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**REPORT OF A KNOWLEDGE AND PRACTICE SURVEY
FAMILY PLANNING ASSOCIATION OF NEPAL
FREEDOM FROM HUNGER
CHILD SURVIVAL III PROJECT - NEPAL
SINDHUPALCHOK DISTRICT
BAGMATI ZONE
NEPAL**

August 22 - September 12, 1991

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LIST OF ABBREVIATIONS

- ANP - Applied Nutrition Program**
- BCG - Tuberculosis Immunization**
- CDD - Control of Diarrheal Disease**
- CS - Child Survival**
- DPHO - District Public Health Office**
- DPT - Diphtheria, Pertussis, Tetanus**
- EPI - Expanded Program in Immunization**
- GMP - Growth Monitoring and Promotion**
- ORT - Oral Rehydration Therapy**
- PVO-CSSP - Private Voluntary Organizations-Child Survival Support Program**
- SSS - Sugar Salt Solution**
- TOT - Trainer of Trainers**
- VDC - Village Development Committee**
- VHW - Village Health Worker**

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I. EXECUTIVE SUMMARY

The Family Planning Association of Nepal - Freedom from Hunger/Nepal (FPAN-FFH/Nepal) Child Survival (CS) Project carried out a knowledge and practice (K & P) Survey in Sindhupalchok district, Bagmati zone, from August 30 - September 7, 1991. FPAN project staff received survey implementation assistance from the PVO Child Survival Support Program (PVO CSSP), the Johns Hopkins University, under the AID/FVA/PVC technical support mechanism. The purpose of this survey was to:

- assess coverage levels of the CS interventions,
- identify the extent of health behavior practiced to improve child health, and
- measure mothers'/adult caretakers' knowledge of key health messages.

The survey also served to partially fulfill the requirements for the final evaluation for projects receiving AID/FVA/PVC child survival grants.

The Applied Nutrition Program (ANP), a joint venture in community development of Freedom from Hunger and the Family Planning Association of Nepal, started in the spring of 1985. After two years, AID/FVA/PVC awarded FFH/Nepal a Child Survival Grant to strengthen the immunization and oral rehydration components of the ANP over a four-year period, ending September 30, 1991.

The FFH/Nepal Child Survival Project is one of 81 projects currently receiving funding from AID/FVA/PVC. Part of FVA/PVC's strategy is to provide specialized technical assistance in areas of project monitoring and evaluation. FFH/Nepal Child Survival project focuses on developing services and education in EPI, ORT/CDD, Family Planning, and GMP/ Nutrition. The project received a total of \$240,060 from AID/FVA/PVC to promote Child Survival activities over a four-year period to a direct beneficiary population of 2,175 children 0-35 months old and 4,840 women 15-45 years old.

Midterm evaluations of the ANP and CS projects were carried out in April 1988 and September 1989, respectively. Based on the evaluations' results, project management decided to reduce all activities not central to the CS grant and to work more intensely on the components of immunization (BCG, Polio, DPT, and Measles), growth monitoring and promotion with kitchen gardening, ORT, family planning, and with curative health services as a support activity.

Survey questionnaire development and in-field preparations for the survey took place from mid-July to mid-August 1991. Final preparation of the survey activity (questionnaire translation, meetings with key officials, review of training plan) took place in Nepal, August 22-26, 1991. The K & P survey covered all eight Village Development Committees (VDCs) in the impact area, with a total population of 22,000. Over a period of nine days, seven teams of one supervisor and two interviewers each interviewed 240 mothers with children under two years of age from 30 randomly selected wards (30/72 selected by 30-cluster

method). Hand tabulation and analysis of the data was completed in the field. Upon completion of data analysis, project staff met with community members to present the results.

Survey tabulation, analysis, report writing, and feedback to the community took place in the impact area. Feedback to the Ministry of Health, USAID/Nepal and FPAN Headquarters was carried out in Kathmandu on September 12-13, 1991.

Of the 240 interview forms, two were discarded because important survey responses were missing or invalid. Among the remaining 238 mothers, 95% reported being illiterate and 87% reported having no income-generating work. All mothers reported having breastfed their child, while 90% of the 30 mothers with 18-23 months old children reported they were still breastfeeding. According to growth monitoring cards, 34% of the children had been weighed two or more times within the previous six months. Additionally 87% of mothers reported growing kitchen gardens (compared to 70% in the 1985 Needs Assessment Survey).

Of the 109 children 12-23 months old, immunization rates were calculated from results from immunization cards. The rates found are as follows: BCG - 71%, DPT1 - 66%, DPT3 - 58%, Measles - 51%, and full immunization - 44%. Tetanus Toxoid rates, from maternal health cards, were found to be 51% for TT1 and 40% for TT2+.

Important deficiencies in maternal knowledge and practice with regard to home management and treatment of children's diarrhea were found, as they were in the survey the previous year.

The results for family planning seem questionable. While 26% of the 238 mothers reported knowing about any method of family planning, the percent of those answering in the affirmative to this was much greater for the one team with a female supervisor (70%) than for all others (18%). This difference was not found, however, for those stating they used family planning (5% of total samples).

II. GEOGRAPHIC AREA AND STUDY POPULATION

The FPAN-FFH/Nepal Child Survival Project serves a remote population of 22,000 people scattered throughout the rugged foothills of the Himalayan mountain range in Sindhupalchok district, Bagmati zone, bordering Tibet in the north. Child Survival impact area elevations range from 3,000-20,000 feet, and access to all households is by rugged, steep, ill-defined trails. Much of the impact area is inaccessible during the rainy season (June-August) due to swollen rivers and/or frequent landslides. Travel between villages in the impact area takes several hours to one day of hard walking, depending on trail conditions.

Sindhupalchok district is divided into four blocks; the CS impact area covers Indrawati Block. Indrawati Block is situated in a remote, hilly area of the northwest part of the district, 60 kilometers from the district headquarters, Chautara Bazaar. The Indrawati Block consists of rugged Himalayan foothills and a large valley cut by the Indrawati River. The CS impact area consists of eight VDCs; two lie on one side and six lie on the other side of the Indrawati River. The boundary of each VDC is defined by fast-running, perennial, or rainfed rivers, tributaries of the Indrawati.

The project area is inhabited by people of Tamang, Brahmin, Chhetri, Newar, Gurung, Kami, Damai, Sarki, Danuwar, and Sherpa castes. The Tamang and Sherpa population represents approximately 65% of the total population. The Tamang and Sherpa are traditional mountain people with their own dialects; they are Buddhist by religion. In some villages, many Tamang and Sherpa females do not speak Nepali, the national language. As the preference for the male-child prevails in most communities of Nepal, so it does in the project area. The total literacy rate of the project area is 17% according to the Needs Assessment Survey. The female literacy rate is much lower.

Estimated beneficiary populations for the Child Survival Services includes:

Infants	0-11 months	800
Children	12-23 months	700
Children	24-35 months	675
Women	15-45 months	4,840

III. METHODOLOGY

A. Schedule of Activities:

- August 22-24: In Kathmandu
 - Final preparation of questionnaire
 - Procure final supplies
 - Meet with designated agencies
- August 25: Travel to CS impact area, Tipeni
- August 26: Training and deployment schedule preparation
- August 27-29: Supervisor and interviewer training
- August 30 -
September 7: Implement household interviews
- September 6-9: Data tabulation, analysis, and report writing
- September 10: Feedback to the community
- September 11: Travel Back to Kathmandu

September 12: Debriefing with FPAN and MOH, AID

Total: 22 days

B. Survey Planning:

The K & P Survey questionnaire used in Nepal (Appendix 3) consists of 49 questions. Items 1-6 are identifiers of mother and child ages and village location, the mothers' literacy, and participation in income-generating activities. Questions 10-49 measure mothers' knowledge and practice related to breastfeeding, weaning, case management of diarrheal disease, infant and maternal immunizations, family planning, growth monitoring, nutrition and kitchen gardening.

