# Health Knowledge, Skills & Practices of Women in Dhansingpur VDC, Kailali District

**A Thesis**
**Submitted To:**
**Faculty of Humanities and Social Sciences**
**Department of Rural Development, Patan Multiple Campus (T.U)**
**In partial Fulfillment of Requirements for the Master's Degree of Arts in Rural Development**


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**February, 2014**

# LETTER OF RECOMMENDATION

This is to certify that the Thesis submitted by **Ajay Anand Sharma** entitled **Health Knowledge, Skills & Practices of Women in Dhansingpur VDC, Kailali District** has been prepared as approved by this department in the prescribed format of the faculty of the Humanities and Social Sciences, Department of Rural Development, Patan Multiple Campus, Patan Dhoka, Lalitpur. This thesis is forwarded for examination.

………………………….

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# APPROVAL SHEET

This is to certify that the Thesis report submitted by **Ajay Anand Sharma** entitled **Health Knowledge, Skills & Practices of Women in Dhansingpur VDC, Kailali District** has been approved by this department in the prescribed format of the faculty of the Humanities and Social Sciences, Department of Rural Development, Patan Multiple Campus, Patan Dhoka, Lalitpur.

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February, 2014

# Abstract

The study explored the role and activities of Female Community Health Volunteers (FCHVs) and mother’s groups and assessed health knowledge, skills and practices of female community members in Dhansingpur VDC of Kailali district.

All 23 FCHVs in Dhansingpur VDC, 15 of 23 mother’s group and 136 women from mother’s group and 84 who were not part of any mother’s group were included in the study. The respondents were categorized into four categories within the two broad set for assessing their health knowledge, skills and practices to better include topics relevant to them. Based on the number of household in each ward at least two respondents in each of the category from each ward were selected as sample.

The FCHVs support to organize village and vaccination clinics in their community and also provide health services in areas such as family planning, maternal and child healthcare, vitamin A supplementation, de-worming and immunization. The FCHVs possess fair level of knowledge in key health topics.

The mother's groups are community groups that include mothers and adolescent girls, formed by local FCHVs with the objective of providing regular health education during monthly group meetings. The mother's groups in Dhansingpur VDC organize at least one meeting each month and also carry-out saving and credit in their groups besides health discussion. The health discussions are facilitated by FCHV and some FCHVs also maintain group accounts.

Higher percentage of women in mother's group have correct knowledge on major health issues such as maternal and child health, reproductive health, breastfeeding and nutrition, management of diarrhea and sanitation than those not in the mother’s group. Additionally, higher percentages of women in mother’s group utilize health care services, including services of FCHVs in comparison to women not in any mother’s group. The finding highlights the need for FCHVs to reach-out to other women in their communities as well, besides those in their mother's groups to improve health status in their community.

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# Abbreviation

| | |
|---|---|
| ANC | Antenatal care |
| ANM | Auxiliary Nurse Midwife |
| DoHS | Department of Health Services |
| FCHV | Female Community Health Volunteer |
| HC | Health Centre |
| MCHW | Maternal and Child Health Worker |
| MG | Mother's group |
| MoHP | Ministry of Health & Population |
| PNC | Post Natal Care |
| PHC | Primary Health Centre |
| SHP | Sub Health Post |
| VDC | Village Development Centre |

# CHAPTER I
# INTRODUCTION

## 1. 1 Background of the Study

World Health Organization defines health as a state of physical, mental and social well being and not merely an absence of disease or infirmity. The state of health of general people reflects the state of overall development. Health is taken as one of the major indicators of development. The health status of people of any given community depends on two major factors. First, the availability of and access to health care services. The other factor is the knowledge and skills of individuals about health, including health behaviours. Quality of health care services available, access to it and its utilization are important indicators that reflect the state of community development, especially community health. The health statistics of Nepal indicate progress in general health indicators. According to the 2011 Nepal Demographic and Health Survey, under-five mortality per 1000 live births has decrease to 54 in 2011 from 118 in 1996. Percent of children age 12-23 months who have received all basic vaccinations (BCG, measles, and 3 doses each of DPT and polio) increased to 87 percent from 43 percent in 2006. Trends in use of family planning method by women increased to 43 percent from 26 percent in 2006. Similarly, the proportion of babies attended by skilled providers nearly doubled between 2006 and 2011, from 19 percent to 36 percent, while the proportion of babies delivered in a health facility increased from 18 to 28 percent during the same period.

Although there have been improvements in the general health indicators, the overall public health system in Nepal is still inadequate and the situation in rural parts is even worse. The health care services provided by the government are insufficient and at the same time ineffective, especially in rural areas. Additionally, most community members in rural parts of Nepal lack adequate knowledge on health which poses a huge challenge on effective health service delivery. Lack of health-related knowledge and skills aggravates poor health conditions of community members in three major ways. First, due to lack of knowledge, community members adapt behaviours that

increase their vulnerability to illnesses. Second, due to lack of knowledge about health people are more inclined to traditional beliefs and rely on traditional healing practices such as "Dhami/Jhakri and Guruwa". And third, community members do not utilize existing healthcare services such as vaccination provided by the government. Adequate knowledge and skills on health is therefore imperative to improved community health and community development at large.

Health development therefore cannot be achieved only through improving community members' access to better healthcare services but also depends on the level of health awareness of community members. Sustainable community health development also entails participation of community members in community health development. The government started Female Community Health Volunteer (FCHV) program in Nepal in 1988 to improve participation of community members and outreach of health care services. Local women were selected as FCHVs in each wards of VDC/municipality. The FCHVs play a key role in making referrals, support in the vaccination programs of the government and providing basic health care services and health education in communities. Each FCHV forms a community group consisting of women called "mother's group" (Aama Samuha) in her community. The members of the group collect monthly savings and lend the fund to its members for medical treatment as well as other consumption smoothing purposes. The Nepal government has long realized the importance of FCHVs in health care service delivery and regards them as the backbone of the government health delivery system.

## 1.2 Statement of the Problem

The Female Community Health Volunteers (FCHVs) have been playing a critical role in improving community members' awareness, knowledge and skills in health. The FCHVs provide basic medical services such as ORS solutions, condoms, pills, iron tablet and cotrim to community members. They assist in vaccination and vitamin A programs. They refer community members with medical complications to health centres, including pregnant women for ANC. The FCHVs also organize health education sessions in their mother's group. Overall, FCHVs play critical role in government health service delivery and promotion of community health. Health-

related knowledge and skills of FCHVs and their roles in mother's group and community determines how well they could contribute in community health development, hence the need to assess their knowledge and roles. Additionally, since mother's groups are important in raising health knowledge and skills of community members, there is a need to better understand how they function as community groups.

Similarly, health knowledge, skills and behaviour are important indicators that reflect the state of health development of a given community. Mere existence and access to health care services alone cannot help to improve community health. Utilization of existing health care services and participation of community members in community health development is equally important. High level of health awareness, knowledge, skills and behaviour ensures proper utilization and participation. Information about the health awareness, knowledge, skills and behaviour of community members is therefore significant.

The present study therefore attempts to examine the following key issues:

- What is the level of health-related knowledge and skills of FCHVs and what are their roles in communities and mother's group?
- How does the mother's group function? What activities are carried out in mother's group?
- What is the level of health awareness, knowledge and skills of mother's group and community members in the study area?

## 1.3 Objectives of the Study

The general objective of this study is to explore the health awareness, knowledge, skills and practices of women. The women age categorized into three sub-groups-Female Community Health Volunteers (FCHVs), women in mother’s group and women who are not part of any mother’s group. The specific objectives of the study are:

1. To assess health-related knowledge and skills of FCHVs and learn about their roles and activities in mother's groups.

2. To examine how mother's group function and the kind of activities carried-out in the group.
3. To explore the level of health awareness, knowledge, skills and practices of mother's group and community members in the study area.

## 1.4 Significance of the Study

Female Community Health Volunteers (FCHVs) are the backbone of the national health care delivery system. . They act as a bridge between the government health care delivery system and the community. They facilitate service delivery at ward level through coordination with local health care centres. FCHVs provide a number of vital services to community people and have contributed to steady improvements in health indicators. FCHVs assist in vaccination clinics, dispense basic medicines to community people, refer people to health centres and organize health education in communities. They also organize and carry-out various activities in and through mother's group. The sheer responsibility of FCHVs in delivery and promotion of health care at community level attracts attention and query about their role, activities, skills and knowledge in delivery of essential health care services to the community members. In this context, the study would help to generate an insight into the level of health-related knowledge and skills of FCHVs and their roles in mother's group and community.

Similarly, the mother's groups formed by FCHVs in their community were formed to improve health awareness, skills and practices of community members', especially women and as safety nets for women needing financial resources for medication. The study would provide an overview of the activities of mother's group and how they function.

Lastly, women and children have always been at the centre of health interventions by government and other agencies. The level of health knowledge, skills and behaviour of community members, especially women is directly related not only to the health status of women but children as well and consequently community at large. Therefore, assessment of health awareness, knowledge, skills and practices of women is

significant. The study explores the level of health knowledge, skills and practices of women in mother's group and community.

The results of this study could be used as a baseline data to measure the progress in health indicators in the study area. The study could also attract the attention of health personnel, government authorities, political leaders, organizations and community leaders to formulate appropriate health development policies and programs in the study area.

## 1.5 Limitations of the Study

The study contains several limitations. Only women are included in the study and the study is carried out in only one VDC. Selection of single gender and VDC limits comparison of results across gender and VDC area. Similarly, the sampling method used in the study may not represent all ethnic, caste and social groups well and hence bars cross comparison among the sub-groups within the VDC. Due to lack of prior researches in the similar topic, extensive literature review on the study subject could be carried out. Lastly, as the present study is carried out chiefly for the partial fulfillment of Master of Arts in Rural Development it could not be carried out comprehensively due to limited time, budget and expertise.

## 1.6 Organization of the Study

The study is organized into five chapters with the following titles of the chapters.

| | |
|---|---|
| Chapter One | : Introduction |
| Chapter Two | : Literature Review |
| Chapter Three | : Research Methodology |
| Chapter Four | : Data Presentation and Analysis |
| Chapter Five | : Summary, Conclusion & Recommendations |

Chapter One contains the general background of the study. This chapter provides an overview of the Female Community Health Volunteers (FCHVs) and their activities and an account of the statement of the problem, objectives and the significance of the study.

Chapter Two consists of literature review. It consists of brief review of relevant literature and previous writings and studies relevant to the study.

Chapter Three includes the research methodology employed in the study. This section includes the information on research design, details of research method, data collection and data analysis procedure.

Chapter Four contains the presentation and analysis of data. A brief description of the geographical setting and overview of the socio-economic situation of the study area is included in the first section. The findings are presented in the next section of the chapter.

The Summary, Conclusion and Recommendations of the study are presented in chapter five. The chapter summarizes the findings from the study and concludes the results from these findings. Need for additional research in the related area is highlighted as recommendation in this section.

The references and annexure are incorporated at the end of report.

# CHAPTER II
# LITERATURE REVIEW

In this chapter, attempts have been made to review the literatures pertinent to the study. Literature review is carried out to gain the background knowledge of the research topic, review how other researchers have conducted the study, identify appropriate research method and drag an idea to conduct further study in the concerned subject matter.

**2.1 General Overview**

Relevant books, study reports, journals, newspaper reports, web publications, data from Global Health Observatory, WHO, UNICEF, CBS and public health ministry were studied and reviewed to gain an overview on the study topic.

The history of health system in Nepal dates back to ancient time with medical practices such as faith healing, naturopathy, yoga, ayurveda, Tibetan medicine, homeopathy, and allopathy.

The building blocks of health system are service delivery, health workforce, information, medical products; vaccine and logistics, financing and leadership. In Nepal the health system consists of modern / Allopathic medicine, traditional or ayurvedic medicine, homeopathy and other forms of medicine. The Nepal health system comprises of national health system, regional health system and district health system.

The total population of Nepal according to the latest census (2011) is 26,494,504. The ministry of public health reports the presence of 86 hospitals (central, regional, sub-regional, zonal and district), 205 Primary Health Centres, 822 Health Posts and 2,987 sub-health posts in the country. The WHO (2001) reports that Nepal has 0.2 hospital beds per 1000 people and 0.21 physicians per 1000 people. The expenditure on health was 5.4 percent of GDP in 2011. According to the study "Assessment of the Health System in Nepal with special focus on Immunization" by Rachel Feilden (2000)

public sector spending on health in Nepal, including external sources, is less than US$3 per capita per year. The World Health Organization National Health Account database reports percentage of public health expenditure of total health expenditure as 39.3 percent and health expenditure per capita as US$ 33 in 2011. Given the inadequacy of health care service infrastructure, limited financial and human resources and poor service delivery, the government will need to speed-up improvements in health sector to deliver quality health care services to all.

The Government recently introduced a Health Policy encouraging the private sector to invest in the production of health workers and in providing quality health services. As a result, several private health institutions have been founded and are expected to contribute to the development of the human resources required by Nepal.

## 2.2 National Strategies, Plans and Policies in Health care in Nepal

Ministry of Health and Population (MoHP) is the lead government ministry that oversees the overall health care system in Nepal. MoHP is responsible to make necessary arrangements and formulate policies for effective delivery of curative services, disease prevention, health promotive activities and establishment of a primary health care system.

In 1990 democracy in Nepal was restored through revolution. The popularly elected government put forward a new health policy, and the organization structure of the ministry of health was changed, for four reasons: to remove duplication of administrative and financial functions; to integrate functions that were duplicated in separate programmes (e.g., training, logistics, data collection); to create a structure that supported integration; and to follow the Administrative Reform Commission's recommendations on delivering health services effectively with the least manpower necessary.

Nepal has developed several health policies after 1990. The major health policy documents developed after 1990 have been arranged on a time line in Table 1.

**Table 1: Policy Documents and Plans, and their Time Frames**

| 1991 | 1997 | 2002 | 2007 | 2012 | 2017 |
|---|---|---|---|---|---|
| 1991 National Health Policy | | | | | |
| | Ninth Five-Year Plan 2054-2059 (1997-2002) | | | | |
| | Second Long Term Health Plan, 1997-2017 (SLTHP) (published 1999) | | | | |
| | Strategic Analysis to Operationalize Second LTHP (Aug 2000) | | | | |
| | Policy Document, Immunization Programme (draft, 1999) | | | | |
| | Local Self-Governance Act, 2055 (1999) | | | | |
| | | Strategic Plan for Human Resources of Health (Apr 2003) | | | |
| | | | | Revised Health Act 2069 | |
| 1997/8 to 2001/2 Annual Plans of Action | | | | | |

The organizational structure of the MoHP is shown in Figure 1, and the Department of Health Services (DoHS) in Figure 2. This structure has continued to develop since the major re-organisation at central level in 1993.

## Figure 1: Organization Chart of Ministry of Public Health (MoHP)

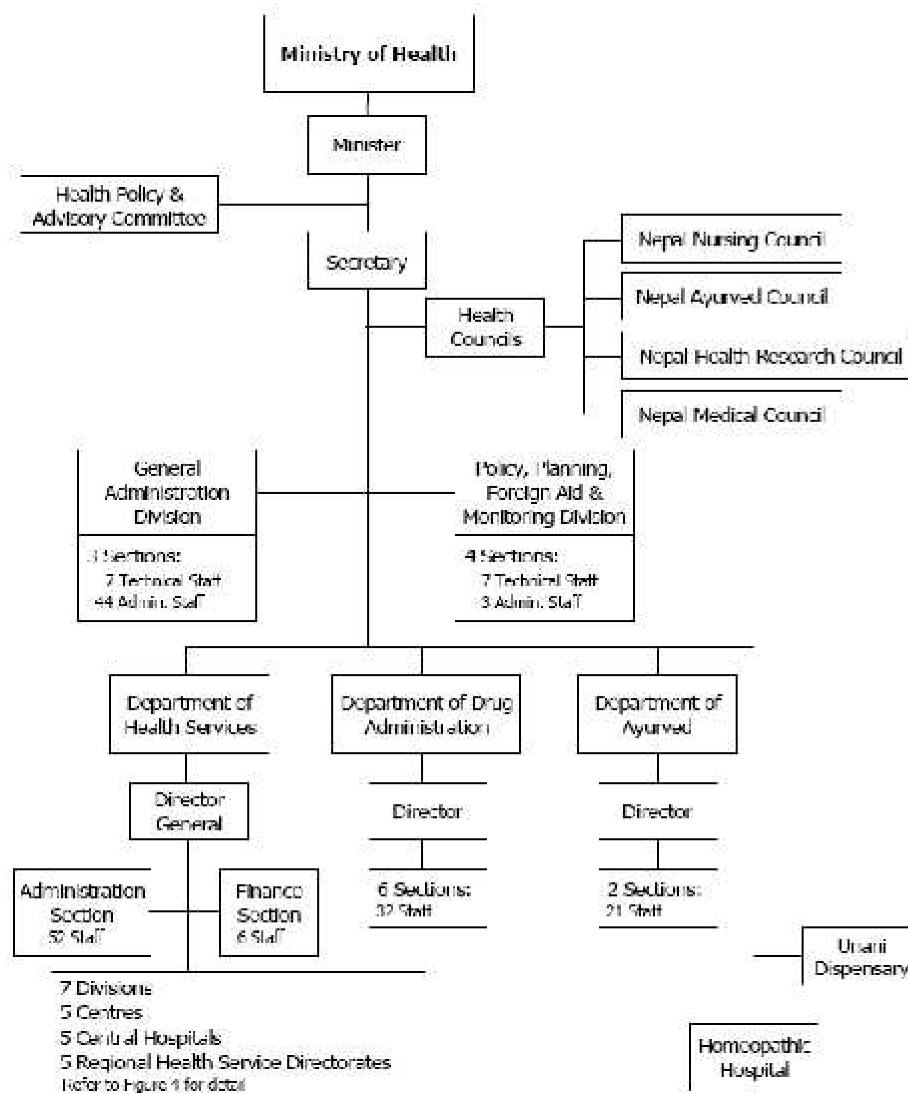
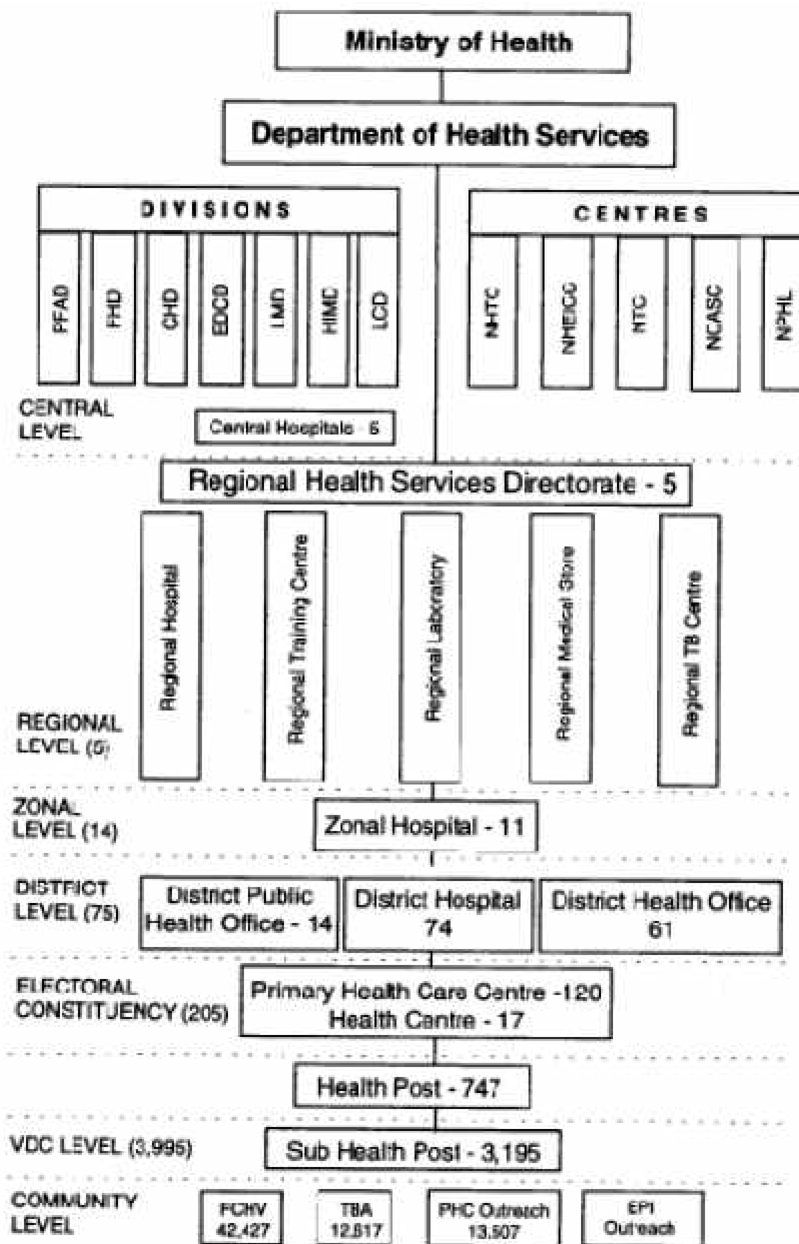


