MID-TERM EVALUATION

for

CHILD SURVIVAL IX PROJECT

Nepal

FAO-0500-A-00-3029-00

ADRA

Submitted to:

United States Agency for International Development
Washington, D.C.

By:

Adventist Development and Relief Agency International
Silver Spring, MD

October 1995

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MID TERM EVALUATION REPORT

FOR

CHILD SURVIVAL IX PROJECT

NEPAL

(OCT. 1993 - SEPT. 1996)

NUMBER OF PROJECT FAO - 0500 A 00 3029 00

SUBMITTED TO:

ADVENTIST DEVELOPMENT AND RELIEF AGENCY/NEPAL

BY:

EVALUATION TEAM

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MAY 1995

TABLE OF CONTENTS

LIST OF ACRONYMS

ADRA	Adventist Development and Relief Agency
AHW	Auxiliary Health Worker
ANC	Antenatal Care
ANM	Assistant Nurse Midwife
ARI	Acute Respiratory Infection
ALRI	Acute Lower Respiratory Infection
BPEP	Basic Primary Education Project
CDD	Control of Diarrheal Disease
CMA	Community Medicine Auxiliary
CS	Child Survival
DDA	Department of Drug Administration
DEPO	Depo-provera
DHO	District Health Office (In Kavre)
DHS	Department of Health Services
DIP	Detailed Implementation Plan
EPI	Expanded Programme of Immunization
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
FHD	Family Health Division
FP	Family Planning
FPA/N	Family Planning Association of Nepal
FR	Field Representative
HIMDD	Health Institution and Manpower Development Division
HIS	Health Information System
HKI	Helen Keller International
HMG	His Majesty's Government
HMIS	Health Maintenance Information System
HP	Health Post
HPIC	Health Post in Charge
HPSC	Health Post Support Community

IEC	Information, Education, Communication
JICA	Japan International Corporation Agency
MC	Mobile Camp
MCH	Maternal Child Health
MCHC	Mobile Camp Support Committee
MCHW	Maternal and Child Health Worker
MG	Mothers Group
MOH	Ministry of Health
MTE	Mid Term Evaluation
NAWB	Nepal Association of Welfare of Blind
NGO	Non-government Organization
NHEICC	National Health Education, Information & Communication Center
NHTC	National Health Training Center
ORS	Oral Rehydration Solution
PHC	Primary Health Care
PVO	Private Voluntary Organization
SDK	Safe Delivery Kit
SHP	Sub Health Post
SMH	Scheer Memorial Hospital
TA	Technical Assistance
TBA	Traditional Birth Attendant
TH	Traditional Healer
UFCHV	Urban Female Community Health Volunteer
UMN	United Mission to Nepal
USAID	United States Agency for International Development
VDC	Village Development Committee
VHW	Village Health Worker
VSC	Voluntary Surgical Contraception

FOREWORD

This is the mid-term evaluation for Child Survival IX Project in the Kavre District of Nepal which began in October of 1993 and will end in September 1996. The project is a continuation of the Child Survival VI Project which operated from October 1991 to September 1993. This report is the product of a team effort that has performed a comprehensive assessment of the various Child Survival IX interventions.

As a team leader, I am very optimistic that the lessons learned from this MTE would assist the project managers to achieve the goals in an effective manner.

I am grateful to the members of evaluation team, Dr. Solomon Wako, Dr. Laxmi Raj Pathak and Mr. Birendra Pradhan who persevered to work with me and helped me complete the assignment by the given time.

I am also thankful to ADRA/Nepal and ADRA International for giving me the opportunity to work as an external evaluator and team leader. As a student of Public Health, the experiences I gained while observing the spirit of my sisters in the villages have become my lifetime work.

Dr. Tirtha Rana
External Evaluator & Team Leader
Date: May 19, 1995

ACKNOWLEDGMENTS

All of the quantitative and qualitative information presented in this report have been provided by the office of ADRA/Nepal who is responsible for carrying out the project in Kavre District of Nepal in a complementary role to District Health System. ADRA's effort in Nepal is a unique example of **"STRENGTHENING OF DISTRICT HEALTH SYSTEM."** The authors are grateful for the hospitality extended to us by the project authorities during our evaluation work. The managers were patient and the staff responded to our questions and our insatiable requests for data. In addition, they arranged our field trips and accompanied us on these trips.

From May 1 through 17, 1995 a large number of persons mostly at the rural community level were interviewed. While the interviewees were mostly mothers, there were also community volunteers, rural health staff and the Mayor of Banepa municipality.

The evaluators wish to extend their deepest appreciation and an utmost satisfaction for having the opportunity to work with these wonderful people. The discussions with the interviewees were lively, enlightening and sometimes thought provoking and of course very helpful. We have tried to incorporate much of what was contributed by project staff, health personnel and community people into this report.

We would like to especially thank the Project Coordinator, Mr. Birendra Pradhan; our team member and Project Director, Mr. Sitaram Devkota; District Health Officer, Dr. Shushil Shakya; Dr. Marasini and the Section Chiefs of the Project. The Country Director Mr. Paul Dulhunty deserves our special gratitude for providing all necessary logistical support for our travel to the field and for preparation and presentation of the report. Furthermore, we wish to extend our sincere thanks to the prompt secretarial service we received when preparing this report.

The team express its gratitude to USAID key officials Ms. Molley Gingerich and Ms. Barbara Winkler and to Mr. Bill Jackson of Australian Forestry Project/USAID for providing their valuable suggestions.

Finally, we extend our thanks to Dr. B.D. Chataut, Dr. Shyam P. Bhattarai and Mrs. Vijaya K.C of Ministry of Health who participated in a lunch discussion session.

-----Evaluation Team-----

EXECUTIVE SUMMARY

This report is the result of Mid Term Evaluation of Child Survival IX Project funded by ADRA and USAID and is in operation from October 1993 to September 1996. The project is implemented in 20 rural villages and one municipality of Kavre District of Central Development Region of Eastern Nepal.

The overall purpose of the mid-term evaluation of the Child Survival project was to help adjust the direction, improve the performance after assessment of what is working well, to single out areas that needed further attention and recommend steps of improvement for the remaining life of the project.

The critical areas of investigation included: the extent to which mothers have been educated and motivated to improve their healthy practices, the level of utilization of existing community services and level of support provided to strengthen the district health system of the Ministry of Health.

As mentioned in the DIP of Child Survival IX Project, the level of the attainment program input, output and outcome was measured against the objectives - mainly in the areas of Maternal Care, Family Planning, CDD/Nutrition, ARI, Female education program in HIV/Aids and Vitamin A deficiency.

The report has sought to highlight the effectiveness of the project by looking at: its design and implementation, the level of effort in community education and social promotion including the human resource development activities, training programs and the assessment of level of learning. The level of support and logistic provision for carrying out the actions was also observed. The evaluators also tried to identify the quality assurance measures adopted by the project in terms of its training methodology and procedures to ensure that appropriate persons are trained.

The level of support from ADRA Headquarter and regional office and its appropriate use was determined. The relationship of the project with District Health System in its complimentary role was examined including its networking with village leaders, municipality, SMH other NGOs and International NGOs engaged in similar services at Kavre District.

The budget expenditure of the project in comparison to the program's achievement was assessed including any possibility of foreseen under expenditure in remaining one and half years of the project's life. The sustainability effort incorporated and designed by the project was studied.

The evaluators have emphasized further steps the project needs to stress. These are; to keep volunteers motivated, to increase the competency of Project and DHO staff, to enhance performance in relation to project objectives in certain areas like training for HP, SHP staffs and maintenance of vital statistics at community level. In addition, the project needs to increase the coordination for improving the referral system among FP/PHC center. Rural health posts and

SMH can maximize the strong potentiality that the Banepa FP/PHC center can offer. ADRA/Nepal's current status of functioning as an umbrella institution to other sister projects such as CSIX (WHIN I & WHIN II) is an inspiration to this optimism.

The information presented is mainly based upon the in-depth interview and observation made at the community level with FCHVs, TBAs, THs, Mother's group, rural health staffs village leaders, literacy class participants, project staffs and the review of project documents. Appropriate USAID and Australian Forestry officials and the key official of Ministry of Health were also visited. The report also includes a highlight on focus group discussion and a case study to perceive what the women in community think about health and reproductive process.

The project has been remarkably successful in achieving the outlined objective in MC/FP, ARI, Literacy classes, HIV/AIDS and Vitamin A deficiency prevention and control (through education measures).

In CDD/Nutrition, a discrepancy was noted between the result of the mid-term Survey and the evaluators field assessment in the areas of intake of increased amount of fluid and food and continued breast feeding by the children during diarrhoea. There was a decline in percentage of actual practice as revealed in comparison of the baseline data with that of the Mid-term survey report. On the other hand, the assessment team found out that the knowledge and awareness level was satisfactory regarding CDD/Nutrition interventions.

The community members and mother's group are motivated and want support for refurbishing the drug supply of FCHVs by raising a token fee from the households. The use of safe delivery kits by TBAs has shown a positive result as an institutional mechanism introduced by ADRA/Nepal. FP and other CS services have been brought closer to community by the usage of regular mobile health clinics.

The concept of recruiting counselors in each 52VDC which began in June 1995 is another positive way of increasing the level of utilization of existing services and strengthening the linkage between VDC members volunteers and service providers. DHO and the project managers have maintained good coordination and the project has provided technical assistance to strengthen the district's HMIS system to use data for decision making.

The evaluation team has suggested improving the services of health education and IEC materials supply, e.g. by introducing innovative songs related to a health message and by providing IEC local resources - appropriate to the local atmosphere. Simple but justified support to FCHVs and TBAs by providing FCHV bags, gloves and torch light were recommended as the demand may arise.

A household's level of literacy classes needs must be identified by the survey before introducing any services. An introduction of a small scale enterprise projects in the village with special focus on MGs and neo-literates could be very motivating to keep up their enthusiasm. Provision of a small library in the village to sustain their literacy skill is felt essential.

Most of the recommendations and approaches to enhance further motivation are educational and promotional in nature. The Banepa FP/PHC center is an institution with high potential for becoming a PHC and FP training center on a national basis. If kept in the current status quo position, its scope of under utilization is surely foreseen.

Finally, we feel that the country Director with his high level of commitment and experience and a well motivated team of project staff is a strong asset of CSIX Project.

EVALUATION

Introduction and Background

Award Justification

ADRA's USAID funded Child Survival IX Project was signed on September 30, 1992 by Mario Ochoa, Executive Vice President of the Adventist Development and Relief Agency following the completion of CS VI in the same year. The project was designed to have a three-year life beginning on or about September 30, 1993 and ending September 29, 1996. The project is located in the Central Region of Nepal, in Kavre District, based in the town of Banepa. The project provides its service to 20 villages and the Municipality of a district under CSIX Project.

Nepal is one of the poorest countries in the world, and Kavre District is representative of the national picture. The national average of population living in absolute poverty is 71%, infant mortality is estimated at 102/1000, the under five mortality rate is 165/1000, the maternal mortality is 566/100,000 births, and only 18% of females are literate. Causes of death in young children are primarily preventable, and the leading causes of death are acute respiratory infections, diarrheal disease and malnutrition. In Kavre District, the contraceptive prevalence rate was about 22% (1993) with a very high unmet need for family planning services.

Project Goals

In the DIP it is stated that the goal of Nepal's Child Survival IX Project is to decrease morbidity/ mortality and improve the quality of life for low income mothers and children in the Central Region of Nepal, in Kavre District.

The project's focus is the mother as the primary care giver. The majority of activities are educational and promotional in nature. This involves educating and motivating mothers to improve their health practices and encouraging them to increase the utilization of the existing, but enhanced, community services.

Project Objectives

- Maternal care/family planning

  1. Increase the percent of rural mothers who had at least one antenatal visits (by TBA and/or ANM) from 27.9% to 50%
  2. Increase the number of pregnant mothers with cards receiving at least two Tetanus Toxoid doses before delivery from 49.5% to 70%
  3. Increase the percent of rural mothers who are assisted in delivery by a trained TBA from 8.7% to 20%

4 Increase the percent of rural mothers who desire no more children in the next two years using a modern method of contraception from 15.4% to 25%

- CDD/Nutrition

1 Increase the percent of treatment with ORT of diarrheal episodes in rural infants/children from 34% to 60%
2 Increase the percent of rural infants/children receiving the same or more breast milk during diarrheal episodes from 87% to 95%
3 Increase the percent of rural infants/children receiving the same or more fluids other than breast milk during diarrheal episodes from 44% to 70%
4 Increase the percent of rural infants/children receiving the same or more food during and after diarrheal episodes from 29% to 50%

- ALRI

1 Increase the percent of rural mothers of infants/children (less than 24 months) who sought medical treatment during episodes of ALRI from 51% to 75%
2 Increase the number of FCHVs who know the two key symptoms of ARI

- LITERACY

Graduate 1125 mothers from basic literacy curriculum including key CS intervention messages

- HIV/AIDS

1 To increase the knowledge of HIV/AIDS among mothers from an estimated 19% to 60%

2 To increase the knowledge of HIV/AIDS among FCHVs, TBAs & THs from current level to 90%

3 To increase the knowledge of HIV/AIDS among participants in the literacy classes from current level to 80%

- VITAMIN A

1 To increase the knowledge of food sources of vitamin A among mothers from an estimated 22% to 50%

2 To increase the knowledge of vitamin A among FCHVs & current level to 90%

3 To increase the knowledge of vitamin A among participants in the literacy classes from current level to 75%

- IMMUNIZATION

1 To increase the knowledge of immunization schedule among the mothers from an estimated 63% to 90%

2 To increase the percentage of children 12 to 23 months who received complete course of immunization from 15.5% to 60% (with card only)

3 To increase the knowledge of immunization among the FCHVs & TBAs from current level to 95%

Implementation Method

The following is the implementation method for Maternal Care/Family Planning, Control of Diarrheal Diseases (CDD) with a component of Nutrition Education as it relates to CDD; and control of Acute Respiratory Infections (ARI).

The primary strategy to implement the maternal care/family planning component will be through training of TBAs and FCHVs. This builds upon the existing trained cadre of TBAs and FCHVs. Data from the Baseline Survey for the ADRA CS/IX project indicate that at last delivery only 10% of women in rural areas were attended by a trained attendant (usually a TBA), while in the urban areas, the percentage was 45%. The TBA training will focus on three key messages: the importance of prenatal care; assistance at delivery by a trained practitioner; and postnatal care including family planning.

Regarding CDD, the project will stress early initiation of fluids, increasing frequency of fluids proper measuring and administration of ORS, more frequent small feedings during diarrheal episodes, and/or more feeding after diarrheal episodes so the child can regain weight.

For ALRI, the implementation method is that all health workers dealing with first-line services to children (including physicians, nursing staff, Health Assistants, Auxiliary Health Workers, MCH workers) will be trained in the standard case management of pneumonia.

The Purpose of Evaluation

The primary purpose of the mid-term evaluation is to help ADRA/Nepal to assess lessons learned which would eventually help the ultimate success of the Child Survival Project.

The mid-term evaluation provides an opportunity for the project leaders to be introduced to the opinion of others, learn community views on sustainability of the project activities, and familiarize key local health and development professionals with the project's effectiveness.

The mid-term evaluation of the Child Survival Project is expected to assess the project's progress in accordance with DIP. This will help identify what is working well; suggest areas that need further attention; and recommend a means of improvement for the remaining life of the project.

EVALUATION METHODOLOGY

The evaluator's team was composed by ADRA International office in close consultation with its Country office project personnel. It included two persons from Ministry of Health. One of them is the Director of Central Region Health Directorate and the other one is the Director of Health Institution and Human Resource Development in the Department of Health Services who had also participated as a team member in the final evaluation of Child Survival VI project in 1993. While the program coordinator of the ADRA country office represented the project the director of evaluation for ADRA International represented that office.

Description of Data Collection

The evaluators reviewed the project documents, survey report, baseline and Mid-Term 30 cluster survey, DIP Projects, reports and various papers provided to them during presentation by the project staff. All necessary information were provided by the project staff promptly and as often as requested. Related data were collected from the District Health Office, Health Posts and from the Community Volunteers.

Visits were made to all the project cites with Health Posts. One Village Development Committee Mobil Health Clinic was visited. In addition, the team visited some villages for interviewing and assessing the level of perception of the health service by the recipients specially the mothers, the local beneficiaries and the family members. The evaluators held in-depth interview with community volunteers like FCHVs, TBAs, Traditional Healers and the mother's groups. Interviews were held with key staff of: District Health Office, PHC, HP and Sub-health Post.

The local Municipality leaders, Key officials of Ministry of Health, USAID, Australian Forestry and the local woman NGOs were visited and were asked to provide their opinion as to the project's activities and areas of future needs and linkages to other human service activities. The Country Director of ADRA/Nepal and related finance officers were also interviewed in relation to the project activities. Structured questionnaires and dummy tables were designed for some activity measurement while for others general and close observation were held.

The evaluators observed the female literacy program in action in two informal sessions and a Focus Group in the house of FCHV in two VDCs. Mother's Group met in two informal sessions and one focus group in the house of FCHV herself. The evaluation team joined in a meeting of Health Post support committee and in the staff meeting of ADRA Project/Banepa. The

evaluators discussed and agreed sharing their ideas with the project staff, for the purpose of obtaining the staff's feedback and gaining their support from the very beginning.

Keeping in view the objectives of the project, and its basic strategy of educating and motivating mothers to improve their health practices and encourage them to utilize the existing health services with enforced community awareness, the evaluators concentrated their effort and put greater focus on meeting, interviewing and observing mother's expression, women life style, and behavioral aspects. Similarly, the Women Volunteer such as FCHVs, TBAs and Mother's Group were seen as key informants and important change agents. The data collection therefore was focussed mostly toward the assessment and measurement of the information related to the above activities directed to the benefit of mothers and children.

Evaluation Site Selection Process

The evaluation focused on the level of knowledge and motivation of the mothers to utilize the health facilities to improve their own and their children's health status. Therefore, most of the sites visited were at the community level (like in VDCs to meet mothers group FCHV, TBAs and traditional workers at Balthali VDC). Further more, the team visited field representative of ADRA on duty, community support groups like HPSC, VDC members and training of Traditional Healers in operation. In addition, literacy class participants were visited as they were operating classes, meetings and etc. The Health Post at Nala Panchkhal, Dapcha, Khopasi PHC, Kusha Devi - Sub-health Post, DHO Office, FP/PHC center of ADRA at Banepa, Mobile Clinic at Daraune Pokhari VDC (in operation) 3 FCHVs at their house at Panchkhal, Chatrebangh and Balthali VDC at Tukucha VDC were all visited.

Three group of mothers were visited. One at Banepa in a house of urban FCHV, and two at VDC level in the house of FCHVs. The Mayor of Banepa and the Project staff at their working stations were interviewed and the facilities and working conditions were examined. This included operation theater, PHC/FP center, training rooms etc. Visits were made to meet key personnel in Ministry of Health, Department of Health services and USAID/Kathmandu. Details of the itinerary and individual interviews are listed in the annexes 1.2.

ACCOMPLISHMENTS

Project Goals

To decrease infant and maternal mortality and morbidity in the target area through education and motivation of mother's groups by community volunteers and traditional birth attendants.

To strengthen capacity of the District Health Office to deliver effective Child Survival services in the target area.

The following matrix presents the measurable planned inputs and outputs completed by the project objectives from the beginning of project up to its half life in April.

SN	Project Objectives by Intervention	Major Planned Inputs	Output completed	Remarks
1	Maternal Care & FP Increase the percent of rural mothers who had at least one antenatal visit by TBA/Trained Health Personal from 27.9% to 50%. Increase the number of Pregnant mothers with cards receiving at least two TT doses before delivery from 49.5% to 70% Increase the percent of rural mothers who are assisted in delivery by a Trained Health Personnel from 8.7% to 20% Increase the percentage of rural mothers who desire no more children in the next two years using a modern methods of contraception from 15.4% to 25%	Orientation to 20 VDC (one Orientation 22-25 persons) about the importance of TBAs, FCHV and MCH/FP services (2 days duration)	In 20 VDC orientation training provided	In one orientation 20-25 persons from the VDC participate, it consists of 9 wards-FCHVs & 9 members of 9 wards and chairman of VDC and 1 secretary of VDC, 1 school teacher and 2 social workers.
		Selection and initial training of 143 new FCHVs for basic MCH/FP (15 days duration for training)	143 new FCHVs trained	As per Govt's policy to have 1 FCHV for 250 population. Apart from 180 old FCHV s in 20 VDC, 143 new were trained, DIP says to train up to 450 FCHVs by 1996(old & new FCHVs)
		Review meeting of FCHVs 323 (180+143) 1 group/2 days/6 monthly	268 FCHVs attended review meeting	of them 148 old and 120 new FCHVs
		Training of trainers (TOT) of FCHVs 10 trainers (10 days duration per training)	14 trainers of FCHVs were trained on TOT	
		Formation of mother's group 143	143 M.G. formed	
		Training of Trainers of TBA 8 persons (10 days duration) for training	15 persons received TOT for TBA	
		Training to new TBAs-175 (1996 target) (10 days duration for training)	134 TBAs were trained. They are all new candidates	Project intends to increase the number of TBA training to increase the percentage of delivery by TBA's assistance.
		Promotion of safe delivery kit (SDK) through TBAs to mothers	After the initial training TBAs were provided 10 pkt of SDK free of cost which is advised to sell at Rs.15.00 per pkt., while conducting home delivery and refurnish it. For TBAs, each SDK pkt is provided at Rs.10.00 per pkt by CSIX Project	

		Banepa FP/PHC clinic provides Norplant and Minilap in addition to temporary methods (Depo, pills and condoms) - Assist in FP camps. - Work with DHO to ensure supply of FP commodities to CHV & TBA	Banepa clinic provides Norplant, Minilap, Vasectomy in a routine basis in fixed day however if there are clients in other days, they do not have to go back. The achievement in FP services is over 90 percent in terms of continuous users (table A5) In mobile clinics also temporary FP service is provided like Depo, IUD, Norplant FP counseling and Health Education is provided regularly at FP/PHC clinic. DHO provides FP commodities	Banepa FP/PHC clinic of ADRA/Nepal has been running Laproscopy camps in previous occasions. It should be organized in a continuous basis.
		Refresher training of ANMs, MCHW particularly on supervisory skill, referral system and report (for all HPs, PHCs and SHPs in the project implementation VDCs)	This activity is being planned to be implemented in the near future.	
		Quality monitoring of Maternal Care risk factors with management at obstetric emergencies and institutionalization of referral system.	The project has initiated this activity by use of quality of care officer, counselor and FR of the project.	52 counselors are ready to get appointed from June 1995 for 52 VDCs where ADRA/Nepal has prog. operation 20VDCs of them is of CSIX Project
		Printing and provision of mother cards to HP and SHPs.	The cards are available at HP through DHO. Thus there is no need to print them by Project fund.	
		Basic Literacy program to 1125 woman (by end of 1996 Sept.) including Health (MCH/FP) and forestry message (1 prog. is of 7mth duration)	189 women graduated out of 480 enrolled in the class conducted in 1994 and 592 of them are attending the 5th month of literacy education program.	Integrated Literacy package for Health and environmental message should be developed.

SN	Project Objective by interventions	Major planned inputs	Out puts completed	Remarks
2	CDD/Nutrition: Increase the percentage of treatment with a ORT of diarrheal episodes in rural infants/children from 34% to 60% Increase the percent of rural infants/children receiving the same or more breast mild during diarrheal episodes from 87% to 95%. Increase the percent of rural infants/children receiving the same or more fluids other than breast milk during diarrheal episodes from 44% to 70% Increase the percent of rural infants/children receiving the same or more foods during & after diarrheal episodes from 29% to 50%	As in objective of Maternal Care and Family Planning the same inputs are in terms of FCHV training, TOT of FCHV, review meeting of FCHVs in which CDD and nutrition messages are incorporated - Mothers groups are given a key message in CDD - In Literacy Prog. CDD has a major portion of a health message.	Same no. of FCHVs and TOT as an objective 1. Educational message on feeding and fluid ORT and CBORT is reinforced	The training is a comprehensive integrated package. All messages are given in a single training package.
3	ALRI: Increase the percentage the percentage of rural mothers of infants & children (less than 24 months) who sought medical treatment during episodes of ALRI from 51% to 75%. Increase the number of CHVs who knows the two key symptoms of ALRI.	The same trainee as above are provided message on ARI sign, symptoms and management Training of 100 traditional healers by (3 days/group of training)	Same output - Including training of 43 traditional healers has been completed -the Project is planning to train HP and SHP worker on the treatment protocols of ARI, to get video in rapid breathing and subcostal retraction and to contact with WHO to carry out ARI Ethnographic survey. In the nutrition education, the inability to feed during ARI episodes should be highlighted to stress upon the need to feed more during such episodes.	
4	Literacy:			
	Graduate 1125 mothers from basic literacy curriculum including key CS interventions messages	The table A 2.1 & A 2.2 prevent the target for literacy programs. The project's input is to train 1125 women	-189 women have graduated (1993/94) -592 of them are undergoing training (1994/95)	

SN	Project objectives by Intervention	Major Planned Inputs	Output Completed	Remarks
1	HIV/AIDS Increase in knowledge of HIV/AIDS among mothers from 19% (estimated) to 60%	Initial FCHV Training of 143 new FCHVs on HIV/AIDS Initial TBA Training of 175 new TBAs on HIV/AIDS	143 new FCHVs are trained 134 TBAs are trained	
2	Increase the knowledge of HIV/AIDS among FCHVs, TBAs & Ths from current level to 90%			
3	Increase knowledge of HIV/AIDS among participants in the literacy classes from current level to 80%	Health education on HIV/AIDS in literacy classes to educate 1125 women	189 women have graduated (1993/94) 592 women are undergoing literacy classes (1994/95)	

SN	Project Objectives by Intervention	Major Planned Inputs	Output Completed	Remarks
	Vitamin A			
1	Increase the knowledge of food sources of vitamin A among mothers from an estimated 22% to 50%	Initial FCHV training of 143 new FCHVs on vitamin A	14 new FCHVs trained	
2	Increase the knowledge of vitamin A among FCHVs/TBAs from current level to 90%	Health Education on vitamin A in literacy classes to educate 1125 women	18 women have graduated (1993/94) 59 women are undergoing literacy course (1994/95)	
3	Increase knowledge of vitamin A among participants in the literacy class from current level to 75%			

SN	Project Objectives by Intervention	Major Planned Inputs	Output Completed	Remarks
	Immunization			
1	Increase the knowledge immunization schedule among the mothers from an estimated 63% to 90%	Initial FCHVs training of 143 new FCHVs on immunization	143 new FCHVs trained	
2	Increase the percentage of children 12 to 23 months who received complete course of immunization from 15.5% to 60%	Initial TBA training of 175 (1996 target) new TBAs on immunization	134 TBAs were trained. They are new candidates	134 TBAs received refresher training on immunization
3	Increase the knowledge of immunization among the FCHVs & TBAs from current level to 95%	Health Education on Immunization in literacy classes to educate 1125 women	189 women have graduated (1993/94) 592 women are under going literacy courses (1994/95)	

In the original DIP, there was no mention of HIV/AIDS and Vitamin A deficiency. However, since vitamin A deficiency awareness and management are major part of Nutrition education and control; and prevention of HIV/AIDS is an integrated component of PHC related Health Educational messages, the Project has incorporated these components. On top of this, the project has included immunization and various kind of training organized for FCHV, TBA, Mother's Group meeting, VDC meeting and literacy classes.

