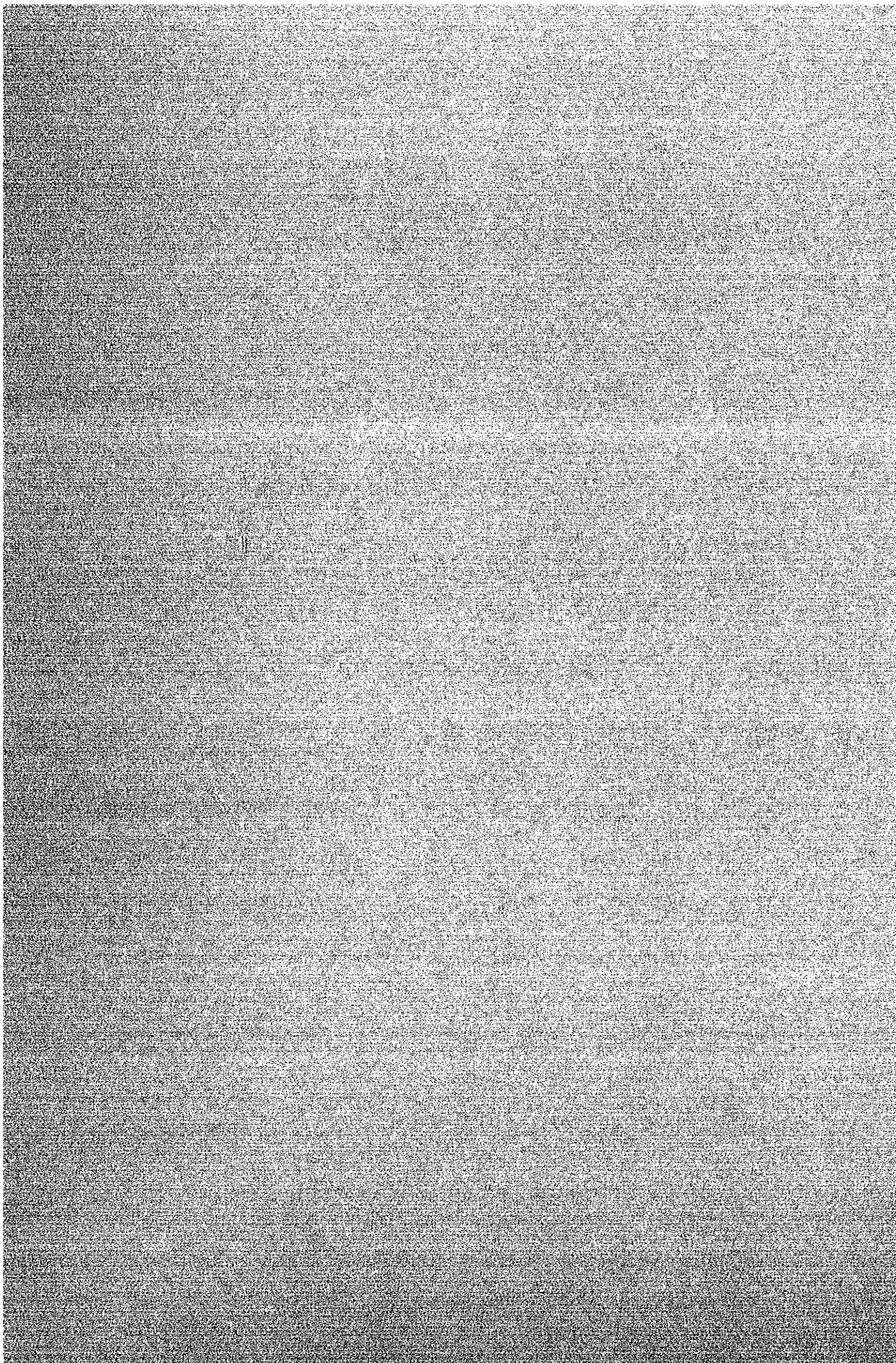


Chapter 5

**SUMMARY**

—Estimation of Final 11 Indicators—



## CHAPTER 5 SUMMARY: ESTIMATION OF FINAL 11 INDICATORS

As explained in Chapter 1, we do not yet have sufficient statistical information concerning population, family planning, maternal and child health, medical service and public health in Nepal. The objective of this "Basic Survey on Population and Family Planning" is to collect the above-mentioned information with major emphasis on maternal and child health (MCH), thereby establishing basic indexes on 11 items to be used as collaborative data in preparing guidelines for the Family Planning and MCH Project. This Chapter computes indexes on the basis of the analyses made in the preceding Chapters.

(1) **Medical checkup rate of pregnant women:** It will provide vital information on maternal health to investigate whether pregnant women undergo medical checkups. First of all we calculated the medical checkup rate of pregnant women in both Kavrepalanchok and Dhanusa. In this calculation, the denominator is the female population with an experience of pregnancy and the numerator is the female population having had checkups during pregnancy.

$$\text{MCR} = \frac{\text{CP}}{\text{EP}} \times 100$$

MCR = Medical checkup rate of pregnant women

CP = Number of women who have had checkups during pregnancy

EP = Number of women with an experience of pregnancy

Medical checkup rate of pregnant women

Kavrepalanchok	Dhanusa
9.2%	7.1%

As shown in the above table, the rates in both districts were as low as or less than 10%, although the rate in Kavrepalanchok is slightly higher than that of Dhanusa. One of the attributing factors to the above result is the geographical advantage of the surveyed area of Kavrepalanchok which is located near the capital, Kathmandu, and therefore provides easier access to medical institutions.

