

iii. Barmajhiya Village, Barmajhiya Panchayat

Population:	3,667
Male:	1,967
Female:	1,700
No. of households:	707
No. of cases of sterilization:	78

(Location)

This village is located 4 km away from Godar Health Post and 5 km away from Sabaila Health Post. It is 2 hours' walk from the trunk road to this village.

(Main Facilities)

Primary school: 1

(Findings of Survey)

We had only one sample household in this survey. However, we could have interviews with an Ayurvedic doctor, the Panchayat pradhan and Panchayat secretary in this time. The questions we asked of the Ayurvedic doctor were important in collecting information on the medical care services in villages located halfway between two health posts and their residents' attitude to medical care services. Also the questions we asked of the Panchayat secretary were important in collecting information on the data collection system in the smallest administrative units (data on live births and deaths).

(a) Interview with Dr. Sakido Prasad Singh, an Ayurvedic doctor

Dr. S.P. Singh was born in India and obtained a degree from Ayurvedic College Patna, Bihar in 1951. In 1954 he

started practice in Barmajhiya Village at the villages' request, and 15 years ago he acquired Nepalese nationality. Currently he covers 10 to 11 villages.

He examines or treats 10 to 15 patients a day. He makes house calls even on patients living 6 to 7 km away. Dispensing is separated from medical practice. A pharmacy in Ragnatpur is 2 km away from this village and villagers have to get drugs there. Doctor's fee is 10 Rs. According to Dr. Singh, half of the village's total population are utilizing the health post and the remaining half are utilizing his clinic. He also told us that the health post's medical care system is insufficient and that serious cases are sent on to Janakpur Hospital or private clinics there.

Dr. Singh has 3 sons and 4 daughters. Two daughters who are married live separately. Regarding education of his children, he gives his sons to college level education and his daughters to secondary level education. In comparison with other households in Dhanusha, he is more liberal about education of daughter. It seems that the role of fathers who have the decision on education of children is quite important in raising the educational level of youngsters.

(b) Interview with Mr. Ramendradeep Dhakal, Panchayat pradhan

Mr. Dhakal, now serving his first term as Panchayat pradhan, said that the most important problem facing Barmajhiya Village is how to cope with floods as a result of the Charnath River overflowing its banks.

(c) Interview with Mr. Jainandan Duvey, Panchayat secretary

Mr. Duvey participated in the 1981 census as an

enumerator, conducting interview surveys. Prior to the start of interview surveys, he received guidance in district Panchayat, and then conducted interview surveys checking the questions and answers against those in the 1971 census. According to him, it takes about 20 minutes to interview a household.

(On Vital Statistics)

Barmajhiya Village introduced the vital registration system 4 months ago. Up until December 1985, 5 live births were registered (according to Dr. Singh, there were 15 to 20 births during the past 4 months). As data from Vital Registration office 7,885 births were registered in 1984 in Dhanusha. From this figure we get a crude birth rate of 18.23⁰/oo. According to various sample surveys, the average birth rate in Nepalese rural area is about 40⁰/oo. Then it follows that in this village about one-third of actual births are registered. If Dr. Singh's observation is right, one-third to one-fourth of actual births are registered in this village. It can be said that this fact reflects the whole picture of birth registration in Dhanusha District. It is those who want to acquire Nepalese citizenship and the affluent class that register births. One must have citizenship to be a government employee or to have his land registered. In other words, those who need citizenship are people of high educational level, or people of affluent class. This means that all other people are indifferent to birth registration. A penalty is only 1 Rs. for the delay in registering (within 35 days).

(d) Findings of the home-visit interview

The subject of this survey was a landlord who owns land of 25 bigha. Although prohibited by law, he has two wives. In his first marriage he had no child for 7 years. So he

married another woman. But later both wives bore him children. The first wife gave birth to 3 sons and 3 daughters and the second wife a son and a daughter. The two wives live together now. In Nepal where men only have inheritance rights, there are remarriages because of no childbirth. In the case of this survey, it seems he remarried because of the problems of inheritance. He underwent sterilization 12 years ago.

3) Points Specially Noted in Conducting the Survey

In Barmajhiya village, we first interviewed a Panchayat secretary to have an overview of the village. It is necessary to interview a key person in the village first in order to know outline of the village and the information collection system in the village.

It is of important to prepare questions to be asked of husbands only and those to be asked of wives only. For example, questions related to living conditions, assets, sources of information and development scheme should be asked of husbands only and those related to health, MCH and so on of wives only. In this way we can obtain more accurate replies.

When asking the respondent (his or her) age, ask questions in the checklist one after another to confirm the respondent's age. For example, the respondent's age of marriage and birth date should be confirmed after the ages of the householder and his wife were confirmed. Also the difference between the age of infant marriage and the age of actual marriage should be noted. Furthermore, when the respondent's age of first childbirth is so low, it is necessary to reconfirm her present age. As regards the educational level of the respondent, it often happens that his or her school age does not coincide with his or her grade. In such case, it is necessary to see if it is due to the respondent's failure in examination or if the respondent's knowledge of his or her own age is wrong.

In Nepal where an registration system is not implemented well, it is one of the most difficult tasks to confirm the respondent's age. According to an ESCAP report, only 13% of all married women knew their accurate dates of birth. So it is necessary to know the respondent approximate age by asking questions as mentioned above.

(2) Kavrepalanchok District

1) Method of selecting samples

In Kavrepalanchok District, Nala Village is already chosen as pilot area in the FP/MCH project. Accordingly, in this survey, Health Posts in Khopasi and Panchical and their surrounding villages were chosen as samples in order to compare with the facilities and utilization of Health Post in the pilot area.

2) Findings of Survey

i. Nala Village, Nala Panchayat

Population: 3,200

The Panchayat consists of Ugrachandi Nala Village and Tukucha Nala Village

No. of households surveyed: 3

(Location)

It takes 30 minutes by car from Banepa to this village. The roads are not in good condition. One-third of the total number of roads connecting this village to Banepa were constructed by the villagers. The Health Center is located 7 km away and Scheer Memorial Hospital 4 km away.

(Main Facilities)

Health post: 1, Primary school: 1, Middle school: 1
There is a 17-member committee responsible for maintenance of the health post.

The health post covers a population of 32,000 to 40,000.

Major villages covered by it are:

Ugrachandi Nala Village	0 km
Tukucha Nala Village	2 km
Devpur Village	10 km
Chhap Panchayat, Bhaktapur	4 km
Janagal Village, Ugratara Panchayat	3 km

(Findings of Survey)

Nala Village mainly consists of newar and many joint families reside. Most of the houses in this village are 3- or 4-story brick ones. The first floor of the brick house is usually used as pen and fodder shed. The second and third floors are for bedrooms and storage of crops. The uppermost floor is used as kitchen where "fire" is used. "Fire" is regarded as a sacred thing.

(Findings of Interview Survey)

The three households surveyed are "joint" or "stem" family. In the case of "stem", the basic family consists of three generations a lineal ascendant. In the case of "joint," the basic family consists of families of more than two married brothers. In the two "joint" households surveyed, the householders' second sons had succeeded them in the business. It is impossible to consider this small number of samples the whole picture of Nala Village. Among the married brothers in joint family they seemed to have each kitchen according to our few samples.

Table 3-10 Findings of Interview Survey of Nala Village

	Household (1)	Household (2)	Household (3)
Form of family	Joint	Joint	Stem
No. of family members	17 (9 children)	22 (18 children)	7 (4 children)
No. of married couples' households	3	2	1 (Mother is a widow.)
Education	Husband: No reply Wife: Illiterate Children: Education for own school age	Parents are illiterate. Children: Education for own school age	Eldest son: Secondary education Second son: Can only read, farming
Occupation, landholding	Priest, 8 ropani	Farming, 55 ropani	Farming, 12 ropani
Sources of information	Newspaper, radio	Newspaper, radio	Radio (sometimes)
Infant deaths	2	3	None
Place of childbirth	Home (hospital for one child)	Home (traditional midwife)	Home (family member, traditional midwife)
Vaccination	Small pox, DPT, Polio, GCG	DPT, Polio	DPT (only one child)
Source of water supply	Common well	Individual well	Common well
Family planning	No reply	No reply	Sterilization (female)

As shown in Table 3-10, electricity is installed in all the three households, but none of them have lavatory. We were told that they pay about 15 Rs. electricity charges a month. Two of the three households surveyed are rather rich. Each household gives education to their children according to their age and ability - up to university level. They mentioned "newspaper" as one of the sources of information, which was not observed in our survey in Dhanusha. On the

other hand, at poor families which cannot afford to subscribe to newspapers face to face communications play an important role. Therefore, fieldworkers' home visits and travelling services are most effective in promoting FP/MCH projects.

ii. Khopashi Village, Khopashi Panchayat

Population:	2,336
No. of households surveyed:	2

(Location)

There is a village called Panarti about 10 km away from Dhulikhel. This village is a little larger than Khopashi Village. Next to this village there is a river with no bridge over it. Khopashi Village is located about 2 km away from this river. Khopashi Village is a rather small village, but in this village a water power utilization project, a sericulture project and so on are being carried on.

(Main Facilities)

Health post, FP/MCH clinic, a primary school, a middle school, a high school and a English boarding school

(Findings of Interview Survey)

The main findings of the two households surveyed are shown in Table 3-11.

Table 3-11 Findings of Interview Survey in Khopashi Village

	Household (1)	Household (2)
No. of children	2	7
Occupation and land holding	Farming/7 ropani	Government employee, Farming/22 ropani
Place of childbirth	Home (family)	Home/hospitals (2 children)
Source of water supply	Common well	Drinking water/Common well Washing, bath/Piped water
Vaccination	DPT, Polio, BCG	DPT, Polio, BCG, Small pox
Family planning	Sterilization (5 years ago)	None

The head of the household (1) is a government employee. The household's land of 22 ropani is usually cultivated by husband's and wife's mothers and wife. In the busy season agricultural workers are hired (20 Rs. a day) for cultivating the land. The husband and wife have a son and 5 daughters. As they got a son now, they intend to undergo sterilization in the next mobile camp. They come to know the knowledge of family planning through other villagers. The eldest daughter is 16 years old and is now receiving education suitable for her school age. The household uses the common well 2 to 3 times a day. Bringing water from the well is a role of children. Their home is less than 1 km away from the health post. Since it is short of doctors and drugs, they usually go to hospital in Kathmandu when they fall ill.

iii. Tamagha Village, Panchikhal Panchayat

Population: 5,699

(Location)

This village is located 10 km away from Dhulikhel. The main road is in good condition. It is paved as far as Panchikal.

(Findings of Survey)

Panchikhal Health Post covers 4 panchayats. Population of each panchayat is as shown in Table 3-12.