For children who have experienced an episode of ARI, diarrhoea, measles and are malnourished the supplementation of vitamin A capsules are emphasized in the training of HP staffs. In Banepa FP/PHC clinic, all children with high risk are given Vitamin A supplement and all pregnant women and anemic cases are provided Iron-Folate tablets.

Table A1 - A6 presents the information on the accomplishment of output indicators. Turning to immunization, the role of the project is to increase the knowledge of mothers regarding vaccinations against all six preventable diseases and to ensure that immunization services are provided on a regular manner.

This project has organized training programs for other agencies. Meanwhile ADRA staff has participated in the training/workshops organized by other agencies on various occasions (please see annex 6.10)

As indicated in the DIP the philosophy of the ADRA/Nepal Project is to work with and support the Ministry of Health system rather than create a parallel service delivery system in the target area. The training, education and orientation services are the key strategic components of CS IX project. Through the efforts, the project has strengthened the system and upgraded the beneficiaries' capacity to utilize the Child Survival services in the target area.

Apart from these inputs, the project has a HIS/Evaluation section with three main functions. These are: monthly project staffs reporting on their respective activities, collection and updating of FP/MC and vital statistics from the community and support to DHO-HIS. The first function is done on a routine basis which helps in developing quarterly and an annual report as well in the monitoring of project activities and necessary feedback and actions for improvement.

The collection of vital statistics and updating of FP/MC and part of HIS is done by FR through FCHVs. This function which has just started in some VDCs through FRs were few in number. They were kept busy forming Mother's Group, selecting and training FCHVs, TBAs and THs. This section has also provided technical support to DHO in establishing DHO-HIS with the use of a computer. MOH has started a uniform HIS for programmatic information. The project has supported DHO to develop a computer program because of the changed requirement of HIS of DHO. The project intends to assist DHO computer technician in developing skills to analyze the information at the district level. This will be used in decision making at DHO and for feedback at HP and SHPs.

The Quality of Care officer looks after the quality aspect of selection and training of FCHVs, TBAs and THs according to the set criteria so that the appropriate candidate is assured an effective training. The Quality of Care office has a monitoring role in terms of observing the delivery of appropriate health message in a literacy program. Quality of Care officer also guide FR, Community Counselors and volunteers to perform a quality job and assess the quality of actions performed by mother's group. The evaluators appreciated the initiative taken by CS IX project decision makers to start this new section of Quality of Care, which has a crucial role in maintaining a quality performance.

Measurable Outcomes of the Project

As a background of program objectives, the baseline data of August 1993 and midterm data of March 1995 (source-unpublished data of 30 cluster surveys performed in 1995-March) were compared to assess the achievement of the project-annex 3.5.

For Immunization, Vitamin A deficiency control and prevention program and HIV/AIDS prevention and control no target was set at the beginning of the project, but the activities on training and development of specific messages were already incorporated in the comprehensive PHC training package utilized for FCHVs, TBAs and THs.

The intervention outcome of CDD/Nutrition in terms of continued breast feeding during the episode of diarrhoea in last two weeks and continued fluid and food intake during diarrhoea episodes is not as expected. On the other hand, the percentage of giving ORS during diarrhoea episode has increased.

With regard to ARI intervention, more mothers are noted to seeking medical treatment during episodes of diarrhoea both in rural and urban Kavre. As to the intervention on maternal care and Family Planning, the percentage of mothers who have at least one antenatal visits by (TBA & ANM) has been noteworthy. The antenatal visit (self reported) has increased from 27% to 52% (HP) and 55% to 70% in Banepa town. Similarly more mothers were found to have assistance by trained health professionals during child births.

The number of pregnant mothers with at least two tetanus toxoid coverage before delivery has increased from 1993 baseline period. The tetanus toxoid coverage (with cards) has increased form 18% to 29% (HP) and from 12% to 33% in Banepa town. The information in the survey is from the mothers who had retained the ANC cards. Most of the mothers misplace these cards thus self reporting is quite common but reliability on a self report is questionable.

The percentage of rural mothers with no further desire of children in the next two years or in the future and are using modern method of contraception has gone up remarkably. In rural areas it went up from 15.4 to 39.23% and in urban areas it went up from 38.7 to 42.9%. In FP intervention, the project has achieved high client satisfaction and an increased provision of service opportunities.

In terms of outcome at Banepa FP/PHC clinic in MC/FP intervention, the ANC visit is 73.2% while for TT2 it is 49.7%. The immunization is 57.9% for DPT3 and OPV3 and 55.6% for measles. For FP service the clinic has achieved over 100 percent (Please see table A5). The District Health Office has done micro-planning at the community level. In the present situation, the longest walking distance for an immunization center to the mothers is 15 to 30 minutes from their home. The workshop was held in March 1995 by DHO and Regional Health Office of MOH. Most of the mothers have knowledge that their children need to be immunized but the problem is very poor card holding.

When it comes to the new FCHV training and mother's group formation in Banepa Municipality, after a series of discussion with the Mayor, it was decided to reinforce and provide greater level of support to the existing 12 FCHVs of Banepa town rather than expand the numbers. A joint coordination committee has been formed to carry out this action.

In EPI intervention EPI access has been better with regard to EPI and measles coverage. For instance, EPI access has increased from 20% to 36% (HP) and 13% to 44% at Banepa town. The condition is better than 1993 but needs increased effort to meet the target of MOH. However, the drop out rates has gone down since the 1993 level and perhaps it could be attributed to the community conscientious effort of the CS IX project.

From this result it is evident that nutrition education efforts on vitamin A rich foods and the consequence of vitamin A deficiency is known to a larger number of mothers. Similarly, more mothers knew about HIV/AIDS and its mode of transmission.

With regard to increment in number of mothers who are literate, the output has been satisfactory. The project has to graduate 1125 mothers through basic literacy training by September 1996. One session is completed with 189 mothers graduated and other session with 592 participants is ongoing. This group will have their final test in two months.

The overall achievement of CS IX in its one and half year period with respect to the measurable output and outcomes deserves appreciation. Since the project is at its mid-course, some major activities directly related to bring about substantial effect are still to be carried out.

In the past one and half year period, the project was very busy training and educating the community level volunteers and community people like FCHVs, TBAs, THs, Mother's Group, VDC members and municipality ward committees. The project has put greater effort in collaborating and coordinating with DHO/MOH, Municipality and other sister NGOs and INGOs.

The interaction and training of HP and SHP staff in MC/FP and other Child Survival interventions are being planned. This will definitely strengthen the personnel's ability to carry out the responsibilities more effectively.

Similarly the field level vital statistics and information on MC/FP needs to be complied and analyzed. The field representatives were kept busy in selection and training of community volunteers so they were not able to perform this responsibility.

The comparative survey report (annex 3.5) has shown the outcome in CDD/Nutrition intervention as not progressive. The mother's group knowledge and application of the key messages sounded very encouraging. This knowledge includes: breast feeding, ORT and giving fluid and food during diarrheal episodes. The knowledge does not correlate with the 1995 April survey findings.

The team observed that, FCHVs and TBAs have the necessary skills for factual message delivery. The FCHVs are important grassroots level resources, when appropriately supervised, guided and supported, could be important in helping achieve the program's objectives. The level of relation and coordination of the project with DHO is noteworthy specifically in areas of training, FP target achievement, Immunization and HMIS skill sharing.

Referrals with or without a card from HP to FP/PHC clinic is increasing. While some are sent with cards most of the time community Health Volunteers and field workers accompany clients. Referrals from HP, PHC and FP/PHC clinic to SMH is not increasing. The reason may be that, there are not many cases to refer or the hospital charges are above the financial capability of the clients.

CS IX staff should consider areas of support which would help ease SMH's case load. For instance, FP/PHC clinic could play a broader role in screening services.

The strength of the project is mainly in the area of educating and training the community (MGs), encouraging a closer relation with community level service providers, HIS and service provision of FP/PHC clinic (which is mainly FP and MCH clinic). Furthermore, the project is to establish a good level of rapport with DHO. Most of the staff are dedicated, energetic and enthusiastic team players.

Effectiveness

The project has achieved most of the activities mentioned in the Detailed Implementation Plan and Annual Plan. For example, 143 new FCHVs in addition to the 180 FCHVs have been selected, trained and sent back to their community for health education, MC/FP motivation, counseling on CDD and ARI Nutrition education for first aid treatment. 104 new TBAs in addition to 46 TBAs have been trained and are providing service to the mothers. An increased number (43%) of mothers are seeking assistance at child birth and more of them are receiving antenatal care.

The FCHs have been recognized by all VDC offices. Their name list has been posted in the VDC and HP/SHP offices. For any health related program at community level, the FCHV becomes a key person providing her a higher social status.

The new FCHVs have been selected from the Mother's group and they know that they are volunteer and will not get any incentive as before. Such arrangements and the fact that they go through four monthly review meeting with FCHV (which was not regular in the past years) make them an effective group for the project.

There is a written job description for FCHV which developed by MOH. The training curriculum and manual was also developed by MOH with the financial support of USAID and UNFPA.

Traditional Healers have been trained and have started to refer diarrheal and ARI cases to the health post, sub-health post or PHC center. The Banepa Family Planning center is providing Norplant, Minilap and Vasectomy services and had also assisted DHO in family planning camp and etc. (For detail see annex table C & D).

The team observed that the CS IX Project and the District Health Office is working very closely in the areas of Family Planning, FCHV & TBA programs and training programs. In addition, the team also noticed that the level of knowledge among mothers are very good. The reason is that both the FCHVs and TBAs are working in the community. The Project is able to reach the high risk group through Mother's Group, FCHVs, TBAs and Traditional Healers but there are certain geographical constraints such as poor road conditions which is an obstacle in the referral of OB emergencies, although the TBAs are referring the high risk cases to the health post/PHC center.

Relevance to Development

The team observed that the FCHV, TBA & TH program activities are helping the families by increasing the knowledge of mothers in family planning, safe delivery, immunization, CDD, ARI, Nutrition, HIV/AIDS, etc. In addition, the FCHVs are providing first aid treatment and TBAs are assisting in clean delivery (see report of FGD in annex 6.2). Furthermore, the rural families are getting services in the areas of family planning, antenatal/postnatal check-up, gynecological problems among women, treatment of diarrheal and ARI cases, and immunization for children through FP/PHC Center and Mobile Clinic. Non-literate females benefitted from the Women's Literacy classes.

Design and Implementation

There is no change in the project area, the impact population and the strategies from what is stated in the Detailed Implementation Plan (DIP).

Management and Use of Data

Quantitative data: 30-cluster survey, monthly staff report, clinic report, DHO report are source of quantitative data collection in the project. 30-cluster sample surveys were done in August of 1993 (base-line) and March of 1995 (mid-term). Monthly report from each section and PHC clinic gives the target and achievement in a numerical figure which helps to monitor each section's activities.

Qualitative data: Monthly staff report, staff meetings, Focus Group Discussion are the main source of qualitative data collection in this project. There is good documentation of project activities. The focus group discussion has been done in ten rural areas and four locations in Banepa Municipalities (for details see annex 6.2). The field staff meeting and FP/PHC staff meeting report show the main achievements, problems constraints and suggestions for improvement.

The base-line survey data is being used to write the Detailed Implementation Plan. The mid-term survey was done in March 1995 and the data helped to compare the achievements between two surveys. There is positive change in the areas of Maternal Care & Family Planning, ARI, Immunization, mother's education. The knowledge & Practice on diarrhea has decreased except in ORT.

The data gathered from a different source has been utilized for decision making at different level of different programs. For example, The project staff found high drop out rate in the first literacy program. The project hired Literacy Supervisors to improve the quality and consistency in the literacy classes and the drop out rate was greatly reduced. Another example is that the project staff found the Supervisory visits done by Field Representatives to FCHVs & TBAs is not adequate. The staff felt the need of middle level post for which they got approval from ADRA/I. This approval was for recruiting counselors. The counselors work at VDC level and provide guidance to the FCHVs & TBAs. In addition, they provide counseling services to all eligible couples.

The project personnel has started to collect records of births, deaths (infants, maternal), pregnant women, and eligible couples in the project area. Records will give the name list of pregnant women who did not have ANC check-up and TT immunization. It also provides a list of names of couples eligible for family planning.

The monthly data is collected, analyzed, interpreted, and shared with field staff, PVO and ADRA Headquarters each quarter. The data is also shared with the District Health Office of Kavre. Everybody from the field to head office is aware of every new lesson learned.

Community Education and Social Promotion

There are more activities being carried out by the project on health promotion and social mobilization than on service provision. Health promotion is mainly through health education given by FCHVs TBAs, THs, Literacy classes etc. Health education is being carried out at the mobile clinic FP and PHC clinic. These are the integral part of female literacy curriculum. The main emphasis on health promotion relies on the adequate functioning of health post, sub health post and health center in the project area.

Social mobilization activities are being carried out by Mother's Group, Health Post Support Committee, Literacy Support Committee, and Mobile Clinic Support Committee. Service provision activities is mainly carried out through Family Planning Center, PHC Center, Mobile clinic, Health Post, Sub Health post, VHW, FCHV, TBA and etc.

The mobile clinic is primarily for Family Planning and Antenatal checkups. There is immunization services for under 5 ARI and Diarrhoeal disease. However, mobile clinic is encouraging people to seek out health care services and is also helping the community.

Regarding IEC activities, IEC officer has been appointed only in December 1994. IEC materials like Manuals, Flip Charts, Leaflets and Audiovisual have been collected from different NGOs, International NGOs and MOH and are distributed to the different health activities of the project.

ADRA CS IX has not developed its own IEC material. However, the process to develop some health message has been initiated recently in the form of token family planning (client to client approach) and by displaying posters in the FP/PHC Centers. There is provision for wall paintings for antenatal check-ups and immunization programs.

The project's approach to community education is through training and orientation of ward members. The Project staff is carrying out puppet show demonstration and practice to prepare Jeevan Jal as non-traditional or participatory educational activities.

Our observations and interviews show the level of knowledge of community about health and health related message is increasing. However, it was difficult to assess the actual practices.

Human Resource for Child Survival

SMH and mix of persons to meet project activities: The CS IX Project staff are full time salaried Nepalese. The Program Coordinator is the overall coordinator of various projects activities implemented under ADRA country office. The Project Director is responsible for Project administrative management. He is assisted by training officer, HIS/Evaluation Officer, Quality of Care Officer, IEC Specialist and Literacy Officer. They work as a team for implementation of related activities toward each objective of CS IX Project (See Annex 6.4 for program and job description). Field Representatives and Counselors work directly with rural community mothers and service providers at those levels. The Banepa Field in charge is attempting to implement similar activities at Urban Banepa.

There are supervisors appointed on a contract basis to supervise the literacy program. Similarly part time literacy class facilitators are recruited to run the sessions.

The FP/PHC center is managed by 3 Physicians, trained Nurses and other technical staff. They are also responsible for managing mobile clinics in 5 VDCs. There are together 24 full time salaried staffs of whom 44% are female.

The staff of the project are energetic and motivated. Many of them possess necessary skill and knowledge to carry out their responsibilities. In the literacy and HIS/Evaluation sections, shortage of regular staff were reported, however, the project is trying to overcome the problem by contracting persons on temporary basis.

The project was collaborating with DHO, other NGOs and Banepa Municipality to avoid duplication and to utilize the NGOs potential as necessary. For example; in Mid-term 30 Cluster Survey, Women's Group of Banepa were involved in data collection. The DHO staff work together with ADRA Staff in training and clinical activities, e.g. surgical sterilization camps.

Role of Community Groups: At the community level the project works with FCHV, TBAs, Mother's Group VDCs, HPSCs and ward support committee for FCHV. In Banepa, there are urban FCHVs (UFCHVs) who are supported and supervised by Field in charge of ADRA Project and the ward level support committees. The project has so far trained 143 FCHVs. The number of training is based on the population ratio of FCHV per 250 people. FCHV review meetings were held for a total of 268 FCHVs (new-120, old 148). There are all together 323 mother's group functioning presently with 323 FCHVs, the target is to have 450 such groups by September 1996 (table A1). The FCHVs are supported and supervised by VHWs and FR in each VDC. The project is introducing counselors an intermediate person between FCHV and FR to be more closely linked to FCHVs and Mother's Group in the ward level. The mother's groups are very active and enthusiastic in listening to FCHV and utilizing the services like FP, immunization and others services related to Child Survival.

The workload FCHVs are assigned to carry out is not easy considering their regular heavy household chores. However, they were motivated and eager to work. What they need is support in the form of supervision, refresher training course and a noncash incentives. The mother's group and VDC members have the key role along with FR, counselor, HP and SHP staffs to increase and maintain FCHV's morale and spirit. The dropout rate was high with old FCHV, but now due to their selection process and continued support from VDC and FR, the dropout is expected to decrease.

The training sessions for FCHVs, TBAs and traditional healers are organized in collaboration with DHO and HP staffs. In Annex 6.4, the detail program of such training activities and TOT is presented. By the nature of the responsibility of the community volunteers the duration and content of the training appeared appropriate.

The evaluators observed a training session for Traditional Healers by ADRA staff. Considering the process of adult learning and participatory technique with presentations and curriculum design the session was satisfactory. Similarly, the evaluators found the literacy session for woman well managed within the constraints of available resources at that level, eg. light, room, sitting arrangement, etc. The result of pre and post tests in each training session was encouraging (annexure 6.4) with regard to the training of FCHVs, TBAs and Traditional Healers. The increased percentage ranges from 20-60 percent.

Human resource development and continuing education: The ADRA CS IX project collaborated remarkably with GO, NGO and International NGO in terms of short and long term training. ADRA staff participate in national and international workshops, seminar and short term training, (table B1). In addition, ADRA provides technical assistance by organizing training and workshops for DHO staff, Municipality and community level committees, eg. VDC and ward level support committees (table B2).

Supplies and Materials to Local Staff

All Community Level: The materials and supplies listed in Annex 6.5 are essential for the community level workers like FCHVs and TBAs. These materials are provided to them after the initial training. The drugs are suppose to be refurbished by the FCHVs through selling them to the mothers in the community. Most of the FCHVs explained the problem of raising money by selling the medicines to the community. Community mothers do not pay as expected. Thus, once the supplies are finished, they could not refurbish it again. Some of them at Balthali VDC bought it at subsidized cost from Khopasi PHC with the per diem they received when they had review meeting at the PHC. Some were really looking in to raising a nominal sum of Rs 2 or Rs 5 per month per household in a ward to help them keep the stock refurbished. ADRA Project Office is consulting with VDC members in a VDC called Hokse to develop and establish a mechanism for keeping an adequate stock of basic drugs with FCHV by raising a nominal fee from the households on a regular basis. We hope with the guidance of ADRA Office, some initiative may be started in one VDC, which can be duplicated in other VDCs.

The contraceptive and IEC materials are made available to FCHVs from the local level Health Institutions eg., PHC, HP and SHP for which they need not pay.

The FCHVs trained a few years before, were given a small bag made of denium while the new FCHVs are provided with big rucksack type synthetic bags. Thus when we met a group of FCHVs old and new together, the old group felt discriminated against, and asked us to help them get a new bags similar to those provided to new FCHVs. We have requested ADRA and DHO Office to consider their demand.

TBAs, are not supplied with drugs, but are provided 10 packets of safe delivery kits free of cost after the initial training. The TBAs use this kit for home delivery and charge the mothers Rs.15.00 per packet. This approach will help them stock what they may need in the future. However in our meeting TBAs were found demanding pairs of gloves to use for delivery and some were asking for Photoscopes to auscultate fetal heart sound and torchlight for night deliveries. The evaluators have felt that a pair of thick durable gloves would greatly help them and protect them from the risk of contracting HIV/AIDS and other infections especially if they happen to have any injury on their hands while delivering.

The TBA's record keeping card were distributed one year ago. Therefore, there was no space to write. A stock of new report keeping card has to be immediately supplied to the TBAs.

With regard to the appropriate use of the supplies by these community level workers, the team felt that whatever supplies they had received, they are getting them appropriately and using them effectively.

At the Referral Sites: The referral sites visited by the evaluators were: PHC, HP, SHP, PHC/FP Center, ADRA Building, (operation and training rooms) at urban Kavre and several mobile clinics service areas. At the rural centers of SHP, the physical facility was dilapidated in VDC

building with few furniture. The store was well stocked with several drugs which are unlikely to be used in this settings. A suggestion was given to return them to DHO. The stationery and IEC materials support was inadequate. There was no signboard of SHP, which the local VDC has promised to provide. In the three Health Posts at Nala, Dapcha and Panchkhal, the supplies were satisfactory, except at Dapcha, where furniture and water supply was not adequate. However, the health workers and Health Post Support Committee were very energetic and committed to provide service. If there are good staff to provide service on a regular basis, the people do not care how much they have to pay for the service. This is the result of the study done on some Health Posts by Ministry of Health before starting the Drug Scheme (Community Drug Programme).

The mobile clinic which is run by ADRA at VDC Daraune Pokhari was visited by the evaluating team. The supplies and stocks were carried to the site by the mobile team. However, since they had to work under makeshift conditions; facilities for the clinic operation, such as the examination table, enough space, table for IUD and Norplant insertion were not appropriate. The team was working hard to cope with the a large number of people in demand of the service. We presume that once the mobile operation and clinic van is constructed and functional, this problem will be alleviated. Currently, the ADRA Nepal country director is working with a keen interest to solve this issue. The FP/PHC Center is well equipped, but the operation theater is nonetheless below any international standard. On top of this, there is a lack of trained manpower to work on logistic and book keeping to establish a proper inventory of the expensive goods.

The literacy section, IEC section and the training section have expressed the need for sufficient training materials, physical space and Audio Visual equipment. The evaluation team felt it necessary that a coordination mechanism be established among these sections for using the available logistic supplies in a more effective manner rather than procuring more of them. However the most necessary but not very expensive items has to be given priority. Emergency light for Literacy Section and IEC materials from MOH are good examples.

Quality

The project has a clearly defined criteria for the selection of FCHVs, TBAs and THs. Before selection VDC members' and mothers group are well oriented regarding the objectives, responsibilities and selection criteria. Recruitment of staff necessary for project activities are done as stipulated. Once selected, they are given training and orientation about their jobs.

The local project staff seemed confident about their jobs but over-stretched. The team appreciated the endeavor of project staff for the recruitment of female literacy facilitators which is difficult to find locally in remote areas of the project. However, care must be taken to ensure that all facilitators are competent.

Performance evaluation of staff is done by the immediate supervisor, using performance evaluation forms which have been developed by the project. This evaluation is done once a year.

Health workers who are engaged in activities like training counseling and providing health education are confident and competent. They have good grasp of the subject and possess good communication skills. They have the skill to make audiences understand. Their method of training includes: pictorial presentation, participatory involvement, two-way communication and practical teaching (learning by doing).

Supervision and Monitoring

The team commended the efforts of supervision that is provided to the staff and community volunteers. Close monitoring and careful supervision have motivated the staff.

The literacy program is monitored by supervisors to enhance the literacy, quality of care and training programs. Supervisors schedule, site, frequency, duration and relation of supervisor with those being supervised at all level have been clearly documented. Supervision is done according to schedule, given format and checklist. Problems are discussed with respective officer. If the problems are not solved they are discussed with Project Director for solutions.

There are monthly, three and a half months and seven and a half months tests to assess the level of learning for the participants of literacy classes. Still, in addition to having monthly tests they are assessed by daily performance.

Care should be taken to ensure that individuals are setting into their new role and further briefing is given if there are areas of difficulty. The project staff felt that field level supervision is appropriate. The project has developed a document which gives a comprehensive list of activities, frequency of inputs and allocation of responsibility.

