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PLAN NEPAL CHILD SURVIVAL XIII PROJECT
FIRST ANNUAL REPORT

IMPLEMENTING AGENCY

PLAN International Nepal Country Office

in partnership with

HMG/N's Ministry of Health

LOCATION

Rautahat and Bara Districts, Nepal

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ACRONYMS

AHW	Auxiliary Health Worker (HP, sub-HP)
ANM	Auxiliary Nurse Midwife (HP, sub-HP)
ARI	Acute Respiratory Infection
AED	Academy for Educational Development
BHA/PVO	Bureau for Humanitarian Affairs/Private Voluntary Organizations (USAID)
CBOEH	Community-Based Obstetric Emergency Hut
CDD	Control of Diarrheal Disease
CS	Child Survival
CWS	Child Welfare Society (Nepali NGO)
DHO	District Health Office
DR	Drug Retailer
FCHV	Female Community Health Volunteer
FP/MNC	Family Planning/ Maternal and Newborn Care
GIS	Geographic Information Services
HA	Health Assistant (HP, SHP)
HF	Health Facility
HMIS	Health Management Information Systems
HP	Health Post
ICIMOD	International Centre for Integrated Mountain Research
IEC	Information, Education and Communication materials
INRUD	International Network for the Rational Use of Drugs
JSI	John Snow International
KPC	Knowledge Practice and Coverage Survey
LQAS	Lot Quality Assurance Sampling
MCHW	Maternal and Child Health Worker (SHP)
MOH	Ministry of Health, HMG/N
MTOT	Master Training of Trainers
NFE	Non-formal Education
NTAG	National Technical Assistance Group (Nepali NGO)
PHC	Primary Health Care Center
SC/US	Save the Children/US
SHP	Sub-health Post
TBA	Traditional Birth Attendant
TH	Traditional Healer
USNO	US National Office (PLAN International)
VDC	Village Development Committee
VHW	Village Health Worker (SHP)

I PLAN NEPAL CHILD SURVIVAL PROJECT AT A GLANCE

Project Time Period	Sept 30, 1997- Sept 29, 2001
Project Area	45 VDCs in Rautahat and Bara Districts in the Tarai lowlands region of Nepal
Total Population in Project Area	213,314 (just under 1/4 of total population in 2 districts)
Target Beneficiaries	116 279 (including 45,472 women 15-49 years, 34,011 children under 5 years, projected newborns of 36,796 over four years)
MOH Health Facilities and Staff, Volunteers in Project Area	1 primary health care center, 7 health posts 37 sub-health posts incl 148 staff (1 medical officer, 8 HAs, 45 AHWs 1 Staff Nurse 9 ANMs 37 MCHWs, 45 VHWs, 2 Focal HAs/DHO), 45 Support Committees 135 TBAs, 405 FCHVs
Social and Economic Profile of Population in Project Area	Various ethnic groups dominated by caste system, including a sizeable Muslim population (15%) and so-called lower castes including 25% in the occupational and untouchables castes Target group is very poor working mostly as tenant farmers very low female literacy rate (12%) most of project is without electricity sanitation (a few latrines), and up to half of families without clean water supply
Overall Goal	To assist the MOH to improve the health status of children under five and women of reproductive age (15-49 years) in Rautahat and Bara Districts
Project Interventions	Diarrhea Case Management Pneumonia Case Management Maternal and Newborn Care Child Spacing (Family Planning)
Strategies	<ul style="list-style-type: none"> - improved training - improved supervision and follow-up training of MOH health workers and volunteers - support and non-financial incentives for community volunteer health workers - community partnerships and cost recovery - child-to-child school health activities
End Objectives	<ol style="list-style-type: none"> 1 Quality health services on a regular basis in four intervention areas (DCM PCM MNC FP) at both the government health posts and community level 2 At community level FCHVs and TBAs will be providing quality health services in four intervention areas including managing rotating funds for medicines and basic supplies to be fully restocked each month 3 Women of reproductive age and mothers of children under 5 will be using services of government health posts and community-based health volunteers 4 Communities will have emergency transportation plans for obstetric emergencies

II ACCOMPLISHMENTS YEAR ONE

In its first year, PLAN Nepal's *Child Survival (CS) XIII Project* in Rautahat and Bara Districts conducted surveys and field assessments, recruited staff, convened project start-up initiation workshops, prepared its Detailed Implementation Plan (DIP), and procured training materials, equipment, drugs and other supplies, re-established mothers' groups, and conducted training workshops in Family Planning and Maternal and Newborn Care for Ministry of Health (MOH) staff and volunteers. All scheduled activities for Year One were completed with the exception of training /workshops on CDD and ARI. At the request of the MOH and John Snow International (JSI), Year One CDD and ARI training was moved to Year Two.

The factors which contributed most to Year One accomplishments include an excellent staff team in the field, good relations with the HMG/N's Ministry of Health at both the national and district level, frequent technical backstopping and support from PLAN regional and USNO, support from USAID's BHR/PVO office in Washington as well as the USAID-Nepal Mission, and strong support from PLAN Nepal's District Project Coordinator and country office.

Year One accomplishments and activities include

- ◆ Baseline Knowledge, Practice & Coverage (KPC) Survey conducted in October '97 based on interviews with 300 mothers with children under 24 months in project area,
- ◆ Project Start-up Workshop held in January '98 with all key stakeholders in attendance — 25 people in all including representatives from MOH national and district offices, PLAN country/field/ and CS staff, and the Child Welfare Society (January '98),
- ◆ Detailed Implementation Plan prepared in consultation with USAID and PLAN International staff including meeting in Washington and response to DIP reviewers (Oct '97- July '98),
- ◆ Field assessments conducted of local health facilities and staff and volunteers (TBAs FCHVs), and community-level actors including mothers groups, drug retailers traditional healers (December '97)
- ◆ Four training manuals produced /adopted (materials developed by MOH , UNFPA, UNICEF and NGO) for project on *Maternal and Newborn Care/ Family Planning Roles and Responsibilities of TBAs Roles and Responsibilities of FCHVs and Roles and Responsibilities of MCHWs/VHWs* ,
- ◆ Maternal and Newborn Care/ Family Planning basic and refresher training courses conducted for a total of 364 MOH staff including 287 volunteers (216 FCHV 71TBAs) and 77 health facility staff (15 HAs 30 AHWs/ANMs 16 MCHWs 16 VHWs)
- ◆ General Training of Trainers(GTOT) conducted for 40 health facility staff to increase the local pool of trainers
- ◆ Master TOT training in CDD/ARI by CHD/JSI for seven senior PLAN project field staff
- ◆ Two hundred and eighty-three project orientation sessions held with community members at District Health Offices (DHO) VDCs and wards in 20 of the project s 45 VDCs (summer '98)

- ◆ Project assisted DHO and local health facilities to reform/establish one hundred and eighty-three mothers' groups in 20 VDCs with monthly meetings starting to be convened by both FCHVs and TBAs ,
- ◆ Supplies procured for MOH volunteers in 20 VDCs including 7,500 clean home delivery kits, 225 TBA kits, 225 FCHV kits, 550,000 iron/folic acid tablets, ORS(Jeevan Jal),ARI respiratory timers, and cortimoxazole,
- ◆ Five project coordination meetings held in each district with DHO staff as well as central coordination meetings with MOH Child Health Division ,
- ◆ Project staff supervised two government National Immunization Days for polio in Bara and Rautahat districts,
- ◆ Project staff supervised and supported two Vitamin A distribution campaigns in both districts run by MOH and National Technical Assistance Group (NTAG) ,
- ◆ Project staff worked with DHOs in both districts to mitigate epidemics (mainly diarrhea) during the monsoon season by supplying medicines and supporting and supervising local MOH staff,
- ◆ VDC chairpersons and other Council members in all 20 project start-up VDCs attended orientation sessions on the project, and,
- ◆ Incentive packages designed for TBAs and FCHVs and models for revolving drug scheme at MOH local health facilities considered and reviewed

Project Milestones —

- ** **8 VDCs contributed funds for health projects over last year** — *project staff are trying to track amount of expenditures but some funds were used for emergency transport for obstetric emergencies and for CDD medicines one VDC in Bara contributed land for the project's Community-Based Emergency Obstetric Hut (to be constructed in Year Two) and contributed NRs 300,000 for ambulance!*
- ** **Project HMIS supervisory forms for health post and sub-health posts** — *were developed for use by project staff to complement and support HMG/N HMIS database Project HMIS pictorial classification cards were developed for supervision of community-based health services delivery to be used jointly by project staff and community-based FCHV and TBA volunteers*
- ** **Gender Strategies** — *intensive training and incentives for female MOH staff including TBAs and FCHVs (community-based), and MCHWs (sub-health posts) the vast majority of whom stay in their posts unlike many other (mostly male) MOH staff in health posts and sub-health posts special leadership training for FCHV members of health post Support Committees who typically are the only female member of the six-member Support Committees MNC education sessions for men to be held in year 2 as a pilot project and conducted by CS area supervisor and PLAN gender specialist in one project VDC and to include topics such as sharing workloads calories and nutritious food for women during*

*pregnancy and lactation etc , **CS staff to work with newly-elected female ward members** to VDC Councils (9 new women members on each VDC Council since 1997 elections/ over 400 in project area) to promote women's and children's health issues, **priority to female candidates** for seven Community Medical Assistant positions to be filled by project*

III PROJECT CONSTRAINTS AND ALLEVIATION STRATEGIES

CONSTRAINTS	ALLEVIATION STRATEGIES
<p>MOH Staff turnover MOH HF staff turnover in project area in year one was only 10% but can rise to 50% if government changes hands as it frequently does in Nepal</p>	<p>Project focus on TBAs and FCHVs who stay in the communities Project will raise this issue during regular coordinating meeting at district and central level</p>
<p>Many TBAs and some FCHVs are from the untouchables caste and thus usually cannot directly assist births in some families/ communities and may have trouble interacting with some women in community</p>	<p>Review meetings will give TBAs and FCHVs confidence, importance and qualifications of TBAs and FCHVs will be stressed by CS staff in the communities TBA/FCHV quiz contests in front of communities may be used by project (successfully used by ADRA CS project to illustrate knowledge of FCHVs and TBAs) NFE materials and discussion sessions with mother-in-laws and husbands will also emphasize the important role of TBAs and FCHVs Project may also train some FCHVs in TBA work In first year FCHVs upon completion of FP/MNC training started to attend the deliveries so in year two project will encourage FCHVs to attend the deliveries where untouchable issue exist Further alternatives to address this issues will be explored and will be tested in year two</p>
<p>Very low female literacy rates among female beneficiary pop (12%) and among TBAs and FCHVs (5% and 25% respectively)</p>	<p>PLAN Nepal is running literacy classes in many of the project 45 VDCs as an incentive project FCHVs will be encouraged to join PLAN literacy classes and credit/income generation programs throughout project time period</p>
<p>Supplies of drugs in MOH health facilities usually last about 4-5 months in the project area</p>	<p>Revolving drug scheme to be set up in all health facilities on a cost recovery basis (with some subsidization in beginning) community-based TBAs and FCHVs will also stock a regular monthly supply of medicines in cost recovery basis CS project will supply initial seed money for drug funds to HFs (\$1 200 for HP and \$400 for sub-HP) and will supply TBAs and FCHVs with their first monthly kits CS project is collaborating closely with UNICEF and will introduce UNICEF s Community Initiative Drug Model with technical assistance from UNICEF Central drug trust may also be established</p>
<p>Beneficiary population speaks a variety of local dialects (Bhojpuri is the main dialect in project area), although many men speak Nepali most of women beneficiaries and FCHVs and TBAs speak only Bhojpuri</p>	<p>All Community Health Officers Community Health Nurse and Training Coordinator (6 staff) speak local dialects For 7 CMA positions to be filled priority will be given to those who are fluent in local dialects</p>