(2) **Medical checkup rate of children:** In order to grasp the present situation of child health, it is important to find out what percentage of children under five years has received medical checkups at medical institutions when ill. The medical checkup rate is calculated using the

following formula. Where, medical institutions are limited to hospitals, health posts and FP clinics.

$$MCRC = \frac{MIM}{NC} \times 100$$

MCRC = Medical checkup rate of children

MIM = Number of mothers who took their ill children to medical institute

NC = Number of children 0 – 4 years

**Medical checkup rate of children by diseases**

Diseases	Kavrepalanchok	Dhanusa
Diarrhoea	12.0 %	3.8 %
Measles	1.4	0.2
Worms	6.8	1.5
Whooping cough	5.9	0.8
ARI	4.8	1.3
Diphtheria	0.6	0.1

As shown in the above computation, it was found that the checkup rate of children when they are ill is extremely low in both districts, although the rate of Kavrepalanchok attributed to the same reason as in the case of the checkup rate of pregnant women.

(3) **Immunization rate of children:** Immunization is an important means to prevent communicable diseases in and death of children. It is necessary for the promotion of child health to find out what percentage of children has been immunized. The immunization rate is calculated based on the following formula.

$$IRC = \frac{CI}{NC} \times 100$$

IRC = Immunization rate of children

CI = Number of children immunized

NC = Number of children 0 – 4 years

**Immunization rate of children (%)**

	BCG	Measles	DPT			Polio		
			1st time	2nd time	3rd time	1st time	2nd time	3rd time
Kavrepalanchok	18.7	18.5	14.9	6.2	3.9	10.1	4.4	3.3
Dhanusa	44.6	30.6	10.3	11.6	23.0	11.3	9.9	20.7

As shown in the above table, almost all the rates in Dhanusa are higher than those of Kavrepalanchok. As for BCG and measles a great difference is observed between the two districts. Also we can gain extremely interesting information from the rates of immunization against DPT (triple vaccine of diphtheria, whooping cough and tetanus) and polio. In both cases there is little difference in the rates of first inoculation between the two districts. However, in Kavrepalanchok District the rate drops the second time and further lower to 3.9 and 3.3%, respectively, the third time. In Dhanusa, in contrast, the rates increase to 23.0 and 20.7%, respectively, the third time. It implies that the number of drop-outs increases as inoculation advances in the Kavrepalanchok whereas in Dhanusa most children continue the inoculation to the third time.

(4) **Incidence of diseases and their causes:** The present survey, which places major emphasis on child health, also covered information on incidence of major diseases of children under five years in the last 12 months. On the basis of collected data, the disease incidence of diseases was calculated based on the following formula.

$$IDC = \frac{D}{NC} \times 100$$

IDC = Incidence of diseases of children 0 – 4 years

D = Number of children 0 – 4 years who suffered from each diseases

NC = Number of children 0 – 4 years

**Incidence of diseases**

Diseases	Kavrepalanchok	Dhanusa
Diarrhoea	46.7 %	41.2 %
Measles	12.1	6.6
Worms	25.8	18.5
Whooping cough	21.6	12.6
ARI	25.5	28.6
Diphtheria	3.2	1.3

The above table first shows that more than 40% of the children in both districts suffered from diarrhoea in the last 12 months. Other noteworthy features found in the table are that (1) when arranging diseases by rate, they are almost in the same order for both districts, and (2) most rates are higher in Kavrepalanchok than in Dhanusa. Also particular attention should be given to the incidence of contagious diseases such as measles, whooping cough and diphtheria as well as that of diarrhoea. The Table shows that the incidence of contagious diseases computed higher in Kavrepalanchok than in Dhanusa. However, from a common sense standpoint it is presumed that contagious diseases are not spread as rapidly or widely in Kavrepalanchok which is located in the hills, where houses are scattered and it is more difficult to come and go, than in Dhanusa which presents a geographical contrast<sup>1)</sup>. One of the contributing factors to the above result is considered to be the effect of the immunization rates in the respective districts (see the immunization rates above).

The same tendency is observed in the germination rate of diarrhoea. Most diseases are spread through polluted water and food<sup>2)</sup>, and this is especially true in the case of diarrhoea. However, as explained in Section 1 of Chapter 4, the major sources of water in Kavrepalanchok, which is located in the hills, are springs and fountains, which are not readily polluted compared to wells which are the major source of drinking water in Dhanusa. Then why is the germination rate of diarrhoea higher in Kavrepalanchok than in Dhanusa? While this question requires further careful examination, it could be that diarrhoea in Kavrepalanchok is caused mainly by hard spring water which contains minerals and is different from the bacterial diarrhoea in Dhanusa.