**Figure 2: Organization Chart of Department of Health Services (DoHS)**




**Acronyms**

| | | | |
|---|---|---|---|
| *PFAD* | *Planning and Foreign Aid Division* | *NHE/CC* | *National Health Education, Information and Communication Centre* |
| *FHD* | *Family Health Division* | *NTC* | *National Tuberculosis Centre* |
| *CHD* | *Child Health Division* | *NCASC* | *National Centre for AIDS and STD Control* |
| *EDCD* | *Epidemiology and Disease Control Division* | *NPHL* | *National Public Health Laboratory* |
| *LMD* | *Logistics Management Division* | *FCHV* | *Female Community Health Volunteer* |
| *HIMDD* | *Health Institution & Manpower Development Division* | *TBA* | *Traditional Birth Attendant* |
| *LCD* | *Leprosy Control Division* | *PHC* | *Primary Health Care* |
| *NHTC* | *National Health Training Centre* | *EPI* | *Expanded Programme on Immunization* |

The Government of Nepal has recognized health care as a basic human right, as acknowledged in the Interim Constitution of Nepal 2063 (2007), and has declared that it is the state's responsibility to ensure people's health. The vision of an inclusive

society, where people of all races and ethnic groups, genders, castes, religions, political beliefs, and socioeconomic status live in peace and harmony, and enjoy equal rights without discrimination, as outlined in the Interim Constitution, is the guiding principal for all policies plans and programmes of the Ministry of Health and Population (MoHP). This has placed increasing pressure on the government to improve the delivery of health services, quantitatively and qualitatively, down to the grassroots levels.

In with the spirit of those commitments, the MoHP has produced the 10-Points Position Paper for achieving higher standards of health for all Nepali people, with priority given to economically and socially marginalized individuals, genders, ethnic groups, and geographical areas. The Three-Year Interim Plan also emphasizes primary health care for poor and excluded groups, aiming to eliminate geographical, economic, gender-based, and cultural barriers to ensure access to health care services for all. As a result, universal free care has been adopted as the strategy for increasing access to and utilization of quality health services.

The government has intensified its efforts to formulate appropriate policies, developing and strengthening the required institutional frameworks and programmes for effective health service delivery. Lobbying for development aid and poverty alleviation has also been stepped up. The government has adopted a long-term plan for fostering an atmosphere conducive to providing quality health services to the people. The interim plan has adopted a strategy of preparing policies allowing for the involvement of different types of private and cooperative organizations in the health sector.

The Ministry of Health of His Majesty's Government of Nepal developed a 20-year Second Long-Term Health Plan (SLTHP) for FY 2054-74 (1997-2017). The aim of the SLTHP is to guide health sector development in the improvement of the health of the population, particularly those whose health needs are not often met.

The SLTHP addresses disparities in healthcare, assuring gender sensitivity and equitable community access to quality healthcare services. The aims of the SLTHP are to provide a guiding framework to build successive periodic and annual health plans

that improve the health status of the population; to develop appropriate strategies, programmes, and action plans that reflect national health priorities that are affordable and consistent with available resources; and to establish co-ordination among public, private and NGO sectors and development partners.

The SLTHP vision is a healthcare system with equitable access and quality services in both rural and urban areas. The system would encompass the concepts of sustainability, full community participation, decentralisation, gender sensitivity, effective and efficient management, and private and NGO participation.

The Objectives of SLTHP are:

- To improve the health status of the population of the most vulnerable groups, particularly those whose health needs often are not met-women and children, the rural population, the poor, the underprivileged, and the marginalized population.
- To extend to all districts cost-effective public health measures and essential curative services for the appropriate treatment of common diseases and injuries.
- To provide the appropriate numbers, distribution and types of technically competent and socially responsible health personnel for quality healthcare throughout the country, particularly in under-served areas.
- To improve the management and organisation of the public health sector and to increase the efficiency and effectiveness of the healthcare system.
- To develop appropriate roles for NGOs, and the public and private sectors in providing and financing health services.
- To improve inter-and intra-sectoral co-ordination and to provide the necessary conditions and support for effective decentralisation with full community participation.

The targets of the SLTHP are:

- To reduce the infant mortality rate to 34.4 per thousand live births;
- To reduce the under-five mortality rate to 62.5 per thousand;
- To reduce the total fertility rate to 3.05;
- To increase life expectancy to 68.7 years;
- To reduce the crude birth rate to 26.6 per thousand;

- To reduce the crude death rate to 6 per thousand;
- To reduce the maternal mortality rate to 250 per hundred thousand births;
- To increase the contraceptive prevalence rate to 58.2 percent;
- To increase the % of deliveries attended by trained personnel to 95%;
- To increase the percentage of pregnant women attending a minimum of four antenatal visits to 80%;
- To reduce the percentage of iron-deficiency anaemia among pregnant women to 15%;
- To increase the percentage of women of child-bearing age (15-44) who receive tetanus toxoid (TT2) to 90%;
- To decrease the % of newborns weighing less than 2500 grams to 12%;
- To have essential healthcare services (EHCS) in the districts available to 90% of the population living within 30 minutes' travel time of facilities;
- To have essential drugs available at 100% of facilities;
- To equip 100% of facilities with full staff to deliver essential health care services; and
- To increase total health expenditures to 10% of total government expenditures.

The WHO publication Health system in Nepal: Challenges and Strategic option (November 2007) summarizes that for the last several decades, the government has put all its efforts to ensure that policies, strategies and plans of action are in place for strengthening healthcare services. The key policy principles include: equity to access in health; decentralized delivery of health care; community, private and NGO sectors' participation; greater socio-economic inclusion and improved health outcomes of the poor for, among others, poverty reduction; fair financing; and looking much forward for universal coverage of prioritized essential health care services.

### 2.3 National Statistics Related to Health

The general health statistics of Nepal indicate progress in major health indicators. However, the health indicators indicate that Nepal still ranks low among countries in major health indicators and facilities. The health care facilities in Nepal are essentially inadequate with inadequate, poor and inefficient services in rural areas.

The general health statistics and indicators of Nepal are presented in Table 3, 4 and 5.

**Table 2: General Health Statistics**

| *General Health Statistics* | *Data* |
|---|---|
| Hospital beds per 1000 people | 0.2 per 1000 people |
| Physicians per 1000 people | 0.21 per 1000 people |
| Life expectancy at birth (2012-WHO) | 67 years |
| % of population using improved drinking water sources, 2008, total | 88% |
| Urban | 93% |
| Rural | 87% |
| % of population using improved sanitation facilities, 2008, total | 31% |
| Urban | 51% |
| Rural | 27% |
| Expenditure on health as % of GDP (2011) | 5.4% |

Source: CIA World Fact book

**Table 3: Health Facilities under Ministry MoHP**

| **Total Health Institutions under MoHP** | |
|---|---|
| Hospitals(Central, Regional, Sub-regional, Zonal and District) | 86 |
| Primary Health Center (PHC) | 205 |
| Health Post | 822 |
| Sub-Health Post | 2987 |
| **Health Volunteers**<br>Female Community Health Volunteer including Trained Traditional Birth Attendants | 48,897 |

Source: MoHP Factsheet

## Table 4: General Health Indicators of Nepal

| **Fertility** | |
|---|---|
| Total Fertility Rate | 2.6 |
| Women age 15–19 who are mothers or now pregnant (%) | 17 |
| **Family Planning** | |
| Current use of any modern method (currently married women 15–49) (%) | 43 |
| **Maternal Health** | |
| Antenatal Care from Skilled Birth Attendants (%) | 58 |
| Births assisted by a skilled provider (%) | 36 |
| Percentage of births protected against neonatal tetanus | 81.5 |
| Births delivered in a health facility (%) | 35 |
| Percentage of Live Births | 84.8 |
| Percentage of women receive postnatal care | 44.5 |
| Percentage of women 15-49 with anemia | 35 |
| Maternal Mortality rate(2006) (death per 100,000 births) | 281 |
| **Child Health** | |
| Children 12–23 months fully vaccinated (%) | 87 |
| **Acute Respiratory Infection (ARI) and Fever (%)**<br>Children under age 5 with symptoms of ARI<br>Percentage of clients taken to a health care provider for ARI | <br>4.6 |
| **Diarrhea (%)**<br>Percentage of Children suffered from Diarrhea<br>Percentage of clients taken to a health care provider<br>Percentage without treatment of Diarrhea | <br>14<br>38<br>29.6 |
| **Nutrition Status of Children**<br>Percentage of infants ever breastfed<br>Exclusively breastfed( under 6 month)<br>Percentage of children 6.59 months with Anemia<br>Percentage of children under age 5 stunted (moderate and severe)<br>Percentage of children under age 5 wasted (moderate and severe)<br>Percentage of children under age 5 underweight (moderate and severe) | <br>98.2<br>70<br>46<br>41<br>11<br>29 |
| **Infant, Child ( deaths per 1000 live births)** | |
| Infant mortality (between birth and first birthday) | 46 |
| Under–five mortality (between birth and fifth birthday) | 54 |
| **HIV and AIDS Knowledge** | |
| Has heard of AIDS (%) (women/men) | 86/97 |
| Knows ways to reduce the risk of getting HIV:<br>Using condoms (%) (women/men)<br>Limiting sex to one uninfected partner (%) (women/men) | <br>74/89<br>79/89 |
| Knows HIV can be transmitted by breastfeeding AND risk of MTCT can be reduced by mother taking special drugs during pregnancy (%) (women/men) | 27/29 |

| Ever been tested for HIV and received results (%) (women/men) | 5/14 |
|---|---|

Source: Nepal Demographic and Health survey 2011

## 2.4 Female Community Health Volunteer (FCHV) Program

The Female Community Health Volunteer (FCHV) Program in Nepal was started by the Ministry of Health and Population in 1988. It was seen as a means to improve community participation and enhance the outreach of health services through local women working voluntarily. The initial program called for one FCHV per ward in rural areas, and national implementation was completed in 1992. In the mid 1990 additional FCHVs were recruited in 28 districts according to a “population based” ratio and some FCHVs were recruited in urban areas, leading to a current total of nearly 50,000 FCHVs in Nepal. (An Analytical Report on National Survey of FCHV of Nepal, 2006)

A summary of FCHV numbers by work area and the source of support they receive are shown in Table 2.

**Table 5: Number of FCHVs in VDCs and Municipalities**

| Characteristics | Number of FCHVs | Percent |
|---|---|---|
| VDCs | 46,992 | 94.2 |
| Municipalities | 2892 | 5.8 |
| **Total** | **49,884** | **100.0** |

**Source:** An Analytical Report on National Survey of FCHV of Nepal 2006

A very comprehensive National FCHV Program Strategy was prepared by the Ministry of Health in Nepal in 2003. The overall Goal of the FCHV program, according to the document, is to contribute to Nepal’s goal of reducing the total fertility rate and the under 5 mortality and maternal mortality rates by focusing on family planning, maternal/neonatal and child health , including the semi-annual Vitamin A supplementation program.

**Features of the FCHV Program Strategy:**

The program objectives listed in the following section was developed to help achieve the goal of the FCHV strategy.

- To develop at least one Female Community Health Volunteer in every ward nationwide, who is knowledgeable, trained and well supported health resource person through capacity building, distance education and supportive monitoring activities, which will reinforce each FCHV's ability to fulfill her role as health educator, referral agent, community mobilizer and community based service provider
- To empower FCHVs with necessary skills and support (to empower rural women with basic health knowledge and skills) in order to increase utilization of available primary health care services and participation in community health development.
- To increase community awareness on the importance of the joint roles and responsibilities of FCHVs and Mothers Groups (MGs) through advocacy and health communication activities; and
- To strengthen community level ownership, management and long-term sustainability of the FCHV program in conjunction with the LGSA, through the establishment of local funds by local VDC and District Development Committee (DDC) authorities, and through active support and commitment from all levels of implementation, including health facilities (HFs), Health Facility Management Committees (HFMCs) and District Health Offices/District Public Health Offices (DHO/DPHOs.

**Key Elements of Program Strategy**

- The ward-based approach to be strengthened nationally and implemented as the primary approach of the FCHV program.
- At a minimum, at least one FCHV selected in each ward.
- Population-based approach may be expanded cautiously and implemented on the basis of clearly defined criteria in specific cases where DDCs, VDCs or municipalities demand program expansion or request an increased number of FCHVs.
- Emphasis will be given to strengthening support to all current FCHVs.

**Three-year Plan and FCHVs**

In addition to the is the FCHV strategy, the Three Year Plan (2008-2011) of the Ministry of Health, which sets the overall direction of the country's health sector also include the following under the objective of providing equal opportunity for health development to all with special emphasis to socially disadvantaged, poor, women and disabled people per the provision of "Basic Health as Human Right" in the Interim Constitution of Nepal in 2007.

- FCHV program will be strengthened through the establishment of revolving fund of Rs. 50,000 at each VDC level. This fund will be to support and empower these women.
- FCHVs who are above 40 years old, and not working will be replaced from indigenous and disadvantaged communities.
- Links and mechanism will be established through FCHV to make funds available for enabling women to avail emergency obstetric service through FCHVs with the "saving and cooperative program".

**Roles and Activities of FCHVs**

FCHVs work in a number of health program areas, mostly focused on reproductive health and child health, although they may have also received brief training in many other public health programs of the Ministry of Health and Population (MoHP). Their work is divided between education of the public, promotion of government health services, and direct provision of select services. Their main activities can be summarized as follows:

A. Family Planning.

- Education and promotion regarding all family planning methods
- Provision of pills and condoms

B. Maternal and Newborn Health

- Education in pregnancy and promotion of antenatal care, iron supplements and tetanus-toxide
- Provision of iron supplements in selected districts

- Promotion of birth preparedness, including use of a skilled birth attendant and/or emergency preparations
- Promotion of good newborn care practices
- Provision of vitamin A to post-partum mothers

C· Child Health

- Promotion of good nutrition, hygienic and healthy behaviors
- Treatment of simple pneumonia with cotrim and referral of serious cases
- Treatment of diarrhea with Oral Rehydration Solution (ORS)
- Treatment of diarrhea with zinc (pilot districts)
- Distribution of high dose vitamin A and de-worming tablets twice yearly to
- targeted children under age five
- Support for childhood immunizations and provision of polio drops during
- national immunization days

D. Other Conditions

- Provide education and promotional services for other diseases (e.g.,
- HIV/AIDS)
- Provision of limited first aid/treatment of minor illnesses

E· Administrative Duties

- Activate and serve as the secretary for the local mother's group
- Report to the local health facility monthly using the Ward register through their local supervisor

Most of these activities date from the start of the program, but vitamin A and de-worming was added phase-wise between 1993 and 2002. Treatment of childhood pneumonia, zinc therapy for diarrhea, and distribution of iron/foliate to pregnant women are examples of activities that are being expanded phase-wise by district, and for which the goal is national coverage within a few years. There are a wide variety of other programs that have used FCHVs at the district level such as improved maternal-newborn care, but it has not been decided if they will become part of the national program or not by the government.

An Analytical Report on National Survey of Female Community Health Volunteers of Nepal conducted by New Era in 2007 is the first detailed and nationally representative survey of FCHV of Nepal. The study presents personal characteristics, activities and contribution of FCHVs to major health program of Ministry of Health and Population. Dr. Bal Krishna Suvedi, Director of Family health division, ministry of health Nepal remarks in the forward of the survey" It is obvious from this report that the contribution of FCHV in the development of health status has been significant. On behalf of the Family Health Division/DoHS I would like to deeply appreciate the work of FCHVs and bow to the volunteerisms spirit they have". The survey reports that FCHVs play an important role in contributing to a variety of key public health programs, including family planning, maternal care, sick childcare, vitamin A supplementation/de-worming and immunization coverage. FCHVs are present in nearly all rural wards, stable in their jobs, reasonably representative of the people they serve, and motivated to continue working at current or higher levels. According to the survey there are currently more than 47,000 FCHVs in Nepal with their presence in over 97 percent of rural wards. The major finding of the survey pertinent to this study is summarized below.

**FCHV General Characteristics:**

- The median age of FCHVs is 38 years with less than 1 percent under 20 years and 4 percent over 60 years of age.
- Sixty-two percent of all FCHVs are literate, 22 percent of FCHVs who have not been to school are literate. Forty-two percent of FCHVs have completed primary school or gone on to secondary education, 16 percent have attended but not completed primary school and 42 percent have never been to school. FCHVs are much better educated than rural women of their age. Illiterate FCHVs tend to perform equally well as literate FCHVs in terms of most services provided.

**Activities:**

- FCHVs work an average of 5.1 hours per week. Seventy-seven percent of FCHVs would like to spend more time working as FCHVs in the future and only two percent prefer to spend less time.

- The main source of information for FCHVs is their local health facility and training sessions. Mass media (especially radio) is an important secondary source of information for about half of FCHVs.
- Eighty percent of FCHVs report regularly to their health facility.
- Two-thirds (64 percent) of FCHVs report providing first aid
- Nearly all (98 percent) FCHVs report participating in the twice annual vitamin A and de-worming sessions for children under five;
- Two-thirds (68 percent) of FCHVs have participated in the national polio immunization campaigns. In most districts they are either the sole distributors or a large part of the distribution team.

