

SAVE THE CHILDREN/US

**NEPAL FIELD OFFICE
CHILD SURVIVAL VII
QUARTERLY REPORT JULY-SEPTEMBER 1993**

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

**Save the Children
54 Wilton Road
Westport, CT 06880
(203) 221-4000**

Submitted 10/28/93

TABLE OF CONTENTS

I.	PROJECT BACKGROUND.....	1
II.	ACCOMPLISHMENTS, CONSTRAINTS AND ACTIONS TAKEN.....	1
	A. COORDINATION ACTIVITIES	1
	B. MCH SERVICES.....	2
	C. HEALTH INFORMATION SYSTEM.....	3
	D. IEC PROGRAM.....	3
	E. TRAINING PROGRAM.....	5
	F. NONFORMAL EDUCATION PROGRAM.....	6
III.	OVERVIEW OF YEAR TWO.....	7
	A. PROJECT INTERVENTIONS.....	7
	B. TRAINING ACTIVITIES FOR PROJECT STAFF	8
	C. TECHNICAL SUPPORT FOR FIELD ACTIVITIES.....	8
	D. LINKAGES.....	9
	E. CHANGES IN PROJECT STAFFING.....	9
IV.	CHANGES MADE IN PROJECT DESIGN	11
V.	PROGRESS MADE IN HEALTH INFORMATION DATA COLLECTION.....	12
VI.	BUDGET AND EXPENDITURES	13
VII.	ACTIVITIES SCHEDULED FOR NEXT QUARTER.....	13
VIII.	APPENDICES.....	13
	A. REVISED PROJECT OBJECTIVES	
	B. 1993-94 ACTION PLAN	
	C. IEC PROGRAM REVIEW MEETING REPORT	
	D. ADDITIONAL BACKGROUND INFORMATION ON PROJECT INTERVENTIONS	
	E. CS 7 MANAGEMENT RESPONSIBILITIES	
	F. DEPUTY PUBLIC HEALTH COORDINATOR JOB DESCRIPTION	
	G. HIS WORKSHOP REPORT	
	H. STAFF BIODATA	
	I. ACTION PLAN: SEPTEMBER - DECEMBER 1993	

I. PROJECT BACKGROUND

A. SITE: Siraha District, Ilaka 4 and 5

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

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

C. 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 behaviors, including demand for health services. The revised objectives of this project are presented in Appendix A.

II. ACCOMPLISHMENTS, CONSTRAINTS AND ACTIONS TAKEN

A. COORDINATION ACTIVITIES

		Jul - Sep 93	Oct 92 - Sep 93
Health Post Mgm't Committees	# scheduled	6	18
	# conducted	4	18
Outreach Clinic Mgm't Committees	# scheduled	36	57
	# conducted	10	25
DPHO/HP Coordination Mt'g	# scheduled	1	9
	# conducted	1	6

Project staff established Clinic Management Committees at all twelve outreach clinic (ORC) sites in the third quarter of this fiscal year. These committees received an orientation to the maternal child health (MCH) program that is being conducted by the Ministry of Health (MOH). Committee members were informed of the efforts of SC/US to increase the availability and improve the quality of these services through support to the MOH.

Health Post Management Committees also received an orientation to the MCH program. Committee members have been taking increased responsibility for the activities at the health posts and ORCs. However, during the past 90 days, project staff encountered difficulties in convening the monthly meetings. The monsoon rains made traveling to the meeting sites more difficult for members and staff and

many committee members were unavailable due to their agricultural work. Project staff have reviewed these problems and the following changes have been proposed: the addition of a fourth project staff nurse will enable closer supervision of the committees. The meetings will be scheduled on a fixed date, other than the date of the MCH clinic, since the clinic sessions often run late into the afternoon.

B. MCH SERVICES

		Jul - Sep 93	Oct 92 - Sep 93
Health Post	# scheduled	12	42
MCH Clinics	# conducted	12	42
Outreach	# scheduled	36	135
MCH Clinics	# conducted	34	124
EPI	# scheduled	324	1,296
Clinics	# conducted	46	not available

SC/US and MOH staff have been very successful in increasing access to MCH services this past year through the establishment of monthly MCH clinics at the health posts (2/HP/month) and 12 outreach clinic sites. The ability to continue these services is being threatened by the recent decision of the MOH to reduce the number of auxiliary nurse midwives (ANMs) stationed at each health post (decreased from 2 ANMs to 1 ANM/HP). Given this change, ANMs will not be able to travel to the ORCs. In anticipation of this change, a fourth project staff nurse will be hired. While this solution does not favor sustainability it will enable the project to maintain the services while other solutions are being sought.

An even greater threat to service delivery has been the marked reduction in EPI clinics during the past quarter. During the past three months, vaccines have been unavailable for the following reasons: lack of supply at the regional, district and health post stores, lack of kerosene to run the health post cold store refrigerators and freezers, lack of funds for transporting vaccine from the district or regional stores to the health post, lack of clarity about who is responsible for the immunization program since the reorganization of the MOH in mid-July, and lack of clarity about the roles and responsibilities of District Public Health Office staff since the reorganization. The serious flooding that occurred in many of the Terai districts in July further aggravated this situation. Although flooding did not occur in the project area, services were disrupted due to the need to intensify Government services in the affected areas of the country.

SC/US has maintained its close contacts with MOH officials and staff at all levels to address these problems. Logistical support has been provided (kerosene and per diem/travel allowances) to ensure access to the limited vaccine supply. Support from the Family Health Division at the national level resulted in improved availability of vaccine in September, but the supply was limited. EPI services were

only provided at MCH clinic sites (not the remaining 108 EPI sites that are scheduled at fixed village sites each month).

Project staff are collaborating with health post, DPHO and regional staff to document the severity of this problem. It is hoped that communicating clearly with government and donor agencies about the extent of the vaccine shortage problem will encourage action to ensure an adequate vaccine supply.

C. HEALTH INFORMATION SYSTEM

Village health workers have a Village Health Register for each of the nine wards in the Village Development Committee (VDC) to which they are assigned. Following the midterm evaluation these registers were updated using the household data collected during the family enrollment (census) that was completed in January 1992. VHWs received refresher training to facilitate transfer of the data to the Village Health Registers, which has been completed for 23 of 24 VDCs. Project staff are working closely with District Public Health Office and health post staff to establish a system of supervision that results in routine assessment of the completeness and accuracy of the VHWs' Village Health Registers, which is the intent of the project's HIS objective: 60% of VHW registers will be up to date. (Progress made in the collection of health information this year is presented in section V. of this report.)

	Jul - Sep 93	Apr - Oct 93
# VDC Registers to be Updated	24	24
# VDC Registers Updated	23	23

D. IEC PROGRAM

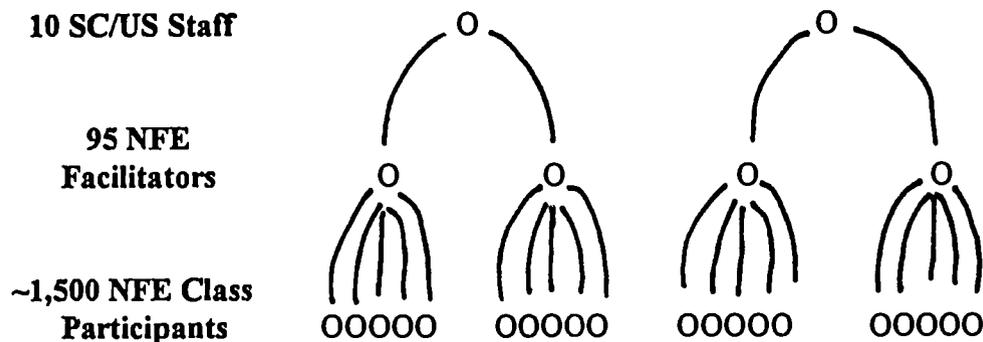
A meeting was held in September to review the IEC Program. Project staff attending this meeting reviewed the importance of the IEC program in achieving the goal and objectives of the project. Discussion focused on the project strategy of creating awareness and practice of protective health behaviors including demand for health services. After reviewing the process of planning and conducting a child survival IEC program the status of the project's IEC program was assessed.

The project has adopted two key approaches for dissemination of its child survival messages: person-to-person communication and public or mass communication.

1. **Person-to-Person:** During the first two years of the project, the IEC program has focused on improving and expanding person-to-person

communication of CS messages. Health workers and volunteers have received training in communication skills and appropriate child survival messages to a) promote health, i.e., pregnant women need to attend antenatal clinic and b) to treat illness, i.e., how to prepare and give Jeevan Jal (ORS).

The project utilizes a tiered approach of person-to-person communication to make best use of limited manpower and material resources. This approach was well illustrated by the dissemination of immunization and diarrheal disease messages through literacy classes this year. Project staff trained nonformal education (NFE) facilitators who in turn motivated their classes to obtain immunizations and taught them how to preparation and use of Jeevan Jal. NFE class participants were asked to share their new knowledge and skills with other women in their villages.



2. **Mass Communication:** Following the IEC Workshop in May, project staff initiated development, testing, production and dissemination of materials for mass communication of child survival messages. Accomplishments to date include: a) slide shows in cinema halls, b) wall paintings and c) miking and leaflet distribution for vitamin A capsule distribution.

Child survival messages were reviewed and revised during the September IEC program meeting. Messages were prepared for the following child survival interventions: immunization, ARI, vitamin A, maternal health, family planning and CDD (see Appendix C).

Project staff acknowledged that the effectiveness of the IEC program will depend on consistent dissemination of clear messages to various target audiences. The selected CS messages are targeted at the community (household) level. Training of health workers and volunteers will emphasize the same messages. The content of health worker and volunteer training will be expanded only when necessary to ensure the quality of health promotion and counseling and the treatment of disease.

The operational calendar for the coming year was reviewed and specific months were selected for dissemination of messages for each intervention (see Appendix B). Training to promote and improve person-to-person communication and mass communication activities were scheduled to coincide with seasonal variation in childhood diseases as well as regularly scheduled MOH activities. A meeting was scheduled for early October to further review the IEC materials and methods under development, meet with the artists and finalize plans for materials design, development, testing and production. Materials under development include: wall paintings, slide shows, booklets, comics, posters, leaflets, flip charts and treatment manuals and protocol posters. Additionally, project staff are working with a local drama troupe to initiate dissemination of CS messages through street dramas performed at fixed sites throughout the project area each month. A detailed report of the IEC Program Review Meeting is provided in Appendix C.

An impact study is scheduled for May 1994 to assess the effectiveness of the communication strategies and IEC materials and methods developed and utilized during the project.

E. TRAINING ACTIVITIES

Training activities conducted this quarter included:

Topics	Participants
Maternal Care	64 TBAs
FP, Maternal Care	78 Women's Group Members
CDD, Clinic Management	19 ORC Management Committee Members
ARI, EPI, First Aid	87 CHVs
ARI, FP, Maternal Health	22 VHWs
Promotion/Case Management of Depo-Provera	24 VHWs, 4 MCH Workers, 2 HP Staff
ARI, Clinic Management, Snake Bite Management	11 Health Post Staff
HIS Review	2 District Staff, 6 HP Staff, 11 SC Staff
HIS: Review of CHV Register	24 VHWs 194 CHVs

Training of health workers and volunteers and community members remains a key activity of the project. Improving the quality of health services is dependent upon technically competent and knowledgeable health workers and volunteers. Facilitating change in health behaviors requires knowledge of protective health behaviors and skill in counseling and motivating others to adopt these behaviors. To improve the effectiveness of training, project staff have initiated a review and

revision of all training curriculum and lesson plans for community and health worker levels. In preparing the revised lesson plans, emphasis is being given to the revised CS messages for the different level target audiences. Additionally, MOH policies and protocols are being reviewed to ensure that the latest information is incorporated into the lesson plans. The revision of the vitamin A curriculum was completed and drafts have been prepared for immunization, CDD, maternal care, family planning and ARI. These lesson plans will be completed in the coming months according to the training schedule.

F. NONFORMAL EDUCATION PROGRAM

The quality and impact of the SC/US education program is maintained through training and supervision of education program staff and participants. Although project staff focus on nonformal education (NFE) activities for CHVs, TBAs and village women, the SC/US education program, includes formal education activities and a program for out-of-school children. Following the completion of nonformal education (NFE) classes and testing in June, several trainings and workshops were conducted.

- 1. Learner Generated Materials / Training of Trainers Workshop:*** Twenty-two education sector staff from SC/US , CARE/Nepal, British-Nepal Medical Trust, Save the Children/Japan, Lutheran World Service and DISVI attended a two day TOT to strengthen their teaching and training skills. They were joined by 26 new literates from their programs for another three day workshop to develop learner generated reading materials. During this workshop, each new literate had a chance to improve their literacy skills by writing short articles about a variety of topics. Health related topics included: immunization, family planning and diarrhea prevention and treatment.

This workshop was part of an ongoing effort to establish and strengthen the collaboration among NGOs working in the Terai belt (plains) of Nepal. Through this collaboration efforts are being made to revise and standardize the curriculum and develop materials that are designed specifically for the people of the Terai. A follow-up workshop to finalize the revisions to the books for new literates was sponsored by CARE/Nepal in September. It is anticipated that the materials will be printed in the coming quarter.

- 2. TOT for NFE Supervisors:*** Ten NFE supervisors attended the first TOT for supervisors. The content focused on improving NFE training skills (methodology) and motivation of NFE class participants.
- 3. Refresher Training for Out-of-School Children's (OSC) Class Facilitators:*** This five day training focused on the second part of the OSC curriculum.

The expertise that SC/US staff have acquired in training has been evidenced by requests for assistance from other NGOs (SC/Japan and CARE/Nepal). Whenever possible, such assistance is given.

NFE classes were completed in June and followed by literacy testing of basic and advanced class graduates. The results were as follows:

Type of Center	# Centers	# Enrolled	# Requesting Exam	# Taking Exam	# (%) Passing Exam *	# Needing to Appear for Chance Exam
Basic	59	1,475	1,259 (14.6% dropout)	1,112	741 (66.6%)	371
Advanced	45	794	748 (5.8% dropout)	690	585 (84.8%)	105

* This is the # of participants passing the exam / # participants taking the exam and does not reflect dropouts.

Of the 44 CHVs enrolling in basic NFE centers this year, 40 completed the course and requested to sit for the exam. Thirty-seven of these appeared for the exam, and 27 (71%) of them passed. Twenty CHVs enrolled in advanced NFE centers this year; 18 requested to sit for the exam; and 15 (83%) passed.

III. OVERVIEW OF YEAR TWO

A. PROJECT INTERVENTIONS

Quantitative assessment of project impact was not assessed this year. As stated in the Midterm Evaluation Report, "Actual measurement of numerical progress toward quantitative targets (impact) was considered impractical if not impossible." Progress toward achievement of process objectives was given in the previous section of this report. Refer to Appendix D for additional background information on each of the project interventions (taken from the Health and Child Survival Questionnaire - FY93).

