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

August 22 - September 12, 1991

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LIST OF ABBREVIATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

II. GEOGRAPHIC AREA AND STUDY POPULATION

The FPAN-FFH/Nepal Child Survival Project serves a remote population of 22,000 people scattered throughout the rugged foothills of the Himalayan mountain range in Sindhupalchok district, Bagmati zone, bordering Tibet in the north. Child Survival impact area elevations range from 3,000-20,000 feet, and access to all households is by rugged, steep, ill-defined trails. Much of the impact area is inaccessible during the rainy season (June-August) due to swollen rivers and/or frequent landslides. Travel between villages in the impact area takes several hours to one day of hard walking, depending on trail conditions.
Sindhupalchok district is divided into four blocks; the CS impact area covers Indrawati Block. Indrawati Block is situated in a remote, hilly area of the northwest part of the district, 60 kilometers from the district headquarters, Chautara Bazaar. The Indrawati Block consists of rugged Himalayan foothills and a large valley cut by the Indrawati River. The CS impact area consists of eight VDCs; two lie on one side and six lie on the other side of the Indrawati River. The boundary of each VDC is defined by fast-running, perennial, or rainfed rivers, tributaries of the Indrawati.

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

Estimated beneficiary populations for the Child Survival Services includes:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Duration</th>
<th>Population</th>
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<tr>
<td>Infants 0-11 months</td>
<td></td>
<td>800</td>
</tr>
<tr>
<td>Children 12-23 months</td>
<td></td>
<td>700</td>
</tr>
<tr>
<td>Children 24-35 months</td>
<td></td>
<td>675</td>
</tr>
<tr>
<td>Women 15-45 months</td>
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<td>4,840</td>
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III. METHODOLOGY

A. Schedule of Activities:

August 22-24: In Kathmandu
- Final preparation of questionnaire
- Procure final supplies
- Meet with designated agencies

August 25: Travel to CS impact area, Tipeni

August 26: Training and deployment schedule preparation

August 27-29: Supervisor and interviewer training

August 30 - September 7: Implement household interviews

September 6-9: Data tabulation, analysis, and report writing

September 10: Feedback to the community

September 11: Travel Back to Kathmandu
B. Survey Planning:

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

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

C. The Survey Process:

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

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

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

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

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

\[ n = \frac{z^2pq}{d^2} \]
\[ n = \text{Sample size} \]
\[ z = \text{Value of } z \text{ taken from the Normal Probability Distribution table at chosen level of statistical certainty (1.96 at 95%, two-sided)} \]
\[ p = \text{Estimated prevalence/coverage rate/level of knowledge} \]
\[ q = 1-p \]
\[ d = \text{precision desired} \]

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

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

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

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

Village names and borders are known by local residents and the FPAN staff, and wards are clearly numbered and have distinguishable borders. FPAN-FFH/Nepal obtained the number of households located in each of 72 wards. Using the standard WHO 30-cluster sample survey technique, 30 wards were randomly selected in which to carry out the \( K \& P \) survey. In wards that contained more than one village, a village in which to begin was randomly selected.
Interviewers would select eight households for interviews in each of the "randomly selected" 30 wards. After reaching the starting village in each ward, interview teams would identify the home of the oldest person (Budha Manchhe) living in the village. In front of this Budha Manchhe's home, the team supervisor would use the "Spin the Bottle" technique to choose a random direction in which to start.

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

(iv) **Data Collection:**

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

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

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

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

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

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

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

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

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

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

d. Data Analysis: Prior to tabulation, the Survey Coordinators reviewed all questionnaires for inconsistencies. It was determined that all questionnaires of one team (40 questionnaires) were questionable, and it was decided that the area needed to be resurveyed. This took four teams an additional 1 1/2 days. Also, data from nine questionnaires had to be retrieved, and two interviewers were redeployed for this purpose. Two
additional questionnaires had to be discarded because information could not be retrieved.

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

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

IV. SUMMARY OF RESULTS

A. Characteristics of Study Population:

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

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

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

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

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

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

B. Kitchen Gardens:

87% (N=238) of mothers surveyed grow kitchen gardens, of which 97% reported they grow them for family consumption.
Of the mothers growing kitchen gardens, 91% (N=238) reported growing "Rayo" (local lettuce), 86% reported growing radish, 40% pumpkin, 22% beans, 16% cauliflower, 11% bitter-gourd, and 8% garlic.

