS situation, modes of transmission, high risk behaviours, signs and symptoms of AIDS, AIDS: as a multidimensional issue, key interventions and approaches to control and prevent HIV/AIDS, counselling, management of STDs, role of condoms in prevention of HIV/AIDS/STDs, rules for developing a successful AIDS advertising camp, universal and environmental precautions to prevent AIDS, factors leading to HIV infection and principles of behaviour change. Various teaching and learning methods were adopted such as group work, demonstration, role play, games, group discussion, brainstorming, individual work, story telling and play. To make the sessions interesting and effective, various medias were prepared, for instance posters, jigsaw puzzles, pictures, videos on HIV/AIDS, statement cards (containing information about high, low, no risk behaviours), statement papers, etc. Games were organized. Simple prizes like notebooks and pens were given to winners.

Participants seemed very interested and enthusiastic. They asked a lot of questions, discussed very well and took eagerly part in all activities. From this, one could say that they were eager to learn and did not feel uncomfortable. This may be due to their own learning expectations and their interest. The learning expectation session created this situation too.

9

EVALUATION:

Evaluations at the end of each day and a final evaluation at the end of the training period were done. At the end of each day, the participants were requested to evaluate the day's training. To make it simple, they were given paper and told to list both clear and unclear topics. Feedback was given to each participant by clarifying those topics. Feedback was also given to facilitators so that they can make it more clear to participants.

The daily evaluations reminded people of the activities in which they had participated and of what they had learned during training. The report of the officer of the day also reinforced. Similarly, the facilitators also learned from participants' evaluations what was most successful and what the facilitators might want to change next time. The majority of them were satisfied with the training program. Very few suggestions were given like shortening the training period, slide-shows, changing the training places and preferring a more homogeneous group.

At the end of the training period, all participants were thanked for their effort and congratulated on their success.

LESSON LEARNED

- Training was really enjoyable because all the participants and facilitators actively took part. All felt free to participate in the training.
- More audio visual aids are needed such as film and slides on HIV/AIDS.
- Video shows were not shown according to time table because of the unavailability of mobile. The shows were organized later.

Conclusion:

AIDS training was organized for NGO and GO staff in Samundratar in Nuwakot District. Fifteen staff actively participated in that training. Participants were exposed to various activities regarding HIV infection/AIDS and management of STDs.

Name List of the Participants:

1. Ms. Ambika Acharya SC/US
2. Ms. Bhim Kumari Pun SC/US
3. Mr. Bramha Dev Shah HP incharge
4. Ms. Durga Regmi SC/US
5. Ms. Jamuna Lama SC/US
6. Mr. Krishna Gurung SC/US
7. Ms. Manju Maharjan SBK
8. Mr. Manoj Dhakal SC/US
9. Ms. Maya Gole SC/US
10. Mrs. Meera Rana SC/US
11. Mr. Netra Bhatta SC/US
12. Mr. Ram Pukar Mandal HP incharge
13. Ms. Ranjana Khanal SC/US
14. Ms. Sharmila Shrestha SC/US
15. Mr. Tulsi Gurung SC/US

Name List of the Facilitators:

1. Mr. Bishwa Ram Shrestha SC/US
2. Mrs. Naramaya Limbu SC/US
3. Mr. Ravindra Thapa SC/US

Note: SBK - Srijana Bikash Kendra

TRAINING ON AIDS PREVENTION AND CONTROL STRATEGIES

Time Table

Day 1:

<u>Topic/Activities Person</u>	<u>Time</u>	<u>Responsible</u>
1. Warm up	11:00 - 11:05	Ravindra Thapa
2. Introduction	11:05 - 11:50	Naramaya Limbu
3. Orientation of the training	11:50 - 12:10	Ravindra Thapa
4. Common worries about AIDS	12:10 - 12:30	Ravindra Thapa
5. Expectations	12:30 - 01:00	Bishwa Ram Shrestha
Tea Break	01:00 - 01:30	
6. HIV/AIDS	01:30 - 02:30	Naramaya Limbu
7. HIV/AIDS situation	02:30 - 03:30	Ravindra & Bishwa
Tea Break		