B. TRAINING ACTIVITIES FOR PROJECT STAFF

TOPIC	DURATION	PARTICIPANTS
Training of Trainers and Communication Skills	10 days - Save the Children UK	IEC Coordinator
CS VII DIP Orientation Workshop	3 days - SC/US	Facilitated by Project Advisor and new Project Coordinator for 14 project and administrative staff in Siraha.
Training of Trainers and Communication Skills	10 days - SC/US	Facilitated by Project Coordinator and Kathmandu staff and attended by Training Coordinator, 2 new Staff Nurses and HIS Supervisor and SC/US staff from other areas.
Regional Leadership Training for Development Professionals	4 weeks - South Asian Rural Reconstruction Association - Bangalore, India	1 Staff Nurse
Grant Management Workshop	3 days - SC/US	Facilitated by management, finance and program staff from SC headquarters and attended by senior administrative and program staff.
Grant Management Workshop	2 days - SC/US	Facilitated by Kathmandu management staff and attended by the Project Manager, Project Coordinator and accountants from Siraha and other SC/US areas.
Asia-Pacific Regional Health Program Conference	4 days - SC/US	PH Coordinator, Project Advisor, Project Coordinator and SC/US Siraha Project Manager.

C. TECHNICAL SUPPORT FOR FIELD ACTIVITIES

- Two Nepali consultants were hired to assist with the training, initiation of field work, data analysis and report writing for the focus group discussions. The newly hired SC/US Health Research and Training Officer provided additional technical support during the study
- The Midterm Evaluation team consisted of an external child survival specialist, two MOH officials (the Training Coordinator and a Regional

Health Director), a physician/epidemiologist from SC/US home office and the Public Health Coordinator. This team of experts provided the project staff with valuable recommendations for strengthening the technical interventions and management of the project.

- The Health Unit Manager and physician/epidemiologist provided support to the project team during their visit to Nepal for the SC/US Regional Health Program Conference. Specific areas of discussion included revision of the project objectives, possible objectives and design of a nutritional status study. When the physician/epidemiologist returned to Nepal in September, additional technical support was given regarding ARI, the HIS and vitamin A curriculum.
- As stated above, management, finance, program and training staff visited from SC/US headquarters to provide training to the Nepal Field Office staff.
- SC/US has an ongoing relationship with Helen Keller International. Their Nepal-based liaison and headquarters staff have provided technical support for vitamin A programming and training.

D. LINKAGES

Coordination with the MOH and community groups was described in section II A, and linkages established to strengthen the nonformal education program are discussed in section II F.

At the national level, a formal agreement was established between the MOH and SC/US this year. This agreement follows 18 months of negotiations and facilitates coordination between SC/US and the MOH at all levels.

E. CHANGES IN PROJECT STAFFING

The project experienced considerable turnover of staff this year. The Project Coordinator was replaced at the start of the year, due to the unavoidable need to assume greater responsibility for his extended family following the death of his father. The Training Coordinator was shifted into the position temporarily, but then resigned to pursue further studies. In February, Ms. Dhana Malla assumed the Project Coordinator position. Ms. Malla is an experienced clinician and administrator with over ten years of experience with SC/US. Since assuming her responsibilities, the project completed the great majority of activities scheduled during the replanning workshop in late April. She has also facilitated improvements in documentation of project activities.

Early this year, the two staff nurses who had been with SC/US in Siraha since July 1991 resigned. They were replaced by two new staff nurses, Mr. Lila Nath Pandey and Mrs. Janaki Chaudhary. Mr. Pandey and Mrs. Chaudhary are from the Terai region of Nepal and are Maithali speakers. Unfortunately, Mrs. Chaudhary resigned after the completion of her provisional period at the request of her extended family. Mr. Lekha Hari Dahal was hired immediately, as a consultant, to prevent delays with project implementation. Recruitment of two staff nurses will be completed in early October. It was agreed that a fourth staff nurse would be hired for the following reasons:

- As mentioned in section II B, the reorganization of the MOH that became effective in mid-July 1993 includes a reduction in the number of auxiliary nurse midwives. This change prohibits the one ANM remaining at each health post from participating in routine field activities, including MCH outreach clinics and supervision of MCH workers (MCHWs), traditional birth attendants (TBAs) and community health volunteers (CHVs). With an additional staff nurse, project staff will be able to support these activities, while negotiating with the MOH and community leaders to find other, more sustainable solutions to the manpower shortage.
- Due to expansion of activities in all sectors, a new SC/US office has been opened in Ilaka 5. The two ilaka offices will be operating more independently as of October 1993. Project staff will be divided equally between the two offices. The Project Coordinator, IEC Coordinator, Training Coordinator and HIS Supervisor will maintain their respective responsibilities in both ilakas, while two staff nurses and two MCH workers will be assigned to each of the ilaka. This will enable them to establish effective relationships with the communities and health workers and volunteers in their assigned ilakas. NFE program staff have already divided responsibility for the ilakas, but the Education Coordinator remains responsible for oversight of NFE activities in both ilakas.
- Following the midterm evaluation, the project staff agreed to strengthen the MOH's health information system (HIS) through updating of the Village Health Registers by village health workers (VHWs). This activity will require marked improvement in the level of supervision of health workers and volunteers. SC/US is working with health post and district staff to increase the frequency of effective supervision. It is anticipated that the staff nurses will play a key role in creating a more effective supervision system.

The Training Coordinator position was filled in February 1993 by Mr. Shyam Sundar Jha. He resigned from the position shortly after the completion of his provisional period in August. Following Mr. Jha's resignation a training consultant was hired to develop training curricula that are consistent with the project's CS

messages for community and health worker levels. Mr. Mahendra Mahato became known to project staff during recruitment for another SC/US project. He comes from the Terai, speaks Maithali, and is interested in working with the CS VII team. The project team will reconsider the need for a full time Training Coordinator in early October.

Biodata for staff hired this year are presented in Appendix H.

In July, the Project Advisor resigned from her position (effective at the end of October). In discussing her resignation, project staff agreed that this is a favorable time for handing over the responsibility of the expatriate advisor to the highly capable Nepali staff. However, as only 25% of the Public Health Coordinator's time is allocated to the project, it was decided that a Deputy Public Health Coordinator would be recruited to provide technical and administrative support to the project team. The Deputy will be based in Kathmandu, but visit the project frequently. The job description for the Deputy PH Coordinator is given in Appendix F.

In preparation for the Project Advisor's departure, a one day meeting was held in September. Attended by all CS VII grant management staff from Kathmandu and Siraha, this meeting focused on staffing for the project, the FY94 action plan and budget, expense reporting and clarification of responsibility for grant management. A list of CS VII grant management responsibilities was developed to facilitate a smooth transition following the advisor's departure (see Appendix E).

IV. CHANGES MADE IN PROJECT DESIGN

A replanning workshop was held in late April following the midterm evaluation. During this workshop the findings and recommendations of the evaluation were reviewed and the project objectives were revised (see Appendix A). These revised objectives do not reflect a change in project design, with the exception of the nutrition intervention. Some of the targets for immunization, CDD, vitamin A, maternal health, family planning and ARI were reduced or reworded to make them achievable or more clear. The team decided to drop the objectives related to weaning foods and maternal nutrition during pregnancy and to focus on improving nutritional status through other interventions, i.e., measles immunization, vitamin A capsule distribution, etc.

The project has maintained its two key strategies for reducing child mortality: strengthening MCH services provided by the MOH and increasing community awareness of protective health behaviors, including demand for services. The FY94 Action Plan is presented in Appendix B.

V. PROGRESS MADE IN HEALTH INFORMATION DATA COLLECTION

The midterm evaluation team recommended that efforts to strengthen the HIS be focused upon the Village Health Registers (VHRs). These registers are a community-based record of population and health data that is recorded by village health workers (VHWs) during routine home visiting. The evaluation team acknowledged that many registers are incomplete or inaccurate, but promoted their use because they are the foundation for the entire MOH HIS. As discussed in section II C, the data from the SC/US supported family enrollment was transferred to the VHRs in June. The greater challenge rests in motivating the VHWs to conduct home visits and to update their registers during such visits and following MCH and EPI clinics.

An HIS Workshop was conducted in July for district, health post and SC/US staff (Appendix G). Key outcomes of this workshop included a review of the current HIS and identification of problems in data collection and reporting. Workshop participants stated that community health volunteers and TBAs are not maintaining their registers, which results in a lack of data from the community level. Following the workshop, SC/US facilitated distribution of new CHV registers to all CHVs with a one-day refresher training in how to record CHV activities. Project staff are developing a set of supervision checklists to improve the effectiveness of supervision. These lists will include the review of routine data collection methods, which will strengthen these activities. Through community-based supervision, VHWs, MCH Workers, health post staff and project staff will all play a significant role in maintaining the quality and accuracy of information that is collected and recorded.

During the DPHO/HP coordination meeting in September, project staff negotiated specific actions to be taken to strengthen supervision of the Ministry's MCH program in Ilakas 4 and 5. The Siraha District Senior Medical Officer and Statistician and Health Post Incharges from Nainpur and Golbazar agreed that supervision needs to be improved. Health post (HP) staff will initiate supervision of field activities, including VHW supervision, on days other than ORC days. To date, HP staff have most often conducted supervision only at ORC. Therefore, VHWs and CHVs are only occasionally supervised during home visiting. The DPHO agreed to send a letter to the HP authorizing increased field supervision. Also, they will send district staff for at least four days of supervision per month in each ilaka. SC/US will provide travel and daily allowance as per government policy. Each health post will conduct at least 12 days of supervision per month (Health Assistant - 5 days; Auxiliary Health Worker - 5 days; ANM - 2 days).

The HIS workshop participants drafted several forms to facilitate collection and compilation of the basic information about MCH services in the two ilaka (see workshop report). These forms will be field tested and revised prior to reproduction.

VI. BUDGET AND EXPENDITURES

Numerous delays in project activities have resulted in delays in expenditures during the first two years of the project. Expenditures in the five months following the midterm evaluation and replanning have been more consistent with the budgeting for the period, and it is anticipated that expenditures will occur at an accelerated pace during the final year. The delays have occurred due to the necessity of establishing relationships within the community and with the MOH, a process which requires a good deal of time but not money. Project staff have prepared a detailed budget for the final year of the grant and anticipate that most of the funds will be spent during the project period. Expenditures will be tracked closely as the year progresses to facilitate early identification of delays in expenditures.

VII. ACTIVITIES SCHEDULED NEXT QUARTER

An action plan for the coming quarter is presented in Appendix I.

VIII. APPENDICES

- A. REVISED PROJECT OBJECTIVES***
- B. 1993-94 ACTION PLAN***
- C. IEC PROGRAM REVIEW MEETING REPORT***
- D. ADDITIONAL BACKGROUND INFORMATION ON PROJECT INTERVENTIONS***
- E. CS 7 MANAGEMENT RESPONSIBILITIES***
- F. DEPUTY PUBLIC HEALTH COORDINATOR JOB DESCRIPTION***
- G. HIS WORKSHOP REPORT***
- H. STAFF BIODATA***
- I. ACTION PLAN: SEPTEMBER - DECEMBER 1993***

**SAVE THE CHILDREN/US
NEPAL FIELD OFFICE
CHILD SURVIVAL VII
PROJECT OBJECTIVES**

**DETAILED IMPLEMENTATION PLAN
MAY 1992**

**REVISED IMPLEMENTATION PLAN
APRIL 1993**

IMMUNIZATION

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

60 % of children 12-23 months will have *documented* complete immunization with BCG, polio, DPT, and measles. *(SAME) **

50% of women 15-45 years will have received 2 doses TT.

50% of women 15-45 years will have *documentation of at least 2 doses TT. (SAME)*

CONTROL OF DIARRHEAL DISEASE

50% of mothers with child <2 years will correctly name three causes of diarrhea.

(DROPPED)

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

35% of families with child <2 years will know how to prepare and give Jeevan Jal (ORS) correctly. *(REVISED)*

40% of children <2 years with diarrhea will be treated with JJ (ORS) and receive more food and fluids during and after diarrhea episode.

25% of children <2 years with diarrhea will be treated with JJ (ORS) and receive more food and fluids during and after diarrhea episode. *(REVISED)*

90% of mothers with child <2 years will have access to JJ (ORS). *(NEW)*

NUTRITION

40% of mothers with child <2 years will give appropriate weaning foods.

(DROPPED)

A study of the impact of recent crop failures on household food availability, distribution of food within the household and the nutritional status of children under 5 years will be conducted. If indicated SC will begin or work with other agencies to begin measures to ensure an adequate food supply. (NEW)

* Changes in objectives are noted in *italics*.

**DETAILED IMPLEMENTATION PLAN
MAY 1992**

**REVISED IMPLEMENTATION PLAN
APRIL 1993**

VITAMIN A

60% of children 12-23 months will have received 2 doses of vitamin A.

60% of children 12-23 months will have received 2 doses of vitamin A. *(SAME: Vitamin A is distributed to children 6-59 months every 6 months).*

60% of lactating mothers of children 0-12 months will have received one dose of vitamin A.

DROPPED

FAMILY PLANNING

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

20% of eligible couples will use temporary or permanent methods of contraception. *(SAME)*

MATERNAL CARE

25% of women will eat more during pregnancy.

(DROPPED)

30% of pregnant women will have an antenatal checkup.

30% of pregnant women will have an antenatal checkup. *(SAME)*

40% of mothers with a child <2 years will know the three cleans for a safe delivery.

40% of mothers with a child <2 years will know the three cleans for a safe delivery. *(SAME)*

ACUTE RESPIRATORY INFECTION

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

25% of mothers with child <2 years will know signs of ARI and seek advice or treatment. *(SAME)*

80% of mothers with a child <2 years will know where treatment for ARI is available. (NEW)

LITERACY

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

70% of CHVs and 20% of trained TBAs will have basic literacy skills. *(REVISED)*

HEALTH INFORMATION SYSTEM

60% of VHW registers will be up to date. *(NEW)*

ACTIVITY	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
VI. LITERACY PROGRAM												
Area Selection	x	x										
Materials Purchase/Distrib		x	x	x								
Facilitator Training		x	x									
Supervisor Training				x								
Basic/Advanced Classes			x	x	x	x	x	x	x	x	x	x
Class Supervision			x	x	x	x	x	x	x	x	x	x
Monthly Meetings				x		x		x		x		
Examination				x	x			x	x		x	
Closing Ceremony										x		
VII. EVALUATION												
Nutritional Status Survey		x	x				x	x				
Literacy Impact Study							x	x				
K+P Final Survey									x	x		
ORS Preparation Study									x	x		
IEC Impact Study								x	x			
Final Evaluation											x	x

A=ARI, F=Family Planning,
T=TT Campaign, D=CDD,
V=Vitamin A Campaign,
I=Immunization, S=Supervision,
M=Maternal Health

SAVE THE CHILDREN/US

**NEPAL FIELD OFFICE
CHILD SURVIVAL VII
IEC PROGRAM REVIEW
MEETING REPORT**

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

**Save the Children
54 Wilton Road
Westport, CT 06880
(203) 221-4000**

Submitted 10/28/93

I. INTRODUCTION

Save the Children/US (SC/US), Nepal Field Office, has been implementing a Child Survival VII project in Ilakas 4 and 5, Siraha District, since October 1991. This project aims to improve child survival through strengthening Ministry of Health (MOH) health service delivery and increasing community awareness and practice of protective health behaviors, including demand for health services. By midterm, the project had "made considerable progress in conducting training, establishing community contacts, and developing the coordination with government organizations, necessary to reach the objectives set" (Midterm Evaluation Report, April 1993).