(5) **Mortality:** The basic mortality indexes including infant mortality rate, child mortality rate and crude death rate are calculated based on the following formulas. Among these three, infant mortality is most sensitively affected by such factors as public health standards, nutrition, and social and economic conditions and therefore is an important index to the health and welfare standard of the society. Since it has a great effect on the birth rate, it is also an important index in analyzing fertility<sup>3)</sup>.

$$\text{IMR} = \frac{\text{NDI}}{\text{NB}} \times 1,000$$

$$\text{CMR} = \frac{\text{NDC}}{\text{NC}} \times 1,000$$

$$\text{CDR} = \frac{\text{TND}}{\text{TP}} \times 1,000$$

- IMR = Infant mortality rate
- NDI = Number of infant deaths
- NB = Number of live births
- CMR = Child mortality rate
- NDC = Number of deaths of children 1 – 4 years
- NC = Number of children 1 – 4 years
- CDR = Crude death rate
- TND = Total number of deaths
- TP = Total population

The computed mortality of each index is given below.

<i>Death rates</i>		
	Kavrepalanchok	Dhanusa
Infant mortality rate	148.1	170.6
Child mortality rate	11.6	17.5
Crude death rate	13.7	13.9

As shown in the above computation, although the crude death rate seems rather low, of 13.7 and 13.9 per 1000 persons respectively in the two districts, these figures are considered reasonable judging from the estimation of 13.5% in the 1971–81 statistics of the Central Statistic Bureau and that of 11.9 in 1984 by New ERA. Infant mortality rate in Kavrepalanchok is 148.1. This estimate would also be acceptable if compared with the UN's estimate of infant mortality rate in Nepal, 153 in 1980–85. However the infant mortality rate in Dhanusa is computed at 170.6, which may sound slightly too high. One of the reasons considered for this computation is the temporary birth change. As already explained in Chapter 4-(3) concerning death (Table 4-4-1), the number of infant deaths is almost the same, whereas the birth level is lower in Dhanusa (see the birth rate given later). Therefore this naturally produces a higher mortality rate. The index of infant mortality rate tends to be sensitively affected by births. However, if the birth level of Dhanusa is not a passing phenomenon, the mortality rate in Dhanusa proves high. This issue requires closer examination by a time-series analysis and deserves careful consideration in the future. Also the issue of infant mortality rate poses an important problem in relation to birth rate. This will be discussed later in more detail in a section on birth rate.

(6) **Causes of infant deaths:** This is a highly interesting theme. However, as stated in Chapter 4-(4), most of the answers to the question about death causes were “other diseases” and “other scientific reasons,” and while we obtained a sufficient number of samples with regard to the total number of deaths, the number of samples of infant and child deaths was too small to classify the causes of death. Accordingly, we could not clarify the causes of suckling deaths.

(7) **Prevalence rate of contraceptive methods:** The data on contraceptive methods unfortunately had a false setting. As is commonly known, the sterilization is a permanent contraceptive measure. The effect of sterilization once performed continues. Therefore those who answer “Have you been sterilized?” must automatically mark “sterilization” as a method currently used. However, in the course of computer processing, it was discovered that some samples were not done in this way. Then, the number of persons who currently practice birth control by sterilization turned out to be smaller than the number of persons who had been sterilized. Therefore in this analysis, to estimate the prevalence rate of information on contraceptive methods, we used the number of persons who had been sterilized as a variable to replace the number of persons who practice birth control by sterilization at the time the survey was conducted. The rate is calculated based on the following formula.

$$CPR = \frac{PPC}{NWS} \times 100$$

CPR = Current prevalence rate of contraceptive methods

PPC = Number of persons who are currently practicing birth control

NWS = Number of women surveyed

**Prevalence rate of contraceptive methods**

Current prevalence rate	Kavrepalanchok	Dhanusa
Prevalence rate (total of all methods)	18.7 %	20.5 %
Male sterilization	9.9	2.5
Female sterilization	6.5	17.4
Pill	0.1	0.2
Condom	0.2	0.3
IUD	0.1	—
Injectable	0.9	0.1
Other method	0.9	—



As shown in the above table, the prevalence rate of information on contraceptive methods is approximately 20% in both districts. This figure is considered reasonable when compared with the findings of surveys undertaken thus far<sup>6)</sup>. However, because we have to expect duplication of answers in the present questionnaire as explained in Chapter 4-3, the figure given in the above table might have been slightly higher than the real value. The major contraceptive method, common to the two districts, is sterilization; however Kavrepalanchok is characterized by male sterilization whereas Dhanusa is by female sterilization. Traditional methods were found to be rarely used.

(8) **Birth rate:** The birth rate generally implies three indexes. Namely, crude birth rate, total fertility rate and total marital fertility rate. The respective rates are calculated based on the following formulas.

$$CBR = \frac{TB}{TP} \times 1,000$$

$$TFR = \sum \frac{NBMA}{FPA}$$

$$TMFR = \sum \frac{NBMA}{LFP}$$

CBR = Crude birth rate

TB = Total number of births

TP = Total population

TFP = Total fertility rate

NBMA = Number of births by mother's age

FPA = Female population by age

TMFR = Total marital fertility rate

LFP = Married female population by age

The crude birth rate is the most general index and indicates births per 1000 population. The total fertility rate represents the number of children a woman gives birth to between 15 and 49 years of age (reproductive period). The total marital fertility rate indicates the number of children a married woman gives birth to from 15 to 49 years of age. In a case such as Nepal where most women get married, the total marital fertility rate would be the most effective index among the three. The respective indexes were estimated as below.