Day 2:

1. Officer of the day report	10:00 - 10:10	
2. Modes of transmission	10:10 - 11:40	Naramaya & Bishwa
3. High risk behaviors	11:40 - 12:40	Naramaya Limbu
Tea & Snack Break	12:40 - 01:00	
4. Signs and symptoms	01:00 - 01:45	Bishwa R. Shrestha
5. AIDS: a multidimensional issue	01:45 - 02:15	Ravindra Thapa
6. Ethics of AIDS: knowing HIV status	02:15 - 03:00	Ravindra Thapa
Tea Break	03:00 - 03:45	
7. "Sadak Natak" (video show)	03:45	

Day 3:

- | | | |
|----------------------------------|---------------|-------------------|
| 1. Officer of the day report | 10:00 - 10:10 | |
| 2. Key Intervention & approaches | 10:10 - 10:30 | Ravindra Thapa |
| 3. Management of STDs | 10:30 - 12:00 | Ravindra & Bishwa |
| 4. Video show "Raas" | 12:30 onwards | |

Day 4:

- | | | |
|--|---------------|-------------------|
| 1. Officer of the day report | 10:00 - 10:10 | |
| 2. Role of condoms in prevention of HIV/AIDS/STDs | 10:10 - 11:40 | Naramaya & Bishwa |
| 3. Seven rules for developing a successful AIDS advertising camp | 11:40 - 01:10 | Naramaya Limbu |
| Tea & Snack Break | 01:10 - 1:40 | |
| 4. Counselling HIV/AIDS | 01:40 - 03:30 | Ravindra Thapa |
| 5. Universal and environmental precautions to prevent HIV | 03:30 - 04:00 | Naramaya Limbu |
| 6. Video show on AIDS | 04:00 onwards | |

Day 5:

- | | | |
|---|---------------|---------------------|
| 1. Officer of the day report | 10:00 - 10:10 | |
| 2. Guidelines on sterilization and disinfection to prevent HIV infection | 10:10 - 11:10 | Bishwa Ram Shrestha |
| 3. Approaches to slow down the progression of AIDS:
- current treatment & care
- diet
- physical fitness
- stress reduction
- referral | 11:10 - 12:10 | Ravindra & Bishwa |
| 4. Factors leading to HIV infection:
- sex worker
- young person | 12:10 - 01:10 | Naramaya Limbu |

Tea & Snack Break	01:10 - 01:40	
5. Principles of behavior change	01:40 - 03:00	Ravindra Thapa
6. Evaluation of the training	03:00 - 03:20	Ravindra & Bishwa
7. Activity: open - HIV replication	03:20 - 03:50	Naramaya Limbu
8. Evaluation results & closing	03:50 onwards	Ravindra Thapa

NOTE: Video shows were shown later because of lack of mobile for generator.

APPENDIX 2

Reported by:

Maya Gole
Manoj Babu Dhakal

March 16, 1993

REPORT ON MOBILE CLINIC WORKSHOP

1. Introduction:

A four day long mobile clinic workshop was held at Salle maidan health post, Ilaka 1 of Nuwakot District from March 3 to 6, 1993. Eleven participants were involved in the workshop (see appendix 2B).

2. Objectives:

Objectives of the mobile clinic workshop were:

- i) To orient participants about MCH mobile clinic,
- ii) To plan training for CHVs on MCH mobile clinic,
- iii) To make estimate about procurement supplies for MCH mobile clinic, and
- iv) To brief about technical knowledge on management of MCH mobile clinic.