PVO's Use of Technical Support

According to the project staff and the evaluation team's observations, the administrative monitoring and technical support in terms of time and frequency is adequate. As it stands now there is no particular need for technical support for the next six months. It is the understanding of the project staff that if technical support is needed it will be available both from the regional office and the central office.

To date the project has obtained the following external technical assistance from ADRA Headquarters office: Base line survey, writing and finalizing of the DIP, six managerial visits, and financial bookkeeping training.

Assessment of Counterpart Relationships

The chief counterpart organizations are District Health Office, the rural HPs and SHPs under MOH, Ministry of Education, local Municipality of Banepa and Dhulikhel, JICA, UNICEF,

HKI, Family Planning Association, Nepal Red Cross Society, Nepal Jaycees, NAWB and the Woman group of Banepa, SMH and the other NGOs working at the village level. ADRA Nepal has a group of other sister projects apart from CSIX, which are supported by USAID and other donors. The objectives and actions of the project (WHIN-1 and 2) are mutually supportive to help attain the goals related to maternal and child health.

The project activities have directly helped to cut down the burden of workload of SMH in terms of maternal and child preventive and promotive actions, eg. Antenatal Care, Immunizations management of CDD and ARI, Family Planning services, Health and Nutrition Education.

The collaboration activities of CSIX Project with GOs and NGO agencies is presented in Table B-1, B-2, C and D. Collaborative initiatives (mainly with DHO) are as follows:

a. Assistance to MOH in achievement of target of FP/MCH indicators ANC, FP (temporary and permanent), Immunization, CDD, ARI, Nutrition and HIV/AIDS.

b. Training of FCHV, TBA, (initial and review training), in TOT of FCHV and Training of Traditional Healers, orientation of VDC and ward level committee of Banepa Municipality. Both CS IX project and DHO coordinate trainers, training materials, supply of Manuals, flip charts, FCHV bags, emergency medical supplies and the cost of training. ADRA Project and DHO held preparatory meetings on a regular basis and every two months they meet to discuss the programs.

   The quality of care supervisor looks after the quality of training program, FCHVS, TBAS and Traditional Healers' program and quality of the HP field activities.

c. Improving and maintaining the HIS (monitoring and analysis of data received from SHP, HP and PHC to take necessary actions) and technical expertise of the project is made available to DHO.

d. This project has supported DHO in enhancing community (people and local leader's) awareness about utilization of the health service and health promotion by FCHV, TBA, TH, VHW and FR.

e. Interventions or initiatives have been effective in providing health service down to the community level by the use of Mobile Clinics.

f. The construction of Dapcha HP and a family quarters which was started in CS VI was completed during CS IX . Recently, construction materials (30 bags of cement) was provided to assist the Panchkhal HP construction project.

The project has received FP sterilization instruments from DHO. The staff has been participating in various in-service training organized by MOH and other NGOs.

DHO staff and other collaborators such as those from the municipality are providing technical support such as TOT and orientation training to strengthen managerial and technical capacity of CS IX. HP and SHP are to participate in an in-service training before the end of the project. The national elections make it impossible to achieve this prior to the midterm of this project. Moreover, Health Post trainers were not available.

Counterpart's Relationship with Community: The policy of Ministry of Health is to foster a sense of community ownership to the health services delivery system especially the promotion of preventive care activities. CS IX Project seeks to strengthen and improve relationships between the government and community in order to foster an integrated approach to service delivery.

Referral Relationships

In Kavre District, the referral sites for the health services delivery are: at the level of VDC, Sub Health Post, Health Post (which exist among 6 to 12 VDCs), a Primary Health Center (at the electoral constituency level and at Banepa), ADRA managed FP/PHC Center and Scheer Memorial Hospital (which is now functioning as one and only District Hospital). The people can visit any of these organizations based upon their decision, urgency and availability of the specific service. The Project had started two way referrals between Health Post and FP/PHC Center at Banepa and at Scheer Memorial Hospital with the use of referral cards. In FP/PHC Clinic, the client for FP are referred from HPs or brought directly by VHWs, FCHV or TBA with or without the referral cards.

The service quality of the referral site depends on the presence of a service provider on a regular basis. This is particularly true in the Sub Health Post and Health Posts. Banepa FP/PHC Clinic provides the best quality of service.

Most of the people do not retain the referral cards and do not come for follow-up once they are cured. However, the VHW, FR and FCHVs have proved good communication link in the event if further follow up is needed. The mobile clinic system is expected to bring the project service provider closer to the community hence strengthening the referral mechanism.

HPs, FP/PHC clinic at Banepa and Khopasi PHC, and SMH are the well established referral sites with a better level of services.

PVO/NGO Networking

CS IX Project has formed linkages with Care Nepal, SCF (US), Basic Primary Education Project (BPEP), Family Planning Association of Nepal (FPAN), Helen Keller International (HKI) and World Education. There was a FCHV exchange program organized by CARE Nepal with ADRA Nepal, where the FCHVs from Bajhang and Bajura Districts visited and observed the FCHV activities in the project area and also observed the ADRA Medical Center.

The Basic Primary Education Project of the Ministry of Education had developed literacy books for women. ADRA Nepal worked with BPEP to implement the literacy book named **MAHILA SAKSHARTA PUSTIKA** in the literacy program. World Education has developed post-literacy books on health which the project has planned to implement as post-literacy materials for current literacy classes.

ADRA Nepal is the only organization providing regular Minilap, Vasectomy, Norplant and IUCD services in Kavre in cooperation with the District Health Office and FPAN. Local NGO's refer clients to the center for FP services. The team did not find any duplication of service with other PVO/NGOs.

Budget Management

Annex 6.13 presents the budget and its management related information.

The rate of expenditure to date (Sept. 30, 1993 - April 30, 1995) in relation to the total project budget (USAID and PVO) is 36.6 percent. Out of the total budget the expenditure of USAID is 37.07 and that of the PVO is 35.2 percent.

The line item of the budget (October 1993-April 1995) expenditures such as equipment procurement, FP/material, nutrition consultant, services technical personnel, communication and facilities are over budgeted (US $10,353.40).

This may have happened because of the logistic problems involved in the training workshops and related activities. Nevertheless, steps should be taken to rectify the situation when possible. It is recommended that some internal adjustment/shifts from one line item to another should be look at.

The evaluators tried to assess the achievement of the project activities in terms of the expenditure of funds. In comparison of the achievement of the project to the actual expenditure, it was observed that although 36.6 percent of the budgeted fund was spent, the project has accomplished a major portion of the objectives. For example, FP, Literacy, training and HIS/evaluation activities are being performed in an effective and competent manner and it is only one and half years into the project. (During the CS VI period only 56 percent of the targeted budget was spent.) Moreover as stated on Page 3 of the Appendix 6.13, a sum of US $2687.03 is payable by the project for expenses, such as income tax, provident fund and others.

At present it may be too early to predict the funding status of the remaining 54 percent of the total budget in the remaining project period. The project authorities need to closely monitor program activities as they relate to expenditures, keeping in mind the expenditures as they relate to budget line items and project objectives.

Sustainability

The nature of the Project itself with a goal of strengthening the health service in the district in compliment with District Health System is an organized effort toward sustainability. The following matrix provides some key factors the project has undertaken to promote sustainability of the Child Survival activities once the project activity stops.

Goals

1 Drug Scheme and SDK	2 End of Project Objectives	3. Step taken to date	4. Mid Term Measure	5. Steps Needed
1.1 Replacement of drugs in the FCHV kit bag will be institutionalized and safe delivery kits will be optimally utilized by TBAs.	Each Mother's group will take up measures to generate nominal funds in a monthly basis and provide at least Rs 600.00 equivalent drugs in each month to refurbish FCHV kitbags.	ADRA is initiating actions with MG and community to develop a workable mechanism to replace drugs for FCHV.	In discussion with Mothers group and community leaders- the problem is a felt need experience by the community. - Mothers Group and community leaders are eager to contribute at least Rs 2-Rs 5 per household every month, which could be used to buy drugs, to replace FCHV kit bags.	- Start action in the target VDCs to generate fund. - More discussion with other Mother Groups to make them realize the issues. - Involve HPSC, VDC and corresponding Health Posts, Sub Health Posts and VHWs from the initial stage.
1.2 Replacement of safe delivery kits by TBAs to use while assisting in home delivery.	Each TBA uses SD kits while assisting in home delivery.	While giving initial training to new TBAs, ADRA provided 10 SD kits to TBAs with their other supplies which they will sell to the household where she assists in delivery at Rs 15.00 per SD kits. From this money she can maintain her supplies of SD kits in an ongoing fashion.	So far 134 TBAs trained by ADRA CS IX Project have received SD kits for the sustained supply	- Monitor and maintain the action - Ensure adequate availability of SDKS
1.3 In FP/PHC Clinic Banepa, the clinic was providing drugs free of cost from March 1995 a drug selling counter has been set up, which provides drugs to the patients in a lower price than that of a market. The drugs are the listed essential drugs (DDA). ADRA clinic intends to buy drugs from a stockist who provides a 16 percent discount rate.	After the project if the clinic is managed by Municipality or government the same mechanism will be strictly carried on. - Municipality recruits/trains appropriate person to carry out the scheme.	Revolving drug scheme functioning at FP/PHC clinic.	The scheme has been started but the clerk at drug selling counter needs better understanding of the mechanism.	Involve responsible persons from Municipality at times and get their support from the initial stage.

Goal	End of Project activities	Steps taken to date	Midterm measure	Staffs needed
MOH and community will take up the CS activities in an ongoing manner	MOH municipality and local VDCs will continue the training orientation and support to the community volunteers.	-Training review meeting and orientation to FCHVs TBAs THS and VDC -Literacy classes with health(CS) messages in close cooperation with DHO and VDC, HPSC	-Training and orientation and supervision of community volunteers are being carried out satisfactorily -Training to HP and SHP staffs yet to be done	-Conduct training to HP, SHP staff with emphasis on sustainability -Orientation to other NGOs MOH staff about as sustainability plan
DHO is capable for HMIS actions	HMIS in DHO is well versed with Data management, its use for feed back and decision making at the district level and suggest policy options in central level	HIS/Eval. officer of the project provides technical assistance to develop computer program for DHO. MOH conducted HMIS is training to its peripheral Health workers	So far DHO is in Data collection from HP, SHP, PHC, CSIX Project and other NGO about all health indicators and refer to MOH It is not using data for district level decision making and to improve the project management	Project need to support DHO for better level of data management skill (workshop technical assistance)
Institutionalization of Banepa FP/PHC clinic or expand its role in future as a focal point for PHC Training	Eventual management of FP/PHC clinic of Banepa by Banepa Municipality under the urban health development concept - MOH will adopt and use it as PHC Training center	-Project has developed good level of coordination with the concerned organization -The mayor of Banepa has been aware of the objective and the expected role in future - Govt is not oriented about the scope	-DHO, Banepa Municipality and the project has established a good coordination - Mayor is committed and eager to cooperate with ADRA.	A detailed plan for action needs to be develop for long term management of FP/PHC clinic in a phased in manner and with clear role identification of the related partners

Assessment of Sustainability

1. The CS IX Project has started training of traditional healers in the target VDCs along with that of FCHVs and TBAs and orientation training of VDCs and HPS. Thus a critical mass of people to support the health service providers at the village level VHW, SHP and HP has been created.

2. ADRA/Nepal is working as an umbrella institution to other USAID and Australian supported project related to population, FP, MC and CS activities (WHIN I and II). There is no overlap of program of CS IX and WHIN program. There is combined effort in family planning surgical services, Mobile Clinic and PR activities. The activities of these projects are complimentary to Child Survival goals.

   Furthermore, ADRA Nepal is getting donor's enormous support for institutional development in terms of physical facilities. The ADRA building at Banepa is a good example.

3. Other cost recovery attempts include requiring a small registration fee at Banepa FP/PHC and mobile clinics. This is viewed as a token of participation from the service users.

RECOMMENDATIONS

The following are steps suggested to PVO field staff and headquarters for the project to achieve the outlined output and outcome objectives by the end of the project in a sustainable and applicable fashion.

1. Enhance the role of community volunteers and strengthen their relation with MG and community leaders. FCHVs, TBAs and THs (currently involved) are the most potential change agent to be used as a liaison between community members, mothers and service providers. Their role can be maximized by increasing communication with them more regularly, solving their work related problems and keeping them motivated.

   - The recruitment of the counselors to act between FR and volunteers to provide closer communication.
   - VHWs of HP and SHP to be guided by FR and HP/SHP staff and DHO for above action.
   - The old FCHV be provided with new kit bags similar to those of new FCHVs.
   - Establish an institutionalized drug replacement mechanism for FCHVs.
   - FCHVs and TBAs need more CS appropriate IEC materials to discuss among MG and at household level.

- TBA's demand for a pair of durable gloves while assisting domiciliary child birth and a torchlight for attending to births at night is justifiable. Also, replacement reporting cards to maintain a record of their tasks.

- Both urban and rural FCHVs and TBAs should be brought to FP/PHC center as groups by counselor & FR or VHW to observe the FP procedure. Attend counseling on FP and health education sessions.

- Exchanging visit of FCHV to other district within the country or other VDCs of Kavre would be another motivating tool.

- Noncash incentive like certification system with observance of one day in a year as FCHV Day by organizing certification program by a national leader would encourage volunteer's.

2. Strengthen the rural SHP and HP by system development to harness their effective functioning vis service delivery and physical infrastructure.

   - Assist DHO/MOH to develop a system in maintaining quality of care at SHP/HP level.

   - Develop a day to day working checklist to minimize waste of time and prompt service delivery (work analysis)

   - MOH/DHS is currently developing integrated supervisory checklist for district level. Collaborate with DHO on this checklist and maintain coordination while supervising.

   - Increase the linkage of HP, SHP with the community.

3. Increase utilization of Banepa FP/PHC Center with provision of necessary support.

   - Banepa FP/PHC center has a potential to be used as a collaborating Primary Health Training center. ADRA Project should initiate steps with MOH towards this direction.

   - The health education sessions need to incorporate other methods like demonstration of nutritious food of local resources, preparation of sarbottam pitho and complimentary food recipes, vitamin A rich foods of local sources and etc.

   - Support to this center may require one paramedical staff to assist in mobile camp, developing mechanism to maintain the record of supplies and materials and upgrading of laboratory facility.

- Prompt availability of vehicle to transport clients after minilaporatomy.

- Laparoscopy campaigns at FP/PHC Centre should be continued.

4. The Health Information system should incorporate mechanism to identify the high risk mothers and children by FCHVs, TBA, counselors and FR and report to the health service provider at appropriate level.

   - Assist DHO system to use data for decision making and to give feedback to sub-coordinates on a periodical basis.

5. Improve the referral system by community volunteers and develop monitoring mechanism to ensure that referred cases are assured of appropriate care and attention at referral site. Maintain a close coordination relation. Meet frequently with DHO, SMH and ADRA/Nepal with regard to referral service, training and other related actions on a regular basis.

6. Facilitate the effective training program implementation at all levels.

   - The participants of TOT should have more sessions to increase their skills in teaching/learning method and about the use of appropriate training materials of local respires.

   - The daily allowance for trainees and trainers should provide for travel time. For instance, this should apply to a day before and a day after if the training site is not accessible in one day.

   - The training program should be organized and planned in close consultation with DHO and the trainers.

   - Develop strategy to ensure full participation of trainers and trainees during training sessions.

   - Necessary training materials should be planned ahead in coordination with other sections of the project which will definitely solve the problem of scarcity of limited teaching resources.

7. Improve the affectiveness of the literacy program through proper management before the program is implemented.

   - A household survey is necessary to help identify the number of participants who are in need of the program.

- While the selection of facilitator is made consideration should be given for her/him to be a local person, married and with an aptitude for training adults.

- To make the sessions interesting, introduce innovative songs, A/V aids, film shows on appropriate health messages and increase use of IEC materials.

- Literacy session should be scheduled to promote full participation. For example, the session should be completed before pre-monsoon and monsoon seasons. Integrated literacy package should include health and forestry information.

- Immediately after completion of a session, introduce some activity oriented program to be managed by the neoliterates so that some result can be promptly gained while the enthusiasm is still there, eg. FP, Immunization campaign, Health Education campaign.

- Introduce an innovative small scale enterprise income generating projects to assist with increased use of attained skills hence some level of self reliance is maintained by them as a result of the literacy program. Suggested programs may be, solar drying of mango, tomato, and other fruits/vegetables.

- The supervision and monitoring of literacy classes should be frequent in order to maintain and monitor for expected quality level.

- Collaborate with Australian Aid Project (AUSAID) in cost sharing of literacy program. Establish a small scale library for neoliterate to update their skill.

8. Improve the drug scheme just implemented at FP/PHC center Banepa and give it an institutionalized form.

9. Procure the necessary IEC materials from NHEICC/DHS and other INGOs and avoid duplicate production of them by ADRA project unless some specific and new IEC method is needed to be introduced for project's requirement.

10. The project staff need short term training to assist in executing their responsibilities. The project should explore opportunities to send staff to training in country and abroad. If in certain fields the in country training is not possible a training in the South Asian region countries should be arranged. Such opportunities should be arranged for DHO and HP staffs because they are also important stakeholders with ADRA/Nepal in achievement of the objectives.

11. ADRA/Nepal should establish networking with DHO and other NGOs and International NGOs to get their support and collaboration to achieve CS objectives by the defined time period.

12. The Health Education section of the project needs strengthening with regard to IEC activities.

13. Steps to make lessons learned in this project more widely known by other Child Survival and development projects.

- FCHVs and other community level volunteers are a strong resource group to facilitate the effective program delivery.
- When made aware of child survival actions, women in the community are keen to accept and adopt the practices.
- Recognition of volunteers is essential for motivating and attracting potential volunteers.
- ADRA/Nepal's working as an umbrella institution to other similar in nature projects has strengthened the efforts in activities implementation and facilitated in achievement of the objectives.
- The nature of the project to complement the public service system is a strength in itself.
- The spin off benefit of the training program without launching specific activities is remarkable, eg. knowledge of vitamin A deficiency and HIV/AIDS.

14. Issue or actions that USAID needs to consider as a result of evaluation.

- Assistance to CS IX project to initiate micro-enterprise project for FCHVs, neoliterates so that their newly gained enthusiasm and knowledge reaches full potential.

  Example

  - Support for kitchen gardening
  - Organize local level campaigns health, family planning, immunization (polio, plus prog.)
  - Solar drying of local fruits and vegetables as income generation projects.
  - Assistance to strengthen and expand the FP/PHC center at Banepa to function as a national PHC training center in future.

15. Greater Focus to be given while measuring outcome of the project during Final Evaluation.

During the midterm period of Project CS IX, while measuring the outcome in relation to project objectives, the evaluators reached a consensus on the commendable quantifiable progress the project has been able to achieve in many of the interventions. These include: contraceptive prevalence rate, Female Literacy rate, ORT usage in CDD, Immunization, Maternal Care, vitamin A and HIV/AIDS.

However, it is advisable to take an in-depth, well supervised survey of the results of some input indicators in CDD/Nutrition interventions. Interviews should include breast feeding, continued fluid and food intake during diarrhoeal episodes. This is necessary because of a variation in the results of 1995 March Mid-term Survey information and assessment by the evaluators.

It is an observation of the evaluation team that the ADRA CS IX Project is an exemplary program targeted for women and children, mainly in the areas of Family Planning and Women's Literacy with Health Education and Environmental issues as part of the literacy curriculum. The Ministry of Health would encourage ADRA/Nepal to develop a similar CS project for one of the more remote areas of Nepal.

APPENDICES

Appendix A

Persons Interviewed

PERSONS CONTACTED/INTERVIEWED DURING FIELD VISITS AT VARIOUS PLACES:

1 MAY, 1995

DAPCHA HEALTHPOST

Bhagirath Adhikari - AHW

Bimala Shrestha - ANM (Trained Staff Nurse)

Uttam Paudyal - Mukhia

MOBILE CLINIC AT VDC - DARAUNE POKHARI

Dr Roshani Amatya

Dr Rajendra Gurung

Mrs Prabha Malla - Staff Nurse

Mrs Gayatra Upreti - Staff Nurse

Jagat Ram Shrestha - Chairman of VDC

Balram Kisi - Health Educator/ADRA

Ms Donna Racette - Health Education Specialist

Chatrebagh VDC Ward No 7

Mrs Laxmi Satyal - FCHV

3 MAY 1995

BANEPA OFFICE OF ADRA/NEPAL

Mr Sitaram Devkota - Project Director

Dr Roshani Amatya - Physician In-Charge, PHC/FP Clinic and Mobile Clinic

Mr Jaya Mangal Baidya - Banepa Field In-Charge

Mr Pashupati Raya - Training Officer

Mr Tilak Raj Shahi - Literacy Programme Officer

Mr Balaram Bhui - HIS/Evaluation Officer

Mr Suman Tamrakar - Quality of Care Supervisor

Mrs Rajya Laxmi Karmacharya - IEC Officer

PANCHKHAL VDC, WARD NO 4

Mrs Saraswoti Bhetuwal - FCHV

Mrs Sabitri Sibakoti - FCHV

5 MAY 1995

BALTHALI VDC

Mr Pradeep Karmacharya - Field Representative/ADRA

Mr Purushottam Thapa - Village Health Worker

Mrs Ratna Kumari KC - FCHV Ward No 9

Mrs Manarupa Humagain - FCHV Ward No 9

Mrs Bhuma Kumari Tamang - FCHV Ward No 9

Mrs Sunita Lama - FCHV Ward No 7

Mrs Gyanu Humagain - FCHV Ward No 7

Mrs Sakuntala Lama - FCHV Ward No 7

Mrs Maili Tamang - FCHV Ward No 5

Mrs Lalita KC - TBA Ward No 9

Mrs Sanu Humagain - TBA Ward No 3

Mrs Indira Lama - TBA Ward No 7

Mrs Ambika Humagain - TBA Ward No 4

Mrs Radha Pun - TBA and FCHV Ward No 1

Mrs Indra Kumari Thapa - TBA Ward No 8

Mr Mainali Prasad Humagain-Trained Traditional Healer Ward No 4

Mr Ram Chandra Thapa - TTH Ward No 2

Mr Iman Singh Lama - TTH Ward No 7

Mr Chitra Bahadur Thapa - TTH Ward No 8

Mr Bhim Bahadur Tamang - TTH Ward No 7

Mr Tar Khaffe Tamang - TTH Ward No 4

7 MAY 1995

NALA HEALTH POST

Shiva Ram Khatri - AHW

Sundari KC - ANM

Gopal Prasad Adhikari - Mukhiya

Rukmini Shrestha - Peon

Pramod Upreti - Peon

Madhusudan Satyal - Field Representative of ADRA

Ram Pyari Shrestha - FCHV & TBA, Ward No 6, Ugrachandi VDC

Jog Maya Dahal - New FCHV, Ward No 9

Sharada Sigdel - FCHV & TBA, Ward No 8

Manju Dahal - FCHV & TBA, Ward No 7

Nirmala Dahal - New FCHV, Ward No 7

Maiya Dahal - FCHV & TBA, Ward No 8

Sita Sigdel - New FCHV, Ward No 6

Iswori Dahal - TBA, Ward No 9

TUKUCHA VDC

Goma Sangel - New FCHV, Ward No 8

Ganga Khatri - TBA, Ward No 8

Iswori Khatri - Mother's group member, Ward No 8

Maiya Khatri - Mother's group member, Ward No 8

Dev Kumari Sangel - Mother's group member, Ward No 8

Chini Maya Karki - Mother's group member, Ward No 8

Jagat Man Shrestha - VHW, Tukucha VDC

District Health Office Kavre-Dhulikhel

Dr Shushil Kumar Shakya	-	Outgoing DHO
Dr Babu Ram Marashini	-	Incoming DHO
Mr Surat Bahadur Harisaran	-	Health Education Technician
Mr Madhusudan Koirala	-	Public Health Officer

Rabi Opi VDC - Female Education Program

Tilak Raj Shahi	-	Literacy Officer ADRA
Rabi Kiran Adhikari	-	Assistant Literacy/ADRA
Chiranjibi Koirala	-	Class Facilitator
Maili Didi Tamang	-	Participant of Literacy Class

(31 Student Undergoing Literacy Class)

8th May

Banepa Municipality Wa.No. 6 Focus group discussion

Mona Kumari Ranjit	-	FCHV Wa.No. 6
Govinda Laxmi Ranjit	-	FCHV Wa.No. 5
Laxmi Ranjit	-	Member of Mothers Group Wa.No.6
Shanti Ranjit	-	Member of Mothers Group Wa.No.6
Dhan Maya Tamang	-	Member of Mothers Group Wa.No.6
Indira Ranjit	-	Member of Mothers Group Wa.No.6
Bharati Devi	-	Member of Mothers Group Wa.No.6
Hira Devi Ranjit	-	Member of Mothers Group Wa.No.6

Mr. Ram Bhakta Kokh Shrestha - Mayor Banepa Municipality

Mrs Biku Maya Shakya Chairperson	-	Woman's Group Banepa
Mrs Rashmila Bhochhibhoya	-	Member Secretary
Mrs Sarala Shakya	-	Member Secretary

ADRA PHC/FP Centre and Operation Theatre

Dr. Roshani Amatya

Dr. Rajendra Gurung

Dr. Sobha Shrestha

Mrs. Prabha Malla Nursing Incharge

Mrs. Gayatra Uprety Nurse

Mr. Yadav Ghimire Clinic Assistant

Mrs. Madhurama Pradhan - Counselling & Health Education Incharge of the clinic

May 9 1995

Visit to Kusha Devi Sub Health Post

Sanobabu Koirala	-	AHW
Rama Thapa	-	MCHW
Indira Bhuju	-	VHW
Purna Baharur	-	Peon

Meeting with Village Development Committee - Kusha Devi VDC

Bishnu Neupane	-	Chairman
Surya Prasad	-	Member
Thakur Prasad Humagain	-	Member
Visonath Ghimire	-	Member
Dina Nath	-	Member
Sher Bahadur Tamang	-	Member
Bishnur Sapkota	-	Member Secretary

Primary Health Centre - Khopasi

Dr. Kishore Tamrakar

Dr. Dipak Manral

Ms. Mitori - JICA Nurse

Pipal Bdr. Singh - H.A.