**Birth rates**

	Kavrepalanchok	Dhanusa
Crude birth rate	31.97	27.53
Total fertility rate	4.62	3.89
Total marital fertility rate	6.40	4.95

As seen in the above table, every index proves the birth level is higher in Kavrepalanchok than in Dhanusa. What should be noted here is the relationship between the infant mortality rate and the birth rate. As mentioned several times in Chapter 1 and other places, it is known that a decrease in the infant mortality rate contributes to a decrease in the birth rate. However when comparing infant mortality rates and birth rates given in the above tables, it is found that in Kavrepalanchok the birth rate is higher while the death rate is lower and in Dhanusa the birth rate is lower while the death rate is higher. To determine the contributing factors to this trend, it is necessary to collect more information and to make a careful analysis. As for the reliability of the computed birth rates, they are considered fairly proper judging from the data that Nepal's legitimate birth rate in 1986 was 5.62<sup>7)</sup>.

(9) Food habits: One of the most important aspects in learning about maternal health is knowing what foods are eaten by pregnant women and breastfeeding mothers. In this context, we calculated the ratio of those who answered that they give mothers the food listed in the following table to the total number of women surveyed. It was found, as seen in the table, that every food item, other than milk, shows a higher ratio in Kavrepalanchok than in Dhanusa. Also noticed here is the difference in eating habits between the two districts.

**Food for pregnant women**

Item	Kavrepalanchok	Dhanusa
Animal Protein	16.4 %	8.0 %
Fruits	8.2	5.0
Green Vegetables	3.8	3.1
Beans	4.4	0.7
Eggs	3.2	1.0
Milk	9.5	12.7
Ghee	6.5	1.3
Others	16.5	10.7

**Food for breastfeeding mothers**

Item	Kavrepalanchok	Dhanusa
Animal Protein	22.2 %	4.5 %
Fruits	4.7	2.6
Green Vegetables	6.1	3.9
Beans	4.3	2.4
Eggs	2.1	1.1
Milk	12.8	22.0
Ghee	12.7	0.6
Others	27.3	25.1

(10) **Nutritional status of children:** In considering child health, nutrition is an important factor, in addition to immunization, medical institutions, and diseases. For, when an undernourished child catches a contagious disease, it is often fatal<sup>8)</sup>. This survey estimated the nutritional status of children six months old to five years under three conditions, namely, "malnourished," "slightly undernourished," and "well nourished" by using the arm circumference tape. Based on this estimation, the nutritional status of children in Kavrepalanchok and the Dhanusa is indexed based on the following formula.

$$NS = \frac{NEC}{NC} \times 100$$

NS = Distribution ratio of nutritional states of children

NEC = Number of children in each nutritional condition

NC = Number of children of 0 – 4 years

### Ratio of nutritional status of children

(Kavrepalanchok District)

Nutritional Status	Malnutrition	Slightly undernourished	Well nourished
Percentage	9.8 %	27.2 %	45.8 %

(Dhanusa District)

Nutritional Status	Malnutrition	Slightly undernourished	Well nourished
Percentage	14.4 %	26.3 %	35.3 %

As the above estimate shows, about 10% or more of the total infant population suffer from malnutrition in both districts. When adding slightly undernourished children to the above, the percentage reaches about 40%. In other words, almost half of the total infant population suffer from imperfect nourishment. If converting the above estimate to ratio by birth order, we get more interesting information. (Given in the following table)

### Ratio of nutritional status of children by birth order

(Kavrepalanchok District)

	Malnutrition	Slightly undernourished	Well nourished
Last Child	13.6 %	33.2 %	53.2 %
Last but one Child	6.8	32.0	61.3
Last but two Child	8.3	29.2	62.5

(Dhanusa District)

	Malnutrition	Slightly undernourished	Well nourished
Last Child	21.7 %	35.9 %	42.4 %
Last but one Child	6.8	29.3	63.9
Last but two Child	23.1	38.5	38.5

The percentage of children suffering from malnutrition in Kavrepalanchok is as low as 8.3% in the case of the last but two child, but increases to 13.6% in the case of the last child. The same trend is also observed in regard to slightly undernourished children. However, as for normal children, the percentage decreases from 62.5% in the case of the last but two child to 61.3% in the case of the last but one child and then to 53.2% in the case of the last child. In other words, as the number of children increases in a family, the percentage of undernourished children

increase. This is in agreement with some knowledge from a demographic study. For the more children there are in a family, the less food is distributed to each child and the less care given to each by parents. Under such circumstances the youngest and weakest child is placed in the most unfavorable situation. In Dhanusa, however, such a trend is not so clearly observed. Further study should be made to analyze the factors creating such regional differences. In this survey the analysis was made irrespective of the sex of children, but if taking sex into consideration, the results might be different. This question also requires careful analysis in the future.