**FCHV and Mother's Group:**

- Eighty-five percent of FCHVs report having support from mother's groups and 68 percent report that these groups help them with their work

**Health Knowledge, Skills and Practices of FCHVs:**

- FCHVs have substantially better knowledge of HIV/AIDS than rural women, and somewhat better than rural men, but misconceptions remain in some areas. Eighty-four percent of FCHVs report that they provide education on HIV in their community;
- Nearly all (99 percent) FCHVs report providing counseling during pregnancy;
- FCHVs were able to name an average of three of the five danger signs associated with pregnancy;

The Knowledge Practice Coverage conducted by CARE Nepal in Doti, Dadeldhura, Bajhang and Kanchanpur district found that 87.1 percent of FCHVs defined diarrhea correctly, 95 percent and 79.2 percent of FCHVs in Doti, Dadeldhura, Bajhang recommended ORS and suggested to take more fluid for management of diarrhea. Percentage of children age 12-23 months who are fully vaccinated before the first birthday was 53.3%, 54.1%, 74.5% and 54.2% in Kanchanpur, Bajhang, Dadeldhura and Doti respectively. Similarly, Percentage of mothers with children age 0-23 months who cite at least two known ways of reducing the risk of HIV infection was 52.4%, 14%, 18.5% and 22% in Kanchanpur, Bajhang, Dadeldhura and Doti respectively.

Pollmann, J. (2010) in the study titled "The role of Female Community Health Volunteers" explored the relationship between Female Community Health Volunteers and pregnant women and mothers in regard to women's use of health services and examined how social and cultural factors play a role for the interaction between women and FCHVs in the context of maternal health in Nepal. The findings of the study showed that the social position of the FCHV is acknowledged and appreciated in the community. About 2/3 of the women made use of FCHV services. The FCHV carries a high amount of symbolic capital compared to other stakeholders that can be said to influence the relationship between FCHVs and women. Additionally, an examination of women's position showed that women have a considerable awareness of attending ANC and skilled delivery and can be identified as being shaped into users of the technology of the FCHV Program.

**2.5 Mother's Group**

Lingden (2008) states that the origin of Mothers' Groups (MG) is concerned with Gurung community. She further writes, many researches carried out in Mothers Groups have shown relationship between Gurung community and emergence of Mothers' Groups. She adds that there are different views presented by various researchers. She refers Bista (1980 in Sharma, 1997) opines that since the 19th century, mercenary soldiers have been one of the major sources of incomes for this country. People from the hills of central Nepal, especially Gurung and Magars ethnic groups, have been recruited as Gorkha soldiers in Nepalese, British, Malaysian, and Indian armies in large numbers. The great majority of men join these regiments or police forces, creating a deficit of male population in their respective communities. For Bista, this creates disequilibrium in the ratio of young male members to female members in the family and in the community and so the responsibilities of women expanded from household to societal sphere. In the beginning, they were able to manage on their own, but later when their responsibilities increased and problems mounted, women jointly started forming groups on their own in order to support and help the families in need. These groups were later called as *Aama Samuha*- mothers' groups (MG).

Lingden (2008) further writes, "some literatures show that Rodi, a socio-cultural tradition of Gurung community, as the origin of MG. ‘Rodi’ was a place for knitting and weaving, a place for young Gurung boys and girls where they could entertain by singing and dancing at night. AS the time passed, ‘Rodi’ lost its cultural importance gradually and it was replaced by creative institution called MG. (Gurung, 1998). But Okamura, 1999 does not agree the fact that Rodi is the origin of MG. She presents another description about the origin of Mothers’ groups. According to her, MG as a programme was first introduced as Mother’s club during International Women’s Year in 1975. The objective of the programmer was to enhance mothers’ social and economic status. The Social Services National Coordination Council initiated it. The activities of mothers’ club consisted of family planning, health, education, and income generation for social and economic development of mothers. The concept of Mothers’ Club changed into Mothers’ Group and got popularity as the Ministry of Health others organizations adopted the concept widely and began to form mothers’ group for both service delivery as well as women’s development."

The term ‘Mothers’ Group’ got wide popularity after the Department of Public Health conducted a country-wide training to prepare women community health volunteers who are now known as Female Community Health Volunteers (FCHVs) in the fiscal year 1988/89. Currently nearly 50, 000 FCHVs are being mobilized throughout Nepal and out of the total 97% are in rural areas. (WHO Country Office, Nepal, 2008).

Lingden (2008) assessed the role of Aama Samuha (Mother's Group) in social mobilization of women and social development. The study found that MGs have played significant role in increasing participation of women in School Management Committee, Forestry Users’ Groups etc. 54 % of the members of MG informed that they had involved in such institutions with self-motivation to contribute society from their part.

### 2.6 Health Knowledge and Practices in Communities

Although a number of surveys and studies have been carried out by NGOs to assess the level of health knowledge, skills and practices of community members in various areas of Nepal, the nature of those studies are basically for project development and

evaluation purposes and are not accessible for review. However, most studies indicate low levels of health awareness among Nepalese people, especially in rural areas. The major factors contributing to the levels of health awareness are literacy and access to information and socio-economic status. Although there is no independent study to back up the statement, people in rural areas, people from marginalized groups such as dalits and women generally have comparatively less levels of health awareness.

Bhatta, B.N. (2008) in his study aimed to explore the awareness level of people on safe motherhood in some selected districts found that majority people still practiced delivery at home rather than public health institutes. The study indicated that 80.5% population reported they managed home delivery followed by health institutes (18.3%) and 69% informants reported that they milked colostrums to infant.

Rai (2010) states, "indigenous healing practices play a strong role in maintaining psychological and physical well being of the majority of ethnic people who do not have access of satisfactory modern health services. The practices of healing of ethnic people who live in rural areas are beyond the proper access of modern health center, health worker and health education. Indigenous healers/shamans and locally available medical plants have been playing central part in the lives of the people."

Paudel (2007) analyzed people's awareness on health; accessibility to health institutions; people's involvement to promote health service; the structural pattern for the health service delivery and their expenditure for health service. The study was conducted in Wangsing VDC and Chilaunebash VDC of Syangja District in Western Development Region of Nepal. The study found that while more than three-fourth (80%) of surveyed people were familiar about health concepts such as environmental hygiene and sanitation, nutrition, reproductive health, child health and immunization only twenty percent of the local community knew about basic health care. The study also found that knowledge on primary health care in males (51.9 percent) was higher than that of females (48.1 percent). While ninety six percent of the local people had visited the nearby health post, fifty seven percent people's first priority was domestic treatment using locally available herbals. The study also explored a relationship between literacy level and age-group and choice of treatment. The study found that

people who are educated, but below SLC/Intermediate prefer domestic treatment at local level while people with no literacy skills prefer traditional healers for treatment. Similarly, the study also found that people of different age groups also have first priority on the domestic treatment when they or their family member become sick. Twenty four percent of people in the age group (31-40 yrs) with a child preferred domestic treatment while people in the age group (21-30 yrs) prefer modern treatment and they first go to the health center while they become sick. The study reveals that 28 percent people visit nearby health center for modern treatment and 13 percent people have belief on traditional healers, i.e.; indigenous traditional healing practice.

Ansari M, Palaian S and Ibrahim M. (2009) state that several studies have found that there are different traditional beliefs, barriers and practices about childhood illnesses and their management at local level as perceived by different communities. Practices such as reduction in breast feeding, restriction of foods and fluids, use of enema and selected herbs as well as belief on magical power were observed in caregivers.

Stone (1986) in his paper "Primary health care for whom? Village perspectives from Nepal," described the relationship between certain socio-cultural factors and Primary Health Care (PHC) activities in rural Central Nepal. His study revealed a contradiction between the stated PHC intentions to address local interests and promote community participation on the one hand, and the actual approach taken on the other hand. Specifically it argues that PHC is encountering problems in Nepal for three reasons: (1) PHC fails to appreciate villagers' values and their own perceived needs. In particular, PHC is organized primarily to provide health education, whereas villagers value modern curative services and feel little need for new health knowledge. (2) PHC views rural Nepali culture only pejoratively as a barrier to health education. Alternatively, local cultural beliefs and practices should be viewed as resources to facilitate dissemination and acceptance of modern health knowledge. (3) In attempting to incorporate Nepal's traditional medical practitioners into the program, PHC has mistakenly assumed that rural clients passively believe in and obey traditional practitioners. Stone argues that in fact, clients play active roles and are themselves in control of the therapeutic process. Thus, instead of attempting to recruit traditional

practitioners to do its work, PHC should recognize the precedent for community participation in Nepal's traditional medical system and develop the respect for villagers' own ideas and values that traditional practitioners already possess.

# CHAPTER III

# RESEARCH METHODOLOGY

Research Methodology is an overall action plan for research. It is a systematic process adapted in the research. It describes the methods and process applied in the research. Methodology is the logic or series of steps that connects a given set of research questions to the conclusions arrived at. It encompasses the selection of research methods, the design of data gathering instruments, sampling, and data analysis.

The nature of this study is exploratory and descriptive. The primary and secondary data were collected using various research tools and techniques. The study relied primarily in primary data collected through field survey. The collected data were processed, analyzed, tabulated and presented as findings.

## 3.1 Research Design

Research design is an overall framework or plan for the collection and analysis of data. The research design serves as a framework for the study, guiding the collection and analysis of the data. Basically the descriptive cum analytical research design was used in the study. The study presents a brief description of the Female Community Health Program of the government and explores the roles and activities of Female Community Health Volunteers (FCHVs) in communities and mother's group. The study also examines the activities of mother's group in the VDC. Lastly, an assessment of level of health-related knowledge, skills and practices of FCHVs, mother's group and community members is carried out by the study.

## 3.2 Study Area and Rationale for Selection

The study was carried out in Dhansingpur VDC of Kailali district. The VDC is located in south of Kailali district and adjacent to the Uttar Pradesh state of India. The reasons for the selection of the study area are as follows:

- No previous studies on FCHVs, mother's group and assessment of communities' health awareness have been carried out in this area.

- Convenience in the collection of data from the study area as the researcher works in the VDC

### 3.3 Population and Sample

The total population of the VDC according to National Population and Housing census 2011 is 8,750 (Male 4,142 and Female 4,608) and the total number of households is 1,540. There are a total of 23 FCHVs and 23 mother's group in the VDC.

The study included FCHVs, mother's group and members of mother's groups and community.

All the FCHVs working in the VDC were included in the study. Similarly, 15 mother's group with at least one mother's group from each of the nine wards was taken as sample for the study.

The number of households in each ward of the VDC was be used as the sampling frame for the selection of samples for members of mother's group and community. The number of FCHVs in a ward was taken as estimation for the total number of households in a given ward. The respondents were categorized into four categories- Pregnant mothers, mothers of children aged 0-6 months, mothers of children aged 7-24 months and married women aged 15-49 years old who are not currently pregnant. The categorized respondents were divided into two groups. First group being women in mother's groups and second those women who were not a member of any exiting mother's group in the VDC. Based on the number of household in each ward at least two respondents in each of the category from each ward were selected as sample to include in the survey. The sampling plan is presented in table 6.

**Table 6: Sampling Plan**

| Mother's Group | | FCHVs | | Pregnant Mothers | | Mothers of children aged 0-6 months | | Mothers of children aged 7-24 months | | Married women aged 15 to 49 years old | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | Sample | Total | Sample | MG | C | MG | C | MG | C | MG | C |
| 23 | 15 # | 23 | 23 | ## | ## | ## | ## | ## | ## | ## | ## |

# At least one from each ward ## At least 2 from each ward
(MG = Mother's group members, C= women community members)

### 3.4 Nature and Sources of Data

The study includes both primary and secondary sources of information and incorporates qualitative and quantitative nature of data. The general information about the study topic and study area was collected through secondary sources. Primary data were collected from mother's group, FCHVs, members of mother's group and community.

The data collection of mother's groups focused on learning about their activities within their groups and community. Information about mother's groups was collected through Focus Group Discussions.

The study of FCHVs involved learning about their activities and roles within their mother groups and community and assessing their knowledge about health. Structured set of questions were used to collect information on FCHVs.

The study also included assessment of level of health awareness, knowledge, skills and practices of mother's group and community members. Specific structured set of questions were developed for each of the five categories of respondents to address topics particularly relevant to them. The details of categorized respondents and the respective assessment topics are presented in table 7.

**Table 7: Categorized Respondents and Assessment Topics**

| Categorization of Respondents | Assessment topics |
|---|---|
| 1. Pregnant women | ANC, Exclusive breastfeeding and Nutrition, Management of diarrhea, knowledge about danger signs during pregnancy, HIV & AIDS, Personal Hygiene and Sanitation, Family planning |
| 2. Mothers of children aged 0 to 6 months | ANC, PNC and newborn care, Exclusive breastfeeding, Nutrition, Management of Diarrhea and Pneumonia, HIV & AIDS, Personal Hygiene and Sanitation, Family planning |
| 3. Mothers of children aged 7 to 24 months | Vaccination, Vitamin A, HIV & AIDS, Personal Hygiene and Sanitation, Nutrition, Management of Diarrhea and Pneumonia, Family planning |
| 4. Married women aged 15 to 49 years old not currently pregnant | Reproductive health, Family planning, HIV & AIDS, Personal Hygiene and Sanitation |

### 3.5 Data Collection Methods and Procedure

The data for the present study were collected from the study area through the mobilization of local facilitator working in Community Health and Development Project of one of the NGOs working in the VDC.

An orientation workshop was organized for the facilitators to discuss and test the structured set of questions prior to the field level data collection.

The facilitators attended the meetings of the mother's group to collect data about the mother's groups. Focus Group Discussions were held with the members of the mother's group and the related FCHV to collect information about their group. Information about FCHVs was collected through direct interviews and discussions with the FCHVs using structured set of questions. Data of categorized respondents of the mother's group and women in community were collected at the group meetings and through house visits using structured set of questions.

### 3.6 Data Processing and Analysis

The completed structured set of questions were collected and processed. The processed data were tabulated systematically using appropriate statistical tools. The results are presented using tables for analysis and interpretation.

# CHAPTER IV
# DATA PRESENTATION AND ANALYSIS

## 4.1 Introduction of the Study Area

### 4.1.1 Geographical Setting

Dhansingpur VDC is situated on the south of Kailali district adjacent to the Indian state of Uttar Pradesh (UP). It lies about 30 kilometers south from the East-West highway. The road leading to the VDC from the highway is gravelled and the black-tarred road is under construction with the financial support from the Indian government. The Indian government is also building a bridge in the Mohana River that runs through the boarder of Nepal and India. At present, boat service is available for river crossing at Khakraula ghat of Dhansingpur VDC. Considerable number of Nepalese migrant workers working in different Indian cities, locals and businessmen from both countries travel to and fro from the Khakraula ghat of the VDC.

Although the VDC is situated in the boarder between Indian and Nepal, it is way behind in terms of development and far from developing into a town usually seen in boardering cross-point cities in other parts of Nepal due to lack of bridge, road and transportation facilities. Additionally, the VDC area is prone to flooding during the monsoon season and almost all the wards are affected by flood annually.

### 4.1.2 Population and Community

According to the National Population and Housing Census 2011, the VDC has 1,540 households and the total population is 8,750 (Male 4,142 and Female 4,608). Two major ethnic communities live in the area-Tharu community and people of hilly origin. The Tharu people who comprise almost half of the total population of the VDC are considered the early settlers in the area who migrated from Rajesthan of India and settled in the western terai of the country. The people of hilly origin migrated from hills of far western Nepal and settled in the area a few decades back. The major castes among the people of hilly origin include the Brahmin, Chettri, Dalit and Magar. The Tharu communities speak Tharu language and the people from hilly

origin speak languages of their hilly origin such as Acchami by people who migrated from Accham district. Hindu religion is practiced by majority of the people.

### 4.1.3 Occupation and Livelihood

There are no industries and business and commerce centres in the area and almost everyone depend on agriculture for living. Paddy, wheat, maize, mustard seeds and pulse seeds are the major crops. Due to flooding and loss of land through flooding many families are not able to survive from the agricultural production of their own. More than half of the families have at least one family member working in India.

### 4.1.4 Transportation and Commerce

A gravel road from the East-West highway leads to the VDC. The Mohana River separates it from the Indian state of Uttar Pradesh. Bus service, although infrequent, is available to travel along the main way starting from Lamki bazaar of East-West highway to Khakraula ghat. Horse-cart service is available in the Indian side of the river bank to commute to Indian city of Tikunia. Local people use bicycle to commute within the villages and bull-carts for the transportation of goods.

The nearest city point in Nepal is Tikapur town of Tikapur municipality and Tikunia kheri of India. There are few small "kirana" and tea shops in the VDC. Local people usually go to Indian city through crossing the river in a boat for purchasing household goods and groceries. There are no banks or bank branches and only two saving and credit cooperative in the VDC. Khakraula ghat is the trade point to bring in and export goods to India. Due to lack of bridge goods are transported with the help of the boats. Petty traders from Nepal and India bring goods in bicycles through the Khakraula ghat. Few hotels also exist in Khakraula ghat selling snacks and liquor to commuters.

The government offices present in the VDC are VDC office and Sub-health post in the Batanpur village and Choti bhansar office and police unit in Khakraula ghat. Most of the households have access to communication through cell phone. There are no branches of any government of private banks, only two saving and credit cooperatives are present in the VDC.

### 4.1.5 Education Facilities

There are four government and one private primary school, two secondary and one higher secondary government schools in the VDC. The name and details of the school are presented in table 8.

**Table 8: Schools in Dhansingpur VDC**

| Primary School | Secondary School | Higher Secondary School |
|---|---|---|
| Karnali Pra. Vi. Srilanka | Seti Maiya Chaudhary Ma. Vi. Ghunga | Tribhuwan U. Ma. Vi. Batanpur |
| Rastiya Pra. Vi. Kalimati | Rastriya Ma. Vi. Batanpur | |
| BhanuBhakta Pra. Vi. Khakraula | | |
| Bal Bihani Pra. Vi. Bauniya | | |
| RiverLine E. B. School Batanpur* | | |

Source: Field Survey, 2013 * Private

### 4.1.6 Health Facilities

The VDC has one government sub-health post and few private clinics. Health service in sub-health post is accessible during the office hours with a provision of 24-hour birthing centre for child delivery. The sub-health post has a provision of five staffs that includes one in-charge and one ANM (Auxiliary nurse midwife), CMA (Community medical auxiliary), MCHW (Maternal and child health worker) and office assistant respectively. The sub-health post provides the following services:

- Vaccinations Services
- Nutrition Education
- Treatment of diarrhea
- Treatment of respiratory illnesses
- Safer motherhood services
- ANC check-up, including TT vaccination
- Delivery services-Birthing centre (24 hour)
- PNC care- mother and baby
- Temporary means of family planning services-pills and condom.

- Malaria- blood sample, treatment and health education
- Tuberculosis- sputum sample, treatment and health education
- Leprosy-treatment and health education
- STI treatment and health education
- Curative services-clinic tests and diagnosis, 25 medicines free of cost

Besides, 23 Female Community Health Volunteers (FCHVs) facilitate service delivery at ward level through coordination with local health care centres. These services include Vaccination and Village clinics in communities. FCHV also support in periodic health events such a Vitamin A supplement, de-worming and polio campaigns organized by government health institutions. FCHVs also oversee the distribution of medicated mosquito nets known as "supa-net" to community members, especially pregnant mothers, through health centres.