<p><i>Project beneficiary population sometimes has a negative attitude and resents development workers Development projects and funds in the past have disrupted traditional, well-functioning community participation systems The caste system and the large gap between rich landlords and poor tenant farmers in the Tarai, particularly bad in project area, have created great social and economic inequities</i></p>	<p>Time spent in the communities by project staff is critical to build trust and mutual knowledge CS staff spend 80% of their time in the communities with two days a month at CSP field office for coordination meetings Staff ability to speak local dialects is also important (see above) Essential to adopt a long-term framework for project planning which is part of PLAN International's development philosophy (i.e. at least 10 years)</p>
<p><i>Extreme poverty in project area— most of project area has no electricity or latrines to half the population is without access to clean water, high malnutrition rates with estimated half of all newborns low-birth weight and 40% of women chronic energy deficient ICIMOD in its national poverty and deprivation index of districts ranked Rautahat the fourth poorest district (out of 75) and Bara the 28th poorest in Nepal</i></p>	<p>PLAN International has implemented credit/income generation activities in more than half of project's 45 VDCs All CS project FCHVs and TBAs to be encouraged to join PLAN's credit/income generation activities</p>
<p><i>Distance to emergency obstetric care (up to an 8-hour journey to district hospitals)</i></p>	<p>CS project in Year Two will set up one Community-Based Obstetric Emergency Hut (CBOEH) and ambulance vehicle in Bara District near project office, and next to a planned MOH Primary Health Care Center (VDC has given land for hut and raised NRs 300 000 (approx \$5 000) for ambulance) OEH will be open 24 hours a day and staffed by FCHVs and TBAs and trained and supervised by CS project Senior Staff Nurse OEH will have 5 beds and one birthing bed In addition project is working with communities to develop emergency transport plans for obstetric emergencies</p>
<p><i>Communities' reliance on Traditional Healers (THs) for medical problems</i></p>	<p>At present the project has no plans to train the 204 THs identified by a facility survey but is interested in identifying a relevant training package for THs</p>
<p><i>Training for 134 drug retailers who also function as private practitioners and treat majority of project area's medical problems at present</i></p>	<p>Although legally in Nepal DRs cannot diagnose and treat medical problems the vast majority of Nepalis rely on DRs for medical problems In collaboration with an MOH-JSI pilot project project will train DRs (who function as PPs as well) in management of diarrhea and pneumonia and the rational use of drugs</p>
<p><i>Lack of follow-up to government run health posts once referrals given by FCHVs</i></p>	<p>For referrals project is hoping that improved HF services and ample drug supplies (from revolving funds) will attract community members for treatment and referral appointments</p>

<p><i>Transition process in PLAN International from an assistance/charity organization to a development organization</i></p>	<p>PLAN Nepal staffing and programs are undergoing changes in Nepal as well as at headquarters as PLAN switches over to a more centralized, development organization Staff are adapting to the new framework and working closely with technical backstoppers regionally and in headquarters</p>
<p><i>Monsoon rains (four months from June-September) flood majority of the project area and makes transport between field office and communities impossible Hardships also for project families During the last monsoon season, PLAN distributed NRs 800,000 (approx \$12,000) in flood relief money to project area families</i></p>	<p>Project cannot address flooding problems However, field based CS staff have been providing needed support during flood to mitigate the adverse effect this type of service will be continued in future</p>
<p><i>Project area (45 VDCs) and beneficiary population is quite large and spread-out</i></p>	<p>Project full-time staff are based in the communities The large size of the project area does present challenges to the project team, which will be carefully assessed during the upcoming implementation period</p>
<p><i>IEC materials and cards produced and supplied by MOH are in short supply in local health facilities and communities</i></p>	<p>CS staff are trying to get these materials into project communities</p>
<p><i>Working with NGOs and donors in network sounds good but time consuming</i></p>	<p>Working with partners makes sense strategically and economically However too often the reality for a project is endless meetings and workshops with a vast array of potential partners with conflicting agendas It is important to select only a few partners and work out partner collaboration early on in the project</p>

IV CHANGES IN PROJECT DESIGN

There have been three principle changes in project design during the first year

- *geographic area and number of beneficiaries* — the number of beneficiaries in the project area increased from 90,000 to approximately 140,000 after the population was recalculated based on the 1991 government census (previous estimate based on estimates of pop) Accordingly, project staff decided to drop five of the project's original 50 VDCs thereby arriving at a project population of 116,279 in 45 VDCs,
- *indicators* — some indicators in four intervention areas were dropped or added and in addition new indicators measuring changes in sustainability and capacity building in all four intervention areas were added (see IX FINAL INDICATORS below),
- *staff* — 9 additional staff due to the large size of the project area, the project will hire an additional seven Community Medical Assistants (one for each of seven unit areas comprising 6-7 VDCs), one GIS Assistant

V YEAR TWO HIGHLIGHTS

- ** ***FP/MNC Training Workshops*** — for MOH HF staff and volunteers (FCHVs and TBAs) in the remaining 25 VDCs in project area (Year One FP/MNC training only in start-up 20 VDCs)
- ** ***ARI/CDD Training Workshops*** — for HF staff and TBA/FCHV volunteers in all 45 VDCs
- ** ***Monthly joint supervision visits*** — by project staff and MOH staff at three levels (health posts, sub-health posts, community level) to monitor health services delivery and supervision,
- ** ***Health Management Information Systems (HMIS)*** — project will continue to design and refine its HMIS allowing the project's HMIS to feed easily into the MOH's HMIS
- ** ***District-wide support and supervision of CDD/ARI*** — project (PLAN) to support MOH in ARI and CDD activities throughout two districts by providing two staff for district support contributing a total of \$40,000 in staff and related expenses (1/3 of total costs for CDD/ARI in two districts)
- ** ***Drug Revolving Funds at MOH Health Facilities*** — to be set up at project area's 7 Health Posts and 37 sub-Health Posts with initial seed money from project (\$1,200 for HPs, \$400 for sub-HPs) based on UNICEF's Community Initiative Model (with TA from UNICEF)
- ** ***Drug Revolving Funds at Community-Level*** — FCHVs and TBAs will be provided with initial medical kits (clean home delivery kits iron folate pills, pills and condoms and for FCHVs in addition ORS packets and cortimoxazole and respiratory timers (for those trained to diagnose and treat pneumonia) with contents to be sold on cost recovery basis and kits resupplied monthly
- ** ***School Health Program*** — project will initiate a child to child school health program in 14 schools- two in each of project's seven unit areas- about CDD, ARI (including prevention and treatment such as how to prepare ORS) and personal hygiene approximately 400 schools in project area
- ** ***Training for 134 Drug Retailers (Private Practitioners)*** — project will train DRs on CDD ARI and the Rationale Use of Drugs with technical assistance from JSI and International Network on the Rational Use of Drugs (INRUD)
- ** ***Community-Based Emergency Pregnancy Hut (CBEPH) with five maternity beds/one birthing bed*** — to be constructed and equipped and operating by end of year
- ** ***Community Emergency Transport Plans for obstetric emergencies*** — project staff will work closely with communities to develop emergency transportation schemes to the CBEPH ambulance point possibly providing support for stretchers/carts etc

- ** ***Incentives*** — 50 VHWs to receive bicycles for supporting FCHV/TBA and running immunization session, in communities, FCHV/TBA kits to be distributed to FCHVs and TBAs and all FCHVs and TBAs to be encouraged to enroll in PLAN literacy and credit/income generation programs,
- ** ***LQAS Training*** — all project health supervisors to receive LQAS training and start using LQAS survey in the field area
- ** ***Mothers Groups*** — mothers' groups reformed/established in Year One (183 in 20 VDCs) to meet monthly with FCHVs and TBAs in attendance, mothers groups to be established/reformed in remaining VDCs with a total estimated 405 mothers' groups running by the end of Year Two
- ** ***Discussion Sessions with Men and Mother-in-Laws*** — on a pilot basis, discussion sessions with fathers, mother-in-laws and other family members on MNC and FP issues and problems
- ** ***Mid-term Evaluation*** — scheduled for September 1999

VI PROJECT RESPONSE TO DIP PROCESS

Strengths

- great learning process for project manager
- valuable information presented and reviewed
- important chance to review Lessons Learned from other CS projects
- good model for PLAN to consider for other projects
- excellent technical support from PLAN USNO and USAID Washington and Nepal Mission
- initiation workshop important for sorting out priorities and stakeholder responsibilities
- DIP technical guidelines and reference materials excellent
- Excellent comments/suggestions from DIP reviewers overall
- technical reference materials from individual reviewers excellent
- DIP review meeting in Washington provided opportunity to obtain current state of the art on project's interventions in developing countries

Weaknesses

- some technical issues discussed were not relevant in project start-up workshop
- too much paperwork for field office in year one
- format confusing with "information scattered like a sea"
- workplan should be part of DIP
- CS project coordinator should see reviewers' comments well in advance of DIP review meeting in Washington, seemed some reviewers had not read the DIP thoroughly and/or were not aware of the field situation in Nepal
- DIP process leads to the identification of many problems, needs and strategies all of which cannot be addressed by one project

VII PROJECT RESPONSE TO DIP REVIEWERS' SUGGESTIONS/COMMENTS

1 Project should use an evolving strategy with the flexibility to adopt new solutions

Project Coordinator, in consultation with the PLAN-Nepal Project Advisor, will attempt to assess what works well and what is not working well during project implementation and adopt or drop strategies, or make other project changes, if warranted. LQAS sampling to be done in 19 households in each of the project area's seven field areas, will give the Project Coordinator useful information to assess the project's efficacy in achieving its objectives.

Possible aspects which may need to be altered during project implementation

- The usefulness of including GIS in monitoring and evaluating CS interventions will be reviewed in light of its technicality and time consumption
- Explore some capable partners to work on drug scheme in the project area if necessary
- To sustain the motivation of volunteers and MOH staff project will devise strategy (convening monthly review meeting in three levels will be the possible strategy)

2 Project should look to other PVOs in the area to see what they are doing

The project has consulted principally with SC/US, ADRA, The Asia Foundation, Helen Keller International, and Safe Motherhood. The project is a member of the Safe Motherhood Network and the NGO Coordinating Committee (NGOCC).

SC/US and ADRA shared their Lessons Learned from their CS projects and Safe Motherhood provided IEC materials for use by the project. Over the next year the project will be working with AED and NTAG on Vitamin A distribution and maternal and child nutrition.

Lessons Learned from SC/US and ADRA include

SC/US

- critical to strengthen MOH supervision systems
- social marketing important i.e. cost recovery schemes. SC/US is now piloting a cost recovery scheme for FP supplies about which the project is eager to learn.

ADRA

- strong cooperative relations with VDCs and DHOs critical factor in CS project success
- QUIZ contests for FCHVs and TBAs to showcase their knowledge were helpful in improving their acceptance and stature in communities

3 Process used to make changes/revisions in the design of the project and which suggestions from DIP reviewers were adopted by project

In reviewing DIP suggestions, and before making any project design changes, meetings were held with CS project staff, HF staff, DHOs and the MOH/Child Health Division. Changes were adopted which could be accommodated technically and practically in terms of staffing, budget and geographic area.

DIP Suggestions Adopted

- 1) "Stopped feeding completely" will be replaced by "stopped feeding well" for recognition of pneumonia in infants
- 2) The project will explore alternatives for diagnosing severe pneumonia in young infants
- 3) The sign for severe pneumonia was wrongly worded and will be corrected to include chest in drawing only
- 4) Project is planning to conduct a study on the effectiveness of DOT technique in comparison with standard treatment regimes (non-observed) for treatment of pneumonia
- 5) Project will manage dysentery through antibiotics (as per the treatment protocol given in DIP page 44) at local health facility level, and persistent diarrhea at local health facility level according to the guidelines given in the "manual for the treatment of diarrhea for use by the physicians and senior health workers" (CHD/WHO/UNICEF/USAID-1996). The dietary management of children with PD will be also started, and WHO/MOH protocol will be used for this.
- 6) Project is considering adopting a life cycle approach on a small scale to address maternal nutrition with HKI and AED as partners. If approach is effective the program will be expanded.
- 7) PLAN is developing a maternal register to be used by FCHVs and TBAs which will cover all their activities.
- 8) For TBA training the "six cleans" will be explained and emphasized but at the family level health volunteers will only mention the "three cleans" for family hygiene.
- 9) Mother-in-laws will be included in Maternal and Newborn Care/Family Planning community education. Husbands of pregnant women and lactating mothers will also be educated on MNC/FP issues (pilot).
- 10) Various strategies have been adopted to address the problem of the majority of TBAs belonging to the untouchables caste (see Section III Constraints and #12).
- 11) FP knowledge of contraceptive methods indicator replaced by FP indicator measuring couple years protection (CYP).
- 12) Indicators added to measure capacity building and sustainability in improved health services delivery.