To establish a clear and consistent strategy for increasing community awareness of protective child survival behaviors, the project staff selected key child survival messages and initiated development of information, education, and communication (IEC) materials and activities during a workshop in May 1993. Following the workshop, artists initiated the development of visual materials. Slide shows in cinema halls and wall paintings were rapidly developed, field-tested and disseminated; initial drawings for posters, booklets and flip charts were completed and field-testing was initiated. In August 1993, the project staff reconsidered the appropriateness of the selected child survival (CS) messages for different audiences, i.e., health workers versus mothers, and decided to further refine their messages and the IEC activities of the project to reflect the diversity of audiences for which the messages are targeted..

An IEC program review meeting was held at the SC/US Golbazar office, September 13, 1993, to review the IEC program. The meeting was attended by:

Dhana Malla, Project Coordinator
Chola Kant Sharma, IEC Coordinator
Ram Dayal Shah, HIS Supervisor
Lila Nath Pandey, Staff Nurse
Lekha Hari Dahal, Staff Nurse
Marsha Dupar, Project Advisor

II. CHILD SURVIVAL VII PROJECT REVIEW

The meeting opened with a review of the project goal, strategies and objectives.

A. GOAL: To reduce infant and child mortality...

B. STRATEGIES: ... through strengthening of MOH service delivery and increasing community awareness and practice of protective health behaviors, including demand for health services.

C. OBJECTIVES: The project objectives were revised in April 1993, following the midterm evaluation. The revised objectives are:

- 60 % of children 12-23 months will have documented complete immunization with BCG, polio, DPT, and measles.
- 50% of women 15-45 years will have documentation of at least 2 doses TT.
- 90% of mothers with child <2 years will have access to JJ (ORS).
- 35% of families with child <2 years will know how to prepare and give Jeevan Jal (ORS) correctly.
- 25% of children <2 years with diarrhea will be treated with JJ (ORS) and receive more food and fluids during and after diarrhea episode.
- 60% of children 12-23 months will have received 2 doses of vitamin A. (Vitamin A is distributed to children 6-59 months every 6 months).

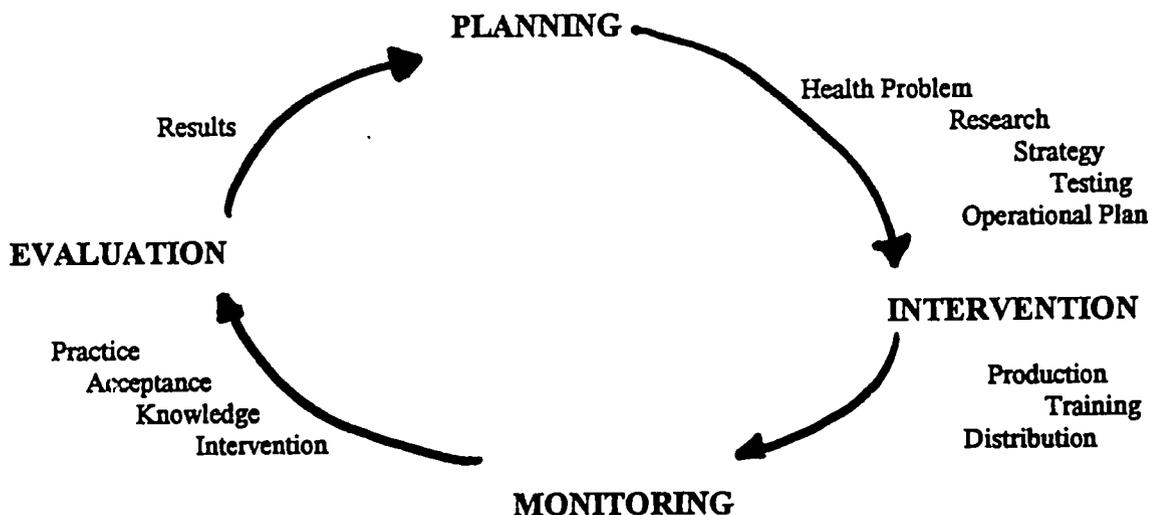
1
20

- A random sample of 30 children 6-36 months from each of 8 villages where nutritional status is suspected of having worsened as a result of drought/hail will be weighed every four months. If there is evidence of nutritional deterioration as compared to the national standard, SC will begin or work with other agencies to begin emergency measures.
- 20% of eligible couples will use temporary or permanent methods of contraception.
- 30% of pregnant women will have an antenatal checkup.
- 40% of mothers with a child <2 years will know the three cleans for a safe delivery.
- 25% of mothers with child <2 years will know signs of ARI and seek advice or treatment.
- 80% of mothers with a child <2 years will know where treatment for ARI is available.
- 70% of CHVs and 20% of trained TBAs will have basic literacy skills.
- 60% of VHW registers will be up to date.

III. COMMUNICATION FOR CHILD SURVIVAL

A. COMMUNICATION STRATEGY

The project advisor presented the following communication strategy for public health programs that aim to produce specific behavior changes in selected target populations. This model was adapted from the text Communication for Child Survival.*



B. STATUS OF THE CS VII IEC PROGRAM

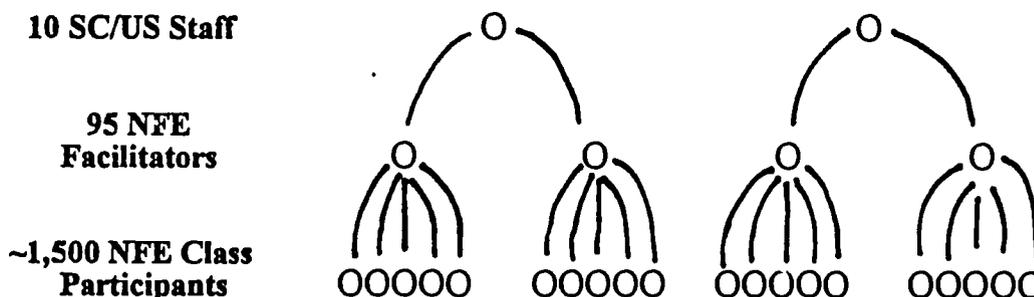
This model was used to assess the status of the CS VII IEC program. Project staff agreed that the process of developing our communication strategy and IEC program had been informal, but they were able to identify the steps that had been taken, including identification of health problems, collection of baseline data regarding health status and behaviors, selection of objectives and further qualitative assessment of selected health problems.

* Communication for Child Survival, prepared by M.R. Rasmuson, et al., June 1988, Washington, D.C. Academy of Educational Development, for U.S.A.I.D.

The project has adopted two key approaches for dissemination of its child survival messages: person-to-person communication and public or mass communication.

1. **Person-to-Person:** During the first two years of the project, the IEC program has focused on improving and expanding person-to-person communication of CS messages. Health workers and volunteers have received training in communication skills and appropriate child survival messages to a) promote health, i.e. pregnant women need to attend antenatal clinic and b) to treat illness, i.e. how to prepare and give Jeevan Jal (ORS).

The project utilizes a tiered approach of person to person communication to make best use of limited manpower and material resources. This approach was well illustrated by the dissemination of immunization and diarrheal disease messages through literacy classes this year. Project staff trained non formal education (NFE) facilitators who in turn trained their classes in the importance of immunization for women and children and where immunization can be obtained and in the preparation and use of Jeevan Jan. NFE class participants were asked to share their new knowledge and skills with other women in their villages.



2. **Mass Communication:** Following the IEC Workshop in May, project staff initiated development, testing, production and dissemination of materials for mass communication of child survival messages. Accomplishments to date include: a) slide shows in cinema halls, b) wall paintings and c) miking and leaflet distribution for vitamin A capsule distribution.

C. LEVELS OF TARGET GROUPS FOR CHILD SURVIVAL MESSAGES

In preparing to review and revise the CS messages, project staff identified the need for the messages to be targeted at a specific audience. The three audiences identified include the community level, the village health workers and the other health post staff. It was noted that the VHWs are in a special position, in that sometimes they will receive the same messages as the community and sometimes they will receive the more technical messages developed for the health post staff (see Appendix A). The remainder of the meeting then focused on developing messages for the community level. These messages will be expanded for health post staff during the development and revision of the training curriculum for health workers.

IV. CHILD SURVIVAL VII MESSAGES

The messages selected during the IEC Workshop were reviewed. The project objectives for each of the six project interventions were used as a reference point. The staff identified whether each objective aimed to change knowledge or behaviors and then determined what the community needed to know or believe in order to accept and practice a new behavior.

The Nepali and English language versions of Facts for Life were used to help select appropriate community level messages. The following messages were selected:

A. CONTROL OF DIARRHEAL DISEASES

1. Diarrhea can kill children by draining too much liquid from the body. So we must we must give a child with diarrhea plenty of liquids to drink, like rice water, dal (lentil) soup, jaulo (rice porridge).
2. When a breastfed child has diarrhea, it is important for the mother to keep giving breastmilk.
3. Don't stop giving food during diarrhea. A child with diarrhea needs food.
4. Give Jeevan Jal (ORS) to all children with diarrhea.
5. Get JJ from medical shops, health posts, hospital, VHW, CHV or outreach clinic.
6. Make JJ correctly:
 - wash hands
 - use clean pots and utensils
 - use clean drinking water
 - use 6 tea glasses of water
 - use 1 packet JJ
 - mix well - don't boil the solution
 - cover
7. Give JJ correctly:
 - Give one half a tea glass to a child <2 years after each stool, or more if desired.
 - Give one full a tea glass to a child >2 years after each stool, or more if desired.
8. Take a child with diarrhea promptly to the health post or outreach clinic when he has the following conditions:
 - many watery stools
 - repeated vomiting
 - very thirsty
 - fever
 - blood in stool
 - eating or drinking poorly
9. Don't give medicine for diarrhea without taking advice from the doctor.
10. After diarrhea give extra food for 2 weeks.
11. Diarrhea can be prevented by breastfeeding, giving measles immunization, giving vitamin A capsules every 6 months, by using latrines, by keeping food and water clean and protected from flies and by washing hands before touching food.

B. IMMUNIZATION

1. Immunization protects from six specific dangerous diseases. [Note: CHVs will be taught the names of the diseases: TB (tuberculosis), polio, diphtheria, whooping cough, tetanus and measles.]
2. A child who is not immunized is more likely to become malnourished, disabled and to die.
3. Immunization is urgent. All immunizations need to be given in the first year of the child's life. Start immunization right after birth.
4. Immunization can be taken at health post, outreach clinic and monthly EPI sites from VHW.
5. It is safe to immunize a sick child.
6. Women 15-45 years need TT to protect mother and baby from tetanus.

C. VITAMIN A

1. Children need vitamin A to grow and be strong
2. Vitamin A can protect children from blindness, diarrhea and other diseases.
3. Children with vitamin A deficiency are more likely to die.
4. Breastmilk has vitamin A so mothers need to give breastmilk from birth to two years.
5. Green leafy vegetables and yellow fruits and vegetables have vitamin A, so mothers need to give them every day to children over 6 months.
6. Pregnant and lactating women also need to eat green leafy vegetables and yellow fruits and vegetables every day.
7. Children over 6 months and women need to eat protein foods and fat with their vegetables so that their bodies can use the vitamin A.
8. Children 6-60 months need to take vitamin A capsule from CHV every 6 months.
9. Children with nightblindness, pneumonia, measles, diarrhea for more than 2 weeks or malnourished need to go quickly to health post or outreach clinic to take vitamin A.

D. FAMILY PLANNING

1. Family planning is for birth spacing and limiting family size.
2. Boys or girls, have only two children !
 - This protects health and beauty of mother and children.
 - Families will have enough food.
 - Families can send their children to school.
 - Less expenses for the family.
3. The risk of death for young children is increased about 50% if the space between births is less than two years. Space your children's births by at least two years.
4. For birth spacing use temporary methods: condoms, pills, or depo.
5. For limiting family size use permanent methods: vasectomy for men and minilap for women.
6. Family planning does not cause weakness.
7. Having only 2-3 children protects women from the dangers of pregnancy and childbirth.

E. MATERNAL HEALTH

1. Becoming pregnant before the age of 18, or after the age of 35, increases the health risks for both mother and child.
2. If pregnant women visit the health post or health worker from time to time for a check-up, they will be protected from dangers likely to happen before and after delivery.
3. All women need more good (nutritious) food during pregnancy. All pregnant women need more rest.
4. All women 15-45 years need to take TT to protect mother and baby against tetanus.
5. Whenever possible, a trained TBA or health worker should assist at every birth.
6. To protect mother and baby from sickness and death, all women need to use the 3 cleans during delivery:
 - clean hands
 - clean surface
 - clean cord cutting string and blade
7. Colostrum (first milk) can protect the baby from disease. All babies should start to breastfeed right after birth. This also protects the mother from excess bleeding.
8. New mothers need more good (nutritious) food starting right after delivery.
9. All new mothers need to visit the health post or health worker soon after delivery.
10. Spacing childbirth at least 2 years apart protects the mother and baby from sickness and death.

5

24

F. COUGHS AND COLDS

1. Pneumonia causes death in children.
2. If a child with a cough has fast or difficult breathing or is not eating or breastfeeding well, he has pneumonia and the mother needs to take the child to the health post or outreach clinic immediately.
3. Don't delay. Go to the health post or outreach clinic for proper advice about pneumonia.
4. Continue breastfeeding and give plenty of fluids during pneumonia.
5. After pneumonia give extra food for 2 weeks.
6. We can prevent pneumonia by giving breastmilk, nutritious food, vitamin A capsules and immunizations to our children.
7. Children need to breath clean air. Mothers need to protect children from dust and smoke.
8. A child with a cold (cough + runny nose) should be kept warm but not hot, protected from dust and smoke, and given breastmilk, plenty of fluids and food.
9. If a child with a cold develops fast or difficult breathing or is not eating or breastfeeding well, the mother needs to take the child to health post or outreach clinic immediately.

V. CS VII IEC PROGRAM

A. OPERATIONAL CALENDAR

The operational calendar for the coming year was reviewed and specific months were selected for dissemination of messages for each intervention (see Appendix B). Training to promote and improve person-to-person communication and dissemination of mass communication materials and methods were scheduled to coincide with seasonal variation in childhood disease as well as regularly scheduled MOH activities.

