



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

Community Health Survey

Bolde Pediche VDC



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

EXECUTIVE SUMMARY

This community diagnosis was conducted by a group of students of KU-DMI, General Medicine. This general objective of this study was “to explore and identify the existing health status and to work for the solutions of the health problems of the ward no: 1, 5, 8 of Bolde Phediche VDC.

The community diagnosis research was cross-sectional study design. The study site was Bolde Phediche VDC wards no 1, 5, 8. The house hold were considered as unit of research. The data was collected by using questionnaire, observation checklist and informal interview with the leaders. Apart secondary information obtained from VDC, health center were used.

Demographic presentation of Bolde Phediche VDC ward no: 1, 5, 8

CBR	41.23/1000
CDR	2/1000
PGR	
SEX RATIO	1/1.21(M:F)
LITERACY RATE	
IMR	0/1000
GFR	119.54/1000
TOTAL DEPENDENCY RATIO	67.36%
POPULATION DOUBLING TIME	
CHILD WOMEN RATIO	



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Problems what we found in our community diagnosis

ANC COVERAGE	30%
DAILY WORKING HOURS DURING PREGNANCY (8-11 HRS)	59%
AGE OF PREGNACY (15-20 YRS)	57.75%
HOME DELIVBRY	98.10%
MILD MALNUTRITION (GOMEZ CLASS.)	38%

INTRODUCTION

The community diagnosis may be defined as a pattern of disease in community describes in term of the important factors which influence this pattern. The community diagnosis is based on a collection and interpretation of the relevant data such as the age and sex distribution of a population; the distribution of population by social groups, vital statically rate such as birth rate and death rates, the incidence and prevalence of the important diseases of the area .The focus is on the identification of the basic health needs and health problem of the community. The needs as felt by the community should be next investigated and listed according to priority for community treatment.



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Village Profile

Bolde Phediche is one of the remote V.D.C. of Kavrepalanchok District, Which lies in the eastern part of the district headquarter Dhulikhel. It is about 68 Km. far from the capital city Kathmandu.

The landmarks of the V.D.C. are Thulopersel V.D.C. in the east, Saramthali in the west, Sunkoshi River in the North and Narayan pokhari V.D.C. in the south. It is divided in the 9 wards. Two health institution- one Sub health post from government and one health centre outreach run by Dhulikhel Hospital provide health service to the people of the Bolde V.D.C. There are 4 Schools in This V.D.C. 2 primary, 2 lower Secondary and 12 Pre primary Schools. These 12 pre primary schools are run under the financial Assistance of international non government organization Centre for Cooperation and Development (CCS).

Climate and Vegetation

The Climate of the Bolde phediche is temperate type where winter is severely cold but summer brings pleasure weather. This region get less monsoon so there is few amount of rainfall. The lands are infertile, dry and rocky.



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Ethnicity

Wise Tamang are the most predominant inhabitant beside these Brahmin, Newar, Damai are other inhabitant in this area.

Transport and Communication

Being remote area it is a little different from other remote areas. The fact is that it has got limited transport facility. The village is connected by narrow foot trails, where transport is only on foot.

Regarding the communication Bolde phediche has not communication facility. The radio link service from Dhulikhel Hospital to Bolde phediche Health Centre is only the way to communicate with these two health centre. For communication peoples of these areas have to depend on postal service far from the village. Radios are the satisfactory media among the people.

Occupation

Like other hilly region agriculture is the main occupation in this area. Since the land are infertile people of this area cultivate mostly maize. Now days few people of this area are engaged in trekking service, coffee farming, but they are very few in numbers. Many energetic young men go to national cities for seeking the job.

Family type:

Many majorities of the families in Bolde phediche V.D.C. live in joint family.

Religion



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Most if the inhabitants in this area are Tamang, Buddhism seems to be predominant which is followed by Hinduism.

Language:

Most of the people in this area speak Tamang language. Other includes Nepali and Newari.

Food

The principal Crop in the V.D. C. is maize. However millet and soybean is also popular. Few paddies seem to be cultivated near the banks of the Sunkoshi River.

Custom

There are 4 Buhhda Stupa in Bolde phediche however rites and rituals vary according to the religion.

Health Seeking Behavior:

Most of the people of this area give first priority to the modern medicine (Allopathic) for the treatment f the illness

Health Facilities

There is a sub health post run by the government and health centre run by Dhulikhel Hospital

Drinking water & Electricity:

Regarding the drinking water supply; ward number 3 and 5 are benefited by tap water but in ward no. 1 most people use well water as drinking purpose. The V.D.C. is far from the electricity supply. Few houses use solar for light.



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Logistic

1) Logging:

Our logging arrangement was held in well facilitated outreach of Dhulikhel Hospital with 24 hour water supply and solar electricity facility.

2) Fooding:

Fooding was managed in the Kitchen of Bolde phediche health centers where fooding materials we had to take by our self for that purpose DMI provide NRs. 50 per day.

3) Stationery:

DH provides us all needed stationery equipments.

4) Anthropometric equipments

DH provided anthropometric tools like weighing machine measuring tape.

5) Health Education Materials:



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DHO provides us health education materials like postures and pamphlets booklets and family planning samples are provided by outreach of Bolde phediche health centre.

6) Essentials drugs:

DMI provide us some essential drugs like PCM Albendazole, Metronidazole, Cotrimoxazole, Chloramphenical eye drop etc.

7) Transportation:

Two way transportation was provided by Dhulikhel Hospital



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Objectives

1) General Objectives

- To assess the health condition and existing health problem in the given community

2) Specific objective:

- To Access the incidence and prevalence of health problem in respect to demographic variables, environment variables and nutrition variables.
- To identify the knowledge attitude of different variables like: diseases immunization, maternal and child healthcare
Diseases: TB, ARI. Diarrhea STDs and AIDS.
- To identify the local resources to cope with problem
- To present the findings and plan for MHP.
- To assess the health status of school children.