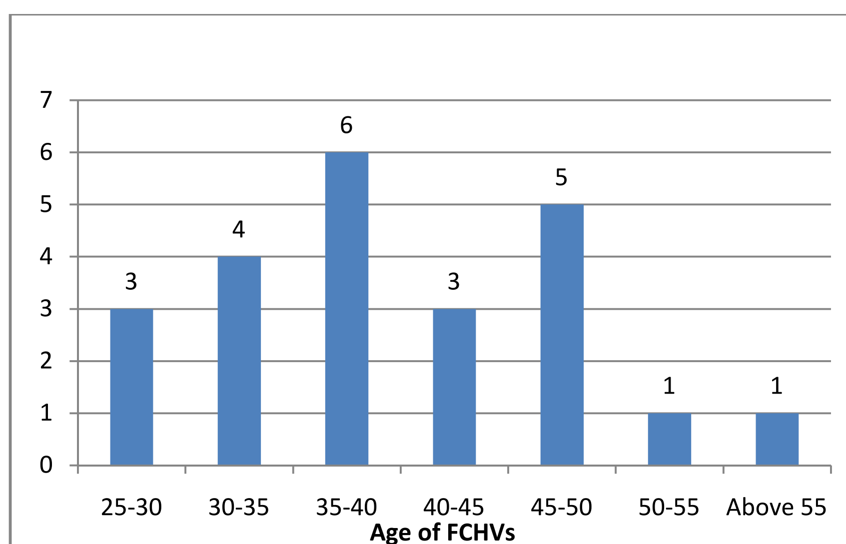
## 4.2 Female Community Health Volunteers (FCHVs)

There are 23 Female Community Health Volunteers (FCHVs) in Dhansingpur VDC. All 23 FCHVs were included in the study. The general characteristics of FCHVs have been presented in the following section.

### 4.2.1 Age

By policy, FCHVs are expected to be mature women who are married and have children of their own. This is to make sure that they are respected in the community and that they are less likely to move away (as often happens among younger women at the time of marriage). The median age of FCHVs nationally is 38 years. (FCHV Report, 2007). The age composition of FCHVs in the study is presented in figure 3.

**Figure 3: Age composition of FCHVs**




Source: Field Survey, 2013

### 4.2.2 Education and Literacy

The study surveyed the education level of FCHVs. The findings have been presented in table 9. 13 percent FCHVs lack literacy skills while 30.4 percent have gained literacy skills through adult literacy classes. Only 56.2 percent FCHVs attended formal schools and only one of them has passed SLC exam. Younger FCHVs have better educational status, however literacy has never been a job requirement for FCHV but national policy encourages the selection of educated FCHVs. (FCHV Report, 2007).

**Table-9: Educational Status of FCHVs**

| Educational Background | Total | Percent |
|---|---|---|
| Illiterate ( cannot read & write) | 3 | 13 |
| Literate (can read& write but no formal schooling) | 7 | 30.4 |
| Class 8 | 8 | 34.8 |
| Class 10 | 4 | 17.4 |
| SLC pass and above | 1 | 4.4 |
| **Total** | **23** | **100** |

Source: Field Survey, 2013

### 4.2.3 Caste and Ethnicity

The caste and ethnicity of FCHVs in the study area is presented in table 10. 56.6 percent of FCHVs are from Chhetri community and 21.7 percent each from Tharu and Dalit community.

**Table 10: Caste and Ethnic Composition of FCHVs**

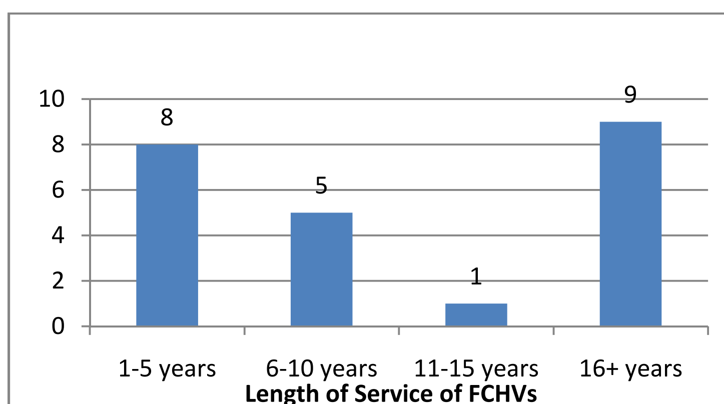
| Caste/ ethnicity | Total | Percentage |
|---|---|---|
| Chhetri (Saud, Thakulla, K.C) | 13 | 56.6 |
| Tharu (Chaudhary) | 5 | 21.7 |
| Dalit | 5 | 21.7 |
| **Total** | **23** | **100** |

Source: Field Survey, 2013

### 4.2.4 Length of Service

The length of service of FCHVs refers to the number of years they have served as an FCHV in their community. The length of service and year of recruitment of FCHVs are presented in figure 4 and table 11. FCHVs were originally recruited between 1988, when the program started, and 1992, when national expansion was completed. Additional FCHVs were recruited for 28 population-based districts in the mid-1990s with two other districts switching to a population based system in subsequent years. (FCHV Report, 2007). Almost forty percent of the FCHVs have been working as an FCHV for more than 16 years. However, about 34 percent have been recruited recently with their length of service of one to five years.

**Figure 4: Length of Service of FCHVs**



Source: Field Survey, 2013

**Table 11: Year of Recruitment-FCHV**

| Year of Recruitment in B.S | Total | Percentage |
|---|---|---|
| 2046 | 3 | 13 |
| 2052 | 3 | 13 |
| 2055 | 3 | 13 |
| 2057 | 1 | 4.4 |
| 2061 | 3 | 13 |
| 2062 | 1 | 4.4 |
| 2064 | 1 | 4.4 |
| 2065 | 3 | 13 |
| 2067 | 4 | 17.4 |
| 2069 | 1 | 4.4 |
| **Total** | **23** | **100** |

Source: Field Survey, 2013

### 4.2.5 Roles and Activities

The FCHVs were asked about their roles and activities in their mother's group and community. They were also asked about their perceptions of their role, linkages with local traditional health healers, challenges in performing their duties, health behaviour of their community members and challenges of local community in availing healthcare services. All the FCHVs reported they participated in their mother's group and village and vaccination clinics organized by sub-health centre in their community once every month. The activities of FCHVs in such clinics and mother's group are summarized in the following section.

**Village and Vaccination Clinics:** FCHVs reported that they perform activities such as helping to organize queues and assist in weighing babies at village and vaccination clinics.

**Mother's Group:** 22 FCHVs reported of organizing and facilitating health discussions in their groups. 21 (91.3 percent) FCHVs also managed saving and credit scheme of their groups. None of FCHVs reported of carrying out regular community health development activities in their communities.

**Health Discussion Topics:** Almost all the FCHVs told they organize health discussions on the topics that they learn during the training. The FCHVs reported that

they do not have systematic health discussion manual and added they decided the topics for health discussion on their own. While 52.2 percent FCHVs reported of organizing health discussions about diarrhea and other water borne diseases, only 4.3 percent FCHVs organized health discussion on personal hygiene and sanitation in their groups.  60.8 percent FCHVs told that they used Flip charts and related IEC materials during health discussions.

**Linkages with Traditional Health Healers:** 60.9 percent FCHVs told that local traditional health healers never refer clients to them while 34.8 percent told that local traditional health healers frequently refer client to them.

**Perception About Their Roles:** FCHVs reported that they perceive the roles of FCHVs are to promote health awareness in communities, improve quality of healthcare services and provide health services to community members.

**Challenges to Carry-out Their Duties:** The FCHVs pointed out poor participation in group meetings and poor infrastructure as major challenges to carry-out their duties.

**Information About Healthcare Practices of the Community Members**

- ❖ **ANC and Iron Supplements:** The FCHVs reported that all the pregnant women in their groups attended regular ANC and take Iron supplements.
- ❖ **Child Delivery:** 22.7 percent FCHV reported most of the community members deliver babies at health centres while 77.3 percent reported that most of the deliveries were carried out at home.
- ❖ **Child Immunization:** Only 78 percent FCHVs reported that more than 95 percent children in their communities complete immunization.
- ❖ **Challenges for Community Members to Avail Healthcare Services:** The FCHVs pointed poor infrastructure such as bad roads, health service centres being too far away from communities and limited resources at health centres as challenges for community members to avail healthcare services.

### 4.2.6 Health Knowledge and Skills

An assessment of health knowledge and skills of FCHVs was carried out using structured set of questions. The questions included assessment of FCHVs knowledge and skills in the areas of immunization, maternal health, new-born and child healthcare, sanitation and management of diarrhea, nutrition and HIV. The results are presented and summarized in the following section.

**Immunization**

The FCHVs were asked about the details of vaccine which included name of vaccine, disease for which it is given, timing of the vaccination (when) and times (frequency) the vaccines should be taken. The results are presented in table 12.

**Table 12: FCHV's Knowledge on Immunization**

| Immunization Type | % of FCHVs |
|---|---|
| a. cite details about BCG correctly | 82.6% |
| a. cite details about DPT correctly | 60.9% |
| b. cite details about measles correctly | 78% |
| c. cite details about JE correctly | 73.9% |
| d. cite details about polio and vitamin A supplement correctly | 73.9% |

*Source: Field Survey, 2013*

**Maternal Health**

Maternal health care includes health care of pregnant women, women who have recently given birth and lactating mothers. The FCHVs were asked about the number of ante-natal care (ANC) check-up generally necessary for pregnant women and danger signs and symptoms during pregnancy that require medical attention. The results are presented in table 13.

**Table 13: FCHV's Knowledge on Maternal health**

| | |
|---|---|
| **Knowledge that at least 4 ANC check-ups are necessary** | 95.6% |
| **Knowledge about the danger signs and symptoms during pregnancy** | |
| a. could cite two of less signs | 17.4% |
| b. could cite at least 3 signs | 13% |
| c. could cite 4 signs | 39.2% |
| d. could cite 5 or more signs | 30.4% |

*Source: Field Survey, 2013*

## New Born Child Care

New born child care refers to child healthcare for a child from birth to 90 days. The FCHVs were asked to name the danger sign in new born that require medical attention. The results are presented in table 14.

### Table 14: FCHV's Knowledge on New Born Child Care

| **Knowledge about danger signs of illness requiring treatment for the children** | |
|---|---|
| a. could cite two or less signs | 43.5% |
| b. could cite at least three signs | 47.5% |
| c. could cite five signs | 9% |
| d. could cite more than six signs | - |

*Source: Field Survey, 2013*

## Management of Diarrhea

The FCHVs were asked about hand washing practices with soap or ash in four stipulated conditions (before food preparation, before feeding the child, after defecation, and after handling the child who had defecated). They were also asked about diarrhea treatment and breastfeeding practice during diarrhea. The results are presented in table 15.

### Table 15: FCHV's Knowledge on Management of Diarrhea

| **Knowledge about hand washing practice in four stipulated conditions** | 65.2% |
|---|---|
| **Knowledge about treatment of diarrhea through**: | |
| a. ORS | 95.6% |
| b. Taking/giving more fluids than usual | 74% |
| c. Zinc tablets | 88.9% |
| d. Referral service | 91.3% |
| **Knowledge about more or continued breastfeeding during diarrhea** | 95.6% |

*Source: Field Survey, 2013*

## Nutrition

The FCHVs were asked about breastfeeding practices, balanced diet and method to prepare super-flour. The results are presented in table 16.

### Table 16: FCHV's Knowledge on Nutrition

| | |
|---|---|
| **Knowledge about exclusive breast feeding to children up to 6 months** | 95.6% |
| **Correctly explain balanced diet** | 52.2% |
| **Knowledge about preparation of super flour** | 87% |

*Source: Field Survey, 2013*

### HIV & AIDS

The FCHVs were asked about HIV testing, transmission routes of HIV/AIDS and HIV transmission risk reduction measures. The results are presented in table 17.

### Table 17: FCHV's Knowledge on HIV & AIDS

| | |
|---|---|
| **Knowledge about VCT** | 21.7% |
| **Knowledge about all four correct transmission routes of HIV/AIDS** | 60.9% |
| **Knowledge on HIV transmission reduction:** | |
| a) Could cite one known way of reducing the risk of HIV infection | 8.7% |
| a) Could cite at least two known ways of reducing the risk of HIV infection | 17.4% |
| b) Could cite all four known ways of reducing the risk of HIV infection | 73.9% |

*Source: Field Survey, 2013*

## 4.3 Mother's Groups

The mother's group is a community group formed by a local FCHV in her community to provide regular health-related information to community members. Only adolescent girls and women are included in the mother's group. Each FCHV in a VDC is responsible to form one mother's group in her community. The mother's groups also carry-out saving and credit scheme within their groups.

The study was carried out in 15 of 23 mother's groups in Dhansingpur VDC. At least one mother's group from each of the 9 wards of the VDC was selected as sample. The mother's groups were formed during different time period by the FCHVs after being selected as FCHVs. The information about the mother's group was obtained through focused group discussions and review of group documents. Information on the general characteristic of mother's group such as how they function and what activities are carried out in their groups were collected. The general characteristics of the mother's groups are summarized as under:

### 4.3.1 Group Meeting and Attendance

All the mother's group reported that they organize at least one group meeting once every month. However, only 2(13.3 percent) groups told that ninety or more percent of the group members attended group meetings regularly.

### 4.3.2 Group Policy

Group policy refers to the set of rules and regulations and directives on how the group is supposed to function. It includes agreed terms such as when and how the group meeting is organized, how much each member saves, provisions regarding credit and repayment, distribution of income and so on. While 13(86.6 percent) groups told that they had some form of group functioning policy only 8 (53.3 percent) groups have written group policy.

### 4.3.3 Decision Making Process and Documentation

14 groups (93.3 percent) reported they used participatory decision making process while deciding activities of the group.

Only 12 (80 percent) groups maintain written minutes of the group proceedings.

**4.3.4 Health Discussions:** All the groups told that FCHVs organize health discussions during their group meetings with 13 (86.6 percent) groups reporting that health discussion was organized during their last group meeting.

No other members from the group other than the FCHV organized health discussions in the group.

**4.3.5 Group Activities:** The major activities of the groups include saving and credit and health discussions. All the mother's groups carry-out saving and credit scheme in their groups.

Only 3(20 percent) groups reported of organizing community health development activities in their communities.

## 4.4 Health Knowledge, Skills & Practices of Women

The study assessed the health knowledge, skills and practices of women in Dhansingpur VDC. The women were divided into two sets- women in mother's group

and women who are not a member of any mother's group. The classification was done to find out whether there was any difference in health-related knowledge and skills among women in mother's groups and women not in any mother's groups. The findings of the study on the basis of categorized respondents are summarized in the first part of the chapter. A comparison of health knowledge, skills and practices of women in mother's groups and community is presented in the second part of the chapter.

The respondents were categorized into four categories for assessing their health knowledge, skills and practices to better include topics relevant to them. The four categories included Pregnant mothers, Mothers of children aged 0-6 months, Mothers of children aged 7-24 months and Married women aged 15-49 years old who are not currently pregnant. Based on the number of household in each ward at least two respondents in each of the category from each ward were selected as sample.

### 4.4.1 Pregnant Women

A total of 23 pregnant women in mother's groups and 15 from community (who were not member of any of the existing mother's group) were interviewed. Inclusion of at least two respondents from each ward both in mother's group and community was made wherever possible, except in situations where no respondents falling in this category was available. The pregnant women were assessed in areas of reproductive health, maternal health, breastfeeding, and nutrition, HIV and AIDS, sanitation and management of diarrhea and their health seeking behaviours. The results are presented in table 18 summarized in the following section.

**Table 18: Health Knowledge of Pregnant Women**

| Details | Mother Group member | Community member |
|---|---|---|
| | No. (%) | No. (%) |
| ***A. Knowledge about Maternal care and reproductive health*** | | |
| **1. ANC Check-up:** | | |
| a. Members reporting they visited health centres for ANC | 22 (95.7) | 11 (73.3) |
| b. Members with knowledge about at least 4 ANC check-ups | 17 (73.9) | 10 (90.9) |

| | | | | |
|---|---|---|---|---|
| **2. Iron Supplement during Pregnancy:** | | | | |
| a. Members currently taking Iron pills | 19 | (82.6) | 10 | (90.9) |
| b. Members with knowledge about the use of Iron pills | 19 | (82.6) | 8 | (72.7) |
| **3. Knowledge about the danger signs during pregnancy:** | | | | |
| a. Members who were able to cite at least 2 signs | 4 | (17.4) | 6 | (54.5) |
| b. Members who were able to cite 4 signs | 1 | (4.3) | 1 | (9) |
| c. Members who were able to cite 5 or more signs | 2 | (8.7) | - | |
| **4. Knowledge about Family Planning:** | | | | |
| **4.1 Members with knowledge about why planning services are used:** | 14 | (60.9) | 9 | (60) |
| **4.2 Knowledge about Family Planning methods:** | | | | |
| a. Members able to cite at least 2 methods | 9 | (39.1) | 3 | (20) |
| b. Members able to cite 3 methods | 8 | (34.8) | 6 | (40) |
| c. Members able to cite 4 or more methods | 3 | (13) | 1 | (6.7) |
| **B.** ***Breastfeeding and Nutrition*** | | | | |
| **1. Members with knowledge about Colostrums feeding** | 23 | (100) | 7 | (46.7) |
| **2. Members with knowledge of exclusive breast feeding up to six months** | 21 | (91.3) | 9 | (60) |
| **3. Members with knowledge about the importance of Colostrums feeding** | 18 | (78.3) | 3 | (20) |
| **4. Members with knowledge about balanced diet** | 8 | (34.8) | 8 | (53.3) |
| **5. Members with knowledge about nutrition during pregnancy** | 7 | (30.4) | 6 | (40) |
| **C.** ***Health Knowledge and Practices*** | | | | |
| **1. Number of respondents reporting their family members had diarrhea during the past one month:** | 7 | (30.4) | 4 | (26.7) |
| **2. Members with knowledge about treatment of diarrhea through:** | | | | |
| a. ORS | 21 | (91.3) | 8 | (53.3) |
| b. Taking/giving more fluids than usual | 7 | (30.4) | 4 | (26.7) |
| c. Zinc tablets | 3 | (13) | 1 | (6.7) |
| d. Referral | 10 | (43.5) | 7 | (46.7) |
| **3. Members with correct knowledge about preparing ORS** | 21 | (91.3) | 10 | (66.7) |
| **4. Knowledge about continued breastfeeding during diarrhea** | 21 | (91.3) | 5 | (33.3) |
| ***D. Personal Hygiene and Sanitation*** | | | | |
| **1. Knowledge about Hand washing:** | | | | |
| **1.1 cite all four stipulated conditions** | 3 | (13) | 1 | (6.7) |
| **1.2 cite** | | | | |
| a. Before preparation of meals | 9 | (39.1) | 1 | (6.7) |
| b. Before eating and feeding the child | 15 | (65.2) | 14 | (93.3) |
| c. After defecation | 21 | (91.3) | 14 | (93.3) |
| d. After handling/cleaning child defecation | 9 | (39.1) | 5 | (33.3) |
| ***E. HIV & AIDS*** | | | | |
| **1. Knowledge about all four correct transmission routes of HIV/AIDS** | 3 | (13) | 4 | (26.7) |
| **2. HIV transmission reduction:** | | | | |
| a. Cite at least two known ways of reducing the risk of HIV infection | 8 | (34.8) | 6 | (40) |
| b. Cite all four known ways of reducing the risk of HIV infection | 4 | (17.4) | 2 | (13.3) |
| ***F. Utilization of Services from FCHVs*** | | | | |

| Number of members reporting the use of services from FCHV | 19 (82.6) | 13 (86.6) |
|---|---|---|
| Details of services used: | | |
| a. Family Planning | 10 (43.5) | 2 (13.3) |
| b. ORS | 10 (43.5) | - |
| c. Iron | 18 (78.3) | 12 (80) |
| d. Cotrim | - | - |
| e. Zinc tablets | 1 (4.3) | - |

*Source: Field Survey, 2013*

### Maternal Care & Reproductive Health

Nearly 96 and 73 percent of pregnant mother's group and community members respectively visit health clinics for ANC check-up. Interestingly while the percentage of pregnant mother's group members visiting ANC check-up was high, only about 74 percent of them have knowledge that at least 4 ANC check-up were necessary while 91 percent of pregnant community members have this knowledge. Similarly, about 83 and 91 percent pregnant mother's group and community members respectively take iron supplement during pregnancy. The findings indicate that some of the community members are not taking iron supplements despite having knowledge about its use. Pregnant members of mother's group have more knowledge about danger sings during pregnancy requiring medical attention during pregnancy and they could name more family planning methods than pregnant mothers in community.