Profile of Samanpur VDC Health Post *

- four MOH staff including 2 AHWs 1 ANM, 1 VHW
 - open six days/week, 10 am – 5 pm
 - approximately 50 visits/day
 - approximately 55 Depo injections a month given to women clients
 - drugs in stock iron pills B vitamins (project staff assumes paracetamol Jeevan Jal, pills and condoms also probably in stock)
 - AHW in charge when asked how many essential drugs HP should stock 150
 - active Support Committee meeting monthly
 - VDC receives of NRs 500 000 (approximately US\$ 7,500 00) allotment from HMG/N monies for health activities not known
 - collecting NRs 2 registration fee per visit since 1996 with NRs 30 000(US\$ 441 00) accumulated in bank but health post can't spend the accumulated funds
 - outreach clinics supported by PLAN with community people paying 50 p to NRs 2 for services
- * Visited by consultant and CS Project Staff on 8/10/98
- ** Consultant and staff met with Support Committee including VDC Chairman who indicated a willingness to contribute NRs 30 000 in VDC funds to support CS project investments

4 CS project needs to set up a joint supervisory system with the MOH in order to ensure that the MOH can continue once the project ends

Joint monthly supervision visits with both project staff and MOH staff are one of the project's key priorities. Project staff and VHWs and MCHVs will jointly supervise the activities of the 405 FCHVs and 135 TBAs in the communities, and project staff, senior HF staff and DHO staff — including the two DHO focal persons assigned to PLAN's CS project — will jointly supervise the 45 HFs. The project is in the process of designing an HMIS to compliment and support the MOH's HMIS.

Currently all supervision forms are in English except for the MNC/FP classification card to be used by FCHVs and TBAs. The MOH has recently developed supervision reports on CDD and ARI that are filled out by Health Post and sub-Health Post staff. But the MOH currently does not track MNC or FP services from community level. The project will try to encourage the MOH to incorporate its MNC and FP supervision forms as well as to improve on its tracking system by incorporating some of the project indicators and services. As well the project will be emphasizing the review of the data collected monthly for decision-making by MOH staff which is presently a weakness of the government's MHIS (see Text Box above).

5 Project needs to track and document results so that the MOH can carry on once CS project ends

The project will be producing narrative quarterly reports on project progress as well as quarterly data entry summary reports on the three levels of supervisory reports covering CDD/ARI and MNC/FP services delivery. These reports will be shared quarterly with HFs in the project area with the DHOs and the Child Health Division within the MOH. Additional information will be supplied by the semi-annual LQAS and GIS reports.

6 Project should make sure that workers who are having problems be involved with the problem sharing

Monthly staff meetings are attended by all staff and offer a chance for feedback and review by all staff members. The joint monthly supervision visits offer another forum for feedback and suggestions by project staff.

7 Maternal diets are important and should be addressed more in the project. Try to link up with home gardens or other NGOs working on nutrition in the area (HKI, JSI, AED)

The CS project is collaborating closely with PLAN nutrition activities in Bara and Rautahat. In the project area, PLAN has supported 1,000 families to plant kitchen gardens, supplying training and seeds/seedlings at a subsidized cost. At present, much of the harvest is sold instead of being consumed. PLAN and the CS Project staff will work with families to increase consumption of the vegetables grown by explaining their nutritional importance. Traditionally in the Tarai, vegetables are regarded as a low-grade food.

In addition to the kitchen gardens, another 2,500 families have begun vegetable income generation projects and another 400 families have begun fruit income generation projects with support from PLAN.

PLAN is also providing adult literacy classes for approximately 3,000 women in the project area. Nutrition is an integral part of the literacy curriculum materials.

The project will be working with AED and NTAG in year two to improve maternal and child nutrition and reduce Vitamin A deficiency. For night blindness, FCHVs and TBAs advise women and children to eat chicken liver for treatment of the disease.

8 The project should talk with mothers and ask them how they feel that their situation could be improved. Information should also be gathered about what is important to do for non-normal symptoms

Mothers' opinions on health problems will be solicited by mothers' groups and FCHVs/TBAs, HF staff, Immunization Campaigns, outreach clinics, CBOs (user groups-forestry/water/credit, etc.) and literacy classes.

The project is in the process of designing questions for the different forums to be used to reach mothers.

9 In addition to talking to mothers, the project should talk to men and other family members to obtain their opinions about how maternal health could be improved

Men play an important role in making decisions regarding maternal and newborn care and family planning, although they do not play as important a role as mothers-in-law.

As a pilot in Year Two, the project will conduct educational sessions for men on MNC and FP in one-two wards in each of the project's seven field areas. The sessions will be run by the CS area supervisor and a PLAN gender specialist. Topics to be discussed will include importance of rest and calories and nutritious food during pregnancy and lactation, and the need for sharing workloads. The frequency of the sessions has not yet been decided.

Mother-in-law, father-in-law and fathers will be educated on management related to maternal and newborn care. Some of these issues will be also included in school health program to improve the situation of mothers and children of the project area

10 It is important for all members of the family or caregivers to know all the complications that are possible for mothers and newborns

It is critical in Nepal to include all family members in the MNC and FP discussions and education sessions. The KPC survey revealed that nearly two-thirds of the women surveyed, with children younger than 24 months, reported they were away from the home generally during the day leaving the care of their infants and toddlers to other family members

About half of the mothers (43%) left children with their mother-in-law, one-third left their children with father-in-laws or other family members, 17% left their children with their husbands and 16% relied on older siblings for child care

11 Mother-in-laws should be consulted about maternal and newborn problems in the communities

The project will conduct a monthly pilot discussion series with mother-in-laws in one VDC in each of the seven project areas (63 wards in all). The discussions will be convened by the FCHVs, TBAs and project staff on maternal and newborn care and family planning topics. If the program is successful, it will be expanded into other wards

12 How many of the project area's approximately 150 TBAs are from the untouchables caste and unable to attend births? How will the project work to solve this problem?

Project does not know the number of so called untouchables who are not allowed to attend mothers during the beginning of deliveries. Therefore project in year two will identify the extent of the problem and explore alternatives to solve it. Training FCHVs in performing delivery, educating mother-in-law and men on importance of clean delivery and using TBAs from the very beginning of delivery are some of the alternatives being used in year two

VIII HOW CS PROJECT WILL BENEFIT PLAN INTERNATIONAL

The CS project will strengthen PLAN Nepal's health intervention capability as the project's Health Advisor, Dr Kedar Baral, devotes half his time to other PLAN programs and activities. In addition, PLAN sponsorship families in the CS project area (approximately 12,000) are getting health and education benefits from the CS project. And finally, PLAN Nepal's management systems stand to gain from the technical rigor and information systems inherent in the CS project. The project's Lessons Learned will also be shared with other PLAN district programs in Nepal.

Through the CS project, PLAN Nepal is testing

- management systems for community-based projects,
- DOT's effectiveness for Pneumonia Case Management,

IX BRIEF OVERVIEW OF KPC FINDINGS AND TEAM ROLES

Knowledge, Practice and Coverage (KPC) Survey Key Findings

- Breast feeding within first hour after birth - 5%
- Child with diarrhea in the two weeks prior to survey - 44%
- Same amount or more breast feeding during child's diarrhea - 60%
- Home-based fluids used during child's diarrhea- 28%
- Same amount or more foods during child's diarrhea- 17%
- Child with rapid or difficult breathing in the two weeks prior to the survey- 48%
- Mothers who sought medical treatment during child's ARI - 73%
- Full immunization coverage (card)- 6%
- TT vaccinated mothers - 2%
- Mothers who had visited HF for ANC - one mother out of 300
- Mothers' knowledge of need for ANC before third trimester- 51%
- Literate mothers - 12%
- Literate FCHVs - 27%
- Literate TBAs - 5%
- Mothers who either did not want to have a child in the next two years or who did not know – 69%
- Mothers using FP methods- 21%
- Of mothers using FP, those using Depo - 33%
- Of mothers using FP, those who had been sterilized - 33%

Project Staff and MOH Staff Roles

Role of CS Project Staff

- ⇒ Strengthen Hospitals PHCs and S/HPs to employ effectively standard case management for pneumonia and diarrhea
- ⇒ Strengthen community-based health treatment by VHWs FCHVs and mothers to address project area's high rates of ARI and CDD which in turn lead to high infant and child mortality rates when essential and timely treatment is not available
- ⇒ Initiate and support all activities and expected roles of health facility staff HF Support Committees FCHVs and TBAs

Role of Health Facility Staff

- ⇒ Estimate infant and under 5 population with ARI diarrhea diseases number of pregnancies and number of couples who want family planning contraceptives in their working area
- ⇒ Diagnose and treat severe pneumonia and diarrhea cases with standard case management
- ⇒ Attend ARI CDD MNC/FP training
- ⇒ Organize and manage training at community level
- ⇒ Actively mobilize primary health care center sub/health post Support Committees and Mothers Groups
- ⇒ Supervise and monitor VHWs/ MCHWs and FCHVs/TBAs
- ⇒ Organize effective health education and counseling for ARI CDD FP and MNC

- ⇒ Contribute significantly to reduce infant, under five and maternal mortality
- ⇒ Organize health post level meetings
- ⇒ Encourage immunizations at right time
- ⇒ Provide pills, depo, and condoms for birth spacing and family size limitation
- ⇒ Regular follow up of clients and cases
- ⇒ Conduct ANC check-ups, clean deliveries, and post partum check-ups for mothers
- ⇒ Refer severe cases to emergency pregnancy hut (CBEPH) and hospitals
- ⇒ Refer clients to VS center where Norplant, IUD, minilap, VSC services available
- ⇒ Record and report correctly

Role of FCHVs

- ⇒ Check with HFs, CS staff and other NGOs regarding number of diarrhea diseases, ARI and pregnancies occurring in their communities
- ⇒ Identify eligible couples who want to use modern contraceptives, distribute pills and condoms, and refer others to Health Posts/Hospitals/NGOs who provide depo, IUD and Norplant
- ⇒ Attend ARI, CDD, FP/MNC training
- ⇒ Organize monthly meetings for Mothers Groups and mobilize them on health problems
- ⇒ Invite Mothers' Groups to health post seminars
- ⇒ Actively support child immunizations
- ⇒ Organize health education sessions within their area
- ⇒ Treat pneumonia cases with direct observation therapy (DOT)
- ⇒ Refer severe ARI, diarrhea cases to health facilities
- ⇒ Identify pregnant mothers and refer to FCHVs and health facilities as per service need
- ⇒ Distribute condoms and pills to eligible couples
- ⇒ Educate mothers caretakers, and family decision makers about the signs and symptoms of pneumonia and diarrhea, including severe dehydration in children
- ⇒ Educate mothers and family members on ways to prevent dysentery and diarrhea in the village including latrine construction hand washing and clean drinking water
- ⇒ Educate mothers and family members on ways to prevent ARI including reducing smoke inside the house and not smoking in front of baby
- ⇒ Follow-up on contraceptive users
- ⇒ Record and report correctly

Role of TBAs

- ⇒ Provide ANC services conduct clean delivery using safe birthing kits if available (sutkeri samagri) and provide post-natal care
- ⇒ Refer emergency obstetric cases to CBEPH
- ⇒ Actively help reduce high maternal and infant mortality rates by their interventions
- ⇒ Communicate complete information and health facts and help to eliminate negative attitudes toward the MOH health system
- ⇒ Distribute condoms and refer couples to HFs for other modern contraceptives counsel and follow-up
- ⇒ Work closely with FCHVs
- ⇒ Record and report correctly

X FINAL INDICATORS

END RESULT INDICATORS FOR INTERVENTIONS	KPC BASELINE
CONTROL OF DIARRHEAL DISEASES (CDD)	
1 % of cases of diarrhea in children aged 0- 23 months managed at home using home food-based fluids ORS packets, and continued feeding incl breast feeding	Replaced by indicators 2-5
2 80% of infants/children<24 mos with diarrhea in the past two weeks will be given the same amount or more breast milk	60%
3 60% of infants/children<24 mos with diarrhea in the past two weeks will be given the same amount or more fluids other than breast milk	17%
4 55% of infants/children<24 mos with diarrhea in the past two weeks will be given the same amount or more food	17%
5 60% of infants/children <24 mos with diarrhea in the past two weeks will be treated with ORT	25%
6 65% of mothers of children <24 months will understand that hand washing can help prevent diarrhea	17%
7 % of mother of children under two years will understand that toddlers feces are dangerous and should be buried promptly or put in a latrine	Indicator dropped
8 70% of mothers will demonstrate correctly how to prepare ORS and will know how to administer it	No baseline
9 % of children<5 with diarrhea referred to a FCHV or trained TBA will receive appropriate case management	Replaced by indicator 10
10 90 % of FCHVs and TBAs will demonstrate correctly the preparation of ORS and will understand SCM for diarrhea	No baseline
11 % of children<5 with diarrhea referred to a HP,SHF or Hospital will receive appropriate case management	Replaced by indicator 12
12 % of health workers by type will demonstrate correctly the preparation of ORS and will understand SCM for diarrhea	No baseline
13 60% of mothers with children <24 months will know that a children recovering from diarrhea should be given smaller and more frequent feeds	13%
PNEMONIA CASE MANAGEMENT (PCM)	
14 65% of mothers of children<2 will know two cardinal signs of moderate (rapid breathing) and severe pneumonia (in-drawing with or without rapid breathing)	17%
15 % of mothers of children<2 with rapid breathing in the last two weeks will seek assistance from a qualified provider	38%
16 % of children referred in the last two weeks with pneumonia will be treated with cotrimoxazole	No baseline
17 90% of health facilities will have staff adequately trained in PCM per MOH/WHO norms	New skill
18 50 % of FCHVs will demonstrate competence in using a respiratory rate timer and know SCM for pneumonia	New skill