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- To access knowledge attitude practices of family planning.
- To conduct school health programmed.
- To get feedback from the community

Methodology

The methodology adopted for this study is presented here:

1) Research Deign:

The research was done by preparing the set of questionnaire. The designing f the study is cross sectional.

2) Population:

- The population of ward No.1, 5 & 8 of Bolde phediche V.D.C. was selected for study. There was no discrimination of religion, occupation, and economic status, number of population in the family, geography and educational status.

3) Sample size:

- The total household of the Bolde phediche V.D.C. ward No. 1, 5& 8 were taken. There were 162 houses which is included in this study.



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4) Sampling Technique:

- All the houses were chosen for the research study. But all these chosen houses cannot be included in this study.

5) Sampling Design:

- We calculate the total population provided by the Bolde phediche sub health post with the decision of community key person, social worker, Teacher, CCS member. We decide to take ward no. 1, 5 & 8 of total household survey for our study.

6) Unit if analysis:

- The individual, household as well as community were unit of analysis.

7) Tools used in survey:

a) Household interview questionnaire

The question mostly used in our study was close ended question and some open ended questions were also included in different topic like demography, smoking and alcoholic habit, vital events, family planning, MCH, immunization, nutrition, economic status, environmental sanitation, personal hygiene, knowledge abut various diseases etc

b) Observation checklist

The observation checklist were mostly related environmental sanitation and hygiene like observation of toilets water sources, handling of water,



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type of house, ventilation, light, situation of house, kitchen, cow shed, kitchen garden, overall sanitation etc.

c) Anthropometric measurement tools:

It was adopted to assess nutritional status under 5 years children it include

- ✓ Measuring tape
- ✓ Weighing machine

8) Methods used in survey:

Following methods are used in survey

a) Interview/ observation

The question were asked the head of the household, mother of under 5 years old children, family planning user, if not available we tried our best to retrieve the data from head of household adjacent house.

b) Anthropometric measurement:

Height, head circumference and MUAC were measure by measuring tape. And weight is taken by weighing scale.

9) Data collection:

We divide our group into two sub group and data were collected by using our questionnaire, observation, checklist and anthropometric tools.

10) Data Processing and analysis:



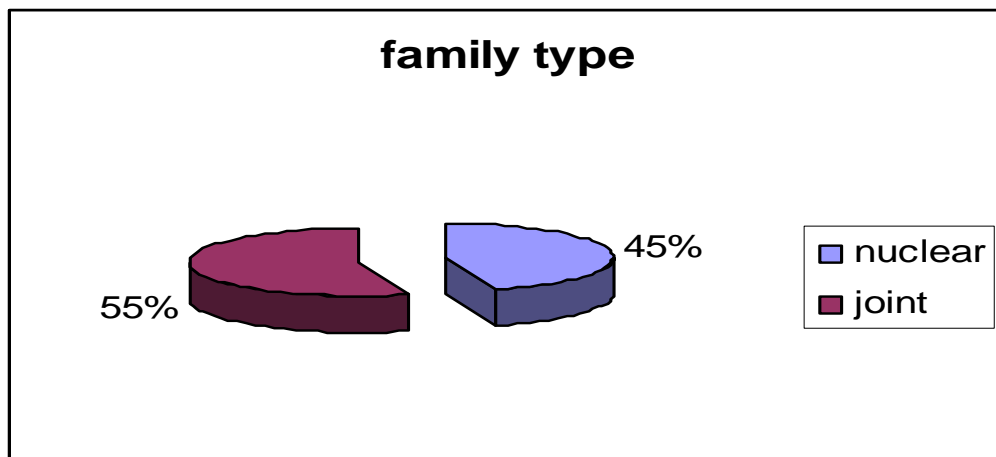
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After collecting the data, they were tabulated in ward wise at first and they were processed and analyzed and make average of all ward in a one.

11) Validity and Reliability:

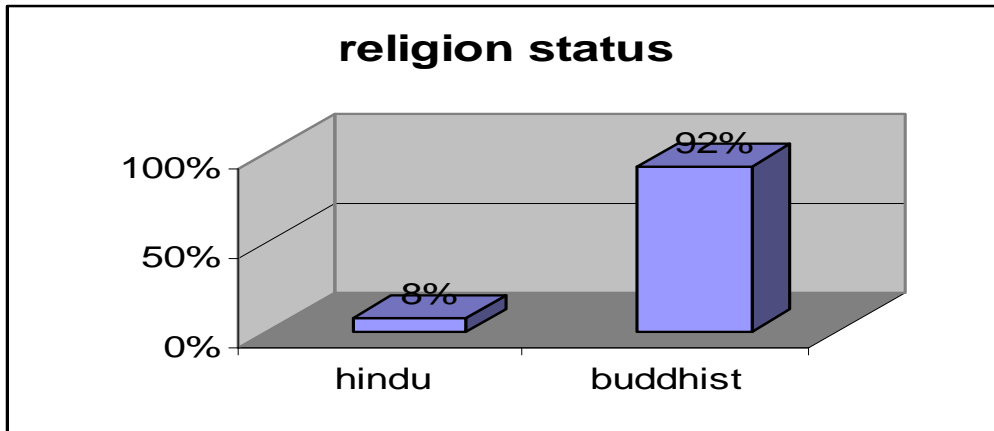
- i. To become a good research they must be valid and reliable so following measures were taken.
- ii. Intensive classes of community diagnosis were taken.
- iii. College gave orientation about community field.
- iv. The questionnaire, observation check list, anthropometric measurement were pre tested
- v. Standardization of test instrument.
 - a) Weighing machine checked and adjusted each time before weighing the baby.
 - b) MUAC was taken in mid of elbow and shoulder joint.
 - c) Nutritional status assessment is based on WHO classification/IAP.
- vi. Every filled questionnaire and observation checklist were rechecked
- vii. After returning from the data collection encounter problem were discussed with teachers.
- viii. Timely guidance and supervision were carried by our teachers to meet our objective.