### Breastfeeding and Nutrition

Every pregnant woman in a mother's group had knowledge about colostrums feeding compared to 46 percent in pregnant women of community. Similarly, 91 percent of pregnant woman in mother's group had knowledge of exclusive breastfeeding up to six months compared to 60 percent of women in community. However more percentage of pregnant women in community have knowledge of balanced diet and nutrition during pregnancy compared to women in mother's group.

### Diarrhea and Sanitation

About 30 percent of women in mother's groups and 27 percent from community reported incidence of diarrhea. 91 percent of women in mother's groups and 67 percent from community have correct knowledge to prepare ORS. Similarly 91 percent of women in mother's groups and only 33 percent in community have knowledge of continued breastfeeding to children with diarrhea. Only 13 percent

women in mother's groups and 7 percent in community could cite all four stipulated conditions of hand washing practice.

**HIV and AIDS**

About 27 of women who are not the members of any mother's groups and 13 percent of women in mother's groups could cite all four correct transmission routes of HIV. And about 17 and 13 percent of women in mother's groups and community could cite all four known ways of reducing the risk of HIV transmission.

**Use of FCHV Health Services**

About 83 percent of women in mother's groups and 87 percent from community reported they availed services of FCHVs.

### 4.4.2 Mothers of Children Aged 0-6 Months

21 mothers of children aged 0-6 months in mother's groups and 10 from community were interviewed. Inclusion of at least two respondents from each ward in respect to mother's group and community was made wherever possible, except in situations where no respondents falling in this category was available.

The questions relating to health practices, knowledge and skills in maternal health, reproductive health, immunization, child health, nutrition, diarrhea management, sanitation, HIV and AIDS and use of FCHV services were asked. The results are presented in table 19 and summarized in the following section .

**Table 19: Health Knowledge of Mothers of Children Aged 0-6 Months**

| Details | Mother's Group member | | Community member | |
|---|---|---|---|---|
| | No. | (%) | No. | (%) |
| ***A. Health complaints reported within one week of survey duration*** | | | | |
| **1. Number of respondents reporting health complaints to any of their family members within one month of the survey duration** | 10 | (47.6) | 9 | (90) |

| **2. Where was the ill member taken while s/he was sick:** | | |
|---|---|---|
| a. Traditional Health Healers | - | 1 (10) |
| b. FCHV | 1 (4.8) | 1 (10) |
| c. Government health centres | 8 (38) | 2 (20) |
| d. Private clinics | 5 (23.8) | 7 (70) |
| ***B. Maternal care and Reproductive Health Knowledge and Practices*** | | |
| **1. Number of ANC attended during pregnancy:** | | |
| a. Members attending no ANC check-up | - | 1 (10) |
| b. Members attending at least one ANC check-up | 1 (4.8) | - |
| c. Members attending 4 or more ANC check-ups | 20 (95.2) | 8 (80) |
| **2. Members reporting Child Delivery at:** | | |
| a. Home | 13 (61.9) | 7 (70) |
| b. Health centres | 8 (38) | 3 (30) |
| ***If the child was delivered at home who attended the birth:*** | | |
| a. FCHV | 2 (9.5) | - |
| b. Health personnel | - | - |
| c. Sudeni | 2 (9.5) | 3 (30) |
| d. Family members | 9 (42.8) | 4 (40) |
| ***Reason for not delivering babies at health centre:*** | | |
| a. Did not know about delivery at health centres | - | - |
| b. Family members decision | 1 (4.8) | 1 (10) |
| c. Health centres too far | 2 (9.5) | 3 (30) |
| d. Financial reasons | 1 (4.8) | - |
| e. other reasons | 9 (42.8) | 3 (30) |
| **3. PNC check-up attended by mothers delivering babies at home:** | | |
| a. Same day the child was born | - | - |
| b. After one week: | 7 (33.3) | 1 (10) |
| c. After one month: | 6 (28.6) | 4 (40) |
| d. Did not attend PNC check-up | - | 2 (20) |
| **4. Knowledge about Family Planning:** | | |
| **4.1. Member who haven't yet heard about Family Planning:** | 1 (4.8) | 2 (20) |
| **4.2 Knowledge about Family Planning methods:** | | |
| a. Members able to cite at least 2 methods | 8 (38) | 1 (10) |
| b. Members able to cite 3 methods | 9 (42.8) | 5 (50) |
| c. Members able to cite 4 or more methods | 3 (14.3) | 1 (10) |
| **4.3 Members with knowledge about the use of FP methods** | 18 (85.7) | 6 (60) |
| ***C. Child Health and Vaccination*** | | |
| **1. Knowledge about exclusive breast feeding:** | | |
| a. Member initiating Colostrums feeding within one hour of delivery | 20 (95.2) | 10 (100) |
| b. Members with knowledge about the importance of Colostrums | 5 (23.8) | 7 (70) |
| feeding | 18 (85.7) | 8 (80) |
| c. Members exclusively breast feeding their child | - | - |
| d. Members providing complementary food to their child | | |
| **2. Members possessing growth monitoring card of their babies** | 18 (85.7) | 9 (90) |
| **3. Member with complete child vaccination** | 3 (14.3) | 3 (30) |

| | | |
|---|---|---|
| **4. Knowledge about danger signs of illnesses requiring treatment to children** | | |
| a. Members who could cite at least two signs | - | - |
| b. Members who could cite four signs | - | - |
| c. Members who could cite more than six signs | - | - |
| ***D. Treatment of Diarrhea and Pneumonia*** | | |
| **1. Members reporting of diarrhea to any of their family members within one month of survey** | 9 (42.9) | 6 (60) |
| **2. Members with knowledge about treatment of diarrhea through:** | | |
| a. ORS | 14 (66.7) | 6 (60) |
| b. Taking/giving more fluids than usual | 8 (38) | 2 (20) |
| c. Zinc tablets | 2 (9.5) | - |
| d. Referral | 11 (52.4) | 5 (50) |
| **3. Members with correct knowledge about preparing ORS** | 15 (71.4) | 6 (60) |
| **4. Knowledge about continued breast feeding during diarrhea** | 18 (85.7) | 9 (90) |
| **5. Members with knowledge about the signs and symptoms of pneumonia and prevention of pneumonia to babies** | 5 (23.8) | 3 (30) |
| ***E. Nutrition*** | | |
| **1. Members with knowledge about balance diet** | 4 (19) | 5 (50) |
| **2. Members with knowledge about preparation of super-flour** | 12 (57.1) | 5 (50) |
| ***F. Personal Hygiene and Sanitation*** | | |
| **1. Knowledge about Hand washing:** | | |
| **1.1 cite all four stipulated conditions** | 5 (23.8) | 1 (10) |
| **1.2 cite** | | |
| a. Before preparation of meals | 9 (42.9) | 2 (20) |
| b. Before eating and feeding the child | 17 (80.9) | 6 (60) |
| c. After defecation | 21 (100) | 8 (80) |
| d. After handling/cleaning child defecation | 15 (71.4) | 8 (80) |
| ***G. HIV & AIDS*** | | |
| **1. Members who haven't yet heard about HIV& AIDS** | 7 (33.3) | 3 (30) |
| **2. Knowledge about all four correct transmission routes of HIV/AIDS** | 4 (19) | 3 (30) |
| **3. HIV transmission reduction:** | | |
| a. Cite at least two known ways of reducing the risk of HIV infection | 6 (28.6) | 1 (10) |
| b. Cite all four known ways of reducing the risk of HIV infection | 3 (14.3) | 3 (30) |
| **H. Utilization of services from FCHVs** | | |
| **Number of members reporting the use of services from FCHV** | 20 (95.2) | 9 (90) |
| **Details of services used:** | | |
| a. Family Planning | 6 (28.6) | 4 (40) |
| b. ORS | 2 (9.5) | 8 (80) |
| c. Iron | 20 (95.2) | 7 (70) |
| d. Cotrim | - | - |
| e. Zinc tablets | - | - |

*Source: Field Survey, 2013*

**Incidence of Illness and Treatment**

Ninety percent of mothers of children aged 0-9 who were not members of mother's group reported incidence of illness to any of their family members within one month of the survey duration while only 47 percent in mother's group reported incidence of illnesses. While 70 percent of mothers not in mother's groups reported that they treated their ill member in private clinics only 23 percent in mother's group reported of treating in private clinics. 38 percent from mother's groups and 20 percent from community availed government health centres for treatment.

**Maternal and Reproductive Health**

More than 95 percent of mothers from mother's group attended four or more ANC check-ups compared to 80 of mothers in community. Similarly 98 percent of mothers in mother's group delivered their babies in heath centres compared to 30 of mothers from community. Mothers in mother's groups have more knowledge on family planning methods then those not in the mother's group.

**Child Health and Vaccination**

While percentage of mothers with knowledge about importance of colostrums feeding in mother's group is lower than those not in any mother's group, more percent them have been exclusively breastfeeding their child. Higher percentage of mothers in community possess growth monitoring card of their babies and have completed immunization of their children than those in mother's groups. None of the mothers either in mother's group or community could name danger sign in children requiring medical attention.

**Diarrhea Treatment and Sanitation**

60 percent of mothers from community and 43 percent from mother's groups reported incidence of diarrhea in their family within one month of survey period. Mothers in mother's group have slight better knowledge in diarrhea treatment. Similarly, more percentage of mothers in mother's group have knowledge about hand washing practice compared to mothers not in mother's group.

**Nutrition**

While only 19 percent of mothers in mother's group could correctly explain balanced diet compared to 50 percent of women in community, about 57 percent of mothers in mother's groups have knowledge to prepare super-flour compared to 50 percent of mothers in community.

**HIV & AIDS**

Only about thirty percent of women in community and 19 percent in mother's groups could name all four known transmission routes of HIV.

**Utilization of FCHV Services**

About 95 and 90 percent of mothers from mother's group and community respectively reported they availed services from FCHV.

### 4.4.3 Mothers of Children Aged 7-24 Months

The second category of respondents comprised of mothers of children aged 7-24 months. A total of 35 mothers of children aged 6-24 months from mother's groups and 23 from community were included in the study. Inclusion of at least two respondents from each ward in respect to mother's group and community was made wherever possible, except in situations where no respondents falling in this category was available. The mothers were asked question in health topics that included their health behaviours and health knowledge and skills on reproductive, maternal and child health, common childhood illness such as diarrhea and pneumonia and its management, nutrition, sanitation and HIV and AIDS. Information about health problems to any of their family members within one of the survey duration was asked in the beginning to know about incidence of illnesses and treatment service preferred. The results are presented in table 20 and summarized in the following section.

## Table 20: Health Knowledge of Mothers of Children Aged 7-24 Months

| Details | Mother's Group member No. (%) | Community member No. (%) |
|---|---|---|
| ***A. Health complaints reported*** | | |
| **1. Number of respondents reporting health complaints to any of their family members within one month of the survey duration** | 19 (54.3) | 15 (65.2) |
| **2. Where was the ill member taken while s/he was sick:** | | |
| a. Traditional Health Healers | 1 (2.8) | - |
| b. FCHV | 5 (14.3) | 1 (4.3) |
| c. Government health centres | 12 (34.3) | 8 (34.7) |
| d. Private clinics | 10 (28.6) | 11 (47.8) |
| ***B. Reproductive Healthcare Knowledge and Practices*** | | |
| **1. Members reporting Child Delivery at:** | | |
| a. Home | 21 (60) | 16 (69.3) |
| b. Health centres | 15 (42.8) | 7 (30.4) |
| ***If the child was delivered by home who attended the birth:*** | | |
| a. FCHV | 3 (8.6) | 1 (4.3) |
| b. Health personnel | 2 (5.7) | 2 (8.7) |
| c. Sudeni | 3 (8.6) | 4 (17.4) |
| d. Family members | 14 (40) | 9 (39.1) |
| ***Reason for not delivering babies at health centers:*** | | |
| a. Did not know about delivery at health centers | 1 (2.8) | 1 (4.3) |
| b. Family members decision | 3 (8.6) | 2 (8.7) |
| c. Health centers too far | 6 (17.1) | 4 (17.4) |
| d. Financial reasons | 1 (2.8) | - |
| e. other reasons | 9 (25.7) | 9 (39.1) |
| **2. PNC check-up attended by mothers delivering babies at home:** | | |
| a. same day the child was born | 1 (2.8) | - |
| b. After one week: | 7 (20) | 4 (17.4) |
| c. After one month: | 13 (37.1) | 12 (52.2) |
| d. Did not attend PNC check-up | - | - |
| **3. Knowledge about Family Planning:** | | |
| **3.1 Member who haven't yet heard about Family Planning:** | 3 (8.6) | 4 (17.4) |
| **3.2 Knowledge about Family Planning methods:** | | |
| a. Members able to cite at least 2 methods | 6 (17.1) | 4 (17.4) |
| b. Members able to cite 3 methods | 15 (42.8) | 9 (39.1) |
| c. Members able to cite 4 or more methods | 9 (25.7) | 6 (26) |
| **3.3 Members with knowledge about the use of family planning methods** | 30 (85.7) | 18 (78.3) |
| ***C. Breast feeding, Vaccination and Child healthcare*** | | |
| **1. Knowledge about exclusive breast feeding:** | | |

| | | |
|---|---|---|
| a. Member initiating Colostrums feeding within one hour of delivery | 35 (100) | 23 (100) |
| b. Members with knowledge about the importance of Colostrums feeding | 17 (48.6) | 13 (56.6) |
| c. Member providing only complementary food to their child aged above 6 months | - | 1 (4.3) |
| d. Members breast feeding their child along with complementary food | 33 (94.3) | 22 (95.6) |
| **2. Members possessing growth monitoring card of their babies** | 30 (85.7) | 22 (95.6) |
| **3. Members with complete child vaccination** | 22 (62.8) | 18 (78.3) |
| **4. Knowledge about danger signs of illness requiring treatment for the children** | | |
| a. Members who could cite at least two signs | 9 (25.7) | 3 (13) |
| b. Members who could cite four signs | - | - |
| c. Members who could cite more than six signs | - | - |
| ***D. Treatment of Diarrhea and Pneumonia*** | | |
| **1. Members reporting of diarrhea to any of their family members within one month of survey** | 23 (65.7) | 12 (52.2) |
| **2. Members with knowledge about treatment of diarrhea through:** | | |
| a. ORS | 25 (71.4) | 14 (60.8) |
| b. Taking/giving more fluids than usual | 18 (51.4) | 8 (34.8) |
| c. Zinc tablets | 11 (31.4) | 4 (17.4) |
| d. Referral | 21 (60) | 13 (56.5) |
| **3. Members with correct knowledge about preparing ORS** | 32 (91.4) | 19 (82.6) |
| **4. Knowledge about continued breast feeding during diarrhea** | 34 (97.1) | 22 (95.6) |
| **5. Members with knowledge about the signs and symptoms of pneumonia and prevention of pneumonia to babies** | 16 (45.7) | 8 (34.8) |
| ***E. Nutrition*** | | |
| **1. Members with knowledge about balance diet** | 10 (28.6) | 10 (43.5) |
| **2. Members with knowledge about preparation of super flour** | 21 (67.7) | 11 (47.8) |
| **3. Number of members using super flour** | 16 (45.7) | 5 (21.7) |
| ***F. Personal Hygiene and Sanitation*** | | |
| **1. Knowledge about Hand washing:** | | |
| **1.1 cite all four stipulated conditions** | 9 (25.7) | 6 (26) |
| **1.2 cite the following** | | |
| a. Before preparation of meals | 14 (40) | 10 (43.5) |
| b. Before eating and feeding the child | 26 (74.3) | 16 (69.6) |
| c. After defecation | 32 (91.4) | 22 (95.6) |
| d. After handling/cleaning child defecation | 23 (65.7) | 19 (82.6) |
| ***G. HIV & AIDS*** | | |
| **1. Members who haven't yet heard about HIV& AIDS** | 8 (22.8) | 3 (13) |
| **2. Knowledge about all four correct transmission routes of HIV/AIDS** | 14 (40) | 8 (34.8) |
| **3. HIV transmission reduction:** | | |
| a. Cite at least two known ways of reducing the risk of HIV infection | 10 (28.6) | 8 (34.8) |
| b. Cite all four known ways of reducing the risk of HIV infection | 11 (31.4) | 7 (30.4) |
| ***H. Utilization of services from FCHVs*** | | |

| Number of members reporting the use of services from FCHV | 33 (94.3) | 18 (78.3) |
|---|---|---|
| **Details of services used:** | | |
| a. Family Planning | 20 (57.1) | 9 (39.1) |
| b. ORS | 14 (40) | 7 (30.4) |
| c. Iron | 28 (80) | 17 (73.9) |
| d. Cotrim | - | - |
| e. Zinc tablets | - | 2 (8.7) |

*Source: Field Survey, 2013*

### Incidence of Illness and Treatment

About 65 percent of mothers who were not members of mother's group reported incidence of illness to any of their family members within one month of the survey duration while only 45 percent in mother's group reported incidence of illnesses. While nearly 48 percent of mothers not in mother's groups reported that they treated their ill member in private clinics only 29 percent in mother's group members reported of treating in private clinics. Around 14 percent of mothers in mother's group and 4 percent in community went to FCHV for treatment services.

### Maternal and Reproductive Health

Nearly 43 percent of mothers from mother's group delivered their child in health centre compared to 30 percent of mothers not in mother's groups. Higher percentage of mothers in mother's group have more knowledge about family planning methods then those not in any mother's groups.

### Child Health and Vaccination

All the mothers in mother's groups and community reported of feeding colostrums milk to their baby within one hour of delivery. Almost 96 and 86 percent of mothers in community and mother's groups respectively reported they possessed growth monitoring card of their babies. Similarly, about 78 percent of mothers in community and 63 percent in mother's groups had completed immunization of their children. About 26 percent of mothers in mother's group could name two danger signs in children requiring medical attention compared to only 13 percent of mothers not in mother's group.

### Common Childhood Illness Treatment

Higher percentages of mothers in mother's group have knowledge about treatment of diarrhea compared to mothers who are not in any mother's groups. Additionally,

higher percentage of mothers in mother's group could name symptoms of pneumonia compared to mothers not in mother's groups.

**Nutrition**

While more percentage of mothers who were not in any mother's group could explain balanced diet correctly, lower percentage of them are using super-flour or have knowledge to prepare it compared to mothers in mother's group.

**Personal Hygiene and Sanitation**

Only about a quarter of the mothers in mother's group and community have knowledge about hand washing practice in all four stipulated conditions-(i) before preparation of meals, (ii) before eating and feeding the child, (iii) after defecation and (iv) after handling/cleaning child defecation or waste.