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

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

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

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

D. Growth Monitoring/Promotion:
70% (N=238) of mothers surveyed stated that they take their child to be weighed.

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

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

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

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

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

When asked what actions then should take if their child has diarrhea, 32% (N=238) of mothers surveyed responded take the child to the health center, 26% said give sugar-salt-solution, and 18% said give ORS sachets.
78% of mothers surveyed mentioned at least one sign or symptom which would cause them to seek treatment for their child's diarrhea (vomiting - 10%, fever - 28%, dehydration - 16%, prolonged diarrhea - 17%, blood in stool - 11%, loss of appetite - 23%, and weakness - 14%).

F. Immunization:

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

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

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

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

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

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

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

G. Family Planning:

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

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

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

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

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

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

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

V. DISCUSSION

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

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

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

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

The survey indicates there may be a problem with mothers not giving their children colostrum (16% of mothers did not breastfeed within 8 hours of delivery and 50% of mothers stated they expressed breast-milk the first feeding). However, it is not known how
much milk the mothers expressed. The project has been promoting the feeding of colostrum; however, with these results it is difficult to judge the success of this intervention.

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

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

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

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

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

The individual antigen immunization rates are:

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

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

The drop-out rate for DPT is 12% [(DPT1 - DPT3) x 100]. This is low, but still leaves room for improvement.
Tetanus toxoid immunization rates were found to be 51% TT1 and 40% TT2+. This figure is the same as the target for the project, and is above the national average of 29% (USAID, 1989).

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

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

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

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

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

VI. GENERAL IMPRESSIONS

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

The project carried out a 30-cluster in November 1990, and many of the people involved in that survey were also involved in this survey. All the supervisors involved in this year’s survey had been involved in the previous survey (except for one new supervisor). This allowed the supervisors to carry out the survey quickly and smoothly.
There was, however, an unfortunate situation which put into doubt all questionnaires of one supervisor and made it necessary to resurvey five wards.

Aside from this incident the survey was carried out in a highly professional manner, and the coordinators have the utmost confidence in the integrity of the results.
Appendix I
Breastfeeding & Weaning Food Practices

When Should a Mother Add Additional Foods to Breastfeeding?

<table>
<thead>
<tr>
<th>Response</th>
<th>FREQUENCY</th>
<th>CUMULATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>earlier than 4 months</td>
<td>106</td>
<td>45%</td>
</tr>
<tr>
<td>between 4-6 months</td>
<td>44</td>
<td>18%</td>
</tr>
<tr>
<td>6 months or later</td>
<td>51</td>
<td>21%</td>
</tr>
<tr>
<td>do not know</td>
<td>37</td>
<td>16%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>YES</th>
<th>NOT STATED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>Ghee &amp; rice</td>
<td>64</td>
<td>26.9%</td>
</tr>
<tr>
<td>Milk &amp; rice</td>
<td>73</td>
<td>30.7%</td>
</tr>
<tr>
<td>Sarbottam pitho</td>
<td>93</td>
<td>39%</td>
</tr>
<tr>
<td>Lito</td>
<td>124</td>
<td>52%</td>
</tr>
<tr>
<td>Other</td>
<td>66</td>
<td>27.7%</td>
</tr>
<tr>
<td>Don't know</td>
<td>7</td>
<td>3%</td>
</tr>
</tbody>
</table>
Appendix I cont.

**Diarrhea Treatment**

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

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

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

<table>
<thead>
<tr>
<th>Stated Action</th>
<th>YES</th>
<th>Count</th>
<th>Percent</th>
<th>NOT STATED</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take child to Health Center</td>
<td>77</td>
<td>32.4%</td>
<td>161</td>
<td>67.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give child more fluids than usual</td>
<td>29</td>
<td>12%</td>
<td>209</td>
<td>88%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give the child smaller, more frequent feedings</td>
<td>6</td>
<td>3%</td>
<td>232</td>
<td>97%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withhold fluids</td>
<td>-</td>
<td>-0-</td>
<td>238</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withhold foods</td>
<td>-</td>
<td>-0-</td>
<td>238</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>122</td>
<td>51%</td>
<td>116</td>
<td>49%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>48</td>
<td>20%</td>
<td>190</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix I cont.