FAMILY PLANNING /MATERNAL AND NEWBORN CARE(FP/MNC)	
19 % of married couples of reproductive age will know two permanent and three temporary methods of contraception and how to obtain them	Baseline not collected
20 Voluntary surgical sterilization will increase by at least 25 %	No data
21 60% of mothers with children<24 mos who know at least three danger signs in pregnancy and labor	32%
22 65% of mothers with children < 24 mos will have had two TT	48%
23 50% of mothers with children <24 months had two TT during last pregnancy	
24 55% of mothers with children <24 mos will have taken iron/folic acid supplements for at least three month in pregnancy	36%
25 50% of mothers with children<24 mos with last delivery attended by a trained provider	35%
26 50% of home deliveries will employ a clean home delivery kit	---
27 % of women suffering an obstetric emergency will be referred to the next level of care and treated by a government clinician	Indicator dropped
28 60% of communities will have emergency transport plans for obstetric emergency	New

END RESULT INDICATORS/ SUSTAINABILITY AND CAPACITY BUILDING	Measurement Method	When
A HP AND SHP		
1 Number of HP and SHP workers trained in DCM, PCM MNC and Child Spacing who are working in HPs and SHPs	Project HIS (Health information system)	Monthly
2 Number of new visits ¹ attended by HPs and SHPs in each project component DCM PCM, MNC and Child Spacing This refers to how many times clients are attended in each component	HP and SHP records	Monthly
3 Proportion of HP and SHP workers with knowledge about the following correct assessment and treatment of diarrhea cases in children under five years of age, correct assessment and treatment of pneumonia cases in children under five years of age quality information about child spacing correct assessment and referral for maternal health	Quality assessment survey (LQAS)	Mid-term and Final evaluations
4 Number of HPs and SHPs with functioning rotating funds for medicine and basic supplies	HP and SHP records	Monthly
5 Number of HPs and SHPs fully stocked with medicine and basic supplies	HP and SHP inventory records	Monthly
B FCHV AND TBA		
1 Number of FCHV and TBA workers trained in DCM PCM MNC and Child Spacing who are active	Project HIS	Monthly
2 Number of attentions in the community by FCHV for DCM PCM MNC and Child Spacing and TBA for MNC	Project HIS	Monthly
3 Proportion of FCHV and TBA workers with knowledge about the following correct assessment and treatment of diarrhea cases in children under five years of age correct assessment treatment and referral of pneumonia cases in children under five years of age quality information about child spacing correct assessment and referral for maternal health	Quality assessment survey (LQAS)	Mid-term and Final evaluations
4 Number of FCHV and TBA with functioning rotating funds for medicine and basic supplies	Project HIS	Monthly
5 Number of FCHV and TBA fully stocked with medicine and basic supplies	HP and SHP inventory records	Monthly
6 Number of FCHV and TBA who received supervisory visits at least once every three months	Project HIS	Monthly
C COMMUNITY		
1 Proportion of mothers who sought care from HP or SHP for diarrhea or pneumonia for a recent episode	KPC survey	Baseline Midterm and Final KPC surveys
2 Proportion of mothers who sought care from FCHW or TBA for diarrhea or pneumonia for a recent episode	KPC survey	Baseline Midterm and Final KPC surveys
3 Number of communities with emergency transport plans for obstetrical emergencies	Project HIS	Monthly

¹ New visits refer to the first time that a client visits the health facility for a particular problem The project measures the number of new visits as well as repeat visits for all services as a measure of quality Too many repeat visits indicate that the health system is not functioning as efficiently as it should be

XI SUSTAINABILITY/ CAPACITY BUILDING

Sustainability

The long-term sustainability of PLAN Nepal's Child Survival Project relies on training regular joint supervision of both project staff and MOH staff, incentives for frontline community-based health volunteers, cost recovery drug revolving schemes strong partnerships with government, INGOs, Nepali NGOs and other donors, and most importantly community education and empowerment

Government Partners

MOH Child Health Division

- bi-annual meetings

DHO

- quarterly review meetings on CS project with both Bara and Rautahat DHOs

Sub-/Health Post Support Committees/VDCs

- Quarterly meetings with all HF Support Committees which are comprised of VDC Chair, Ward Chair, FCHV, School Teacher, Social Worker

Donor and I/NGO Partners

UNICEF

John Snow International(JSI)

Child Welfare Society (Nepali NGO)

National Assistance Technical Group (NTAG- Nepali NGO)

Safe Motherhood Network

Save the Children/US

HKI

The Asia Foundation(TAF)

ADRA

AED

NGO Coordination Committee (NGOCC)

PLAN Nepal/CS Project Coordination

Critical support is being provided to CS project by PLAN's literacy income generation and water supply activities in Bara and Rautahat PLAN Nepal has been active in Nepal for 18 years and in Rautahat District for five years In the project area there are approximately

- 3 000 women enrolled in literacy programs (including 300 women in post-literacy classes)
- 1 000 kitchen vegetable gardens
- 2 500 families involved in vegetable income generation projects and 400 families involved in and fruit income generation projects with projected annual income ranging from \$400 to \$4 000
- clean water supply 756 tubewells and one deep well installed serving approximately 15 000 families (population 105 000 or half of project area population)

Capacity Building

Health facility in every VDC/5,000 people

FCHV per 287 beneficiaries (mothers and children under five)

TBA per 336 women of reproductive age

Community Emergency Transport Plans for Obstetric Emergencies

Community-based Emergency Obstetric Hut with six maternity/birthing beds for project area/213,000 people

Hospitals — PLAN provides support to the two district hospitals, in addition, the CS project is supporting improved management capability at the regional hospital in Birgunj

Revolving drug funds at all health posts/sub-health posts and with TBAs and FCHVs at community level

XII MONITORING AND EVALUATION

Reports

- ** Six monthly supervision reports jointly filled out by project staff and MOH staff at Health Posts, sub-Health Posts and at community level (TBAs, FCHVs) for CDD/ARI and MNC/FP
- ** HMIS quarterly summary sheets of monthly supervision sheets for CDD/ARI and MNC/FP at each of three levels
- ** Annual reports to be submitted to PLAN Nepal and PLAN National Office (Child Reach USA) and USAID Nepal Mission
- ** LQAS every six months (19 households in each of seven unit areas for a total of 133 households approximately)
- ** Annual project report (year one and three — in years two and four, mid-term and final evaluations)

Mid-term Evaluation

- ** September 1999, end of Year Two (to include KPC Survey #2)

APPENDICES

- A Project CVs
- B Training Curriculums and Schedules
- C Supervision Checklists
- D FCHV and TBA Kit Contents
- E Organizational Chart

Dr Kedar Prasad Baral
Curriculum Vitae

I Personal Profile

[REDACTED]

Nationality Nepali
Marital Status Married with Sharada, 1991, one Daughter (Apurwa)

II Education

MPH (with excellent position) 1998
Royal Tropical Institute (Amsterdam, the Netherlands) in Cooperation with Amsterdam Free University and Prince Leopold Tropical Institute, Antwerp, Belgium

MBBS 1991
Tribhuvan University Institute of Medicine, Katmandu, Nepal

Certificate Level in General Medicine 1978/79
Tribhuvan University Institute of Medicine, Kathmandu, Nepal

School Leaving Certificate 1976
Ministry of Education School Leaving Certificate Board, Nepal

III Employment history and Professional experience

Current Position

Health Advisor July 1998 to present
To provide technical support and guidance in child survival safe motherhood and community health to PLAN Nepal especially to the Child Survival Project and its staff in Rautahat and Bara district in Tarai

Specific responsibilities are

- develop capability among PLAN staff, partners and Communities in health interventions
- Provide technical backstopping to the Child Survival Project
- Provide technical assistance and support to other PLAN International Nepal programs
- Recommend strategies and assist problem solving where needed
- Advise the Country Director Program Support Manager and other PLAN Nepal management Team
- Support in the preparation of the grants proposal
- Maintain communication within PLAN donors and MOH/Nepal

Full time consultant July and August 1997

PLAN International Rautahat/Bara

Preparatory work for Rautahat/Bara Child Survival Project, planning for field office management, staff hiring and networking with MOH and NGOs

Training Coordinator February 1995 to June 1997 (70% time)

Public Health Concern Trust

Training need assessment within Public Health Concern Trust and other national NGOs

Design and implement training for different levels health workers

Prepare a program for 6 months training including course design, evaluation and follow plan and involve in the implementation This program was a collaborative effort of network of national NGOs (Public Health Concern Trust, Community Development Organization, Society for Participatory Cultural education, Sustainable livelihood and School of Ecology and Community Work)

Chief of Community Health Development Program 1992-1993

Public Health Concern Trust

Develop Community Health Intervention Strategies for Public Health Concern Trust

Implementation of strategies with 10 staff

Intern 1991-1992

Patan Hospital, Kathmandu

Rotating internship in medicine, surgery, obs/gyn and family planning, eye and ENT

Primary Health Care Worker 1982-1985

Patan Hospital, Kathmandu

Principally concerned with treatment and education outpatients at the rate of about 40-50/day for 5 days a week Closely supervised by medical doctors

Health Assistant 1979-1981

Bhaktapur Hospital

Working in outpatients emergency room and helping with routine ward duties

Rural Health Practitioner (Health Assistant) 1979-1981

Health Post In-charge, Ilam district

Managed 10 staff implementing all government health activities including immunization, family planning health education and management of common health problems

Short term and intermittent consultancy and survey experience

Community Health Advisor June 1995-1997 (approximately 10 days a month)

PLAN International Rautahat/Bara Program

Design health program strategies for Rautahat/Bara Program Assist to develop capacity for implementation Involve in the preparation and writing Child Survival Proposal

Public Health Consultant February 1996 (2 weeks)

Eco-Himal and Makalu Barun Project

Rapid assessment of the health situation in Tamku sector of Sakhuwashaba district and preparation of proposal for health intervention

Community Health Advisor February 1996-May 1996 (25 working days)

PLAN International Banke Program

Design health program strategies for Banke Program and support to orient the staff members during the initial stage of implementation

Public Health Consultant January-April 1997 (7 working days)

ACTION AID Nepal

Literature survey and preparation of Policy Mapping for Health Advocacy

Public Health Advisor January-June 1994 (15% time approximately)

ACTION AID Nepal

Developed handing over strategies of health program as the ACTION AID integrated development project was planning to phase out after more than 10 years of development work in Sindhupalchowk

Field Coordinator March-April (6 weeks)

Resource Center for Primary Health Care in collaboration with South-South Solidarity New Delhi

Eco-health research studying health problems and environment amongst Bhutanese refugees in Jhapa District Eastern Nepal

Research Assistant February 1991 (one month)

Copenhagen University and Tribhuvan University

Helping with study of health seeking behavior amongst patients in Gandaki Regional Hospital, Pokhara and local health posts

Research Assistant November 1981

Johns Hopkins University Woodlands Institute

Research Assistant working on community health survey and clinical work for visiting American medical students

IV International Conference participation

Participant as an observer (medical student) Role of University in Primary Health Care, 1986

BHU, Varanasi, India

Participant First International Conference on Health and Human Right 1995

Harvard University School of Public Health, Boston, USA

V Major training and workshop participation

Rapid Knowledge, Practice and Coverage Survey for Supervisors

One week, May 1997 organized by PLAN International Morang/Sunsari Program

Training on Participatory Planning and Proposal Writing

2 week, July 1998 organized by Institute of Education University of London, UK

VI Publications and Reports Submitted

Book *Health in Nepal Realities and Challenges* Contributor with Sarad Onta and Prof L M Singh, Edited by Prof M P Shrestha and Shanta Lal Mulmi, Published by Resource Center for Primary Health Care, 1997