PVO CSSP, with assistance from U.S. and international experts, has developed a survey module for each of the CS intervention areas which was adopted to meet the needs of this project.

C. The Survey Process:

(i) **Preparation:** The Nepal K & P survey questions were chosen, in cooperation with FPAN-FFH/Nepal, from the core group of questions based on FPAN-FFH Child Survival Project objectives and management needs. A PVO CSSP technical staff member was designated as Survey Trainer. His responsibilities included assisting FPAN field staff in selecting the random sample, carrying out survey training, implementation, and data analysis.

Prior to moving to the impact area for survey implementation, the PVO CSSP Survey Trainer arrived in Nepal and met with Survey Coordinator to finalize the Nepali version of the questionnaire. Based on the lessons learned from last year's survey, attempts were made to make the questionnaire more easily understood. This involved modifying questions to make them appropriate in Nepali and, at times, making two questions from one.

The final version of the Nepali K & P survey questionnaire was typed, and 325 copies were prepared by hand duplication with a stencil machine.

Upon arrival in Tipeni Bazaar, FPAN field staff further tested the questionnaire. After discussion with FPAN staff, a number of problems were hand corrected on each questionnaire.

(ii) **Sample Size Determination:** This survey covers multiple Child Survival interventions which all have different sample size requirements. Sample sizes were calculated with the following formula:

$$n = \frac{z^2 pq}{d^2}$$

n = Sample size

z = Value of z taken from the Normal Probability Distribution table at chosen level of statistical certainty (1.96 at 95%, two-sided)

p = Estimated prevalence/coverage rate/level of knowledge

q = 1-p

d = precision desired

p was defined as 0.5 which gives the largest sample size for a given z and d. Depending on the desired precision, different sample sizes are required.

In a K & P survey which is used to provide data for planning, management, and evaluation of a primary health care project, precision (d) of 0.10 is sufficient. Using d = 0.10 means that a change of a coverage rate, given a certain sample size, can only be detected with the chosen level of statistical certainty if the change is at least as large as + or - 10%.

Using d = 0.10, z = 1.96, and p = 0.50, the K & P survey needs a sample size of at least 96. For a 30-cluster survey, it has been experimentally determined that it is necessary to double the size of the population required for a non-clustered survey. Further, mothers' responses to questions will create sub-groups of questions, which will be compared with other responses. Thus, in order to reach the necessary sample size for all questions and sub-groups of questions while maintaining our precision, it is necessary to sample a much larger group. Given the difficulties in surveying this area it was decided that some precision in these questions would be foregone in order to be able to complete the survey in a timely manner. Therefore, the goal was set at 240 interviews.

- (iii) Sample Selection/Starting Point Method: The survey sample was drawn using population data provided by the FPAN-FFH/Nepal office. The Child Survival Project covers a total population of 22,000 located in eight VDCs in the northwestern part of Sindhupalchok district, Bagmati zone, Central Nepal. Each VDC is divided into nine wards (8 VDCs x 9 = 72 wards). Within each ward are from one to seven villages.**

Village names and borders are known by local residents and the FPAN staff, and wards are clearly numbered and have distinguishable borders. FPAN-FFH/Nepal obtained the number of households located in each of 72 wards. Using the standard WHO 30-cluster sample survey technique, 30 wards were randomly selected in which to carry out the K & P survey. In wards that contained more than one village, a village in which to begin was randomly selected.

Interviewers would select eight households for interviews in each of the "randomly selected" 30 wards. After reaching the starting village in each ward, interview teams would identify the home of the oldest person (Budha Manchhe) living in the village. In front of this Budha Manchhe's home, the team supervisor would use the "Spin the Bottle" technique to choose a random direction in which to start.

After reaching the starting point and choosing a random direction, the interview team would proceed to the nearest home in that direction in search of a mother with a child under the age of 24 months. The team would then proceed to the next nearest house in the same direction and would continue this until the end of the village was reached, at which point the team would go to the nearest house in the village on any direction and would continue this until eight children under 24 months had been found. If a village does not have eight such children, the team moves to the closest house in the next village and continues. If the ward is exhausted, the next ward is surveyed until eight children are found.

(iv) **Data Collection:**

- a. **Training of Supervisors and Interviewers:** The PVO CSSP Survey Trainer and the FPAN Coordinator conducted the training of seven supervisors and 14 interviewers. The training took place for three days prior to survey implementation. The training agenda is located in Appendix 4.

Supervisor Training: All supervisors had participated in the previous year's training as supervisors or interviewers. Thus, the training was a refresher course.

On day one, the trainer conducted the supervisor training. The major focus of the supervisor training was to gain consensus on the wording and coding of each question. The Coordinators reviewed the purpose of each question and outlined supervisory responsibilities with the supervisors. The Coordinators also reviewed good supervision techniques.

The Coordinators taught the supervisors about the sampling methodology being used, the importance of randomization, and techniques to choose random starting points. The supervisors engaged in role play and interviews to practice both their supervision and interview skills. The Coordinator also demonstrated how analysis of the data would be carried out.

The Coordinator stressed the importance of good supervision and explained that the quality of the survey would only be as good as the supervisors.

Interviewers Training: On day two, the trainers conducted interview training. The major focus of the interviewers training was skills-building in carrying out correct and consistent interviews and proper coding. Supervisors, trained on day one, also attended this portion of the training. Trainers reviewed the purpose/rationale of each question with the interviewers.

Trainers reviewed the sampling methodology being used and randomization techniques; these topics were discussed in less detail than day one training. Supervisors demonstrated good and bad interview techniques through role play, and all interviewers carried out three practice interviews and received supervisor's feedback.

- b. **Pretest of Questionnaire:** On day three of the training, seven teams of interviewers and supervisors moved to Lagarche Wards 5, 6, and 9 to carry out practice interviews with village mothers (one person who participated in the supervisor training was made an interviewer in order to make the teams even). Lagarche 5, 6, and 9 did not fall into the survey sample.

In the evening, the coordinators facilitated a large group feedback session to determine and solve difficulties the interviewers and supervisors faced in carrying out the practice survey. That afternoon, all teams proceeded to their assigned survey area and began interviews the following day.

- c. **Survey Implementation:** A detailed deployment schedule of the seven interview teams can be found in Appendix 6.

Based on the previous year's survey, the Survey Coordinators carefully planned a two-tier supervision system. The Survey Coordinators were assigned to oversee the survey teams and would make contact with five of the seven teams in the course of their interviews. The two remaining teams could not be met until their return to Tipeni.

- d. **Data Analysis:** Prior to tabulation, the Survey Coordinators reviewed all questionnaires for inconsistencies. It was determined that all questionnaires of one team (40 questionnaires) were questionable, and it was decided that the area needed to be resurveyed. This took four teams an additional 1 1/2 days. Also, data from nine questionnaires had to be retrieved, and two interviewers were redeployed for this purpose. Two

additional questionnaires had to be discarded because information could not be retrieved.

Availability of computers in Nepal is limited. For the most part, computers can be found only in Kathmandu. Therefore, it was inappropriate to use computer technology to tabulate and analyze survey data. The survey coordinators and five staff members hand tabulated and analyzed 238 questionnaires at the impact area.

Primary tabulation and analysis was done in two sets. Since time would not be sufficient to tabulate all questionnaires upon return of the redeployed teams, 193 questionnaires were tabulated in one set and the additional 45 upon return of the redeployed teams. The results of the two were then compiled. This took longer than if all would have been tabulated together, but the tabulation was completed sooner using this method.