B. IEC METHODS AND MATERIALS

The project coordinator, IEC coordinator and project advisor reviewed the list of materials under development. IEC materials and methods under development include:

CONTROL OF DIARRHEAL DISEASES

Material	Color/B+W	Unit Cost	Quantity	Cost (Rs.)
2 slides: JJ mix + store, JJ give + refer	color		3 jets	
Booklet: JJ + prevention	B+W	5/booklet	10,000	50,000
Comic	2 color	13/book	5,000	65,000
Flip chart: JJ + prevention	color	150/chart	250	37,500
Treatment protocols	color	50/poster	50	2,500
Wall painting: JJ	color			

IMMUNIZATION

Material	Color/B+W	Unit Cost	Quantity	Cost (Rs.)
3 slides: infants + TT + where	color		3 sets	
Wall painting: infants+TT	color			
Poster: infants	color	6/poster	2,000	12,000
Booklet: infants + TT + where	B+W	5/booklet	5,000	25,000

VITAMINA

Material	Color/B+W	Unit Cost	Quantity	Cost (Rs.)
3 slides: capsules + mo/child nutrition	color		3 sets	
Leaflets	B+W			
Treatment cards	color	50/card	50	2,500

FAMILY PLANNING

Material	Color/B+W	Unit Cost	Quantity	Cost (Rs.)
20 pg comic	2 color	13/book	5,000	65,000
Booklet: pills	2 color	8/booklet	1,000	8,000
Booklet: depo	2 color	8/booklet	1,000	8,000
Booklet: condoms	2 color	8/booklet	5,000	40,000
Leaflet: minilap	B+W	2/leaflet	2,000	4,000
Leaflet: vasectomy	B+W	2/leaflet	2,000	4,000
4 slides: pop + temp/perm + where	color		3 sets	
Wall painting: pop + temp/perm + where	color		3 sets	

MATERNAL HEALTH

Material	Color/B+W	Unit Cost	Quantity	Cost (Rs.)
20 pg comic	2 color	13/book	5,000	65,000
Flip chart: ANC	4 color	150/chart	150	done
Flip chart: 3 cleans + PNC	4 color	150/chart	150	22,500
Booklet: 3 cleans	B+W	5/booklet	10,000	50,000
Poster: 3 cleans	color	6/poster	2,000	12,000
Slides: ANC + 3 cleans	color		3 sets	
Wall painting: ANC+3 cleans	color			

COUGHS AND COLDS

Material	Color/B+W	Unit Cost	Quantity	Cost (Rs.)
Booklet	B+W	5/booklet	10,000	50,000
Flip chart	color	150/chart	250	37,500
Slide: go to HP	color		3 sets	
Poster: go to HP	color	6/poster	2,000	12,000
Treatment protocols	color	50/poster	50	2,500
Wall painting: go to HP	color			

In addition to these visual materials, street drama will be performed monthly at health post and outreach clinics and other fixed sites. The topics will coincide with scheduled promotional campaigns. A drama consultant will assist program staff and a local drama troupe to develop and write the scripts for the dramas. The consultant will coach the troupe during their early rehearsals of the dramas to ensure accuracy and clarity of the child survival messages. Anticipated dramas include: introduction to MCH and MOH health services, immunization, family planning, coughs and colds, maternal health and CDD.

The three texts developed by SC/US for advanced literacy classes are being revised and adapted for Maithali-speaking Terai communities. These texts include chapters on: maternal care, population and family planning, CDD, diarrheal diseases, immunization, nutrition and outreach clinic. Project staff will work with the education sector staff to ensure that the health messages are technically accurate and consistent with the project's child survival messages.

V. IEC PROGRAM MONITORING AND EVALUATION

Project staff anticipate that the proposed IEC materials and activities will effectively reach our target population: families with infants and young children. However, the effectiveness of the IEC program will depend require ongoing planning and monitoring of materials development, field-testing, production and distribution. A follow-up planning meeting was scheduled for

early October to allow Siraha-based staff to meet with the Kathmandu-based Health Research and Training Officer and the artists. During this meeting, plans for materials development and testing will be finalized and specific responsibilities assigned. To ensure rapid development of the materials and consistency of the images and messages the artwork will be divided among the artists by intervention, rather than by type of visual media.

An IEC program impact study is scheduled for June 1994.

USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY93

Schedule 2 DIARRHEAL DISEASE CONTROL

ADDITIONAL BACKGROUND INFORMATION

- 2-2 A Jeevan Jal (Nepali ORS) preparation study was conducted in November 1992 to assess the ability of families with children less than two years to prepare and give Jeevan Jal (JJ) correctly. Of the 220 respondents, only 135 (61%) stated that they could prepare JJ correctly. Of these 135, only 11.9% demonstrated correct preparation. Only 16 (7%) of the total 220 respondents could correctly prepare JJ, and 37 respondents (27%) were correct regarding administration of JJ to children. Of 50 respondents reporting that their child under 2 years had an episode of diarrhea in the previous two weeks, only 7 gave JJ.

Focus group discussions regarding diarrheal disease indicated that although village men and women do not know the technical definition of diarrhea, most are aware of diarrhea and its consequences. Most villagers expressed positive attitudes and practices regarding the feeding of fluids and foods during and after diarrhea, while others are opposed to giving their children fluids and foods during diarrhea.

ORT Corners were established at the area's 2 health posts and at each outreach MCH clinic site (12 sites/month). Health workers received CDD technical training through the MOH this year. Health workers and volunteers and other community groups received training through the project regarding how to teach mothers to prepare and give ORS. MCH Workers (MCHWs) and Community Health Volunteers (CHVs) counsel mothers of children with diarrhea at the ORT Corners during the clinics. Although the focus of attention is on these mothers, other mothers are attracted to these demonstrations.

As discussed in the HIGHLIGHTS section, over 1,500 literacy class participants were taught how to prepare and give ORS. Project staff trained 95 literacy class facilitators who in turn taught their classes. This program received intensive supervision by SC/US staff from health, education and productivity sectors. Equipment for demonstrating ORS preparation was rotated through the classes. Each participant was asked to demonstrate the correct preparation of the solution. After several weeks, two students from each class were randomly selected to prepare ORS as part of the evaluation of the training. Seventy-five percent (75%) of these participants prepared the solution correctly.

Supply of Jeevan Jal (Nepali ORS) through the MOH system has been inconsistent and continues to have a negative impact on efforts to increase access to and use of Jeevan Jal (JJ). The health posts' supply of Jeevan Jal comes from the District Public Health Office (DPHO). Project staff have advocated for the health post and DPHO to improve distribution of JJ to the District and to the health posts. Village Health Workers (VHWs) and CHVs, who serve an average population of 4,500 and 500 respectively, report that it

is difficult to obtain JJ. Government distribution is based on a quota system; CHVs are given only 5-10 packets at a time.

As part of the effort to increase knowledge and correct use ORS, project staff assessed the availability of ORS in the two main bazaars of the project area. To date, project efforts to increase awareness of and demand for ORS have focused on distribution of JJ through Ministry of Health facilities and health workers and volunteers. Promotional activities have not addressed the preparation and use of Indian ORS. This study has shown that Indian ORS is readily available in the two bazaars in large quantities. Several medicine shops are wholesale distributors of Indian ORS. Jeevan Jal was also available but stocks were much smaller. It was noteworthy however, that the shopkeepers stated that customers do not request Indian ORS unless prescribed by brand name by a "doctor". The preference for Jeevan Jal may be driven by the low cost, only 3 rupees per liter compared to Indian ORS which costs 11-33 rupees per liter.

The project will continue to promote the use of Jeevan Jal and investigate ways to improve free distribution of JJ through MOH facilities and workers. Additionally, in the coming year, the project will conduct a pilot test of the sale of JJ in the community by trained high school students, primary school teachers, and selected community leaders.

The following health messages were selected for teaching mothers about the prevention and treatment of diarrhea:

- Diarrhea can kill children by draining too much liquid from the body. So we must we must give a child with diarrhea plenty of liquids to drink, like rice water, dal (lentil) soup, jaulo (rice porridge).
- When a breastfed child has diarrhea, it is important for the mother to keep giving breastmilk.
- Don't stop giving food during diarrhea. A child with diarrhea needs food.
- Give Jeevan Jal (ORS) to all children with diarrhea.
- Get JJ from medical shops, health posts, hospital, VHW, CHV or outreach clinic.
- Make JJ correctly:
 - wash hands
 - use clean pots and utensils
 - use clean drinking water
 - use 6 tea glasses of water
 - use 1 packet JJ
 - mix well - don't boil the solution
 - cover
- Give JJ correctly:
 - Give one half a tea glass to a child <2 years after each stool, or more if desired.
 - Give one full a tea glass to a child >2 years after each stool, or more if desired.

- Take a child with diarrhea promptly to the health post or outreach clinic when he has the following conditions:
 - many watery stools
 - repeated vomiting
 - very thirsty
 - fever
 - blood in stool
 - eating or drinking poorly
- Don't give medicine for diarrhea without taking advice from the doctor.
- After diarrhea give extra food for 2 weeks.
- Diarrhea can be prevented by breastfeeding, giving measles immunization, giving vitamin A capsules every 6 months, by using latrines, by keeping food and water clean and protected from flies and by washing hands before touching food.

Schedule 3 IMMUNIZATION

ADDITIONAL BACKGROUND INFORMATION

- 3-2** Supply of vaccine has been inadequate during much of this year. Village Health Workers (VHWs) are assigned to five fixed EPI clinic sites each month, including the outreach MCH clinics, but often are without one or all antigens or have a limited supply of the available antigens. One of the health posts in the project area houses the cold store for nine of the health posts in the district. During the last quarter of the Government's fiscal year, funds were not available for purchasing kerosene for the refrigerators and freezers, so the project provided the funds. During severe flooding in July, main roads and bridges were washed out, further disrupting distribution of vaccines. Since the MOH restructuring in August, the supply problems have worsened. This is particularly unfortunate since the project has undertaken a number of activities to increase demand for immunization this year.

The project planned to address these serious problems with vaccine supply and cold chain maintenance by sponsoring a district level EPI Microplanning Workshop. The curriculum for this workshop was developed by the EPI Division of the MOH. EPI Division staff expressed interest in facilitating the workshop in Siraha District. However, the impending restructuring of the MOH prevented EPI Division personnel and the DPHO from scheduling and conducting the workshop. Alternative efforts to improve supply have focused on logistic support: telephone calls between the health post and district or regional health offices, provision of travel and daily allowances for health post staff who travel to collect vaccine, maintenance of bicycles for VHWs to ensure that they can travel to the EPI clinic sites. In a recent discussion with DPHO personnel, project staff learned that vaccine supply to the district, which is also based on a quota system, has been curtailed due to a history of vaccine wastage. Obtaining adequate vaccine supply for ilaka 4 and 5 is likely to require consistent coordination with the DPHO and Regional Health Office, and if needed, support from the national level.

The following health messages were selected for teaching mothers about immunization:

- Immunization protects from six specific dangerous diseases. [Note: CHVs will be taught the names of the diseases: TB (tuberculosis), polio, diphtheria, whooping cough, tetanus and measles, but not the immunization schedule.]
- A child who is not immunized is more likely to become malnourished, disabled and to die.
- Immunization is urgent. All immunizations need to be given in the first year of the child's life. Start immunization right after birth.
- Immunization can be taken at health post, outreach clinic and monthly EPI sites from VHW.
- It is safe to immunize a sick child.
- Women 15-45 years need TT to protect mother and baby from tetanus.

Schedule 4 NUTRITION

ADDITIONAL BACKGROUND INFORMATION

- 4-3 The nutrition objectives for the project were revised following the midterm evaluation. Project staff agreed with the MTE team that malnutrition is a major problem throughout Nepal and that amelioration of malnutrition requires a highly integrated program of rural development. Given the difficulty of achieving effective nutrition interventions, the team suggested that the project focus on improving nutrition through treatment of ARI and diarrhea and measles immunization. In response to these suggestions, the nutrition objectives regarding weaning foods and maternal nutrition during pregnancy were dropped. Improvements in nutritional status should be attained through immunization, treatment of ARI and diarrhea (including appropriate feeding during and after illness), and vitamin A capsule distribution and promotion of vitamin A-rich foods.

A new nutrition intervention objective was added : A study of the impact of recent crop failures on household food availability, distribution of food within the household and the nutritional status of children under 5 years will be conducted. If indicated, SC will begin or work with other agencies to begin measures to ensure an adequate food supply.

The MOH finalized the guidelines for a National Vitamin A Program this year. SC/US staff participated on the task force that developed these guidelines and attended the national workshop at which they were presented. The national program has a short-term objective of reducing child mortality and xerophthalmia through vitamin A capsule distribution, and a long-term objective of increasing dietary intake of vitamin A-rich foods through nutrition education. Eight Terai belt districts, including Siraha, were selected as priority districts for the initiation of capsule distribution this year. Project staff collaborated with the DPHO, health post staff and many community volunteers to conduct the district's first capsule distribution campaign in May. It believed that coverage reached over 90% of all children 6-59 months. Calculation of coverage rates has been constrained by the lack of accurate, up-to-date population data. This problem was experienced in other areas and the National Vitamin A Program is now recommending that CHVs do a complete registration of children 6-59 months prior to the next capsule distribution in October.

Project staff will continue to collaborate with the DPHO and health post staff and community volunteers in the conduct of vitamin A capsule distribution, including. local promotion of the campaign through banners and leaflets. The emphasis of CHV and health worker training will shift from the logistics of capsule distribution to nutrition education during the third capsule distribution in April 1994. Also, health workers will receive refresher training in the detection and treatment of vitamin A deficiency.

The following health messages were selected for teaching mothers about vitamin A:

- Children need vitamin A to grow and be strong
- Vitamin A can protect children from blindness, diarrhea and other diseases.
- Children with vitamin A deficiency are more likely to die.
- Breastmilk has vitamin A so mothers need to give breastmilk from birth to two years.
- Green leafy vegetables and yellow fruits and vegetables have vitamin A, so mothers need to give them every day to children over 6 months.
- Pregnant and lactating women also need to eat green leafy vegetables and yellow fruits and vegetables every day.
- Children over 6 months and women need to eat protein foods and fat with their vegetables so that their bodies can use the vitamin A.
- Children 6-60 months need to take vitamin A capsule from CHV every 6 months.
- Children with nightblindness, pneumonia, measles, diarrhea for more than 2 weeks or malnourished need to go quickly to health post or outreach clinic to take vitamin A.

Schedule 5 HIGH RISK BIRTHS

ADDITIONAL BACKGROUND INFORMATION

5-2 The midterm evaluation team recommended that efforts to increase contraceptive prevalence be intensified. MOH family planning services in the area consist mainly of annual minilaparotomy/vasectomy camps. The demand for voluntary surgical contraception (VSC) is high, as evidenced during the 1992 CS VII Baseline Survey. Of the 10.7% of eligible mothers interviewed using contraception, only two women (1.2%) were using a temporary method (depo-provera). Unfortunately, the annual VSC camps were not conducted this year due to the lack of availability of a doctor to perform the procedures.