Immunization & Growth Monitoring

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>YES Count</th>
<th>YES Percent</th>
<th>NO Count</th>
<th>NO Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>77</td>
<td>71%</td>
<td>32</td>
<td>29%</td>
</tr>
<tr>
<td>DPT1</td>
<td>72</td>
<td>66%</td>
<td>37</td>
<td>34%</td>
</tr>
<tr>
<td>DPT2</td>
<td>66</td>
<td>61%</td>
<td>43</td>
<td>39%</td>
</tr>
<tr>
<td>DPT3</td>
<td>63</td>
<td>58%</td>
<td>46</td>
<td>42%</td>
</tr>
<tr>
<td>Measles</td>
<td>56</td>
<td>51%</td>
<td>53</td>
<td>49%</td>
</tr>
<tr>
<td>Complete Series</td>
<td>48</td>
<td>44%</td>
<td>61</td>
<td>56%</td>
</tr>
</tbody>
</table>

Tetanus vaccination information on mothers vaccinated and on total interviewed:

<table>
<thead>
<tr>
<th>Tetanus</th>
<th>FREQUENCY</th>
<th>CUMULATIVE</th>
<th>% OF 238</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st vaccination</td>
<td>25</td>
<td>21%</td>
<td>25</td>
</tr>
<tr>
<td>2nd vaccination</td>
<td>96</td>
<td>79%</td>
<td>121</td>
</tr>
</tbody>
</table>
Appendix 2
FPAN-FFH/Nepal Survey Questionnaire—August 30 - September 7, 1991

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

Interview Date________, 1991.
Reinterview Date________
Name of interviewer:
Supervisor:

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

Mother's Education/Occupation

3. What was the highest education level you attained?
   A. None _______
   B. Primary, does not read _______
   C. Primary, reads _______
   D. Secondary _______
   E. Other (specify) _______

4. Do you work away from home?
   A. Yes _______
   B. No _______

5. Do you do any "income-generating" work?
   A. Carpet Weaving _______
   B. Radi _______
   C. Other (specify) _______

6. Who takes care of (name of child) while you are away from home? (multiple answers possible)
   A. Mother takes child with her _______
   B. Husband _______
   C. Grandparent/Aunt _______
Kitchen Gardens

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

8. What vegetables do you grow?
   A. Rayo
   B. Radish
   C. Spinach
   D. Cauliflower
   E. Cabbage
   F. Cress
   G. Turnip
   H. Beans
   I. Other (specify)

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

Breastfeeding/Nutrition

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

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

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

13.a. Are you giving (name of child) water?
    A. Yes
    B. No
    C. Don’t know
b. Are you giving (name of child) semisolid foods such as dhud bhaat (rice with milk), jaulo (porridge), lito (gruel), or sarbotam pitho (mixed grains and lentil porridge)?
   A. Yes
   B. No
   C. Don't Know

c. Are you giving (name of child) leafy green vegetables, such as sag?
   A. Yes
   B. No
   C. Don't Know

d. Are you giving (name of child) meat, lentils, peanuts, or beans?
   A. Yes
   B. No
   C. Don't Know

e. Are you adding sugar to (name of child)’s meals?
   A. Yes
   B. No
   C. Don't Know

f. Are you adding fat (ghee) or oil to (name of child)’s meals?
   A. Yes
   B. No
   C. Don't Know

14. If you do not produce enough milk within the first three or four days after delivery, what can you do to increase milk production? (multiple answers possible)
   A. Frequent sucking
   B. Drink nutritious fluids
   C. Other (specify)
   D. Don’t Know

15. After delivery, when you first breastfed (name of child), did you express the first breastmilk?
   A. Yes
   B. No
   C. Don’t Know

16. When should a mother add additional foods to breastfeeding?
   A. Start weaning earlier than 4 months
   B. Start weaning between 4 and 6 months
   C. Start weaning after 6 months
   D. Don’t Know
17. What should the additional foods to breastfeeding be?
   A. Ghee and rice
   B. Milk and rice
   C. Sarborram pithi (mixed grains and lentils)
   D. Lito (gruel)
   E. Don’t Know
   F. Other