IV. SUMMARY OF RESULTS

A. Characteristics of Study Population:

Mothers' ages ranged from 17-50; the median age was 27 years.

The children's ages ranged from less than one month to 23 months; the median age was 11 months.

95% (N=238) of mothers never attended school. The literacy rate of the population surveyed was 5%.

13% (N=238) of the women surveyed were involved in income-generating work. 6% of women did carpet weaving, and 9% did other forms of income-generating work.

95% (N=238) of the mothers reported that they work away from the home.

22% (N=238) of mothers reported that they take their children with them when they work away from home. 30% leave their children with their husbands or adult relatives at least some of the time, and 45% left children with older siblings at least some of the time.

B. Kitchen Gardens:

87% (N=238) of mothers surveyed grow kitchen gardens, of which 97% reported they grow them for family consumption.

Of the mothers growing kitchen gardens, 91% (N=238) reported growing "Rayo" (local lettuce), 86% reported growing radish, 40% pumpkin, 22% beans, 16% cauliflower, 11% bitter-gourd, and 8% garlic.

C. Breastfeeding/Weaning:

98% (N=238) of mothers surveyed are currently breastfeeding and 100% of the mothers surveyed have ever breastfed.

78% (N=238) of mothers breastfed within the first eight hours after delivery, 31% within one hour. 16% of mothers surveyed did not breastfeed within the first eight hours after delivery. 50% of these mothers also stated that they expressed some breastmilk the first time they fed their baby.

45% of mothers surveyed stated that they should add additional foods to breastfeeding before the child reaches four months of age, 18% said they should do so when the child is between four and six months of age, and 21% said after the child reaches six months of age.

Of mothers with children below four months of age, 34% (N=41) reported feeding the child water, 32% reported feeding semisolid foods, and 34% reported adding fat to their child's diet. 5% reported feeding green leafy vegetables, and 5% reported feeding foods with protein.

D. Growth Monitoring/Promotion:

70% (N=238) of mothers surveyed stated that they take their child to be weighed.

54% (N=238) of mothers surveyed had growth monitoring/promotion cards for their children.

48% of mothers had their children weighed at least once within the last six months; 34% were weighed at least twice.

47% of the mothers surveyed stated that the reason for weighing their children was to make sure they were growing well.

E. ORT/CDD:

28% (N=238) of the mothers surveyed reported that their child had diarrhea within the last two weeks.

27% (N=238) of mothers whose children had diarrhea within the last two weeks reported using ORS sachets and/or SSS for treatment; 39% reported using ORS, SSS and/or taking their child to health post.

When asked what actions then should take if their child has diarrhea, 32% (N=238) of mothers surveyed responded take the child to the health center, 26% said give sugar-salt-solution, and 18% said give ORS sachets.

78% of mothers surveyed mentioned at least one sign or symptom which would cause them to seek treatment for their child's diarrhea (vomiting - 10%, fever - 28%, dehydration - 16%, prolonged diarrhea - 17%, blood in stool - 11%, loss of appetite - 23%, and weakness - 14%).

F. Immunization:

74% (N=238) of mothers surveyed reported their child had received immunization.

44% of mothers knew that a measles vaccine should be given to their child at nine months of age; however, 52% stated they did not know at what age their child should be immunized with a measles vaccine.

63% of the mothers in the survey had immunization cards for their children 0-23 months of age.

Immunization coverage rates for children 12-23 months (N=238) for specific antigens is as follows:

BCG	- 71%
DPT1	- 66%
DPT2	- 61%
DPT3	- 58%
Measles	- 51%
Complete	- 44%

63% (N=238) of mothers interviewed stated that they did not know why pregnant women should be immunized with a tetanus toxoid vaccine. 53% of mothers stated that at least one TT vaccine was needed to protect the newborn, and 42% said at least two were needed.

From maternal health cards, it was found that 51% (N=238) of the mothers surveyed had received at least one tetanus toxoid immunization, and 40% had received two or more.

G. Family Planning:

27% of women stated they know about at least one modern method of family planning.

72% of the women surveyed stated that they do not want to have another child, and an additional 22% do not want another child for at least three years. No women stated that they want a child within one year.

Of the total sample surveyed, 5% (11) of the women are currently using family planning methods. Of these, nine women are using Depo Provera.

H. Maternal Care:

18% (N=238) of the mothers surveyed said a woman should go for an examination during the first three months of her pregnancy. 72% stated they did not know when the correct time for a prenatal exam is.

34% of mothers stated that pregnant women should eat more than usual, 20% said the same as usual, and 28% less than usual.

Foods which the mothers said were good for pregnant women were leafy green vegetables (62%), beans and lentils (33%), and meat, fish, and eggs (41%).

78% of the mothers surveyed did not have any prenatal care when pregnant with their youngest child. Further, 73% reported that they or a family member tied and cut the cord at the time of delivery using an old fashioned (non-sterile) method.

V. DISCUSSION

The female literacy rate of 5% is below the national average of 13% (United Nation, 1990). This may have been one of the reasons why there was difficulty getting the health messages to the mothers.

In Nepal, income earned by the mother usually goes to the head of the household, and little is left for the mother to use for herself or for her children. Of the mothers surveyed, only 13% reported having any income-generating work (with most of it going to the head of the household). There is very little money available for mothers to use for health care for her children.

As 95% of the mothers surveyed work away from home and only 22% reported taking their children with them, the majority of children are left in the care of others at some time. This means that mothers are not always available to implement health messages they have been given. Therefore, when considering health education, messages should also be directed to secondary caretakers (fathers, grandparents, and older siblings).

Of the mothers surveyed, 87% stated that they are growing kitchen gardens, an increase from the figure of 70% found in the Needs Assessment Survey (1985). Of these mothers, most stated they grow "rayo" (91%) and radish (86%), two traditional local crops. Additionally, mothers stated they grow pumpkin (40%), beans (22%), cauliflower (16%), and bitter-gourd (11%) as well as carrots, garlic, onion, mustard, and eggplant to a lesser extent, crops which this project have either introduced or promoted for improved child and maternal nutrition.

The survey indicates there may be a problem with mothers not giving their children colostrum (16% of mothers did not breastfeed within 8 hours of delivery and 50% of mothers stated they expressed breast-milk the first feeding). However, it is not known how

much milk the mothers expressed. The project has been promoting the feeding of colostrum; however, with these results it is difficult to judge the success of this intervention.

45% of mothers surveyed stated that weaning foods should be added before the child reaches four months of age. The practice of mothers surveyed follows this as 34% of mothers with children less than four months of age reported adding water to the child's diet, 32% reported adding semisolid foods, and 34% reported adding fats. Mothers are still adding weaning foods early despite the education messages of this project. Further work in this area is needed.

The project targets for growth monitoring are 65% enrollment and 55% regular weighing (at least three times per year). The survey found 54% enrollment, 48% weighing once within the last six months, and 34% weighing at least twice within the last six months.

The incidence of diarrhea within the last two weeks was found to be 28%. Of the women with children who had diarrhea in the last two weeks (N=67), the ORT rate was found to be 27% with an additional 12% reporting having taken their child to a health post, where in most cases ORT would have been distributed. So, actual ORT use may have been higher than the 27% reported. The national figure for ORT usage in Nepal is 28% (USAID, 1988).

Knowledge about home management still needs improvement. ORT use is at about the national average in a very difficult area to work. However, only 26% of mothers surveyed responded that SSS was an appropriate action for treatment of diarrhea, and 18% said ORS sachet was an appropriate action. Additionally, mothers' knowledge of feeding during and after diarrhea was lacking, and additional education for home management of diarrhea is needed in the project area.