FINDINGS

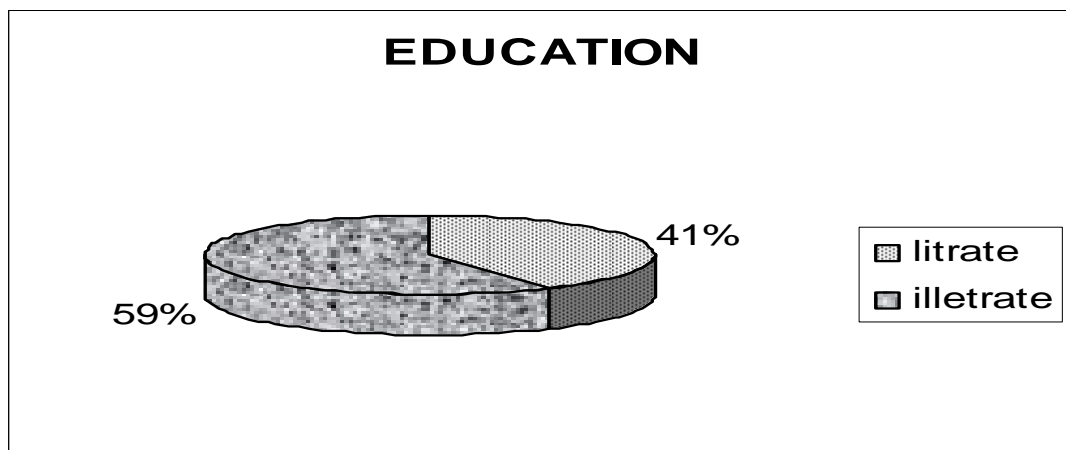


Most of the families are joint i.e.55% and 45% are nuclear.

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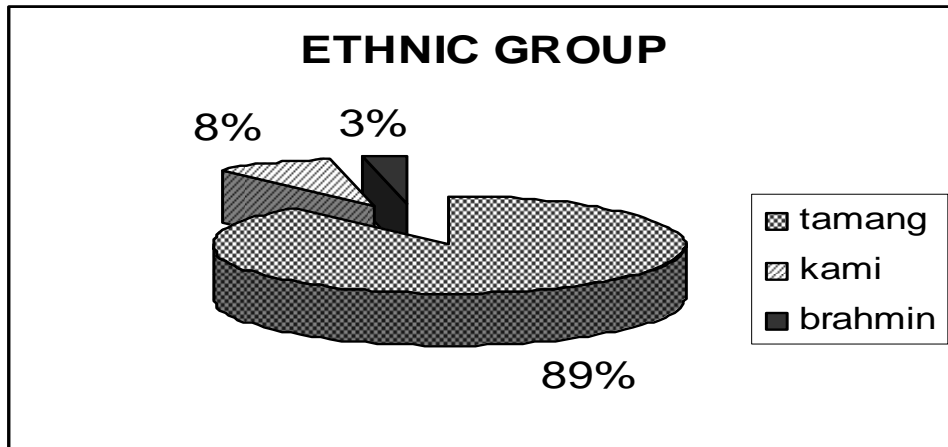


Most of the community people are Buddhist i.e. 92% and rest 8% are hindu.



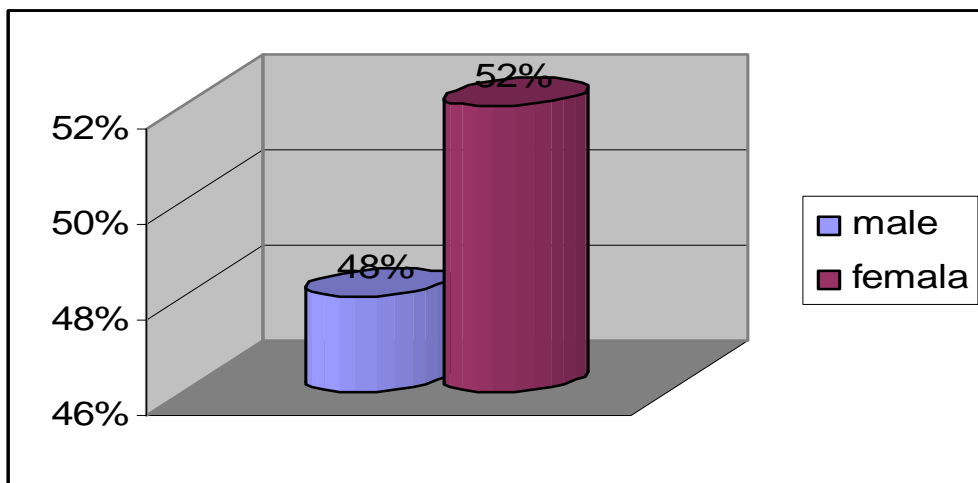
Above diagram shows that 59% are illiterate whereas 41% are literate.

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Most of the community people are tamang i.e. 90%, 8% are kami and 3% are Brahmin.