Table 3-12 Populations of Panchayats Covered by Panchikhal Health Post

Panchayat	Population	No. of households	No. of wards	F.P.O.*
Panchikal	6,689	1,161	23	5,699
Hoksay	3,327	509	19	2,600
Anekot	3,565	623	21	1,500
Jyamdi	3,924	747	24	2,914

Note: * ; Figures provided by Family Planning Officer.
The other figures were provided by the health post in charge.

As Table 3-12 shows, the figures provided by the health post in charge differ from those provided by Family Planning Officer. The former were calculated on the basis of fieldworkers' reports and patients' clinical records, while the latter were calculated on the basis of the number of panchayats which was revised based on the 1981 census. It seems difficult to know the accurate population covered by the health post. Each health post is endeavoring to have a clear grasp of the population of each village on the basis of the findings of surveys conducted by fieldworkers. At district level, the following steps are taken to have an accurate population.

- (1) Voters' lists used in elections

- (2) Population calculated in censuses
- (3) Lists prepared at FPO on the basis of reports from each health post and fieldworkers

As the above figures are all unofficial, further examination should be required.

(Findings of Interview Survey)

The household surveyed consists of husband aged 35, wife aged 28 and two daughters. They live together with the husband's mother. Their 2-storied house has 2 rooms. The first floor is for cattle. They own land of 7 to 8 ropani. Since revenue from land is not enough, husband and wife work as agricultural workers or sell milk to make up for the budget deficit.

As to family planning, they are not planning birth control since they have now daughters only. The wife gave birth to two daughters at home, attended by the husband's mother. As to vaccination, they said that they had their daughters vaccinated when a fieldworkers visited their home, and that they did not know what kind of vaccination it was. They utilized the health post only once. On that occasion, health worker advised to keep their children's bodies clean. When seriously ill, they go to Banepa Hospital.

3) Points specially noted in conducting the survey

Since many households in Nala Village are composed of extended families, the number of the members of a household is about 20 on the average. It is possible to identify the household living together by identifying the household using a common cooking stove. In the households surveyed, the householders' second sons seemed to have succeeded them in the business. It seems

desirable to ask first questions about the family members' respective roles and the form of the family and then ask questions about the family member(s) responsible for taking care of children and their education. Furthermore, if the family is engaged in farming, the family members' respective roles in farming and the family's collaboration system. In Dhanusha, a conservative and cliquish attitude to education of women is prevalent. In comparison with this it appears that Kavrepalanchok enjoys a somewhat higher educational level of women. But educational level in Kavrepalanchok is low and there are so few sources of information as in Dhanusha. Under the circumstances it seems face to face communications, mobile camps and fieldworkers' home visits are contributing to FP/MCH. In measuring the rate of medical check-ups of pregnant women, rate of medical check-ups of children, rate of immunization of the 9 indicators as the ultimate goals, it will be necessary to prepare questions about the current state of these activities.

(Notes)

- (1) Central Bureau of Statistics, Population Census 1981 Social Characteristics Table, Vol. I, Part II. 1984.
- (2) Aryal, Deepak and others. eds., Nepal District Profile A Distinctive Socio-Techno-Economic Profile of Nepal, National Research Associates, 1982, Kathmandu, p. 167.
- (3) JICA, Preliminary Survey Report on Population and Family Planning in Nepal, June 1985.
- (4) Terai is a malaria-infected area, which has caused the high death rate in this area. In December 1958 the Malaria Eradication Office started its effort to exterminate malaria through exhaustive home visits. In Dhanusha a total of 95 Malaria Eradication Offices were established and during the peak period fieldworkers visited as many as 100 households a day. When malaria fieldworkers visited a household, a mark certifying to the visit was put on the wall of the house. This activity was at its peak until around 1969. Currently, fieldworkers visit only those households which have malaria patients. It appears that the

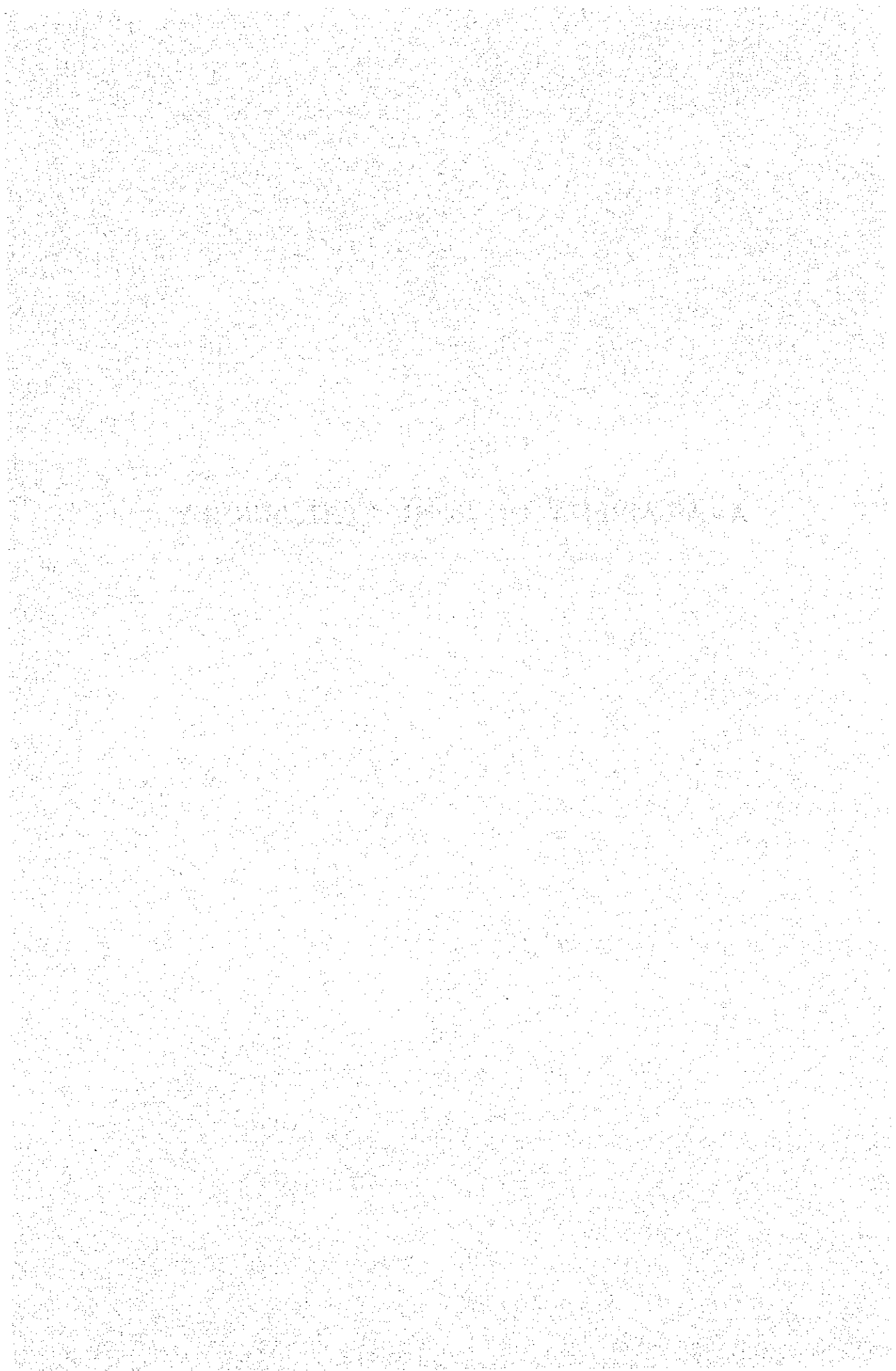
home visit investigation was conducted so scrupulously. So the data collected in those days were reliable. Now that this activity has been scaled down, however, it is very difficult to obtain satisfactory data through this activity.

(Information on MEO was obtained through an interview with Mr. Kaladar Jha, MEO, Dhanusha.)

- (5) Nepal FP/MCH Project, Nepal Contraceptive Prevalence Survey Report 1981, p.123.
- (6) Aryal, Deepak & others, op. it, p. 162.
- (7) "Parda" is a Persian word meaning "curtain or screen." In this region the word means the custom of separating women.
- (8) ESCAP, Population of Nepal, 1980. p.198.

Chapter 4

AVAILABILITY OF HOME VISIT SURVEY



CHAPTER 4 AVAILABILITY OF HOME VISIT SURVEY

1. Stratified Sampling

In conducting a survey of the households in the model area, it is necessary to have the local characteristics of Nepalese rural area reflected in it. For example, if such factors as caste, ethnicity, educational background and landownership which greatly affect their daily lives are identified, it is desirable to stratify (divide into groups) the residents based on these factors and then sample each group. If a group is classified into several subgroups, the standard deviation for each subgroup is made small enough, and then each subgroup is sampled, the sampling error can be small enough. And if the sampling error is small, the number of samples can be small.

2. Census in the Pilot Area

- (1) It is desirable to select a specific area indicating several local characters and analyze the factors related to the residents' acceptability to health services - such as the degree of utilization of the health post or a hospital, reasons why some of the residents have not utilized health services despite their actual bad bodily condition and whether or not they were able to meet their needs as a result of utilizing the health post or a hospital.

When a sample survey of a structure as mentioned in 1. is to be conducted, it is necessary to know to what extent Nepalese counterparts will cooperate in each of the selection, training, supervision and transfer of the investigators to conduct the survey. Furthermore its reliability may vary depending on the amount of the time and funds required, causing the problem of sampling error. In order to obtain more accurate data, we may plan and implement a census for the purpose of, for example, preparing a resident registration. Nala panchayat's population as calculated by Dhulikhel FPO District Office is 3,200. According

to the 1981 Census, the average number of household in Kavrepalanchok is 6.2. Thus the households to be surveyed will be about 500. If additional data for comparison are needed, a similar complete population survey may be conducted like Devur village which is also covered by Nala Health Post or a village of a similar population which is located near Khopashi Health Post or Panchkhal Health Post.

In such a case, there will be no sampling error. But the following preliminary work will be necessary in order to obtain more accurate data.

i. Preparing a map

The map of Nala village is shown in Chapter 3. But it is insufficient because the map was prepared in so short a time at this time. It is necessary to prepare a more accurate map on which residences are plotted.

ii. Confirming each residence's location

Each household location should be confirmed and each household should be given a household number. It will be best if a household number label is pasted on the wall of each house. The survey should be conducted in the form of a census to prepare a resident register based on the map prepared beforehand.

iii. Preparing a chronological table of big events for the purpose of confirming the respondent's age

As mentioned earlier, it is very difficult to know the respondent's correct age. But it is probable that many residents remember their own birth dates in relation to the date of flood, fire, drought or the King's enthronement. So

it is advisable to prepare a chronological table of big events during the past 60 years. The investigator can confirm the respondent's correct age by positioning the respondent's birth date relative to the big events in the table which he or she remembers so well.