Following the midterm evaluation, project staff negotiated with the DPHO to gain approval for training VHWs to motivate, screen and give depo-provera to women in the village, primarily at EPI clinic sites. SC/US has successfully initiated this activity in Ilaka 1 of Gorkha District. The impact of the program in Siraha will depend upon a consistent supply of depo-provera. While supplies have been adequate to date, the demand for this service could rapidly exceed the supply. Project staff have already sought confirmation with the DPHO that stock will be available from the district store, and will monitor this situation closely.

The following health messages were selected for teaching mothers about family planning:

- Family planning is for birth spacing and limiting family size.
- Boys or girls, have only two children !
 - This protects health and beauty of mother and children.
 - Families will have enough food.
 - Families can send their children to school.
 - Less expenses for the family.
- The risk of death for your children is increased by about 50% if the space between births is less than 2 years .pace your children at least 2 years apart.
- For birth spacing use temporary methods: condoms, pills, or depo.
- For limiting family size use permanent methods: vasectomy for men and minilap for women.
- Family planning does not cause weakness.
- Having only 2-3 children protects women from the dangers of pregnancy and childbirth.

Schedule 7 OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES

ADDITIONAL BACKGROUND INFORMATION

7-1 Acute Respiratory Infection

ARI was one of the topics investigated during focus group discussions. Knowledge about ARI was poor. Although there is some awareness of the signs of serious ARI (pneumonia), villagers are unaware of the appropriate treatment. Home treatment of ARI is common, especially the use of herbs. As with other illnesses, villagers first seek advice and treatment from the *Dhami Jankri* (traditional healer) when their children are seriously ill with ARI. Advice is sought from health workers only when the child's condition does not improve. Most villagers do not seek advice or treatment from the health posts. There is little knowledge of the causes of ARI. The traditional belief is that children become sick with ARI due to exposure to cold. Thus ARI is more common during the cold season. A point prevalence was taken of ARI during the Jeevan Jal preparation study. Of the 220 respondents, 27% reported that their child under two years had been sick with "pneumonia" in the past two weeks.

The midterm evaluation team recommended that the project intensify efforts to reduce ARI morbidity and mortality. Project staff have focused ARI interventions on the early detection and referral of pneumonia cases by families. A new objective aims to improve referral through awareness of where ARI treatment is available: *80% of mothers with a child <2 years will know where treatment for ARI is available.* The MOH is currently developing a national protocol on the control of ARI. This protocol is likely to limit treatment of ARI to health post level and higher until additional studies are done to evaluate the effectiveness and appropriateness of ARI treatment by CHVs. Project staff will keep abreast of the MOH policies and consider a pilot study of community-based treatment of ARI by VHWs or CHVs if the policy becomes supportive of this approach.

The following health messages were selected for teaching mothers about coughs and colds:

- Pneumonia causes death in children.
- If a child with a cough has fast or difficult breathing or is not eating or breastfeeding well, he has pneumonia and the mother needs to take the child to the health post or outreach clinic immediately.
- Don't delay. Go to the health post or outreach clinic for proper advice about pneumonia.
- Continue breastfeeding and give plenty of fluids during pneumonia.
- After pneumonia give extra food for 2 weeks.
- We can prevent pneumonia by giving breastmilk, nutritious food, vitamin A capsules and immunizations to our children.
- Children need to breathe clean air. Mothers need to protect children from dust and smoke.

- A child with a cold (cough and "runny nose") should be kept warm but not hot, protected from dust and smoke, and given breastmilk, plenty of fluids and food.
- If a child with a cold develops fast or difficult breathing or is not eating or breastfeeding well, the mother needs to take the child to health post or outreach clinic immediately.

Maternal Health

As evidenced by the high level of maternal mortality in Nepal (515 deaths/100,000 live births nationally and over 1,000/100,000 in some areas), the health needs of women during pregnancy and childbirth are often poorly understood or neglected. Where families are knowledgeable about the benefits of seeking of maternal health services, the needed services are frequently inadequate or nonexistent. The midterm evaluation team noted that this is the case in the project area, specifically with regard to treatment of obstetrical complications and emergencies. Since project resources cannot ameliorate this serious situation, efforts are being focused on early identification and referral of women at risk for obstetrical complications: antenatal services are now available at all health post and outreach MCH clinics (16/month), a total of 107 traditional births attendants from throughout the project area are being trained and supervised, Auxiliary Nurse Midwives have received refresher training in the case management of labor and delivery and a maternal health room has been opened at both health posts.

The strengthening of MOH maternal health services at the community level has been supported through the hiring, training and supervision of four MCH Workers. This cadre of health workers are designed to complement the work of the VHWs (who are mostly men and who provide immunization, family planning and disease surveillance services). The MOH plan calls for the eventual placement of an MCH Worker in each Village Development Committee. Project staff initiated discussion with the DPHO prior to selecting and training these four MCHWs regarding their employment by the MOH after the completion of the project. The outcome of these discussions is uncertain, particularly in light of the recent decision of the MOH to post only one ANM at each health post. The reduction of the ANM staff at the health posts (from two to one) will have a strong negative impact on the progress made by the project toward improving access to qualified maternal health care services. If there is only one ANM, she will be unable to travel to the outreach clinics or supervise MCHWs, TBAs and CHVs in the field.

Efforts to raise awareness of the health needs of women have been intensified this year. Meetings with community leaders, health post and outreach clinic management committees, women's groups and NFE facilitators have been held to inform the community of the importance of maternal health services and where they are available, from TBAs, CHVs, MCHWs, outreach clinics and health posts. The number of pregnant women seeking antenatal services is increasing. Although more new mothers are seeking immunization services for their newborns, there has been little increase in the number of women seeking post natal services for themselves. Access to a trained birth attendant is

being facilitated through the training of additional TBAs and the "three cleans for a safe delivery" are being widely promoted.

The following health messages were selected for teaching mothers about maternal health:

- Becoming pregnant before the age of 18, or after the age of 35, increases the health risks for both mother and child.
- If pregnant women visit the health post or health worker from time to time for a check-up, they will be protected from dangers likely to happen before and after delivery.
- All women need more good (nutritious) food during pregnancy. All pregnant women need more rest.
- All women 15-45 years need to take TT to protect mother and baby against tetanus.
- Whenever possible, a trained TBA or health worker should assist at every birth.
- To protect mother and baby from sickness and death, all women need to use the 3 cleans during delivery:
 - clean hands
 - clean surface
 - clean cord cutting string and blade
- Colostrum (first milk) can protect the baby from disease. All babies should start to breastfeed right after birth. This also protects the mother from excess bleeding.
- New mothers need more good (nutritious) food starting right after delivery.
- All new mothers need to visit the health post or health worker soon after delivery.
- Spacing childbirth at least 2 years apart protects the mother and baby from sickness and death.

Literacy

During the past year, the SC/US education sector carried out formal and non formal education (NFE) programs. Project funds were utilized to support 96 basic NFE centers with over 2,200 participants. Ninety percent of these participants were women, including 44 CHVs. NFE classes were completed in June and followed by literacy testing of basic and advanced graduates. The results of the testing are as follows:

Type of Center	# Centers	# Enrolled	# Requesting Exam	# Taking Exam	# (%) Passing Exam *	# Needing to Appear for Chance Exam
Basic	59	1,475	1,259 (14.6% dropout)	1,112	741 (66.6%)	371
Advanced	45	794	748 (5.8% dropout)	690	585 (84.8%)	105

* This is the # of participants passing the exam / # participants taking the exam and does not reflect dropouts.

Of the 44 CHVs enrolling in basic NFE centers this year, 40 completed the course and requested to sit for the exam. Thirty-seven of these appeared for the exam, and 27 (71%) of them passed. Twenty CHVs enrolled in advanced NFE centers this year; 18 requested to sit for the exam; and 15 (83%) passed.

SC/US continues to play a leading role among NGOs and GOs in developing materials for new literates, and has joined with several other NGOs in revising these materials for the people of the Terai.

#	ACTIVITIES	TIME	RESPONSIBLE PERSON
5	Literacy Program: <ul style="list-style-type: none"> * Planning, implementation, monitoring and documentation * Coordination with MOE, DEO, UNICEF, INGOs * CS message dissemination through NFE classes and materials 	Ongoing	EC, PC, PM, EdPO, DPHC
6	Planning: <ul style="list-style-type: none"> * PPB * Planning matrix * FORS 	Jun-Sep	PD, PHC, PC, DPHC, EdC, EdPO, PM, Ac
7	Supervision and Guidance for Project Quality Assurance: <ul style="list-style-type: none"> * Field visits / observation * Feedback sessions / sharing * Monitoring of activities * Quarterly plan and review of accomplishments 	Ongoing	DPHC, PHC, PC, EdPO, EdC, PD
8	Budget: <ul style="list-style-type: none"> * Development and revision * Authorizations * Recording and monitoring of expenditures * Compliance with USAID requirements, including procurement 	Ongoing	CD, DD, B/FM, PD, PHC, DPHC, PC, EdPO, EdC, PM, Ac
9	Documentation: <ul style="list-style-type: none"> * Activity / trip reports * Quarterly SC health program report * Quarterly CSVII report to USAID * Semiannual report to SC * Annual report to USAID * CS VII lessons learned 	Ongoing Jan/Apr/ Jul/Oct Apr/Oct Oct Ongoing	PC, SRH team PC, SRH team PC, EdC, DPHC, PHC, PD, EdPO " " "
10	Evaluation: Design, conduct and documentation of impact studies: <ul style="list-style-type: none"> * Nutritional status survey * Literacy impact survey * IEC impact survey * K+P survey * Jeevan Jal preparation survey * Final evaluation 	Nov/Mar Apr May Jun Jun Aug	Consultant, DPHC EdPO, EdC IECC, HRTO Cons, PHC, DPHC IECC, PC Eval Team

#	ACTIVITIES	TIME	RESPONSIBLE PERSON
11	Personnel Management: Recruiting, hiring, evaluation, documentation: * Permanent/Contract staff * Consultants * Casual labor	Ongoing	CD, DD, PD, PHC, DPHC, EdPO, PM, PC, EdC, OM
12	Follow-on Project: Development and fundraising	Ongoing	CO, DD, PD, PHC, DPHC, EdPO, PM, PC, EdC

KATHMANDU STAFF: CD=Country Director; DD=Deputy Director; PD=Program Director; PHC=Public Health Coordinator; DPHC=Deputy Public Health Coordinator; HRTTO=Health Research and Training Officer; EdPO=Education Program Officer; B/FM=Budget/Finance Manager; OM=Office Manager

SIRAHA STAFF: PM= Project Manager; PC=Project Coordinator; EdC=Education Coordinator; IECC=IEC Coordinator; TC=Training Coordinator; Ac=Accountant

JOB DESCRIPTION DEPUTY PUBLIC HEALTH COORDINATOR

The Deputy Public Health Coordinator, based in Kathmandu, will assist the Public Health Coordinator (PH Coordinator) with the management of Siraha health sector activities, including CS VII. The Deputy PH Coordinator will work under the direct supervision of the PH Coordinator and Program Director.

I. ADMINISTRATION

- Assist PH Coordinator to establish and maintain health sector policies.
- Assist PH Coordinator to interpret and resolve issues which cannot be solved in Siraha by the field management team.
- Assist PH Coordinator to coordinate and arrange resource persons and to work with other organizations.
- Advise PH Coordinator/Program Director regarding health staff management.
- Monitor and review the CS VII budget on a monthly basis.

II. PROGRAM**A. PLANNING**

- Assist PH Coordinator to design and plan health and child survival programs that support and coordinate with GOs, NGOs and other SC/US sectoral programs, i.e., NFE, women's group, mother's group, farmer's group, etc.
- Identify and design integrated programs in collaboration with other sectoral staff.
- Assist program team to review and prepare annual plan for the Siraha health program.
- Assist in preparation of annual work calendar and quarterly objectives.
- Review work plan and staff objectives with Ilaka Incharges and Project Coordinator on a quarterly basis.
- Identify and plan innovative, cost effective, sustainable health interventions.

B. IMPLEMENTATION

- Implement/test new ideas, concepts or pilot projects and disseminate findings for further improvement and replication.
- Locate and create linkages with training and resource agencies.
- Assist field team to implement planned health and child survival programs.

C. MONITORING / EVALUATION

- Assist PH Coordinator to design health sector monitoring system, share with Ilaka Incharges and Project Coordinator and assist to implement it.
- Assist PH Coordinator to provide guidance and support to Siraha health program.
- Assist program team to prepare activity reports and quarterly, semi-annual and annual reports of health activities for HMG, USAID, Westport and the NFO.
- Write reports on specific topics as needed.
- Visit Siraha at least quarterly.

D. TRAINING

- Assist field team to assess the MCH training needs of the health workers.
- Guide and support field team to conduct quality training program and to evaluate every training program.
- Guide and support Siraha team on IEC training and program implementation.

HIS WORKSHOP REPORT

July 27 - 29, 1993

1. BACKGROUND

Save the Children US (SC/US) has been implementing a three-year Child Survival (CS) VII project in Siraha District since 1991. This project aims to strengthen the routine collection, analysis and use of population and health data as a mechanism for monitoring and evaluating the impact of health services and project activities. This is being done in close collaboration with the Ministry of Health, particularly the Siraha District Public Health Office and health post staff in Ilakas 4 and 5. A complete "family enrollment" of demographic and selected health status indicators was conducted in December 1991 - January 1992. Since that time, SC/US has worked with MOH staff to establish the nationally standardized MOH health information system (HIS) in Ilakas 4 and 5.

Progress toward adopting the standardized HIS has been constrained by the restructuring of the MOH, which has delayed nationwide implementation of the system. Therefore, project staff have worked with health post personnel to strengthen the existing system. A midterm evaluation (MTE) of the CS project was conducted in March - April 1993. The MTE team recommended that the project adopt the following objective to ensure the availability of the data needed to monitor and evaluate health service delivery and progress toward achievement of project objectives: *60% of village health worker (VHW) registers will be up to date.* In June 1993, SC project staff assisted the VHWs with transferring the information from the family enrollment cards to the Village Health Registers. As part of their routine work, VHWs are expected to update the population data in these registers and record all the information about health status, i.e., immunizations, family planning and vitamin A capsule distribution, during their field visit.

To monitor this system the project has started monthly meetings with the VHWs to discuss the successes and problems with updating the registers. During the meetings, the VHWs suggested that community health volunteers (CHVs) be retrained to fill up the ward registers, and added that new registers need to be given to each CHV. According to the suggestions made by VHWs, HIS training for VHWs and CHVs was scheduled for the third week of September. This training will help CHVs to keep accurate data or information which will help the VHWs to update their Village Health Registers. This will also increase the availability and accuracy of the data needed to monitor the CS project activities. Previously, SC/US staff in Siraha have not been able to complete the agency's quarterly reporting format for health program activities due to a lack of data for some health indicators. Additionally, data is lacking for monitoring progress toward some of the CS project objectives.

Up to now, SC/US has received copies of the monthly reports submitted by the health posts to the District Public Health Office. These reports include more than 16 different forms. Some of the forms, like the TB, leprosy and malaria morbidity forms, are not useful to SC/US, as the SC/US health program focuses primarily on preventative MCH activities. Considering these facts and also the shortage of the 16 different forms in the health posts, it was agreed that it is wasteful for SC/US to receive copies of all of the monthly report forms. MOH and SC/US staff agreed to conduct an HIS workshop to address these problems.