May 10 1995

Visit to Panchkhal Health Posts

- Mala Shrestha ANM
- Kuri Thapa - ANM
- Uma Devkota ANM student Jiri Technical School
- Maina Lama ANM student Jiri Techinical School

Meeting with Panchkhal Health Post Upper Committee Members

- Ms Pitambar Nepal

Mother's group at Dhaitar Wa.No. 2 of Mahadevsthan VDC

- Focus group discussion
- Sabitra Timilsina FCHV/TBA
- Padma Kumari Sapkota FCHV
- A group of mothers 50 - 60 in number

Literacy Class at Panchkhal Wa.No. 8

Bhoj Raj Pant - Facilitator

Bhim Malla - Supervisor

Participants 32

May 15, 1995

- Mr. Bill Jackson - AUSAID(Australian Forestry)
- Ms. Molley gingerich - USAID
- Ms. Barbara Winkler - USAID
- Dr. B.D. Chataut - Director, Planning Division Ministry of Health
- Dr. Shyam Prasad Bhattarai - Director National Health Information Education Communication Centre
- Mrs. Vijaya K.c. - Director National Health Training Centre

Appendix B

Scope of Work

SCOPE OF WORK FOR CHILD SURVIVAL IX - NEPAL MIDTERM EVALUATION

I. INTRODUCTION

This is a scope of work for the Midterm Evaluation of ADRA's USAID-funded Child Survival IX project which was signed on September 30, 1992, by Mario Ochoa, Executive Vice President of the Adventist Development and Relief Agency. The project was designed to have a three-year life beginning on or about September 30, 1993, and ending September 29, 1996.

II. THE PURPOSE OF EVALUATION

The primary purpose of the midterm evaluation is to help ADRA/Nepal to assess project progress toward objectives and targets outlined in the DIP; to make appropriate recommendations to enable the project to achieve its targets; and to identify any lessons learned.

The midterm evaluation of the Child Survival Project is expected to help assess the direction; the performance; and identify what is working well; suggest areas which need further attention; and recommend a means of improvement for the remaining life of the project.

III. GOALS AND OBJECTIVES

In the DIP it is stated that the goal of Nepal's Child Survival IX Project is to decrease morbidity/ mortality and improve the quality of life for low income mothers and children in the Central Region of Nepal, in Kavre District, based in the town of Banepa.

At the heart of ADRA's strategy is the mother as the primary care giver. As such, the majority of activities will be educational and promotional in nature. This involves educating and motivating mothers to improve their health practices and encouraging them to increase the utilization of the existing, but enhanced, community services.

The program objectives of the project include the following:

Maternal care/family planning

1. Increase the percent of rural mothers who had at least one antenatal visit (by TBA and/or ANM) from 27.9% to 50%.

2. Increase the number of pregnant mothers with cards receiving at least two Tetanus Toxoid doses before delivery from 49.5% to 70%.

3. Increase the percent of rural mothers who are assisted in delivery by a trained TBA from 8.7% to 20%.

4. Increase the percent of rural mothers who desire no more children in the next two years using a modern method of contraception from 15.4% to 25%.

CDD/Nutrition

1. Increase the percent of treatment with ORT of diarrheal episodes in rural infants/children from 34% to 60%.

2. Increase the percent of rural infants/children receiving the same or more breast milk during diarrheal episodes from 87% to 95%.

3. Increase the percent of rural infants/children receiving the same or more fluids other than breast milk during diarrheal episodes from 44% to 70%.

4. Increase the percent of rural infants/children receiving the same or more food during and after diarrheal episodes from 29% to 50%.

The following table shows CDD/Nutrition intervention method:

Inputs	Expected Outputs	Expected Outcomes
• CHV TOT training	• 10 trainers of CHVs trained	• Increase in the number of CHVs aware of ORT
• Training of CHVs	• Up to 450 CHVs trained in project intervention including CDD/Nutrition	• Increase in the number of mothers who know about ORT use, feeding, etc.
• Promotion of cereal-based ORT and home management, with emphasis on referral for severe cases	• Materials for use with Mothers Groups on cereal-based ORT	• Increase of use of cereal-based ORT • Increase in number of referral cases for diarrhea
• Education in literacy classes regarding use of ORT and home management of diarrhea	• Up to 2136 women educated about diarrhea treatment	• Increase in number of mothers practicing good home management of diarrhea

ARI

1. Increase the percent of rural mothers of infants/children (less than 24 months) who sought medical treatment during episodes of ARI from 51% to 75%.

2. Increase the number of CHVs who know the two key symptoms of ARI.

The following table shows ARI intervention method:

Inputs	Expected Outputs	Expected Outcomes
• CHV TOT training	• 6 trainers of CHVs trained	• Increase in the number of CHVs aware of ARI
• Training of CHVs	• Up to 450 CHVs trained in project intervention on ARI	• Increase in the number of CHVs aware of ARI
• Education of mothers on ARI with emphasis on referral for severe cases	• Materials for use with Mothers Groups on ARI	• Increase in number of referral cases for ARI
• ARI education in the literacy classes	• Up to 2137 women educated about ARI	• Increase in number of mothers who recognize signs of ARI and seek treatment

Literacy

Graduate 2200 mothers from basic literacy curriculum including key CS intervention messages.

Vitamin A

The evaluation team will assess the extent of Vitamin A activities in relation to the budget allocation in shown in Table A of the Annual report, especially in relation to the quality of training of Vitamin A messages to FCHV and TBA, Mother's Groups and Literacy classes. The team should assess the knowledge of mothers about Vitamin A messages. The team should also assess and determine what percent is appropriate based on baseline results.

1. The increase of women who are able to identify Vitamin A-rich foods as a means to help prevent night blindness.

2. The increase of women who have increased their consumption of Vitamin A-rich foods.

HIV/AIDS

The evaluation team will assess the extent of HIV/AIDS activities in relation to the budget allocation as shown in the Annual Report; especially in relation to the HIV/AIDS messages that are given to FCHV and TBA, Mother's Groups and Literacy classes. The team should assess the knowledge of mothers about HIV/AIDS. The team should also assess and determine what percent is appropriate based on baseline results.

The increase of women who are able to identify HIV/AIDS and who know at least one method of transmission.

Other Areas

Other areas that the project is concerned with or needs to deal with are: 1) Village Development Committee support systems, 2) Health information System (HIS), 3) Scheer Memorial Hospital relations with the Child Survival IX Project and its referral system, and the utilization of the ARI ethnographic survey developed by CDC and WHO.

The DIP's measurable objectives and indicators for sustainability

The measurable objectives and indicators of the project to track sustainability are: *1) Programmatic objective:* Continuation of child survival service delivery in the project area as measured by the number of services delivered each year. *2) Institutional objective:* The PCH clinic and the SMH will continue to exist and provide services at the end of the project. The indicator is the presence of the clinic and hospital at Kavre at the end of the project. *3) Financial objective:* Part of the costs of the PHC clinic will be covered by fees collected. The indicator will be the existence of the operational fee structure.

Specific objectives

1. CHV activity has been institutionalized in the community.

2. TBA's are accepted as the preferred maternal care provider by the community.

3. Referral system is institutionalized in MOH system.

4. HIS system is institutionalized in DHO.

5. Following activities continue in the community - reinforced & taught through mothers groups:
   + CDD home management and referral for moderate/severe dehydration
   + ALRI recognition, appropriate referral/ treatment
   + MC ante natal care and safe delivery practices
   + NUT appropriate weaning foods and during pregnancy and lactation
   + Vitamin A recognition of rich foods, and consumption

+ HIV/AIDS recognition of term and means of transmission and prevention practices

6. Continued operation of Banepa Primary Health Care Clinic has been assumed by local organization (Municipality or DHO).

7. Community level system of women's groups, CHV's, TBA's ward members, VHW's and MOH referral system capable of addressing other and new community health problems.

8. Community level system of women's groups, CHV's, TBA's ward members, VHW's and MOH referral system capable of addressing other and new community health problems.

IV. EVALUATION METHODS

A. Evaluation Concept

It is helpful to remember that the process of evaluation is never far from its social setting. In view of this, the evaluating team may realize that no matter how objectively the data was gathered and analyzed, in the end, the final interpretation cannot totally be free of the social and political climate of the time and the personal biases of the evaluator. Therefore, the evaluating team is expected to be unduly astute with its written presentation as this involves the lives of many whose welfare could be affected either positively or negatively. The team may keep in mind that we are social beings and as such, every assessment we do apparently takes place in a cultural context. Consequently, there are ideas that do not make sense outside their social milieu.

This evaluation takes place in the context of two cultures, that of the funder's culture and that of the beneficiary's culture. The evaluating team should keep in mind that it is undertaking a major responsibility in its attempt to make a cross-cultural analysis and interpretations.

B. Evaluation Activities

The evaluation activities will focus on the guidelines designed by USAID for the Mid Term Evaluations of all USAID-funded child survival projects and the supplementary questions. The evaluation team is reminded that all USAID-funded Child Survival projects are required to respond to the sustainability questions and issues outlined in the Child Survival Guidelines.

It is obvious that a beneficial evaluation is a result of reliable data collection. Collection methods may include the following: general observations, surveys, interviewing recipients and/or staff, gathering information from written material, and so on.

In the preparation of the final report, the evaluating team is requested to provide the reader with, as much as possible, accurate sources of its information and conclusions. All evaluation statements must be backed by existing data. When this is not the case, the team is required to state this fact and provide a rationale for its observations and conclusions.

Every country is unique and Nepal is not an exception. In the event that there may be questions which do not apply, please do not manipulate the questions to manufacture its applicability, but explain why the question does not apply.

Following these guidelines and taking the program objectives and the measurable objectives and indicators for sustainability as listed above, the evaluation team is expected to perform the following.

First, the evaluation team should provide project staff with an external perspective on the progress and the potential for reaching stated objectives on the project, by reviewing project outputs and changes in health knowledge or practices.

Secondly, the evaluation team should assess whether the project is being carried out in a competent manner and make sure that priorities for action are clearly identified. In addition to this, the team should identify any need for further training, examine the community participation, assess the effectiveness of income generating activities, if one exists, and evaluate the adequacy of technical backstopping by ADRA/I.

Finally, when necessary, the team should recommend a course of action that will promote the highest quality performance for the rest of the life of the project.

V. FREEDOM OF INFORMATION

The ultimate responsibility for gathering and disseminating information from all of its regional offices around the world lies within ADRA/I. Therefore, ADRA/I expects the evaluation team, particularly the hired consultants, to turn to ADRA/I all the data and other information which were used as the basis of the team's final inferences.

It is ADRA's position that no evaluation is final until it is presented to ADRA/I's, discussed with the consultants in an open manner, clear understandings of all conclusions and any differing views are reached between the consultant and ADRA/I as reflected in the final document.

ADRA/I considers it unethical for any member of the evaluation team to use information gathered during the evaluation assignment for anything other than the evaluation under study. Should viable reason present itself for using the information obtained for other purposes, then, ADRA/I must be consulted and prior permission secured. This must be adhered to, especially when the material is of a controversial nature and exclusively involves ADRA's internal affairs.

VI. COMPOSITION OF THE EVALUATION TEAM

The evaluation team will consist of Dr. Tirtha Rana (Independent Consultant), Solomon Wako (ADRA/Hq), Paul Dulhunty (ADRA/Nepal Country Director), Birendra Pradhan (ADRA/Nepal Health Coordinator), Dr. Barbara Winkler (USAID/Nepal), Laxami Jaj Pathak (MOH).

VII. CALENDAR OF EVALUATION ACTIVITIES - 1995

Travel to Nepal ..... April 29
Design of evaluation reviewed by team ..... May 1
Nepal evaluation visits ..... May 2-12
Writing of report by evaluation team ..... May 14-16
Debriefing with ADRA Nepal ..... May 17
Final writing of the draft MTE Report ..... May 18-19
Pipeline Analysis ..... May 30
Review of the draft document by ADRA/Headquarters ..... June 9
Revisions of Mid-Term Evaluation Report complete ..... September 15
Due to USAID October

VIII. REPORT FORMAT

The Mid-Term Evaluation Document will be written using the following outline:

1. **Title Page:** The title page will state the name and project number, names and titles of consultants, and date and name of the document.
2. **List of Acronyms:** Unusual or obscure acronyms should be identified at the beginning of the report.
3. **Executive Summary:** The executive summary synthesis should be no more than two pages in length and will include: background of project, evaluation methodology, accomplishments and impact of the project, concerns and recommendations.
4. **Table of Contents:** The table of contents should outline each major topic section, appendices, figures, maps, tables, etc.
5. **Body of the evaluation:** The body of the evaluation report will include the following in sequential order:
   - *Introduction and background*
     The introduction and background will include at a minimum the following: justification for awarding grant, goals and objectives of the grant, implementation methods, and the purpose of the evaluation.
   - *Evaluation Methodology.*
     The evaluation methodology will include at a minimum the following: description of data collection and evaluation sites selection processes.

- *Sustainability Issues:*
  The section on sustainability issues will include sequential responses to the sustainability questions and issues outlined in the Child Survival Mid Term Evaluation Guidelines.
- *Supplementary Issues and Questions.*
  This section will address in sequence the supplementary issues and questions outlined in this Scope of Work.

6. **Appendices:** The appendices included will be at the discretion of the evaluation team. However, the appendices must include the scope of work, itinerary for the evaluation visit, list of individuals interviewed/surveyed during the evaluation, surveys and interviewer questionnaires, references cited, and maps. Additional appendices such as case studies, etc. may be included as determined appropriate by the evaluation team.

IX. BUDGET FOR EVALUATION

The budget for the Midterm Evaluation of ADRA\Nepal's Child Survival IX project is attached.

Appendix C

Itinerary of Evaluation

ITINERE OF THE CS IX MID-TERM EVALUATION
(May 1 - 19, 1995)

May 1, 1995 (Monday)

09:30 - Leave from Kathmandu
11:30 - Observe Mobile clinic at Daraunepokhari VDC
12:30 - Visit Dapcha Health Post
14:00 - Visit ward no. 9 of Chhatrebangh VDC
15:30 - back to Kathmandu

May 2, 1995 (Tuesday)

- Plan for Mid-term evaluation

May 3, 1995 (Wednesday)

09:00 - Presentation about CS IX Project by ADRA CS staff
1. CS IX Director
2. Training Section
3. FP/PHC Center
4. Literacy Section
5. HIS/Evaluation Section
6. Quality of Care Section
7. IEC Section

15:00 - Visit Panchkhal VDC ward no 4
- Meet FCHV at her home

May 4, 1995 (Thursday)

- Review documents by team members

May 5, 1995 (Friday)

11:00 - Visit in Balthali ward no 5 to meet FCHVs, TBAs & THs
14:00 - Khopasi Health Center

May 7, 1995 (Sunday)

10:30 - Nala Health Post, interview with FCHVs, TBAs
13:00 - Visit in Tukucha Nala ward no 8 to meet FCHVs, TBAs & Mother's Group
15:00 - Visit District Health Office, Dhulikhel
20:00 - Observe Literacy Class at Rabi-opi ward no. 5

May 8, 1995 (Monday)

11:00 - Focus Group Discussion in Banepa ward no. 6
12:00 - Visit Banepa Municipality
14:00 - Observe ADRA Medical Center & Field Office
17:00 - Meeting with Women's group - Banepa
18:00 - Discussion on the observations(Eva. Team)

May 9, 1995 (Tuesday)

10:30 - Observe Sub-health Post at Kushadevi
11:30 - Meet VDC members at Kushadevi VDC
14:00 - Meet Doctor & staff at Khopasi Health Center
16:00 - Attend staff meeting at ADRA office Banepa

May 10, 1995 (Wednesday)

10:00 - Visit Panchkhal Health Post
13:00 - Observe Traditional Healers' Training
14:00 - Focus Group Discussion in Mahadevsthan VDC - 7
20:00 - Observe Literacy class in Panchkhal - 8

May 11, 1995 (Thursday)

09:00 - Discussion with Project staff
12:00 - Observe counselling and health education

May 12, 1995 (Friday)

- Discussion among evaluation team & Preparation

May 14, 1995 (Sunday)

- Draft report writing

May 15, 1995 (Monday)

10:00 - Visit Australian forestry office
11:00 - Visit USAID office
13:30 - Meeting with Key officials of Ministry of Health
    * Dr. S. P. Bhattarai, Director, Health Education Information & Communication Division
    * Dr. B. D. Chataut, Director, Planning Division
    * Mrs. Vijaya K. C., Director, National Health Training Center and
    * Paul Dulhunty, Country Director, ADRA Nepal

May 16, 1995 (Tuesday)

- Discussion among Evaluation team members

May 17, 1995 (Wednesday)

- Presentation to ADRA Nepal CS IX Project staff

May 18, 1995 (Thursday)

- Report Writing

May 19, 1995 (Friday)

- Report Writing

Appendix D

Case Study on Literacy Program

7 May 1995

CASE STUDY

Maili Didi Tamang's perception of literacy class and the Health messages. Case of a literacy class participant.

Maili Didi Tamang is an adult woman of 55 years of age, sitting upon the floor of a thatched roofed old rice mill which is currently used for a literacy class at the Ward No 5 of Rabiopi village of Kavre District. A lighted petromax is hanging on the ceiling and 31 such women participants of various age group ranging from 15-55 years have gathered here every evening to continue their fifth month old literacy class. They will continue their class upto 10-10:30 pm each day. We observed this class giving them knowledge and skills on reading, writing, functional numerical accounts as plus, minus and multiplication with pertinent message on health and forestry conservation.

After a hectic working day which starts from 5 am with all household work like cleaning, cooking, washing and feeding to cows, goats, hens, Maili Didi goes to field to dig potatoes and harvest wheat which is the current most important work at rural household these days. She has come back home after dusk then cooked evening meals, fed all her six children, grandchildren, husband, finished the cleaning and at 7 pm she is here to get going on with her literacy classmates.

Today, Chiranjibi Koirala, the session facilitator has a lesson about the various signs of Nepali grammar like sign of interrogation, sign of exclamation (Achhey! in Nepali), full stops (Purna Biram). He writes in the blackboard and asks the women to make certain sentences with such signs or read such sentences present in the red plastic covered literacy book. Maili Didi is listening quietly and smiling then as her turn comes she laughs and says Achhey! - I did not know my turn has come.

Her old age has bestowed upon her the wisdom and experience indeed - as she puts her feeling about family planning. In her young days no measures were available, now she knows about contraceptive practices. She gave birth to seven children, of them 1 daughter died. Now she has five sons and two daughters. Two sons are married each with two children of their own. "When so many facilities are available and when you have come to know the ways and means of avoiding unnecessary births, why to have them so many? If there are only few children, life will become comfortable, it becomes easy to look after them, feed them. There

will be increased opportunity to provide education", Maili Didi relates her experience in a very fascinating way. It is very obvious that she commands respect in her community as being old and now after being literate, she will command more respect.

She has already immunized her grandsons who are both under on year of age. She has made a latrine at her home; a pithole with dried corn sticks used as a wall all around and an old jute clothpiece as a door. It is not very hygienic however she feels that it is good to be safe from disease. "Hand washing before eating is a good habit. It saves from diarrhoea and other diseases" - Maili didi has a strong regard to hand washing. She says she forces this practice at her home to all members and even to the small children.

The rich experience and age old wisdom of Maili Didi has given her a feeling that even if in an orange tree or a pumpkin tree, all of the fruits do not get grown or ripen, some of them are very likely to fall down or get rotten so it can be the same with our children but again she says that is why there is family planning, immunization, oral rehydration powder, lesson on hand washing and the use of latrine and there are supply of drugs and working health personnels which is sure to prevent our children to die in an early age.

It becomes clear as the conversation moves along that all the participants of this literacy class are very eager to continue this educating session, they are eager to learn more and-more afterwards to continue after this session of seven months to further advanced post literacy classes. They seemed committed to this effort inspite of their hardship at household and field chores.

The support and encouragement from the family members specially husband was remarkable who let them join the classes after a busy working day. Maili Didi and her friends feel that to be educated is important as it causes "Ankha Khulcha - enlightening". Presently, ADRA Office in Banepa has 52 of such sessions going on at various VDCs of Kavre District. There is a facilitator to run the classes. All days in the week the women come for 3-3 1/2 hours in the evening, all motivated and committed to learn. They get a supply of book, copy, pencil, sharpner and erasure which is refurbished in every month except the book. Facilitators are provided 12 days long preservice training and refresher training of 6 days after the mid literacy session. A supervisor is provided to supervise the teaching learning activities who has a structured check list-register and monitors a session about 20 times in seven months period. There exist a seven membered support committee which is chaired by the ward chairman and the facilitator is the member secretary. FCHV of the ward also is a member including one of the participant of literacy class. Their main function is to ensure that physical facility is made available to run the literacy session.

Appendix E

Focus Group Discussion Report

A report on Focus group Discussion with Mother's Group and urban FCHVs at Banepa Wa.# 6-Kavre District on 8th May 1995.

==========

A group of mothers and two urban FCHVs were invited at the house of one of the FCHV in the town of Banepa (Wa.# 6). The intention of this meeting was to assess their level of knowledge, attitude and practice in relation to various components of Child Survival. They were also inquired of their access to the service and its utilization by them. The contribution of FCHVs, TBAs and health service providers to improve the health status of the community was also assessed.

Highlights of Discussion

Diarrhoea Management: The mothers knew about the definition of diarrhoea as frequent and too watery motions, frequency mean 4-5 times in a day. The cause of diarrhoea were explained as flies, not washing hands, bad sanitation, stale food and by keeping the child dirty.

The mothers adopted the practice of covering of the cooked food, good sanitation practices, use of latrines, not throw dirty things alaround and keeping the child clean. When they were inquired of the measures they practiced when child got an episode of diarrhoea they inform us using Jeevan Jal(ORS), Shaktijal and sugar, salt solution. They were able to explain the proportion of ingredients of the ORS and how much water to add in a Jeevan Jal packet.

The mothers breast fed their child in the usual way, gave legumes soup, starch of the rice and fed frequently, they were able to know that if not fed the child is to die.

When the interviewer asked whether they gave child SARBOTTAM PITHO it was reported as given of rice powder litto and buying a readymade packet of SARBOTAM PITHO (Complimentary Cereal and lejume powder porridge)

The breast milk feeding is a common practice usually started just few minutes after birth. Most of the mothers discarded colostrum. They told it is undigestible and bad.

Acute Respiratory Infection Management

The sign and symptoms reported were as fever, cough, sneezing, difficulty in breathing and noisy breathing, breathlessness, subcostal retraction also was mentioned by some o them.
At home level, they rubbed vicks on chest mall, gave vapour inhalation and if not cured took the child to the local pharmacy who sold them some drugs. The mothers do not eat oily and cold foods if child gets ARI and gave the child bland type of food or breast milk. They complained that many times that during episode of ARI the child deny to eat, due to loss of appetite.

Maternal Care: Many woman while pregnant go to ADRA run FP/PHC clinic for ANC and few of them never went to any ANC clinic. Few of them had T.T Shot, did not know how many shots is needed. Some knew about importance of TT but did not bother to get it. Delivery was mainly assisted by mother-in-law or TBA and usually occurred at home. Very few went to hospital and if complicated only. At postnatal period, Jwano, Chaku, lots of meat, Ghee and dried green vegetables were consumed.

Immunization: Most of the mother had their child immunized but few of them could only elicit the importance as protection against which diseases, how many of shots need to be taken. Few only told that it was explained at the clinic.

Family Planning: It was not known to many mothers that pregnancy can occur while lactating and during the period of lactational amenorrhoea. They mentioned that men do not like to use CONDOM, IT IS DIRTY (what they feel). They had the strong feeling that longer spacing method is the best that is the reason, Norplant is getting POPULAR. Pills and depo are thought difficult to maintain the regularity and IUD is supposed to reach upto the level of heart.

Many of men do not like to undergo vasectomy as they are the bread winner and if they got sick it will cause a problem in family. Few educated ones only undergo vasectomy and also if wife is a sickly woman.

HIV/AIDs: Many could explain that it is transmitted by injection, blood dna by sex. When the mothers were interviewed about the use of FCHVs and their assistance there was a very positive response. They liked to get advise and guidance from FCHVs and FCHV's role in enhancing their knowledge with regard to healthy practices specially in CS actions was appreciated.

FCHVs were interviewed how they could manage to w'ork apart from their household drudgery, the feeling that of social assistance, DHARMA, SERVICE and often support and guidance by related agencies (ADRA DHO) has motivated them to continue their service to community. The main components of CS felt, important by FCHVs were immunization family planning and referral to other places for other PHC components when service is not available at ADRA FP/PHC center.