The immunization rate for complete coverage of children 12-23 months was found to be 44% (95% C.I. 38-50%). This is about equal to the project goal of 40% complete coverage.

The individual antigen immunization rates are:

BCG	- 71% (C.I. 65-77%)
DPT1	- 66% (C.I. 60-72%)
DPT3	- 58% (C.I. 52-64%)
Measles	- 51% (C.I. 45-57%)

These compare quite favorably to the national rates and are even more impressive given the geographic and cultural constraints of the project area.

The drop-out rate for DPT is 12% $[(\frac{DPT1 - DPT3}{DPT1}) \times 100]$. This is low, but still leaves room for improvement.

Tetanus toxoid immunization rates were found to be 51% TT1 and 40% TT2+. This figure is the same as the target for the project, and is above the national average of 29% (USAID, 1989).

While immunization practice in the project area is good, mothers' knowledge is still lacking. Only 44% of mothers know measles vaccine should be given at nine months of age, and 63% did not know why pregnant women should get tetanus. If knowledge is increased, then immunization rates may be even higher.

Of the mothers surveyed, 27% stated that they knew at least one method of family planning. However, the interviewers and supervisors noted that the mothers were more reluctant to answer family planning questions than the other survey questions. This led the authors to believe that the knowledge level may be higher than the 27% reported. This may also be true of use, which was found to be 5%.

Knowledge and practice with regard to maternal care is an area which needs attention. Only 18% of mothers stated that a woman should have an examination during the first trimester of her pregnancy, 72% said they did not know the correct time for a prenatal exam. Further, 78% of the mothers surveyed did not have prenatal exams when they were pregnant with their youngest child.

Only 34% of mothers surveyed said that pregnant women should eat more than usual, but most mothers were able to name some appropriate food for pregnant women to eat.

Cord cutting practices also need to be improved. Only 15% of the mothers reported that the cord was cut in sterile manner. This is a dangerous situation which should be addressed.

VI. GENERAL IMPRESSIONS

The FPAN-FFH/Nepal Child Survival Project in Sindhupalchok district was begun in an area which was, geographically, very difficult to work in and in which the population was not trusting of outside medical and health services. The project staff moved into an area with almost no existing services and little in the way of infrastructure. The survey results show some very good progress in the four years of the Child Survival Project, however these become even more impressive in the context of the project area.

The project carried out a 30-cluster in November 1990, and many of the people involved in that survey were also involved in this survey. All the supervisors involved in this year's survey had been involved in the previous survey (except for one new supervisor). This allowed the supervisors to carry out the survey quickly and smoothly.

There was, however, an unfortunate situation which put into doubt all questionnaires of one supervisor and made it necessary to resurvey five wards.

Aside from this incident the survey was carried out in a highly professional manner, and the coordinators have the utmost confidence in the integrity of the results.

Appendix I
Breastfeeding & Weaning Food Practices

When Should a Mother Add Additional Foods to Breastfeeding?

Response	FREQUENCY		CUMULATIVE	
	Count	Percent	Count	Percent
earlier than 4 months	106	45%	106	45%
between 4-6 months	44	18%	150	63%
6 months or later	51	21%	201	84%
do not know	37	16%	238	100%

What types of foods should be given in addition to breastfeeding?

Type of Food	YES		NOT STATED	
	Count	Percent	Count	Percent
Ghee & rice	64	26.9%	174	73.1%
Milk & rice	73	30.7%	165	69.3%
Sarbottam pitho	93	39%	145	61%
Lito	124	52%	114	48%
Other	66	27.7%	172	72.3%
Don't know	7	3%	231	97%

Appendix I cont.
Diarrhea Treatment

What signs or symptoms would cause you to seek treatment/advice for your child's diarrhea?

Stated Symptom	YES		NOT STATED	
	Count	Percent	Count	Percent
Vomiting	24	10%	214	90%
Fever	69	29%	169	71%
Dry mouth, sunken eyes	37	16%	201	84%
Diarrhea lasting at least 14 days	40	17%	198	83%
Blood in stool	26	10.9%	212	89.1%
Loss of appetite	55	23%	183	77%
Weakness, fatigue	33	13.9%	205	86.1%
Other	56	24%	182	76%
Don't know	51	22%	187	78%

What are important actions you think should be taken if your child has diarrhea?

Stated Action	YES		NOT STATED	
	Count	Percent	Count	Percent
Take child to Health Center	77	32.4%	161	67.6%
Give child more fluids than usual	29	12%	209	88%
Give the child smaller, more frequent feedings	6	3%	232	97%
Withhold fluids	-0-	-0-	238	100%
Withhold foods	-0-	-0-	238	100%
Other	122	51%	116	49%
Don't know	48	20%	190	80%

Appendix I cont.
Immunization & Growth Monitoring

Vaccination information taken from the vaccination cards of mothers interviewed with children between 12 and 23 months of age.

Vaccine	YES		NO	
	Count	Percent	Count	Percent
BCG	77	71%	32	29%
DPT1	72	66%	37	34%
DPT2	66	61%	43	39%
DPT3	63	58%	46	42%
Measles	56	51%	53	49%
Complete Series	48	44%	61	56%

Tetanus vaccination information on mothers vaccinated and on total interviewed:

Tetanus	FREQUENCY		CUMULATIVE		% OF 238
	Count	Percent	Count	Percent	Percent
1st vaccination	25	21%	25	21%	11%
2nd vaccination	96	79%	121	100%	48%

Appendix 2
FPAN-FFH/Nepal Survey Questionnaire—August 30 - September 7, 1991

Questions to be asked to mothers with children 0-23 months.

Interview Date _____, 1991

Reinterview Date _____

Name of interviewer:

Supervisor:

- | | | |
|--------------------|------|----------|
| 1. Name of Mother: | Age: | (years) |
| 2. Name of Child: | Age: | (months) |
| Ward Number | VDC | |
-

Mother's Education/Occupation

3. What was the highest education level you attained?
- A. None _____
 - B. Primary, does not read _____
 - C. Primary, reads _____
 - D. Secondary _____
 - E. Other (specify) _____
4. Do you work away from home?
- A. Yes _____
 - B. No _____
5. Do you do any "income-generating" work?
- A. Carpet Weaving _____
 - B. Radi _____
 - C. Other (specify) _____
6. Who takes care of (name of child) while you are away from home? (multiple answers possible)
- A. Mother takes child with her _____
 - B. Husband _____
 - C. Grandparent/Aunt _____

18

- D. Older children _____
- E. Other (specify) _____

Kitchen Gardens

- 7. Do you have a kitchen garden?
 - A. Yes _____
 - B. No _____ (go to #10)

- 8. What vegetables do you grow?

A. Rayo _____	B. Radish _____
C. Spinach _____	D. Cauliflower _____
E. Cabbage _____	F. Cress _____
G. Turnip _____	H. Beans _____
I. Other (specify) _____	

- 9. What do you do with the garden vegetables?
 - A. Family Consumption _____
 - B. Sell at Market _____
 - C. Both A & B _____
 - D. Other (specify) _____

Breastfeeding/Nutrition

- 10. Are you breastfeeding (name of child)?
 - A. Yes _____ (go to #12)
 - B. No _____

- 11. Have you ever breastfed (name of child)?
 - A. Yes _____
 - B. No _____ (go to #13)

- 12. After the delivery, when did you first breastfeed (name of child) for the first time?
 - A. During the first hour _____
 - B. From 1 to 8 hours _____
 - C. More than 8 hours _____
 - D. Do not remember _____

- 13.a. Are you giving (name of child) water?
 - A. Yes _____
 - B. No _____
 - C. Don't know _____

b. Are you giving (name of child) semisolid foods such as dhud bhaat (rice with milk), jaulo (porridge), lito (gruel), or sarbotam pitho (mixed grains and lentil porridge)?