3. Examination of Questionnaire for Home Visit Survey

In conducting a home visit interview survey on population and vital statistics, it is essential to examine closely the questions to be asked in the survey. In this connection, we would like to propose, on the basis of the problems we noticed of this survey, that the following questions should be added in future surveys.

As regards MCH - health services to expectant and nursing mothers in particular, we have obtained a questionnaire which was once used at a hospital in the Kingdom of Nepal, which seems to have been prepared on the basis of an accurate grasp of the actual situation in Nepal.

It is desirable to investigate the following in order to obtain accurate figures for population and vital statistics. Some of these were included in the questionnaire used in this survey.

- 1) Household structure: see "Household" in the questionnaire.

After the number and names of household members have been confirmed,

- i. date of birth,
- ii. sex,
- iii. age, and
- iv. relation to the head of household should be confirmed.

On the basis of the figures for the above, we can obtain figures

for sex/age distribution of population, average number of household, 3-age group distribution of population (young age population, productive age population and old age population), population pyramid, sex ratio and so on.

- 3) Number of conceptions: see "Health Related to Mothers" in the questionnaire.

The number of conceptions does not necessarily coincide with the number of childbirths. The differential means the number of miscarriages or premature childbirths. Also we can obtain figures for live birth rate, stillbirth rate, stillbirth rate by mother's age group, perinatal death rate, sex ratio of newborn, live births by mother's age and malformation on the basis of the figures for live births.

- 4) Mother's health after childbirth: see "Health Related to Mothers" in the questionnaire.

We can obtain figures for early neonatal deaths, neonatal deaths, infant deaths, child deaths, school child deaths, youth deaths and adult deaths on the basis of the figures for the number of surviving children.

- 5) Cause of death (date of death, age and sex of each dead family member): a new question to be added.

We can obtain figures for cause of death statistics and crude death rate by asking questions on the cause of death of each dead family member. In confirming the cause of death, however, it is important to confirm who issued the certificate of death. If the cause of death is unknown but the age at the time of death is known, it is possible to calculate PMI (Proportional Mortality Indicator).

- 6) Place of childbirth (classified by home or medical facility,

qualification of birth attendant): see "Health Related to Mothers" in the questionnaire.

It is possible to know the situation of delivery at medical facilities and the qualification of attendant by asking questions about the place of childbirth (for each child).

7) Divorce (remarriage): see "Household" in the questionnaire.

We can obtain information on maternal deaths by asking questions about divorce (whether or not the previous spouse is alive).

4. Examination of Questionnaire

The points specially noted in the questionnaire used in this survey are referred to in Chapter 3. In asking questions of the respondent, it is necessary to make the questions specific to the respondent. The questions listed in the questionnaire used in this survey should have been divided into those to be asked of husbands and those to be asked of wives, as follows.

1) Questions to be asked of husbands

Living conditions, assets, development scheme, communications

2) Questions to be asked of wives

General health, health related to mothers

It will be more effective to ask questions of husbands first.

We will indicate the points to be noted in future surveys by commenting on the questionnaire we used in this survey, in the following pages.

DESCRIPTION OF THE SURVEY

Name of Village _____

I. Household:

1-1 Name of the head _____

1-2 Present members of the household

name	relation to the head	religion	age	sex	marital status	education	occupation

(Education)

A None B Primary school 4 years C Primary school 8 years
 D Middle school E College and University

(Occupation)

Cultivator: A Agricultural labour: B Other wage labour: C Others: D
 Non Worker: E

1-3 Age of marriage

Husband _____ years old
 Wife _____ years old

1-4 Place of birth

Same village: A Same district: B Same zone: C

GENERAL HEALTH

(1) In these 14 days, did you or your family experience any disabled days which you and your family were forced to stay at home and could not work as usual?

1. yes _____ enter (2) to (4)
2. no

(2) If so, who?

state the name and his or her relationship to the head of household

name: _____, relationship _____

(3) How long did it take for your or your family to recover from such condition?

1. couple of days
2. a week
3. two weeks
4. a month
5. two or three months
8. half of year
7. more than a year

(4) How did you or your family recover from such conditions?

1. have a rest
2. take some drugs
3. treated by traditional healer
4. treated by nurse
5. treated by doctor
6. helped by neighbours
7. others

(5) How far is it from your house to health post, health center, hospital, or traditional healer's on foot?

1. within one kilometer
2. 1 to 2 kilometer
3. 2 to 3 kilometer
4. more than 4 kilometer
5. more than 10 kilometer

(6) Have you ever visited health post, health center, hospital or traditional healer?

1. yes _____ enter (7) & (8)
2. no

- (7) In this one month, how many times have you visited health post? _____ times
 health center? _____ times
 hospital? _____ times
 traditional healer? _____ times

- (8) For what purpose did you visit there?

1. treatment
2. consultation
3. family planning related matter
4. others (specify _____)

HEALTH RETAILED TO MOTHERS

- (9) In case of getting pregnant, who diagnosed?

1. self-diagnosis
2. parent/relatives
3. traditional birth attendant
4. doctor
5. midwife
6. others (specify _____)

- (10) How many times did you consult with (doctor, midwife, traditional midwife, others) your last pregnancy?

_____ times

- (11) Through latest pregnancy, did you experience any abnormal signs and symptoms (swelling, hypertension, proteinuria, vomiting, bleeding, etc.)

1. yes
2. no

- (12) Did you change your food intake habit during pregnancy?

1. yes _____ enter (13)
2. no

- (13) What kind of change did you do substantially?

specify _____

(14) Where did you give birth?

1. home
2. medical institution
3. non medical institution
4. others (specify _____)

(15) Who attended at the delivery of birth?

1. doctor
2. lady health worker or midwife
3. traditional birth attendant
4. non professional birth person
5. others (specify _____)

(16) Have you ever experienced any infant death, that is a child who is 12 months old and less?

1. yes _____ enter (17)
2. no

(17) How many times?

_____ time(s)

(18) Have your children ever get inoculated?

1. yes _____ enter (18)
2. no

(19) What kind of inoculation did they get?

specify _____

(20) Did you give breast feeding to your last child?

state the period of breast feeding

1. _____ months
2. cannot remember

(21) What kind of food did you give the child after weaning from your breast feeding?

state the food which you have given

FAMILY PLANNING

(22) Do you want more children than you have now?

encircle with applicable number and state reason if any

1. yes reason _____
2. no reason _____

(23) How many children are ideal in your opinion?

state the number of children

_____ sons and _____ daughters

(24) Do you prefer sons to daughters?

encircle with applicable number and state reason if any

1. yes reason _____
2. no reason _____

(25) In your opinion, how much education does a boy/ a girl from a family such as yours need to get along in the world these days?

1. primary
2. secondary
3. university
4. others

(26) At what age would you say sons/daughter usually begin help to parent?

encircle with applicable number and enter the age

1. age: _____ years old
2. never help

(27) Are any of your children working for money?

encircle with applicable number

1. yes
2. no

(28) What means of financial support do you think you will have when you and your partner are old, or can no longer work for any other reason?

encircle with applicable number

1. help from children
2. help from other family
3. saving/income from business farm or other property
4. pension/social security
5. non
6. others (specify _____)

(29) Are you practicing family planning now?

encircle with applicable number

1. yes _____ enter question No. 30
2. no _____ enter question No. 31

(30) If yes, since when are you practicing family planning?

state the period of year

_____ years ago

(31) If no, have you ever practice family planning?

encircle with applicable number and state the reason to do so.

1. yes reason _____
2. no reason _____

(32) If you are practicing family planning, what kind of method do you accept?

1. sterilization
2. pill
3. IUD
4. condom
5. others

(33) From where do you get information and tools of family planning?

encircle with applicable number

1. primary health center
2. public clinic
3. public information paper
4. others (specify _____)

NUTRITION

(34) How many times do you take meals a day?

_____ time(s)

(35) What kind of food did you take yesterday?

1. breakfast _____
2. lunch _____
3. dinner _____

(36) What kind of food are you taking regularly and how much do you spend per month?

1. rice _____ kg
2. wheat _____ kg
3. milk _____ kg
4. others (state the name of food _____)

LIVING CONDITIONS

(37) Please give details about the houses where you live now.

1. number of rooms _____ room(s)
2. electrified
1. yes 2. no
3. with toilet
1. yes 2. no
4. when was it built? _____ Years old

(38) What kind of water do you use for drinking?

1. individual tab.
2. common tab
3. individual well
4. common well
5. piped water

ASSETS

(39) Do you and your household members have and land?

1. yes _____ enter (40)
2. no

(40) How many acres do you and your household members have in total?

_____ acres

(41) Do you have following goods?

- | | | | |
|----|------------------------|---------|--------|
| 1. | tractor | (1) yes | (2) no |
| 2. | plough | (1) yes | (2) no |
| 3. | bicycle | (1) yes | (2) no |
| 4. | watch | (1) yes | (2) no |
| 5. | radio | (1) yes | (2) no |
| 6. | television set | (1) yes | (2) no |
| 7. | others (specify _____) | | |

(42) Do you have following cattles?

- | | | |
|----|------------------------|--------|
| 1. | cow | number |
| 2. | buffalo | number |
| 3. | goat | number |
| 4. | pig | number |
| 5. | chicken | number |
| 6. | others (specify _____) | |

DEVELOPMENT SCHEME

(43) Have you or your household member participated in any governmental scheme of rural development?

- | | | |
|----|-----------|------------|
| 1. | yes _____ | enter (44) |
| 2. | no | |

(44) If yes, please explain the details.

(when, which scheme, purpose, amount of the help you got, result)

(45) What would you think about the governmental development schemes?

(46) If you are not interested in applying for the schemes, please explain reasons.

1. Scheme is not suitable for your needs.
2. Procedures are too complicated.
3. Qualification are too limited.
4. Information is not enough.
5. Others

(47) Are you participating in Panchayat activities?

1. yes _____ enter (48)
2. no

(48) If yes, what kind of activities are you participating in?

1. panchayat member
2. committee member
3. others

(49) If you have any type of mutual help arrangements in your village, please give the details.
(Such as exchanges of labour in agricultural peak seasons, voluntary works to make/maintain common assets, help on such occasions as marriage/funeral.)

COMMUNICATION

(50) Do you/your household read newspaper/journals?

1. regulary
2. sometimes
3. never

(51) Do you/your household members listen to the radio?

1. regulary
2. sometimes
3. never

(52) What kind of programme do you listen?

1. news
2. music
3. stories
4. sport
5. others

(53) Do you/your household members go to see cinema?

1. more than once in a month
2. less than once in a year
3. never

(54) Where do you usually buy necessary items? (mark)

	in the village	near by village	nearest town	other places
food items				
clothes, footwears				
durables				

COMMENT ON THE QUESTIONNAIRE

A chronological table of big events should be used to confirm respondent's age.