(11) **Other indexes: Oral Rehydration Therapy (ORT):** As already explained in the section on disease, the incidence of diarrhoea is considerably high in Nepal and it might be said that major cause of infant deaths in diarrhoea. Strictly speaking, ORT is not a remedy for diarrhoea, but it is an effective symptomatic treatment. To find ways to eliminate the diarrhoea problem, it is important to know what percentage of women surveyed in Kavrepalanchok and Dhanusa has information about ORT. The present survey found what percentage of the women had heard of "Jeevan Jal," that is, ORT.

$$PJJ = \frac{NWJJ}{NWI} \times 100$$

PJJ = Percentage of women who have heard of "Jeevan Jal"

NWJJ = Number of women who have heard of "Jeevan Jal"

NWI = Number of women surveyed

Percentage of women who have heard of ORT

Kavrepalanchok	Dhanusa
70.5 %	61.9 %

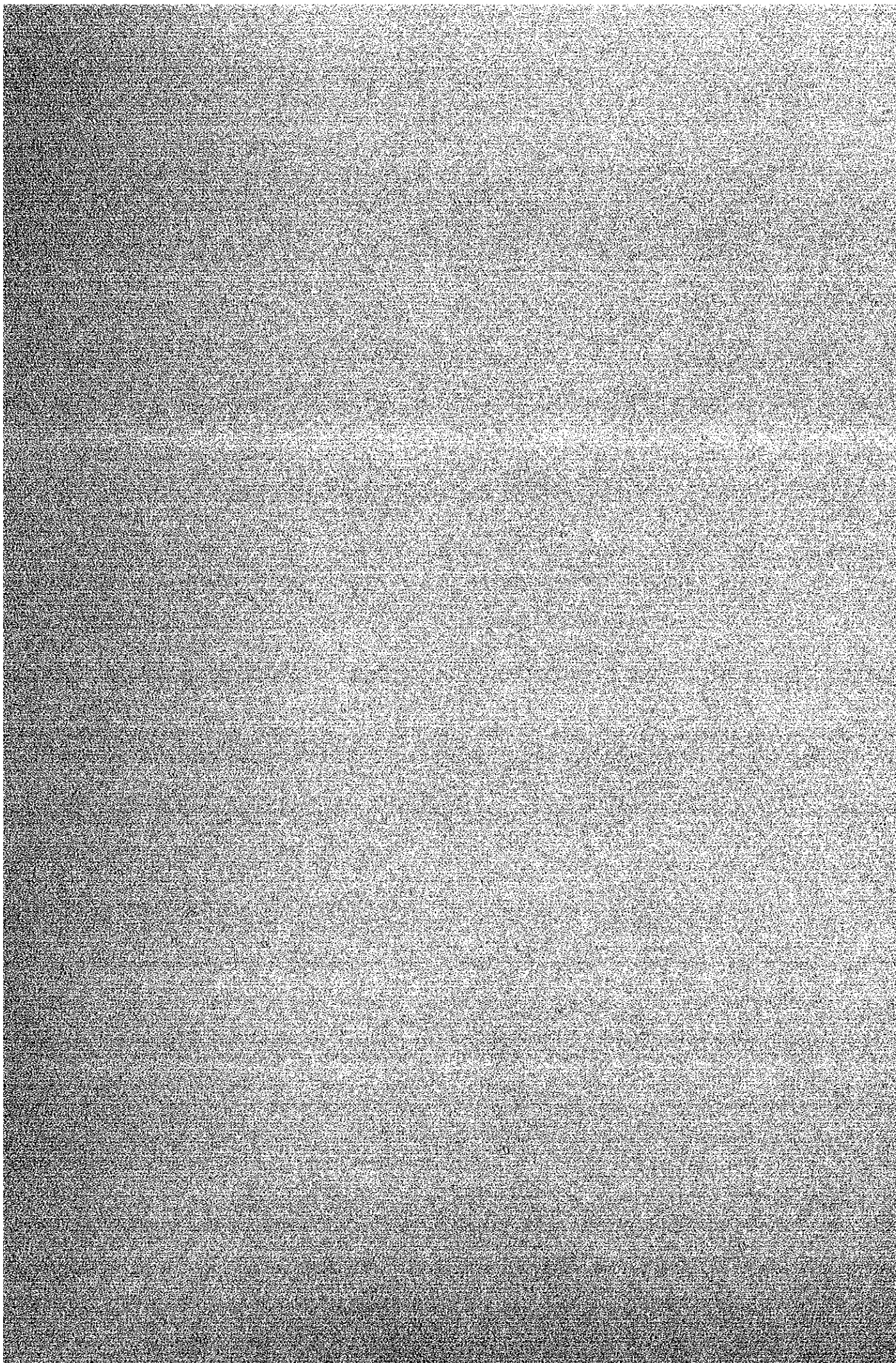
As seen in the above table, Kavrepalanchok shows a higher level. This result is considered to be related to sources of information discussed in paragraph 5 of Chapter 4. Radio is the source of information about ORT in Kavrepalanchok, whereas health workers are the source in Dhanusa. This proves the effectiveness of education via radio.