- A. Yes _____
- B. No _____
- C. Don't Know _____

c. Are you giving (name of child) leafy green vegetables, such as sag?

- A. Yes _____
- B. No _____
- C. Don't Know _____

d. Are you giving (name of child) meat, lentils, peanuts, or beans?

- A. Yes _____
- B. No _____
- C. Don't Know _____

e. Are you adding sugar to (name of child)'s meals?

- A. Yes _____
- B. No _____
- C. Don't Know _____

f. Are you adding fat (ghee) or oil to (name of child)'s meals?

- A. Yes _____
- B. No _____
- C. Don't Know _____

14. If you do not produce enough milk within the first three or four days after delivery, what can you do to increase milk production? (multiple answers possible)

- A. Frequent sucking _____
- B. Drink nutritious fluids _____
- C. Other (specify) _____
- D. Don't Know _____

15. After delivery, when you first breastfed (name of child), did you express the first breastmilk?

- A. Yes _____
- B. No _____
- C. Don't Know _____

16. When should a mother add additional foods to breastfeeding?

- A. Start weaning earlier than 4 months _____
- B. Start weaning between 4 and 6 months _____
- C. Start weaning after 6 months _____
- D. Don't Know _____

17. What should the additional foods to breastfeeding be?

- A. Ghee and rice _____
- B. Milk and rice _____
- C. Sarborram pithi (mixed grains and lentils) _____
- D. Lito (gruel) _____
- E. Don't Know _____
- F. Other _____

Growth Monitoring

18. Do you take (name of child) to be weighed?

- A. Yes _____
- B. No _____ (go to #21)

19. Does (name of child) have a growth monitoring/promotion card?

- A. Yes _____ (must see card)
- B. Lost card _____ (go to #21)
- C. No _____ (go to #21)
- D. Don't Know _____ (go to #21)

20. Look at the growth monitoring card of (name of child) and record the following information: Has (name of child) attended any GM/P weighing sessions in the past six months?

- A. Yes, once _____
- B. Yes, twice _____
- C. Yes, three times _____
- D. Yes, more than three times _____
- E. No _____

21. Why should you have (name of child) weighed?

- A. To see if the child is growing well _____
- B. To see if the child is about to get sick _____
- C. VHW/FHW tells me to weigh my child _____
- D. Other (specify) _____
- E. Don't Know _____

Diarrheal Diseases

22. Has (name of child) had diarrhea during the last two weeks?

- A. Yes _____
- B. No _____ (go to #29)

C. Don't Know

___ (go to #29)

23. During (name of child)'s diarrhea did you provide breastmilk or other fluids. (read the choices to the mother)

- A. More than usual ___
- B. Same as usual ___
- C. Less than usual ___
- D. Stopped completely ___

24. During (name of child)'s diarrhea, did you provide (name of child) with solid/semisolid foods? (read the choices to the mother)

- A. More than usual ___
- B. Same as usual ___
- C. Less than usual ___
- D. Stopped completely ___
- E. Exclusively breastfeeding ___

25. After (name of child)'s diarrhea, did you provide (name of child) with solid/semisolid foods? (read the choices to the mother)

- A. More than usual ___
- B. Same as usual ___
- C. Less than usual ___
- D. Stopped completely ___
- E. Exclusively breastfeeding ___

26. When (name of child) had diarrhea, what treatments, if any, did you use?

- A. Jeevan Jel (ORS sachet) ___
- B. Nun-chini-paani (SSS) ___
- C. Other liquids (specify) ___
- D. Other ___
- E. None ___

27. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea?

- A. Yes ___
- B. No ___ (go to #29)

28. From whom did you seek advice or treatment for the diarrhea of (name of child)?

- A. VHW ___
- B. FHV ___
- C. HealthPost ___
- D. Traditional Healer ___
- E. TBA ___
- F. Neighbor (specify) ___

29. What are important actions you think should be taken if (name of child) has diarrhea? (multiple answers possible)

- A. Take to health post _____
- B. Give more to drink than usual _____
- C. Give smaller/more frequent feeds _____
- D. Withhold fluids _____
- E. Withhold foods _____
- F. Other (specify) _____
- G. Don't Know _____

30. What signs/symptoms would cause you to seek advice or treatment for (name of child)'s diarrhea? (multiple answers possible)

- A. Vomiting _____
- B. Fever _____
- C. Dry mouth, sunken eyes (dehydration) _____
- D. Prolonged diarrhea (14+ days) _____
- E. Blood in stool _____
- F. Loss of appetite _____
- G. Weakness or tiredness _____
- H. Other (specify) _____
- I. Don't Know _____

Immunizations

31. Has (name of child) received any immunizations?

- A. Yes _____
- B. No _____
- C. Don't Know _____

32. At what age should (name of child) receive measles vaccine?

- A. Specify in months _____
- B. Don't Know _____

33. Can you tell the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?

- A. To protect the woman against tetanus _____
- B. To protect the newborn against tetanus _____
- C. To protect both mother and newborn _____
- D. Other (specify) _____
- E. Don't Know _____

34. How many tetanus toxoid injections does a pregnant women need to protect the newborn infant from tetanus?

- A. None _____
- B. One _____
- C. Two _____
- D. More than two _____
- E. Don't Know _____

35. Do you have an immunization card for (name of child),
- A. Yes _____ (must see card)
 - B. Lost it _____ (go to #37)
 - C. Never had one _____ (go to #37)

36. Look at the vaccination card and record the dates of all the immunizations in the space below.

(mm/dd/yy)

BCG		_____	_____	_____
OPV	1st	_____	_____	_____
	2nd	_____	_____	_____
	3rd	_____	_____	_____
DPT	1st	_____	_____	_____
	2nd	_____	_____	_____
	3rd	_____	_____	_____
Measles		_____	_____	_____

37. Do you have a maternal health card?
- A. Yes _____ (must see card)
 - B. Lost it _____ (go to #39)
 - C. No _____ (go to #39)

38. Interviewer, look at maternal health card. Record the number of TT vaccinations the mother has received.

- A. One _____
- B. Two _____
- C. More than two _____

Maternal Care

39. Are you pregnant now?
- A. Yes _____ (go to #41, then skip #43 and #44)
 - B. No _____
 - C. Don't Know _____

40. When do you want another child?
- A. After one year _____
 - B. After two years _____

- C. After three years _____
- D. I don not want another child _____
41. Do you know about family planning?
 A. Yes _____
 B. No _____ (go to #45)
42. Which methods of family planning do you know of? (multiple answers possible)
 A. Depo Injection _____
 B. Pills _____
 C. Condom _____
 D. Vasectomy _____
 E. Other (specify) _____
43. Are you currently using any method of family planning?
 A. Yes _____
 B. No _____ (go to #45)
44. What method(s) of family planning are you or your husband using?
 A. Depo injection _____
 B. Pills _____
 C. Condom _____
 D. Vasectomy _____
 E. Other (specify) _____
45. How soon after a women becomes pregnant should she go to a health post for an examination?
 A. Within the first three months _____
 B. From 4 to 6 months _____
 C. From 7 to 9 months _____
 D. No need for an examination _____
 E. Don't Know _____
46. During pregnancy do you think you should eat more or less than usual?
 A. More than usual _____
 B. Same as usual _____
 C. Less than usual _____
 D. Don't Know _____
47. What foods are good for a woman to eat when she is pregnant? (multiple answers possible)
 A. Leafy green vegetables _____
 B. Pulces _____
 C. Meat, eggs, fish _____
 D. Fruits _____
 E. Other (specify) _____

48. When you were pregnant with (name of child) did you visit any health site for pregnancy/prenatal care?

A. Yes

B. No

49. At the delivery of (name of child) who tied and cut the cord, and how was it cut?

A. Yourself, with sterile equipment

B. Family member, with sterile equipment

C. Self or family member, traditional method

D. TBA

E. Other (specify)

F. Don't Know

Appendix 3
EPAN-FFH/Nepal Survey Questionnaire—August 30 - September 7, 1991
 (in Nepali)

दुई वर्ष भन्दा कम उमेरको (०-२३ महिना) नानी भएका आमाहरूलाई सोध्ने

प्रश्नहरू

अन्तर्वाता मिति:----- १९९१

पुनः अन्तर्वाता मिति:-----

अन्तर्वाता लिनेको नाम:

सुपरिवेदाक:

१. आमाको नाम: उमेर.... (वर्ष)

२. बच्चाको नाम: उमेर.... (महिना)

वडा नं. ----- गाउँ विकास समिति:

आमाको शिक्षा र पेशा

३. तपाईंले कतिसम्म पढ्नु भएको छ?