3. Issues Discussed:

I. Introduction:

At the beginning of the workshop, all the participants were requested to define MCH mobile clinic. Each participant tried to define MCH mobile clinic and by the end they come to a conclusion and prepared a definition of MCH mobile clinic as follows:

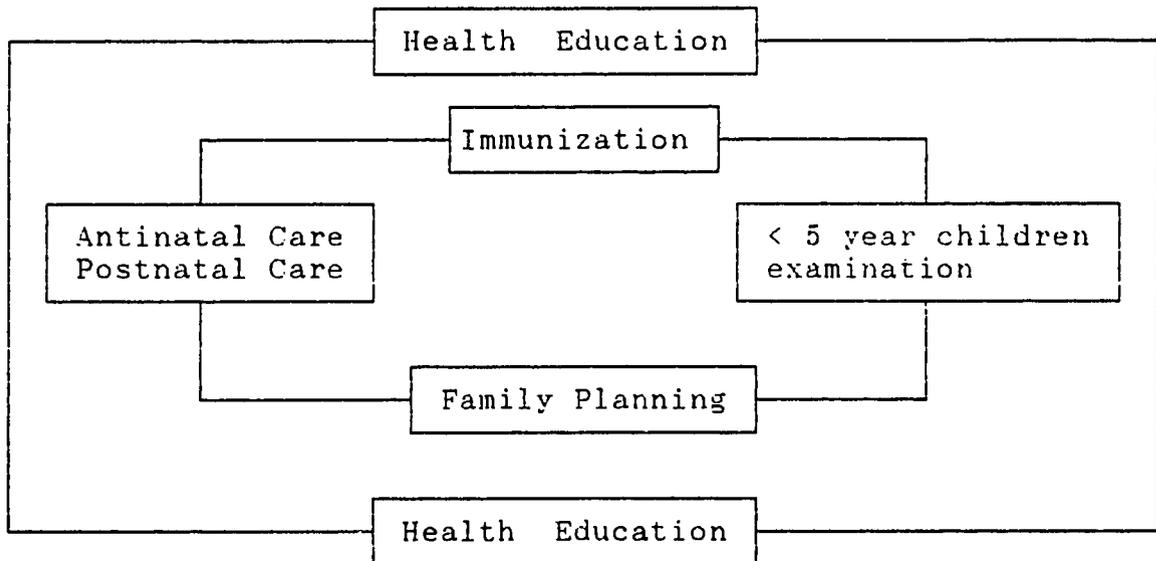
Mobile clinic is a program conducted by health workers in various inaccessible places to provide preventive and promotive and post natal care to mothers and to under five year old children.

II. Activities of MCH Mobile Clinic:

With an objective of preventive, promotive and curative care for community people, the following services will be provided in MCH mobile clinics:

- Health education
- Immunization
- ANC/PNC
- Examination of under five year old children
- Family Planning

Health education is included in each activity of the MCH clinic.



III. Organization of Mobile Clinic:

A. Manpower

To conduct a mobile clinic five personnel (health workers) are required for the clinic. They are:

- Staff Nurse/CMA/ANM - 1
- VHW - 1
- CHVs - 2 and
- Peon - 1

Their responsibilities and duties will be as follows;

Staff Nurse/CMA/ANM:

- Examination of under 5 year old children.
- Examination of antenatal and post natal mothers.
- Medicine distribution
- Health education
- Recording/reporting

VHW:

- Immunization

CHVs:

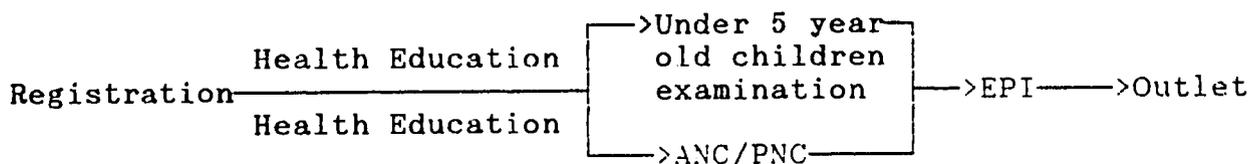
- Health education
- Guidance and mass control
- Motivation for mothers
- If possible, registration

Peon:

- To carry equipment and medicine

B. Client Flow:

All the participants agreed to draw a diagram for client flow in a mobile clinic which is shown below:-



IV. Types of Disease:

During the workshop, all the participants discussed the following types of disease which could be seen during a mobile clinic and the participants were briefed on each topic.