Health in Nepal Challenges and Prospect Paper presented at National Workshop on Meeting Health Needs of the People, August 19-21, 1996, Nagarkot Published by Resource Center for Primary Health Care in the Proceeding Report

Medical Education and Health Care System Published in the Journal of Nepal Medical Students Society, issue one, August 1988

Health Service-Whose Responsibility? Paper presented at National Seminar in Summer Health Problem, Cause and Precaution, July 1995

Health strategies for PLAN Rautahat/Bara Program 1995
PLAN International Rautahat/Bara Program

Existing health situation in Banke PLAN Program area and Health intervention strategies 1996
PLAN International Banke Program

Existing Health situation in Tamku Sector and proposal for health intervention
Eco-Himal/Makalu Barun Project, January 1996

Policy Mapping and Strategies for Health Advocacy 1997
ACTION AID Nepal

Women's Health Needs in Nepal 1998
Thesis submitted to Royal Tropical Institutes (Amsterdam) as partial fulfillment of MPH

VII Professional Association

Member Nepal Medical Association

(Revised and updated on October 1998)

Sher Bahadur Rana

Dec 1997 to date PLAN CSP Rautahat/Bara, Nijgadh, Bara, Nepal

Senior Community Health Officer

- Actively involved in completion Rapid Knowledge Practice Coverage (KPC) Survey report with

CSP Health Coordinator

- Responsible as a deputy CS Health Coordinator
- Developed basic instrument for collection of information for the purpose of detailed implementation plan
- Assistance to DIP Consultant

Oct 1997–Dec 1997 PLAN CSP Rautahat/Bara, Nijgadh Bara, Nepal

Core Team Member and Consultant

- Responsible for KPC survey conduction as a team member
- Assistance to CSP Health Coordinator in preparation and writing KPC survey results for the presentation in community, country level and NGO CC
- Data entry, analysis, tabulation in Epi Info version 6 03

Nov 1996 –Sept 1997 NUFU Program Office, Tribhuvan University,

Institute of Medicine, Kathmandu, Nepal

Research Officer

- Data management in Epi Info version 6 03
- Analysis of hospital data on reproductive health research and birth registration
- Research article preparation and writing
- Assistance and support to Ph D and Master of Science in Public Health Students in thesis writing
- Information collection from healthnet network

Dec 1995–Sept 1996 Maternal and Child Health Product Kathmandu Nepal

Social Marketing Sales Officer

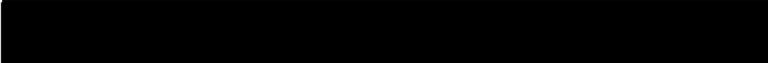
- Responsible for business planning marketing and promotional activities of Clean Home Delivery Kits(CHDK)
- Tracking and sales promotion of (CHDK) to drug distributors international and national organizations orientation to district health office staff
- Assistance to Business Consultant for business and social marketing plan
- Assistance to Consultant in organizing National Clean Delivery Awareness Day in coordination with Safe motherhood Support Committee for Community Level

SUNITA BISTA

MARITAL STATUS Unmarried

MAILING PLAN International Rautahat/Bara Program, Nijgadh

Phone No 29220(053)

E-mail 

PERMANENT ADDRESS 

Phone No 

NATIONALITY Nepali

Academic Qualification M A in Sociology from Tribhuvan University(1996)
(Thesis not submitted)
B A in Sociology from Patan Multiple Campus,
Kathmandu(1993)

WORKING EXPERIENCE Training Coordinator in PLAN International
(Nov 1996-Oct1997)
And now working in Child Survival Project on the same
post (1997 to date)

Research Experience Worked as Program Officer from WALC (a NOG) on
Legal Advocacy program for 9 days in Rautahat District
(1996)

Worked as an Evaluator from Nepal Red Cross Society
on Drinking Water and Sanitation Program for 40 days
In Tanahu Kaski Shyangja and Surkhet Districts(1996)

Worked as Field Researcher from CIWIN (a NGO) on
Girl Child Marriage for 35 days in Kathmandu Nuwakot
and Rasuwa Districts (1995)

Worked as an Evaluator from FPAN on Family Planning
Program for 10 days in Janakpur District (1994)

Worked as Field Researcher from SEDPA (an INGO)
on Family Planning Program for 12 days in Janakpur
(1995)

Worked as Field Research from SEARCH (a NGO) on
POLL Survey for 21 days in Dang Districts (1993)

TRAININGS

Dos, Wordperfect, Lotus and dBase on Computer

Participatory Rural Appraisal in Kathmandu conducted
by CREPHA (NGO)

Development Sensitization at Santpur conducted by
PLAN International, Rautahat/Bara

Basic gender and TOT at Dhulikhel conducted by
PLAN Nepal Country Office

Performance Management System at Narayanghat
conducted by PLAN International

Knowledge, Practice and Coverage Survey at
Biratnagar and Birgunj conducted by PLAN
International

Parental Education and Child to child at Dhulikhel
conducted by PLAN International Rautahat/Bara

LANGUAGE

Nepali, English Bhojpuri, Maithali and Hindi

BRIEF CURRICULUM-VITAE

Name KRISHNA BAHADUR ACHHAMI
Father's Name Tek Bahadur Achhami
Date of Birth [REDACTED]
Marital Status Married
Nationality Nepali
Permanent Address [REDACTED]
Correspondence Address RECID Nepal, Maharajgunj
P O Box 5889, Kathmandu
Ph 977-1-429408, 416195
E-mail Recid@npl.healthnet.org

Academic Qualification

SLC	HMB, Board	1973	IIInd Div
AHW	TU, IOM	1975	1st Div
CMScGM(HA)	TU, IOM	1981	IIInd Div
B A	TU	1980	IIInd Div

Job Experience

CMA Campus, Tansen	Teaching	1975-81
R R Campus, Kathmandu	Clinic	1981-82
Jiri Technical School, Jiri	Teaching	1982-83
Institute of Medicine	Teaching	1983-85
CMA Campus Tansen	Teaching	1985-89
CMA Campus Tansen	Campus Chief	1989-90
Institute of Medicine	Teaching	1990-96
Health Coordinator	PLAN International Kathmandu GK Unit	

Workshop/Seminar/Training

- a Leprosy Training (Pokhara Leprosy Hospital) 15 days 1988
- b The Regional Workshop for Trainer supervisors on Expanded Programme on Immunization Control of Diarrhoeal Disease and ARI 7 days 1990
- c Mental Health Training Course IOM 10 days 1990
- d Research Methodology in family Health IOM 10 days 1990
- e Seminar Cum-workshop on Management for the Campus Chief of the TU organized by Centre for Development and Administration in Kathmandu 7 days 1990
- f Training of Trainers on Thalani and Hamro Parichaya Sep 16th to 18th 1996
- g Facilitator Training on Thalani and Hamro Parichaya Feb 19th to 27th 1997
- h Karuna Man-Technologies-During the future, March 2-5, 1997
- i PMS (Performance Management Training) 1997
- j Gender Equity Training 1997
- k PRA (Performance Rural Appraisal) Training Jan 14th to 21 Jan 1998

Supervisor :

a A study on impact of Community Development Programme Udayapur District, May 1995

b Supervisor & Medical Team Leader

The Impact of Action oriented literacy programme for the Tharu men and women in Baswalpur VDC, Saptari Distric, Nov 1995

c Supervisor

An evaluation of Bhalakusari Health Newsletter part I, April-May, 1995

d Supervisor

An evaluation of Bhalakushari Health Newsletter part II, April-May, 1995

e Orientor

The perception on the messages of the Bhalakusari Bulletin

f Supervisor

An evaluation on the impact of AIDS Newsletter May, 1994\

g Supervisor

An evaluation study on the impact on AIDS education and awareness program Oct 1995

h Dv Coordinator

A survey study of the Mushars and other untouchavles in the eight VDCs Saptari District Nepal, 1995

Publications

I Co-writer-Madan Ashrit Institute of Health Sciences (MAIOHS) 1995

II Co-writer Nepal the state of poverty and NGOs the chain of poverty eliminations

Curriculum-Vitae

Name Mr Yogendra Giri
Date of Birth [REDACTED]
Sex Male
Marital Status Married (One Wife + One Son)
Address
- Permanent Address [REDACTED]
- Contact Address Hetauda, 45/2 Makawanpur
Nationality Nepali

Academic Qualification

- Proficiency certificate in General medicine Institute of Medicine central campus, Maharajgunj (T U , Nepal) 2041 B S
- CMA - Birganj campus (IOM) T U
- SLC - S L C Board

Professional Experience

Worked more than 18 years in different health institutions (Health Post, Health Centre Hospital, Epidemiology (division) under Ministry of Health

Working district Sindupalchowk, Makawanpur, Rautahat Jumla Dailekh Dolakha bajura

Interest To work in the community health development

S No Training received

	Organizer	
1	Reproductive Health TOT Course PLAN	3 days
2	Volunteer in Children conference PLAN	6 days
3	Family Planning Counselling NHTC(MOH)	9 days
4	Sexually Transmitted Disease and HIV/AIDS NCDA/AIDSCAP	2 days

5	Nutrition TOT Public Health Divs	10 days
6	Nutrition program in health post level Social Welfare Council	2 days
7	Diarrhoeal Disease Management in Child Health Child Health Divs	7 days
8	Health Post Incharge Refresher Training SCF, UK	6 days
9	Comprehensive leprosy training The Leprosy Mission	5 days
10	Vector Borne Disease Orientation Epidemiology Divison	15 days

Language Nepali, English, Hindi and Bhojpuri

RESUME

Name	Yam Bahadur Thapa
Permament Address	[REDACTED]
Phone(Res)	423027
Citizenship	Nepali
Marital status	Married

Education

1976-1979	Tribhuvan University Institute of Medicine, Central Campus, Maharajgunj, Kathmandu
1976	School Leaving Certificate SLC Board Amar Jyoti Janata M V , Gorkha

Professional experience

Feb 1979- Feb 1983	Health Post Incharge(HPI) or Health Assistant(HA), Arunodaya In Health Posts (HP)of Mustang and Lamjung district
1983- 1984	Health Assistant, MCH Clinic (Preventive and curative), UMN Hospital, Aanp Peepal, Gorkha
1984 -1995	HPI(HA), Arunodaya HP, Tanahu
1995 to date	HA as a Store Keeper, His Majesty's Government Ministry of Health Logistic Management Division Teku Kathmandu

Job responsibilities

- 1 Preventive and curative health services to the people of mountainous and hilly areas
- 2 Day to day operational management in HP level
- 3 Financial magement of HP
- 4 Supervision and monitoring of HP staff
- 5 Logistic management and store keeping in the central level

CURRICULUM VITAE

Name	Mrs Saraswati Kharel
Address	VDC Rampurua-2
Father's Name	Mr Medinidev Kharel
Marital Status	Married
Religion	Hindu
Citizenship	Nepali
Qualification	I Sc in Nursing from Medicine Campus, birgunj (TU) (Staff Nurse)
Experience	Child Women Health Care Project for Two Years
Language	Nepali, Bhojpuri, Maithili, Hindi and English
Training & Workshop	Quality of Care, Comprehensive Family Planning Norplant Insertion and Removal, HIV/AIDS Counseling STD Case Management
Legal Status	Registration Staff Nurse in Nepal Nursing Council Regd No-1083

CURRICULUM VITAE

Name Nilam Shrestha
Daughter of Shambhu Bahadur Shrestha
Date of Birth [REDACTED]
Sex Female
Marital Status Single
Religion Hindu
Citizenship Nepali
Language Known Nepali, English, Hindi
Address Permanent Contact
[REDACTED]

Academic Qualification

	1 S L C	S L C Board of Nepal
College (TU Nepal)	2 I Com	(Certificate Level) Balkumari
College (TU Nepal)	3 B Com	(Diploma Level) Balkumari
	4 M B A	(Master Degree Going on)

Working Experience

- As an accountant at Kumar Store (Own form)
- As an accountant of AWMR (Association for Welfare of Mentally retarded in Narayangarh Chitwan)

Extra Activities

- Two years experience on NGO COC Chitwan as a Facilitator Trainer
- Participated Youth Exchange Program 95 which was organized by Danish Association Nepal

Presently engaged at PLAN International Rautahat/Bara Child Survival Project Nijgadh Bara Nepal (From Dec 1997)

As Administrative Assistant

- Responsible to assist administration and CSP management
- Supported and participated as well on project initiation (Start-Up) Workshop held at Sauraha Chitwan
Nepal organized by PLAN-USAID Child Survival Project