- क) हैन -----
 ख) स्कूल गएको हैन, पढ्न आउंदैन -----
 ग) स्कूल गएको, पढ्न आउँछ -----
 घ) माध्यमिक -----
 ङ) अन्य (उल्लेख गर्नुहोस्) -----

४. तपाईं ~~विभिन्न~~ घर बाहिर गएर काम गर्नु हुन्छ?

- क) गर्नुहुन्छ।
 ख) गर्दिन।

५. तपाईं पैसाको लागि कुनै काम गर्नु हुन्छ?

- क) गलैचा बुन्ने -----
 ख) राठी बुन्ने -----
 ग) अन्य (उल्लेख गर्नुहोस्) -----
 घ) गर्दिन -----

६. तपाईं काम गर्न बाहिर गएको बेला (नाम)..... तपाईं कसले र्हेछ?

- क) नानी आमासँगै जान्छ -----

४१

- स) श्रीमानले -----
 ग) बाजे।बज्ये।फुपु(चिन्ह लगाउनेस)
 घ) ठूला नानीहरू -----
 ङ) अन्य (उल्लेख गर्नुहोस्) -----

कोसा बा री

७. तपाईं सागसब्जी रोप्नु हुन्छ?

- क) रोफु -----
 स) रोपिन -----(प्रश्न १० मा जानुहोस्)

८. तपाईं के के सागसब्जी रोप्नु हुन्छ? (सवै जवाफ ठेक्नु होस्)

- | | |
|-----------------------------|-------------------|
| क) रायो ----- | स) मुला ----- |
| ग) पालुङ्गी ----- | घ) काउली ----- |
| ङ) बन्दा ----- | च) चम्सुर ----- |
| छ) गान्टे मुला ----- | ज) धिउ सिमी ----- |
| झ) अन्य (उल्लेख गर्नु होस्) | |

९. तपाईं सागसब्जी के गर्नु हुन्छ?

- क) साने -----
 स) बेच्ने -----
 ग) साने र बेच्ने -----
 घ) अन्य (उल्लेख गर्नु होस्) -----

बामाको दुध र पोषण

१०. तह आफ्नो दुध सुवाउंदा हुनु हुन्छ?

- क) छु ----- (प्रश्न १२ मा जानुहोस्)
 स) केन -----

११. तपाईं आफ्नो दुध कहिल्यै सुवाउनु भएन?

- क) सुवास्को थिए -----
 स) सुवाहन ----- (प्रश्न १३ मा जानुहोस्)

१२. जन्मपक्षि तपाईं उसलाई कति बेरपक्षि आफ्नो

दूध सुवाउनु शुरू गर्नु भयो?

- क) एक घण्टा भित्र -----
- ख) एक घण्टा देखि ८ घण्टाको बीचमा -----
- घ) ८ घण्टा भन्दा पछि -----
- घ) सम्फना कैन -----

१३. क) लाई पानी सुवाउंदै हुनु हुन्छ?

१. कु -----
२. कैन -----
३. थाहा कैन -----

ख) लाई आफ्नो दूध बाहेक जाउली, लिटो, दूधमात, सक्तीसम पीठो सुवाउंदै हुनु हुन्छ?

१. सुवाउंदै कु -----
२. कैन -----
३. थाहा कैन -----

ग) लाई हलियो सागपात सानेकुरामा मिसार सुवाउंदै हुनु हुन्छ?

१. सुवाउंदैकु -----
२. कैन -----
३. थाहा कैन -----

घ) लाई मासु, गैडागुडी सुवाउंदै हुनु हुन्छ?

१. सुवाउंदैकु -----
२. कैन -----
३. थाहा कैन -----

ड०) लाई सानेकुरामा चिनी।मह(गुलियो) मिसार सुवाउनु हुन्छ?

१. सुवाउं कु -----

२. सुवाउंदिन -----
 ३. थाहा कैत -----

च) लाई साने कुरामा चिल्लो (घिउतिल) राखेर
 सुवाउनु हुन्छ?

१. सुवाउंछु -----
 २. सुवाउंदिन -----
 ३. थाहा कैत -----

१४. नानी जन्मेपछि ३।४ दिनसम्म दूध आउन भने तपाईं के गर्नु हुन्छ? (सबै जवाफ लेख्नुहोस्)

- क) नानीलाई दूध घण्टि चिसाएरहने -----
 ख) आफूले धेरै फाँट पिउने -----
 ग) अन्य (उल्लेख गर्नु होस्) -----
 घ) थाहा कैत -----

१५. नानी जन्मेपछि दूध सुवाउन शुरू गर्दा तपाईं आफूनी दूध निचोरेर फाँटेर
 सुवाउनु हुन्छ कि नफालिकन सुवाउनु हुन्छ?

- क) नफालिकन सुवाउने -----
 ख) अलि अलि फाँटेर सुवाउने -----
 ग) थाहा कैत -----

१६. नानीको उमेर कति भएपछि नानीलाई आमाको दूध बाहेक अरु थप सानेकुरा
 सुवाउन शुरू गर्नु पर्छ?

- क) ४ महिना पहिलेदेखि -----
 ख) ४ महिनापछिदेखि -----
 ग) ६ महिना पहिलेदेखि -----
 घ) थाहा कैत -----

१७. आमाको दूध बाहेक नानीलाई यसरी सुवाउने सानाहरू के के होला?

- क) घिउ भात -----
 ख) दूध भात -----
 ग) सर्वोत्तम पीठो -----
 घ) लिटो -----

बाल नाप-तौल

१८. लाई तपाईं जोखन तौलन लाने गर्नु भएकी छ?

- क) छ -----
ख) छैन ----- (प्रश्न २९ मा जानु होस्)

१९. नानी जोसको कागज छ?

- क) छ ----- (कार्ड हेर्न नभएकीस)
ख) हरायो ----- (प्रश्न २९ मा जानु होस्)
ग) छैन ----- (,, २९ ,, ,,)
घ) थाहा छैन ----- (,, २९ ,, ,,)

२०. अन्त खाता लिनेले कार्ड हेरी गत ६ महिनामा (गत चैत-भदौ) अर्घ्या कति पटक जोसको छ चिन्ह लगाउने।

- क) एक पटक -----
ख) दुई पटक -----
ग) तीन पटक -----
घ) तीन पटक भन्दा बढी -----

(१०) सुन्य

२१. तपाईंको अर्घ्या लाई किन जोसको थाहा छ?