- Diarrhoea/vomiting
- Dysentery
- ARI (pneumonia/Otisismedia)
- Malnutrition
- Vitamin deficiency (Vitamin A, C)
- Worm infestation
- Fever
- Skin infection (scabies, impetigo, abscess, ringworm)
- Conjunctivitis.

Participants of the workshop stressed to make mobile clinic in every Ilaka uniform.

V. Recording:

Records will be kept as in Gorkha Ilaka # 1. Service sheet and tally sheet will be used.

VI. Planning on Mobile Clinic' CHV Training:

Before operation of mobile clinic in each ilaka, a two day orientation will be provided for CHVs. Participants of the workshop prepared CHV orientation schedule (see appendix 2-C). Refresher training for CHVs will be provided according to need.

VII. Estimated Drugs and Supplies:

All the participants expressed their views about drugs and supplies. They discussed the following medicine:

- Antibiotic:
Syp Septran, Ampicillin, Metranidazole
Cap Ampicillin, Septran
- Antipyretic/analgesic:
Syp Cetamol, Tab Cetamol
- Antiallergic:
Tab Antelargin
- Antiworms:
Tab Mebendazole, Syp Peprazine
- Vitamin:
Vit A cap, Tab B complex, Tab follic acid, Tab Ferus Sulfate, Tab Calcium.
- Antiseptic:
G.V/M.C, Tr. Iodine, tr. Benzoin
- Antiscabies/Antifungal
Lotion Scabion, White Field Ointment
- Others
Saframycin ointment, Chloromphenical ointment, Neosporin ointment/powder, Chloromphenical eye drops.

VIII. ANC/PNC at Mobile Clinic:

The participants discussed ANC/PNC activities. Topics of discussion were minor and major disorders in pregnancy, high risk pregnancy, postnatal complications and common possible solutions to these problems.

IX. STD Camp (Sexually Transmitted Disease):

A brief orientation about STD camp was given:

A. The objectives of the STD camp were explained as

- To provide treatment to patient with STD
- To provide counselling to patient with STD, and
- To provide on the job training to health staff, HP staff on identification and case management of STDs.

B. Staff Flow

All the participants discussed staff flows at STD camp and agreed to divide themselves into four STD camp areas as follows:

a. Sallemaidan HP, Chhap (March 14, 15):

- Maya Gole
- Netra Prasad Bhatta
- Manoj Dhakal
- Bishwo Ram Shrestha
- Naramaya Limbu
- Ravindra Thapa
- Ramesh Adhikari

b. Routbesi HP (March 17, 18):

- Ranjana Khanal
- Netra Prasad Bhatta
- Raj Kishwor Mahato
- Tarini Prasad Ghimire
- Bhim Kumari Pun

c. Samundratar HP (March 20, 21):

- Bhim Kumari Pun
- Motilal Bishwokarma
- Netra Prasad Bhatta
- Kamala Thapa
- Radhika Kuinkel
- Bishwo Ram Shrestha

d. Ghayangphedi VDC Bhawan (March 23, 24):

- Bishwo Ram Shrestha
- Ranjana Khanal
- Netra Prasad Bhatta
- Maya Gurung
- Motilal Bishwokarma
- Radhika Kuinkel
- Brahma Dev Sah

X. Policy of MCH MobileCH Mobile Clinic:

After a long discussion, participants prepared the following policies to conduct MCH mobile clinic effectively as well as regularly:

- A. In each VDC of the project area, two mobile clinics will be organized bi-monthly.
- B. Target group will be pregnant women and under five year old children.
- C. A health check up card will be provided to under five year old children who comes to the mobile clinic for one year. They will be charged Rs. 5/-. If card is lost Rs. 5/- will be charged and another card will be issued.
- D. A Health check up card will be issued to pregnant mothers at a charge of Rs. 2/- per card.
- E. All participants decided to not form a management committee for MCH mobile clinic. Mothers group of respective site will act as mobile clinic management committee.