APPENDIX B Training Curriculums and Schedules

Training Target Achievement of Training and Workshop

S #	Types of training/workshop	Target	Achievement	Date	Duration	Total hours	Slots	Remarks	
A	Workshop								
	1 Child Survival Project Initiation (Start-up workshop)	30	Accomplished	Jan 12-16, 98	5 days	40	1		
	2 Microplanning and scheduling	11	"	Mar 16-21, 98	6 days	48	1		
	3 FP/MNC Workshop, DHO Focal person, HPis PLAN CSP staff	21	'	May 27-30 98	4 days	34	1		
	4 CBAC (CDD/ARI) District Preparation Planning	2		Sept 15-16 98	2 days	14	1		
	5 FP/MNC Workshop DHO Focal person, HPis, PLAN CSP staff	15	"	Sept 22-25, 98	4 days	34	1		
	Total	79		----	----	----	5		
B	Training								
	a Rapid KPC survey	30 participants	30	Oct 18-21 97	7days	56	1		
	b Training Technique (General)								
	1st Batch	22	22	May 3-9 98	7 days	56	1		
	2nd Batch	18	18	May 10-16 98		56	1		
	3rd Batch	25		Oct 9-15 98		56	1		
		Total	65		----	----	----	3	
	c FP/MNC Training								
	1 AHW/ANM level								
	1st Batch	16	16	Jun 1-10 98	10 days	85	1		
	2nd Batch	14	14	Jun 12-21 98			1		
		Total	30 "	30	----	----	----	2	
	2 VHW/MCHW level								
1st Batch	32	32	Jul 9-15 98	7 days	49	2			
3 TBA level 1st Batch	29	25	Jun 11-20 98	10 days	60	2			
2nd Batch	46	46	Jul 22-31 98			3			
	Total	75 "	71	----	----	----	5		
4 FCHV level 1st Batch	36	34	Jul 3-7 98	5 days	30	2			
2nd Batch	54	54	Jul 4-8 98			3			
3rd Batch	36	33	Jul 9-13 98			2			
4th Batch	54	54	Jul 10-14 98			3			
5th Batch	41	41	Jul 16-20 98			2			
	Total	221 "	216	----	----	----	12		
	d CDD/ARI MTOT	7 "	7	Jul 12 21 98	10 days	70	1		
	Grand Total	----	----	----	----	----	31		

Training Plan

Type of Training	Participants	No	Duration	Frequency
PLAN Staff				
Exposure visit	PLAN staff	10	24 days	Once
Community Health Project Management Team	Mgmt Staff	12	7 days	Once
Participatory monitoring and evaluation	PLAN staff	12	7 days	Once
Study tour/Regional	PLAN staff	10	7 days	Once
Office Management	Office Manager	1	7 days	Once
HIS	His Coordinator	1	30 days	Once
Health Facility Level				
General TOT	HP/SHP staff who will later train TBAs and FCHVs	50	7 days	Once
DCM/PCM	HPI/SHIP/ANM/AHW	77	8 days	Once
FP/MNC	HPI/SHIP/ANM/AHW	77	10 days	Once
DPC/PCM	VHW/MCHW	91	4 days	Once
FP/MNC	VHW/MCHW	91	7 days	Once
Community mobilization/supervision	VHW	50	2 5 days	Bi-annual
Volunteer Level				
Basic	FCHV	10	10 days	Once
Basic	TBA	8	12 days	Once
Exposure Visit	FCHV/VHW/TBA	30	7 days	Once
Leadership/group approach	Selected FCHV	50	5 days	Once
FP/MNC refresher	TBA	150	2 days	Bi-annual
FP/MNC refresher	FCHV	450	2 days	Bi-annual
PCM basic/DCM refresher	FCHV	450	5 days	Once
DCM/PCM refresher	FCHV	450	2 days	Bi-annual
Basic	TBA	10	10 days	Once
Community Level(except FCHV/TBA)				
Drug scheme administration and exposure visit	HPSC/SHPSC	25	7 days	Once
Orientation	General Community	25 groups	1 day	Once
Rational Drug Use	Drug Retailers	150	3 days	Once
Orientation on DCM/PCM	Faith Healers	204	2 days	Once

TRAINING FOR INTERVENTION BY TYPE OF HEALTH WORKERS

Type of Health Work by Organization Affiliation	Hours Training for Intervention Refresher				Hours for Other Training	
	CDD	PCM	FP	MNC	Drug Scheme	Gen Training
Plan	35*	35*	42*	43*	40*	168***
Senior Community Health Officer	35*	35*	42*	43*	40*	168***
Community Health Officer	35*	35*	42*	43*	40*	168***
Health Nurse	35*	35*	42*	43*	40*	168***
Health Educator	35*	35*	42*	43*	40*	168***
Senior Training officer + TC	35*	35*	42*	43*		112***
PHC Centre						
Medical Officer						
Staff Nurse	28*	28*	42*	43*	40**	56 ^
Auxiliary Nurse Midwife	28*	28*	42*	43*	40**	56 ^
Health Assistants	28*	28*	24*	43*	40**	56 ^
Auxiliary Health Worker	28*	28*	42*	43*	40**	56 ^
Support Committee Member	-	-	-	-	24**	
Health Post						
Health Assistant(In-Charge)	28*	28*	42*	43*	40**	56 ^
Auxiliary Nurse Midwife	28*	28*	42*	43*	40**	56 ^
Village Health Worker	14*	14*	24*	25*	40**	56 ^
Support Committee Members(unpaid)	-	-	-	-	24**	
Sub Health Post						
Auxiliary Health Worker(In-Charge)	28*	28*	42*	43*	40**	56 ^
Maternal Child Health Worker	14*	14*	24*	25*	40**	56 ^
Village Health Worker	14*	14*	24*	25*	40**	56 ^
Support Committee Members(unpaid)	-	-	-	-	24**	
Community Volunteers(unpaid)						
Female Community Health Volunteers	30	30	15	15		#96 for 10 FCHVs basic #40 for 30 FCHVs leadership
Traditional Birth Attendant			30	30		#40 for 20 TBAs leadership #120 for 10 TBAs basic

ANNUAL TRAINING HOURS PER INTERVENTION BY TYPE OF HEALTH WORKER

Type of Health Worker by Organizational Affiliation	Hours Training Per Intervention Refresher			
	DCM	PCM	FP	MNC
MOH				
PHC				
Medical Officer		56		85
Staff Nurse		56		85
Health Assistants		56		85
Auxiliary Nurse Midwife		56		85
Auxiliary Health Workers		56		85
Health Post				
Health Assistant(In-Charge)		56		85
Auxiliary Nurse Midwife		56		85
Auxiliary Health Worker		56		85
Village Health Worker		28		49
Sub-Health Post				
Auxiliary Health Worker(In-charge)		56		85
Maternal Child Health Workers		28		49
Village Health Worker		28		49
Volunteer(Unpaid)				
Female Community Health Volunteer		42		30
Traditional Birth Attendant		--		60

15

Family Planning/Maternal and Newborn Care Training courses HA/Sr AHW/AHW/ANM Level

Number of slots

Number of participants

Duration of training 10 days

Total hours 85

Size of training group 14 to 16

Comprehensive Family Planning Counseling/Maternal and Newborn Care

I Comprehensive Family Planning Counseling

Training contents

- 1 Background
- 2 Motivation, Education and Counseling
- 3 Counseling and Family Planning Services Delivery
- 4 Principles of Family Planning
- 5 Responsibilities of the Counselor
- 6 Being an Effective Counselor
- 7 Skills for Effective Counseling
- 8 Counseling Process and ABHIBADAN Approach
- 9 Initial Method Specific, and Follow-up Counseling
- 10 Appendices

Appendix A How to Hold Group Discussion

II Maternal and Newborn Care

Part A Maternal care

- 1 Introduction
Safe Motherhood
- 2 Male reproductive organs
- 3 Female reproductive organs and their function
- 4 Fertilization
- 5 Fetal growth and development
- 6 Ante-natal period
Ante-natal care and its objectives
Function of antenatal
Physical examination of pregnant women
Common problems during pregnancy and its management
Risk factors during pregnancy and identification
Danger signs during pregnancy
Advice to pregnant women
Immunization

Neonatal tetanus prevention
Nutrition for pregnant and lactating mothers
Existing community practices (good and bad)
The practices which pregnant women should not do
Antenatal care in government local health facilities

- 7 Birth preparedness
Introduction of labor, stage and management
Danger signs of labor, Causes, management and referral
Service during labor in government local health facilities
- 8 Post-partum period
Care of child
Important things during physical check-up of delivered women
Advice on food for delivered and lactating women
Advice for delivered women
Condition to refer women during postpartum period
Attention to be given for maternal care during postpartum
Breast feeding
Breastfeeding indicators and existing breastfeeding pattern in Nepal
Post-partum care in government local health facilities
Neonatal care during postpartum period in government local health facilities
Regular monitoring of pregnant and delivered mother

Part B Newborn care

- 1 Neonatal care in primary health care (government local health facilities) level
- 2 Common problems of neonate and their management
Asphyxia and its management
Obstruction problem in airways and lung
Care of low birth weight babies
Problems during feeding
Neonatal jaundice and management
Convulsion/fits
Low body temperature in neonates and its prevention
Infections to neonates
Common infection
Serious infection
Neonatal tetanus
Conditions to be referred in central level
Conditions those need not treatment
Functions that can be done in various levels of health system
Referral form
Antenatal cards

Materials used

- 1 Comprehensive family planning counseling His Majesty's Government Ministry of Health Department of Health Services National Health Training Centre Kathmandu 1995
- 2 Facts for life (Nepali version) UNICEF 1996

- 3 Maternal and newborn care handouts adopted from following reference materials in all health facility levels of training
- a Maternal and child health workers reference materials, National Health Training Centre, Kathmandu (Nepali edition)
 - b Safe motherhood guideline, His Majesty's Government , Ministry of Health, Department of Health Services, Family Health Division, World Health Organization (Nepali)
 - c National Maternity Service Guidelines, Nepal HMG, UNICEF (Nepali edition)
 - d Primary health care outreach clinic, VHW/MCHW training manual, HMG, MOH, NHTC/FHD, UNICEF, USAID (Nepali edition)
 - e Nutrition Learning Packages,
 - f EPI Newsletter MOH, DHS, NHTC, Year, 6, Issue , 2 December and February, 1994
 - g Working manual for worker (Second Edition) UNFPA, UNICEF, 1994 (Nepali)
 - h Village health worker training manual (Revised and updated), His Majesty's Government, Ministry of Health, Department of Health Services National Health Training Centre, UNFPA Kathmandu 1995 (Nepali)

Family Planning/Maternal and Newborn Care Training courses VHW/MCHW Level

I Family Planning

- 1 Population education
- 2 Family Planning
- 3 Why don't most people do family planning
- 4 Target group
- 5 Family planning method
- 6 Female temporary contraceptives
- 7 Pills
- 8 Depoprovera
- 9 Copper - T
- 10 Norplant
- 11 Lactational amenorrhea method for family planning
- 12 Foam tablets
- 13 Male temporary contraceptives
- 14 Female- permanent (laparoscopy and minilap)
- 15 Male- permanent (vasectomy)
- 16 Where to go to get family planning service
- 17 Communication
- 18 Counseling
- 19 Importance of counseling
- 20 Counseling steps
- 21 Prevention of infection
- 22 Sexually transmitted diseases
- 23 AIDS

II Maternal and Newborn care

- 1 Safe motherhood
- 2 Male reproductive organs and their functions
- 3 Female reproductive organs and their functions
- 4 Fertilization
- 5 Signs and symptoms of pregnancy
- 6 Fetal growth and development
- 7 Attention need to be given by pregnant women
- 8 Risk factors for women to be pregnant and delivery
- 9 Identification of danger signs/symptoms during pregnancy
- 10 Conditions to be referred to hospital
- 11 Birth preparedness for safe delivery
- 12 Immunization
- 13 Signs/ Symptoms of labor stage and management
- 14 Advice on maternal care after delivery
- 15 Importance of monitoring for pregnant and delivered women
- 16 Neonatal care
- 17 Identification of high risk babies
- 18 Health education for child care

Family Planning/Maternal and Newborn Care Training courses TBA/FCHV Level

Number of slots

Number of participants

Duration of training 5 days

Total hours 30

Size of training group 9- 18

Training contents

I Population Education and Family Planning

A Population Education

- 1 What is population education?
- 2 Some facts about population of Nepal
- 3 How population grew?
- 4 How population growth affects our life?
- 5 Our government policies and strategies to solve population problem
- 6 Ways to solve population growth problem