2. PURPOSE OF THE WORKSHOP:

A workshop was organized in Golbazar, Siraha, July 27 - 29, 1993. The District Public Health Officer and Statistician were invited to attend the workshop, as were three persons from each health post (health post incharge, auxiliary nurse midwife and auxiliary health worker). Eleven SC/US project staff attended the workshop. The purpose of the workshop was to create a system of collecting and sharing information that would help the health post staff and SC/US to obtain the information they need to monitor and evaluate their health programs. Keeping a balance between the needs of both groups, project staff wanted to develop locally used forms to collect a report of monthly activities from the health posts.

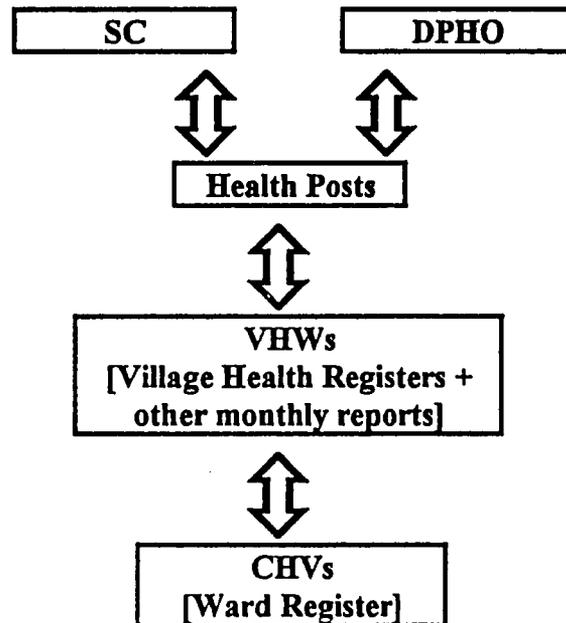
3. WORKSHOP OBJECTIVES:

- To review the existing HIS.
- To identify and solve problems with the HIS.
- To design a simple format for recording all of the information required for quarterly reports.

4. WORKSHOP ACTIVITIES:

A. CURRENT HIS:

The CS VII Project Coordinator presented an overview of the existing HIS in Ilakas 4 and 5. The structure of the system is:

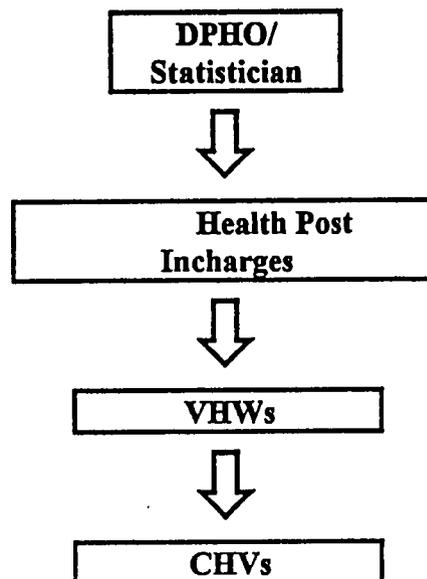


During the discussion the group felt that the system is not working well from the base. The possible reasons might be:

- Not all CHVs have a ward register.
- CHVs who have a ward register may not be trained in how to use it.
- CHVs are reluctant to do their job as they lack regular supervision and guidance from the VHWs.
- VHWs have not been maintaining the Village Health Registers during routine home visits.
- Supervision from the DPHO/HP to the VHWs is inadequate.

The following suggestions were made to solve these possible problems:

- Provide a new ward register to all CHVs.
- Train CHVs to fill up their register.
- Establish a strong supervision system:



Once a strong supervision system is established, the completeness and accuracy of the registers will be known and VHWs will be more motivated to do this work.

B. MONTHLY HEALTH PROGRAM REPORT:

Workshop participants were given a simple briefing about the SC quarterly report. The group was divided into three groups to analyze the health activities reports available in the health posts and SC's requirements for the quarterly report. All of the information required for the SC quarterly report is available from the health posts, except for maternal health services. A system was designed for collecting this information from the TBAs through the MCH Workers (MCHWs) to the health posts. From now onward, the MCHWs will collect information from the TBAs in their area each month, compile this information and give the report to the appropriate health post. TBAs are given a record book after they have received the half day training on how to fill it up. This record book was developed by government as part of the TBA Training Program..

Since the MCHW position is relatively new, the MOH has not yet developed forms for collecting or compiling information about their work. Therefore, forms for MCHWs were developed by the workshop participants. Participants were asked to form two groups, and asked to develop the reporting formats for MCHW activities (one group prepared a form for the MCHWs and the second group prepared a form for the HPs). These formats were reviewed by the entire group and revised as suggested by other group members.

5. OUTCOMES OF WORKSHOP:

- Reviewed the existing health information system.
- Identified problems with the current HIS.
- Identified the possible reasons of the problems.
- Made suggestions to solve the problems.
- Developed monthly reporting formats for HPs and MCHWs. A draft of the reporting formats are attached.

I.Laka #:-

Year:-

Clinic Catchment Area

Health Post:-

Month:-

Total population:-

Name of clinic:-

Date of Clinic:-

Children 0-4:-

Women 15-45:-

A. MATERNAL HEALTH SERVICES

	MCH/ORC HP	TBA	Total
NEW ANC			
OLD ANC			
TOTAL ANC			
ANC			

B. FAMILY PLANNING

S.N.	Contraceptives	NEW	OLD	# SATISFIED / # DISTRIBUTED
1	Condom			
2	Pills			
3	Depo			
4	Others			

C. UNDER 5 CHILDREN TREATMENT

S.No	Particulars	TOTAL
1	Vit A treatment	
2	ARI cases	
3	Worm cases	
4	Diarrhoea	
5	SPM cases	
TOTAL CASES TREATED		

D. UTILIZATION OF HEALTH SERVICES

#	0-5 Yrs Children	
#	15-45 Yrs. Women	
	Total =	
#	Referral cases	

E. HEALTH EDUCATION

SN	TOPIC	Times	# Attendants
1	ARI + Nutrition		
2	Diarrhoea + Nutrition		
3	Vit. A		
4	Immunization		
5	Maternal Health -		
	a. ANC		
	b. THREE CLEANS		
	c. PNC		
6	FAMILY PLANNING		
7	H/IGIENE + SANITATION		

F. EXPENDITURE OF DRUG IN SRC

Particulars	SUPPLY	EXPENDITURE	BALANCE
Cotrimoxazole tab			
" Syrup			
Metronidazole tab			
" Syrup			
Wormin tab			
Piprazime Syrup			
Cetamol tab			
" Syrup			
Eye Capsule			
B/B. Lotion			
A/B DEC Syrup			
B. Complex tab			
Ferrous tab			
Folic Acid tab			
Antacid tab			
Jeevan Jal			

PREPARED BY :-
SIGNATURE :-
DATE :-

APPROVED BY :-
SIGNATURE :-
DATE :-

BEST AVAILABLE COPY

HEALTH SERVICE MONTHLY REPORT

DISTRICT :-

ILAKA # :

HEALTH POST :-

HP CATCHMENT AREA POP.

— 5 Yr CHILDREN

15-45 Yr. WOMEN —

HP/ ORC MCH CLINIC CONDUCTED :- (Give name of VDC)

HP CLINIC 7th Y/N

ORC _____ Y/N

HP CLINIC 8th Y/N

ORC _____ Y/N

EPI CLINIC CONDUCTED :-
EPI CLINIC NOT CONDUCTED :-

A. Immunization Services				#	D. UNDER 5 CHILDREN TREATMENT			
UNDER FIVE CHILDREN	BCG				ORC	HP	TOTAL	
	DPT I				VIT. A TREATMENT			
	DPT II				ARI CASES			
	DPT III				WORM CASES			
	POLIO I				DIARRHOEA CASES			
	POLIO II				ORC			
	POLIO III				TOTAL			
	MEASLES		< 1 Yr	> 1 Yr		JEEVAN JAL # DISTRICT		
15-45 Yr. WOMEN		Recd	Non P.	Total	HP			
	TT I				ORC			
	TT II				IHW / MCHW			
	TT III				CHV			
	TT IV				TOTAL			
	TT V				E. UTILIZATION OF HEALTH SERVICES			
	Total				SOURCE < 5 Yr Children 15-45 Yrs Women			
B. MATERNAL HEALTH SERVICES					OUT REACH CLINIC			
	HP/ ORC	TBA	HM + MCH WORKER	Total	HEALTH POST			
New ANC					SUB HEALTH POST			
Old ANC					TOTAL			
Total					# of Referrals Cases			
PNC					F. HEALTH EDUCATION			
DELIVERIES					SNO.	Subject	Times	#
Conducted by	Place			Total	1	ARI + Nutrition		
	Home	HP			2	Diarrhoea + Nutrition		
Trained TBA					3	VIT. A		
Untrained TBA					4	Immunization		
Health Worker					5	Maternal Health		
Total						a. ANC		
						b. First Visits		
						c. PNC		
					6	Family Planning		
					7	Hygiene & Sanitation		

POST NATAL VISITED BY	TOTAL			
TBA				
HEALTH WORKER				
TOTAL				CHECKED BY :-
C) FAMILY PLANNING				<u>Signature</u> :
Permanent method	Previous	Present	Total	Date :-
Male				
Female				
Total				
Temporary Method	New	Regular	Contracept distributed	APPROVED BY :
condom				<u>SIGNATURE</u> :
Pills				DATE :-
Depo				
Other				

MCH WORKER MONTHLY REPORT OF
COMMUNITY MATERNAL HEALTH SERVICES

A. TBA SERVICES

SNO.	TBA SERVICES (by VDC)	ANC	DELIVERY	PNC	REMARKS
1					
2					
3					
4					
5					
6					
TOTAL TBA SERVICES					

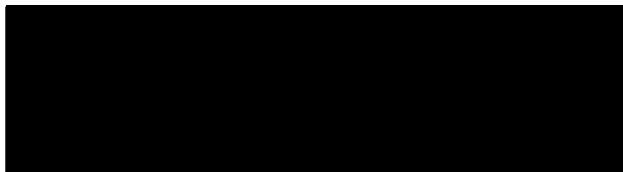
B. HEALTH WORKER SERVICES

	SNO.	DESC	DEL	PNC	# JJ PKTS.	PILLS		CON. OMS		DEPO
						NEW	REG	NEW	REG	
1		MCHW SERVICES								
2		ANM SERVICES								
		TOTAL HEALTH WORKER SERVICES								

BIO-DATA

Name: DHANA MALLA

Permanent Address:



Contact Address: Save the Children US
P.O. Box 2218
Kathmandu
Nepal

Birth date: [Redacted]

Nationality: Nepali

Education:

Year	Certificate/Diploma/Degree	School
1988	Bachelor in Child Health Nursing	Tribhuwan University, Kathmandu, Nepal
1983	Certificate in Nursing	Tribhuwan University, Kathmandu, Nepal
1979	School Leaving Certificate	Nepal S.L.C. Board

Work Experience:

Year(s)	Title/Responsibilities	Employer
1983-present	Staff Nurse/MCH Coordinator: plan, implement, monitor and evaluate MCH programs; staff management; training of health workers and volunteers; coordination with other gov't and non-gov't agencies; provision and supervision of preventative and curative health services.	Save the Children US (in Gorkha and Dang Districts)

Trainings/Workshops/Seminars:

Course	Duration	Organizer
Staff Orientation		Save the Children US
Primary Health Care Conference		Save the Children US/ Ministry of Health
Development and Management of Community-Based FP	3 weeks	Population Development Association, Bangkok
Observation Tour of SC/US Bangladesh Field Office	1 week	Save the Children US
Training of Trainers	10 days	Save the Children US
TBA Program Workshop	4 days	Division of Nursing, MOH
Observation Tour of SC/US Bangladesh Field Office MotherCare Project	5 days	Save the Children US
Organization and Management	9 days	Save the Children UK
Participatory Training Methodology	3 days	SSNCC / AHI Japan
MCH Worker Training of Trainers (facilitator)	2 weeks	MOH
Integrated Vitamin A Programming (facilitator)	5 days	Helen Keller International/ Save the Children US

Languages: Nepali, English, Hindi

Publications:

- "Common Worries of Parents about the Health of Their Under Five Children," research report for bachelor's degree, 1989.
- MCH Program Proposal, Save the Children US, 1990.
- "Uterine Proplapse Camp Report", Save the Children US, 1990.
- "Health Information System Report - 1992", Save the Children, 1992.
- Many other Save the Children health program reports.

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

BIO-DATA

Name: KHILANATH NIRLAULA

Permanent Address:



Contact Address: Save the Children US
Golbazar, Siraha

Birth date:



Nationality: Nepali

Education:

Year	Certificate/Diploma/Degree	School
1991	Intermediate Arts	Thakuryugal, Kishor Singh College, Sitamani, Bihar

Work Experience:

Year(s)	Title/Responsibilities	Employer
March-May 1992	Village Health Leader: health education	Nepal Red Cross Society, PHC/DWP, Rauthat
July 1989-July 1992	Community Development Worker: supervision of NFE/OSC classes	Nepal Red Cross Society, Khairmara CDP, Janakpur
August 1992- January 1993	Community Development Assistant: training and supervision of NFE/OSC classes	Nepal Red Cross Society, Khairmara CDP, Janakpur

Trainings/Workshops/Seminars:

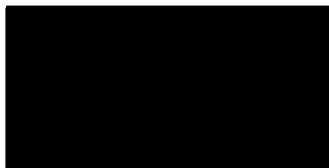
Course	Duration	Organizer
Health and Sanitation	1 week	Nepal Red Cross Society, PHC/DWP, Rauthat
Community Development	9 days	Nepal Red Cross Society
Family Planning and Community Development	1 week	Nepal FP Association
NFE Facilitators Training	11 days	Nepal Red Cross Society
NFE Facilitators Training	10 days	Nepal Red Cross Society

Additional Skills: Motorcycle driving

BIO-DATA

Name: JANAKI CHAUDHARY

Permanent Address:



Contact Address: Save the Children US
Golbazar, Siraha

Birth date: [Redacted]

Nationality: Nepali

Education:

Year	Certificate/Diploma/Degree	School
1992	Certificate in Nursing	Tribhuvan University, Institute of Medicine, Nursing Campus, Biratnagar

Work Experience:

Year(s)	Title/Responsibilities	Employer
June-December 1992	Staff Nurse	Ministry of Health, Siraha District Hospital
March-June 1992	Staff Nurse	MOH, Koshi Zonal Hospital
May 1991- October 1988	Staff Nurse	Leprosy Control Project
October 1988- February 1991	Auxiliary Nurse Midwife: inservice training	Nursing Campus, Biratnagar
November 1984- October 1988	ANM	Leprosy Control Project, Biratnagar
April 1983- November 1984	ANM, OT training	Golchha Eye Hospital, Biratnagar