4. Conclusion:

This workshop ended successfully. All participants participated very actively. During the workshop period, a two day long orientation program for CHVs was organized by DPHO at Sallemaidan HP. Participants of Save the Children US got an opportunity to be introduced to them. We briefly presented our program to DPHO and CHVs. this type of workshop should be organized in a timely manner for good coordination with DPHO staff which can be helpful for health program implementation.

APPENDIX 2-A

March 3

- Day 1
- Introduction
 - Expectations
 - Objectives

Issues Discussed

- Introduction of MCH mobile clinic
- Activities of MCH mobile clinic
- Organization of MCH mobile clinic
- Listing types of diseases

March 4

Day 2 Brief about diseases

- Diarrhoea/vomiting
- Dysentery
- ARI (pneumonia, otitismedia)
- Worm infestation
- Malnutrition
- Vitamin deficiency (Vit. A, C and B complex)
- Fever
- Skin infection (scabies, impetigo, abscess, ringworm)
- Conjunctivitis

ANC and PNC care at MCH mobile clinic

- Minor and major problems in pregnancy
- High risk of antenatal mother
- Common possible solution for identified problems in mobile clinic.

March 5

Day 3 To make CHVs course content for mobile clinic

- To make two days' orientation class for CHVs
- Decide the orientation date for CHVs in three ilakas
- Decide number of personnel for orientation classes
- Decide nature of general health education according to seasons at mobile clinic (Jeevan Jal, diarrhoea, vomiting, nutrition, surrounding environmental sanitation, ARI, family planning, ANC/PNC, STDs and AIDS etc).
- Policy of mobile clinic

March 6

- Day 4
- Estimate drugs needed for MCH mobile clinic
 - Discuss STD camp
 - Objectives of STD camp
 - Staff flow at STD camp
 - Estimate requirements for STD camp
 - Discuss supplies for STD camp

APPENDIC 2-B

List of Participants

<u>S/No.</u>	<u>Name</u>	<u>Designation</u>	<u>Office</u>
1.	Ravindra Thapa	Project Coordinator	SC/US
2.	Bishwo Ram Shrestha	AIDS Project Coordinator	"
3.	Netra Prasad Bhatta	Staff Nurse	"
4.	Bhim Kumari Pun	Staff Nurse	"
5.	Maya Kumari Gole	Staff Nurse	"
6.	Ranjana Khanal	ANM	"
7.	Motilal Bishwakarma	CMA	"
8.	Manoj Babu Dhakal	CMA	"
9.	Ramesh Adhikari	HP Incharge	Salte Maidan HP
10.	Raj Kishor Mahato	HP Incharge	Rout besi HP
11.	Brahma Dev Sah	HP Incharge	Shikher Besi HP

APPENDIX 2-C

CHV ORIENTATION PLAN

<u>VDC/ILAKA #</u>	<u>Date</u>	<u>Venue</u>	<u>Resource Person</u>
<u>Ilaka # 1:</u>			
Talakh/Chhap	Apr. 6, 7	Chhap Office	Maya/Manoj
Shikre/Likhu	Apr. 8, 9	Salle Maidan HP	Maya/Manoj/ Ramesh Adhikari
Mahakali	Apr. 10, 11	VDC Bhawan	" " "
<u>Ilaka # 12:</u>			
Samundraratar/ Sundra Devi	Apr. 28, 29	Salle Maidan HP	Bhim/Moti/RP Mandal
Balkumari	Apr. 7, 8	VDC Bhawan	" "
<u>Ilaka # 13:</u>			
Routbesi/Betini/ Gaoukharka	Mar. 15, 16	Routbesi HP	Ranjana/Netra RK Mahato
Shikherbesi/ Ghangphedi	Mar. 25, 26	Shikherbesi HP	Ranjana/Bhim/ Netra/BD Sah

APPENDIX 3

A short report on facilitator training:

Introduction:

The people of rural and remote areas suffer from economic and social problems such as illiteracy, poor health, poverty and ignorance. The impact tends to be much greater on women than on men. Generally women are considered weak and decisions are made by the men in their society. The women are less educated than the men and they are burdened with household chores. The tradition of early marriage leads to the responsibilities of early motherhood. In our project area, teen age groups of women and girl are going to earn money as prostitute in Bombay and other parts of India.