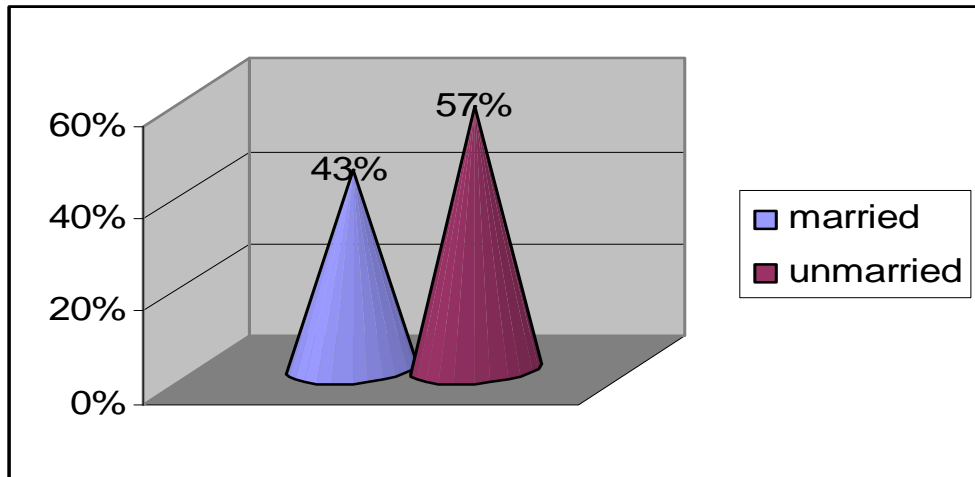
SEX



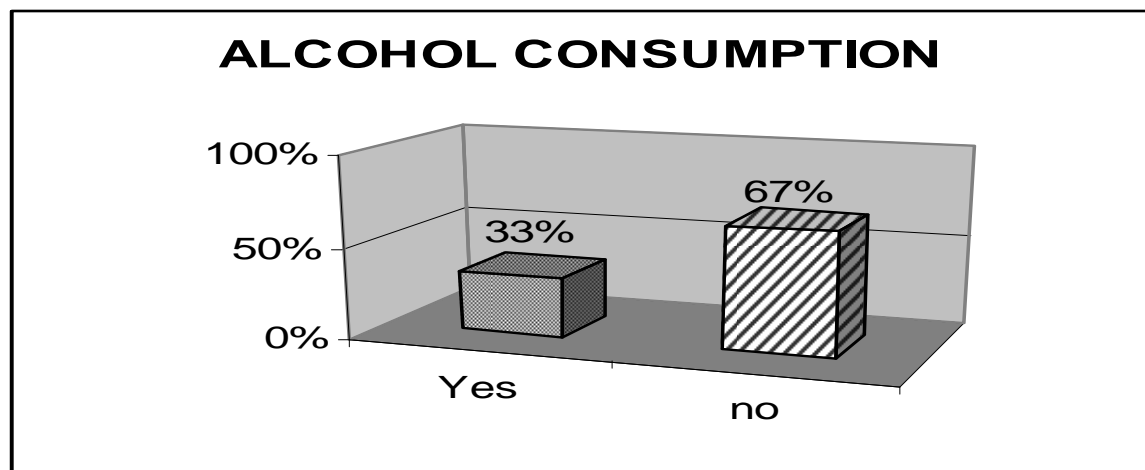
Most of the community people are female i.e. 52% and rest 48% are male.

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MARIETAL STATUS



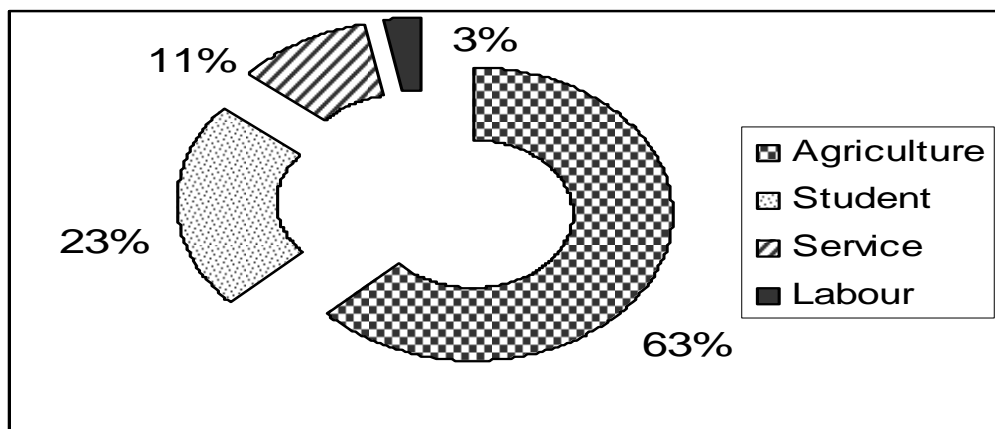
Most of the community people are unmarried i.e. 57% and 43% of the respondent are married.



67% consume alcohol where as 33% don't

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OCCUPATIONAL STATUS



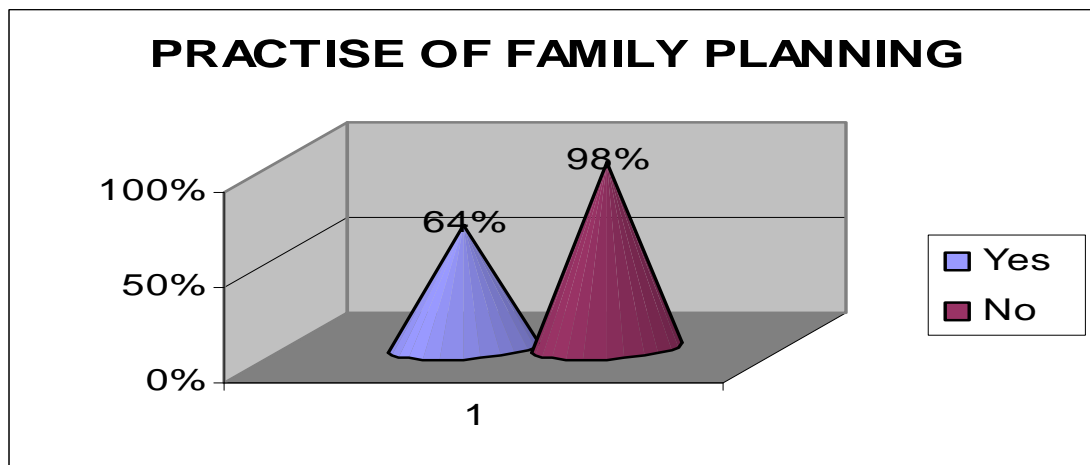
This diagram shows that most of the people are in agriculture i.e. 63%, 23% are student, 11% are in service and rest 3% are in labour.

FAMILY PLANNING

Small family happy family.