(1) Question for obtaining data on morbidity rate.

By presenting a year calendar, responses should be filled in a calendar.

- 1) All family members
- 2) Number of disabled day

(4) When respondent is not use health post, reason for it should be asked.

(5) When it is difficult to expect reply in terms of distance, ask for reply in terms of time. For example, _____ (minutes) on foot

(6) A table which family members visited it can be prepared.

HEALTH RELATED TO MOTHERS

Respondent's age, relationship to the head of household should be confirmed

It is necessary to ask all cases of pregnancy.

(12) - (13)

We could not get suitable replies.

Is it a natural matter? Or are these things not considered so important?

(14) - (15)

Question (14) and (15) should be asked for each childbirth.

(16) - (17)

Since replies to questions (16) and (17) form basic data on infant and child deaths, questions about stillbirth and cause of death for each case of pregnancy should be asked.

(18) - (19)

Questions (18) and (19) should be asked for each child. Questions about the age at the time of vaccination and the place of vaccination should be added.

(20) Question (20) should be asked for each child.

FAMILY PLANNING

Respondent's age and relationship to the head of household should be confirmed.

(22) - (23)

Questions (22) and (23) are designed to ask the gap between the ideal and actual numbers of children. So it is desirable to add a question about the reason(s) for the gap.

NUTRITION

This is an important question for investigating malnutrition, causes of infant deaths and resistance to infection.

(34) As in this survey most of replies included snacks, it is necessary to exclude snacks. This survey was conducted in the harvesting

season, a season of abundant foods. It is necessary to collect information on the average daily number of meals throughout the year.

- (36) It was impossible to get replies on monthly food cost. It is necessary to replace this question with a more pertinent one in future surveys. It is also necessary to ask a question about intake of animal and vegetable proteins.

DEVELOPMENT SCHEME

Questions (43) through (49) are designed to investigate residents, human relations and their relationships with the government in their daily lives in the community and their production activities. The questions asked in this survey were originally prepared for use in Indian villages. Since these questions appeared to be too harsh for the Nepalese farmers, it is necessary to prepare more moderate questions in future surveys.

[NEW QUESTIONS TO BE ADDED]

The following question should be added to question (45).

Did a Junior Technical Office (JTD) or any other government officials pay a visit to your house recently?

Yes/No	What Officer?
--------	---------------

If the answer is Yes, then please ask what did he (she, they) come for? Was he very helpful to you?

The following question should be added to question (47).

When did you rate for Panchayat election last?

Question (48) should be changed as follows?

What kind of activities did you yourself participate in the village/ward? (such as road repairment, school-building, etc.)

Question (49) and better be supplemented as the followings.

In busy season, would you ever help your neighbours to transplant and harvest crops in their field? Do they also help you the same when your are extremely busy?

This is a question to investigate the customs of "yui" and "temagae." Replies to this question will form a good indicator to explain the degree of solidarity of the community members. If these mutual assistant arrangement do not exist, it will be necessary to hire outside farm workers in the farming season. In that case, it is necessary to investigate the cost for it. Thus this question will be also helpful in investigating farmers' in total cost of production.

How much did you pay for transplantation/weeding/ploughing-/harvesting?

In addition, questions about payments to child and female labourers, their working hours, their meals and form of payment - payment in kind or payment in cash - can be asked. To investigate the degree of solidarity of the community members, questions about the recent cases of some villagers selling land to others and land prices can be asked. Also, to investigate collaborative working arrangements among villages, questions about joint seeding and joint maintenance and management of water can be asked.

(50) The following question should be asked to investigate the community members' autonomous ability.

What kind of village rules (formal and informal) do you have?

The might have no such rules or be ignorant of them. But most villages have traditional codes of conduct, which are closely related to family planning, MCH and environmental conservation. If they have such rules, a question about the making of the rules - whether they were involved in discussions for establishing the rules or the rules were established by leading persons.

- (51) The following question should be asked to investigate the mechanism of conference within the village.

Would you think most members of this village (homlet/word) very friendly to you, and mix very well among themselves?

- (52) The above question can be supplemented with the following question about the places of meetings and communications.

Do the member of this village often meet with friends of community center/panchayat office/tea shop/friend's house?

- (53) The following question should be asked to investigate mutual assistant arrangement on ceremonial occasions.

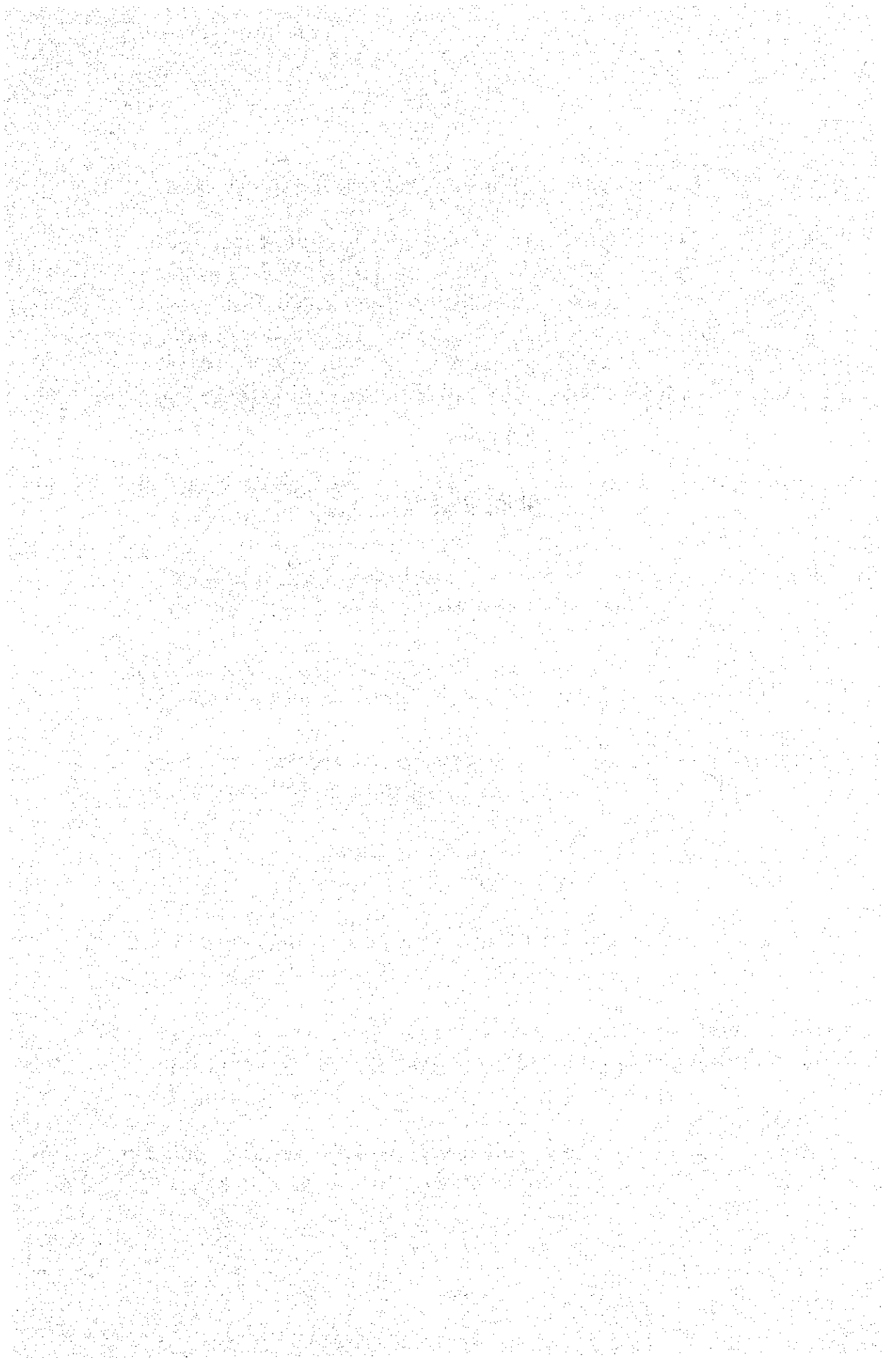
Suppose somebody of the village passes away, what would other members of the village do?

Do all the members of the village get together and arrange funneral and help the bercared? Or only limited members go and help the bercared?

- (54) The following question should be asked to investigate mutual assistant arrangement in health care.

Chapter 5

SUMMARY



CHAPTER 5 SUMMARY

This basic survey on family planning and MCH is characterized by an interdisciplinary approach embracing demography, health statistics, hygienics, public health and development administration. In other words, this survey is aimed at providing an overview of the current situation of the problems related to the FP/MCH Project by collecting data and information on national and district levels and investigating the actual situation in the Kingdom of Nepal, and evaluating these problems from all angles on an interdisciplinary basis.

As to the demographic statistics, Nepal has data collected through censuses and sample surveys which were conducted in cooperation with, and under the guidance of, the United Nations. In 1986 the Ministry of Health of Nepal is scheduled to conduct a fertility and family planning survey project. And in conjunction with this project, CBS is planning a national sample survey on mortality and migration. It should be noted, however, that the values for the vital statistics shown in this survey report were calculated with a stochastic method which is applied in cases where "sufficient and accurate data and information" are not available. For example, these values were calculated on the basis of age distribution of population in a model life table. If there is a structural change in the population of Nepal due to recent sharp increases in its population and migrations both at home and abroad, it may be desirable to employ a statistical method which can have such changes in population reflected more accurately than a stochastic method which uses a model life table. For this purpose, as is pointed out in Chapter 2 of this report, it is necessary to have an accurate grasp of increases in live births, decreases in death rates for all ages, including infant death rate, and the numbers of marriages, divorces, migrations and so on. In the FP/MCH Project, sample surveys of the reproductive age population (15-49 age group) only are being conducted. But it is essential to work out a system capable of collecting accurate data on all age groups. In this connection, we have pointed out the problems related to statistical procedures, classifying them into the administrative problems, those on the part of residents and the others. As a

matter of course, the effort to resolve these problems will be confronted with many difficulties. But we may safely say that it is imperative to make every effort to overcome these problems in order to establish a registration system or a designated statistical system equivalent to, for example, the census registration system in Japan.

In Chapter 3 of this report, we have made an investigative analysis of a socio-economic environment which will make possible more effective implementation of family planning and MCH. And as a result of our analysis of the current situation on national and model area levels, we have reached the conclusion that it is quite necessary to review the country's development policies from the point of view of international and domestic conditions or that of the program provider and its recipient (user).