Save the Children (US) is providing program to raise awareness among the 15-45 year old population through nonformal education (NFE) program, focusing on the women's groups. In fiscal year 1992-93, a total 104 NFE centres were established. A NFE facilitator training program was conducted at Samundratar, Ilaka 12 of Nuwakot district. NFE facilitator training was done in two groups this years.

Training Date and Venue:

1. 1st groups - Dec. 25, 1992, to Jan. 3, 1993.
- Divided into three sections.
2. 2nd groups - Jan. 6, 1993, to Jan. 15, 1993
- Divided into two sections.
3. Venue at Samundratar, Nuwakot.

Training Duration:

Training duration was ten days.

Number of Participants:

Ilaka # 1 - 29 participants
Ilaka # 12 - 42 participants
Ilaka # 13 - 33 participants

Total participants were 104.

1st groups - 61 participants
2nd groups - 43 participants.

Objectives of Training:

1. The main objective of this training was to encourage the participants to teach Naya Goreto books (literacy and numeracy)
2. To introduce Save the Children (US) overall mission and working style with community people.
3. To help the participants become more aware of their problem, resources and human dignity.
4. To encourage them to improve the quality of life in the community.
5. To help the participants acquire skills in action planning so that they can solve their own problems.
6. To provide alternative opportunities for attending in school to those who do not have access to formal education.

Training Methodology:

The nonformal education program plays a major role in the community in creating awareness of various development activities. Nonformal education's methodology is different from formal education. Adult learning is unique.

The nonformal education program adopted a participatory approach. The facilitator and the participants shared their ideas and opinions. The NFE teaching methods were as follows:

1. Peer teaching methods
2. Introduce methods
3. Testing methods
4. Game play methods.

Materials Used:

During training period, we used materials published by the Ministry of Education and Culture, that Naya Goreto 1st Step to 4th Step and facilitators' guide books and teaching methods.

At the same time, we provided health education, including AIDS education, and we distributed AIDS news papers and bulletin also.

Impressions:

During the days' training course, trainees seemed attentive. Few participants could not absorb the information. No participants knew about nonformal education. After three days of training, they picked up what the trainer was teaching.

We were so glad to be provided supervision and guidance about NFE training program from the Deputy Director. NFE Program Officer, Udaya Manandhar also provided help in this training.

Our Project Coordinator, Ravindra Thapa, also helped us during training periods. Similarly, all sectional staffs helped us during training periods. On the tenth night, a cultural program was organized by the participants. They sang different songs about the development of nonformal education programs.

Comments/Views:

The first groups' training was divided into three groups consisting of 20 to 25 participants each. In each group, there was one trainer, for the first three days. Three trainers facilitated on a rotation basis. On the 4th day, trainer took classes individually. Rajendra Lama, Jay Shrestha and Bed Bahadur Lama took class in Ilaka 1, 12 and 13 respectively.

The trainer took class from 9:00 a.m. to 5:30 p.m. There was less time for rest nine days' training course was hardly completed by the tenth day in this training period. Trainers could not get an opportunity to share the activities of Naya Goreto 2nd, 3rd and 4th steps due to unavailability of books at Samundratar.

In the second group's training, Bed Bahadur Lama and Jay Shrestha took classes individually. There were 43 participants in the second group. The group was divided into two smaller groups.

During the second groups training period all the ten supervisors participated as facilitators. There was no lodging facility for them. There was also not enough money for food. Therefore, the participants requested an increase in training allowance.

At the end training was successful.