B Family Planning

- 1 What is family planning?
- 2 Why do we need family planning?
- 3 How pregnancy occurs?
- 4 Methods of family planning
 - * Female temporary contraceptives
 - * Female permanent contraception
 - * Male temporary contraceptives
 - * Male permanent contraception
- 5 Why do most people not do family planning
- 6 Some suggestions for effective family planning program in rural community
- 7 Role of workers and volunteers and important skills
- 8 Where to go to get family planning service

II Maternal and Newborn Care

- 1 Direct causes of maternal death
- 2 Role of Female Community Health Volunteers
- 3 Service register, record, card of FCHVs activities
- 4 Female external reproductive organs
- 5 Female internal reproductive organs
- 6 Male reproductive organs
- 7 Menstruation ovulation fertilization and implantation
- 8 Child birth and spacing
- 9 Spacing of child birth
- 10 Development of child inside uterus
- 11 Importance of nutrition during pregnancy and postpartum period
- 12 Source of tetanus infection during postpartum period
- 13 History taking of pregnant mother
- 14 Importance of 6 cleans to prevent infection
- 15 Physical check-up of pregnant women
- 16 Signs of pre-eclampsia
- 17 Height of uterus during pregnancy
- 18 Hearing of Fetal Heart Sound

- 19 Refer pregnant women to hospital if danger signs appeared
- 20 Simple problems seen during pregnancy
- 21 Care of breast and personal hygiene during pregnancy
- 22 Tetanus toxoid vaccination
- 23 Preparation of delivery kits
- 24 Six clean and safe delivery

Training manuals used

- 1 Population education and Family Planning (Nepali version), UNFPA, Nepal
- 2 Safe motherhood (Nepali version), UNFPA, Nepal
- 3 Traditional Birth Attendant Manual, HMG, MOH, DHS, National TBA Program
- 4 Why did Kanchhi Maya died ?, HMG, MOH, WHO

CBAC MASTER TRAINING OF TRAINERS CONTENTS

- 1 **Acute Respiratory Infection**
 - Introduction
 - Assessment of ARI cases
 - Classification on ARI cases
 - Management of a child with ARI
 - Treatment instruction
 - How to use timer
 - Prevention
 - Essential supplies for HF level
 - ARI case management at community level
 - Role of community health workers on community based ARI program
- 2 Basic points to be focused during training of community level HW
- 3 Logistics management for CHW on ARI/CDD
- 4 **Diarrheal Diseases**
 - Introduction
 - Dehydration and rehydration
 - Assessment
 - Management
 - Rationale use of drugs
 - Prevention
 - ORT corner
- 5 Practical session in hospital
- 6 Advising mother
- 7 Supervision
- 8 Field program on ARI/CDD activity in the health facility level
- 9 FCHV level field observation
- 10 District and community level training
- 11 Orientation program
- 12 Mothers group meeting
- 13 Dhami/Jhankri (D/J) training
- 14 Immunization
- 15 Nutrition introduction
 - Management of nutrition program
- 16 Training
- 17 Field report presentation

APPENDIX C SUPERVISION CHECKLISTS

PLAN International, Child Survival Project, Rautahat\Bara Supervision Checklist of MNC/FP for TBAs/FCHVs

District _____ HP/SHP _____ VDC _____ Name _____ Ward _____

Name _____ of _____ TBAs/FCHVs
Age _____ Education _____

Visit # _____ (1) Literate _____ (2) Illiterate _____

Follow up by _____ Date _____

A Training & Materials **Yes** **No** **Remarks**

- 1 MNC/FP training attended (1998) ----- ---- -----
- 2 Delivery Kit Box ----- ---- -----
- 3 Classification cards at the time of,
 - a) Pregnancy ----- ---- -----
 - b) Delivery ----- ---- -----
 - c) Post-natal ----- ---- -----
 - d) Newborn ----- ---- -----
- 4 Iron and folic acid tablets ----- ---- -----
- 5 Iron dose card ----- ---- -----
- 6 Condom ----- ---- -----
- 7 Pills ----- ---- -----
- 8 Reporting Card for MNC/FP ----- ---- -----

B Knowledge

- 1 Knowledge on 6 cleans during assistance
of delivery ----- ---- -----
 - a) Clean hand ----- ---- -----
 - b) Clean perineum ----- ---- -----
 - c) Clean surface ----- ---- -----
 - d) Clean cord ----- ---- -----
 - e) Clean blade ----- ---- -----
 - f) Clean thread ----- ---- -----
- 2 Danger signs during pregnancy labor and post-natal

Table No 1

S No	Danger signs during pregnancy	Y/N	Danger sign during delivery	Y/N
1	Repeated vomiting		Labor pain more than 12 hours	
2	P/V bleeding		Severe P/V bleeding	
3	Severe headache		Hand or leg prolapse before delivery	
4	Severe abdominal pain		Cord prolapse before delivery	
5	Anemia		Retention of placenta	
6	Fever		Convulsion	
7	Edema of face, leg and hand			

Table No 2

S No	Danger signs after delivery	Y/N	Condition of newborn baby to refer to hospital	Y/N
1	High fever		Unable to breastfeed	
2	Severe P/V bleeding		Frequent diarrhea	
3	Severe abdominal pain		Repeated vomiting	
4	Red, swelling and pain of breast		Abnormally sleepy	
5	Very soft uterus		Difficult breathing	
			Hemorrhage from umbilical cord	
			Fever	
			Low body temperature	
			Unable to open mouth	

3 Knowledge on how many times a pregnant woman should consume meal ?

(One extra meal daily)

Yes No

4 Knowledge on what a pregnant mother should consume when she suffered from night blindness ? (Well cooked liver 100 gm daily for seven days)

Yes No

5 Knowledge on correct dose and course of iron and folic acid tablet a pregnant woman should consume (tablet daily at least 3 months)

Yes No

- 6 Knowledge on the main reason, why a pregnant woman needs to vaccinate with tetanus toxoid? (To protect both mother and child)
Yes No
- 7 Knowledge on episode of tetanus toxoid injection a pregnant woman needs to vaccinate (at least two episodes)
Yes No
- 8 Knowledge on when a pregnant woman first see a health professional (Physician, HA/Sr AHW, AHW, SN, ANM)? (In first three months)
Yes No
- 9 Knowledge on how many times a pregnant mother should see a health professional ? (At least four times)
Yes No
- 10 Knowledge on when a mother should consume vitamin 'A' after delivery ?
Yes No
(Within 6 weeks after delivery)
- 11 Knowledge on how many times a mother should consume meals during lactation period?
Yes No
(Two extra meal daily)
- 12 Knowledge on when a mother should breastfeed first time (Including colostrum?) (Immediate after birth within one hour)
Yes No
- 13 Knowledge on exclusive breastfeeding (even water should not feed up to 4-6 months)
Yes No
- 14 Knowledge on when a mother should start adding foods to breastfeeding? (After 4 - 6 months)
Yes No
- 15 Knowledge on additional food to breastfeeding
- Add oil/Ghee/Butter to food
Yes No
 - Give food rich in vitamin A (yellow fruit green leafy vegetable liver egg fish)
Yes No
 - Give food rich in iron (green leafy vegetable)
Yes No

16 Knowledge on immunization of newborn

- BCG vaccination (can tell the name of vaccine)

Yes No

- DPT/Polio vaccination (can tell the name of vaccine)

Yes No

- Measles vaccination (can tell the name of vaccine)

Yes No

17 Knowledge on complete immunization to child (5 episodes)

Yes No

18 How many times a MCHW/TBA should visit to mother

after delivery within 6 weeks

	Yes	No	Remarks
a 24-48 hours	----	----	-----
b 3-7 days	----	----	-----
c Visit any time if problem occurred	----	----	-----

19 Knowledge on newborn care

Keep baby neat, clean and warm with clean cloth

Keep baby in smokeless environment

Keep umbilical cord clean and don't use oil

Keep baby under sun and massage with oil if jaundice occurred

C Service activities (Date from to)

Antenatal check up & delivery conduct

ANC check up	Refer to pregnant mother at delivery service	Delivery conduct	Still birth	Post-natal care	Neonatal day

Death of pregnant delivery and post-natal mother	Advice for immunization	FP counseling	Condom distribution	Pills distribution	Iron and folic acid distribution

D Knowledge on Type of FP Contraceptive methods **Yes** **No**
 (Condom, Pills, Depo, IUD, Norplant,
 Vasectomy, Laproscopy)

E Supervision for MNC/FP

From VHW/MCHW	Yes/No in last 1 months	Report collected	Yes/No
From HP/SHP staff	Yes/No in last 2 months	Report collected	Yes/No
From DHO staff	Yes/No in last 3 months	Report collected	Yes/No
From PLAN staff	Yes/No in last 1 months	Report collected	Yes/No
From CS staff	Yes/No in last 1 months	Report collected	Yes/No
From others	Yes/No in last 3 months	Report collected	Yes/No

F Medicine supply

Name of medicine	Unit	Balance
Iron and folic acid tablets		
Condom		
Pills		
Safe delivery kit		
Jeevan Jal		

G Supply in the spots by CSP staff or DHO staff

Name	Unit	Quantity
IEC materials		
Iron and folic acid tablets		
Clean Home Delivery Kits (Sutkeri Samagri)		
Condom		
Pills		
Jeevan Jal		

Table No 1

S No	Danger signs during pregnancy	Y/N	Danger signs during delivery	Y/N
1	Repeated vomiting		Labour pain more than 12 hours	
2	P/V bleeding		Severe P/V bleeding	
3	Severe headache		Hand or leg prolapse before delivery	
4	Severe abdominal pain		Cord prolapse before delivery	
5	Anaemia		Retention of placenta	
6	Fever		Convulsion	
7	Oedema of face, leg and hand			

Table No 2

S No	Danger signs after delivery	Y/N	Conditions of newborn baby to refer to hospital	Y/N
1	High fever		Unable to breastfeed	
2	Severe P/V bleeding		Frequent diarrhea	
3	Severe abdominal pain		Repeated vomiting	
4	Red, swelling and pain of breast		Abnormally sleepy	
5	Very soft uterus		Difficult breathing	
			Haemorrhage from umbilical cord	
			Fever	
			Low body temperature	
			Unable to open mouth	

3 Knowledge on how many times a pregnant woman should consume meal ?

(one extra meal daily)

Yes No

4 Knowledge on what a pregnant mother should consume when she suffered from night blindness ? (well cooked liver 100 gm daily for seven days)

Yes No

- 5 Knowledge on correct dose and course of iron and folic acid tablet
a pregnant woman should consume (1tablet daily at least 3 months)
Yes No
- 6 Knowledge on the main reason, why pregnant women need to vaccinate
tetanus toxoid ? (To protect both mother and child)
Yes No
- 7 Knowledge on episode of tetanus toxoid injection a pregnant woman
needs to vaccinate (at least two episodes)
Yes No
- 8 Knowledge on when a pregnant woman first see a health professional
(Physician, HA/Sr AHW, AHW, SN, ANM) ? (in first three months)
Yes No
- 9 Knowledge on how many times a pregnant mother should see
a health professional? (at least four times)
Yes No
- 10 Knowledge on when a mother should consume vitamin 'A' after delivery?
Yes No
(within 6 weeks after delivery)
- 11 Knowledge on how many times a mother should consume meals during lactation period?
(two extra meal daily)
Yes No
- 12 Knowledge on when a mother should breastfeed first time
(including colostrum) ? (immediate after birth within one hour)
Yes No
- 13 Knowledge on exclusive breastfeeding (even water should not feed
up to 4-6 months)
Yes No
- 14 Knowledge on when a mother should start adding foods
to breastfeeding ? (After 4 - 6 months)
Yes No

15 Knowledge on additional food to breastfeeding

- Add oil/Ghee/Butter to food

Yes No

- Give food rich in vitamin A

Yes No

- Give food rich in iron

Yes No

16 Knowledge on immunization of newborn

- BCG vaccination

Yes No

- DPT/Polio vaccination

Yes No

- Measles vaccination

Yes No

17 Knowledge on complete immunization to child (5 episodes)

Yes No

18 How many times have visits to mother within 24 hours after birth

a 24- 48 hours

b 3-7 days

c Visit any time if problem occurred

<u>Yes</u>	<u>No</u>	<u>Remarks</u>
----	----	-----
----	----	-----
----	----	-----