As to the problems of health, while it is important to improve the external conditions by, for example, promoting preventive measures and cleaning residents' living environment, it is a matter of more urgent necessity to have residents change their life-style or receive medical examination of their own accord. Gone are the days when it was imperative to provide them with knowledge of health and sanitation and improve their living environment. The Nepalese people now live in an age when more importance is attached to their motivation for self-reliance and self-determination -- a drastic change in behavior. It is desirable that, from this very perspective, the country's development policies, which closely concern the people's health and even their society and economy, are analyzed, and the result of this analysis is reflected in the country's overall development programs. In other words, it is of vital importance to tackle the problems of family planning and MCH and improve the socio-economic environment related to these problems by using a compound method in which questions are raised and answered for the purpose of collecting and modifying policy-related information which can be used in solving the problems of policies in a specific environment. It goes without saying that this endeavor should include evaluation of the development policies in addition to planning and advocacy of them.

In the light of details of the past development projects in Nepal, the most important point of an economic aid project for the country is that it is promoted in a manner that will have it continued or further promoted by the Nepalese people themselves even after termination of its formal implementation period. In this connection, it is essential that a development policy is planned and implemented on the basis of careful consideration and anticipation of the Nepalese people's basic needs.

In planning a bottom-up approach to the problems of health and medical care in Nepal, the following fact should not by any means overlooked.

Nepal is a racially complicated nation. This can be explained, on one hand, by the diversity of its people's racial origins, and, on the other, by their behavioral differences due to their environmental differences. It is necessary, therefore, to examine the results of Nepal's population and health policies, from an ecological point of view based on a clear grasp of the environmental structure which forms the basis of the Nepalese people's residential areas, and from the point of view of cultural history. For example, there used to be a racial difference between plain like Terai where malaria was rampant and a mountainous area. In Terai, however, malaria has become less rampant and development projects have been promoted. Also immigration and mingled habitation have brought about many changes in the district.

Top-down modernization policy lines which ignore the above-mentioned local characteristics of Nepal's communities can never take root into the communities. In this context, it is most important to have a thorough understanding of the needs of the communities and their residents. Also in trying to solve various problems, it is more effective to employ a community involvement method in which residents are encouraged to solve problems for themselves rather than a conventional intervention method.

Furthermore, there are extreme shortages of human and physical resources in the area of health. So whether or not it is possible to secure

sufficient supply and training of human resources holds the key to the solution of this problem.

Residents' "health" is essentially a matter of their own, which should not be separated from them in the name of "medical care." For the Nepalese people, "health and medical care" are not "what should be imported from foreign countries," but are "what should be produced in their own country." "Health and medical care at their hands", not "health and medical care into their hands" should be the basic concept of medical care in a developing country.

In Chapter 4 of this report we have shown an attempt to quantitatively evaluate how health posts and health clinics are utilized, in which a map of a few villages in the model area was prepared to illustrate the current utilization of these medical facilities. It should be noted here that there still are people who have not utilized these facilities. It is necessary to investigate why these people refuse to use these facilities and whether or not the number of such people is small enough in comparison with the number of people who positively utilize these facilities, for in Nepal's local communities the problems of health and medical care are often concentrated in very poor residents.

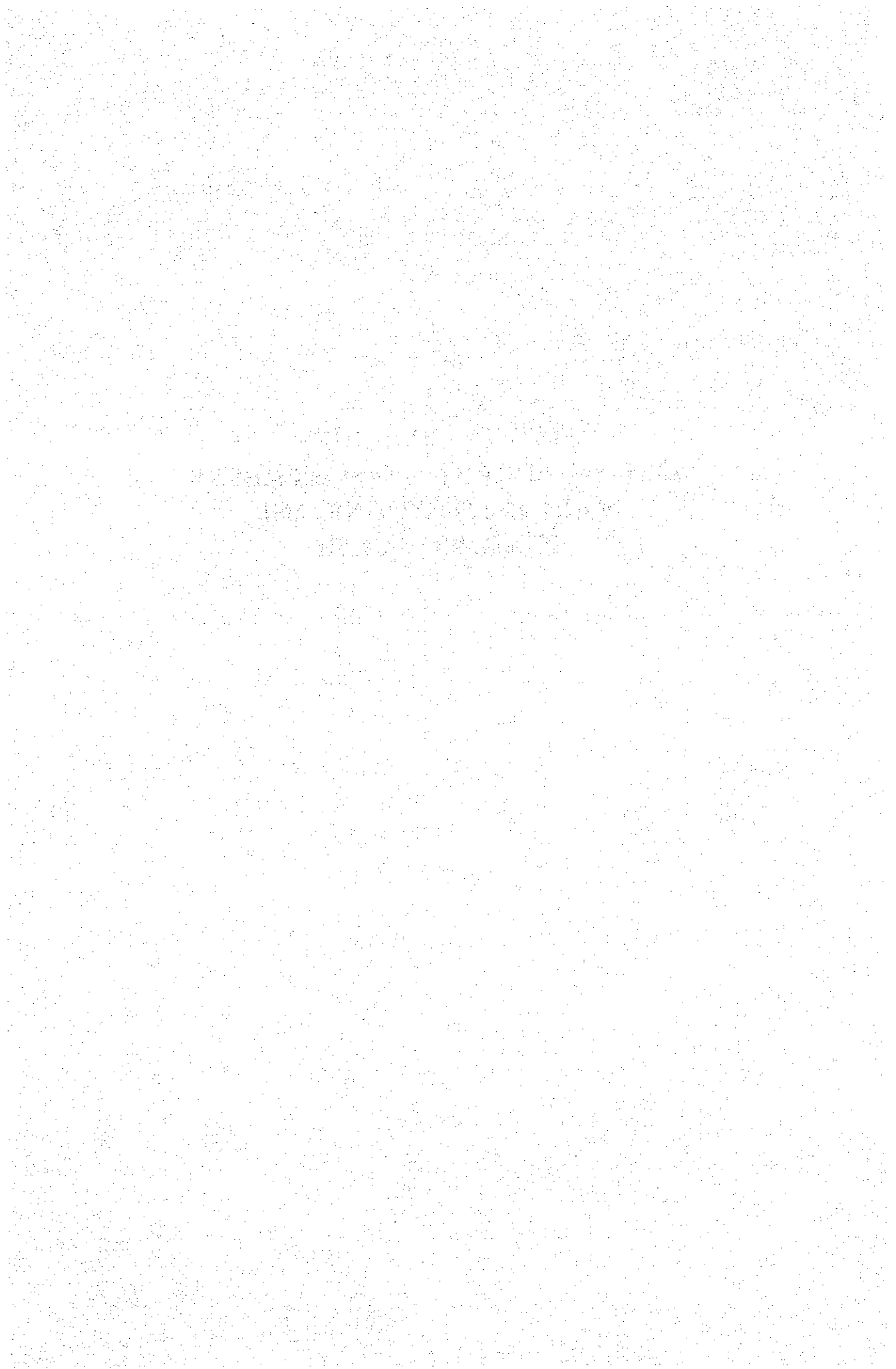
What we must stress in summarizing this basic survey is that it is of utmost importance to establish satisfactory infrastructure, make investments aimed at enhancing the quality of human resources, and plan and implement a comprehensive development project aimed at enhancing the quality of life which is based on the achievements in the former two projects.

In other words, we must stress the importance of our basic attitude toward the problems of family planning and MCH in Nepal. For example, we should consider the financial burden involved in taking various measures, necessary expenses or an investment in the future rather than immediate balance of payments.

Maintenance and promotion of health, spread of school education and sound growth of children should lead to slowdown in population growth, on one hand, and growth of population carrying capacity, on the other.

It is to be desired that future family planning and MCH projects will be planned and implemented from the above-mentioned perspective.

**SURVEY SCHEDULE,
LIST OF SURVEY TEAM MEMBERS,
MAIN INSTITUTIONS AND
PERSONS VISITED**



SURVEY SCHEDULE AND LIST OF SURVEY TEAM MEMBERS,
MAJOR INSTITUTIONS AND INDIVIDUALS VISITED

SURVEY SCHEDULE

Dec 6 (Fri)	13:00	Departure from Narita, JAL 717
7 (Sat)	12:30	Arrival at Kathmandu Preliminary meeting with JICA
8 (Sun)		Discussion on Inception Report at FP/MCH Project, the Ministry of Health

Attended by:

Dr. T.B. Khatri, Project Chief, FP/MCH
Project,

Dr. S.P. Bhattarai, Deputy Chief

Dr. Madhav Joshi, Deputy Chief

Dr. B.B. Gubhaju, Demographer

Dr. J.M. Tuladhar, Acting Chief

9 (Mon)

Courtesy call on Japanese Embassy in Nepal
Organization visited:

Ministry of Labour & Social Welfare

Persons interviewed:

Mr. Nilakantha R. Padye, Joint Secretary,
Social Service Division

Mr. Joshi, Joint Secretary, Labour Division

Organization visited:

Ministry of Panchayat & Local Development

Persons interviewed:

Mr. M.P. Kafle, Secretary

Mr. S.P. Adhikari, Joint Secretary

Organization visited:

Central Bureau of Statistics

Persons interviewed:
Mr. Keshar Raj Sharma, Deputy Director

10 (Tue) Content of survey discussed at FP/MCH District Office, Dhulikhel

Nepalese counterparts:
Mr. Shyam Kaji Shrestha, Family Planning Officer

Organization visited:
Dhulikhel Health Center

Person interviewed:
Dr. Nakul Pd. Parajuli, Medical Officer

Organization visited:
Nala Health Post

Person interviewed:
Mr. Krishna Man Maivandhar, Health Assistant

Organization visited:
Agricultural Project Service Center

Person interviewed:
Dr. Jagdish Baral, Director
Mr. Khalil Miyan, Deputy Executive Director

Organization visited:
Ministry of Home Affairs, Foreign Registration Office

Person interviewed:
Mr. B.P.O. Kharel, Section Office

11 (Wed) Transfer: Kathmandu to Janakpur

Organization visited:
Regional FP/MCH Training Center, Pathalैया

Person interviewed:
Mr. Ramesh Candra Neupane, Regional Chief Training Officer

Discussion on content of survey at FP/MCH District Office, Dhanusha

Nepalese counterpart:

Mr. Shbbhiyat Bahadur Adhikari. FPO

- 12 (Thu) Inspection of Mothers' Club Programme and Health Post
1. Chisapani Health Post
Mr. Ram Autar Yadav, Senior A.H.W.
 2. Pusbalpur (Mother's Club Programme)
 3. Bhuchaker (Mother's Club Programme)
 4. Hariharpur (Mother's Club Programme)
 5. Laxminibas (Mother's Club Programme)
 6. Bateshwar (Health Post)
- 13 (Fri) Organization visited:
Janakpur Zonal Hospital
Person interviewed:
Mr. Hukom Dev Shah, Civil Surgent
Organization visited:
Ghordghas Health Post
Person interviewed:
Mr. Raj Kumar Pokharel, Health Assistant
- 14 (Sat) Field survey of Dhalkebar H.P., Ramdaiya Village
Organization visited:
Chief District Office, Dhanusha
Person interviewed:
Mr. Khagendra Prasad Poudyal, C.D.O.
- 15 (Sun) Field survey of Sabaila Health Post, Sabaila Village
Person interviewed:
Mr. Amarnath Jha, Health Post in-charge
Visit to Madhubhasa Cooperative Community
Field survey of Chisapani Health Post
Interview with Supervisors, Eastern part of Dhanusha