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Note)

- 1) USAID & HMG, *NEPAL NUTRITION STATES SURVEY*, Kathmandu, 1975, p. 33.
- 2) Kenneth Lee and Ann Mills ed., *The Economics of Health in Developing Countries*, Oxford, Oxford University Press, 1983, p. 9.
- 3) Tomomi Otsuka, "On the Child Survival Hypothesis," *Keizai-Shushi*, Vol. 55, No. 3, 1985, pp. 67-73.
- 4) Bakta B. Gubhaju, *Mortality*, mimeo, p. 6.
- 5) United Nations, *World Population Prospects*, New York, 1986, p. 136.
- 6) New ERA, *Fertility and Mortality Rates in Nepal*, Kathmandu, 1984, pp. 70-79.
- 7) Ministry of Health, *FINDINGS FROM NEPAL FERTILITY AND FAMILY PLANNING SURVEY*, Ministry of Health, Kathmandu, p. 6.
- 8) Kenneth Lee and Ann Mills ed., *The Economics of Health in Developing Countries*, Oxford, Oxford University Press, 1983, p. 9.

**SURVEY SCHEDULE,  
LIST OF SURVEY TEAM MEMBERS,  
AND SURVEY STAFF**





**SURVEY SCHEDULE, LIST OF SURVEY TEAM MEMBERS,  
AND SURVEY STAFF**

**1. TIME SCHEDULE**

August 25, 1986	Presentation of Survey Design
September 1-30	Questionnaire Design for Pre-test
October 22	Printing of Questionnaire Sheets for Pre-test (150 copies)
October 23	Agreement of Scope of Work between NFP/MCH project and JICA
October 26-31	Training for Supervisors and Editors
November 5-6	Pre-test combined with Field Practice for Supervisors and Editors
November 5-16	Recruitment of Interviewers in Kavrepalanchok
November 19	Interview to Applicants of Interviewer
November 7-10	Correction and Finalization of Questionnaire
November 10	Finalization of Survey Design
November 11-25	Printing of Questionnaire Sheets (5,000 copies)
November 12-21	Recruitment of Interviewers in Dhanusa
November 23	Interview to Applicants of Interviewer
November 20-21	Lectures on Methodology of Survey, Sampling and so on to Supervisors and Editors
November 24 - December 6	Training for Interviewers in Kavrepalanchok
December 1-2	Field Practice
November 25 - December 6	Training for Interviewers in Dhanusa
December 1-2	Field Practice
December 3	JICA Survey Team Arriving at Nepal
December 7, 1986 - January 14, 1987	Field Survey in Kavrepalanchok
December 7, 1986 - January 9, 1987	Field Survey in Dhanusa
December 17-26	Preparation of Code Book

December 25–26	Preparation of Coding Sheet
December 26–30	Printing for Coding Sheets
December 28	Training of Editors and Coders
January 1, 1987	Instruction to Editors and Coders
January 2–22	Coding and Office Editing
January 16–23	Coding Check
January 25	JICA Survey Team Leaving Nepal
February 1–28	Data Input to the Computer
March 1–31	Programming and Data Analysis
April 1 – May 10	Discussion of Results of Data Analysis and Draft Report Writing (English and Japanese)
April 7–21	M. Mool, NFP/MCH Project, Visiting Japan for Discussion of Results of Data Analysis
May 17–19	Dr. Tohru Sagara Visiting Nepal for Explanation and Discussion of Draft Report
May 21–27	Final Report Writing
May 28 – June 13	Printing of Final Report

## 2. SURVEY TEAM MEMBER

Name and Title	Assignment	Period of Field Survey
Tohru SAGARA, Expert Adviser, Asian Population and Development Association  Associate Professor, Dept. of Hygienics & Dental Public Health, Nihon University	Supervision/ Demography/ Hygienics and Public Health	From Dec. 2 to 26, 1986  From May 16 to 21, 1987
	Yuiko NISHIKAWA  Research Staff, Asian Population and Development Association	Demography/ Socio-Economics  From Dec. 2, 1986 To Jan. 26, 1987
	Tomomi OHTSUKA  Expert Adviser, Asian Population and Development Association  Assistant, College of Economics, Nihon University	Demography/ Family Planning/ Maternal and Child Health  From Dec. 2, 1986 To Jan. 26, 1987

The Japan International Cooperation Agency (JICA) and NFP/MCH Project made an agreement on the Scope of Work for the complementary study. In accordance with the S/W, JICA entrusted this survey for the Asian Population and Development Association (APDA). JICA Organized the Japanese survey team as listed above, and carried out the survey and prepared this report in cooperation with NFP/MCH Project. This survey was administrated by a following staff member.

Name and Title	Assignment	Period of Field Survey
Hiroshi NIINO  Medical Cooperation Department, Japan International Cooperation Agency	Administration of Field Survey	From Dec. 2 to 11, 1986

Following three experts who have been dispatched by Japan International Cooperation Agency cooperated in this survey.