Trainings/Workshops/Seminars:

Course	Duration	Organizer
None		

BIO-DATA

Name: SHYAM SUNDAR JHA

Permanent Address: [REDACTED]

Contact Address: Sarswatitole - Ward 8
Rajbiraj
Saptari District

Birth date: [REDACTED]
Nationality: Nepali

Education:

Year	Certificate/Diploma/Degree	School
1978	Post Graduate Diploma, Health Education	Tamil Nadu Under Kamraj Madhurai University Tamil Nadu, India
1973	Bachelor of Law	Tribhuwan University (private)
1963	Bachelor of Arts	Tribhuwan University (private)
1961	Health Assistant	HA School
1960	G.A.	Nepal National College
1958	School Leaving Certificate	MRGHE School, Bihar, India

Work Experience:

Year(s)	Title/Responsibilities	Employer
2 years	Chief Trainer: Auxiliary Health Worker Training	Regional Training Centre, Ministry of Health
16 years	Senior Public Health Officer, Public Health Officer, Health Inspector	Ministry of Health (district level)
13 years	Health Assistant: curative and preventative services	Ministry of Health (health post level)

Trainings/Workshops/Seminars:

Course	Duration	Organizer
Integrated Community Health Service (1977)	2 weeks	Ministry of Health
Basic Malariology (1977)	6 weeks	NICD, India (USAID)
Mid-Level Management for EPI (1980)	2 weeks	MOH / WHO
Supervisory Skills for Diarrhea	1 week	WHO
Primary Health Care Management (1988)	6 weeks	MOH / Columbia University, Centre for Population and Family Health
Planning and Management of Training Programmes (1987)	11 days	Mahidol University, Thailand

References:

Dr. K.R. Pandey
Chief, FP/MCH Division
Ministry of Health

Miss Rukmini Charan Shrestha
Training Coordinator
Ministry of Health

BIO-DATA

Name: ISHWOR BAHADUR KHATRY

Permanent Address:



Contact Address: Save the Children US,
P.O. Box 2218
Maharajgunj
Kathmandu

Contact Phone: Save the Children US
Kathmandu 412447, 412598, 415608

Birthdate: [Redacted]
Nationality: Nepali

Education:

Year	Certificate/Diploma/Degree	School
1982	School Leaving Certificate	SMV Gorkha
1986	Intermediate in Commerce (Proficiency Certificate Level)	People's Campus, Kathmandu

Work Experience:

Year(s)	Title/Responsibilities	Employer
4 years	Teacher	Shree N.J. Lower Secondary School
5 years	Asst. Field Coord/ Management	Save the Children US
2 years	Deputy Field Coord/ Education	Save the Children US

Trainings/Workshops/Seminars:

Course	Duration	Organizer
Wask TOT	5 days	Save the Children US
TOT on Phaseover	10 days	Save the Children US
TOT for C.D.W.P.	10 days	Save the Children US
TOT on NBC	60 days	Small Business Promotion Project
Workshop of N.B.C. Trainers	5 days	Small Business Promotion Project
Participation on Health and Community Development	7 days	S.S.N.C.C.
Scout Training TOT	15 days	Nepal Scout Head Office
TOT on NFE	10 days	Save the Children US
I.G.P. Training	15 days	Plan International - Nepal
Social Development Training	15 days	Village Development Training Centre, Pokhara
Regional Leadership	30 days	SARRA, Bangalore

References: Mr. Udaya Manandhar
Education Program Officer
Save the Children US
Kathmandu

BIO-DATA

Name: LILA NATH PANDEY

Permanent Address: [REDACTED]

Contact Address: Save the Children US
Golbazar, Siraha

Birth date: [REDACTED]

Nationality: Nepali

Education:

Year	Certificate/Diploma/Degree	School
1992	Staff Nurse	Institute of Medicine, Nursing Campus, Biratnagar

Work Experience:

Year(s)	Title/Responsibilities	Employer
March- December 1992	Staff Nurse	Koshi Zonal Hospital, Biratnagar, Morang

Trainings/Workshops/Seminars:

Course	Duration	Organizer
None		

Additional Skills: Motorcycle driving
References: Mr. Shiva Dango!
Project Manager
Save the Children US
Golbazar, Siraha

63

Contractor Employee Biographical Data Sheet

(See reverse for Contractor Certification)

INSTRUCTIONS:
Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name (Last, First, Middle) <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. RAI CHANDA DEVI		2. Contractor's Name SAVE THE CHILDREN US	
3. Address (include ZIP Code) ITAHARI WARD NO. 1 SUNSARI DISTRICT KOSI ZONE, NEPAL		4. Contract No.	5. Position Under Contract PUBLIC HEALTH COORDINATOR
9. Telephone Number (include area code)	10. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (specify)	6. Proposed Salary \$ 250	7. Country of Assignment NEPAL
12. Date of Birth 1950	13. Place of Birth GORKHA GANDAKI ZONE, NEPAL	8. Duration of Assignment 3 YEARS	
14. Citizenship (if non-US citizen, give visa status) NEPAL		11. Names and Ages of Dependents to Accompany Individual (if applicable)	

15. Education (include all secondary, business college or university training)

Name and Location of Institution	Major Subjects	Credits completed		Type of degree	Date of degree
		sem hrs	Cr hrs		
RUSSEL SAGE COLLEGE TROY, NY USA	COMMUNITY HEALTH	4	48	MS	1989
AMERICAN UNIVERSITY OF BEIRUT, LEBANON	NURSING	8	116	BS	1982
AMERICAN UNIVERSITY OF BEIRUT, LEBANON	DIPLOMA IN TEACHING	2	12	DIP	1982
ASIAN CENTER, BANGKOK, THAILAND	RURAL DEVELOPMENT	- 3 WEEK TRAINING			198

16. Employment History

- Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
- Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

Position Title	Employer's Name and Address	Dates of employment (m/y)		Salary	
		From	To	Dollars	Period
NURSE ADMINISTRATOR	MINISTRY OF HEALTH NEPAL	1983	1990	\$150	MONTH
PUBLIC HEALTH COORDINATOR	SAVE THE CHILDREN US KATMANDU NEPAL	1990	1992	\$250	MONTH

17. Specific Consultant Services (give last 3 years)

Services Performed	Employer's Name and Address	Dates of employment (m/y)		Daily Rate
		From	To	

18. Language Proficiency

Language	Speaking			Reading			Writing			Understanding		
	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl
ENGLISH												
NEPALI												
HINDI												

19. Special Qualifications (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary.)

OVER →

20. Certification: To the best of my knowledge, the above facts as stated are true and correct. 18 U.S.C. 1001

Signature of Employee

[Signature]

Date

JUNE 3, 1992

AID 1420-17 (10/90)

The information provided herein constitutes cost or pricing data. The individual's certification in Block 20 above and the contractor's certification on the reverse of this form are material representations of fact upon which reliance will be placed, and concern a matter within the jurisdiction of an agency of the United States. The making of false, fictitious, or fraudulent certifications may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

[Handwritten mark]

Professional Memberships/Affiliations:

LIFE MEMBER - NEPAL TRAINED NURSES ASSOCIATION
MEMBER - SIGMA THETA TAU - INTERNATIONAL NURSING SOCIETY

Contractor's Certification (To be completed by responsible representative of contractor)

A. I hereby certify that ("x" appropriate box):

- The initial salary proposed herein meets the salary standards prescribed in the contract.
- The salary increase proposed herein conforms to the customary policy and practice for this organization for periodic salary increases.

B. Justification or Remarks.

Signature	Title	Date
-----------	-------	------

Privacy Act Statement

The following statement is required by the Privacy Act of 1974 (Public Law 93-579; 88 Statute 1895).

The information requested on this form is needed by AID to evaluate your suitability for the position for which you have been nominated as a contract employee. It is necessary that you provide the information for AID to consider your nomination. The Foreign Assistance Act of 1961, as amended, constitutes authority for its collection.

Employers and educational institutions you list may be contacted for verification of the information provided. Disclosure may otherwise be made in whole or in part to any (a) foreign government concerned if required by that government in connection with their review of your nomination and (b) pursuant to any other applicable routine use as listed under AID's Civil Service Employee Office Personnel Record System, AID-2 in AID's Notice of Systems of Records for implementing the Privacy Act as published in the Federal Register, or (c) when disclosure without the employee's consent is authorized by the Privacy Act and provided for in AID regulation 18. (A copy of the Regulation and Notice of System of Records is available from AID Distribution on request.)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Agency for International Development
Office of Procurement Policy, Planning and Evaluation, MS/PPE
Washington, DC 20523-1435
and
Office of Management and Budget
Paperwork Reduction Project (0412-0520)
Washington, DC 20503

65

Contractor Employee Biographical Data Sheet

(See reverse for Contractor Certification)

INSTRUCTIONS:
Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name (Last, First, Middle) <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. PANDEY LILANATH		2. Contractor's Name Save the children U.S REST NFO	
3. Address (include ZIP Code) Dhikhora, Mahendranagar-4 Sunsari		4. Contract No.	5. Position Under Contract staff nurse
3. Telephone Number (include area code)		6. Proposed Salary RS. 3200/-	7. Country of Assignment Nepal
10. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Other (specify)		8. Duration of Assignment 1 year	
14. Citizenship (if non-US citizen, give visa status) Nepali		11. Names and Ages of Dependents to Accompany Individual (if applicable)	

15. Education (include all secondary, business college or university training)

Name and Location of Institution	Major Subjects	Credits completed		Type of degree	Date of degree
		sem hrs	Qtr hrs		
1. Mahendra Ma. Vi. Mahendranagar	science, mathematics			S.L.C	2043 (1987)
2. T.U. I.C.M. Nursing campus, Biratnagar				Staff Nurse	1992

16. Employment History

- Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
- Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

Position Title	Employers Name and Address	Date of employment (m/d/y)		Salary	
		From	To	Dollars	Period
Staff Nurse	Kashi zonal Hospital Development Committee, Biratnagar	March 1992	Dec 1992	RS. 2200/- (Nepese)	6 hours per day

17. Specific Consultant Services (give last 3 years)

Services Performed	Employer's Name and Address	Date of employment (m/d/y)		Daily Rate
		From	To	

18. Language Proficiency

Language	Speaking			Reading			Writing			Understanding		
	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl
	1. Nepali			✓			✓			✓		
2. English		✓			✓			✓			✓	
3. Hindi		✓			✓			✓			✓	
4. Maithili	✓			✓			✓			✓		

19. Special Qualifications (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary).

OVER →

20. Certification: To the best of my knowledge, the above facts as stated are true and correct. 18 U.S.C. 1001

Signature of Employee

L. Pandey

Date

Jan. 8th 1993

bk

Professional Memberships/Affiliations:

Contractor's Certification (To be completed by responsible representative of contractor)

A. I hereby certify that ("x" appropriate box):

- The initial salary proposed herein meets the salary standards prescribed in the contract.
- The salary increase proposed herein conforms to the customary policy and practice for this organization for periodic salary increases.

B. Justification or Remarks.

Signature	Title	Date
-----------	-------	------

Privacy Act Statement

The following statement is required by the Privacy Act of 1974 (Public Law 93-579; 88 statute 1896).

The information requested on this form is needed by AID to evaluate your suitability for the position for which you have been nominated as a contract employee. It is necessary that you provide the information for AID to consider your nomination. The Foreign Assistance Act of 1961, as amended, constitutes authority for its collection.

Employees and educational institutions you list may be contacted for verification of the information provided. Disclosure may otherwise be made in whole or in part to any (a) foreign government concerned if required by that government in connection with their review of your nomination and (b) pursuant to any other applicable routine use are listed under AID's Civil Service Employee Office Personnel Record System, AID-2 in AID's Notice of Systems of Records for implementing the Privacy Act as published in the Federal Register, or (c) when disclosure without the employee's consent is authorized by the Privacy Act and provided for in AID regulation 15. (A copy of the Regulation and Notice of System of Records is available from AID Distribution on request.)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Agency for International Development
Office of Procurement Policy, Planning and Evaluation, MS/PPE
Washington, DC 20523-1436;
and
Office of Management and Budget
Paperwork Reduction Project (0412-0620)
Washington, DC 20503

67

Contractor Employee Biographical Data Sheet

(See reverse for Contractor Certification)

INSTRUCTIONS:
Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name (Last, First, Middle) OMr. OMrs. OMiss OMs. KHATRY TSHUDOR BAHADUR.			2. Contractor's Name SAVE THE CHILDREN U.S.																		
3. Address (include ZIP Code) RANIGHWARRA VDC BARAHA WARD #3. GORKHA GUNDAKI ZONE NEPAL.			4. Contract No.	5. Position Under Contract Dy. Field co-ordinator?																	
9. Telephone Number (include area code)			6. Proposed Salary	7. Country of Assignment NEPAL	8. Duration of Assignment Regular																
10. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (specify)			11. Names and Ages of Dependents to Accompany Individual (if applicable) years -																		
14. Citizenship (if non-US citizen, give visa status)			<table border="1"> <tr> <td>1. Anuradh. Khatri</td> <td>-</td> <td>1961</td> <td>July</td> </tr> <tr> <td>2. Pradeep Khatri</td> <td>-</td> <td>1985</td> <td></td> </tr> <tr> <td>3. Deeba Khatri</td> <td>-</td> <td>1987</td> <td></td> </tr> <tr> <td>4. Sobita Khatri</td> <td>-</td> <td>1982</td> <td></td> </tr> </table>			1. Anuradh. Khatri	-	1961	July	2. Pradeep Khatri	-	1985		3. Deeba Khatri	-	1987		4. Sobita Khatri	-	1982	
1. Anuradh. Khatri	-	1961	July																		
2. Pradeep Khatri	-	1985																			
3. Deeba Khatri	-	1987																			
4. Sobita Khatri	-	1982																			

15. Education (include all secondary, business college or university training)

Name and Location of Institution	Major Subjects	Credits completed		Type of degree	Date of degree
		sem yrs	Cr hrs		
Shree Shakti Secondary School.	General			SLC	1982
Peoples Campus.	Management			Com.	1986

16. Employment History

- Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
- Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

Position Title	Employers Name and Address	Dates of employment (m/y)		Salary	
		From	To	Dollars	Period
Asst. F.C.O	Save the children u.s.	1987	1991		
Dy. FCO	Save the children us	1992	-		

17. Specific Consultant Services (give last 3 years)

Services Performed	Employer's Name and Address	Dates of employment (m/y)		Daily Rate
		From	To	

18. Language Proficiency

Language	Speaking			Reading			Writing			Understanding		
	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl
Nepali												
English												
Nepali												

19. Special Qualifications (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary.)

OVER →

20. Certification: To the best of my knowledge, the above facts as stated are true and correct. 18 U.S.C. 1001

Signature of Employee

[Signature]

Date **1993 March 28.**

1010-107 (10/90)

The information provided herein constitutes cost or pricing data. The individual's certification in Block 20 above and the contractor's certification on the reverse of this form are material representations of fact upon which reliance will be placed, and concern a matter within the jurisdiction of an agency of the United States. The making of false, fictitious, or fraudulent certifications may render the maker subject to punishment under Title 18, United States Code, Section 1001.