- 16 (Mon) Field survey of Labotole Village and Barmajhiya Village
Interviews with:
Dr. Sakido Prasad Singh, Ayurvedic Doctor
Mr. Ramendradeep Dhakal, Panchayat Pradhan
Mr. Jainandan Dubey, Panchayat Secretary
Transfer: Janakpur to Kathmandu
- 17 (Tue) Organization visited:
Land Registration Office, Janakpur
Person interviewed:
Mr. Devlal Thechmi, Head Assistant
Organization visited:
Malaria Eradication Office
Person interviewed:
Mr. Kaladar Jha, MEO
Transfer: Janakpur to Kathmandu
Interim survey report: JICA Office
Organization visited:
Maternity Hospital
Person interviewed:
Dr. (Mrs.) D.S. Malla
Organization visited:
Administrative Staff College
Center for Nepal & Asian Studies, Tribhuvan University
Ministry of Social Welfare
- 18 (Wed) Meeting for the field survey:
Dhulikhel District Office
Organizations visited:
Dhulikhel Health Center
Shree Memorial Hospital, Banepa
Person interviewed:
Dr. Leonardo J. Vigna

Slides of patients

19 (Thu)

Organization visited:

Vital Statistic Office

Organization visited:

Family Planning Association of Nepal

Persons interviewed:

Mr. Shanker Shah, Executive Director

Dr. D.P. Upadhaya, Project Director

Meeting for the field survey:

Dhulikhel District Office

Field survey of Khopasi Health Post

Person interviewed:

Mr. Chandra Bahadur Shrestha, Health Post
in-charge

Organization visited:

Khopasi Supervision Center

Person interviewed:

Mr. Gopal Thapa, Supervisor

Organization visited:

Chief District Office, Kavrepalanchok

Person interviewed:

Mr. Karna Bahadur Chand, CDO

20 (Fri)

Organization visited:

Nala Health Post

Field survey of Nala Village

Organization visited:

Panckharat Health Post

21 (Sat)

Field survey of Khopasi Village and Nala Village

Interview with:

Mr. Madan Man Shrestha, Vice Chairman of
Health Post Committee

22 (Sun)

Organization visited:

National Commission on Population

Person interviewed:

Dr. B.P. Upreti, Secretary

Organization visited:

Vital Registration Office

Person interviewed:

Mr. Laxman Bahadur Basnet

Organization visited:

Ministry of Agriculture

Organization visited:

Small Farmer Development Programme

Organization visited:

National Industrial Development Corporation

23 (Mon)

Meeting for the field survey:

Dhulikhel District Office

Field survey of Panchkhal Health Post and the village near H.P.

Organization visited:

ICIMOD (International Center for Integrated Mountain Development)

Organization visited:

National Planning Commission

Organization visited:

Administrative Staff College

Organization visited:

Planning Division, Ministry of Health

Organization visited:

UNFPA

Organization visited:

UNICEF

Person interviewed:

Mr. George McBean, Programme

Communications & Information Officer

24 (Tue) Survey report:
 FP/MCH Project
 Organization visited:
 UNDP
 Person interviewed:
 Toshiko Niwa, Residential President
 Organization visited:
 ICHSDP
 Person interviewed:
 Mr. Hirulal Pajbansh, Senior Health
 Inspector, Family Health Section
 Organization visited:
 Agricultural Programme Services Center

25 (Wed) Courtesy calls on JICA Office, Japanese Embassy,
 and FP/MCH Project
 Organization visited:
 Ministry of Panchayat & Local Development
 13:30 Departure from Kathmandu, TG 312

26 (Thu) 18:05 Arrival at Narita, JAL 482

LIST OF SURVEY TEAM MEMBERS

- (1) Supervision:
 Nobuo Matusmoto, Professor, the Jikei University
- (2) Demography/Socio-economics:
 Minoru O'uchi, Director, Economic Growth Research Department,
 Institute of Developing Economies
- (3) Hygienic statistics:
 Hidesuke Shimizu, Associate Professor, the Jikei University

(4) Hygienic statistics:

Akihiko Itoh, Department of Medicine, Tokyo University

(5) Population/Family planning:

Yuiko Nishikawa, the Asian Population and Development Association

The Asian Population and Development Association organized in accordance with a contract with the Japan International Cooperation Agency (JICA) the Japanese survey team as listed above to carry out the field survey, and prepared this report. This survey was administered by the following staff members.

1) Administration:

Nobuyoshi Watahiki,
Chief Technical Advisor,
Medical Cooperation Department,
JICA

2) Administration:

Akira Naruse,
Chief Technical Advisor,
Medical Cooperation Department
JICA

MAJOR INSTITUTIONS AND INDIVIDUALS VISITED

1. Governmental Institutions

(1) Ministry of Health FP/MCH Project

Dr. T.B. Khatri, Project Chief, FP/MCH Project

Dr. Bhattarai, Deputy Chief

Dr. Madhav Joshi, Deputy Chief

Dr. B.B. Gubhaju, Demographer

Dr. J.M. Tuladhar, Acting Chief

(2) Ministry of Labour & Social Welfare

Mr. Nilakantha R. Padye, Joint Secretary, Social Service
Division

Mr. Joshi, Joint Secretary, Labour Division

(3) Ministry of Panchayat & Local Development

Mr. M.P. Kafle, Secretary

Mr. S.P. Adhikari, Joint Secretary

(4) Central Bureau of Statistics

Mr. Keshar Raj Sharma, Deputy Director

(5) Agricultural Project Service Center

Dr. Jagdish Bara, Director

Mr. Khalil Miyan, Deputy Executive Director

(6) Ministry of Home Affairs, Foreign Registration Office

Mr. B.P.O. Kharel, Section Officer

(7) Regional FP/MCH Training Center, Pathalaiya

Mr. Ramesh Candra Neupane

(8) National Commission on Population

Dr. B.P. Upreti, Secretary

(9) Vital Registration Office

Mr. Laxman Bahadur Basnet

(10) Small Farmer Development Programme, Ministry of Agriculture

(11) National Industrial Development Corporation

(12) ICIMOD (International Center for Integrated Mountain Development)

(13) National Planning Commission

(14) Administrative Staff College

(15) Planning Division, Ministry of Health

(16) ICHSDP

Hirulal Pajbansh, Senior Health Inspector, Family Health Section

(17-1) Dhanusha District

1) Dhanusha FP/MCH District Office

Mr. Shbbhiyat Bahadur Adhikari, Family Planning Officer

2) Chisapahi Health Post

Mr. Ram Autar Yadav, Senior A.H.W.

3) Ghordghas Health Post

Mr. Raj Kumar Pokharelz, Health Assistant

4) Sabaila Health Post

Mr. Amarnath Jha, Health Post in-charge

5) Land Registration Office

Mr. Devlal Thechmi, Head Assistant

6) Malaria Eradication Office

Mr. Kaladar Jha, Malaria Eradication Officer

7) Chief District Office

Mr. Khagendra Prasad Poudyal, Chief District Officer

8) Barmajhiya Village

Dr. Sakldo Prasad Singh, Ayrvedic Doctor

Mr. Ramendradeep Dhakal, Panchayat Pradhan

Mr. Jainandan Dubey, Panchayat Secretary

(17-2) Kavrepalanchok District

1) Kavrepalanchok FP/MCH District Office

Mr. Shyam Kaji Shrestha, Family Planning Officer

2) Dhulikhel Health Center

Mr. Nakul Pd. Parajuli, Medical Officer

- 3) Nala Health Post
Mr. Krishna Man Maivandhar, Health Assistant
- 4) Khopasi Health Post
Mr. Chandra Bahadur Shrestha, Health Post in-charge
- 5) Khopasi Supervision Center
Mr. Gopal Thapa, Supervisor
- 6) Chief District Office
Mr. Karna Bahadur Chand, Chief District Officer
- 7) Health Post Committee, Nala Village
Mr. Madan Man Shretha, Vice Chairman

2. United Nations Institutions

- (1) UNFPA
- (2) UNICEF
Mr. George McBean, Programme Communication & Information Officer
- (3) UNDP
Toshihiko Niwa, Residential President

3. Hospital

- (1) Janakpur Zonal Hospital
Mr. Hukum Dev Shah, Civil Surgeon
- (2) Maternity Hospital
Dr. (Mrs.) D.S. Malla
- (3) Shree Memorial Hospital, Banepa
Dr. Leonardo J. Vigna