19 Knowledge on newborn care

Keep baby neat clean and warm with clean cloth

Keep baby in smokeless environment

Keep umbilical cord clean and don t use oil

Keep baby under sun and massage with oil if jaundice occurred

<u>Yes</u>	<u>No</u>
----	----
----	----
----	----
----	----

C Service activities for MNC (date from to)

Antenatal check up	No of antenatal check up			No of delivery		Post-natal check up	Death of pregnant post-natal mother
	From MCHW	From TBAs	Total	From MCHW	From TBAs		
New case							
Regular follow up visit							

D Knowledge on Type of FP Contraceptive methods **Yes** **No**
 (Condom, Pills, Depo, IUD, Norplant, Vasectomy, Laproscopy)

E Knowledge on side effect of FP

	<u>Yes</u>	<u>No</u>
Two side-effects of pills		
Severe headache	---	---
Severe lower abdominal pain	---	---
Severe chest pain	---	---
Blurred vision	---	---
Two side-effects of Depo		
Excessive bleeding	---	---
Irregular mens	---	---
Stop mens	---	---

F Service activities of FP

Name of Contraceptive	New users	Continue users	Total no of distribution		Total no of drop out couple	Total no of follow up of FP couple
			Unit	Quantity		
Condom			Pieces			
Pills			Cycles			
Depo-Provera			Vials			

10/2

G Supervision for MNC/FP

From HP/SHP staff	Yes/No in last 2 months	Report collected	Yes/No
From DHO staff	Yes/No in last 3 months	Report collected	Yes/No
From PLAN staff	Yes/No in last 1 months	Report collected	Yes/No
From CS staff	Yes/No in last 1 months	Report collected	Yes/No
From others	Yes/No in last 3 months	Report collected	Yes/No

H Medicine and FP Contraceptives

Name of medicine and contraceptives	Unit	Balance
Condom		
Pills		
Depo- Provera		
Iron and folic acid tablets		

I Supply in the spots by CSP staff or DHO staff

Name	Unit	Quantity
IEC materials		
Iron and folic acid tablets		
Clean Home Delivery Kits (Sutkeri Samagri)		
Condom		
Pills		
Depo-Provera		

**PLAN International, Child Survival Project, Rautahat\Bara
MNC/FP Strengthening Program**

Follow up Check List

Health Facility Level

District

PHC/HP/SHP

VDC

Follow up by district staff

PLAN Staff

Visit #

Follow up by

Date

A Staff training

Name	Position	MNC/FP Strengthening Program	
		Y/N Year	If No Reason

B Availability and use of MNC/FP materials

Material	Available(Y/N)	If Available Where?	
		In Use	Unused
MNC register		OPD	Store
FP register		OPD	Store
Delivery set		In use	Store
Classification card at the time			
a Pregnancy		Displayed	Store
b Delivery		Displayed	Store
c Post-natal		Displayed	Store
d Newborn		Displayed	Store
Iron folic acid dose card		Displayed	Store
Posters		Displayed	Store
MNC/FP reporting form		OPD	Store

C MNC/FP medicine received and distributed

Medicines	Unit	Balance	
		Balance	If no since when
Iron folic acid			
Pills			
Depo-Provera			
IUD			
Nor-Plant			
Condom			

D Service activities

Observation of health facility of FP recording register

Name of contraceptives	No of new users	No of continue users	Total no of distribution		Drop out cases	Follow up	CYP
			Unit	Quantity			
Condom			Piece				
Pills			Cycle				
Depo-Provera			Vials				
IUD			Set				
Nor-Plant			Set				
Laproscopy							
Vasectomy							
Mini lap							

E MNC/FP strengthening reporting

Monthly report sent Y/N If yes mention the month last report sent

MCHW/VHW Report received Y/N

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F Supervision

From	MNC/FP	General
DHO staff (in last 3 months) times		
Health facility staff (in last 2 months)		
CSP staff or PLAN staff (in last 1 month)		
Others (specify times)		

G Material supply during visit

Name	Unit	Quantity
A		
B		
C		
D		

Classification Card of Diarrheal Diseases Case Management

- 1 Child's Condition to refer to hospital if s/he,**
is eating or drinking poorly
has repeated vomiting
starts to pass many stools
becomes very thirsty
has blood in the stool

- 2 Child's Condition FCHV should treat if s/he has,**
restless or irritable
slow skin elasticity
sunken eye
thirst

- 3 Child's Condition for home therapy**
continue feeding yogurt/milk, rice, cereal based fluids, pulse fluid, banana,
potato
breast feeding more than usual and
refer to hospital if child gets worsen

B Card showing on how Diarrheal Diseases Transmits

- Drinking dirty water
- Serving and handling meal with dirty hand
- Serving food contaminated by fly
- Indiscriminate defecation
- Serving unwashed fruits

C Card showing how to be protected from Diarrheal Disease

- Washing hands after defecation or working
- Washing hands after child's defecation
- Washing hands before food preparation and feeding
- Washing hands before taking meal
- Covering foods and drinking water
- Complete immunization of child within one year
- Disposing child's stool in latrine
- Defecation in latrine only

D Classification Card of pregnant woman's health care

1 Condition to refer to health institution if she

- has repeated vomiting
- has vaginal bleeding
- has intense headache
- has severe abdominal pain
- is anemia
- has swelling of hand, leg and mouth
- has fever

2 Condition TBA should treat

- Regular health check-up
- Iron and folic acid supplement

3 Advice to pregnant woman for home care

- Seek regular health check-up
- TT Immunization
- Rest
- Avoid smoking
- Breast Care
- Nutritious food

E Iron dose card

F Classification card of delivery care

1 Condition to refer to hospital if mother has

- Prolonged labor pain (more than 12 hours)
- Severe bleeding
- Hand and leg prolapse
- Umbilical cord prolapse
- Placenta retention
- Convulsions

2 Clean delivery at home

Clean perineum

Clean cord

Clean surface

Clean hand

Clean blade

Clean thread

G Classification card of post-natal care

1 Condition to refer to health institution if she has

High fever

Severe abdominal pain

Breast engorgement

Very soft uterus

Severe bleeding

Swelling of hand and legs

2 Advice TBA should provide

Extra nutritious meal daily during lactational period

Child immunization

Exclusive breast feeding for 4-6 months

Use of contraceptive methods

Massage mother with oil

Take Vit 'A' Capsule within forty five days

H Classification card for newborn care

1 Condition to refer to health institution if child

Is unable to suck breast milk

Starts to pass many stools

Has difficult breathing

has rigid body and difficult to open mouth

has low body temperature or cyanosed

has fever

has umbilical bleeding or umbilical sepsis

abnormally sleepy or difficult to wake

2 Advice to newborn care at home

Exclusive breast feeding

Keep baby neat and clean using clean cloth only

Keep baby in warm place and smokeless environment

Don't use oil in eye, ear and cord cutting place

Keep baby in sunlight and massage with oil

If seen danger signs of any disease in child, take to him/her to health institution

APPENDIX D TBA AND FCHV KIT CONTENTS

TBA Kit- Box Contents

- 1 Box - 1 Piece
- 2 Dekchi - 1 Set (Big and small)
- 3 Fetoscope- 1 Piece
- 4 Cotton thread- 1 Roll
- 5 Soap case- 1 Piece
- 6 Soap- 1 Piece
- 7 Nail cutter- 1 Piece
- 8 Towel - 1 Piece
- 9 Plain plastic sheet - 1 metre
- 10 Gauze - 15 pieces

CLEAN HOME DELIVERY KIT (SUTKERI SAMAGRI) CONTENTS

- 1 Clean plastic coin - 1 piece
- 2 Clean plastic sheet - 1 metre
- 3 New blade - 1 piece
- 4 Clean thread (9") - 3 pieces
- 5 Soap (small) - 1 piece

FCHV KIT BOX CONTENTS

Materials

- 1 ARI timer
- 2 Referral book (CDD/ARI)
- 3 Treatment book (CDD/ARI)
- 4 Treatment card (cotrim and Iron/folic acid dose)
- 5 Clasification cards (ARI CDD MNC)
- 6 Home therapy card (ARI MNC)
- 7 Reporting form (ARI, CDD, MNC)
- 8 Training manuals (ARI, CDD, MNC FP)
- 9 Flip chart
- 10 Clean home delivery kit

- 12 Pumptets - family planning, mothers group
- 13 MUAC tape
- 14 Condom
- 15 Scissor
- 16 Gauze
- 17 Towel
- 18 Cotton
- 19 Soap
- 20 Soap case

Drugs

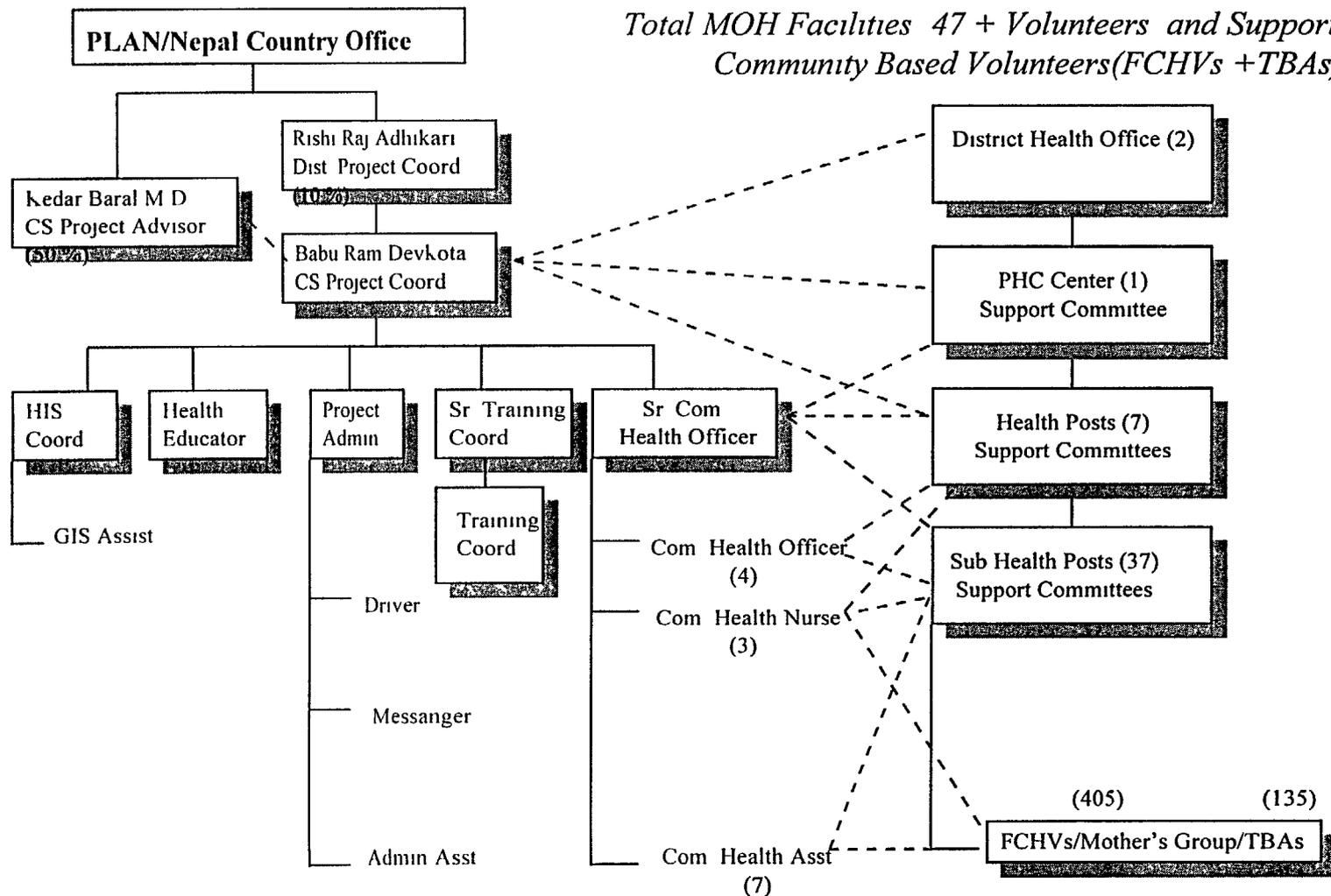
- Gentain violet
- Tincture Iodine
- Cetamol tablets
- Jevan Jal/Nava-jeevan
- Iron/ Folic Acid tablets
- Pills

PLAN CS Project

(Total Staff 25 6 with 25 1
Based in Rautahat/Bara Field Office)

MOH/Community Counterparts

Total MOH Facilities 47 + Volunteers and Support Committees
Community Based Volunteers(FCHVs +TBAs) 540



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