Implication of the Focus Group Discussion

- The mothers need to know more about complimentary feeding and use of vitamin A rich foods.
- Colostrum feeding needs greater educational effort.
- They need to be informed about increasing the density of food by addition of a bit of oil or fat in child's food in the occasions of child not feel like eating when sick.
- The more woman do not care to have antenatal clinic and TT shots. FCHVs need to pursue more frequently in MG group's meeting.
- Assistance and promotion of use of TBAs and health personnel during child birth needs greater thurst specially in risk mothers.
- FCHVs needs increased guidance and support and some way of maintaining their volunteer morale.

Appendix F

Accomplishment Information

ADRA CS IX Program
Target and Achievments (October 1993 - April 1995)
Training Section

Activities	Unit	Oct. 93-Sept.94		Oct.94-Apr.95		Total	
		Target	Actual	Target	Actual	Target	Actual
1. FCHV Program							
a. FCHV TOT	person	10	14			10	14
b. New FCHV training	person	143	83		58	143	141
c.Refresher training 1st (6 days)							
d. Refresher training 2nd (6 days)							
e. CHV Review meeting	person			44	268	44	268
2. TBA Program							
a. TBA TOT	person	8			15	8	15
b. TBA training	person			134	104	134	104
c. TBA refresher (4 days after 1 yr)		35	35			35	35
d. Supervisory meeting	month/person	Feb/Mar: 74 Aug/Sept: 109	Feb/Mar:74 --	Feb/Mar:109			74
3. Traditional healers training	person			100	43	100	43
4. Orientation to VDC members	VDCs	20	16		4	20	20
5. Refresher Training for ANM and MCHW		7 5	-- --			7 5	0

ADRA NEPAL CS IX
Women's literacy Program
Second Batch 19994/1995
Target and Achievement

SN	Activity	Unit	Sept'93-April 95	
			Target	Actual
1	Site selection	sites	24	24
2	Facilitator Selection	person	24	24
3	Participants Seleciton	person	720	720
4	Supervisors selection	person	5	5
5	Facilitators training	person	24	24
6	Supervisors training	person	5	5
7	Class start	date	Nov'94	Nov'95
8	End of class	date		
9	Supervision by supervisors	average times/month	96	96
10	Supervision by literacy Officer	average times/month	4	4
11	Mid term examination (copy pencil test)	times	March'95	March'95
12	Internal evaluation	times	Jan' 95	Jan'95
13	Literacy information collection	date	Jan-Apr'95	---
14	WLP materials development	date	Jan'95	March'95
15	External Evaluation	date		
16	Monthly reporting to section head	times	6	6
17	Refresher Training (Facilitator + Supervisor)	persons	29	26
18	Next F/Y Planning	date		
19	Feasibility Study	date		

Result of mid-term test (copy pencil):

On March, 1995, a test was given to all literacy participants. The results as been summurazed below:

Subject:	Grades			
	A	B	C	TOTAL
Language		470	84	38 592
Maths		483	49	60 592
Health		262	171	159 592
Hand writing		143	379	70 592

ADRA CS IX Program
Women's Literacy Program
First Batch 1993/1994
Target and Achievments

Activity	Unit	Oct.93-Sept.94	
		Target	Actual
Site selection for literacy centre	sites	31	36
Facilitators selection for lit. centre	person	31	36
TOT training for facilitators + Supervisors	person	31+4=35	36+4=40
Selection of participants	person	930	1080
Health education material development	Date	April'94	June'94
Health TOT training curriculum	Date	April'94	July'94
Selection of Health Educators*	person	10	
Health TOT Training	person	10	15
Literacy classes start**	date/centre	February'94/31	February'94/16
Supervision and monitoring by literacy coordinator	times	256	86
Health education classes@	class	224	225
Refresher training for facilitators+Supervisors	person	16	15
Final Evaluation	date	September'94	January' 95

Final Result of the program:

01	Number of initial enrollment in the literacy classes	480
02	Number of participants appeared in final test	251
03	Drop outs	229
04	Number of participants graduated	189
05	Average health knowledge gained	72%

* It was thought in the beginning that trainers for health education in literacy classes whould be obtained from HP. Sub. HP. Later it was decided to train the literacy facilitators for the purpose.
** Literacy centre were conducted only in 16 sites against the preparation for 31 sites.

ADRA CS IX Program
Target and Achievments (October 1993 - April 1995)
HIS/Evaluation Section

ACTIVITY	unit	Oct.93-Sept.94		Oct.94-Apr95		Total	
		Target	Actual	Target	Actual	Target	Actual
Monthly compilation of reports : Basic health information, staff report.	Times	12	12	9	9	21	21
Focussed Group Discussion Rural Area	Groups	10	10	10	0	20	10
Focussed Group Discussion Banepa	Groups	10	0	10	4	20	4
30 Cluster sample survey rural area				March	March		
30 cluster sample survey Banepa				March	March		
TOT on recording and reporting of DHO HIS	person	22	--			22	0
Training on recording and reporting to Health Post Staffs	person	60	--			60	0
Technical Assistance to DHO on HIS	days	--	5	12	6	12	11
Monitoring & Analysis of DHO HIS	days	1	2	12	6	13	8

Note: This section has not done training on recording and reporting to HP staffs for DHO has just provdied a training on MIS. The result and the problems has to studied and so that we can decide whether the this training has to be conducted or not.

ADRA CS IX Program
Target and Achievments (October 1993 - April 1995)
Field Activities

SN	Activities	unit	Oct.93-Sept.94		Oct.94-Apr.95		Total	
			Target	Actual	Target	Actual	Target	Actual
1	Mothers group form and oreint	group	143	103		40	143	143
2	New CHV selection	person	143	101		42	143	143
3	New Traditional healer selection	person			100	68	100	68
4	Reactivate old mothers group	group	120	81	153	126	273	207
5	Visit to meet CHV	person	468	208	492	245	960	453
6	Visit to meet Ward member	person	360	154	375	155	735	309
7	Ward visit to meet TBA	person		42	120	76	120	118
8	New TBA selection	person	104	5	30	78	134	83
9	CBORT Demonstration	times	80	56	80	52	160	108
10	ARI education	times	20	33	145	122	165	155

Note: The planned activitiesis added from the lessons learned and the target could be achieved due to change in planned activities.

ADRA CS IX Program
Annual Target and Achievments (October 1993 - September 1994)
Banepa FP/PHC

Activities	Unit	Oct. 93-Sept. 94		Oct.94-Apr. 95		Total	
		Target	Actual	Target	Actual	Target	Actual
I Field Activities							
1. CHV							
a. Orientation of CHV,TBA Program to clinic		4	4			4	4
b. New M.G. Formation & New CHV Selection		12	0			12	0
c. New CHV Training 12 days		12	0			12	0
d. Regular Mothers group meeting		72	10	84	37	156	47
e. Monthly CHV visit		72	22	84	79	156	101
f. Quarterly CHV meeting		36	36	24	20	60	56
g. 6 days IInd Reg. Training		12	12			12	12
2. TBA							
a. 4 monthly meeting		28	22	20	18	48	40
b. Monthly TBA visit		84	21	70	63	154	84
3. Regular Clinic activities							
a. ANC (New cases)		210	207	245	126	455	333
b. T.T. Vaccine(pregnant, 2 doses)		210	134	245	92	455	226
c. Assisted delivary							
d. Immunization DPT3+OPV (complete)		276	189	322	151	598	340
Measles		216	161	252	99	468	260
4. Regular FP services: Continuing users		882	775	990	1304		
Minilap,Vasectomy,Norplant Depo, Pills, IUD							
5. Health education							
Audio Visual		60	65	105	200		
6. Orientation meeting to Municipality		July 94	July 94				
Members, orientation meeting to		Aug. 94	Aug. 94	Feb'95	---		
NGO/clubs/FCHVs							
7. a. Orientation to local NGOs+clubs on				Nov'94	Mar'95		
b. MCH Information recording				Dec'95	Mar'95		
c. Record Updating							

TABLE B1:

ADRA CS IX Program
Target and Achievments (October 1993 - April 1995)
Field Activities

SN	Activities	unit	Oct.93-Sept.94		Oct.94-Apr.95		Total	
			Target	Actual	Target	Actual	Target	Actual
1	Mothers group form and oreint	group	143	103		40	143	143
2	New CHV selection	person	143	101		42	143	143
3	New Traditional healer selection	person			100	68	100	68
4	Reactivate old mothers group	group	120	81	153	126	273	207
5	Visit to meet CHV	person	468	208	492	245	960	453
6	Visit to meet Ward member	person	360	154	375	155	735	309
7	Ward visit to meet TBA	person		42	120	76	120	118
8	New TBA selection	person	104	5	30	78	134	83
9	CBORT Demonstration	times	80	56	80	52	160	108
10	ARI education	times	20	33	145	122	165	155

ADRA CS IX PROJECT BASELINE SURVEY
BASELINE DATA (August 93) and MID-TERM DATA (Mach 95) COMPARED
KEY INDICATORS

SN	INDICATORS	Baseline Data (August 1993)		Mid-term Data (March 1995)		Target	
		HP	Banepa	HP	Banepa	HP	Banepa
1	CDD/Nutrition:						
	Continued Breastfeeding: Percent of children with diarrhea during the last 2 weeks who were given the same amount or more breastmilk.	87.7	66.1 (63%)	77.05	80.00	95.00%	80%
	Continued Fluids: Percent of children with diarrhea during the last 2 weeks who were given the same amount or more fluids other than breastmilk	76.6	64.7 (35%)	57.44	84.21	90.00%	50%
	Continued Foods: Percent of children with diarrhea during the last weeks who were given the same amount or more foods.	50.0	42.9 (24%)	44.68	28.88	75.00%	40%
	ORT Usage: Percents of children with diarrhea during the last 2 weeks who were treated with ORT	30.5 (4%)	43.5 (56%)	34.4	54.5	35.00%	70%
2	ALRI:						
	Pneumonia Control: Medical Treatment Percent of mothers who sought medical treatment for a child with ALRI	32.0 (34%)	52.8 (71%)	48.4	56.9	50.00%	85%
3	EPI:						
	EPI Access: Percent of children 12 to 23 months who received DPT1	20.6	13.3	36.46	44.63		
	EPI Coverage: Percent of children 12 to 23 months who received OPV3	17.6	9.6 (57%)	36.46	43.8		90%
	Measles Coverage: Percent of children 12 to 23 months who received measles vaccine	17.6	9.6 (57%)	34.38	39.67		75%
	Drop Out Rate: (DPT1 - DPT3) x 100 divided by DPT1	15.0	27.3	0	1.85		
	Overall Drop Out Rate: (BCG - Measles) x 100 divided by BCG	15	27.3	5.71	12.72		
	Fully immunized: Percents of children 12-23 mo. who had BCG, DPT & Polio I to III and measles	15.5	18.0	34.4	38.8		
4	FP/MC						
	Tetanus Toxoid Coverage (Self Report) Percent of mothers who received at least 2 doses of TT vaccine	18.8 (50%)	12.5 (39%)	29.17	33.75	70%	60%
	Modern Contraceptive Usage: Percent of mothers who desire no more children in the next 2 years, or are not sure, who are using a modern contraceptive method	15.4	38.7 (40%)	39.23	42.92	25%	55%
	One or more Ante-Natal Visits (Self Report) Percent of mothers who had at least one pre-natal visit prior to the last birth	27.92	55.00	52.92	70.83	50%	70%
	Assistance during delivery: Percent of mothers who received assistance from trained health professional during delivery	9.58%	45.42% (52%)	15.83%	57.08%	20%	65%
5	Vitamin A:						

	Percent of mothers who know that Vitamin A prevents nightblindness	7.5%	28.3%	14.6%	40.4%		
	Percent of mothers who know at least one food containing Vitamin A	21.3%	37.5%	30.0%	61.3%		
6	AIDS						
	Percent of mothers who heard of AIDS	19.2%	55.0%	42.9%	84.2%		
	Percent of mother who know at least one mode transmission of AIDS	11.3%	40.0%	28.3%	66.3%		
7	Female literacy Program Percent of mothers who are literate	17.08	43.33	27.08	62.08	1125 xx	

Note: xx No. of mothers attending literacy classes are 592 and those who have laready graduated were 189.

- The figures in parenthesis is from the mothers who reported without handing ANZ cards.

Appendix G

Human Resources for Child Survival

Job Description

Position :	Field Representative A.S.P/PHC with in ADRA CS IX/WHIN project Area.
Responsible to :	QCS. ADRA CS IX/WHIN project At least 80% of time
Hours of Duty :	At least 40 hours in a week (Sunday to Friday) which can be adjusted according to the field situation.
Qualification :	CMA/AHW or Equivalent 3-5 years working experience in public health programs or other community development activities.

Overview of position

Responsible to :

* Guide counsellor and collect the report from counsellor.
* Conduct VDC orientation.
* Formation of orientation to mothers group and selection of FCHVs.
* Selection of TBAs and Traditional healers for training
* Health update HIS of the related HP or PHC.
* Coordinate to H.P.staffs and Health Post Support Committee.
* Assist training Coordinator during training period FACH of different training conducted by the project.
* Monitor and provide technical assistance to FCHVs and TBAs others groups.

Job Description.

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* Selection of TBAs and Traditional healers for training
* Health update HIS of the related HP or PHC.
* Coordinate to H.P.staffs and Health Post Support Committee.
* Assist training Coordinator during training period FACH of different training conducted by the project.
* Monitor and provide technical assistance to FCHVs and TBAs others groups.
* Assist in community level surveys or other evaluation activities.
* Assists with all CS/WHIN project intervention activities at the field level as directed by the quality of care sub.
* Prepare and Submit monthly program report.

* Plan, implement and monitor field activities on MC FP,CDD,ARI nut, STD ADRA Vit A.

* Assist Counsellor in the completion of basic information.

Essential Criteria: Ability to communicate well and easily with people.- Willingness to travel and spend time in different remote VDCs.

Desirable Criteria :

Job Description

Position: Counsellor
(Related VDC within Project Area of ADRA in Kavre.)

Responsible to: Field Representative
ADRA CS IX/WHIN project.

Hours of duty : 24 hours in a week (4 hour in a day from Sunday to Friday).

Qualification : Literate with good writing and reading ability in Nepali language. (5 - 10 class)

Overview of position

Responsible to:

* Collect basic information about eligible couples and FP users, pregnant woman, births and deaths.
* Counsel all VX who need the services of long term family planning methods (eg. Norplant ,IUCD, Vasectomy or minilap) to ADRA Family Planning Center or mobil clinic.
* Take responsibility of depot hold for Family Planning methods (eg. Condom and pills).
* Provide health education to the target group on birth spacing, FP methods, breast feeling, sexual transmitted diseases (STDs) ,ADRA, Diarrhoea Nutrition, ARI, Vit A etc.
* Encourage FCHVs to conduct regular monthly mothers group meeting and co- ordinate to TBAS to involve in PHC activities.
* Monthly reporting of their regular work. Assist to FA in the process of FCHV and TBA etc. selection.

Essential Criteria :

* Must be a married woman from the same VDC having not more then three children.
* Good interpersonal communication skill and leader ship quality.

Desirable Criteria :

* Woman involute in social activities especially in health related field.
* Good knowledge on Family Planning.

Job Description

Position: Health Educator.

Responsible to : Project Director

Hours of Duty : 9:00 to 5:00 hours. (Monday to Friday).

Qualification : Health Assistant/staff nurse or equivalent.

Overview of position

Responsible to :

- Develop a plan for the overall design of the health education program including orientation training for VDC member, social works and health service providers.
- Selection of leaders, social workers with the help of field representatives and organize orientation training for them.
- Visit in the mobile clinic and organize health education program.
- Assist in the training programs. Organized by training section.
- Conduct health education session as request of the PHC center.
- Assist in monitoring and supervision on health classes to the literacy classes.
- Prepare monthly reports on the progress of the Health Education program.
- Prepare monthly plan before the beginning of the month.

Job Description

Position: Female Literacy Program Officer.

Responsible to: CS IX Project Director/WHIN Project Director.

Hours of Duty: 9:00 to 5:00 hours (Monday to Friday).

Qualifications: A bachelor's degree in education or a related field.

Overview of position

Responsible to:

1. Develop a plan for overall design of the literacy program including site selection for classes, screening of candidates for classes, selection of facilitator and supervisors, training of facilitator and supervisors, and conduction of literacy classes.

2. Make field visit to the communities , discuss with community leaders and find possible sites.

3. Selection of sites for literacy classes and from literacy support committee.

4. Develop materials for literacy classes.

5. Conduct training for facilitator and supervisors / orientation program for literacy support committee and VDC ledgers.

6. Coordinate with district education office.

7. Overall management of Adult Female Literacy Program.

8. Develop a plan for post literacy classes for all graduates.

9. Provide ongoing monitoring and supervision to all literacy classes.

10. Prepare monthly reports on the progress of the literacy program.

11. Assist finance section for financial clearance.

12. Prepare monthly plan before the beginning of the month.

Essential Criteria: 5 - 7 years experience in NFE programs.

Desirable Criteria: Good communication skills and ability to coordinate with other people.

Job Description

Position: Field Supervisor
CS IX/WHIN project

Responsible to: Quality of care supervisor

Hour of Duty: 9:00 - 5:00 (Monday to Friday)

Qualification: H.A. or Equivalent

Responsibilities:

1. Supervise field work of FR/Volunteer counsellors FCHVs/TBA's in collaboration with Health Post Staff.

2. Supervise The Mother Group Meeting, Literacy Classes.

3. Use supervisory checklist designed by Q of C supervisor to evaluator and give feedback to field staff.

4. Develop nice working relationship with community leaders health post local NEO's/Clubs.

5. Assist in training activities and project.

Job Description

Position: Quality of care supervisor.
ADRA Nepal
CS IX/WHIN project.

Responsible to: Project Directors
ADRA Nepal,
CS IX/WHIN project.

Hours of Duty: 9:00 - 5:00(Monday to Friday) But expected to spend 75% of his time in the field.

Qualification: Health Assistant/staff,nurse or equivalent degree having 3 - 5 years experience in public health related field.

Overview of position
Responsible to :

* Supervise the field work of FR/Volunteer cancelli/CHVs/TBAs/TH in collaboration with health post staffs.
* Evaluate the quality of the activities of mothers group and provide input at the meeting on CS IX/WHIN intervention.
* Develop nonmonetary incentives for FCHVs and TBAs to upgrade their performance and to motivate them. (as model in selected areas).
* Develop and use checklist for quality and supervision of FR/C/CHV/TBAs with specific indicators on FP, mater H, CDD, ARI, STA, AIDs nut vit A etc. for assessing quality of care.
* Meet HP staffs and community level officials/GOS/NGOS to gain support for FCHVs and TBAs activities in the community.
* Supervise and monitor on health message given in literacy classes.
* Assist and supervise different community level training, conducted by ADRA Nepal, to maintain the quality.
* Assist the internal project assessment.
* Plan.

Essential Criteria: Willingness to travel and work in rural areas.

Desirable Criteria: Experience in training and supervision of community level workers such as CHV,TBA and T.H.
-Well communication skill.

Job Description

Position: IEC specialist.

Responsible to: CS IX/WHIN project directors.

Hours of duty: 9:00 - 5:00 Monday to Friday
50% in field

Qualification: Bachelor in pubic health or(B.A.) having 3 - 5 years experience in health material development implementation and evaluation of communication strata girls.

Responsibilities:

1. Identify, develop and design relevant, culturally appropriate health messages according to the need of the project activities (maternal health, F.P. , ARI, CDD, ADIS/STDS).

2. Collect IEC materials which already exist and are in use Nepal. Develop reference center or library.

3. In areas where materials do not already exist, develop and field test IEC materials. (Flip caret, posters, brochures , wall paintings.. etc).

4. Organize video shows for the PHC.

5. Organize street drama group performances.

6. Assist the literacy coordinator in identification of post literacy materials.

7. Keep project directors well in formed on recent material production by other agencies and workshops or seminars related to subject areas.

Job Description

Position: IEC specialist.

Hours of duty: 8 hours per day.

Qualification: Bachelor in public health or(Bachelor in Arts)having 3 - 5 years experience.

Criteria: In health material development implementation. And evaluation of communication strategies.

Responsible to: CS IX:WHIN project Director.

Overview of position: 50% field training artist.

Duties :

1. Identification, development and design of relevant, culturally appropriate health messages accenting the need of the project activities. (Matenal Health, FP, ARI, CDD, ADIS and STDs).

2. Identification of IEC materials prepared by other agencies and develop information center/library.

3. Coordinate with other INGO, NGO and MOH for collection of developed materials.

4. Development and field testing of IEC material and methods.

5. Implement and field testing of IEC activities of WHIN and CS project.

6. Develop the broacher, field chart poster, wall painting.

7. Collect the video cassette related with H. massage and organized the video show in the PHC.

8. Organized the actor for street drama regarding FP, MCH, CDD, ARI, STD AIDS.

9. To assist project literacy coordination, as needed to develop the key messages as a lesson plan for literacy class.

10. Develop the health massage in slide show.

11. Develop the poster for CBORT.

12. To collect references from library and documentation of all developed materials.

13. To assist training coordinate for conducting training in organized training.

14. To assist project director in the planning implementation and evaluation of WHIN/CS 9 project.

15. To assist quality of came in supervision, monitoring of health education and promotion activities.

17. To coordinate with PHC staff QFC, TC, LC, regarding development of IEC materials.

18. To collaborate with literacy coordination supervise, facilitator in the development of health messages and its implantation .

19. To participate in midterm and final evaluator as needed.

Job Description

Position: Training coordinator

Responsible to: WHIN project director

Hours of duty: 9:00 - 5:00 Monday to Friday
50%

Qualification: Bachelor in public health or (B.ED.in health) 3 - 5 years P.H.C. or related commonty health experience. Experience in training T.B.A.s and FCHVs should have ability to communicate well with moral people and experience in training and supervision or community level works.

Responsibilities:

1. Plan and coordinate all training activities (FCHU's, TBA's, DHO staff initial: refresher).

2. Protide technical training and identify technical support for training activities.

3. Evaluate training activities/including quality and do post training follow up.

4. Coordinate training activities with MOH and DHO to ensure information being taught 15 consistent with government police.

5. Coordinate training information and message with IEC specialist and literacy coordinator so there 15 consistency.

Job Description

Position: Training Coordinate.

Responsible: WHIN project director.

Hours of Duty: 9:00 - 5:00 Monday to Friday.

Qualification: Bachelor degree in pubic health.

Criteria: 3 -5 years in public health care or related community health experience. As an experience in training of TBAs and FCHVs should have ability to communicate well with rural people and experience in training and supervision of commenity level workers.

Overview of position:

Responsible to:

Duties:

1. To provide technical training to DHO/HP staff regarding trainers training for TBAS,FCHVS.

2. To coordinate with DHO. Though PD and provide training to FCHVs and TBAs, THs etc.

3. Provide training to FCHVs regarding FP, CDD, ARI. STD ADIS and counselling.

4. Supervise and monitoring of the quality of training provided by trainers.

5. Provide initial, refresher training review meeting to TBAs.

6. Provide initial and refresher training to the FCHVs.

7. Assist LC to provide training to literacy facilitator and supervisors regarding maternal health and FP, CDD, EPI,ARI Nutrition with vitamin A and STD/AIDs.

8. Assist to FR and counselled to conduct training to mother's group traditional heaters regarding maternal health CDD, EPI, ARI and STD/ADIs.

9. Coordinate assist to IEC specialist regarding IEC material development, and provide technical assistance.

10. Evaluate the impact of the training provided to TBA and FCHVs.

11. Coordinate with MOH though PD. regarding training curriculum and material development.

12. Assist the project director in planing implementation and evaluation of the project.

13. To prepare timely repents of action in time.

14. Preparation of monthly plan of action in time.

15. To assist other staff in the ADRA office.

16. To participation in midterm and final evaluations as needed.

17. Organize skill development on STD ADIS and counselling to HP and sub health post staff.

18. Develop curriculum and training for counsellor.

JOB DESCRIPTION
STAFF NURSE
HEALTH EDUCATOR/COUNSELLOR

Responsible to : Prabha Malla, Nursing Supervisor

1. Set up the counselling room and patient waiting area.
2. Plan a health education programme for patients.
3. Counselling for clients.
4. Develop strategy for good flow of pattients.
5. Gather necessary health education/counselling materials.
6. Keep good records.
7. Maintain high standard for patients care.

JOB DESCRIPTION
STAFF NURSE
OPERATION THEATRE

Responsible to: Prabha Mall, Nursing Supervisor

1. Clean the OT and keep everything in order.
2. Check the Resusication trolley daily.
3. Check the stock and cupboard supplies.
4. Record used and new inventory.
5. Assist with operations as necessary.
6. Circulate as necessary.
7. Prepare operating room for all procedures.
8. Have necessary packs/medicines/supplies ready for each operating room procedure.
9. Clean instruments.
10. Maintain high standard of efficiency and patints care.

JOB DESCRIPTING
STAFF NURSE
CLINIC

Responsible to: Prabha Malla, Nursing Supervisor

1. Set up the clinic rooms.
2. Assist doctors during procedures.
3. Dressings as necessary.
4. Immunizations as necessary.
5. Recordings and registration as necessary.
6. TAke clients to operating room for minilap and norplant.
7. Clean instruments.
8. Supervise cleaner.
9. Keep inventory and stocks supplied (once a week).
10. Maintain high standard for patient care.