4. NGO, Others

- (1) Center for Nepal & Asian Studies, Tribhuvan University

(2) Family Planning Association of Nepal

Mr. Shanker Shah, Executive Director

Dr. D.P. Upadhaya, Project Director

5. Japanese Embassy

Mr. Renzo Izawa, Councillor

6. JICA Kathmandu Office

Mr. Tatsuo Hoshi, Resident Representative

Mr. Hiroaki Nakagawa, Staff member

7. Cooperative Survey Officer

1) J.N. Singh, Family Planning Officer, NFP/MCH Project

2) Sirjana Sharma, Information Officer, NFP/MCH Project

3) Upendra Aryal, Information Officer, NFP/MCH Project

4) Navin K. Pyakuryal, Information Officer, NFP/MCH Project

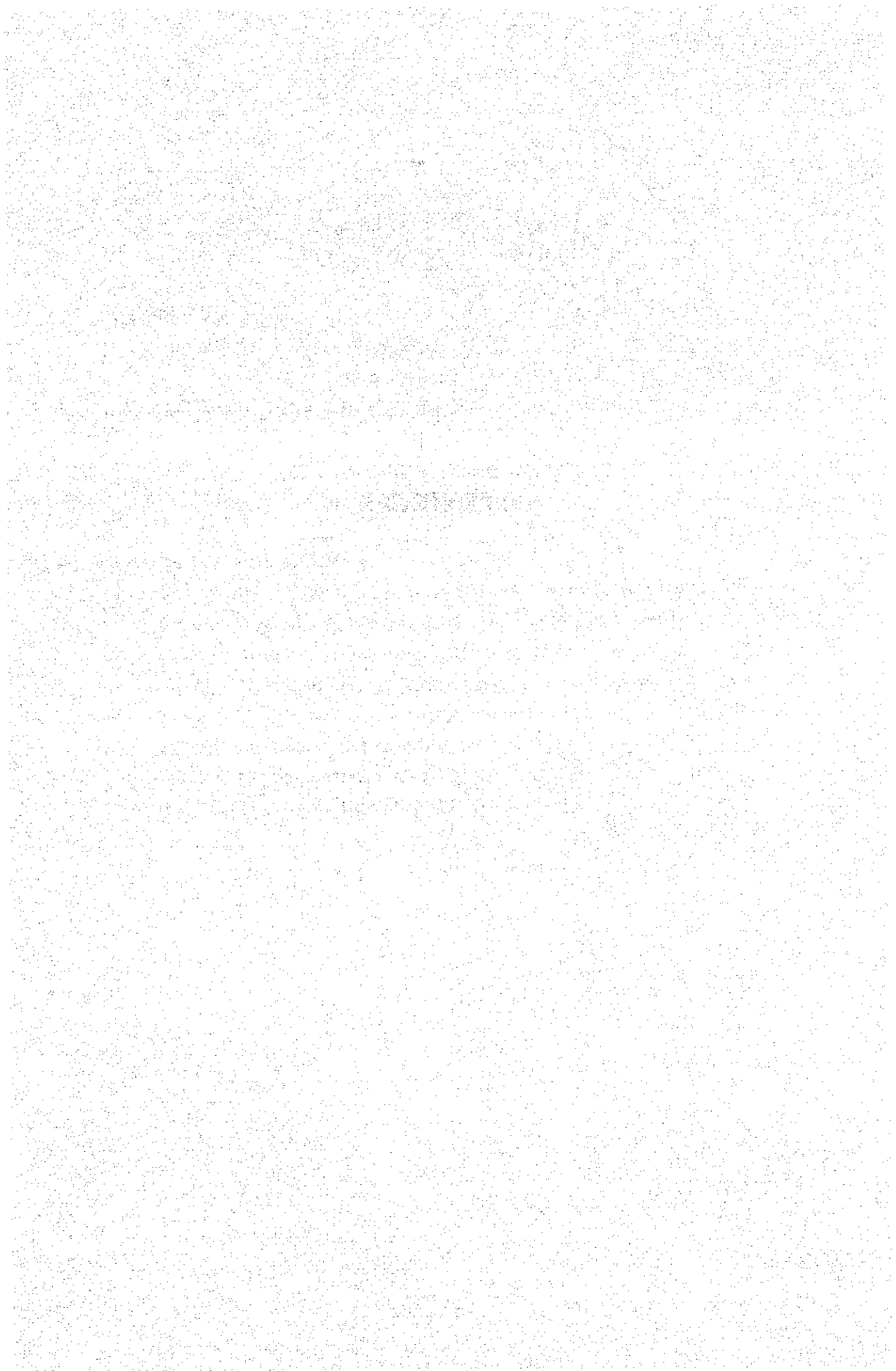
5) Govind B. Bhatta, Information Officer, NFP/MCH Project

6) Kunda Raj Baidya, Audio Visual Officer, NFP/MCH Project

7) Mira Upadhyay, Broad Casting Officer, NFP/MCH Project

8) Hari Koirala, Nutritionist, NFP/MCH Project

APPENDICES



Appendix 1. TENTATIVE IMPLEMENTATION SCHEDULE OF THE PROJECT

TENTATIVE IMPLEMENTATION SCHEDULE OF THE PROJECT

ITEM	FISCAL YEAR	1986/86	1987/87	1988/88	1989/89	1990/1991	
PLAN OF ACTIVITIES		<p>PREPARATORY STAGE <REVIEW></p> <ol style="list-style-type: none"> 1. Review and analysis of existing data and information (nation - wide and model areas) <ol style="list-style-type: none"> 1) vital statistics 2) health and medical statistics 2. study of statistical procedures of the data and information 3. Examination of availability of home visit survey 4. Establishment of final target indicators <ol style="list-style-type: none"> 1) rate of medical check-ups of pregnant women 2) rate of medical check-ups of children 3) rate of immunization 4) changes in major diseases 5) infant mortality rate 6) maternal mortality rate 7) acceptance rate of family planning 8) birth rate 9) others 	<p>PHASE-I <IMPROVEMENT></p> <ol style="list-style-type: none"> 1. Improvement of maternal and child health services in the model areas <ol style="list-style-type: none"> 1) improvement of existing hospitals 2) improvement of health posts 3) improvement of medical check-up system and surveillance and follow up system 4) improvement of immunization system 5) improvement of district clinics 2. Improvement of family planning services in the model areas <ol style="list-style-type: none"> 1) improvement of existing hospitals 2) improvement of health posts 3) improvement of I.E.C. 4) refresher training of P.B.H.Ws 5) improvement of district clinics 6) improvement of surveillance and follow up system 3. Orientation for community leaders on FP/NCI in the model areas 	<p>PHASE-II <INTENSIFICATION></p> <ol style="list-style-type: none"> 1. Intensification of community health service in the model areas <ol style="list-style-type: none"> 1) improvement of school health services 2) improvement of home visit health service 3) promotion of health education 2. Intensification of family planning services in the model areas <ol style="list-style-type: none"> 1) dissemination of knowledge of temporary contraceptive methods 2) advanced training of P.B.H.Ws 3) intensification of I.E.C. 	<p>PHASE-III <EVALUATION AND EXPANSION></p> <ol style="list-style-type: none"> 1. Expansion of family planning services in the model areas <ol style="list-style-type: none"> 1) bringing about increase of family planning acceptors 2. Evaluation and examination of model areas' activities <ol style="list-style-type: none"> 1) development of I.E.C for national wide expansion 2) evaluation of model areas' activities 3) trial examination of expansion of model areas 		

Appendix 2. Panchayat Populations in Dhanusha District and Kavrepalanchok District

H. M. G. / NEPAL
Ministry of Health
Nepal F.A. / M.C. H. Project District office

S. No.	Name of Panchayat	House No. / Popul.	Male	Fee	Total population	Stores Tobacco	Eligible Ca.	Remarks
1	Janakpur Nagar puz	32214	17400	15914	5614			
2	Kustha	46611	2387	2254	733	153	266	
3	Banga Shib puz	4118	2147	1971	608	177	103	
4	Bushiya	3582	1906	1676	574			
5	Bindhi	8546	1873	1782	524	117	126	
6	Dus batti	1607	827	780	288	61	75	
7	Kapleshwar	3414	1722	1691	517			
8	Laxmi puz Bagaha	2881	2006	1875	627	899	189	
9	Singur Gosa	5895	3076	2819	981	252	283	
10	Lachana	4087	2126	1948	570			
11	Rank pathi	3476	1817	1659	589	99	68	
12	Hushpur Kathpalla	3218	1614	1604	470	65	178	
13	Bagh Chaura	3868	1991	1877	598	140	282	
14	Suga Nikad	2610	1371	1239	423	74	181	
15	Paardeshwar	3617	1914	1703	573	175	186	
16	Mahuga	3555	1855	1700	543			
17	Man Singh pathi	2668	1369	1300	426	69	52	
18	Anclu pathi	2366	1220	1146	398	125	59	
19	Suga Madhu kashi	3386	1791	1595	550	111	200	
20	Ram duiya	4122	2336	1986	754	161	111	
21	Mithileshwar Nikas	4095	1952	2143	611	73	179	
22	Tara pati Sirsiya	5488	2782	2706	848	103	200	
23	Kagera Kamali	3697	1947	1750	624	131	204	
24	Sakhuba Mahendra Nagar	6744	3511	3233	1234	225	366	
25	Saphi	5052	2677	2435	885	213	160	
26	Mithileshwar Mahubahi	2610	1332	1298	405	32	87	
27	Bhutahi paterba	3155	1742	1513	555	45	121	
28	Gopalpur	3436	1743	1693	556	96	85	
29	Bariniya	3782	1940	1842	598	137	61	
30	Kachhuri Thura	4014	2099	1915	672			

H. M. ...
Ministry of Health
Nepal FP / M. C. H. Project District office

S. No.	Name of panchayat	House TOTAL No. Population	Male	Fee	Total Population House No.	Share To be done	Eligible Ca.	Remark
31	Digamber pur	5724	2962	2762	1009			
32	Hari har pur	4960	2554	2406	883	40	307	
33	Nakhta Jh	4758	2472	2246	734	98	330	
34	Uma prem pur	8120	4222	3898	1411	189	408	
35	Dhal ka bar	5913	3152	2761	980			
36	Bhui Chakar pur	692	370	322	115	63	179	
37	Bate shwar	4523	2323	2200	770	96	204	
38	Laxmi Nibas	4000	2064	1926	667	96	95	
39	Barga daber	6267	3194	2073	1103	160	144	
40	Tulshi	3203	1611	1592	539	138	376	
41	pustal pur	1807	919	885	315	69	48	
42	Shanti pur	2774	1433	1341	521	89	136	
43	Dhanusha Dham	6496	3131	3265	1159	102	202	
44	Dhanusha Gobind pur	3678	1917	1661	614	142	289	
45	Yagya Bhumi	9239	4820	4419	1629	334	168	
46	Raghu nath pur	8175	4240	3941	1470	261	403	
47	Talla Golar	6146	3240	2906	1169	131	148	
48	Bhokra pur	9005	4642	4563	1665	131	148	
49	Patarwa	2448	1260	1188	393	75	187	
50	Bar majhiya	3667	1967	1700	707	78	100	
51	Lab toli	1927	1017	910	349	86	307	
52	Sabaila	5957	3065	2892	952	145	193	
53	Makhanaha	4663	2425	2238	768	194	215	
54	Sato Char	4219	2182	2137	682	236	102	
55	Kharihani	6211	3245	2966	999	108	541	
56	Gadukaha	2728	1475	1753	695	89	132	
57	pachh karba	2299	1199	1080	421			
58	Jhatiyahi	3902	2024	1878	689	88	190	
59	Bala bakhur	4695	2414	2222	787	175	105	
60	Lauya kor pur shaha	2793	1437	1356	488	80	110	
61	Thila Gabadi	2566	1265	1201	406	89	132	
62	Nanu patti	2567	1406	1161	466			
63	Har bura	2608	1331	1277	471			
64	Chora kil pur	3209	1695	1514	615	66	71	