Growth Monitoring

18. Do you take (name of child) to be weighed?
   A. Yes
   B. No (go to #21)

19. Does (name of child) have a growth monitoring/promotion card?
   A. Yes (must see card)
   B. Lost card (go to #21)
   C. No (go to #21)
   D. Don’t Know (go to #21)

20. Look at the growth monitoring card of (name of child) and record the following information: Has (name of child) attended any GM/P weighing sessions in the past six months?
   A. Yes, once
   B. Yes, twice
   C. Yes, three times
   D. Yes, more than three times
   E. No

21. Why should you have (name of child) weighed?
   A. To see if the child is growing well
   B. To see if the child is about to get sick
   C. VHW/FHW tells me to weigh my child
   D. Other (specify)
   E. Don’t Know

Diarrheal Diseases

22. Has (name of child) had diarrhea during the last two weeks?
   A. Yes
   B. No (go to #29)
23. During (name of child)'s diarrhea did you provide breastmilk or other fluids, (read the choices to the mother)
   A. More than usual
   B. Same as usual
   C. Less than usual
   D. Stopped completely

24. During (name of child)'s diarrhea, did you provide (name of child) with solid/semisolid foods? (read the choices to the mother)
   A. More than usual
   B. Same as usual
   C. Less than usual
   D. Stopped completely
   E. Exclusively breastfeeding

25. After (name of child)'s diarrhea, did you provide (name of child) with solid/semisolid foods? (read the choices to the mother)
   A. More than usual
   B. Same as usual
   C. Less than usual
   D. Stopped completely
   E. Exclusively breastfeeding

26. When (name of child) had diarrhea, what treatments, if any, did you use?
   A. Jeevan Jel (ORS sachet)
   B. Nun-chini-paani (SSS)
   C. Other liquids (specify)
   D. Other
   E. None

27. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea?
   A. Yes
   B. No

28. From whom did you seek advice or treatment for the diarrhea of (name of child)?
   A. VHW
   B. FHV
   C. HealthPost
   D. Traditional Healer
   E. TBA
   F. Neighbor (specify)

29. What are important actions you think should be taken if (name of child) has diarrhea? (multiple answers possible)
| A. | Take to health post |   |
| B. | Give more to drink than usual |   |
| C. | Give smaller/more frequent feeds |   |
| D. | Withhold fluids |   |
| E. | Withhold foods |   |
| F. | Other (specify) |   |
| G. | Don’t Know |   |

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

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

**Immunizations**

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

| A. | Yes |   |
| B. | No |   |
| C. | Don’t Know |   |

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

| A. | Specify in months |   |
| B. | Don’t Know |   |

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

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

34. How many tetanus toxoid injections does a pregnant women need to protect the newborn infant from tetanus?
35. Do you have an immunization card for (name of child)?
   A. Yes (must see card)
   B. Lost it (go to #37)
   C. Never had one (go to #37)

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

   BCG   OPV
   1st   1st
   2nd   2nd
   3rd   3rd

   DPT
   1st
   2nd
   3rd

   Measles

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

38. Interviewer, look at maternal health card. Record the number of TT vaccinations the mother has received.
   A. One
   B. Two
   C. More than two

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

40. When do you want another child?
   A. After one year
   B. After two years
C. After three years
D. I do not want another child

41. Do you know about family planning?
   A. Yes
   B. No (go to #45)

42. Which methods of family planning do you know of? (multiple answers possible)
   A. Depo Injection
   B. Pills
   C. Condom
   D. Vasectomy
   E. Other (specify)

43. Are you currently using any method of family planning?
   A. Yes
   B. No (go to #45)

44. What method(s) of family planning are you or your husband using?
   A. Depo injection
   B. Pills
   C. Condom
   D. Vasectomy
   E. Other (specify)

45. How soon after a woman becomes pregnant should she go to a health post for an examination?
   A. Within the first three months
   B. From 4 to 6 months
   C. From 7 to 9 months
   D. No need for an examination
   E. Don’t Know

46. During pregnancy do you think you should eat more or less than usual?
   A. More than usual
   B. Same as usual
   C. Less than usual
   D. Don’t Know