Name	Title
Nobuyoshi WATAHIKI	Acting Team Leader, Public Health Expert
Teruko UI	Maternal and Child Health Expert
Akira NARUSE	Coordination Expert

### 3. STAFF LIST

#### (1) FP/MCH Project

Project chief	Dr. Tara B. Khatri
Deputy chief	Dr. Sham P. Bhattarai
	Dr. Madhav Joshi
	Dr. Pramila Sharma

#### Research, Planning, Evaluation Division

Acting chief	Mr. Gokarna Regmi
staff	Dr. Bhakta B. Gubhaju
staff	Mr. Muniswor Mool
staff	Mr. Tek B. Dangi
staff	Mr. Vinaya R. Dhakhwa

Service Division	Mr. Jiv K. Shrestha
	Mr. Hari P. Koirala
	Mr. Shyam K. Shrestha

#### (2) Kavrepalanchok District

FPO	Mr. Mohon K. Joshi
-----	--------------------

#### (3) Dhanusa District

FPO	Mr. Jagatananda P. Singh
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#### Kavrepalanchok District

Supervisor:	Post
1. Mr. Mohan Bhattarai	Health Educator
2. Mr. Badri Narshing K.C.	F.P.O.
3. Mr. Nabin Pyakuryal	IEC Officer

Editor:

1. Miss Bimala Manandhar
2. Mrs. Sabari Badan Malla
3. Mr. Deepak Raj Giri

Interviewer/Coder  
Research Assistant  
Research Assistant

Interviewer:

Name

Female

1. Nagina Kokh Shrestha
2. Sakuntala Shrestha
3. Rasmi Devi Kayastha
4. Indra Kumari Khatri
5. Batu Devi Adhikari
6. Saraswati Tripathi
7. Omhari Awa
8. Biku Maya Shakya
9. Krishna Maya Toujali
10. Ramila Katila
11. Dev Laxmi Shayaula
12. Reeta Bade
13. Jyotsna Khadka
14. Jwala Khadka
15. Kalpana Sipkhan

Male

16. Suresh Khatri
17. Jaddu Nath Kapali
18. Sunil Malla
19. Hemanta Bahadur Pal
20. Torna Bahadur Lawati
21. Badri Prashad Sharma
22. Amar Bahadur Sharma
23. Fanindra Bahadur Chhetri
24. Prem Bahadur Khadka

**Dhanusa District**

**Supervisor:**

- |                           | <b>Post</b>     |
|---------------------------|-----------------|
| 1. Mrs. Indu Devkota      | Section Officer |
| 2. Mr. Sudarsan R. Gautam | Section Officer |

**Editor:**

- |                        |                   |
|------------------------|-------------------|
| 1. Mr. Durga B. Supedi | Interviewer/Coder |
| 2. Mr. Suman K. Sharma | Interviewer/Coder |

**Interviewer:**

**Name**

**Female**

1. Miss Binita Kumari Pokhrel
2. Mrs. Iswori Bajracharya
3. Mrs. Tank Kumari Basnet
4. Miss Bhes Kumary Adhikari

**Male**

5. Mr. Devi Kant Misra
6. Mr. Siweswor Mandal
7. Mr. Sudhir Kumar Sharma
8. Mr. Jiwachha Raya
9. Mr. Achyut Raj Paudyal
10. Mr. Dhaneswor Yadab
11. Mr. Narendra Kumar Upadhyaya
12. Mr. Sushil Kumar Upadhyaya
13. Mr. Amar Bhadur Nyaupane
14. Mr. Manoj Kumar Datta
15. Mr. Lila Kant Jha
16. Mr. Ram Kumar Mahatha Sudi

#### 4. TRAINING SCHEDULE FOR SUPERVISORS/EDITORS

DATE	TOPICS	SPEAKER
<b>Day 1</b>		
10:30 – 11:00	Registration,	
11:00 – 11:30	Overview of FP/MCH, JICA Project,	Mr. Watahiki
11:30 – 12:00	Objective of Survey and Programme Introduction,	Mr. Regmi
12:00 – 01:00	General Introduction of Questionnaire, & Technique of Interview,	Mr. Dangi, Mool Dhakhwa & Dr. Gubhaju
01:00 – 01:30	Familiarization of Questionnaire Sec. 1. H.H. Questionnaire,	Mr. Dhakhwa
<b>Day 2</b>		
11:00 – 12:00	Sampling and Field Editing	Mr. Dhakhwa
12:00 – 01:00	Sec. 2. Socio-Economic Characteristic of the family, Sec. 3. Background Information of Respondent,	Mr. Mool Mr. Dangi & Mr. Mool
01:00 – 02:00	Tea Break,	
02:00 – 04:30	Sec. 4. Fertility, Sec. 5. Antenatal/Postnatal Care Sec. 6. Family Planning	Dr. Gubhaju Mr. Dhakhwa Mr. Mool
<b>Day 3</b>		
11:00 – 11:30	Sec. 7. Oral Rehydration Therapy,	Mr. Dangi
11:30 – 12:00	Sec. 8. Immunization,	Mr. Dangi & Mr. Mool
12:00 – 01:00	Sec. 9. Breast Feeding	Mr. Regmi
01:00 – 01:30	Tea Break,	
01:30 – 02:30	Sec. 10. Nutrition and Feeding Habit,	Dr. Gubhaju
02:30 – 04:30	Sec. 11. Mortality and Causes of Illness,	Mr. Dangi & Mr. Regmi
<b>Day 4</b>		
11:00 – 01:00	Questionnaire Practice,	All
01:00 – 01:30	Tea Break,	
01:30 – 02:00	Role/Responsibility of Supervisors	Mr. Regmi
02:00 – 04:30	Questionnaire Practice/Role Play,	All
<b>Day 5</b>		
	Field Practice.	