Total number of facilitators - 104
Total number of male facilitators - 89
Total number of female facilitators - 15

Ilaka # 1 - 33 centers

1. Chhap - 10
2. Sikhre - 13
3. Mahakal - 10

Ilaka # 12 - 42 centers

1. Paluka - 10
2. Sundra Devi - 6
3. Samundratar - 9
4. Sikharbesi - 10
5. Balkumari - 5

Ilaka # 13 - 29 centers

1. Ghangphedi - 4
2. Routabesi - 6
3. Gaunkharka - 11
4. Betan - 8

APPENDIX 4

Parenting Education and HBCCC Workshop

24th Jan. 1993

Objectives:

- * To define Parenting Education Policy (PE), Home-based child care center (HBCCC) and child-to-child education.
- * To formulate a clear policy for PE and HBCCC.
- * To formulate strategies for PE and HBCCC.
- * To formulate indicators for PE and HBCCC.
- * To develop the contents for PE and HBCCC.
- * To develop materials for each content.
- * To develop the curriculum for PE and HBCCC.

Definitions:

- I. Early childhood : The period from birth up to the end of 6 years of age.
- Child care : is the act of safeguarding the survival and development of children.
- Child development: Involves the dynamic process of social, emotional, physical, intellectual and spiritual growth, and maturation.
- Early childhood education : A suitable pedagogical approach or method of early education for physical as well as mental development.

Objectives of PE:

1. To create awareness among parents about the importance of child development.
2. To increase knowledge and skills about child development.
3. To sensitize parents about their responsibilities towards their child's development.

Policy of PE:

1. Parents will be encouraged to organize into a groups.
2. There will be 10 to 20 members in each group.
3. There will be separate fathers' groups and mothers' groups and can be from same family.
4. PE class will be conducted bimonthly for two hours.
5. Preference will be given to non-formal education (NFE) participants and members of mothers' groups and womens' groups.
6. Each parent should be interested in participating in some community development activities.
7. SC/US might provide not more than 100 NRs. per year each individual in a group.

Strategies of PE:

1. Parents will be motivated towards Home-based program.
2. Members of parents' groups will be encouraged to join adult literacy classes.
3. While forming fathers' and mothers' groups, participants from NFE classes, mothers' group and womens' group will receive priority.
4. Area identification will be done with the help of community leaders, NFE facilitators, women's group, and mothers' group, etc.
5. Meeting will be conducted with mothers' and/or group women's group.
6. Parenting classes will be conducted on the over-all development of children.
7. Parents will be awarded and sensitized about the importance of child development.
8. CHVs, school teachers, and members of management group and mothers' groups will be encouraged to conduct PE classes.
9. Group members will be motivated to establish HBCCC.

Indicators:

- * No. of Parent Education Classes (PEC) conducted.
- * No. of parents involved in PEC.
- * Percentage of parents able to make Jeevan Jal and superflour, and percentage of immunized children.
- * No. of Home-based programs established.
- * No. of girl children enrolled in primary school.
- * No. of regular participants in PEC.

Definition of HBCCC:

"Programs run by mothers themselves on a rotational basis in a fixed place for the mental, physical and intellectual development of (up to 3 year old children)".

Goal:

To develop an effective program which simultaneously addresses the needs of both women and children offering local women a chance to learn new skills and develop self-confidence.

Objectives:

1. To provide safe and nurturing environment for children.
2. To provide opportunities for children to get adequate care despite the heavy work load of mothers.
3. To sensitize mothers in order to enhance their child-rearing practices for their children's social, emotional and moral development.

Policies of HBCCC:

1. Mothers of children under three years, children mothers will organize into groups.
2. In each group, there will be seven children with their mothers.
3. Interested mothers should arrange a site for the program which have both latrine and kitchen.
4. They should construct either a separate shelter or provide a separate room.
5. Mothers should run the program on a rotational basis.