47. What foods are good for a woman to eat when she is pregnant? (multiple answers possible)
   A. Leafy green vegetables
   B. Pulses
   C. Meat, eggs, fish
   D. Fruits
   E. Other (specify)
48. When you were pregnant with (name of child) did you visit any health site for pregnancy/prenatal care?
   A. Yes
   B. No

49. At the delivery of (name of child) who tied and cut the cord, and how was it cut?
   A. Yourself, with sterile equipment
   B. Family member, with sterile equipment
   C. Self or family member, traditional method
   D. TBA
   E. Other (specify)
   F. Don’t Know
<table>
<thead>
<tr>
<th>Appendix 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FPAN-FTH/Nepal Survey Questionnaire—August 30 - September 7, 1991</strong></td>
</tr>
<tr>
<td>(in Nepali)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>मामलो तथा विषयः</th>
</tr>
</thead>
<tbody>
<tr>
<td>तपाईको वर्गमान प्द्दुः भस्को हो?</td>
</tr>
<tr>
<td>क) हैं</td>
</tr>
<tr>
<td>ब) स्कुल गस्को हैं, पद्धति बांडैन।</td>
</tr>
<tr>
<td>ग) स्कुल गस्को, पद्धति बांडैन।</td>
</tr>
<tr>
<td>ध) माध्यमिक</td>
</tr>
<tr>
<td>ध०) अन्य (उल्लेख गराउनु)</td>
</tr>
</tbody>
</table>

| तपाई सिम्बल-वक्ता धरा बाहिर गरा काम गर्नु हुन्छ? |
| क) .............. बुझ्न गर्नु। |
| भ) .............. गर्दैन। |

| तपाई पेयाको ठाकुर बुलि काम गर्नु हुन्छ? |
| क) गड्भो बुन्ने |
| भ) रात्री बुन्ने |
| ग) अन्य (उल्लेख गर्नु) |
| घ) गर्दैन |

| तपाई काम गर्न बाहिर गस्को बेला (नाम) ............... धरा बुझ्ने खेख? |
| क) नाती भामास्को जान्छ |
रोजल बारी 

७. तपाई हालको रोपनु हुन्छ?
   a) रोपिनु
   b) दोस्रो

८. तपाई के ताल मागाले रोपनु हुन्छ? (जबन्दी अथवा फक्त होस्)
   a) तालो
   b) पूना
   c) भाजी
   d) बन्दा
   e) गान्छु मृदा
   f) अन्य (उल्लेख गर्नु होस्)

९. तपाई सागरको की गर्नु हुन्छ?
   a) बाही 
   b) केही 
   c) बाही र केही 
   d) अन्य (उल्लेख गर्नु होस्)

बातको दृष्टि र पौष्टिक 

१०. ................................ घर आफ्नो दूध खुलाउँदै हुनु हुन्छ?
   a) हुन 
   b) कैन 

१२. ................................ घर तपाइं आफ्नो दूध खाउँदै खुलाउँ म्छ?
   a) खुलाउँ 
   b) खुलाउँ (प्रश्न १२ मा जानिनुहोस्)

(प्रश्न...)

(प्रश्न...)
12. \[\text{जम्मैपाक्षि तपासूने उसहारे काळते बेपाक्षि आफ्रनो}

\[\text{दूध सुवारु शुरू गणारे भयो?}\]

\(a\) \[\text{एक घण्टा बिम्टर} \]
\(b\) \[\text{एक घण्टा देश} 5 \text{ घण्टाको लोकमा} \]
\(c\) \[\text{8 घण्टा भन्दा पाखि} \]
\(d\) \[\text{सम्मना छैन} \]

12. \[\text{कहाँ पानी सुवारु डुं डुं हुन्छ?}\]

\(1\) \[\text{छु} \]
\(2\) \[\text{कैन} \]
\(3\) \[\text{थाहा कैन} \]

\(b\) \[\text{कहाँ आफ्रनो दूध बाँकी जाउनो, छिटो, दुभापात, समेत पानी सुवारु डुं डुं हुन्छ?}\]

\(1\) \[\text{सुवारु छु} \]
\(2\) \[\text{कैन} \]
\(3\) \[\text{थाहा कैन} \]

\(c\) \[\text{कहाँ हाँड्रे सागपात उसंग्लुङ्गा भिक्षा} \]