## 5. TRAINING SCHEDULE FOR INTERVIEWERS

Date/Time	Topics
<b>Day 1</b>	
10:30 – 11:00	Registration
11:00 – 12:00	Overview of FP/MCH, JICA Project
12:00 – 01:00	Objective of Survey and Programme Introduction
01:00 – 01:30	Tea Break
01:30 – 04:00	Introduction to Family Planning Methods
<b>Day 2</b>	
10:30 – 01:00	Introduction to Childhood Disease and Their Prevention (Immunization) and Treatment (Oral Rehydration Therapy and Sarbottam Pitho)
01:00 – 01:30	Tea Break
01:30 – 04:00	General Introduction of Questionnaire and Technique of Interview
<b>Day 3</b>	
10:30 – 01:00	Familiarization of Questionnaire Sections 1 – 3.
01:00 – 01:30	Tea Break
01:30 – 04:00	Sections 4 – 6.
<b>Day 4</b>	
10:30 – 01:00	Sections 7 – 9.
01:00 – 01:30	Tea Break
01:30 – 04:00	Sections 10 – 11.
<b>Day 5</b>	
10:30 – 01:00	Questionnaire Practice (in Group)
01:00 – 01:30	Tea Break
01:00 – 04:00	Role Play (in Group)
<b>Day 6</b>	
10:30 – 01:00	Questionnaire Practice (in Group)
01:00 – 01:30	Tea Break
01:30 – 04:00	Questionnaire Practice (in Group)



<b>Day 7</b>	
10:30 – 04:00	Field Practice
<b>Day 8</b>	
10:30 – 04:00	Field Practice
<b>Day 9</b>	
10:30 – 01:00	Group Discussion on Field Practice
01:00 – 01:30	Tea Break
01:30 – 04:00	General Discussion and Review
<b>Day 10</b>	
10:30 – 01:00	Final Review (in Group)
01:00 – 01:30	Tea Break
01:30 – 04:00	Preparation for Field Work

## 6. SCHEDULE OF FIELD WORK

### (1) Kavrepalanchok

No. Panchayat	Date		Team	Supervisor's Name
	From	To		
1. Bhumlutar	7 Dec. 1986	18 Dec. 1986	B	Mr. Nabin P.
2. Goathpani Chour	7 Dec. 1986	16 Dec. 1986	A	Mr. Badri N. K.C.
3. Sallye Mulabari	7 Dec. 1986	15 Dec. 1986	C	Mr. Mohah Bhattarai
4. Balthali	19 Dec. 1986	28 Dec. 1986	A	Mr. Badri N. K.C.
5. Chalal Ganesthan	16 Dec. 1986	29 Dec. 1986	B	Mr. Nabin P.
6. Sunthan Sarada	17 Dec. 1986	1 Jan. 1987	C	Mr. Mohan Bhattarai
7. Dapcha Chatrebanjh	29 Dec. 1986	6 Jan. 1987	A	Mr. Badri N. K.C.
8. Khanalthok	30 Dec. 1986	7 Jan. 1987	B	Mr. Nabin P.
9. Nayagaun Deupur	2 Jan. 1987	9 Jan. 1987	C	Mr. Mohan Bhattarai
10. Ugrachandi Nala	7 Jan. 1987	14 Jan. 1987	A+B+C	

### (2) Dhanusa

No. Panchayat	Date		Team	Supervisor's Name
	From	To		
1. Mithileswor Mahubhi	7 Dec. 1986	14 Dec. 1986	A	Mrs. Indu Devkota
2. Sabaila	7 Dec. 1986	12 Dec. 1986	B	Mr. S. R. Gautam
3. Kajura Ramol	15 Dec. 1986	18 Dec. 1986	A	Mrs. Indu Devkota
4. Balabakhar	13 Dec. 1986	19 Dec. 1986	B	Mr. S. R. Gautam
5. Bhutahi Paterba	19 Dec. 1986	25 Dec. 1986	A	Mrs. Indu Devkota
6. Raghunathpur	20 Dec. 1986	24 Dec. 1986	B	Mr. S. R. Gautam
7. Devapura Rupaitha	26 Dec. 1986	1 Jan. 1987	A	Mrs. Indu Devkota
8. Bharatpur	25 Dec. 1986	1 Jan. 1987	B	Mr. S. R. Gautam
9. Lohana	2 Jan. 1987	9 Jan. 1987	A	Mrs. Indu Devkota
10. Uma Prempur	2 Jan. 1987	9 Jan. 1987	B	Mr. S. R. Gautam