- क) नानी राम्ररी झट्टै छ कि छैन भनेर जान्न -----
ख) नानी बिरामी हुन आँटिको छ कि भनेर -----
ग) गा. स्वा. का. म. स्वा. स्व. -----
घ) अन्य (उल्लेख गर्नुहोस्) -----
३०) थाहा छैन -----

भाडा पसाला

२२. तपाईंको लाई आज घन्टा दुई हप्ता अघि पसाला लागेको थियो?

- क) थियो -----

(क्रमशः....)

स) थिएन ----- (प्रश्न २६ मा जानुहोस)

ग) धाशा हैन ----- (प्रश्न २६ मा जानुहोस)

२३. लाई पसाला लागेको बेला तपाईं आफ्नो दूध र अरु
भोजन सानेकुरा (सबै ~~जवाफ~~ **देख्नु**होस)

क) सधैंको भन्दा धेरै पटक सुवाउनु भयो? -----

ख) सधैंको जति नै सुवाउनु भयो? -----

ग) सधैंको भन्दा कम सुवाउनु भयो? -----

घ) सुवाउनु पुरै बन्द गर्नु भयो? -----

२४. लाई पसाला लागेको बेला सौले। भात (सबै पढ्नुहोस):

क) सधैंको भन्दा धेरै पटक दिनु भयो? -----

ख) सधैंको जति नै दिनु भयो? -----

ग) सधैंको भन्दा धेरै पटक दिनु भयो? -----

घ) दिनु नै भएन? -----

२९) सारि आफ्नो दूध मात्रै सुवाउनु भयो ?

२५. लाई पसाला गिरी भएपछि उसलाई सौले। भात
(सबै पढ्नु होस):

क) सधैंको भन्दा धेरै पटक सान दिनु भयो? -----

ख) सधैंको जति नै सान दिनु भयो? -----

ग) सधैंको भन्दा धेरै पटक सान दिनु भयो? -----

घ) दिनु नै भएन? -----

३०) सारि आफ्नो दूध मात्रै सुवाउनु भयो ?

२६. लाई पसाला लागेको बेला कुनै ~~अरु~~ **अरु** उपचार गराउनु
भयो? (सबै जवाफ लेख्नु होस)

क) जीवन-जल -----

ख) नुन-चिनी-पानी -----

ग) अरु भोजन सानेकुरा (उल्लेख गर्नु होस) -----

घ) अन्य (उल्लेख गर्नुहोस) -----

३०) केही गरिन -----

२७. लाह पसाला लागेको बेला तपाईं कसैसित सल्लाह लिने।
उपचार गराउने काम गर्नु भयो?

- क) गौ -----
ख) गणित ----- (प्रश्न २६ मा जानु होस्)

तपाईं कोबाट सल्लाह लिने अथवा उपचार गराउने काम गर्नु भयो?

- क) ग्रा. स्वा. का. -----
ख) म. स्वा. स्व. से. -----
ग) स्वास्थ्य केन्द्र/अस्पताल -----
घ) धामी-भाक्री -----
ङ) सुडेनी -----
च) छिमेकी (उल्लेख गर्नु होस्) -----
छ) अन्य (उल्लेख गर्नु होस्) -----

२८. तपाईंको लाह पसाला लाग्यो भने तपाईं के के गर्नु हुन्छ?

- क) स्वास्थ्य केन्द्र/अस्पताल लाने -----
ख) बच्चालाई सधैको भन्दा धेरै पिउन दिने -----
ग) धेरै साना घण्टिखि सुवाउने -----
घ) पिउने कुरा नदिने -----
ङ) साना नदिने -----
च) अरु (उल्लेख गर्नु होस्) -----
छ) थाहा छैन -----

२९. पसाला लागेको बेला लाह के के भरको देख्नु भयो भने तपाईं के गर्ने भनेर अल्लाह सौध्ने अथवा औषधि गर्ने काम गर्नु हुन्छ? (सबै जवाफ लेख्नु होस्)

- क) बान्ता गरे -----
ख) ज्वरो आए -----
ग) बच्चाको मुख सुख्यो, आंसा गाढियो, पिसाव गरेन भने -----
घ) धेरै दिनसम्म (कम्तीमा १४ दिन) पसाला लागिरहे -----

- ड०) दिसामा रात दोसर
 च) साना नसाने
 छ) सुकता चलमल गर्न नसक्ने
 ज) अन्य (उल्लेख गर्नु होस्)
 झ) थाहा छैन

सोप

३१. लाई सोपाउनु भएको छ?

- क) छ
 स) छैन
 ग) थाहा छैन

३२. तपाईंको लाई कति महिनाको हुंदा दादुराको सोप दिनु पर्छ?

- क) जवाफ महिनामा लेख्नु होस्
 स) थाहा छैन

----- (महिना)

३३. गर्भवती महिलाहरूले धनुष्टंकारको (टीटी) सुई किन लिनु पर्छ?

- क) गर्भवती महिलालाई धनुष्टंकारबाट जोगाउन
 स) जन्मने बच्चालाई धनुष्टंकारबाट जोगाउन
 ग) बच्चा र आमा दुवैलाई धनुष्टंकारबाट जोगाउन
 घ) अन्य (उल्लेख गर्नु होस्)
 ड०) थाहा छैन

४. गर्भवती आमाले धनुष्टंकारको सुई कतिवटा लिनु पर्छ?

- ब) सट्टै पनि पर्दैन
 स) एकवटा
 ग) दुईवटा
 घ) दुई भन्दा बढी
 ड०) थाहा छैन

३५. उाई सौप दिसकी बागज छ?

- क) छ ----- (कार्ड हेनु होस)
 स) कार्ड हरायो ----- (प्रश्न ३७ मा जानुहोस)
 ग) सउटै सौप पाएकी छैन----- (प्रश्न ३७ मा जानु होस)

३६. (अन्तखाता लिनेले कार्ड हेरी सालि ठाउंमा प्रत्येक सौपको मिति भनी।)

सौप	मात्रा	गते	महिना	वर्षा
बीसीजी	-	-	-	-
डीपीटी	पहिली	-	-	-
	दोश्री	-	-	-
	तेश्री	-	-	-
पोलियो	पहिली	-	-	-
	दोश्री	-	-	-
	तेश्री	-	-	-
दादुरा	-	-	-	-

३७. तपाईंको सौपको कागज छ?

- क) छ ----- (कार्ड हेनु होस)
 स) हरायो ----- (प्रश्न ३६ मा जानु होस)
 ग) छैन ----- (प्रश्न ३६ मा जानु होस)

३८. (अन्तखाता लिनेले टीटी कार्ड हेरी तल चिन्ह लगाउने।)

- क) स्कं -----
 स) दुई -----
 ग) दुई भन्दा बढी -----

मातृ सिहार

३९. तपाईं गर्भवती हुनु हुन्छ?

- क) छु ----- (प्रश्न ४० मा जानु होस)

- स) कुहन -----
ग) धारा हैन -----

४०. अको बच्चा कल्ले होसु भने तपाईं चारानु हुन्छ?

- क) १ वर्ष पछि
स) २ वर्ष पछि
ग) ३ वर्ष पछि
घ) चाहिँदैन

४१. परिवार नियोजन बारे तपाईंलाई थाहा छ?

- क) छ ----- (५१-४२ मा जाओ)
स) हैन ----- (प्रश्न ४५ मा जानु होस)

४२. परिवार नियोजनको कुन उपाय बारे तपाईं जान्नु हुन्छ? (सवै जवाफ लेख्नु होस)

- क) ३ महिने सुई -----
स) साने चक्री -----
ग) टाल (कन्डम) -----
घ) बन्ध्याकरण -----
ड०) अन्य (उल्लेख गर्नु होस) -----

४३. तपाईंले परिवार नियोजनको लागि केही गर्नु भएको छ?