\(1\) \[\text{सुवारु छु} \]
\(2\) \[\text{कैन} \]
\(3\) \[\text{थाहा कैन} \]

\(d\) \[\text{कहाँ माथुङ्गे गैडेगुणी सुवारु डुं डुं हुन्छ?}\]

\(1\) \[\text{सुवारु छु} \]
\(2\) \[\text{कैन} \]
\(3\) \[\text{थाहा कैन} \]

\(e\) \[\text{कहाँ उसंग्लुङ्गा चिनी।मह(सुवारु) भिक्षा} \]

\(1\) \[\text{सुवारु छु} \]

(कृपया...
2. सुवार्दिन
3. धारा कैन

च) छाई साने कुरामा चिली (धिंगालिय) राखेर मुवानु हुन्छ?

1. मुवारंजु
2. सुवार्दिन
3. धारा कैन

14. नारी जलिउँक 31.5 दिनमात्र दूध बाजन भी तपाईं वो गानु हुन्छ? (स्थानीय जोडलेले)
   क) नारीनाथ दूध धारकर मुवानुत्रज
   ख) बाकी त्याको काठ पितुने
   ग) अवध (उल्लेख गणना होइ)
   घ) धारा कैन

15. नारी जलिउँक दूध मुवानु धुं गानद्र तपाईं आफूँ नो दूध निवारिण फाँडाये
   मुवानु हुन्छ वि नकारात्मक मुवानु हुन्छ?
   क) नकारात्मक मुवानुत्रज
   ख) आफूँ बाँच फाँडाये मुवानुत्रज
   ग) धारा कैन

16. नारीको जमैर काल मलिक नारीनाथ बामाको दूध बारीक भव धानेको
   मुवानु धुं गानु पहिले?
   क) ४ मालन पालिकेदै
   ख) ५ मालन पालिकेदै
   ग) ६ मालन पालिकेदै
   घ) धारा कैन

17. बामाको दूध बारीक नारीनाथ यस्री मुवानुत्रज बामाक के के होला?
   क) राजीव भात
   ख) दूध भात
   ग) सबोब पीटो
   घ) झिटो
   च) धारा कैन
वाट पाए-तोहँ

२८. थाट तपाषी जोखन। तोहँन थाटे गाड़ भएको ह।

क) ह  
ब) घनी (प्रश्न २७ मा जानु होइँ)

२६. नानी जोखी बागढ़ ह।

क) ह  (कार्ड है नमूलोक)
ब) हरायी (प्रश्न २९ मा बागढ़होड़)
ग) घन  
घ) धारा घन ( २९ , , , , )

२०. जन्त्र खाता 'हिंदे कार्ड हरी गत्न ६ माहिनामा (गत बैत-बदन)। एकवा बाजत। घन जोखिको बि-गा खाँजुगी।

क) एक पटक  
ब) दुई पटक  
ग) तीन पटक  
घ) तीन पटक भन्दा बढी

(५५) कृपया करेउ । थाट जित जोखी को, धारा ह।

क) नानी रामकृष्ण बंदेक नि ह (ने घन मति घाँजुगी)
ब) नानी हिरामो। बुज आटिको नि ह (ने मति)
ग) रा स्वा का। मु. स्वा। खै। खे जोमुङे मनालु।
घ) अन्य (उल्लेख गद्दिको)

३०) धारा घन

भाषा प्रश्नात

२२. तपाषी । थाट बाज घन्दा दुई लोटा अघि प्रश्नात।

क) घियो
23. .........., आप पशावा ठाणको बेहतर तपाईं बक्षजनी दूर र अन्तर को चालू बालकुटा (सबै जेटकै टेक्लास):
  क) सबैको भन्दा गरी पटक खुवाउनु भयो?
  छ) जब्रो बाट नै खुवाउनु भयो?
  ज) सबैको भन्दा कम खुवाउनु भयो?
  घ) खुवाउन पूरा बन्द गर्नु म्यान?

24. .........., जब्रो पशावा ठाणको बेहतर बहाल (सबै फर्ताङ्गहीन):
  क) सबैको भन्दा गरी पटक दिनु भयो?
  छ) सबैको जबान नै दिनु भयो?
  ज) सबैको भन्दा गर्ने पटक दिनु भयो?
  घ) दिनु नै म्यान?