65

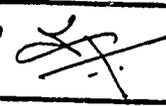
Professional Memberships/Affiliations:

Contractor's Certification (To be completed by responsible representative of contractor)

A. I hereby certify that ("x" appropriate box):

- The initial salary proposed herein meets the salary standards prescribed in the contract.
- The salary increase proposed herein conforms to the customary policy and practice for this organization for periodic salary increases.

B. Justification or Remarks.

Signature 	Title Dy. Field Co-ordinator	Date 1993 March 28
---	---------------------------------	--------------------

Privacy Act Statement

The following statement is required by the Privacy Act of 1974 (Public Law 93-570; 88 Statute 1896).

The information requested on this form is needed by AID to evaluate your suitability for the position for which you have been nominated as a contract employee. It is necessary that you provide the information for AID to consider your nomination. The Foreign Assistance Act of 1961, as amended, constitutes authority for its collection.

Employers and educational institutions you list may be contacted for verification of the information provided. Disclosure may otherwise be made in whole or in part to any (a) foreign government concerned if required by that government in connection with their review of your nomination and (b) pursuant to any other applicable routine use are listed under AID's Civil Service Employee-Office Personnel Record System, AID-2 in AID's Notice of Systems of Records for implementing the Privacy Act as published in the Federal Register, or (c) when disclosure without the employee's consent is authorized by the Privacy Act and provided for in AID regulation 18. (A copy of the Regulation and Notice of System of Records is available from AID Distribution on request.)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Agency for International Development
Office of Procurement Policy, Planning and Evaluation, MSPPE
Washington, DC 20523-1435
and
Office of Management and Budget
Paperwork Reduction Project (0412-0620)
Washington, DC 20503

61

Contractor Employee Biographical Data Sheet

(See reverse for Contractor Certification)

INSTRUCTIONS:
Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name (Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. JHA SHYAM SUNDAR		2. Contractor's Name	
3. Address (include ZIP Code) SHYAM SUNDAR JHA Sarawat Tola Ward 8 RAJBIRAJ PHONE NO. 931 20662		4. Contract No.	5. Position Under Contract
9. Telephone Number (include area code)	10. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (specify)	6. Proposed Salary	7. Country of Assignment
14. Citizenship (if non-US citizen, give visa status) Nepali		11. Names and Ages of Dependents to Accompany Individual (if applicable)	

15. Education (include all secondary, business college or university training)

Name and Location of Institution	Major Subjects	Credits completed		Type of degree	Date of degree
		sem hrs	Qtr hrs		
Bihar Secondary School - ex-aminator	English, Hindi, and Science			SLC	1955
Nepal National College Kath (T.U.)	English, Economics etc			BA	1966
Tribhuvan University Kath	English, Political Science			BA	1966
	Law, International Law			BL	1971
KARAJ MADURAI UNIVERSITY, TAMILNADU	Public Health, HE, Biobio			DHE	1971

16. Employment History

- Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
- Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

Position Title	Employer's Name and Address	Dates of employment (m/y)		Salary	
		From	To	Dollars	Period
Public Health Officer	Dr. Sushakol A. THAPALIA R.D. M.O.H. Nepal Discharge of Health Sect.	1.1.1991	6.6.1991	90	month
Senior Public Health Officer	Dr. B.D. CHATAV R.D. Eastern Regd. M.O.H. Nepal	7.6.1991	3.3.1992	90	month
Training co-ordinator Special trainer M.O.H. Health Sector	Rukman Chakra Shrestha International Health Ministry M.O.H. Nepal	4.3.1992	15.1.1993	125	month

17. Specific Consultant Services (give last 3 years)

Services Performed	Employer's Name and Address	Dates of employment (m/y)		Daily Rate
		From	To	

18. Language Proficiency

Language	Speaking			Reading			Writing			Understanding		
	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl
MAITHALI			✓			✓			✓			✓
Nepali			✓			✓			✓			✓
HINDI			✓			✓			✓			✓
English	✓					✓			✓			✓

19. Special Qualifications (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary.)

OVER →

20. Certification: To the best of my knowledge, the above facts as stated are true and correct.

18 U.S.C. 1001

Signature of Employee

Date 8.2.1993

10

Professional Memberships/Affiliations:

Contractor's Certification (To be completed by responsible representative of contractor)

A. I hereby certify that ("x" appropriate box):

- The initial salary proposed herein meets the salary standards prescribed in the contract.
- The salary increase proposed herein conforms to the customary policy and practice for this organization for periodic salary increases.

B. Justification or Remarks.

Signature	Title	Date
-----------	-------	------

Privacy Act Statement

The following statement is required by the Privacy Act of 1974 (Public Law 93-579; 88 Statute 1896).

The information requested on this form is needed by AID to evaluate your suitability for the position for which you have been nominated as a contract employee. It is necessary that you provide the information for AID to consider your nomination. The Foreign Assistance Act of 1961, as amended, constitutes authority for its collection.

Employees and educational institutions you list may be contacted for verification of the information provided. Disclosure may otherwise be made in whole or in part to any (a) foreign government concerned if required by that government in connection with their review of your nomination and (b) pursuant to any other applicable routine use are listed under AID's Civil Service Employee-Office Personnel Record System, AID-2 in AID's Notice of Systems of Records for Implementing the Privacy Act as published in the Federal Register, or (c) when disclosure without the employee's consent is authorized by the Privacy Act and provided for in AID regulation 18. (A copy of the Regulation and Notice of System of Records is available from AID Distribution on request.)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Agency for International Development
Office of Procurement Policy, Planning and Evaluation, MSP/PE
Washington, DC 20523-1435
and
Office of Management and Budget
Paperwork Reduction Project (0412-0520)
Washington, DC 20503

11

Contractor Employee Biographical Data Sheet

(See reverse for Contractor Certification)

INSTRUCTIONS:
Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name (Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. CHOUDHARY JANAKI		2. Contractor's Name Save The Children U.S NFO			
3. Address (include ZIP Code) Batemara - Sonapur - 1 Sunsary		4. Contract No.	5. Position Under Contract Staff Nurse		
9. Telephone Number (include area code)		6. Proposed Salary R.S 3400/-		7. Country of Assignment Nepal	8. Duration of Assignment 1 year
10. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (specify)		11. Names and Ages of Dependents to Accompany Individual (if applicable)			
14. Citizenship (if non-US citizen, give visa status)					

15. Education (include all secondary, business college or university training)

Name and Location of Institution	Major Subjects	Credits completed		Type of degree	Date of degree
		sem hrs	Chr hrs		
1. Board of High School Baransi U.P	Science, mathematics			SLC	1986
2. T.U. I.O.M. Nursing campus Biratnagar				Staff Nurse	1991

16. Employment History

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

Position Title	Employers Name and Address	Dates of employment (m/d/y)		Salary	
		From	To	Dollars	Period
Staff Nurse	Leprosy control project Biratnagar	Apr 1991	sep 1992	R.S 2200 Nepal	6 hours per day

17. Specific Consultant Services (give last 3 years)

Services Performed	Employer's Name and Address	Dates of employment (m/d/y)		Daily Rate
		From	To	

18. Language Proficiency

Language	Speaking			Reading			Writing			Understanding		
	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl
1. Nepali			✓			✓			✓			✓
2. English	✓				✓			✓			✓	
3. Hindi			✓		✓			✓			✓	
4. Marathi			✓		✓			✓			✓	

19. Special Qualifications (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary.)

OVER →

20. Certification: To the best of my knowledge, the above facts as stated are true and correct.

18 U.S.C. 1001

Signature of Employee **Janki**

Date **Jan 24 15 1993**

M

Professional Memberships/Affiliations:

Contractor's Certification (To be completed by responsible representative of contractor)

A. I hereby certify that ("x" appropriate box):

- The initial salary proposed herein meets the salary standards prescribed in the contract.
- The salary increase proposed herein conforms to the customary policy and practice for this organization for periodic salary increases.

B. Justification or Remarks.

Signature	Title	Date
-----------	-------	------

Privacy Act Statement

The following statement is required by the Privacy Act of 1974 (Public Law 93-579; 86 statute 1806).

The information requested on this form is needed by AID to evaluate your suitability for the position for which you have been nominated as a contract employee. It is necessary that you provide the information for AID to consider your nomination. The Foreign Assistance Act of 1961, as amended, constitutes authority for its collection.

Employees and educational institutions you list may be contacted for verification of the information provided. Disclosure may otherwise be made in whole or in part to any (a) foreign government concerned; if required by that government in connection with their review of your nomination and (b) pursuant to any other applicable routine use are listed under AID's Civil Service Employee Office Personnel Record System, AID-2 In AID's Notice of Systems of Records for Implementing the Privacy Act as published in the Federal Register, or (c) when disclosure without the employee's consent is authorized by the Privacy Act and provided for in AID regulation 15. (A copy of the Regulation and Notice of Systems of Records is available from AID Distribution on request.)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Agency for International Development
Office of Procurement Policy, Planning and Evaluation, MSPPE
Washington, DC 20523-1435
and
Office of Management and Budget
Paperwork Reduction Project (3412-0520)
Washington, DC 20503

Contractor Employee Biographical Data Sheet

(See reverse for Contractor Certification)

INSTRUCTIONS:
Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name (Last, First, Middle) <input checked="" type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <i>Niroula Khila Nath</i>		2. Contractor's Name <i>Save the children U.S.A. NFO</i>	
3. Address (include ZIP Code) <i>Madhesa - 5, Sunsari</i>		4. Contract No.	5. Position Under Contract <i>Assistant NFE CO-ordinator</i>
9. Telephone Number (include area code)		6. Proposed Salary	7. Country of Assignment <i>Nepal</i>
10. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (specify)		8. Duration of Assignment	
11. Names and Ages of Dependents to Accompany Individual (if applicable) <i>Mrs Bhagawati Niroula</i>			

15. Education (include all secondary, business college or university training)

Name and Location of Institution	Major Subjects	Credits completed		Type of degree	Date of degree
		sem hrs	Qtr hrs		
<i>1. Shree Janta Secondary school Madhesa</i>	<i>Economics, History</i>			<i>SLC</i>	<i>1988</i>
<i>2. Thakur yugal kishor singh college, Sitamari, Bihar</i>	<i>Psychology Eco</i>			<i>Cert, 1991</i>	<i>Scale 1991</i>

16. Employment History

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

Position Title	Employers Name and Address	Dates of employment (m/y)		Salary	
		From	To	Dollars	Period
<i>- Village Health Leader</i>	<i>NRCS, Rauthat</i>	<i>March 1989</i>	<i>May 1989</i>		
<i>- C.D.W.</i>	<i>NRCS, Khairmara C.D.P. Tanakpur</i>	<i>July 1989</i>	<i>July 1992</i>		
<i>- C.D.A.</i>	<i>" " "</i>	<i>Aug 1982</i>	<i>Jan 1993</i>		

17. Specific Consultant Services (give last 3 years)

Services Performed	Employer's Name and Address	Dates of employment (m/y)		Daily Rate
		From	To	

18. Language Proficiency

Language	Speaking			Reading			Writing			Understanding		
	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl	Fair	Good	Excl
<i>Nepali</i>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<i>Madhadi</i>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<i>Hindi</i>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<i>English</i>	<input checked="" type="checkbox"/>											

19. Special Qualifications (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary.)

OVER →

20. Certification: To the best of my knowledge, the above facts as stated are true and correct. 18 U.S.C. 1001

Signature of Employee *Bh Nath 22.9.93*

Date *22/2/1993*

Professional Memberships/Affiliations:

Contractor's Certification (To be completed by responsible representative of contractor)

A. I hereby certify that ("x" appropriate box):

- The initial salary proposed herein meets the salary standards prescribed in the contract.
- The salary increase proposed herein conforms to the customary policy and practice for this organization for periodic salary increases.

B. Justification or Remarks.

Signature	Title	Date
-----------	-------	------

Privacy Act Statement

The following statement is required by the Privacy Act of 1974 (Public Law 93-579; 88 Statute 1896).

The information requested on this form is needed by AID to evaluate your suitability for the position for which you have been nominated as a contract employee. It is necessary that you provide the information for AID to consider your nomination. The Foreign Assistance Act of 1981, as amended, constitutes authority for its collection.

Employees and educational institutions you list may be contacted for verification of the information provided. Disclosure may otherwise be made in whole or in part to any (a) foreign government concerned if required by that government in connection with their review of your nomination and (b) pursuant to any other applicable routine use are listed under AID's Civil Service Employee Office Personnel Record System, AID-2 in AID's Notice of Systems of Records for implementing the Privacy Act as published in the Federal Register, or (c) whose disclosure without the employee's consent is authorized by the Privacy Act and provided for in AID regulation 16. (A copy of the Regulation and Notice of Systems of Records is available from AID Distribution on request.)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Agency for International Development
Office of Procurement Policy, Planning and Evaluation, MS/PPE
Washington, DC 20523-1435;
and
Office of Management and Budget
Paperwork Reduction Project (0412-0520)
Washington, DC 20503

15

**SAVE THE CHILDREN US
QUARTERLY ACTION PLAN**

**HEALTH SECTOR
SIRAHA DISTRICT: ILAKAS 4 + 5**

	ENGLISH MONTH	OCTOBER				NOVEMBER				DECEMBER			
		1	2	3	4	1	2	3	4	1	2	3	4
1	12 HP / 39 Outreach MCH Clinic	X			X	X			X	X			X
2	324 EPI Clinics	X				X				X			
3	6 HP / 39 Outreach Clinic Management Committee Meetings	X				X				X			
4	24 VHW + CHV Meetings					X							
5	TBA / CHV Meetings		X				X				X		
6	HP Meeting					X							
7	DPHO / HP Coordination Meeting											X	
8	MCH Clinic + FP supplies distribution	X				X				X			
9	TT Campaign									X			
10	Vitamin A Campaign						X						
11	Pit latrine promotion and distribution	X	X	X	X	X	X	X	X	X	X	X	X
12	Disabled program									X			
13	Food supplement program												
14	Referral program												
15	Health worker supervision												
16	HIS training for VHW												
17	VHW HIS update training												
18	HIS training for HP staff												
19	Technical training for HP staff				V S								A
20	Technical training for VHWs							I					
21	TBA refresher training				M								
22	CHV refresher training					V							
23	CHV helper vitamin A training					V							
24	CS for NFE supervisors/facilitators									T		F	
25	CS for women's groups									T		A	
26	CS for JJ sellers								D				
27	IEC: EPI campaign									T			
28	IEC: ARI campaign											A	
29	IEC: wall painting												X
30	IEC: video shows				X		X				X		
31	IEC: slide show through cinema hall	X	X	X	X	X	X	X	X	X	X	X	X
32	Nutritional status survey							X	X				

A=ARI, F= Family Planning, T=TT Campaign,
D=CDD, V=Vitamin A Campaign, I=Immunization,
S=Supervision, M=Maternal Health