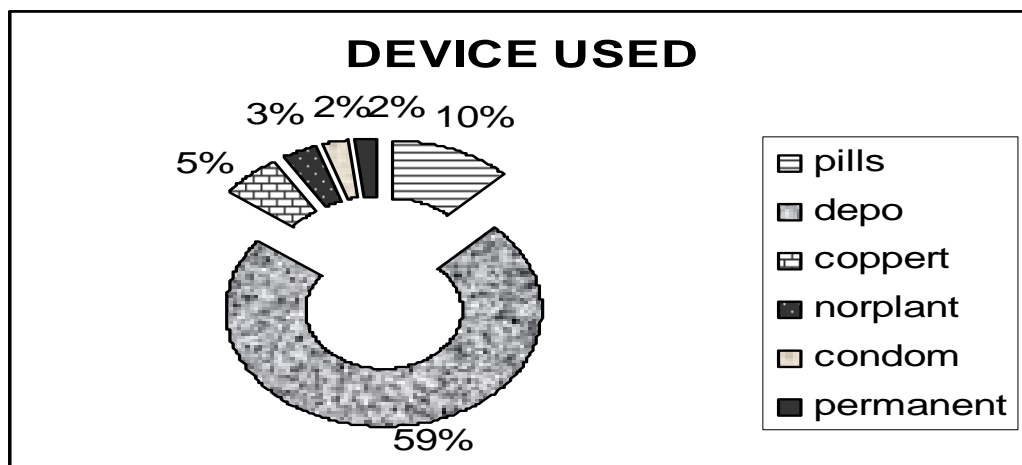
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Rapid population growth is the most important one which is due to high fertility rate .So if this fertility rate could be reduced it could be helpful for in all round development of the nation /country. To achieve this FP is only the main way which should made fulfill in all respect regarding coverage and effectiveness as well.



Regarding the practice of family planning 38%of the respondent Said they have never used family planning device and 62%have Used family planning device.

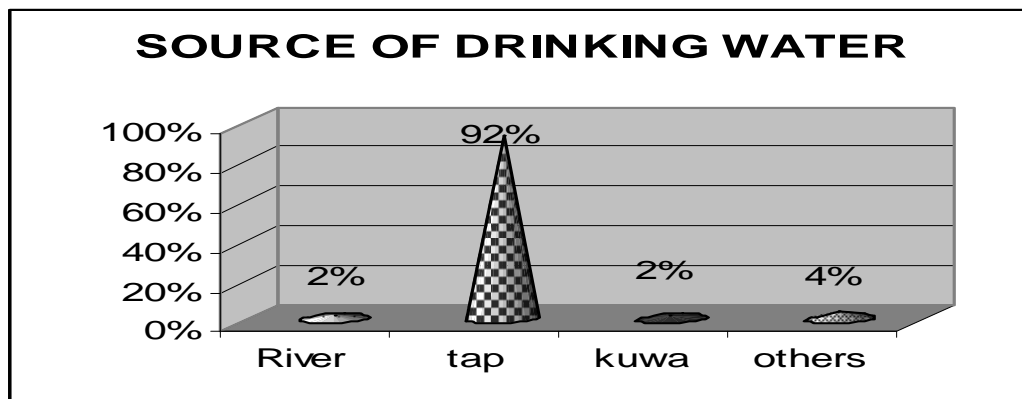
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Regarding the device used 10% have used pills, 59% used depo, and 5% used copper T, 3% norplant, 2% use condom and 21% have done permanent family planning.

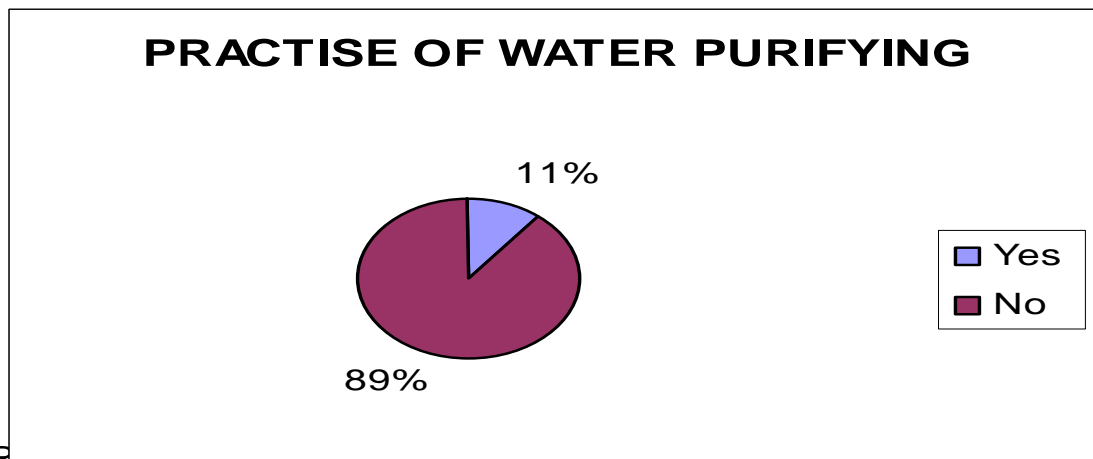
ENVIRONMENTAL SANITATION

Environmental sanitation is defined as the control of that entire factory in mans physical environment which exercise a deleterious effort on his physical development, health a survival. Health information related to environmental condition was from observation, an interview with the people the different are as follows:

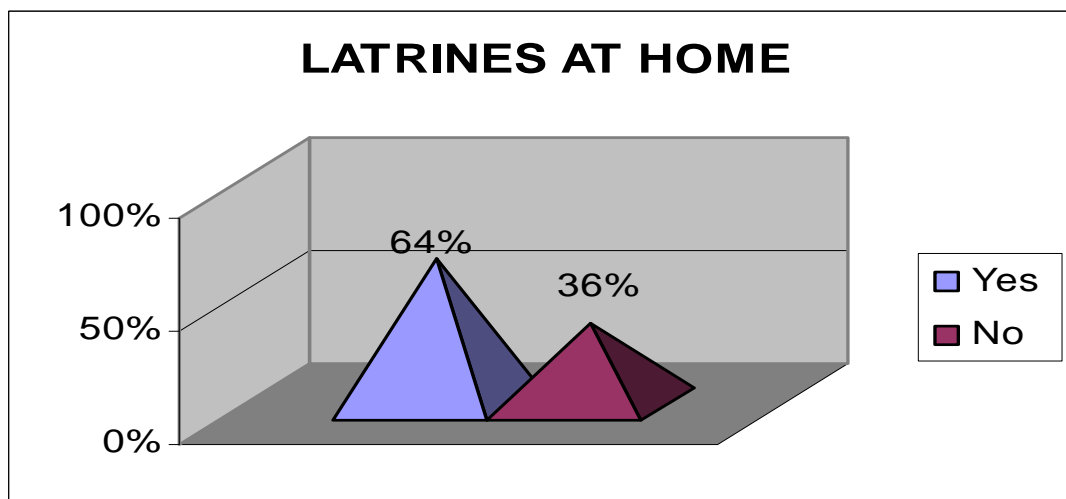


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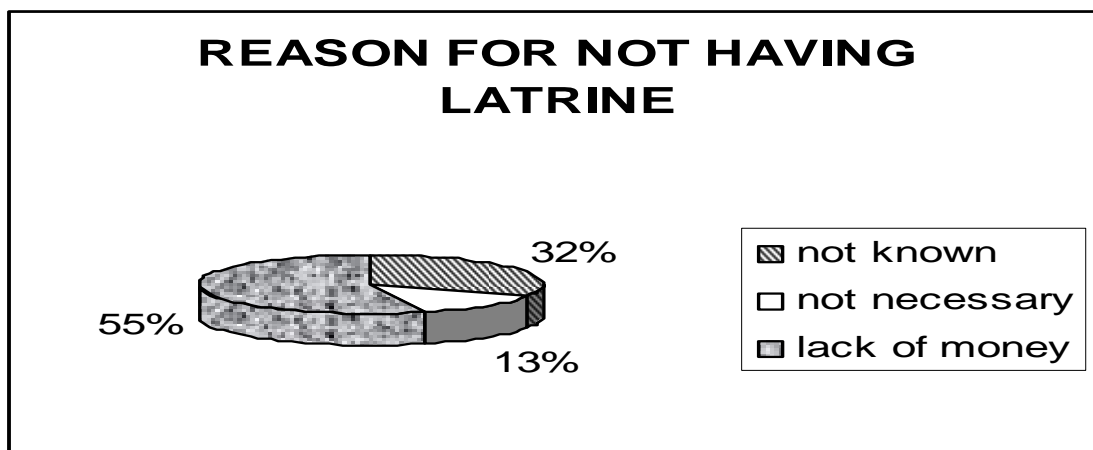
Majority of the people drink water from the tap i.e. 92%, 2% from Kuwa, 2% from River.



Regarding purification of water only 11% purify before drinking and rest 89% they drink directly.

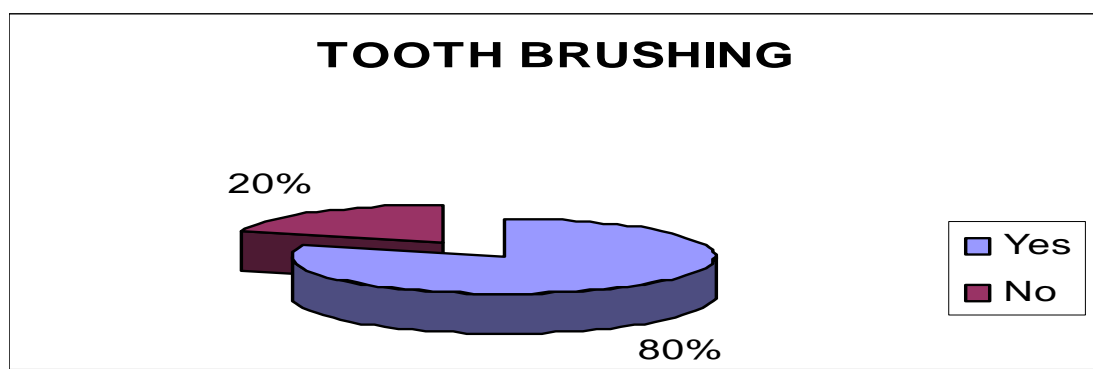


64% of the community people have their latrines at home and 36% they don't have latrines



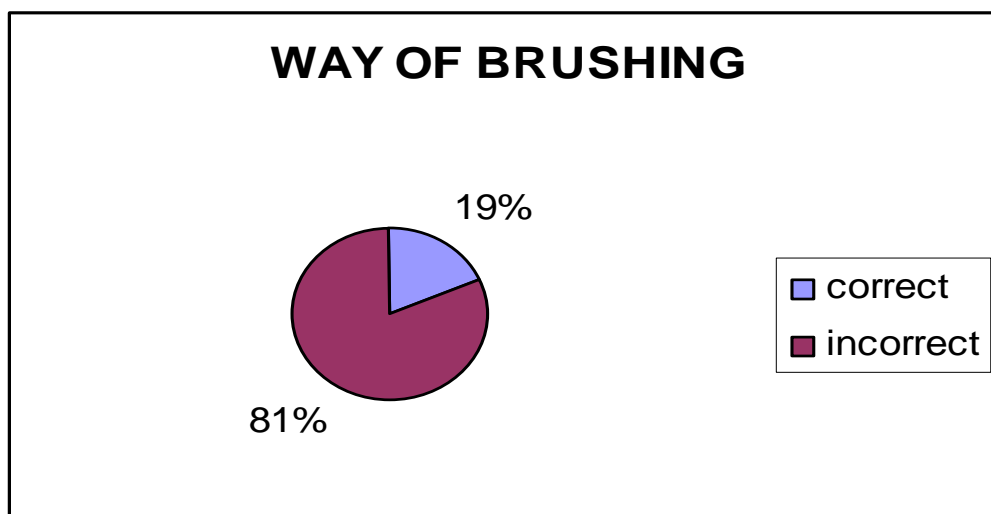
The reason for not having latrine was, 32% they said that they don't know about latrine, 13% not necessary and 55% they didn't make due to lack of money.