25. .........., आए, पशावा ठाणको भएप्या उपचार बाहीर भए। (सबै पद्धो हरू):
  क) सबैको भन्दा गरी पटक खान दिनु भयो?
  छ) सबैको जबान नै खान दिनु भयो?
  ज) सबैको भन्दा गरी पटक खान दिनु भयो?
  घ) खान नै म्यान?

26) बाहीर आएको दुई मार्ग सुखाउनु भयो?

27. .........., आए पशावा ठाणको बेहतर बन्द्रा नेपाल उपवाङ्ग गराउनु भयो? (सबै जवाफवा हेतु वोय)
  क) जीवन-जल
  छ) तुन-पितीत-पानी
  ज) अर्क भोजन खानेको (उत्तेज गर्नु हो)
  घ) अन्य (उत्तेज गर्नु हो)
  छ) बहिर गरिन


27. ................. टाव पताका ठाणेको बेंझा तपाईले बस्ने सलाह दिने।

उपवार गराउने काम गनु मिने?

क) गरे

ख) गर्लिं (प्रश्न 26 मा जानौ होस्)

तपाईले कोबाट सल्लाह छिने अथवा उपवार गराउने काम गनु मिने?

क) प्रा. त्वा. का.

ख) मु. त्वा. मै. दे.

ग) स्वास्थ्य केही अस्त्वात

घ) काम-भागी

ड) जुनेनी

च) ठिकली (उल्लेख गनु होस्)

छ) बप्य (उल्लेख गनु होस्)

5. तपाईले ................. टाव पताकाले टार्पे भने तपाईले के खे गनु हुन्छ?

क) स्वास्थ्य केही अस्त्वात ठाने

ख) बन्नागाड़ विदेशी मन्त्र थेरे पिता दिने

ग) धूने साना घरिखारियु सुवासी

घ) पितु तुमा गाँठ्टि

ड) बाँटा नबन्ने

च) बिंक उल्लेख गनु होस्

छ) बाहा ढेन

10. पताकाले ठाणेको बेंझा ................. टाव के खे भाको देशु भयो भन्ने तपाईले के गनु मन्त्र अस्त्वात ठाने अथवा बौजादिय गनु काम-गनु हुन्छ?

(सबै जलाफे देशु होस्)

क) बाँटा गरे

ख) उपवार: बास:

ग) बन्नागाड़ मुँ मुँ दुःखी, आफ्नो गाथाहरू, बिसास गरेल भने

घ) देरै दिनसम्म (कामो १५ दिन) पताका चार्ग रहे

(अग्म.)
21. .................. चाहि बोपाँजु मर्यादा की?
   ध) र
   र) राख्न
   घ) धारा राख

22. तपाईको ............... चाहि व्यतिरेक मात्राको हुन्दा ढाकुरको कोण रेखा पाई?
   ध) जवाक मात्राका देखि चोप
   र) धारा चोप

23. गर्मिको मात्राजो धूलि ताको (टोटो) घुमेने किन रेखा पाई?
   ध) गर्मिको मात्राजो धूलि ताको जोगाउन
   र) बन्ने बन्ने धूलि ताको जोगाउन
   घ) बन्ने भर्ना दुई धूलि ताको जोगाउन
   घ) वन्य (उल्लेख गर्ने होस)
   ड) धारा राख

4. गर्मिको भागाले धूलि ताको सूची लिखिए पाइ?
   ्ध) स्पष्ट पाँच पदेन
   र) स्पष्ट
   घ) दुख्जटा
   घ) दुख्जटा बढी
   ड) धारा राख

(क्रमजः)
35. ................. ठाँड़ छोप दिस्को खाग छ?

क) हु  __________________ (काढ़ रेनु रोग)

ब) काढ़ हरायो  __________________ (प्रश्न 37 मा जानु होगू)

ग) स्तूटे छोप पार्फो छेन  __________________ (प्रश्न 37 मा जानु लोगू)

36. (अन्तत्वाता रिकेट काड़ हेती चारी ठाँड़मा प्रत्येक होपको मिति भनी)

<table>
<thead>
<tr>
<th>होप</th>
<th>मात्रा</th>
<th>गति</th>
<th>महिना</th>
<th>वर्ष</th>
</tr>
</thead>
<tbody>
<tr>
<td>बीसोजि</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>बीवाटि</td>
<td>पाल्णर</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>दोभर</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>तेहर</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>पोखरयो</td>
<td>पाल्णर</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>दोभर</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>तेहर</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>दाङुरा</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

37. तपाईंको होपको कागजः?