**HIV & AIDS**

Higher percentage of mothers in mother's groups have knowledge about HIV and AIDS compared to those not in the mother's groups. However, only about a third of mothers know about all four transmission routes of HIV and risk reduction measures.

**Utilization of FCHV Services**

About 95 percent of mothers from mother's group reported they availed services from FCHVs compared to 78 percent of mothers who are not a member of any mother's group.

### 4.4.4 Married Women Aged 15 to 49 Years

The fourth category of respondents comprised of married women aged 15 to 49 years old who are not currently pregnant or having child aged 0-24 months old. In other words, this category consisted of respondents who were not included in the previous three categories. A total of 57 and 36 married women aged 15-49 years not currently pregnant from mother's group and community respectively were interviewed to assess their health knowledge, skills and practices. The results are presented in table 21 and summarized in the following section.

## Table 21: Health Knowledge of Married Women Aged 15-49 Years

| Details | Mother Group member | | Community member | |
|---|---|---|---|---|
| | No. | (%) | No. | (%) |
| ***A. Health complaints reported*** | | | | |
| **1. Number of respondents reporting health complaints to any of their family members within one month of the survey duration** | 40 | (70) | 17 | (47) |
| **2. Types of health complaints reported within one month of the survey duration to any of their family members:** | | | | |
| Diarrhea | 10 | (17.5) | 1 | (2.7) |
| Cough, Cold, Flu | 20 | (35) | 16 | (44.4) |
| Pneumonia | 1 | (1.75) | 1 | (2.7) |
| Skin infections/irritations | 6 | (10.5) | 2 | (5.5) |
| Others | 11 | (19.9) | 5 | (13.8) |
| **Where was the ill member/s taken while s/he was sick:** | | | | |
| a. Traditional Health Healers | 2 | (3.5) | 3 | (8.3) |
| b. FCHV | 8 | (14) | 3 | (8.3) |
| c. Government health centres | 40 | (70.7) | 24 | (66.6) |
| d. Private clinics | 27 | (47.8) | 24 | (66.6 |
| ***B. Treatment of Diarrhea*** | | | | |
| **1. Number of respondents reporting their family members had diarrhea during the past one month:** | 38 | (66.7) | 12 | (33.3) |
| **2. Members with knowledge about treatment of diarrhea through:** | | | | |
| a. ORS | 45 | (79) | 19 | (52.7) |
| b. Taking/giving more fluids than usual | 27 | (47) | 13 | (36) |
| c. Zinc tablets | 8 | (14) | 2 | (5.5) |
| d. Referral | 32 | (56) | 16 | (44) |
| **3. Members with correct knowledge about preparing ORS** | 45 | (79) | 19 | (52.7) |
| ***C. Knowledge about Maternal care and Reproductive Health*** | | | | |
| **1. Members citing the need of at least 4 ANC check-ups** | 30 | (52.6) | 11 | (30) |
| **2. Knowledge about Family Planning:** | | | | |
| **2.1 Knowledge about Family Planning methods:** | | | | |
| a. Members able to cite at least 2 methods | 18 | (31.8) | 7 | (19.4) |
| b. Members able to cite 3 methods | 29 | (50.9) | 12 | (33.3) |
| c. Members able to cite 4 or more methods | 6 | (10.5) | 5 | (13.9) |
| **2.2 Members with knowledge about the use of FP methods** | 46 | (80.7) | 28 | (77.8) |
| ***D. Personal Hygiene and Sanitation*** | | | | |
| **1. Knowledge about Hand washing:** | | | | |
| **1.1 cite all four stipulated conditions** | 13 | (22.8) | 4 | (11.1) |
| **1.2 cite:** | | | | |
| a. Before preparation of meals | 16 | (28) | 9 | (25) |
| b. Before eating and feeding the child | 33 | (57.9) | 30 | (83.3) |
| c. After defecation | 49 | (85.9) | 34 | (94.4) |
| d. After handling/cleaning child defecation | 33 | (57.9) | 19 | (52.8) |
| ***E. Nutrition*** | | | | |

| | | |
|---|---|---|
| **1. Members with understanding about balance diet** | 11 (19.3) | 4 (11.1) |
| **2. Members with knowledge about preparation of super-flour** | 13 (22.8) | 9 (25) |
| ***F. HIV & AIDS*** | | |
| **1. Members who haven't yet heard about HIV & AIDS** | 25 (43.8) | 1 (2.8) |
| **2. Knowledge about all four correct transmission routes of HIV/AIDS** | 22 (38.6) | 9 (25) |
| **3. HIV transmission reduction:** | | |
| a. Cite at least two known ways of reducing the risk of HIV infection | 20 (35) | 5 (13.9) |
| b. Cite all four known ways of reducing the risk of HIV infection | 16 (28) | 9 (25) |
| ***G. Utilization of Services from FCHVs*** | | |
| **Number of members reporting the use of services from FCHV** | 38 (66.7) | 14 (38.9) |
| **Details of services used:** | | |
| a. Family Planning | 24 (42.1) | 9 (25) |
| b. ORS | 22 (38.6) | 8 (22.2) |
| c. Iron | 16 (28) | 8 (22.2) |
| d. Cotrim | - | - |
| e. Zinc tablets | 2 (3.5) | - |

*Source: Field Survey, 2013*

### Incidence of Illness and Treatment

About 70 percent of women in mother's group reported incidence of illness to any of their family members within one month of the survey duration while only 47 percent of women in community reported incidences of illnesses. Additionally, about 67 percent of women in community reported that they treated their ill member in private clinics compared to 48 percent from mother's groups.

About 67 of women in mother's groups and 33 percent in community reported incidences of diarrhea to any of their family members within one month of survey. 79 percent of women in mother's groups had skills to prepare ORS compared to only 53 percent of women in community.

### Maternal and Reproductive Health

Nearly 53 percent of women in mother's group had knowledge about the need of at least 4 ANC check-ups compared to 30 percent of women in community.

Similarly, while more than half of the women in mother's groups could name 3 or more family planning methods only one-third of women in community could do so.

### Personal Hygiene and Sanitation

Almost 23 percent of women in mother's groups could cite all four stipulated conditions of hand washing compared to 11 percent of women in community.

**Nutrition**

19 percent of women in mother's groups and 11 percent in community could correctly explain balanced diet.

**HIV & AIDS**

About 39 percent of women in mother's group and 25 percent in community could name all four transmission routes of HIV. Similarly, 28 and 25 percent of women in mother's group and community respectively could cite all four known ways of reducing the risk of HIV infection.

**Utilization of FCHV Services**

About 68 percent of women in mother's group reported they availed services from FCHVs compared to only 39 percent from community.

### 4.4.5 Comparison of Health Knowledge and Skills

A simple comparison of health knowledge, skills and practices of women in mother's groups and women who are not a member of any existing mother's group is summarized in the following section. A total of 136 women in mother's group and 84 women in community were interviewed. The respondents were categorized into four categories to include health topics relevant to them for assessment. The summary of the comparison is presented in table 22.

**Table 22: Comparison of Health Knowledge, Skills & Practices**

| ***A. Maternal Health care practices and Knowledge*** | **MG** | **C** |
|---|---|---|
| **1. % of Pregnant women not attending ANC** | 4.3 | 26.7 |
| **2. % of Pregnant women with the knowledge of at least 4 ANC** | 73.9 | 66.7 |
| **3. % of pregnant women with knowledge of danger signs during pregnancy** | | |
| a. cite at least 2 signs | 17.4 | 40 |
| b. cite 4 signs | 4.3 | 6.7 |
| c. cite 5 or more signs | 8.7 | 0.0 |
| **4. % of Mothers of children aged 0-6 months who did not attend ANC** | 0.0 | 10 |
| **5. % of Mother's of children aged 0-6 months attending 4 or more ANC** | 4.8 | 0.0 |
| **6. % of Married women aged 15-49 years with knowledge of at least 4 ANC** | 52.6 | 30.5 |
| **7. %of mothers of children aged 0-24 months delivering at health centres** | 41.1 | 30.3 |
| **8. PNC for mothers of children aged 0-24 months reporting delivery at home** | | |
| a. Percentage of mothers who attended PNC the same day | 1.8 | 0.0 |

| | | |
|---|---|---|
| b. Percentage of mothers who attended PNC within one week | 25.0 | 15.2 |
| c. Percentage of mothers who attended PNC within one month | 33.9 | 48.5 |
| d. Percentage of mothers who never attended PNC | 0.0 | 6.1 |
| ***B. Knowledge about Reproductive Health*** | | |
| **1. %of members who haven't yet heard about Family planning** | 14.0 | 15.5 |
| **2. % of members with knowledge about use of Family planning services** | 72.8 | 66.7 |
| **3. Knowledge about Family Planning methods** | | |
| a. percentage of members who could cite at least 2 methods | 28.7 | 15.5 |
| b. percentage of members who could cite 3 methods | 39.0 | 27.4 |
| c. percentage of members who could cite 4 or more methods | 16.2 | 16.7 |
| ***C. Breastfeeding and Nutrition*** | | |
| **1. % of mother of children aged 0-24 months reporting colostrums feeding** | 98.2 | 100 |
| **2. %of pregnant mothers with knowledge of colostrums feeding** | 100 | 73.3 |
| **3. % of pregnant women and mothers of children aged 0-24 with knowledge of the importance of colostrums feeding** | 50.6 | 41.6 |
| **4. % of Pregnant women with knowledge of exclusive breastfeeding up to 6 months** | 91.3 | 73.3 |
| **4. % of mothers of children aged 0-6 moths Exclusively breastfeeding** | 85.7 | 80 |
| **5. % of mothers of children aged 7-24 moths breastfeeding along with complementary food** | 94.3 | 95.7 |
| **6. % of pregnant mothers with knowledge about nutrition during pregnancy** | 30.4 | 40 |
| **7. % of members with knowledge about Balanced diet** | 24.3 | 32.1 |
| **8. % of mothers of children aged 0-24 months and married women with knowledge about preparation of super-flour** | 40.7 | 36.2 |
| **9. % of mothers of children aged 7-24 currently using super-flour** | 45.7 | 21.7 |
| ***D. Management of Childhood Illnesses*** | | |
| **1. Percentage of mothers of children aged 0-24 months with knowledge of symptoms & prevention of pneumonia** | 37.5 | 33.3 |
| **2. Percentage of mother of children aged 0-24 months with knowledge of danger signs of illness of children requiring treatment** | | |
| a. able to cite at least two signs | 16.2 | 9.1 |
| b. able to cite four or more signs | 0 | 0 |
| c. able to cite six or more signs | 0 | 0 |
| ***E. Immunization*** | | |
| **1. Percentage of children aged 0-24 months completing vaccination** | 44.6 | 63.6 |
| **2. Percentage of mothers of children aged 0-24 months possessing growth monitoring chart of their child** | 85.7 | 93.9 |
| ***F. Personal Hygiene and Sanitation*** | | |
| **1. Percentage of members citing all 4 stipulated conditions of hand washing** | 24.3 | 17.8 |
| ***G. HIV & AIDS*** | | |
| **1. Percentage of members who haven't yet heard about HIV & AIDS** | 34.6 | 8.3 |
| **2. Percentage of members with Knowledge of all four correct transmission routes** | 31.7 | 28.6 |
| **3. Percentage of members with knowledge of reducing the risk of HIV transmission** | | |
| a. cite at least two known ways | 32.3 | 23.8 |
| b. cite all four known ways | 25 | 25 |
| ***H. Prevalence of Diarrhea and knowledge of treatment*** | | |
| **1. Percentage of members reporting of diarrhea within one month to any of the family members** | 56.6 | 40.5 |
| **2. Percentage of members with Knowledge about treatment of diarrhea through** | | |

| | | |
|---|---|---|
| a. ORS | 77.2 | 55.9 |
| b. Taking/giving more fluids than usual | 44.1 | 32.1 |
| c. Zinc tablets | 17.6 | 8.3 |
| d. Referral | 54.4 | 48.8 |
| **3. Percentage of members with correct knowledge of preparing ORS** | 83.1 | 64.3 |
| **4. Percentage of pregnant women & mothers of children aged 0-24 months with knowledge of continued breastfeeding during diarrhea** | 92.4 | 75 |
| ***I. Incidence of Illnesses and Healthcare Practices*** | | |
| **1. Percentage of members reporting illnesses to any members within one month (not applicable to pregnant women)** | 61.1 | 59.4 |
| **2. Percentage of member reporting the ill member was taken to:** | | |
| a. Traditional health healer/s | 2.6 | 5.8 |
| b. FCHV | 12.4 | 7.4 |
| c. Government health centres | 53.1 | 49.3 |
| d. Private clinics | 37.2 | 60.9 |
| ***J. Utilization of services of FCHVs*** | | |
| **1. Percentage of members reporting use of services from FCHVs** | 80.9 | 64.3 |

*Source: Field Survey, 2013*

## Maternal and Reproductive Health

About 27 percent of pregnant women who are not a member of any mother's group reported they did not attended ANC check-up during pregnancy compared to about only 4 percent pregnant women in mother's group. Pregnant women in mother's group have more knowledge about maternal healthcare compared to those not in the mother's groups. While all the mothers of children aged 0-6 months reported of attending at least one ANC check up only about five percent of them attended four or more check-up. The same percentage for mothers not in any mother's groups is 10 percent and none. More than half (52.6%) of women in mother's groups have knowledge about the need of at least 4 ANC check-ups while only 30 percent of women in community had this knowledge.

About 41 percent of mothers of children aged 0-24 months in mother's group and 30 percent from community surveyed reported of delivering their child in health centres. A higher percentage of mothers in mother's group who delivered their children in home went for PNC check-up compared to mothers not in any mother's group. Six percent of mothers of children aged 0-24 months who delivered their child outside health centres reported they never attended PNC check-up.

About 16 percent of women in community and 14 percent in mother's groups reported they haven't yet heard about family planning.

**Breastfeeding and Nutrition**

Almost all the mothers of children aged 0-24 months reported of feeding colostrums milk to their babies. Only about 91 percent of pregnant women in mother's groups and 73 percent in community have knowledge of exclusive breastfeeding to children up to six months. 85.7 percent of mothers of children aged 0-6 months in mother's groups and 80 percent in community told they are exclusively breastfeeding their child. About 46 percent of mothers of children aged 0-24 months in mother's groups and 22 percent in community reported of using super-flour.

**Management of Childhood Illnesses**

About 37 of mothers of children aged 0-24 months in mother's groups and 33 percent in community had knowledge of symptoms and prevention of pneumonia. Similarly, when asked to name danger signs of illness in children that required medical attention, about 16 percent in mother's groups and 9 percent from community could name at least two signs.

**Immunization**

Only about 64 and 47 percent of children aged 0-24 months of mothers in community and mother's group respectively reported of completing vaccination. Additionally, only 85 percent of mothers in mother's groups and 94 percent from community reported of possessing growth monitoring chart of their child.

**Personal Hygiene and Sanitation**

Only about 24 percent of women in mother's groups and 18 percent from community could cite all four stipulated conditions of hand washing.

**HIV and AIDS**

Only about 32 percent of women in mother's groups and 29 percent in community have knowledge about all four known transmission routes of HIV any only a quarter of them could cite all four known ways reducing the risk of HIV transmission.

**Diarrhea Prevalence and Treatment**

57 percent of women in mother's groups and 40 percent from community reported incidence of diarrhea to any of their family members within one month of survey period. Only 83 percent of women in mother's group and 64 percent from community have correct knowledge of preparing ORS. Similarly, 92 percent of mothers of children aged 0-24 months in mother's groups and 75 percent from community have knowledge of continued breastfeeding to children during diarrhea.

**Incidence of Illness and Healthcare Practices**

About sixty percent of women in mother's groups and community reported incidence of illness to any of their family members within one month of survey period. About 61 percent of women who are not in any mother's groups told they took their ill members to private clinics for treatment compared to 37 percent of women in mother's groups.

**Utilization of FCHV Services**

About 81 percent of women in mother's group and 64 percent from community reported they availed services from FCHVs.

# CHAPTER V

# SUMMARY, CONCLUSION & RECOMMENDATIONS

## 5.1 Summary

The study was carried out in Dhansingpur VDC of Kailali district. The study investigated the role and activities of Female Community Health Volunteers (FCHVs) and mother's groups and explored the level of health knowledge, skills and practices of FCHVs, mother's group and community members.

The main research theme of the study was to examine the tasks carried out by FCHVs in their communities and assesses their health knowledge and skills, learn about how the mother's group function and assess the health knowledge, skills and practices of mother's group and community members of Dhansingpur VDC.

Primary and secondary data were collected through structured set of questions during interviews, key informant and field observation, literature review and review of relevant documents and journals and both qualitative and quantitative information was used for the study.

All 23 FCHVs in Dhansingpur VDC were included in the study. The FCHVs were recruited by the local sub-health centre during different time period and about forty percent of them have been working as FCHVs for more than sixteen years. Every FCHV has formed one mother's group in her community that includes adolescent girls and married women. The FCHVs organized at least one meeting of their mother's group once every month. Health discussions along with saving and credit are organized during the mother's group meetings. The FCHVs work in direct supervision of the local sub-health post and attend village and vaccination clinic organized in their community by the local sub-health centre once every month. Besides they distribute ORS solutions, pills, condoms, first aid and basic medicines to their community members.

The FCHVs have a fair health-related knowledge and skills necessary to effectively carry-out their duties. They receive period trainings from the local sub-health post and from other organization working in health sector in their VDC.

15 out of 23 mother's group in Dhansingpur VDC were included in the survey with the inclusion of at least one group from each of the nine wards of the VDC. All 15 mother's group reported that they organize at least one group meeting every month. The local FCHV is responsible to organize the meetings of the mother's group where the members also carry out saving and credit activity along with health discussions in such meetings. Only 8 groups have written group policy and 12 groups maintain written minutes of their group. Most of the groups reported they used participatory decision making process while deciding activities of the group. The major activities of the groups include saving and credit and health discussions and only 3 groups reported they also organized community health development activities in their communities.

The study assessed the health knowledge, skills and practices of women in Dhansingpur VDC. The women were divided into two sets- women in mother's group and women who are not a member of any mother's group. The respondents were categorized into four categories for assessing their health knowledge, skills and practices to better include topics relevant to them. The four categories included Pregnant mothers, Mothers of children aged 0-6 months, Mothers of children aged 7-24 months and Married women aged 15-49 years old who are not currently pregnant. Based on the number of household in each ward at least two respondents in each of the category from each ward were selected as sample. A total of 136 mother's group member and 84 community members were surveyed.

Health knowledge, skills and practices in areas of maternal health, new born and child healthcare, breastfeeding, nutrition, diarrhea incidence and management, hand washing practices, health treatment centres, HIV and use of FCHV services were assessed.

The women were asked questions relating to number of ANC check-ups necessary, number of ANC check-up availed by them, place where they delivered their child and PNC check-up availed and family planning methods. About 27 percent of women who

were not the member of any mother's groups reported they never attended ANC check-up compared to 4 percent of women in mother's groups. When asked to name family planning methods only about 16 percent of women from mother's group and community could cite four or more methods.

Pregnant women and mothers of children aged 0-24 months were asked about colostrums, exclusive breastfeeding and breastfeeding practices. About 86 percent of mothers of children aged 0-6 months from mother's groups are exclusively breastfeeding their child compared to 80 of mothers not in any mother's groups. Similarly, only about 32 percent of women from community and 24 percent from mother's groups could correctly explain balanced diet.