JOB DESCRIPTING
STAFF NURSE
CSD

Responsible to: Prabha Malla, Nursing Supervisor

1 Clean and dry instruments correctly.

2 WAsh gloves and tubings

3 Prepare necessary sets for sterilization

4 Autoclave necessary items

5 Keep autoclaves in good condition

6 Clean and keep tidy scrub room and autoclave rooms

7 If time, assist in operating rooms

8 Be responsible to have sets autoclaved and ready at any time

9 Maintain high standard of organisation

10 Maintain and order necessary suplies

11 Responsible for cleft lip and palate dressing

JOB DESCRIPTION
CLINIC ASSISTANT
YADAV GHIMIRE

Responsible to: Dr Roshani Amatya

1 Work in the PHC Clinic

2 Responsible for pharmacy supplies and inventory

3 Responsible for medicine distribution

4 Responsible for immunization

5 Responsible for Registration cards

6 Develop strategy for easy access to registration cards

7 Maintain deadlines and orders in immunization/pharmacy room

8 Clean needles and kee sterilized

9 Responsible for transport and allowances for minilap patients

10 Responsible for medical supplies distribution

11 Responsible for record keeping and reporting

JOB DESCRIPTION

Position: : Assistant Nurse Midwife/CSSD attendant
Banepa, ADRA Medical Centre

Responsible to : Nursing Supervisor (Prabha Malla)
ADRA/Nepal

Hours of duty : 9 - 5, Sunday to Thursday

Qualifications : Assistant Nurse Midwife with experience in OT pack preparation & sterilizing procedures

Overview of Posibiton:

Responsible to : Clean Theatre equpment, prepare packs & undertake sterilizing as per established guidelines

Assist the Nursing Supervisor and Staff Nurse to provide per and post operative care and to assista in FAmily Planning programs, health education and primary health care clinic functions.

Essential Criteria: Proven ability to work without direct supervision

Knowledge of sterilization/infection control procedures

Desirable Criteria: Experience in acute care and primary health care

Job Description

Building Maintenance

Responsible to: Program Coordinator

Advisor: Country Director, Construction Manager

Responsibilities: Will be responsible for the following personnel:

* All cleaning staff other than operating room
* Watchman/Gardener
* Laundry contractor

Will be responsible for the following jobs

* Cleanliness of all areas
* Security
* Compound Care
* Maintenance of Building, Clinic and Compound
* Emergency, electrical support
* Laundry Service
* Waste Disposal
* Gardening
* Supplies for cleaners/cooks
* Collect Time Sheets

Hours: Friday and Saturday off

0830 - 1230 hours.
1400 - 1800 hours.

Job Description

OFFICE CLEANER

Responsible to : Building Maintenance Supervisor

Responsibilities :

* Cleanliness of Office rooms/Conference Room
* Staff toilets
* Office stairs
* Burning rubbish
* Maintaining supplies in bathroom
* Collect drinking cups and return to kitchen
* Maintain high level of personal cleanliness
* Maintain high level of office cleanliness and orderliness

Hours: Saturday - Sunday off
0800 - 1600 hours

JOB DESCRIPTION

Cook In-charge

Responsible to: Administrative secretory

Responsibilities:

* Lunches for staff at ADRA centre and PHC.
* Boiling a filtering water.
* Hot drinks for visitors.
* Tea and snack for minilap program.
* Lunch for CLPP.
* Record of staff food expenses.
* Delegating responsibilities to assistant look.
* Maintaining a high standard of cleanliness in food preparation.

Hours: Friday and Sunday off
8:00 - 4:00 hour

Job Description

Training Hall Cleaner

Responsible to: Building Maintenance Supervisor

Responsibilities:

* Cleanliness of Training Halls
* Health Education room
* Front foyer
* Maintain high level of personal cleanliness
* Maintain high level of building cleanliness and orderliness

Hours: Sunday and Saturday off
8:00am - 4:00pm

Job Description

Assistant Cook

Responsible to: Cook in Charge

Responsibilities:

* Any duties assigned by Cook in-charge
* Cleaning of kitchen area
* Maintaining high standard of cleanliness in regard to food preparation.
* Clean Kitchen window once a week

Hours: Sunday and Saturday off
9:00am-5:00pm

Job Description

Male Cleaner

Responsible to: Building Maintenance Supervisor

Responsibilities: Clean areas designated as assigned

12:30-02:30 - Work given by Building Maintenance Supervisor

02:30-04:00 - Clean outside toilets

04:00-05:00 - Clinic

05:00-06:00 - Office

06:00-07:30 - Training Hall

07:30-08:30 - Operating Room

* Maintaining supplies in bathroom

* Messenger as needed by office (certain time)

* Maintain high level of personal cleanliness

* Maintain high level of building cleanliness

Hours: Saturday and Tuesday off
12:30pm - 08:30pm

ADRA/NEPAL CHILD SURVIVAL IX PROJECT
JOB DESCRIPTION FOR
PROJECT DIRECTOR

==========

Qualifications:

A Master's Degree in public Health and a minimum of 5-10 years experience working in public health or communicty health programs. Experience with project planninf and implementation is required, as are good suervisory skills and ability to communicate well with people. The candidate must posess good written skills in English and Nepali.

Duties:

* Direct the overall scope of the CS project, and provide planning and set priorities in order to reach the established goals of the project.

* Provide day to day guidance and administration of the program and its activities.

* Provide day periodic reviews of program goals and objectives with staff, and review progress of implementation according to time-line.

* Provide the key link to ADRA/Nepal, USAID/Nepal, ADRA/I, and be the first point of all contact between these organizations and the project.

* Prepare all required quarterly, annual, and other reports as required by the project guidelines.

* Assure adherence to all project guidelines.

* Conduct annual staff perormance assessments.

* Hold weekly staff meetings and provide ongoing monitoring of all aspects of project activity.

* Initiate "in-house" program assessments or evaluations as required.

Location:

Yours position is located at the CS Project office in Banepa although the Project Director is expected to make frequent field rips to visit the porject sites in the four Health Posts areas.

Position supervised By:

The Project Director is directly responsible to the ADRA/Nepal Country Director.

ADRA/NEPAL CHILD SURVIVAL IX PROJECT
JOB DESCRIPTION FOR
HIS AND EVALUATION OFFICER

==========

Qualifications:

A bachelor's level degree in engineering, computers, business, or a related area. A minimum of 3-5 years experience in working with the information system in a public or private company is assential. A knowledge of computer hardware and software. Experience in the design of evaluations is required. Good communications, ease in working with people, and ability to coordinate are important aspects of this job.

Duties:

* Provide technical assistance in Health Information Systems (HIS) development to the DHO in Kavre.

* Assist the DHO in the analysis and presentation of regular service statistics for the district focused on CS interventions (e.g., FP, ARI. CDD)

* Organize and conduct training in HIS for MOH staff such as VHWs and other Health Post staff.

* Establish an information center in the Banepa CS office and coordinate dissemintion of inormation on project activitties.

* Implement the 30 cluster survey, and coordinate data input and analysis, and assistance in report preparation.

* Plan and conduct "in-house" assessments or evaluations of program activities as requested and necessary.

* Conduct "special studies" to assist in project planning (e.g., assessment of reasons for high drop out rates amongtrained TBAs).

* Responsible for maintenance of computer hardware and software and related equipment at the ADRA/Nepal office and the Banepa CS office.

* Assistance in te preparation of quarterly and annual reports for the CS project, particularly those aspects relating to service statistics form the Banepa PHC, and other graphic presentations of prject performance.

Location:

This position is located at the BAnepa CS Field Office but the individual in this position is expected to spend 1-2 days per week at the DHO in Dhulikhel as well.

Supervised by:

This position is superivsed by the Project Director.

ADRA/NEPAL CHILD SURVIVAL IX PROJECT
JOB DESCRIPTION FOR
CLINIC PHYSICIAN

==========

A MBBS or MD degree with experience in Gynecology/Obstetrics. At least 5-7 years clinical experience. Good communication skills and the ability to coordinate with other people are essential to this job.

duties:

* Provide all curative care within the Banepa Clinic

* Provide preventive care, including family planning, immunization, and antenatal care

* Assist with planning for technical interventions in the C/S project

* Supervise the work of the clinic nursing staff

* Provide assistance as requested to the DHO family planning camps

* Mintain current inormation on MOH guidelines and policies regarding the CS project interventions.

Location:

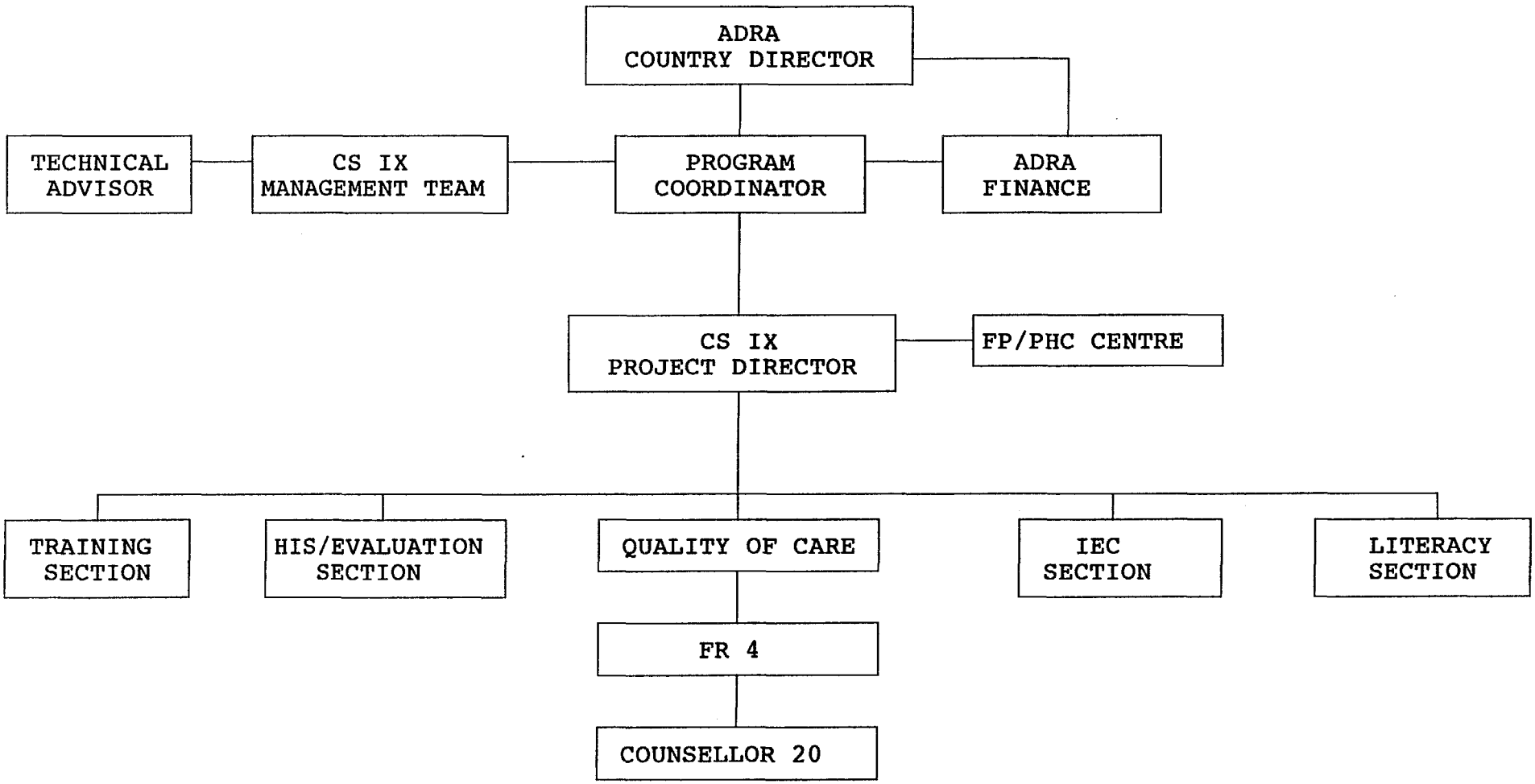
This position is located at the Banepa CS Clinic.

Supervised by:

This position is supervised by the Project Director.

ADRA NEPAL CSIX PROJECT

REVISED ORGANISATIONAL CHART



FCHV - TOT (19 JULY 1994 TO 29 JULY 1994) BANEPA

SN	SUBJECT	DURATION	METHODS	MATERIALS	TRAINERS	REMARKS
1	1ST DAY Importance of FCHV Prog and ongoing training	1 hour	mini lecture and question & answer	Newsprint markers	Mrs Rama Basnet	
2	FCHV Program development history and current strategy	1 hour	Mini lecture and question & answer	Newsprint markers	Mr S R Devkota	
3	2ND DAY VDC Orientation	1 hour	Mini lecture and question & answer	Newsprint Transparency	Mr S R Devkota	
4	FCHV logo, kitbox, materials, badge, bag etc	2 hours	Mini lecture & question & answer, demonstration	Newsprint, transparency, demonstration	Mrs Rama Basnet	
5	Formation of Mothers group	1 hour	Lecture	Manual etc.	Mr Roshi Pd	
6	Orientation of Mothers group	1 hour	Mini lecture & Roal play	Manual,Transparancy, Newsprint	Mr Pashupati B. Raya	
7	3RD DAY Selection of FCHVs	1 hour	Mini lecture & role play	Manual Transparency, newsprint	Mr S R Devkota	
8	Job description of FCHVs	1 Hour	lecture	Manual etc	Mr Rishi Pd	
9	Training provision & FCHV training package	2 Hours	Lecture & Demonstration	Manual & Real objects	Mrs Rama	
10	Monitoring and Supervision of FCHV Prorgrames conts	1 1/2 Hour	lecture,Roal Play	Transprancy Manual etc.	Mr Pashupati B. Raya	
11	4TH DAY Monitoring & Supervision of FCHV Program	2 1/2 Hour	lecture & Roal Play	Transprancy Manual etc.	Mr Pashupati B. Raya	
12	Recordding & Reporting	1 Hour	Mini lecture Demonstration Exercose	Forms of R/R Manual etc.	Mr Sitaram Devkota	
13	review meeting of FCHV programe	1 Hour	Mini lecture Question, Answer etc.	Manual Flip chart etc.	Mrs Rama Basnet	

14	5TH DAY Trainig envarnoment (faverble & unfavarble elimate etc.)	3 Hour	Mini lecture Question Answer and Roal Play	Manuals Lession Play	Mr Pashupati Bhakta Raya	
15	Sample teaching	2 Hour	lecture Question Answer Roal Play	Manuals Lession Plan	Mr Sitaram Devkota	
16	6TH DAY Teaching of Learning Principls	1 Hour	Mini lecture Question Answer Roll Play	Manual Lession Plan etc.	Mr Rabi Pd.	
17	Teaching & Learning activities	2 Hour	Mini lecture Question Answer	Manual lession Plan etc.	Mr Sitaram Devkota	
18	Teaching & Learning Materials	1 Hour	Mini lecture Question, Answer	Manual lession Plam etc.	Rama Basnet	
19	Evaluation Teachniques	1 Hour	Mini lecture Exeruise	Manual checklist Transprancy	Mr Pashupati B. Raya	
20	7TH DAY CBORT Demonstration	1 1/2 Hour	Preparation proccess Demonstration	Concarn materials (Rice, water etc.)	Mr Rama Basnet	
21	ANC check up, safe delivery of two key message etc.	1 Hour	Mini lecture Question Answer etc.	Flip chart Manual etc.	Mr Sitaram Devkota	
22	Lesson Planing	1 Hour	Mini lecture Exercise	Manual, checklist, Transprancy	Mr Pashupati B. Raya	
23	Model Class on relate subject	1 1/2 Hour	Mini lecture Exercise	Manual, checlist, Transprancy	Mr Roshi	
24	8TH DAY Practice teaching on related assigned topics	5 Hour	Discussion & Roal Play	Mannual Newsprint	All trainers & Trainees	
25	9TH DAY Follow up support	1 Hour	Mini lecture Question Answer Disscussion	Manual Cahrt Lession Plan	Mr Pashupati B. Raya	
26	Planning of Training programme	2 Hour	Mini lecture Discussion Planning Exeracise	News Print Manual	Mr Sitram Devkota	
27	Councelling	1 Hour	Mini lecture Discussion etc.	News Print Manual	Mr Pashupati B. Raya	

28	Practise of councelling	1 Hour	Mini lecture Exercise	News Print Manual	Mr Pashupati B. Raya	
29	10TH DAY Target planning presentation	1 Hour	Plan presentation by group	News Print Manual	by all group leaders	
30	Post evaluation Administrative work Closing	2 hour	Exami nation	Check list Question	by all trainers	

Pre test Total marks (obtains) - 247
Post test Total marks obtains) - 656

ADRA CHILD SURVIVAL IX

SN	NAME		
1	BIRENDRA PRADHAN	-	PROGRAM COORDINATOR
2	SITARAM DEVKOTA	-	PROJECT DIRECTOR
3	DR ROSHANI	-	CHIEF, FP/PHC
4	BALRAM BHUI	-	HIS/EVALUATION
5	JYOTI SHRESTHA	-	FINANCE OFFICER
6	JAYA MANGAL BAIDYA	-	BANEPA AND DHULIKHEL FIELD IN-CHARGE
7	RADHA THAPA	-	ADMINISTRATIVE SECRETARY
8	GAYATRA UPRETI	-	STAFF NURSE
9	NARYAN PRASAD SATYAL	-	SUPERVISOR
10	NADHU SUDAN SATYAL	-	FIELD REPRESENTATIVE
11	PRADEEP KARMACHARYA	-	FIELD REPRESENTATIVE
12	PASHUPATI B RAYA	-	TRAINING OFFICER
13	RAJYA L NAKARMI	-	IEC OFFICER
14	KUSUM TAMRAKAR	-	OFFICE SECRETARY
15	RAM KUMAR LAMA	-	DRIVER
16	BASU N MAHARJAN	-	WATCHMAN
17	RAM SHRESTHA	-	WATCHMAN
18	DEVI MANANDHAR	-	COOK
19	DURGA THAPA	-	CLEANER
20	SUMITA SHRESTHA	-	STAFF NURSE
21	SARITA BASKOTA	-	ACCOUNTANT
22	KALYAN SHRESTHA	-	WATCHMAN
23	TARA DEVI SAPKOTA	-	CLEANER
24	BISHNU PARAJULI	-	FIELD REPRESENTATIVE

Appendix H

Supplies and Materials

ANNEX: 6.5

SUPPLIES TO FCHV

1	FCHV Manual	1
2	FCHV Flip Chart	1
3	Recording and Reporting forms	
4	Pencils and Dotpen	
5	Posters and Pamplets	
6	Kit bag containing	
	Bag	1 pc
	Soap	1 Cake
	Soap Case	1 pc
	Towel	1pc
	Condoms	30 pcs
	Pills	2 Cycles
	G.V	2 Ph
	Cotton	1 roll
	Tr Iodine	100 ml
	Bandage	1 roll
	Tab Paracetamol	100 tab
	Tab Ferrous Sulphate	500 Tab
	Tr Benzoin	100 ml
	Jeevan Jal (ORS)	10 Pkt
	MUAC	1 pc

SUPPLIES TO TABS

1 Sudeni Talim Tatha Karya Sanchalan Pustika - 1 pc
2 TBA Record Cards
3 Safe delivery Kit - 10 packets are distributed at free of cost
4 Pencil and Dotpens

SUPPLIES TO TRADITIONAL HEALERS

- Referral Token to Dhami Jhankris
- Some posters and pamphlets
- Referral token collection box to PHC/Health Post/Sub Health Post 1 each

Appendix I

Training

ANNEX-I

Questions asked to VDC members group:

1. What kind of work and activities do you expect from FCHVs?
2. What kind of help could be provided to FCHVs from the VDC or from ward members?
3. How the medicine kit could be replaced in local level?
4. Your suggestion to improve this program.

Questions asked to FCHVs group:

1. What are your main responsibilities as FCHVs?
2. What kind of help do you expect from VDC members?
3. How the medicine kit could be replaced in local level?
4. Your suggestion to improve this program.

Report prepared by: Sita Ram Devkota.

ADRA NEPAL
FCHV (INITIAL) TRAINING SCHEDULE

Time	Subjects	Method	Materials
FIRST DAY		Q/A, game copy, pen test	news print, board marker, questionaire
10:00 - 11:00	Registration, Opening of the program Objectives, Schedule/facilities		
11:00 - 12:00	Introduction expectation etc.		
12:00 - 01:30	Preevaluation		
01:30 - 02:00	Tea break		
02:00 - 04:00	FCHV program etc importance in the community		
SECOND DAY		Presentation by participant	
10:00 - 10:30	Revision of 1st day	Q/A Mini lecture	picturial book
10:30 - 12:30	Responsibilities of FCHV in her ward activities DD/Rehydration F/P Nutrition EPI AIDS Vit A Cold/Pneumonia Mat/(ANC/Natal) and child health First aid Environmental sanitariam Reporting (recording) Mothers group meeting		pictural book flip chart
12:30 - 01:30	Training of FCHV, and working team	Q/a. Mini Lecture Role play	
01:30 - 02:00	Tea break	Discussion, Role play, Summerization by trainer	
02:00 - 04:00	Formation of mothers group Meeting of Mothers group		
THIRD DAY		Presentation by participants	Picturial book news print board marker
10:00-10:30	Revision	Brain storming role play,	
10:30-11:30	Home visit	Discussion in groups	
11:30-01:00	Health Education by FCHVs	Q/A, Mini lecture	
01:00-01:30	Tea break	Group Discussion summarization, & demonstration	
01:30-02:00	Role of mothers group		
02:30-04:00	Symptoms of pregnancy Care during ANC Nutrition High risk pregnancy and referral system		
FOURTH DAY		Participation by participants	Flip chart, Manual safe delivery lecture
10:00-10:30	Revision		
10:30-11:30	Care during natal and Post Natal period	Q/A, demonstration summarization by trainer	Picturial book, plastic , water, mug, bucket NP/Marker.
11:30-01:00	Child health, Breast milk, additional food, immunization, cleanliness, nutrition and growth of children	Group discussion mini lecture	
01:00-01:30	Tea break	Brain storming Q/A	
01:30-04:00	Diarrhoeal disease (Introduction, 30min) Water loss during diarrhoea (30min) Transmission, of diarrhoeal dis. (75 min)		
FIFTH DAY		Presentation of participants	Pistal & Morter, Rice water, cooking pot, stove, spoon, match salt, soap, tawel, Manual, Flip chart, Marker, News print, Pictural bookm BCG Ampule DPT Ampule Syrinje
10:00-10:30	Revision	Q/Ans mini lecture, Demonstration	
10:30-11:30	What to do during diarrhoea	Q/A, discussion & summarizationRole play	
11:30-02:00	Preparation of Jeevan Jal (Demonstration)		
02:00-02:30	Tea Break		
02:30-04:00	Serious conditions during DD and referral to hospital		
SIXTH DAY		Presentation by participants	Pistal+Morter, Rice water, cooking ot, stove, spoon, match salt, soap, tawel etc, manual, Flip chart marker news print, pictural book, PolioAmp. BCG Amp. DPT Amp. Syringe
10:00-10:30	Revision	Demonstration	
10:30-12:30	CBORT (Demonstration)	Q/A, discussion & Summarization	
12:30-01:30	Prevention of diarrhea	Group discussion Role play	
01:30-02:00	Tea Break	Discussion real object	
02:00-02:30	Role of FCHV in diarrhoea		
02:30-04:00	Immunization 6 killer diseases prevented by Immunization		
SEVENTH DAY		Presentation by participants	Picturial book different pictures, Imunization schedule, Manual, NP/manual Flip MUAC tape
10:00-10:30	Revision	Group discussion matching of the pictures,	
10:30-12:00	Immunization schedule	Summarization, Q/A, Role play	
12:00-01:30	Role of FCHV		
01:30-02:00	Tea Break		
02:00-03:00	Malnutrition and its complication		
03:00-04:00	MUAC, Measurement and finding the health status of 1-5 yrs. children		

EIGHTH DAY 10:00-10:30 10:30-12:30 12:30-01:00 01:00-01:30 01:30-02:30 02:30-04:00	Revision Management of Malnourished children Role play of FCHV in Malnutrition Tea Break Personal hygine Environmental Sanitation	Presentation by participants Q/A Discussion Demonstration Discussion, Mini lecture Small group discussion observation of local environment in grous & Presentation	Manual/Flip chart locally available, beans and grains picturial book
NINTH DAY 10:00-10:30 10:30-11:30 11:30-12:30 12:30-02:00 02:00-02:30 02:30-04:00	Revision Role of FCHV in Personal Hygine and Environmental sanitation Disadvantages due to big family Advantage of birth spacing Tea break Conception, fertilization	Presentation & summarization by participant Q/A, min lecture Small group discussion, Brain storming, Q/A mini lecture	Manual/Picturial book Flip chart
TENTH DAY 10:00-10:30 10:30-11:30 11:30-01:30 01:30-02:00 02:00-03:00 03:00-04:00	Revision Introduction to family planning Methods (30 min) condoms (30 min) Pills (1:30 hrs) Depo (30 min) Tea Break Cupper T (30 min) Norplant (30 min) Role of FCHV in Family Planning	Presentation by participant Brain storming Question Answer, Group Discussion Summarization role play	Picturial book, Condom, Pills, CopperT., Dipo cyringe etc.
ELEVENTH DAY 10:00-10:30 10:30-12:30 12:30-01:30 01:30-02:00 02:00-02:30 03:30-03:00 03:00-04:00	Revision Introuction First Aid and Treatment of Burn, Simple cut enjuries, Bleeding, Sores/Abscess Fracture Management for pain and referral to hospital Tea Break Dog bite Snakebite Scorpain bite Role of FCHV in above stated conditions	Q/A, discussion Dmeonstration	Picturial book, soap, water, bandage, Picturial book, handbook, chief, string
TWELVETH DAY 10:00-10:30 10:30-12:00 12:00-01:00 01:00-01:30 01:30-02:30 02:30-03:30 03:30-04:00	Revision Headache, fever, throat pain Foreign body in eye, Sinusitis Tea Break Foeign body in the throat Epistaxis Body pain Drawn Roles of FCHV in above stated conditions	Presentation by participants Q/A, Lecture demonstration	Asprin/cetamole, bandage water, salt, picturial book
THIRTEENTH DAY 10:00-10:30 10:30-12:00 12:00-01:30 01:30-02:00 02:20-03:30 03:30-04:00	Revision Vitamin A (Introduction), sources, availability in the villages comon cold introduction Pneumonia - 2 smptoms to detact severity Home management and referral of the cases Tea Break AIDS & STD (Introduction) Transmission Prevention Role of FCHV in above stated conditions	Presentation by Participants Q/Ans., discussion demonstration	Picturail book, poster(Bhat, Sag Bahadur) locally available Vit.A rich foods. Picturial book
FOURTEENTH DAY 10:00-10:30 10:30-01:00 01:00-01:30 01:30-02:30 02:30-04:00	Revision Communicable diseases Malaria (75 mins) T.b.(75 mins) Tea Break Contd. communicable diseases Laprosy Role of FCHV in prevention of above stated condition diseases	Presentation of participants Q/A, Discussion Mini Lectures	Poster, Picturial book
FIFTEENTH DAY 10:00-10:30 10:30-01:00 01:00-01:30 01:30-03:00 03:00-04:00	Revision Recording and reporting Role of FCHV Tea Break Post Test Administrative work and closing	Presentation by Participants Q/Ans, Lectue, DemonstrationExercise	Manual, Recording , Reporting form Pencils etc. Questionaire