क) हु  __________________ (काढ़ रेनु रोग)

ब) हरायो  __________________ (प्रश्न 38 मा जानु रोगू)

ग) हई  __________________ (प्रश्न 38 मा जानु रोगू)

38. (अन्तत्वाता रिकेट टॉटो काड़ हरी तह चिन्ह छागू)

क) स्कच  __________________

ब) दुजै  __________________

ग) दुजै भन्दा बढी  __________________

मातृ सिहार  __________________

39. तपाईं गर्मितो हुन थुङ्क?

क) हु  __________________ (प्रश्न 38 मा जानु रोगू)

(क्रमम्....)
40. अपने बच्चे किसी बच्चे के मायने तपाईं चाहायं हुन्छ?

क) १ वर्ष पाष्ट्र
ब) २ वर्ष पाष्ट्र
ग) ३ वर्ष पाष्ट्र
ध) चाहिएन

41. परिवार नियोजन बारे तपाईंचाहे धाराएँ हुने?

क) " " ----------------- (प्रश्न ४२ मा आँकेन)
ब) " " ----------------- (प्रश्न ४४ मा जानु होस्)

42. परिवार नियोजनको कुन उपाय बारे तपाईं जान्नु हुन्छ? (सवे जवाफ भेल्लु होस्)

क) ३ मार्इस पुर्ख
ब) " " बकीरी
ग) ठाछ (कर्डम)
ध) बन्ध्याकरण

43. तपाईं परिवार नियोजनको बारे बेली गाँव भएको हुने?

क) " " ----------------- (प्रश्न ४५ मा जानु होस्)

44. परिवार नियोजनको के तिन भएको हुन्छ तपाईं अधारट तपाईंको भाण्डा?

(सवे जवाफ भेल्लु होस्)

क) ३ मार्इस पुर्ख
ब) " " बकीरी
ग) ठाछ (कर्डम)
ध) बन्ध्याकरण

ड) अन्य (उल्लेख गाँव भोस्) ----------------- (प्रमाण: )
45. तपासकीर्तिवर्तमान शास्त्री ने गणितीय अभावों की कीमत महिना देखि ध्यानात्मक गठन 
जबार्थु पाहा?

a) 3 महिना देखि 
b) 6 महिना देखि 

46. गणितीय भर्ती के खिलाफ वांछित थे हात पाहू तक दीवार?

a) सैनिक भन्दा धेरै 
b) सैनिक को जाति नै 

47. गणितीय भर्ती के खिलाफ वांछित थे कबूल का हात पाहा?

a) चारो दाहिंदा 
b) गैस्टराइज 

c) मात्रु फुड़ 

d) फुड़ दूध 

48. तपासकीर्ति गंगा हुँदा तपास व्यवस्थापक केन्द्र ध्यानात्मक जबार्थु जाति भर्ती थिए?

a) राखी 
b) सिंधु 

c) राखी 

49. तपासकीर्ति गंगा हुँदा तपास व्यवस्थापक केन्द्र ध्यानात्मक जबार्थु जाति भर्ती थिए?

a) बारे तक त्यक्ति अस्मार्थर वाले 
b) बारे तक त्यक्ति अस्मार्थर वाले मान्दे। 

c) तुलना त्यक्ति अस्मार्थर वाले मान्दे। 

d) स्वेच्छा वाले 

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banskharka - 3, 5, 7, 9, Baruwa - 8</td>
<td>Team A</td>
</tr>
<tr>
<td>Baruwa - 1, 2, 5</td>
<td>Team B</td>
</tr>
<tr>
<td>Bhotang - All</td>
<td>Team C</td>
</tr>
<tr>
<td>Gunsa, Kot - All</td>
<td>Team D</td>
</tr>
<tr>
<td>Lagarche - All, Bhotenamlang 1, 4, 7</td>
<td>Team E</td>
</tr>
<tr>
<td>Dhap - All, Bhotenamlang 9</td>
<td>Returning Teams</td>
</tr>
</tbody>
</table>