PERSONAL HYGIENE



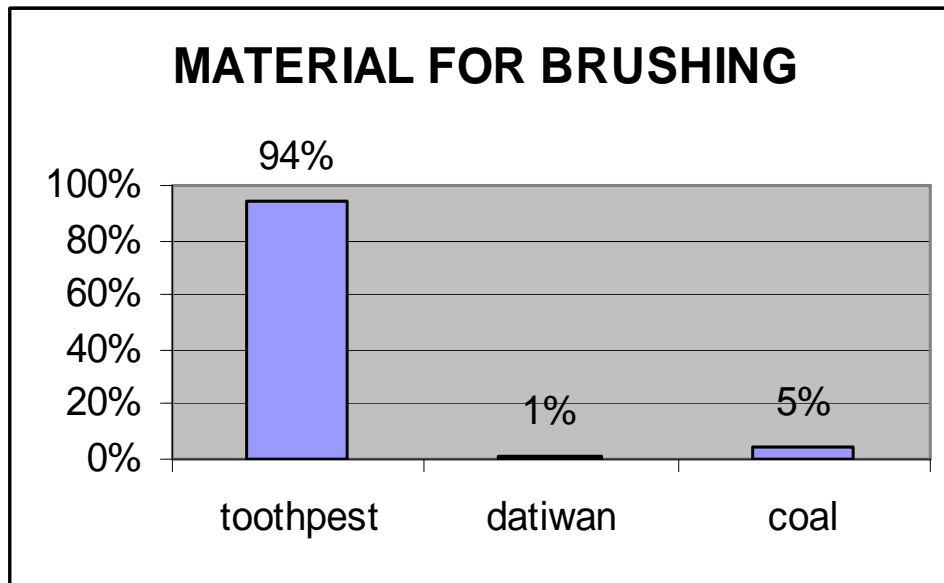
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In that community 80% people do brush their teeth regularly and 20 % don't brush their teeth



Most of the community people have incorrect way of tooth brushing i.e. 81%.

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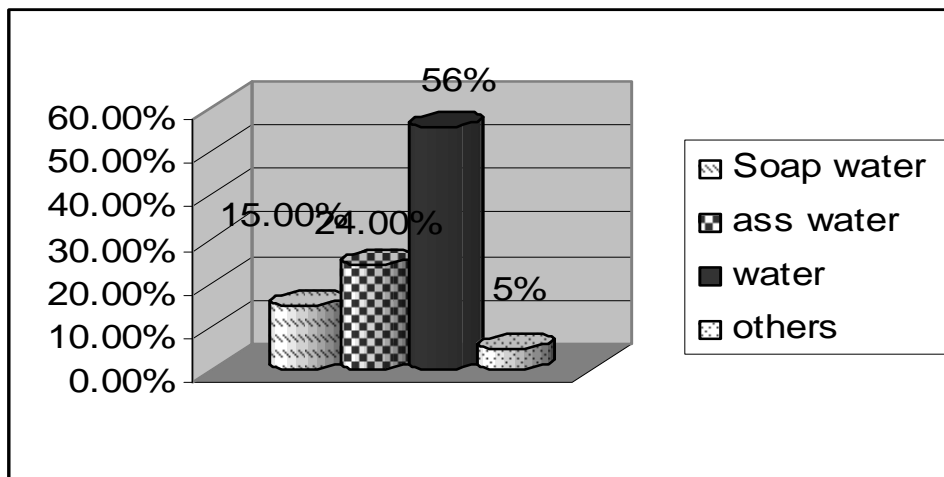
Most of the community people brush their teeth with tooth pest i.e. 94% 1% from datwain and 5% from coal.



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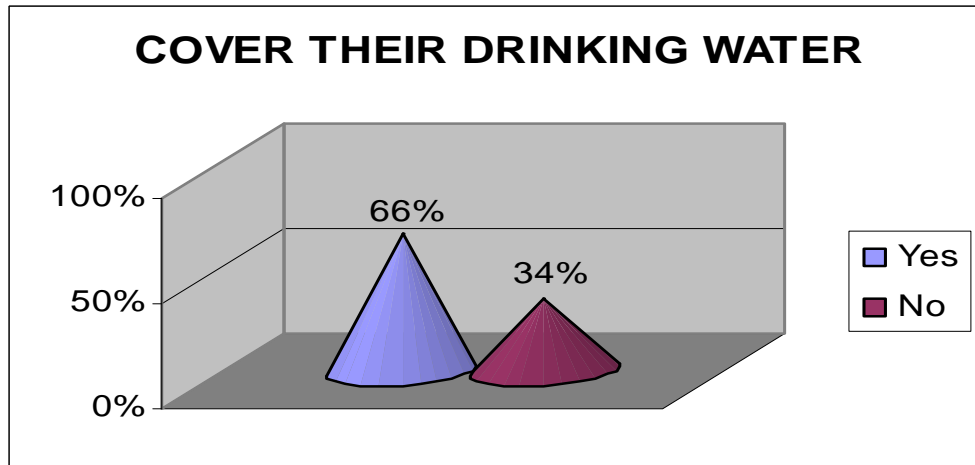
Regarding hand washing 98% do wash their hand before eating and only 2% do not wash hand.

MATERIAL USE FOR HAND WASHING



Most of the community people wash their hand by water only i.e. 56%.

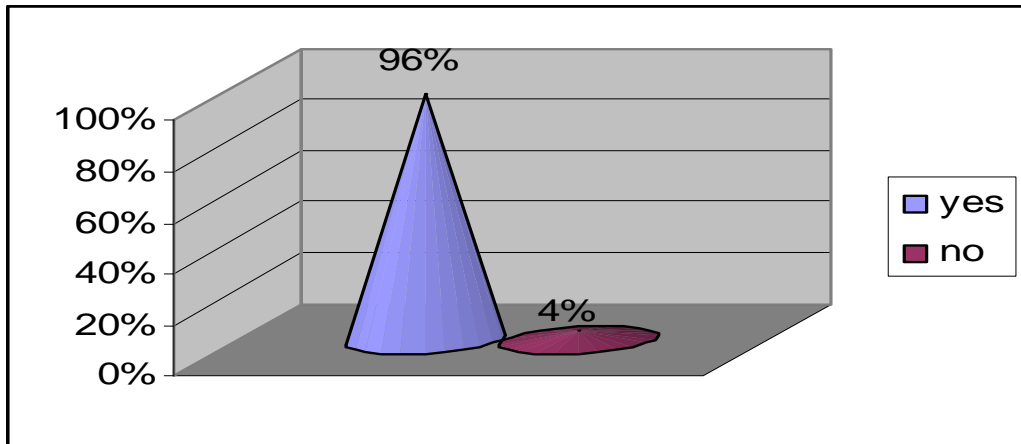
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About covering drinking water 66% cover their water and 34% do not.