V.D.C. ORIENTATION

SCHEDULE

DAY 1		
10:00-10:30 10:30-11:00 11:00-12:00 12:00-01:00 01:00-01:30 01:30-02:30 02:00-04:00	Registration and introuction Objective of the orientation program and expectation from the participants Health problems and theri causes National health policy Tea break Services provided by Hospital, PHC, Health Posts and Sub Health Posts Introduction of ADRA Nepal, its objectives. working strategies and activities conducted	Question Answers, Mini lecture Brain storming Q/A summarizati Group Discussion
DAY 2		
10:00-10:30 10:30-11:00 11:00-01:00 01:00-01:30 01:00-02:30 02:30-03:30 03:30-04:00 04:00-05:00	Revision of the first day Community participation FCHV Program Tea break TBA program Role of VDC members in health service development activities Evaluation/Feed-back Financial actrivities and closing	Presentation by participants Brain storming play Discussion & Lecture Excersise in tow group and presentation summary by facilitators

TBA - TOT

ADRA/CS IX PROJECT BANEPA

22 NOVEMBER - 2 DECEMBER, 1994

SN	1ST DAY (TUESDAY)	TIME	METHODS	MATERIALS
1	Introduction	10:30-11:30	Broken Heart (Game)	Paper's broken heart
2	Objectives of the training	11:30-12:00	Mini lecture (Q/Ans)	Questions paper as match in man
3	Tea	12:00-12:30		
4	Pre-test	12:30-01:30	Questionare	
5	Tea & snacks	01:30-02:15		
6	Introduction to TBA program	02:15		
	2ND DAT (WEDNESDAY)			
1	Revision	10:00-10:30	Mini lecture, model demostration,	Model of F.Repro. system, Soap,
2	Anatomy of male and female reprodction system	10:30-11:30	Discussion, Excercise	Soap case, clean water, flip
	Tea			charts, pregnant moter (if
3	Handwashing	11:30-12:00		possible)
4	Pregnancy	12:00-01:00		
5	Tea & snacks	01:00-02:00		
6	ANC	02:00-02:45		
7		02:45---		
	3RD DAY (THURSDAY)			
1	Revision	10:00-10:30	Lecture, Demonstration,	Flip Chart, Newsprint, cut piece
2	Health Education during ANC (mgmt.of minor signs/symptoms, nutrition, personal hygiene, breast care, rest etc.	10:30-11:30	discussion, Role play etc.	Manuals for trainers, Markers e
	Tea			
3	High risk cases	11:30-12:00		
4	Training environment	12:00-01:00		
5	Tea & snacks	01:00-02:00		
6	Teaching and learning principles	02:00-02:45		
7		02:45--		
	4TH DAY (FRIDAY)			
1	Revision	10:00-10:30	Mini lecture, Explain, Discussion	News print, Markers, TBA kt box
2	Preparation for home delivery	10:30-12:30	Q/Ans. etc	FCHV manual, newsprint
3	Tea	12:30-01:00		
4	TBA Kitbox	01:00-02:00		
5	Tea & snacks	02:00-02:45		
6	Teaching and learning activities	02:45-----		
	5TH DAY (SUNDAY)			
1	Revision	10:00-10:30	Mini lecture, Demonstration,	TBA Kit box, Flip chart,
2	Safe delivery kit	10:30-11:00	Discussion Role play dolls Flip	Newsprint, Mannuals
3	Tea	11:00-11:30	chart, Newsprint	
4	Preparation by the TBA at the onset of labour	11:30-01:30		
	Tea & snacks			
5	Teaching and learning materials	01:30-02:15		
6		02:15----		
7				
	6TH DAY (MONDAY)			
1	Revision	10:00-10:30	Demonstration PHC/clinic,	Pregnant patient, Flip Chart, Ne
2	ANC (Demonstration)	10:30-12:30	Discussion, Exercise, Role play	print, Line papers etc.
3	Tea	12:30-01:00		
4	1st & 2nd stage of delivery	01:00-02:15		
5	Tea & snacks	02:15-03:00		
6	Lesson planing (theory)	03:00-04:00		

	7TH DAY (TUESDAY)			
1	Revision	10:00-10:30	Mini lecture, Video show, Q/Ans.	Audio visual aids, News print,
2	3rd stage of labour and mgmt. of complication	10:30-12:00	Disçussion Experience presentation	Line papers, news prints
	Tea			
3	PNC for mother and child during home visit	12:00-12:30		
4	Tea & snacks	12:30-01:30		
5	Lesson planning (practical presentation)	01:30-02:15		
6		02:15---		
	8TH DAY (WEDNESDAY)			
1	Revision	10:00-10:30	Brain storming, Discussion	Flip charts, real objects, pill
2	Health education (Personal hygiene, imm., imm. card, nutrition etc)	20:30-12:0	Demonstration of Flip charts etc, Description, Minilecture, Exercise	condoms, IUD etc, Sudeni Record cards, news prints etc.
3	TEa	12:00-12:30		
4	Health education (contd.) family planning	12:30-01:30		
5	Sudeni record card	01:30-02:15		
6	Coordination with VHW & FCHV	02:15-03:15		
7		03:15-04:00		
	9TH DAY (THURSDAY)			
1	Revision	10:00-10:30	Demonstration & Preparation	Rice, water, dekchi, stove etc.
2	CBORT (Demonstration)	10:30-12:00	practis	news print, manual (FCHV), doll
3	Tea	12:00-12:30	Mini lecture, Role play (practice)	
4	F.P. (counselling)	12:30-02:00		
5	Tea & snacks	02:00-02:45		
6	Training materials	02:45---		
	10TH DAY (FRIDAY)			
1	Revision	10:00-10:30	Mini lecture, Discussion etc.	Check list forms etc.
2	Monitoring & Supervision on TBA program	10:30-12:30		
	Review meeting & refresher training		Q/Ans.	
3	Tea			
4	Post test	12:30-01:00		
5	Tea & snacks	01:00-02:00		
6	Closing	02:00-02:45		
		02:45---		

FCHV REFRESHER TRAINING

SCHEDULE

TIME	SUBJECT	METHODS
1ST DAY		
10:00 - 11:00	Registration	Self introduction
11:00 - 11:30	Introduction (Review of the	Questions as
11:30 - 01:30	FCHV's work)	checklist
01:30 - 02:00	(Supervisory checklist)	
02:00 - 02:30	Refreshment (Tea & snacks)	Mini Lecture
02:30 - 04:30	Objective of Training	Mini Lecture
	MCH (At least 2 ANC by trained Health personal and at least 2 doses of T.T. Vaccine during pregnancy and keep immunization card safely.)	Questions, Answers, Demonstrations (Flipcharts, real object, Pills, Condom, IUD, DEPO etc.)
	F.P (Importance of F.P., Methods available for birth spacing & permanent F.P Methods where to go for F/P, (Banepa FP/PHC Schedule)	
2nd day		
10:00 - 11:00	Revision	Mini lecture,
11:00 - 11:45	ARI (Two key symptoms to Refer:- more than 50 Respiration rate per minute and chest (indrawing)	Questions Answers, Discussion
11:45 - 01:30	CDD (CBORT demonstration, JeebanJal theory, More fluids, More foods, continue breast feeding)	Mini Lecture Demonstration (Preparation of Jeevan Jal and cereal based ORT)
01:30 - 02:00	Refreshment (Tea & Snacks)	
02:00 - 03:00	AIDS (transmission, prevention)	Mini lecture, (awareness of AIDS & prevention etc.
03:00 - 03:40	Planning for next 6 months	Exercise, preparation of field
03:40 - 04:30	Closing	programs. (mothers group meeting program) etc.

TBA INITIAL TRAINING

Ist Day	Subject/Topics	Methods	Materials
10:00	Registration & Introduction - Registration the name of participants - Introduction of trainers and trainees (each other)		Register, Dott pen
11:00	Objectives of training - Aim of TBA training - Facilities in training - Training rules - Duration of training	Mini lecture	
12:00	Pre-test	Ques./Ans	Pretest form
01:00	Tea break		Sudeni Flip chart models
02:00	Human Reproductive System - Female reproductive system inner and outer organs	Demonstration Discuttion	
IInd Day	Subject/Topics		Flip chart
10:00am	Revision of Ist day	Discussion	Flip Chart
10:30am	Male reproductive system inner and outer ograns - Function & formation of organs - Function & Formation of organs - Menstruation, ovulation - Age of pregnancy - Birth spacing	Dimonstration & Discussion Mini Lecture	Models, Flip chart
12:00am	Handwashing - Aim of handwashing - Nail cutting - Process of handwashing and Nail cutting	Discussion Demonstration practice	Soap & Soap case Brush, Mail cutter water bucket, Jug etc.
01:30	Tea Break		
02:00	Pregnancy & growth of baby - Symptoms of pregnancy - Growth & develop of baby - Period of pregnancy - Placenta & Function of placenta	Flip chart Demonstration Discussion	Flip chart Models
IIIrd Day	Subject/Topics		
10:00	Revision of 2nd day	Discuss	Flip chart

10:30	Care of Antenatal mother - Objective of ANC - Information of Previous and current pregnancy - Effects and problems during pregnancy - Physical examination of Pregnant women - Special examination of pregnanct women	Flip chart Demonstrat ion Discussion Practice Role play	Flip chart Antenatal mother
01:00	Tea break		
01:30	Continue the session		
	Objectives:- To increase the percentage of rural mothers who had atleast two antenatal visits (by trained TBA, or ANM of MCHW		
4th Day	Subject/Topic	Methods	Materials
10:00	Revision		
10:30	Handwashing - Repeat again the objective of handwashing	Practice	above stated materials required for hand washing
11:00	Health education of pregnant mother - Minor complaint during ANC - High risk pregnancy - Referral to the high risk mother - Immunization - Importance of Immunization card - Function of Tetanus Toxoid - Availability of T.T.	Flip chart Demonstrat ion Discussion Explanatio n	Flip CHart Locally available feeds & vegetables brought by TBAs Nutrition packets
01:00	Tea Break		
01:30	Review immunization (T.T.dose)	Explanatio n	T.T. vaccine syringe
02:00	Nutrition - Personal hygiene - Breast Care - Advice for home delivery	Demonstrat ion Role play Explanatio n	Flip chart locally available foods brought by TBAs
	Objectives: To increase the numbers of pregnant mothers with cared receiving atleast two tetanus toxoid doses before delivery		
5th Day	Subject/Topics	Methods	Materials
10:00	Revision of 4th day	Discussion	Flip Chart
10:30	Handwashing remind	Practice	Hand washing materials

10:45	Preparation for delivery - Kit box check-up - Physical examination head to limbs (legs) - Exam. of high risk condition - Referral stage	Discussion Practice Role play Emonstrati on Explanatio n	Flip chart cloths kit box
01:00	Tea Break		
01:30	False and true labours pain - Preparation of the delivery room and necessary advice - Sterilization of the materials of kit box	Discussion explanatio n Demonstrat ion	Flip chart safe delivery kit
6th Day	Subject/Topics	Methods	Materials
10:00	Revision of 5th day	Discussion	Flip chart
10:30	1st stage of labor - 1st stage of labor pain - S/S of Ist stage labour - Management of Ist stage labor 2nd stage of labour 2nd stage of labour - S/S of 2nd stage labour - Management of 2nd stage labour - Possible complication of 2nd labour (risky stage) - Referral stage	Discussion Role play Explanatio n practice Demonstrat ion	Models, (putaliI Flip chart Models, pelvic box ppelvic clothes, flip chart, hand washing materials
01:00	Tea Break		
01:30	Prolong labour - Major complication - Opposite baby (position) - High Risk complication	Discussion Demonstrat ion	Flip chart
04:00	Close		
7th Day	Subject/Topics	Methods	Materials
10:00	Revision of 6th day		
10:30	3rd stage of labor - S/S of 3rd stage of labour - management of 3rd stage of labour - S/S of placenta separation - How long to wait - 3rd stage complication - Risk stage - Bleeding - Referral stage - Care of new baby	Demonstrat ion practice	pelvic box pelvic clothes Flip chart Hand washing materials Kit box
01:00	Tea Break		

01:30	- Home Visit -Time for home visit -Breast milk -Problem solving -Mother & child care -High risk complication -Referral; stage Diarrhoeal disease - What to do during Diarrhoea - Importance of water - Rehydration - Jeeban Jal and CBORT Demonstration	Discussion explanation practice role play Discussion Demonstration	Flip chart Preg. woman sudeni Flip chart J.Jal, water salt, rice for (CBORT)
8th Day	Subject/Topics	Methods	Materials
10:00	Revision of 7th day	Descission	
10:30	JJ and CBORT preparation by participants Breast feeding advice during Home Visit - Advice to Breast feeding - Care of Breast - Time of Breast feed - Nutrition for Breast fed mother - Harmless of bottlemilk	Demonstration Discussion	J.Jal. CBORT Flip chart
01:30	Tea Break		
01:30	Personal Hygiene - Advice on for personal hygiene - How to do personal hygiene - What is ARI - How to manage ARI - 2 key symptoms of ARI	Discussion Demonstration Explanation	Flip chart Posters
03:00	Immunization - What is Immunization - BCG, DPT, Polio, T.T, Measles etc. - Importance of Immunization - Place for immunization	Explanation Discussion Demonstration	Flip Chart, EPI cards, EPI postors dolls.
	Objectives: TBAs can explain the 2 key symplans of ARI To increase the numbers of pregnant mother with cards receiving at least two T.T. doses before delivery		
9th Day	Subject/Topics	Methods	Materials
10:00	Revision	Discussion	Flip chart

10:30	Nutrition education during home visit -Importance of Nutritious food to * Pregnant mother * Breast fed mother - Risk due to lack of nutritious food Family Planning - What is family planning - Importance of FP - Methods of FP, Health education on F/P for Healthy, happy family	Explanation Demonstration Role play Discussion Demo	Sudeni Flip chart Nutrition packets F.P. materials Flip chart
01:30	Tea Break		
02:00	F/P Services providing by ADRA in Banepa - Clinic schedule - Explain	Explanation	Literature published by ADRA clinic
10th Day	Subject/Topics	Methods	Materials
10:00	Revision of 9th day	Discussion	Flip chart
10:30	What is STD/AIDS How we can prevent it	Expalanation Discussion	Flip chart
11:00	How to fill-up the sudeni cards	Demo & practice	Sudeni cards
11:30	Post Test	Questioning	Post test forms
12:30	Coordination with other Health Volunteer and VHW MCHW etc.	Explanation & Discussion	
01:00	Tea break		
01:30	Distribution of safe delivery kit		
02:00	Closing & Clearance		

TBA
TRAINING EVALUATION

SN	Activities	Date and Venue	Average (Marks Obtained) Pretest	Post Test	Total Increased	No. of Participents	Requests
1.	TBA-TOT- 10 days	22 Nov 94 to 2 Dec 1994 in Banepa	519 (34.61%)	1000 (66.6%)	481 (32.06%)	15	
2.	TBA Initial Tog - 10 days	22 Jan 95 to 1 Feb 95 in Khopasi	520 (23.6%)	1522 (69%)	1002 (45.5%)	22	
3.	TBA Initail Tog - 10 days	7 Feb 95 to 7 Feb 1995 in Kushadeue	337 (25.9%)	928 (71.3%)	591 (45.4%)	13	
4.	TBA Initail Tog- 10 days	5 Feb 95 to 14 Feb 1995 in Nale	333 (25.6%)	963 (74%)	630 (48.4%)	13	
5.	TBA Initial Tog- 10 days	20 Feb 95 to 2 Mar 1995 in Rabiopi	378 (23.6%)	1170 (73%)	792 (49.5%)	16	
6.	TBA Initial Tog- 10 days	17 Apr to 27 Apr 1995 in Malpi	226 (22.6%)	806 (80.6%)	580 (58%)	10	
7.	TBA Initial Tog- 10 days	7 Feb 95 to 17 Feb 1995 in Panchikhel	449 (26.4%)	1403 (82.5%)	954 (56%)	17	
8.	TBA Initial Tog- 10 days	20 Feb 95 to 3 Mar 1995 in Dapchs	384 (29.5%)	1071 (82.3%)	687 (52.8%)	13	
						104	
						+15	
						119	

TRADITIONAL HEALER

TRAINING

SN	Date and Venue	Marks Obtained Pretest	Post Test	Total Difference	No. of Participants	Remarks
1.	20 Feb 95 to 22 Feb 1995 in Khopasi. PHC	191 (12%)	877 (54.8%)	686 (42.8%)	16	
2.	23 Feb 95 to 26 Feb 1995 in Kushadeue	234 (29.2%)	571 (71.3%)	337 (42.1%)	8	
3.	12 March 95 to 14 March 19 in Rabiopi	184 (18.4%)	666 (66.6%)	482 (48.2%)	10	
4.	11 Apr 95 to 13 Apr 1995 in Pamchkhel	112 (10.1%)	503 (45.7%)	391 (35.5%)	11	

FCHV
TRAINING EVALUATION

SN	Activities	Date and Venure	Marks Obtained Pretest	Post Test	Total Increase	No. of Partic-pants	Remarks
1.	FCHV (TOT) 11 Initial Trainings	July 19-29, 1994 in Banepa	247 (17.6%)	656 (46.8%)	409 (29.2%)	14	
2.	FCHV (TOT) 11 Initial Trainings	22 Aug 95 to 8 Sept in Panchkhel	323 (32.6%)	1126 (78.3%)	603 (37.6%)	16	
3.	FCHV (TOT) 11 Initial Trainings	18 Sep to 4 Oct in Panchkhel HIP	562 (32.1%)	923 (37.6%)	361 (22.5%)	16	
4.	FCHV (TOT) 11 Initial Trainings	12 Jan to 29 Jan 95 in Mahadvsthan	327 (27.5%)	967 (80.5%)	640 (53.3%)	12	
5.	FCHV (TOT) 11 Initial Trainings	12 Sept to 28 Sept in Nales HIP	382 (25.9%)	744 (49.6%)	362 (24.13%)	15	
6.	FCHV (TOT) 11 Initial Trainings	8 Jan to 24 Jan 95 in Banepes (Nales)	522 (34.8%)	1255 (83.6%)	733 (48.8%)	15	
7.	FCHV (TOT) 11 Initial Trainings	11 Sept to 27 Sept in Khopasi PHC	404 (21.2%)	1034 (54.4%)	630 (33.1%)	19	
8.	FCHV (TOT) 11 Initial Trainings	2 Jan to 18 Jan 94 in Kushadevi	590 (34.7%)	1273 (74.8%)	683 (40.1%)	17	
9.	FCHV (TOT) 11 Initial Trainings	12 Sept to 28 Sept in Sankhupati				17	
10	FCHV (TOT) 11 Initial Trainings	25 Jan to 10 Feb 95 in Khaneothok	119 (7%)	1020 (60%)	901 (53%)	17	

TRADITIONAL HEALERS TRAINING

SCHEDULE

TIME	SUBJECT	METHODS
10:00-10:30	Registration	
10:30-11:00	Introduction (ice breaking)	
11:00-12:00	Pre-test	Questions
12:00-12:30	Objectives of training	Mini description
12:30-01:30	ARI	Que/Ans, Discussion, Explain
01:30-02:00	Tea-break	
02:00-03:45	Continue ARI	Group Discussion, Role play
03:45-04:00	Role of TH in ARI	Mini lecture (indivi. presentation)
	2ND DAY	
10:00-10:15	Revision	Review by last monitor
10:15-01:00	Diarrhoea	Discussion, Demonstration, Exercise
01:00-01:30	Tea break	
01:30-03:30	Family Planning	Disc. Demonstration, Role play
03:30-04:00	Role of TH in CDD & ARI	
	3RD DAY	
10:00-11:00	Revision	
11:00-01:00	AIDs	Quest.Ans. Discussion
01:00-01:30	Tea-break	
01:30-02:30	Immunization	Minilecture, Q.Ans, Demons(Flip charts)
02:30-03:30	Post test	Questions as pretest
03:30-04:00	Closing	

ADRA CS IX Program
Annual Target and Achievments (October 1993 - April 1995)

ADRA STAFF TRAININGS AND WORKSHOPS :

TITLE OF TRAINING/WORKSHOP	STAFF PARTICIPATED	DATE	VENUE	ORGANISER
FCHV Review meeting	Birendra Pradhan	April 28-29, 1994	Kathmandu	National Training Centre, MOH
FCHV Sr. Master's Trainers Training	Sitaram Devkota	May 18-15, 1994	Pokhara	Regional Training Centre, MOH
Infection Prevention	Sister Gayatra	May 29-31, 1994	Kathmandu	Family Planning Association on Nepal
FCHV Master Trainer's Training	Rama Basnet	June 23-28, 1994	Patlaiya	Regional Training centre MOH
Computer Workshop "Moving from Window to Window	Bal Ram Bhui	June 13-14, 1994	Kathmandu	Unlimited Software
Contraceptive Technology Update Workshop	Dr Roshani	Sept 3-5, 1994	Kathmandu	Family Planning International
EPI Micro-Planning Workshop (District level)	Narayan, Madhu, Navraj, Pradeep	July 1994	Banepa	DHO
Masters in Public Health Administration	Gyanendra Prakash Ghale		Thailand	
Masters in Public Health	Rama Basnet		Thailand	
"Designing the Future" Management Workshop	Bidya and Jyoti	May 1994	Kathmandu	Karuna Management
"Improving the Child Survival through Incom Generation" Workshop	Mr Gyanendra Ghale and Jay Mangal Baidya	October 1993	Bangladesh	JHU
"DIP microplanning workhsop"	All project staffs	Novemeber	Dhulikhel, Kavre	ADRA/I
Workshop on "Safe Delivery Kit"	Rama Basnet	June, 1994	Kathmandu	SCF US
HIS Workshop	Yadav	October, 1994	Dhulikhel	DHO
STD Management Facilities workshop	Dr Roshani	Dec. 5'1994	Dhulikhel	IDSCAN
Orientation of EPI surveillance at sanitel site	Suman Tamrakar	Dec. 7'1994	Banepa	EPI/MOH/WHO
National Conference on STD and AIDS	Mr Sitaram Devkota & Dr Shova Shrestha	Dec. 1995	Kathmandu	WRC/National STD and AIDs control centre, MOH
"Whole Language Workshop" Literacy Program	Tilak Shahi	Jan 16-24'95	Kathmandu	CERID
EPI Rrefresher workshop	Gayatra & Yadav	Jan'1995	Banepa	DHO/UNICEF
Workshop on CDD/ARI	Mr Sitaram Devkota	Feb 1-2'95	Kathmandu	MOH/JSI
Criteria identification for Master Trainers and trainers for Family planning	Dr. Roshani	March 23-24'95	Kathmandu	NFCC/NHTC
Leadership Workshop	Mr. Birendra Pradhan	March 10'95	Washington, USA	ADRA/I
Non scalpal vasectomy training	Dr Rajendra Gurung	April 24' 95	Thailand	

TABLE B2:

ADRA CS IX Program
Annual Target and Achievments (October 1993 - April 1995)
ADRA Organized Trainings and Workshops

Programs	Participants	Month
FCHV TOT	DHO and Health Post Staffs	July
FCHV Training	Community health volunteers	July/Aug./Sept. 1994
VDC orientation training	DHO Staffs	July
Orientation to Banepa Municipality Members on Urban FCHV program	Municipality members	July, 1994
FP counselling training to project staffs	ADRA staffs	Oct. 1994
TBA TOT	HP staffs, ANMs, FRs	Nov. 1994
FCHV Training	Community health volunteers	Jan/Feb 1995
TBA Training	TBAs	Jan/Feb/Mar/Apr' 1995
Traditional healers training	Traditional healers	Feb/Mar/Apr. 1995
VDC Orientation	VDC members and local people	Dec/Jan. 1995

TABLE C:

ADRA CS IX Program
Annual Target and Achievments (October 1993 - April 1995)
Technical Assistance Received by ADRA CS IX

Organisation	Assistance for	Person	Date
Institute of Medicine, TU	FCHV TOT curriculum development	Nabeen Shrestha	May 8-17'94
Banepa Municipality, Local NGOs'	Making the urban FCHV program effective and sustainable	Municipality and NGO representatives	July 15, 1994
Central Regional Health Directorate Office, MOH	Developing Trainers for training FCHVs	Mr Pashupati Bhakta Roy	July 19-29, 1994
FPAN	Advisory visit to FP Centre	Dr Shashi Bhatta	July 3, 1994
JSI and NFCC	Advisory visit to FP Centre	Dr Paul Mackenzie, Mr Dirgha Raj Shrestha	June, 1994
MOH/HMG/FH Division	Advisory visit to FP Centre	Dr Heera Shrestha	August 3, 1994
DHO	Vasectomy Sterilization	Dr Shakya	
NFCC	Five Minilap and Vasectomy Sets		June 1994
DHO	Vasectomy Sets 10, Norplant Tremeter		
DHO	Supplies of FP Methods		
NFCC	Advisory Visit	Dr Tika Mani Baidya	
FPAN	Minilap Sterilization	Dr Shashi Bhatta	July 1994
SCF US	Supplies of "Safe Delivery kit"		
Basic and Primary Education Project (BPEP)	Literacy training and materials		Sept 1994
NHTC/MOH	TBA TOT	Sulochana Pokharel	Nov. 1994
HMG/MOH	Observation visit	Honourable Minister of health and labor Mr Padma Ratna Tuladher	March. 1995

TABLE D:

ADRA CS IX Program
Annual Target and Achievments (October 1993 - April 1995)

Technical Assistance Provided by ADRA CS IX

PROGRAM	ASSISTED TO	WHEN	PERSON INVOLVED
TBA Refresher training and Supervisory Meeting	DHO	Feb & March 1994	Rama Basnet, Anjeer
Sterilization Camp	DHO	Dec.'93 & Feb 1994	Dr Roshani, Gayatra
DHO HIS Improvement	DHO	Feb 25, 1994	Sitaram, Balaram
Health Post Support Committee Strengthening	HDSC Panchkhal, Khopasi		Sitaram Devkota
Coordination Meeting on CHV Program	RHD, DHO ADRA	May 1, 1994	Sitaram Devkota
Sterilization camps	DHO	Dec. 1994	Prabha, Gayatra, Leela
Implementation and Scheduling workshop	ADRA WHIN	Dec. 15-22'94	All CS staffs
Non Scalpal Vasectomy training in Bangkok	DHO, Dr. Sushil Shakya	April 24, 1995	
FCHV review meeting	DHO	March 1995	ADRA FRs

Appendix J

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   1993 - 1996

2. Detailed Implementation Plan Child Survival IX
   (Project # FAO-0500-A-00-3029-00)
   (1993-1996)

3. ADRA/Nepal Child Survival IX
   (FAO-0500-A-00-3029-00)
   Annural report October 31-1994

3. DO
   Quarterly repport October - Deacember 1994

4. DO
   Quarterly Repport January - March 1995

5. Baseline Survey - 1993 August

6. National Health Policy 1991
   Ministry of Health

7. Kavre District health Office
   Data of HIS 1994/1995

8. Final Eval. report of CSVI September 1993

9. External Auditor's report of ADRA/NEPAL

10. External Evaluational report of Literacy Program

10/31/95

MID-TERM EVALUATION
PIPELINE ANALYSIS

for

CHILD SURVIVAL IX PROJECT

Nepal

FAO-0500-A-00-3029-00

ADRA

Submitted to:

United States Agency for International Development
Washington, D.C.