- क) छ -----
स) हैन ----- (प्रश्न ४५ मा जानु होस)

४४. परिवार नियोजनको के लिनु भएको छ तपाईंले अथवा तपाईंको श्रीमानले?
(सवै जवाफ लेख्नु होस)

- क) ३ महिने सुई -----
स) साने चक्री -----
ग) टाल (कन्डम) -----
घ) बन्ध्याकरण -----
ड०) अन्य (उल्लेख गर्नु होस) -----

४५. तपाईंको थाहा छ गभविती भएकी कति महिला देश अस्पतालमा गएर जवाउनु पर्छ?

- क) ३ महिला देश -----
स) ६ महिला देश -----
ग) ६ महिला देश -----
घ) जवाउनु पर्छन -----
ड०) थाहा हैन -----

४६. गभविती भएकी बेला सानैकुनै धेरै सानु पर्छ कि थोरै?

- क) सधैंको भन्दा धेरै -----
स) सधैंको जति नै -----
ग) सधैंको भन्दा थोरै -----
घ) थाहा हैन -----

४७. गभविती भएकी बाला के करला धाने कुराहरु सानु पर्छा?

- क) हरियो सागपात -----
स) गेडागुडी -----
ग) मासु।फल -----
घ) फलफुल।दूध -----
ड०) अन्य (उल्लेख गर्नु होस्) -----

४८. तपाईंको पेटमा हुंदा तपाईं स्वास्थ्य केन्द्र।अस्पतालमा जवाउनु जानु भएकी थियो?

- क) थिए -----
स) थिएन -----

४९. तपाईंको जन्मेको बेला नाल कसले कसरी काट्यो?

- क) बान्ने र काट्ने सामान उमालेर आफै -----
स) बान्ने र काट्ने सामान उमालेर घरकी मान्छेले -----
ग) पुरानै तरिकाले आफै।घरकी मान्छेले -----
घ) सुडेनीले -----

ड०) अरु (उल्लेख गर्नु होस्)

व) थाहा हैन

Appendix 4
Training Schedule

ACTIVITY	DAY 1 (Supervisor)	DAY 2 (Interviewers)	DAY 3 (Interviewers and Supervisor)
Administrative Issues (logistics, room and board, per diem)	8:00 - 8:30	8:00 - 8:30	7:00 - 7:30, Discussion of sample survey
<u>What is the purpose of survey</u>	8:30	8:30 - 9:30	Site assignment
Sample size, how was it determined, and why was this method used	9:30	9:00 - 9:30	Completion of 3 questionnaires
Break	9:30 - 10:15	9:30 - 10:15	Return questionnaire same day as soon as possible
<u>Discussion of starting point method</u>	10:15 - 10:45	10:15 - 10:35	
Review Questionnaire twice (overview, detail)	10:45 - 12:30	10:35 - 12:30	Correct and review of time if not we need to do next morning before going to site assignment
<u>Tiffin</u>	2:00 - 3:00	2:00 - 3:00	
Supervision Expectation, what are the roles and responsibilities of the supervisors toward the interviewers and vice versa	3:30 - 4:15	4:00 - 4:15 (Break)	
	4:15 - 5:00	4:15 - 4:45 (Discussion)	
Discussion of Tabulation method how will data be tabulated, and by whom	4:30 - 5:00	4:45 - 5:15	
Discussion of Analysis Tables, what do they mean			
Date/Venue of Report and who will attend	5:00 - 5:15	5:15 - 5:30 (Discussion)	

SP

Appendix 5
Deployment Schedule

Banskharka - 3,5,7,9, Baruwa - 8

Team A

Baruwa - 1,2,5

Team B

Bhotang - All

Team C

Gunsa, Kot - All

Team D

Lagarche - All, Bhotenamlang 1,4,7

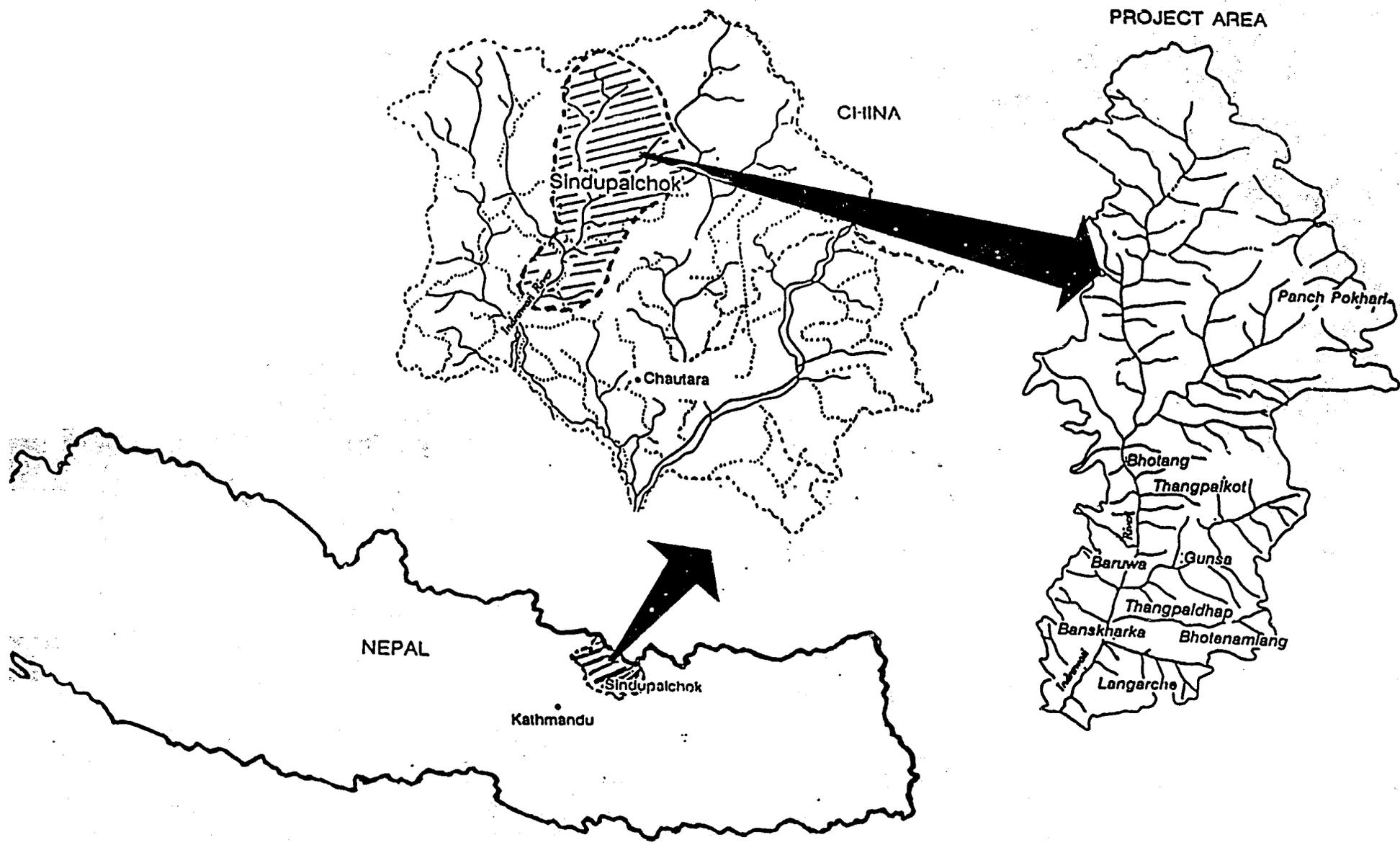
Team E

Dhap - All, Bhotenamlang 9

Returning Teams

SINDUPALCHOK DISTRICT

PROJECT AREA



Appendix 6
Map of Project Area

up