When women were asked questions relating to management of childhood illness and immunization, only about a third of mothers of children aged 0-24 months have the knowledge of symptoms and prevention of pneumonia and about 94 percent of mothers from community and 86 percent in mother's groups reported of completing vaccination of their child.

The respondents were asked about incidences of diarrhea to any of their family members during past one month and diarrhea treatment and management methods. They were also asked about hand washing practices. About 57 percent of women in mother's groups and 40 percent from community reported incidence of diarrhea. Only 83 percent of women in mother's groups and 64 percent in community have correct knowledge of preparing ORS. Additionally, only 24 percent of women in mother's group and 18 percent in community could cite all four stipulated conditions of hand washing.

The women were asked a series of knowledge questions related to HIV and AIDS. First was a general question on whether they had ever heard of an illness called HIV or AIDS and other questions were about transmission routes and transmission reduction measures. Only about 32 percent in mother's groups and 29 percent in community have corrected knowledge of all four known ways of HIV transmission routes. Similarly, only a quarter of all women surveyed could cite all four known ways of reducing the risk of HIV transmission.

When asked to report incidence of illness to any of their family members within one month of survey, about sixty percent of women reported illness incidents. Nearly sixty-one percent of women who are not in any mother's groups went to private clinics for treatment compared to 37 percent of women in mother's groups.

The respondents in mother's groups and community were asked if they had ever used services of FCHVs and the type of services availed. About 81 percent of women in mother's groups and 64 percent outside mother's groups reported they used services of FCHVs.

## 5.2 Conclusion

The assessment of health knowledge and skills of FCHVs revealed that they possess sound knowledge in key health topics. Each FCHV has formed a mother's group in her community and play a leadership role in its functioning. The FCHVs in Dhansingpur VDC have been serving to provide a number of health services to community members such as family planning, maternal and child healthcare, vitamin A supplementation, de-worming and immunization. The FCHVs support health centre personnel to organize village and vaccination clinics and have a key role in providing health education and promoting health service use in the community.

The mother's groups in Dhansingpur VDC organize at least one meeting each month and also carry-out saving and credit in their groups besides health discussion. The health discussions are facilitated by FCHV and some FCHVs also maintain group accounts. Though all the groups carry-out saving and credit activities most of these groups do not have written policy.

Assessment of level of health knowledge, skills and practices of women in mother's groups and community of Dhansingpur VDC revealed that a higher percentage of women in mother's group have correct knowledge on major health issues such as maternal and child health, reproductive health, breastfeeding and nutrition, management of diarrhea and sanitation. Higher percentage of women in mother’s group delivered their child in health centres and used government health care

compared to mothers who are not in any mother's groups. Additionally, more women in mother's groups availed services of FCHVs compared to women not in any mother's groups.

## 5.3 Recommendations

The finding of the study indicates that Female Community Health Volunteers (FCHVs) posses a fair level of health knowledge. Additional trainings in the areas of immunization, management of pregnancy complications, management of child illnesses and HIV is needed to equip them to better serve their community. FCHVs also need further trainings to effectively manage the functioning of their mother’s group.

The mother’s groups in Dhansingpur VDC need to be strengthened to help them effectively deliver health knowledge and skills to its group members. The group members also need to be trained and motivated to initiate activities aimed at promoting community health.

Women in mother’s group possess higher level of health knowledge and skills compared to women who are not in any mother’s group. The service utilization rate is also higher in women from mother’s group. This provides evidence that mother’s group help in the promotion of health in the community. Therefore women who are not a part of any mother’s group need to be included in community groups to enhance health status in the community.

The present study was limited to assessing health knowledge, skills and practices of women in general. To better understand the level of health knowledge, skills and practices of community, further research in the following topics are recommended:

- Level of health knowledge skills and practices in different sub-groups of community like different age-group, gender and ethnicity.
- Relationship between levels of health knowledge and skills and health status.
- Inter-link between health knowledge and skills and health practices.

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## Annexure-1 QUESTIONNAIRE (SET OF QUESTIONS)

### 1.1 Female Community Health Volunteer( FCHV)

Name:
Address:
Age: Education:
Years of service:
Name of Mother's Group (If formed):

1. What are the activities that you perform in your mother's groups?
2. Do you discuss on health in your group? What are some of the topics covered or discussion topics?
3. How are health topics for discussion identified?
4. Do you use any training materials for health discussion? Examples of such materials?
5. What percentage of pregnant women in your community go for regular ANC check-up? Take iron supplements?
6. Where do the women in your community deliver babies? What are the reasons for not delivering child in health centres?
7. What percentage of children in your community complete immunization? What are the reasons for not completing immunization?
8. Do traditional healers refer clients to you?
9. What role do you perform in village and vaccination clinic?
10. What do you think are the role of FCHV?
11. What are some of the major challenges for you to carry-out your work as a FCHV?
12. What are the major difficulties faced by community members to avail services from health centres?

### 1.2 Mother's Group

Name of the Group:
Address:
Total Number of Members:
Year Formed:

1. How often is the group meeting held?
2. On an average, how many members attend the group meetings? How many members attended the last group meeting?
3. Does your group have group policy and or any other regulations? Are those written down?
4. Are health discussions held in your group? Who facilitates or organizes such discussions?
5. Do you maintain written minutes of you group proceedings?
6. How are major decisions made in your group?
7. Has your group initiated any community health development activities? Examples?

## 1-3 Questionnaire for Assessment of Health Knowledge and Practices

Name: ……………………………………………. Age: …………………..
If Respondent is a member of mother group then Name of group: …………..

| | |
|---|---|
| No. of members who were ill:<br><br>a. Diarrhea<br>b. Cough-cold, Fever, Headache<br>c. Pneumonia<br>d. Skin infections<br>e. Others | 1. Was any of your family member ill within the last one month?<br><br>Illness details: |
| a. Traditional healers<br>b. FCHV<br>c. Government health centres<br>d. Private clinics | 2. Where are the ill member taken for treatment? |
| a. Correct answer<br>b. Incorrect answer<br><br>a. Use of ORS<br>b. Zinc tablets<br>c. Consumption of more fluids than usual<br>d. Refer, if persistent<br><br>a. Correct answer<br>b. Incorrect answer<br><br>a. Correct answer<br>b. Incorrect answer | a. How does diarrhea occur?<br><br>b. How is diarrhea treated?<br><br>c. Knowledge of making ORS? (If the answer is Yes then ask how?)<br><br>3.4 Should breastfeeding be continued while a child has diarrhea? |
| a. Four times<br>b. Other answers | 2. How many times should a pregnant woman go for ANC? |
| a. Mother's milk only<br>b. Mother's milk & other food | 3. What should a baby aged upto 6-months fed? |
| a. Before preparing meal<br>b. Before eating and feeding a child<br>c. After use of toilet or handling waste<br>d. After cleaning defecation of child | 6. When should hand be washed? |
| a. Yes<br>b. Could cite:<br>At least two methods<br>At least three methods<br>Four of four methods<br><br>a. Correct answer<br>b. Incorrect answer | 7. Do you know about family planning? (If the answer is Yes, then ask to name the methods)<br><br>What is the use of family planning? |
| a. Correct answer<br>b. Incorrect answer<br><br>a. Yes b. No<br><br>a. Correctly explain<br>b. Cannot explain correctly | 8.1 What is meant by balanced diet?<br><br>8.2 Have you heard about super-flour?<br><br>If the answer is Yes, then ask how is it prepared? |
| a. Toilet (own)<br>b. Toilet (uses others)<br>c. Open defecation | 8. Where do the children in your family go for urination or defecation? |

<table>
<tr><td>a. Yes b. No</td><td>Do you have toilet in your home?</td></tr>
<tr><td>a. Infected blood<br>b. Unsafe sex with HIV infected person<br>c. Infected syringe or skin piercing tools<br>d. Infected mother to child<br><br>a. sex with single or faithful partner only<br>b. Correctly using condom during sex<br>c. use of new or sterilized syringes<br>d. only used tested blood for transfusion</td><td>9.1 How is HIV & AIDS transmitted?<br><br><br><br>9.2 How can transmission of HIV & AIDS prevented?</td></tr>
<tr><td>a. Yes b. No<br><br>a. Iron pills<br>b. ORS – JeevanJal<br>c. Condom and Pills<br>d. Cetamol<br>e. Zinc tablets<br>f. Cotrim<br><br>a. Yes b. No</td><td>10.1 Do you know a local FCHV?<br><br>10.2 What services are provided by FCHVs?<br><br><br><br><br><br><br>10.3 Have you ever used the service of FCHV?</td></tr>
</table>

## Annexure 2: FINDINGS OF THE SURVEY

**TABLE 1: HEALTH KNOWLEDGE AND SKILLS OF FCHVs**

| Details | No. | (%) |
|---|---|---|
| *A. Assessment of health-related Knowledge and Skills* | | |
| **4. When asked about when, how many times and for which disease(s) the following vaccination and immunization are given;** | | |
| e. cite details about BCG correctly | 19 | 82.6 |
| f. cite details about DPT correctly | 14 | 60.9 |
| g. cite details about measles correctly | 18 | 78 |
| h. cite details about JE correctly | 17 | 73.9 |
| i. cite details about polio and vitamin A supplement | 17 | 73.9 |
| **5. Knowledge that at least 4 ANC check-ups are necessary** | 22 | 95.6 |
| **6. Knowledge about the danger signs and symptoms during pregnancy:** | | |
| a. could cite two or less signs | 4 | 17.4 |
| b. could cite at least 3 signs | 3 | 13 |
| c. could cite 4 signs | 9 | 39.2 |
| d. could cite 5 or more signs | 7 | 30.4 |
| **4. Knowledge about danger signs of illness requiring treatment for the children** | | |
| a. could cite two or less signs | 10 | 43.5 |
| b. could cite at least three signs | 11 | 47.5 |
| c. could cite five signs | 2 | 9 |
| d. could cite more than six signs | - | - |
| **5. Knowledge about hand washing practice in four stipulated conditions** | 15 | 65.2 |
| **6. Knowledge about treatment of diarrhea through**: | | |
| a. ORS | 22 | 95.6 |
| b. Taking/giving more fluids than usual | 21 | 91.3 |
| c. Zinc tablets | 20 | 87 |
| d. Referral service | 21 | 91.3 |
| **7. Knowledge about more or continued breastfeeding during diarrhea** | 22 | 95.6 |
| **8. Knowledge about exclusive breast feeding to children up to 6 months** | 22 | 95.6 |
| **9. Correctly explain balanced diet** | 12 | 52.2 |
| **10. Knowledge about preparation of super flour** | 20 | 87 |
| **11. HIV & AIDS** | | |
| **11.1 Knowledge about VCT** | 5 | 21.7 |
| **11.2 Knowledge about all four correct transmission routes of HIV/AIDS** | 14 | 60.9 |
| **11.3 HIV transmission reduction:** | | |
| a) Could cite one known way of reducing the risk of HIV infection | 2 | 8.7 |
| a) Could cite at least two known ways of reducing the risk of HIV infection | 4 | 17.4 |
| b) Could cite all four known ways of reducing the risk of HIV infection | 17 | 73.9 |

**TABLE 2: ACTIVITIES PERFORMED BY FCHVs**

| Details | No. | (%) |
|---|---|---|
| *A. Activities and Roles of FCHVs in their Mother's group* | | |
| **1. Activities carried out by FCHVs in mother's group:** | | |
| a. Organize and Facilitate health discussions | 22 | 95.6 |
| b. Manage saving and credit | 21 | 91.3 |
| c. Initiate community works | - | - |
| **2. Health topics covered in Health discussions:** | | |
| a. Diarrhea and other water borne diseases | 12 | 52.2 |
| b. New born care | 1 | 4.3 |
| c. Maternal health care | 12 | 52.2 |
| d. Nutrition | - | - |
| e. Sanitation and Personal hygiene | 1 | 4.3 |
| f. HIV & AIDS | 6 | 26 |
| g. Pneumonia | 3 | 13 |
| **3. How are Health discussion organized:** | | |
| a. Topics are decided by FCHVs | 2 | 8.7 |
| b. Asks group members about topics to be discussed | 3 | 13 |
| c. Has a planned topics based on needs of members | 2 | 8.7 |
| **4. FCHVs using Flip charts & related IEC materials during health discussions** | 14 | 60.8 |
| *B. Information about Health behavior of group and community members* | | |
| **1. Health seeking behavior of Pregnant group members:** | | |
| **1.1 Attend regular ANC check-up** | | |
| a. Yes | 23 | 100 |
| b. No | - | - |
| **1.2 Take Iron supplements** | | |
| a. Yes | 22 | 95.6 |
| b. No | 1 | 4.3 |
| **2.Health seeking behavior of community members** | | |
| ***2.1 Most of the community members deliver babies at:*** | | |
| a. Health centers | 5 | 22.7 |
| b. Homes | 17 | 77.3 |
| c. Both | - | - |
| ***2.1 Reason for not delivering babies at health centre:*** | | |
| a. Service not available in the VDC | 15 | 65.2 |
| b. Financial Reasons | - | - |
| c. Lack of Awareness | - | - |
| d. Other reasons | 2 | 8.7 |
| **3. Percentage of Children completing immunization:** | | |
| a. About 70 percent | 1 | 4.3 |
| b. About 85 percent | - | - |
| c. About 95 percents | 3 | 1.3 |
| d. About more than 95 percent | 18 | 78 |
| ***Reason for not completing immunization:*** | | |
| a. Lack of awareness | 1 | 4.3 |
| b. Service centres too far | - | - |
| *C. Linkages with Traditional health healers (THH)* | | |
| **1. THH refer clients to FCHVs:** | | |
| a. Never | 14 | 60.9 |
| b. Sometimes | - | - |
| c. Very Frequently | 8 | 34.8 |
| **Total Respondents** | **23** | |
| *D. Activities and Roles of FCHVs* | | |

| **1. Activities performed at village and vaccination clinics:**<br>a. Register client's name<br>b. weight babies<br>c. Fill child growth monitoring card<br>d. New card registration<br>e. Help to organize queues<br>f. Provide counseling |
|---|
| **2. Perceives the role of FCHVs are to:**<br>a. Promote community health through raising health awareness of community members<br>b. Help in the reduction of maternal and child mortality rate, increase immunization coverage, increase ANC/PNC check-ups,<br>c. Provide health counseling to community members<br>d. Help in village/vaccination clinics and in health activities such as polio, vitamin A<br>e. Refer clients to health centres<br>f . Form mother's groups<br>g. Collect health-related data |
| **3. Challenges mentioned by FCHVs to carry-out their duties:**<br>a. Community members think that FCHVs are paid<br>b. FCHVs have to work with very limited resources<br>c. Poor participation in group meetings<br>d. Difficult to motivate community members to adapt healthy practices<br>e. Poor infrastructure (proper village/vaccination clinics, roads)<br>f. Community members lack proper understanding about the services and roles of FCHVs |
| **4. FCHVs mentioned the difficulties faced by community members to avail services from health centres as:**<br>a. Health service centres too far away from some of the communities (poor infrastructure such as lack of proper roads and bridges makes it difficult for the local community members to avail services during monsoon)<br>b. Lack of services such as delivery centres and Lab in the local health centres |

## Table 3: Findings-Assessment of Mother's Groups

| Details | Dhansinghpur VDC | |
|---|---|---|
| | **No.** | **(%)** |
| **1. Number of Groups with regular monthly meeting**<br>(At least once every month) | 15 | 100 |
| **2. Attendance of members in Group Meetings:** | | |
| **2.1. When Asked about attendance in Group Meetings** | | |
| a. Less than 50% attendance in last meeting | 5 | 33.3 |
| b. 60-80% attendance in last meeting | 8 | 53.3 |
| c. More than 90% attendance in last meeting | 2 | 13.3 |
| **2.2. Percentage of Attendance in Last Group Meeting** | | |
| a. Less than 50% attendance in last meeting | 1 | 6.6 |
| b. 60-80% attendance in last meeting | 2 | 13.3 |
| c. More than 90% attendance in last meeting | 12 | 80 |
| **3. Group Policy and Regulations:** | | |
| a. Groups reporting that they have group policy and regulations | 13 | 86.6 |
| b. Groups with written group policy and regulations | 8 | 53.3 |
| **4. Health Discussions in Mother Groups:** | | |
| a. FCHV facilitates health discussions | 15 | 100 |
| b. Other group members also facilitate health discussions | - | - |
| c. Groups that had health discussion in the last group meeting | 13 | 86.6 |
| **5. Documentation**<br>a. Groups that maintain written minutes of the meetings | 12 | 80 |
| **6. Decision Making Process in Groups:**<br>a. Groups reporting participatory decision making process | 14 | 93.3 |
| **7. Community Health development Activities undertaken by mother's groups:**<br>a. Mother's group undertaking community health development activities in their communities | 3 | 20 |
| **Total Respondents/(Mother's groups surveyed)** | **15** | |

## TABLE 4: Health Knowledge, Skills and Practices of MG and Community members

## A. Pregnant women

| Details | MG No. (%) | C No. (%) |
|---|---|---|
| ***A. Knowledge about Maternal care and reproductive health*** | | |
| **1. ANC Check-up:** | | |
| a. Members reporting they visited health centres for ANC | 22 (95.7) | 11 (73.3) |
| b. Members with knowledge about at least 4 ANC check-ups | 17 (73.9) | 10 (90.9) |
| **2. Iron Supplement during Pregnancy:** | | |
| a. Members currently taking Iron pills | 19 (82.6) | 10 (90.9) |
| b. Members with knowledge about the use of Iron pills | 19 (82.6) | 8 (72.7) |
| **3. Knowledge about the danger signs during pregnancy:** | | |
| a. Members who were able to cite at least 2 signs | 4 (17.4) | 6 (54.5) |
| b. Members who were able to cite 4 signs | 1 (4.3) | 1 (9) |
| c. Members who were able to cite 5 or more signs | 2 (8.7) | - |
| **4. Knowledge about Family Planning:** | | |
| **4.1. Members who haven't yet heard about Family planning:** | 4 (17.4) | 1 (6.7) |
| **4.2 Members with knowledge about why planning services are used:** | 14 (60.9) | 9 (60) |
| **4.3 Knowledge about Family Planning methods:** | 9 (39.1) | 3 (20) |
| a. Members able to cite at least 2 methods | 8 (34.8) | 6 (40) |
| b. Members able to cite 3 methods | 3 (13) | 1 (6.7) |
| c. Members able to cite 4 or more methods | | |
| **B.** ***Breastfeeding and Nutrition*** | | |
| **1. Members with knowledge about Colostrums feeding** | 23 (100) | 7 (46.7) |
| **2. Members with knowledge of exclusive breast feeding up to six months** | 21 (91.3) | 9 (60) |
| **3. Members with knowledge about the importance of Colostrums feeding** | 18 (78.3) | 3 (20) |
| **4. Members with knowledge about balanced diet** | 8 (34.8) | 8 (53.3) |
| **5. Members with knowledge about nutrition during pregnancy** | 7 (30.4) | 6 (40) |
| **C.** ***Health Knowledge and Practices*** | | |
| **1. Number of respondents reporting their family members had diarrhea during the past one month:** | 7 (30.4) | 4 (26.7) |
| **2. Members with knowledge about treatment of diarrhea through:** | 21 (91.3) | 8 (53.3) |
| a. ORS | 7 (30.4) | 4 (26.7) |
| b. Taking/giving more fluids than usual | 3 (13) | 2 (6.7) |
| c. Zinc tablets | 10 (43.5) | 7 (46.7) |
| d. Referral | | |
| **3. Members with correct knowledge about preparing ORS** | 21 (91.3) | 10 (66.7) |
| **4. Knowledge about continued breastfeeding during diarrhea** | 21 (91.3) | 5 (33.3) |
| ***D. Personal Hygiene and Sanitation*** | | |
| **1. Knowledge about Hand washing:** | | |
| **1.1 cite all four stipulated conditions** | 3 (13) | 1 (6.7) |
| **1.2 cite** | | |

| | | | | |
|---|---|---|---|---|
| a. Before preparation of meals | 9 | (39.1) | 1 | (6.7) |
| b. Before eating and feeding the child | 15 | (65.2) | 14 | (93.3) |
| c. After defecation | 21 | (91.3) | 14 | (93.3) |
| d. After handling/cleaning child defecation | 9 | (39.1) | 5 | (33.3) |
| ***E. HIV & AIDS*** | | | | |
| **1. Members who haven't yet heard about HIV& AIDS** | 7 | (30.4) | - | |
| **2. Knowledge about all four correct transmission routes of HIV/AIDS** | 3 | (13) | 4 | (26.7) |
| **3. HIV transmission reduction:** | | | | |
| a. Cite at least two known ways of reducing the risk of HIV infection | 8 | (34.8) | 6 | (40) |
| b. Cite all four known ways of reducing the risk of HIV infection | 4 | (17.4) | 2 | (13.3) |
| ***F. Utilization of Services from FCHVs*** | | | | |
| **Number of members reporting the use of services from FCHV** | 19 | (82.6) | 13 | (86.6) |
| Details of services used: | | | | |
| a. Family Planning | 10 | (43.5) | 2 | (13.3) |
| b. ORS | 10 | (43.5) | - | |
| c. Iron | 18 | (78.3) | 12 | (80) |
| d. Cotrim | - | | - | |
| e. Zinc tablets | 1 | (4.3) | - | |
| **Total Respondents** | **23** | | **15** | |