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6. A basic materials kit will be provided to each group.
7. Seven days' training will be provided for mothers to enhance their knowledge on healthy child care practices and some playing materials.
8. Strong emphasis will be given to personal hygiene.
9. Use of latrines and the habit of feeding green vegetables will be emphasized.
10. Priority will be given to NFE class and mothers' group participants.

Strategies:

1. Areas with cluster households and socio-economically deprived communities will be emphasized.
2. Meetings will be held with mothers' group, CHVs and community leaders.
3. Interested members of parents' groups will be encouraged to become involved in HBCCC.
4. Interested mothers will fix the venue and construct pit latrine.
5. Fathers will be encouraged to assist in the establishment of HBCCC.
6. Cooperative committees can be formed as needed and wherever feasible, with members nominated from parents' groups.
7. After establishing the center, kitchen, and latrine, mothers of HBCCC will be provided training.
8. Training will be focused on healthy child rearing practices, importance of early childhood education, nutrition, and sanitation and moral development.
9. Materials for training will be developed from locally available resources.
10. A small kitchen garden will be started by people involved in HBCCC.
11. Day to day division of labor for running the program will be decided by members.
12. Parents will be encouraged to raise a child welfare fund.
13. Refresher training will be provided when and as needed.

Indicators:

1. No. of trainings conducted.
2. No. of children with regular attendance.
3. No. of smoothly running HBCCCs.
4. Percentage of children from HBCCC attending mobile clinics.
5. No. of mothers from HBCCC joining in women's groups.
6. No. of mothers from HBCCC participating in NFE classes.

Child to Child Education

Definition of child to child class:

1. It is a program run by a child to another child to promote abilities and knowledge about personal hygiene, clean environment, and encouragement among 8 to 14 year old children for the welfare of younger siblings.
2. It is an educational program which helps to transfer knowledge and abilities of older siblings for promoting the health welfare as well as development of their younger siblings.
3. It is a program involving educational activities which stimulates straightening and sharing of abilities and knowledge among children 8 to 14 years old so as to promote the health and development of younger siblings.

Problems:

1. Mostly older siblings take care of younger siblings.
2. 8 to 14 year old children lack adequate knowledge and skills for proper child care.
3. Most of the children are prone to accidents which can result in disabilities or loss of life.
4. School enrollment of the 8 to 14 year old group is low due to lack of education awareness.

Objectives:

1. To upgrade the knowledge and skills of 8 to 14 year old children on health education and child development.
2. To improve knowledge on softly measures for the prevention of accidents among the 8 to 14 year old group.
3. Stimulates out of school children to become enrolled in school.
4. To create an environment where children can share their acquired knowledge and skills with other children.

Policies:

1. Out of school children of 8 to 14 years will be organized into groups.
2. There will be 10 to 20 children in a group.
3. Child to child classes will be conducted monthly for two hours.
4. Stationary support will be provided to every children's group not exceeding Rs.20 per year; IEC materials will also be collected and developed.
5. Child to child education will be provided on health, nutrition and child care.
6. An executive committee will be formed consisting with five members of the child group, that committee will be responsible for monitoring the child to child program.

Strategies:

1. Meetings will be held with CHVs, mothers' group, NFE participants and social teacher.
2. Every child will be encouraged to make at least one peer partner so as to transfer his or her acquired skill and knowledge.
3. Participants will be selected within the VDC.
4. Child to child program will be focused on specific areas where the school drop-out rate is very high.

5. Attendance and performance of the children's groups will be recorded, a register will be maintained, and children will be rewarded according to their performance.
6. Children from the groups will be encouraged to attend school.

Indicator:

1. No. of child to child education classes.
2. No. of children with regular attendance in the class.
3. No. of children enrolled in formal school.

Below mention topic are selected according to the need of program and community:

- Children total development
- Adult child interaction - with emphasis on father
- Sanitation and personal hygiene
- Nutrition
- Safety measures for child against accident
- How children learn
- Physical growth and development
- Mental development
- Social development
- Emotional development
- Importance of games and play materials
- Kitchen gardening and its importance
- Girl child education and its importance