H.M.G / NEDAL
Ministry of Health

Pal FP / M.C.H. project District office

	Chyat	House No. Total pop.	Male	Fee.	Total population	Steri to be done	Eligible Cu	Remarks.
	Goth kail pur	2588	1364	1224	497	61	75	
66	Inarba	2517	1335	1182	450	38	115	
67	patrukza	2170	1127	1043	374	30	178	
68	Lakera	2147	1683	1462	474			
69	Harine	3813	2098	1765	556	66	555	
70	Singajahi Nashan	6342	3326	3016	1007	73	140	
71	Bicheb bhusa	3342	1708	1634	539	164	445	
72	Dubek kote Hathlatba	4695	2396	2292	727	114	107	
73	Bal ha Goth	2612	1367	1245	363	26	146	
74	Machhi Thitkahi ya	6057	3165	2892	1121			
75	Khajuse Chamba	4412	2308	2117	759	95	205	
76	Mahuya, Pr. Kote	3077	1568	1571	522	145	139	
77	Sagharu	2589	1395	1194	429			
78	Tharhi Thijha	4502	2407	2295	756	75	160	
79	Ek Rahi	3152	1655	1497	506			
80	Bal ha Kathul	2567	1319	1248	435	56	107	
81	Baphai	1966	1089	957	345	69	89	
82	Chakkas	3263	2003	1860	645	121	134	
83	Sonigama	4328	2225	2103	299	135	179	
84	Gidhaha	3635	1844	1791	624	68	161	
85	Dhabauli	4826	2492	2334	769	145	193	
86	Aurhi	3687	1893	1791	606	102	74	
87	par baha	3103	1618	1485	424	79	111	
88	Lakhauli	2360	1188	1172	349	85	100	
89	Dhanauji Kataiya	4620	2512	2308	707	79	196	
90	Thothi Kataiya	2642	1366	1276	397	71	157	
91	gt harba	2629	1379	1243	389	75	125	
92	Duharsi	4890	2565	2325	762	139	250	
93	Depusa Rupa tha	4839	2536	2303	753	231	164	
94	Ghosghash	4173	2164	2069	542	190	153	
95	Bahu Arbbu	3268	1678	1590	435	143	87	

H.M.G / NEDAL
Ministry of Health

Nepal FP / M.C.H. project District office

S.No.	Name of panchayat	House Total	Male	Female	Total population	Sters to be done	Eligible Cu	Remarks
96	Dev di ha	7947	4216	3731	1040	137	108	
97	Lagma	3004	1615	1389	405	94	75	
98	Nagsair	3809	2061	1748	479	139	202	
99	Bahera balla	3943	2030	1913	668			
100	Mukhiya patti	3805	1975	1830	545	167	182	
101	Tulshiyahi Gabeli	3935	2021	1914	567	107	172	
102	Tulshiyahi Nikas	2073	1632	1441	488	119	207	
103	Fulgama	5956	3038	2918	1006	309	213	
<p>Tahal panchayat :- 103 House Count :- 72853 Tahal population :- 4,44,341 Male Count :- 230571, Female Count :- 213770</p>								

(出所) FPO, Dhanusha により作成

हाथी पञ्चांगीक जिल्हाची पंचायतसूची नाणवडी र जन संख्याकेंद्रसूची समित

क्र. सं.	पंचायतसूची नाम	जन संख्या
१	नीला नगर पंचायत BANERHI	११५४० (११५४०)
२	भुम्लुतर BHUMLUPTAR	१७५४ (१७५४)
३	नाल्दुम NALDUM	३०७७ (३०७७)
४	देवपुर (नाडुवा) DEVPUR	१९१० (१७१०)
५	नायागाठ देवपुर NAYAGAUN	१७११ (१७११)
६	महादेवस्थान MANADEVSTHAN	४७८४ (४०८४)
७	अनेकोटे ANEKOTE	१५०० (१५००)
८	तुळुवा नाग TULUCHA	३०२२ (३०२२)
९	गौरी विमाना देवपुर GAURI BISAUNI	२८८९ (२८८९)
१०	रानि खोपी RANIOPI	४३७७ (४३७७)
११	उग्रनण्डी नाग UGRANANDI	३२०० (३२००)
१२	सांगा SANGA	२९४४ (२९४४)
१३	उग्रनाग जनागाठ UGRANAGI	२९१४ (२९१४)
१४	श्रीकण्ठपुर SHREEKHANDAPUR	१७०० (१७००)
१५	बाजरायिनि (BAJRAYONINI)	१८०० (१८००)
१६	धुलिकहेल DHULIKHEL	२९५७ (२९५७)
१७	महेश्वरजी MAHESHWAR JYOTI	४५३७ (४५३७)
१८	काये नित्य चण्डेनी KAYE NITYA	१४४४ (१४४४)
१९	पातळेण PATLEKHET	१५०० (१५००)
२०	देवीटार DEVITAR	२८८९ (२८८९)
२१	सुबबागाठ SUBBA GAUN	२२६७ (२२६७)
२२	टोकाठ TOKATH	२३०० (२३००)
२३	साठे SAATHI	४४२० (४४२०)
२४	लुसामेनी LUSAMENI	६८६२ (६८६२)
२५	भुडोडा (भुडोडा वडाणी) BHUDEDA	३२५६ (३२५६)
२६	लुसामेनी (जनागाठ) LUSAMENI	३५२९ (३५२९)
२७	माली MALI	२८०० (२८००)
२८	जनागाठनाथान JANAGATHANATHAN	३८६८ (३८६८)
२९	भुडोडा BHUDEDA	३८२० (३८२०)
३०	महागाठ MAHAGAUN	२८०० (२८००)
३१	चासी सोडनी CHASI SODNI	३०२६ (३०२६)
३२	गौरी देवपुर GAURIDEVPUR	३४२२ (३४२२)
३३	परिहास PARIHAS	३४६२ (३४६२)
३४	काये नित्य चण्डेनी KAYE NITYA	१४४४ (१४४४)
३५	नाल्दुम NALDUM	३०७७ (३०७७)

क्र. नं.	पंजाबत नों नाम	जन संख्या
३५	बनारु BANAKHIV	३६३३ (३९८३)
३६	बुडापानी BUDHA KHANI	२३३६ (२९३९)
३७	मंगल्टार MANGALTAR	२२२४ (२२२५)
३८	वालीडों WALTING	२२२४ (२२२५)
३९	मेचो MECHHEY	४९९३ (५७१३)
४०	भिमखोरी BHIMKHORI	४४४९ (५५५१)
४१	सिपाजी चिगजने SIPALI	९८९९ (१८११)
४२	महादेवटार पंगु MAHDEVI FOR PANGU	८०० (८००)
४३	चपाखोरी CHAPAKHORI	४६८६ (५६८६)
४४	सापीडों SAPIND	४०९६ (५०९६)
४५	खारपंगु KHAREPANGU	४९३९ (५१३१)
४६	सले मुजगबरी SALLEY MUCAR BARI	२२२३ (२१२५)
४७	गौठपानी चोरी GOUTHANI	२३०० (२९७०)
४८	मादन कुडापि MADAN KUDAR	३८७५ (३६७५)
४९	कातिरे देउराजी (KATTEKEDURAJI)	२६८९ (२६८१)
५०	भिरतां धोराजी (BIRTA DEURAJI)	२७०० (२७००)
५१	चोरी पीछरी (CHAURI POKHARI)	४३०४ (५३०५)
५२	जुंजी शिवाडी (GHUSENI SIBALAYA)	४९०६ (५९०६)
५३	नागं गगरी (NANGRE GAGARCHE)	१५९३ (१५९३)
५४	माथी फेदा (MATHI PHEDA)	१५०० (१५००)
५५	बेकसिमले (BEKHSIMALE)	१०९३ (१०९३)
५६	वांगथली (WANGTHALI)	१००० (१०००)
५७	चौबारी (CHAUBASHI)	५०९९ (५०९९)
५८	साठीघर (SATHIGHAR)	२६६६ (२६६६)
५९	होखे बाजार (HOKSE BAZAR)	२६०० (२६००)
६०	खारथोक (KHARETHOK)	५०४५ (५०४५)
६१	कोशी देखा (KOSHI DEKHA)	५३५६ (५३५६)
६२	पंचखाल (PANCHKHAL)	५६९९ (५६९९)
६३	देवभुमि या बूजा (DEUBHUMI BALUWA)	७५७९ (७५७९)
६४	चामकाना बेसी (CHAMKANA BESI)	१७०६ (१७०६)
६५	मिल्चे (MILCHE)	२३०० (२३००)
६६	साल्मे चकाल (SALME CHAKAL)	२३५२ (२३५२)
६७	सालधारा (SALDHARA)	२३२३ (२३२३)
६८	धालाधारा (DHALADHARA)	३०२२ (३०२२)
६९	तालधुंगा (TALDHUNGA)	२४३६ (२४३६)
७०		

सि. नं.	पंचायतको नाम	जन संख्या
७०.	उडागाउँ (PANDA GAUN)	२५०० (२९५००)
७१.	खोपासी (KHOPASI)	२२३६ (२३३६)
७२.	बथली (BALTHALI)	२२३० (२२००)
७३.	सुन्धान (SUNTHAN)	५३२९ (५३२९)
७४.	संक्रुपाटीकोट (SANKHUPATI)	२३६७ (२३६७)
७५.	सक्रुपाटी (SANKHUPATI)	२२०० (२२००)
७६.	श्यामपाटी (SHYAMPATI)	२३४९ (२३४९)
७७.	पुरानी गाउँ दाजा (DURANI GAUN DAKHA)	२२०० (२२००)
७८.	फुलबारी (PHULBARI)	४२९६ (४२९६)
७९.	दाजा क्षेत्रिक (DARJACHHIA TRE BANJH)	२२२२ (२२२२)
८०.	डाकाणे पोखरी (DAKANE PO KHARI)	२२२२ (२२२२)
८१.	खानाल्थोक (KHANALTHOK)	४५७६ (४५७६)
८२.	सिखर अम्बोटे (SIXHAR AMBOTE)	२२९७ (२२९७)
८३.	सिसाखानी (SISAKHANI)	३५४७ (३५४७)
८४.	कान्तुवैली (KANTUVEY)	२७९६ (२७९६)
८५.	कानपुर गाउँपालिका (KAMPURI)	२७९६ (२७९६)
८६.	पौखरी नारायणस्थान (POKHARI NARAYANSTHAN)	२६६७ (२६६७)
८७.	सक्रुपाटी (SANKHUPATI)	२६०० (२६००)
८८.	मैथिनकोट (METHINKOT)	२७९० (२७९०)
८९.	सक्रुपाटी (SANKHUPATI)	४२४५ (४२४५)
९०.	थुलपारशेल (THULPARSHEL)	२२०० (२२००)
९१.	जैश्विथोक (JAISHWITOK)	२३६० (२३६०)
९२.	चण्डनी भञ्ज (CHAN DENI)	२२३० (२२३०)
९३.	ज्याम्दी भञ्ज (YAMDI)	२६६३ (२६६३)
९४.	कोलाटी (KOLATI)	२३६० (२३६०)
९५.	कोलाटी भुङ्ग (KOLATI)	२७५५ (२७५५)
९६.	फागट भुङ्ग (PHILATE)	२७५६ (२७५६)
९७.	खारकिचौर (KHARAKICHOR)	३६७७ (३६७७)

कुल :- ३०९२७३ (०३६ को जन गणना अनुसार)

६०७-९७३

(出所) FPO, Dhulikhel (により作成

JICA