By:

Adventist Development and Relief Agency International
Silver Spring, MD

October 1995

CHILD SURVIVAL - 9 HEADQUARTERS - ADRA/I

BUDGET - Cooperative Agreement No. FAO-0500-A-00-3029-00

1995 PIPELINE ANALYSIS: PART A - HEADQUARTERS BUDGET - ADRA/I

Account Name			Actual Expenditures to date 10/01/93 USAID	Actual Expenditures to date 09/30/95 ADRA	Projected Expenditures Against Remaining Obligated Funds 09/30/95 USAID	Projected Expenditures Against Remaining Obligated Funds 09/30/96 ADRA	Total Agreement budget 10/01/93 USAID	Total Agreement budget 09/30/96 ADRA	Total Agreement Budget
PERSONNEL	HQ	Wages & Salaries	65,649	20,445	(16,838)	(4,958)	48,811	15,487	64,298
	Field	Technical Wages & Salaries							
	Field	Other Wages & Salaries							
	HQ	Fringes							
	Field	Fringes							
TRAVEL/PERDIEM	HQ	Domestic [USA]							
	HQ	International	25,961	9,839	(1,129)	(1,562)	24,832	8,277	33,109
	Field	In-country							
	Field	International		0		16,873	42,363	16,873	59,236
CONSULTANT	HQ	Evaluation Consultant Fees	17,910	5,431	1,053	4,028	18,963	9,459	28,422
	Field	Other Consultant Fees			94,806		94,806		94,806
	Field	Consultant Travel/PerDiem			48,887	28,652	48,887	28,652	77,539
PROCUREMENT	HQ	Supplies							
	Field	Supplies							
	Field	Services							
	HQ	Equipment							
	Field	Equipment							
	HQ	Training	949	889	(949)	(889)	0	0	0
	Field	Training							
OTHER DIRECT COSTS	HQ	Communications	625	305	5,742	1,605	6,367	1,910	8,277
	Field	Communications							
	HQ	Facilities							
	Field	Facilities							
	HQ	Other Costs	0	0	40,574	12,344	40,574	12,344	52,918
	Field	Other Costs							
INDIRECT COSTS		Overhead	109,060	36,333	65,697	24,649	174,757	60,982	235,739
TOTAL - HEADQUARTERS/ADRA/I			220,154	73,242	237,843	80,742	500,360	153,984	654,344

CHILD SURVIVAL - 9 | COUNTRY - NEPAL

BUDGET - Cooperative Agreement No. FAO-0500-A-00-3029-00

1995 PIPELINE ANALYSIS: | PART B - COUNTRY BUDGET - NEPAL

Account Name			Actual Expenditures to date 10/01/93 USAID	Actual Expenditures to date 09/30/95 ADRA	Projected Expenditures Against Remaining Obligated Funds 09/30/95 USAID	Projected Expenditures Against Remaining Obligated Funds 09/30/96 ADRA	Total Agreement budget 10/01/93 USAID	Total Agreement budget 09/30/96 ADRA	Total Agreement Budget
PERSONNEL	HQ	Wages & Salaries							
	Field	Technical Wages & Salaries	51,805		69,926		121,731		121,731
	Field	Other Wages & Salaries	40,607	0	34,440	41,237	75,047	41,237	116,284
	HQ	Fringes							
	Field	Fringes		1,049		2,453		3,502	3,502
TRAVEL/PERDIEM	HQ	Domestic [USA]							
	HQ	International							
	Field	In-country	486		2,984		3,470		3,470
	Field	International	2,437		3,930		6,367		6,367
CONSULTANT	HQ	Evaluation Consultant Fees							
	Field	Other Consultant Fees	18,754		(2,269)		16,485		16,485
	Field	Consultant Travel/PerDiem							
PROCUREMENT	HQ	Supplies							
	Field	Supplies	19,946	1,225	6,357	#VALUE!	26,303		26,303
	Field	Services	15,385		(1,977)		13,408		13,408
	HQ	Equipment							
	Field	Equipment		38,849		7,587		46,436	46,436
	HQ	Training							
	Field	Training					25,439		25,439
OTHER DIRECT COSTS	HQ	Communications							
	Field	Communications	9,094		1,557		10,651		10,651
	HQ	Facilities							
	Field	Facilities	14,477	7,815	22,064		36,541	38,669	75,210
	HQ	Other Costs							
	Field	Other Costs	21,245	1,823	(3,077)	(1,823)	18,168	0	18,168
INDIRECT COSTS									
TOTAL - COUNTRY NEPAL			194,236	50,761	159,374	79,083	353,610	129,844	483,454

CHILD SURVIVAL - 9 COMBINED - HEADQUARTERS + COUNTRY/FIELD

BUDGET - Cooperative Agreement No. FAO-0500-A-00-3029-00

1995 PIPELINE ANALYSIS: PART C - HEADQUARTERS + FIELDS (COUNTRIES) BUDGET

			Actual Expenditures to date		Projected Expenditures Against Remaining Obligated Funds		Total Agreement budget		Total Agreement
			10/01/93	09/30/95	09/30/95	09/30/96	10/01/93	09/30/96	
Account Name			USAID	ADRA	USAID	ADRA	USAID	ADRA	Budget
PERSONNEL	HQ	Wages & Salaries	65,649	20,445	(16,838)	(4,958)	48,811	15,487	64,298
	Field	Technical Wages & Salaries	94,617		134,331		228,948		228,948
	Field	Other Wages & Salaries	76,393	26,530	50,545	54,502	126,938	81,032	207,970
	HQ	Fringes							
	Field	Fringes	20,544	7,151	8,299	5,504	28,843	12,655	41,498
TRAVEL/PERDIEM	HQ	Domestic [USA]							
	HQ	International	25,961	9,839	(1,129)	(1,562)	24,832	8,277	33,109
	Field	In-country	1,826		5,464		7,290		7,290
	Field	International	5,593		51,995		57,588	16,873	74,461
CONSULTANT	HQ	Evaluation Consultant Fees	17,910	5,431	1,053	4,028	18,963	9,459	28,422
	Field	Other Consultant Fees	26,613		100,302		126,915		126,915
	Field	Consultant Travel/PerDiem			48,887	28,652	48,887	28,652	
PROCUREMENT	HQ	Supplies							
	Field	Supplies	20,735	3,725	20,760	5,194	41,495	8,919	50,414
	Field	Services	22,997	0	7,602	0	30,599	0	30,599
	HQ	Equipment							
	Field	Equipment	6,027	91,297	(652)	1,639	5,375	92,936	98,311
	HQ	Training	949	889	(949)	(889)	0	0	0
	Field	Training	34,430		10,110		44,540		44,540
OTHER DIRECT COSTS	HQ	Communications	625	305	5,742	1,605	6,367	1,910	8,277
	Field	Communications	13,344		(1,897)		11,447		11,447
	HQ	Facilities							
	Field	Facilities	22,150	7,815	35,655	30,854	57,805	38,669	96,474
	HQ	Other Costs	0	0	40,574	12,344	40,574	12,344	52,918
	Field	Other Costs	60,035	3,579	11,733	27,921	71,768	31,500	103,268
INDIRECT COSTS		Overhead	109,060	36,333	65,697	24,649	174,757	60,982	235,739
GRAND TOTAL - HEADQUARTERS + COUNTRIES			625,458	213,339	577,284	206,356	1,202,742	419,695	1,622,437

CHILD SURVIVAL - 9 HEADQUARTERS - ADRA/I

BUDGET - Cooperative Agreement No. FAO-0500-A-00-3029-00

1995 PIPELINE ANALYSIS: PART A - HEADQUARTERS BUDGET - ADRA/I

Account Name			Actual Expenditures to date 10/01/93 USAID	Actual Expenditures to date 09/30/95 ADRA	Projected Expenditures Against Remaining Obligated Funds 09/30/95 USAID	Projected Expenditures Against Remaining Obligated Funds 09/30/96 ADRA	Total Agreement budget 10/01/93 USAID	Total Agreement budget 09/30/96 ADRA	Total Agreement Budget
PERSONNEL	HQ	Wages & Salaries	65,649	20,445	(16,838)	(4,958)	48,811	15,487	64,298
	Field	Technical Wages & Salaries							
	Field	Other Wages & Salaries							
	HQ	Fringes							
	Field	Fringes							
TRAVEL/PERDIEM	HQ	Domestic [USA]							
	HQ	International	25,961	9,839	(1,129)	(1,562)	24,832	8,277	33,109
	Field	In-country							
	Field	International		0		16,873	42,363	16,873	59,236
CONSULTANT	HQ	Evaluation Consultant Fees	17,910	5,431	1,053	4,028	18,963	9,459	28,422
	Field	Other Consultant Fees			94,806		94,806		94,806
	Field	Consultant Travel/PerDiem			48,887	28,652	48,887	28,652	77,539
PROCUREMENT	HQ	Supplies							
	Field	Supplies							
	Field	Services							
	HQ	Equipment							
	Field	Equipment							
	HQ	Training	949	889	(949)	(889)	0	0	0
	Field	Training							
OTHER DIRECT COSTS	HQ	Communications	625	305	5,742	1,605	6,367	1,910	8,277
	Field	Communications							
	HQ	Facilities							
	Field	Facilities							
	HQ	Other Costs	0	0	40,574	12,344	40,574	12,344	52,918
	Field	Other Costs							
INDIRECT COSTS		Overhead	109,060	36,333	65,697	24,649	174,757	60,982	235,739
TOTAL - HEADQUARTERS/ADRA/I			220,154	73,242	237,843	80,742	500,360	153,984	654,344

CHILD SURVIVAL - 9 | COUNTRY - NEPAL

BUDGET - Cooperative Agreement No. FAO-0500-A-00-3029-00

1995 PIPELINE ANALYSIS: | PART B - COUNTRY BUDGET - NEPAL

Account Name			Actual Expenditures to date 10/01/93 - 09/30/95 USAID	Actual Expenditures to date 10/01/93 - 09/30/95 ADRA	Projected Expenditures Against Remaining Obligated Funds 09/30/95 - 09/30/96 USAID	Projected Expenditures Against Remaining Obligated Funds 09/30/95 - 09/30/96 ADRA	Total Agreement budget 10/01/93 - 09/30/96 USAID	Total Agreement budget 10/01/93 - 09/30/96 ADRA	Total Agreement Budget
PERSONNEL	HQ	Wages & Salaries							
	Field	Technical Wages & Salaries	51,805		69,926		121,731		121,731
	Field	Other Wages & Salaries	40,607	0	34,440	41,237	75,047	41,237	116,284
	HQ	Fringes							
	Field	Fringes		1,049		2,453		3,502	3,502
TRAVEL/PERDIEM	HQ	Domestic [USA]							
	HQ	International							
	Field	In-country	486		2,984		3,470		3,470
	Field	International	2,437		3,930		6,367		6,367
CONSULTANT	HQ	Evaluation Consultant Fees							
	Field	Other Consultant Fees	18,754		(2,269)		16,485		16,485
	Field	Consultant Travel/PerDiem							
PROCUREMENT	HQ	Supplies							
	Field	Supplies	19,946	1,225	6,357	#VALUE!	26,303		26,303
	Field	Services	15,385		(1,977)		13,408		13,408
	HQ	Equipment							
	Field	Equipment		38,849		7,587		46,436	46,436
	HQ	Training							
	Field	Training					25,439		25,439
OTHER DIRECT COSTS	HQ	Communications							
	Field	Communications	9,094		1,557		10,651		10,651
	HQ	Facilities							
	Field	Facilities	14,477	7,815	22,064		36,541	38,669	75,210
	HQ	Other Costs							
	Field	Other Costs	21,245	1,823	(3,077)	(1,823)	18,168	0	18,168
INDIRECT COSTS									
TOTAL - COUNTRY NEPAL			194,236	50,761	159,374	79,083	353,610	129,844	483,454

CHILD SURVIVAL - 9 COMBINED - HEADQUARTERS + COUNTRY/FIELD

BUDGET - Cooperative Agreement No. FAO-0500-A-00-3029-00

1995 PIPELINE ANALYSIS: PART C - HEADQUARTERS + FIELDS (COUNTRIES) BUDGET

			Actual Expenditures to date		Projected Expenditures Against Remaining Obligated Funds		Total Agreement budget		Total Agreement
			10/01/93	09/30/95	09/30/95	09/30/96	10/01/93	09/30/96	Budget
Account Name			USAID	ADRA	USAID	ADRA	USAID	ADRA	
PERSONNEL	HQ	Wages & Salaries	65,649	20,445	(16,838)	(4,958)	48,811	15,487	64,298
	Field	Technical Wages & Salaries	94,617		134,331		228,948		228,948
	Field	Other Wages & Salaries	76,393	26,530	50,545	54,502	126,938	81,032	207,970
	HQ	Fringes							
	Field	Fringes	20,544	7,151	8,299	5,504	28,843	12,655	41,498
TRAVEL/PERDIEM	HQ	Domestic [USA]							
	HQ	International	25,961	9,839	(1,129)	(1,562)	24,832	8,277	33,109
	Field	In-country	1,826		5,464		7,290		7,290
	Field	International	5,593		51,995		57,588	16,873	74,461
CONSULTANT	HQ	Evaluation Consultant Fees	17,910	5,431	1,053	4,028	18,963	9,459	28,422
	Field	Other Consultant Fees	26,613		100,302		126,915		126,915
	Field	Consultant Travel/PerDiem			48,887	28,652	48,887	28,652	
PROCUREMENT	HQ	Supplies							
	Field	Supplies	20,735	3,725	20,760	5,194	41,495	8,919	50,414
	Field	Services	22,997	0	7,602	0	30,599	0	30,599
	HQ	Equipment							
	Field	Equipment	6,027	91,297	(652)	1,639	5,375	92,936	98,311
	HQ	Training	949	889	(949)	(889)	0	0	0
	Field	Training	34,430		10,110		44,540		44,540
OTHER DIRECT COSTS	HQ	Communications	625	305	5,742	1,605	6,367	1,910	8,277
	Field	Communications	13,344		(1,897)		11,447		11,447
	HQ	Facilities							
	Field	Facilities	22,150	7,815	35,655	30,854	57,805	38,669	96,474
	HQ	Other Costs	0	0	40,574	12,344	40,574	12,344	52,918
	Field	Other Costs	60,035	3,579	11,733	27,921	71,768	31,500	103,268
INDIRECT COSTS		Overhead	109,060	36,333	65,697	24,649	174,757	60,982	235,739
GRAND TOTAL - HEADQUARTERS + COUNTRIES			625,458	213,339	577,284	206,356	1,202,742	419,695	1,622,437

CHILD SURVIVAL - 9 HEADQUARTERS - ADRA/I

BUDGET - Cooperative Agreement No. FAO-0500-A-00-3029-00

1995 PIPELINE ANALYSIS: PART A - HEADQUARTERS BUDGET - ADRA/I

Account Name			Actual Expenditures to date 10/01/93 - 09/30/95 USAID	Actual Expenditures to date 10/01/93 - 09/30/95 ADRA	Projected Expenditures Against Remaining Obligated Funds 09/30/95 - 09/30/96 USAID	Projected Expenditures Against Remaining Obligated Funds 09/30/95 - 09/30/96 ADRA	Total Agreement budget 10/01/93 - 09/30/96 USAID	Total Agreement budget 10/01/93 - 09/30/96 ADRA		Total Agreement Budget
PERSONNEL	HQ	Wages & Salaries	65,649	20,445	(16,838)	(4,958)	48,811	15,487		64,298
	Field	Technical Wages & Salaries								
	Field	Other Wages & Salaries								
	HQ	Fringes								
	Field	Fringes								
TRAVEL/PERDIEM	HQ	Domestic [USA]								
	HQ	International	25,961	9,839	(1,129)	(1,562)	24,832	8,277		33,109
	Field	In-country								
	Field	International		0		16,873	42,363	16,873		59,236
CONSULTANT	HQ	Evaluation Consultant Fees	17,910	5,431	1,053	4,028	18,963	9,459		28,422
	Field	Other Consultant Fees			94,806		94,806			94,806
	Field	Consultant Travel/PerDiem			48,887	28,652	48,887	28,652		77,539
PROCUREMENT	HQ	Supplies								
	Field	Supplies								
	Field	Services								
	HQ	Equipment								
	Field	Equipment								
	HQ	Training	949	889	(949)	(889)	0	0		0
	Field	Training								
OTHER DIRECT COSTS	HQ	Communications	625	305	5,742	1,605	6,367	1,910		8,277
	Field	Communications								
	HQ	Facilities								
	Field	Facilities								
	HQ	Other Costs	0	0	40,574	12,344	40,574	12,344		52,918
	Field	Other Costs								
INDIRECT COSTS		Overhead	109,060	36,333	65,697	24,649	174,757	60,982		235,739
TOTAL - HEADQUARTERS/ADRA/I			220,154	73,242	237,843	80,742	500,360	153,984		654,344

CHILD SURVIVAL - 9 | COUNTRY - NEPAL

BUDGET - Cooperative Agreement No. FAO-0500-A-00-3029-00

1995 PIPELINE ANALYSIS: | PART B - COUNTRY BUDGET - NEPAL

Account Name			Actual Expenditures to date 10/01/93 USAID	Actual Expenditures to date 09/30/95 ADRA	Projected Expenditures Against Remaining Obligated Funds 09/30/95 USAID	Projected Expenditures Against Remaining Obligated Funds 09/30/96 ADRA	Total Agreement budget 10/01/93 USAID	Total Agreement budget 09/30/96 ADRA	Total Agreement Budget
PERSONNEL	HQ	Wages & Salaries							
	Field	Technical Wages & Salaries	51,805		69,926		121,731		121,731
	Field	Other Wages & Salaries	40,607	0	34,440	41,237	75,047	41,237	116,284
	HQ	Fringes							
	Field	Fringes		1,049		2,453		3,502	3,502
TRAVEL/PERDIEM	HQ	Domestic [USA]							
	HQ	International							
	Field	In-country	486		2,984		3,470		3,470
	Field	International	2,437		3,930		6,367		6,367
CONSULTANT	HQ	Evaluation Consultant Fees							
	Field	Other Consultant Fees	18,754		(2,269)		16,485		16,485
	Field	Consultant Travel/PerDiem							
PROCUREMENT	HQ	Supplies							
	Field	Supplies	19,946	1,225	6,357	#VALUE!	26,303		26,303
	Field	Services	15,385		(1,977)		13,408		13,408
	HQ	Equipment							
	Field	Equipment		38,849		7,587		46,436	46,436
	HQ	Training							
	Field	Training					25,439		25,439
OTHER DIRECT COSTS	HQ	Communications							
	Field	Communications	9,094		1,557		10,651		10,651
	HQ	Facilities							
	Field	Facilities	14,477	7,815	22,064		36,541	38,669	75,210
	HQ	Other Costs							
	Field	Other Costs	21,245	1,823	(3,077)	(1,823)	18,168	0	18,168
INDIRECT COSTS									
TOTAL - COUNTRY NEPAL			194,236	50,761	159,374	79,083	353,610	129,844	483,454

CHILD SURVIVAL - 9 COMBINED - HEADQUARTERS + COUNTRY/FIELD

BUDGET - Cooperative Agreement No. FAO-0500-A-00-3029-00

1995 PIPELINE ANALYSIS: PART C - HEADQUARTERS + FIELDS (COUNTRIES) BUDGET

Account Name			Actual Expenditures to date 10/01/93 - 09/30/95 USAID	Actual Expenditures to date 10/01/93 - 09/30/95 ADRA	Projected Expenditures Against Remaining Obligated Funds 09/30/95 - 09/30/96 USAID	Projected Expenditures Against Remaining Obligated Funds 09/30/95 - 09/30/96 ADRA	Total Agreement budget 10/01/93 - 09/30/96 USAID	Total Agreement budget 10/01/93 - 09/30/96 ADRA	Total Agreement Budget
PERSONNEL	HQ	Wages & Salaries	65,649	20,445	(16,838)	(4,958)	48,811	15,487	64,298
	Field	Technical Wages & Salaries	94,617		134,331		228,948		228,948
	Field	Other Wages & Salaries	76,393	26,530	50,545	54,502	126,938	81,032	207,970
	HQ	Fringes							
	Field	Fringes	20,544	7,151	8,299	5,504	28,843	12,655	41,498
TRAVEL/PERDIEM	HQ	Domestic [USA]							
	HQ	International	25,961	9,839	(1,129)	(1,562)	24,832	8,277	33,109
	Field	In-country	1,826		5,464		7,290		7,290
	Field	International	5,593		51,995		57,588	16,873	74,461
CONSULTANT	HQ	Evaluation Consultant Fees	17,910	5,431	1,053	4,028	18,963	9,459	28,422
	Field	Other Consultant Fees	26,613		100,302		126,915		126,915
	Field	Consultant Travel/PerDiem			48,887	28,652	48,887	28,652	
PROCUREMENT	HQ	Supplies							
	Field	Supplies	20,735	3,725	20,760	5,194	41,495	8,919	50,414
	Field	Services	22,997	0	7,602	0	30,599	0	30,599
	HQ	Equipment							
	Field	Equipment	6,027	91,297	(652)	1,639	5,375	92,936	98,311
	HQ	Training	949	889	(949)	(889)	0	0	0
	Field	Training	34,430		10,110		44,540		44,540
OTHER DIRECT COSTS	HQ	Communications	625	305	5,742	1,605	6,367	1,910	8,277
	Field	Communications	13,344		(1,897)		11,447		11,447
	HQ	Facilities							
	Field	Facilities	22,150	7,815	35,655	30,854	57,805	38,669	96,474
	HQ	Other Costs	0	0	40,574	12,344	40,574	12,344	52,918
	Field	Other Costs	60,035	3,579	11,733	27,921	71,768	31,500	103,268
INDIRECT COSTS		Overhead	109,060	36,333	65,697	24,649	174,757	60,982	235,739
GRAND TOTAL - HEADQUARTERS + COUNTRIES			625,458	213,339	577,284	206,356	1,202,742	419,695	1,622,437