## B. Mothers of children aged 0-6 months

| Details | Dhansinghpur VDC | | | |
|---|---|---|---|---|
| | MG | | C | |
| | No. | (%) | No. | (%) |
| ***A. Health complaints reported within one week of survey duration*** | | | | |
| **1. Number of respondents reporting health complaints to any of their family members within one month of the survey duration** | 10 | (47.6) | 9 | (90) |
| **2. Where was the ill member taken while s/he was sick:** | | | | |
| a. Traditional Health Healers | - | | 1 | (10) |
| b. FCHV | 1 | (4.8) | 1 | (10) |
| c. Government health centres | 8 | (38) | 2 | (20) |
| d. Private clinics | 5 | (23.8) | 7 | (70) |
| ***B. Maternal care and Reproductive Health Knowledge and Practices*** | | | | |
| **1. Number of ANC attended during pregnancy:** | | | | |
| a. Members attending no ANC check-up | - | | 1 | (10) |
| b. Members attending at least one ANC check-up | 1 | (4.8) | - | |
| c. Members attending 4 or more ANC check-ups | 20 | (95.2) | 8 | (80) |

| | | |
|---|---|---|
| **2. Members reporting Child Delivery at:**<br>a. Home<br>b. Health centres<br><br>***If the child was delivered at home who attended the birth:***<br>e. FCHV<br>f. Health personnel<br>g. Sudeni<br>h. Family members<br><br>***Reason for not delivering babies at health centrse:***<br>f. Did not know about delivery at health centres<br>g. Family members decision<br>h. Health centres too far<br>i. Financial reasons<br>j. other reasons | <br>13 (61.9)<br>8 (38)<br><br><br>2 (9.5)<br>-<br>2 (9.5)<br>9 (42.8)<br><br><br>-<br>1 (4.8)<br>2 (9.5)<br>1 (4.8)<br>9 (42.8) | <br>7 (70)<br>3 (30)<br><br><br>-<br>-<br>3 (30)<br>4 (40)<br><br><br>-<br>1 (10)<br>3 (30)<br>-<br>3 (30) |
| **3. PNC check-up attended by mothers delivering babies at home:**<br>a. Same day the child was born<br>b. After one week:<br>c. After one month:<br>d. Did not attend PNC check-up | -<br>7 (33.3)<br>6 (28.6)<br>- | -<br>1 (10)<br>4 (40)<br>2 (20) |
| **4. Knowledge about Family Planning:**<br>**4.1. Member who haven't yet heard about Family Planning:**<br>**4.2 Knowledge about Family Planning methods:**<br>a. Members able to cite at least 2 methods<br>b. Members able to cite 3 methods<br>c. Members able to cite 4 or more methods<br><br>**4.3 Members with knowledge about the use of FP methods** | <br>1 (4.8)<br><br>8 (38)<br>9 (42.8)<br>3 (14.3)<br><br>18 (85.7) | <br>2 (20)<br><br>1 (10)<br>5 (50)<br>1 (10)<br><br>6 (60) |
| ***C. Child Health and Vaccination*** | | |
| **1. Knowledge about exclusive breast feeding:**<br>a. Member initiating Colostrums feeding within one hour of delivery<br>b. Members with knowledge about the importance of Colostrums feeding<br>c. Members exclusively breast feeding their child<br>d. Members providing complementary food to their child | <br>20 (95.2)<br>5 (23.8)<br>18 (85.7)<br>- | <br>10 (100)<br>7 (70)<br>8 (80)<br>- |
| **2. Members possessing growth monitoring card of their babies** | 18 (85.7) | 9 (90) |
| **3. Member with complete child vaccination** | 3 (14.3) | 3 (30) |
| **4. Knowledge about danger signs of illnesses requiring treatment to children**<br>a. Members who could cite at least two signs<br>b. Members who could cite four signs<br>c. Members who could cite more than six signs | <br>-<br>-<br>- | <br>-<br>-<br>- |
| ***D. Treatment of Diarrhea and Pneumonia*** | | |
| **1. Members reporting of diarrhea to any of their family members within one month of survey** | 9 (42.9) | 6 (60) |

| | | |
|---|---|---|
| **2. Members with knowledge about treatment of diarrhea through:**<br>a. ORS<br>b. Taking/giving more fluids than usual<br>c. Zinc tablets<br>d. Referral | 14 (66.7)<br>8 (38)<br>2 (9.5)<br>11 (52.4) | 6 (60)<br>2 (20)<br>-<br>5 (50) |
| **3. Members with correct knowledge about preparing ORS** | 15 (71.4) | 6 (60) |
| **4. Knowledge about continued breast feeding during diarrhea** | 18 (85.7) | 9 (90) |
| **5. Members with knowledge about the signs and symptoms of pneumonia and prevention of pneumonia to babies** | 5 (23.8) | 3 (30) |
| ***E. Nutrition*** | | |
| **1. Members with knowledge about balance diet** | 4 (19) | 5 (50) |
| **2. Members with knowledge about preparation of super-flour** | 12 (57.1) | 5 (50) |
| ***F. Personal Hygiene and Sanitation*** | | |
| **1. Knowledge about Hand washing:**<br>**1.1 cite all four stipulated conditions**<br>**1.2 cite**<br>a. Before preparation of meals<br>b. Before eating and feeding the child<br>c. After defecation<br>d. After handling/cleaning child defecation | 5 (23.8)<br>9 (42.9)<br>17 (80.9)<br>21 (100)<br>15 (71.4) | 1 (10)<br>2 (20)<br>6 (60)<br>8 (80)<br>8 (80) |
| ***G. HIV & AIDS*** | | |
| **1. Members who haven't yet heard about HIV& AIDS** | 7 (33.3) | 3 (30) |
| **2. Knowledge about all four correct transmission routes of HIV/AIDS** | 4 (19) | 3 (30) |
| **3. HIV transmission reduction:**<br>a. Cite at least two known ways of reducing the risk of HIV infection<br>b. Cite all four known ways of reducing the risk of HIV infection | 6 (28.6)<br>3 (14.3) | 1 (10)<br>3 (30) |
| **H. Utilization of services from FCHVs** | | |
| **Number of members reporting the use of services from FCHV**<br>**Details of services used:**<br>a. Family Planning<br>b. ORS<br>c. Iron<br>d. Cotrim<br>e. Zinc tablets | 20 (95.2)<br>6 (28.6)<br>2 (9.5)<br>20 (95.2)<br>-<br>- | 9 (90)<br>4 (40)<br>8 (80)<br>7 (70)<br>-<br>- |
| **Total Respondents** | **21** | **10** |

## C. Mothers of children aged 7 to 24 months

| Details | Dhansinghpur VDC | |
|---|---|---|
| | MG | C |
| | No. (%) | No. (%) |
| ***A. Health complaints reported*** | | |
| **1. Number of respondents reporting health complaints to any of their family members within one month of the survey duration** | 19 (54.3) | 15 (65.2) |
| **2. Where was the ill member taken while s/he was sick:** | | |
| a. Traditional Health Healers | 1 (2.8) | - |
| b. FCHV | 5 (14.3) | 1 (4.3) |
| c. Government health centres | 12 (34.3) | 8 (34.7) |
| d. Private clinics | 10 (28.6) | 11 (47.8) |
| ***B. Reproductive Healthcare Knowledge and Practices*** | | |
| **1. Members reporting Child Delivery at:** | | |
| a. Home | 21 (60) | 16 (69.3) |
| b. Health centres | 15 (42.8) | 7 (30.4) |
| ***If the child was delivered by home who attended the birth:*** | | |
| a. FCHV | 3 (8.6) | 1 (4.3) |
| b. Health personnel | 2 (5.7) | 2 (8.7) |
| c. Sudeni | 3 (8.6) | 4 (17.4) |
| d. Family members | 14 (40) | 9 (39.1) |
| ***Reason for not delivering babies at health centers:*** | | |
| a. Did not know about delivery at health centers | 1 (2.8) | 1 (4.3) |
| b. Family members decision | 3 (8.6) | 2 (8.7) |
| c. Health centers too far | 6 (17.1) | 4 (17.4) |
| d. Financial reasons | 1 (2.8) | - |
| e. other reasons | 9 (25.7) | 9 (39.1) |
| **2. PNC check-up attended by mothers delivering babies at home:** | | |
| a. same day the child was born | 1 (2.8) | - |
| b. After one week: | 7 (20) | 4 (17.4) |
| c. After one month: | 13 (37.1) | 12 (52.2) |
| d. Did not attend PNC check-up | - | - |
| **3. Knowledge about Family Planning:** | | |
| **3.1 Member who haven't yet heard about Family Planning:** | 3 (8.6) | 4 (17.4) |
| **3.2 Knowledge about Family Planning methods:** | | |
| a. Members able to cite at least 2 methods | 6 (17.1) | 4 (17.4) |
| b. Members able to cite 3 methods | 15 (42.8) | 9 (39.1) |
| c. Members able to cite 4 or more methods | 9 (25.7) | 6 (26) |
| **3.3 Members with knowledge about the use of family planning methods** | 30 (85.7) | 18 (78.3) |
| ***C. Breast feeding, Vaccination and Child healthcare*** | | |
| **1. Knowledge about exclusive breast feeding:** | | |

| | | |
|---|---|---|
| a. Member initiating Colostrums feeding within one hour of delivery<br>b. Members with knowledge about the importance of Colostrums feeding<br>c. Member providing only complementary food to their child aged above 6 months<br>d. Members breast feeding their child along with complementary food | 35 (100)<br>17 (48.6)<br>-<br><br>33 (94.3) | 23 (100)<br>13 (56.6)<br>1 (4.3)<br><br>22 (95.6) |
| **2. Members possessing growth monitoring card of their babies** | 30 (85.7) | 22 (95.6) |
| **3. Members with complete child vaccination** | 22 (62.8) | 18 (78.3) |
| **4. Knowledge about danger signs of illness requiring treatment for the children**<br>a. Members who could cite at least two signs<br>b. Members who could cite four signs<br>c. Members who could cite more than six signs | <br><br>9 (25.7)<br>-<br>- | <br><br>3 (13)<br>-<br>- |
| ***D. Treatment of Diarrhea and Pneumonia*** | | |
| **1. Members reporting of diarrhea to any of their family members within one month of survey** | 23 (65.7) | 12 (52.2) |
| **2. Members with knowledge about treatment of diarrhea through:**<br>a. ORS<br>b. Taking/giving more fluids than usual<br>c. Zinc tablets<br>d. Referral | <br>25 (71.4)<br>18 (51.4)<br>11 (31.4)<br>21 (60) | <br>14 (60.8)<br>8 (34.8)<br>4 (17.4)<br>13 (56.5) |
| **3. Members with correct knowledge about preparing ORS** | 32 (91.4) | 19 (82.6) |
| **4. Knowledge about continued breast feeding during diarrhea** | 34 (97.1) | 22 (95.6) |
| **5. Members with knowledge about the signs and symptoms of pneumonia and prevention of pneumonia to babies** | 16 (45.7) | 8 (34.8) |
| ***E. Nutrition*** | | |
| **1. Members with knowledge about balance diet** | 10 (28.6) | 10 (43.5) |
| **2. Members with knowledge about preparation of super flour** | 21 (67.7) | 11 (47.8) |
| **3. Number of members using super flour** | 16 (45.7) | 5 (21.7) |
| ***F. Personal Hygiene and Sanitation*** | | |
| **1. Knowledge about Hand washing:**<br>**1.1 cite all four stipulated conditions**<br>**1.2 cite the following**<br>a. Before preparation of meals<br>b. Before eating and feeding the child<br>c. After defecation<br>d. After handling/cleaning child defecation | <br>9 (25.7)<br><br>14 (40)<br>26 (74.3)<br>32 (91.4)<br>23 (65.7) | <br>6 (26)<br><br>10 (43.5)<br>16 (69.6)<br>22 (95.6)<br>19 (82.6) |
| ***G. HIV & AIDS*** | | |
| **1. Members who haven't yet heard about HIV& AIDS** | 8 (22.8) | 3 (13) |
| **2. Knowledge about all four correct transmission routes of HIV/AIDS** | 14 (40) | 8 (34.8) |
| **3. HIV transmission reduction:** | | |

| | | |
|---|---|---|
| a. Cite at least two known ways of reducing the risk of HIV infection<br>b. Cite all four known ways of reducing the risk of HIV infection | 10 (28.6)<br>11 (31.4) | 8 (34.8)<br>7 (30.4) |
| ***H. Utilization of services from FCHVs*** | | |
| **Number of members reporting the use of services from FCHV**<br>**Details of services used:**<br>a. Family Planning<br>b. ORS<br>c. Iron<br>d. Cotrim<br>e. Zinc tablets | 33 (94.3)<br><br>20 (57.1)<br>14 (40)<br>28 (80)<br>-<br>- | 18 (78.3)<br><br>9 (39.1)<br>7 (30.4)<br>17 (73.9)<br>-<br>2 (8.7) |
| **Total Respondents** | **35** | **23** |

## D. Married women aged 15 to 49 years

| Details | Dhansinghpur VDC | |
|---|---|---|
| | MG<br>No. (%) | C<br>No. (%) |
| ***A. Health complaints reported*** | | |
| **1. Number of respondents reporting health complaints to any of their family members within one month of the survey duration** | 40 (70) | 17 (47) |
| **2. Types of health complaints reported within one month of the survey duration to any of their family members:**<br>⎠ Diarrhea<br>⎠ Cough, Cold, Flu<br>⎠ Pneumonia<br>⎠ Skin infections/irritations<br>⎠ Others<br>**Where was the ill member/s taken while s/he was sick:**<br>a. Traditional Health Healers<br>b. FCHV<br>c. Government health centres<br>d. Private clinics | <br>10 (17.5)<br>20 (35)<br>1 (1.75)<br>6 (10.5)<br>11 (19.9)<br><br><br>2 (3.5)<br>8 (14)<br>40 (70.7)<br>27 (47.8) | <br>1 (2.7)<br>16 (44.4)<br>1 (2.7)<br>2 (5.5)<br>5 (13.8)<br><br><br>3 (8.3)<br>3 (8.3)<br>24 (66.6)<br>24 (66.6 |
| ***B. Treatment of Diarrhea*** | | |
| **1. Number of respondents reporting their family members had diarrhea during the past one month:** | 38 (66.7) | 12 (33.3) |
| **2. Members with knowledge about treatment of diarrhea through:**<br>a. ORS<br>b. Taking/giving more fluids than usual<br>c. Zinc tablets<br>d. Referral | <br>45 (79)<br>27 (47)<br>8 (14)<br>32 (56) | <br>19 (52.7)<br>13 (36)<br>2 (5.5)<br>16 (44) |
| **3. Members with correct knowledge about preparing ORS** | 45 (79) | 19 (52.7) |
| ***C. Knowledge about Maternal care and Reproductive Health*** | | |

| **1. Members citing the need of at least 4 ANC check-ups** | 30 (52.6) | 11 (30) |
|---|---|---|
| **2. Knowledge about Family Planning:**<br><br>**2.1. Members who haven't yet heard about Family Planning:**<br>**2.2 Knowledge about Family Planning methods:**<br>a. Members able to cite at least 2 methods<br>b. Members able to cite 3 methods<br>c. Members able to cite 4 or more methods<br><br>**2.3 Members with knowledge about the use of FP methods** | <br><br>12 (21)<br><br>18 (31.8)<br>29 (50.9)<br>6 (10.5)<br><br>46 (80.7) | <br><br>- -<br><br>7 (19.4)<br>12 (33.3)<br>5 (13.9)<br><br>28 (77.8) |
| ***D. Personal Hygiene and Sanitation*** | | |
| **1. . Knowledge about Hand washing:**<br>**1.1 cite all four stipulated conditions**<br>**1.2 cite:**<br>a. Before preparation of meals<br>b. Before eating and feeding the child<br>c. After defecation<br>d. After handling/cleaning child defecation | <br>13 (22.8)<br><br>16 (28)<br>33 (57.9)<br>49 (85.9)<br>33 (57.9) | <br>4 (11.1)<br><br>9 (25)<br>30 (83.3)<br>34 (94.4)<br>19 (52.8) |
| ***E. Nutrition*** | | |
| **1. Members with understanding about balance diet** | 11 (19.3) | 4 (11.1) |
| **2. Members with knowledge about preparation of super-flour** | 13 (22.8) | 9 (25) |
| ***F. HIV & AIDS*** | | |
| **1. Members who haven't yet heard about HIV & AIDS** | 25 (43.8) | 1 (2.8) |
| **2. Knowledge about all four correct transmission routes of HIV/AIDS** | 22 (38.6) | 9 (25) |
| **3. HIV transmission reduction:**<br>a. Cite at least two known ways of reducing the risk of HIV infection<br>b. Cite all four known ways of reducing the risk of HIV infection | <br>20 (35)<br>16 (28) | <br>5 (13.9)<br>9 (25) |
| ***G. Utilization of Services from FCHVs*** | | |
| **Number of members reporting the use of services from FCHV**<br>**Details of services used:**<br>a. Family Planning<br>b. ORS<br>c. Iron<br>d. Cotrim<br>e. Zinc tablets | 38 (66.7)<br><br>24 (42.1)<br>22 (38.6)<br>16 (28)<br>-<br>2 (3.5) | 14 (38.9)<br><br>9 (25)<br>8 (22.2)<br>8 (22.2)<br>-<br>- |
| **Total Respondents** | **57** | **36** |