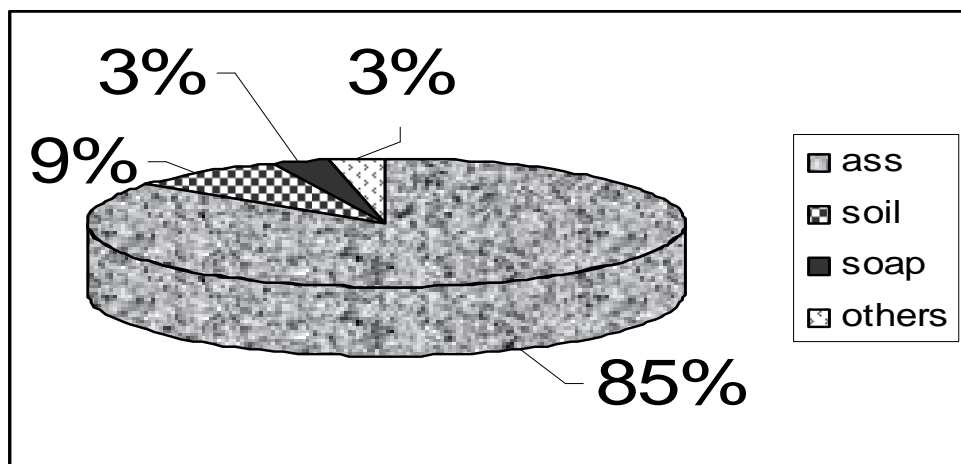
PRESERVATION OF FOOD BY COVERING

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Regarding preservation of food by covering 96% cover while 4% did not cover their food.

MATERIAL USE TO WASH DISH

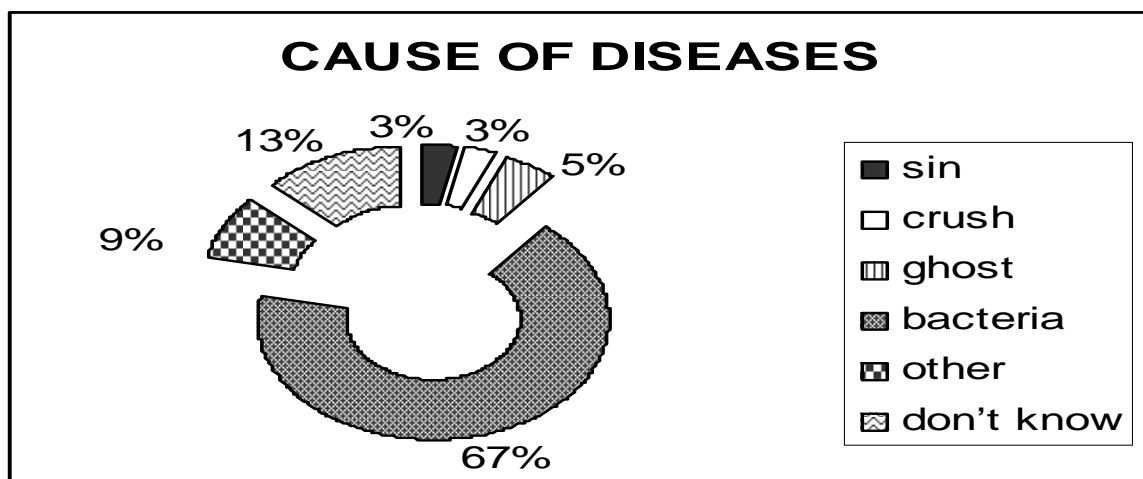




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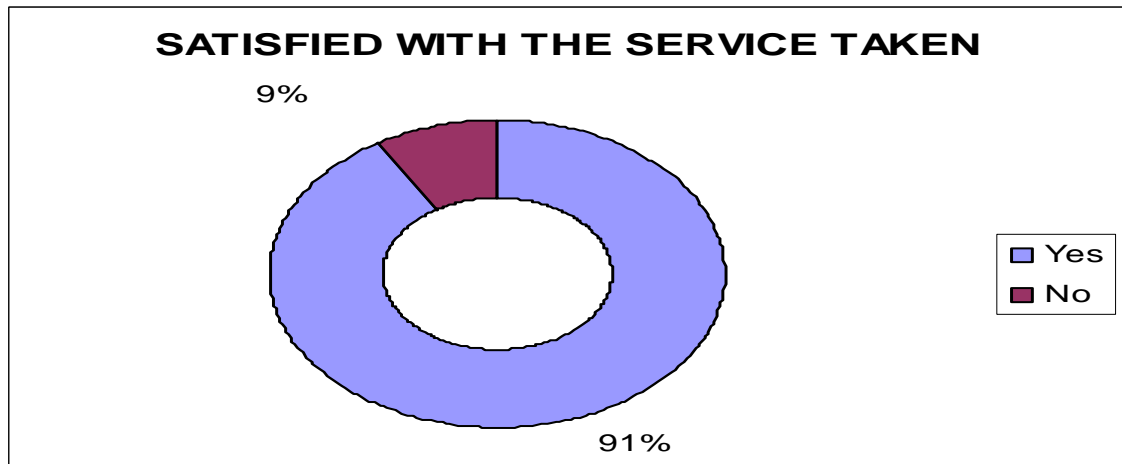
Most of the community people wash their dishes with ass i.e. 85%. 9% by soil and 3% by soap.

DISEASE



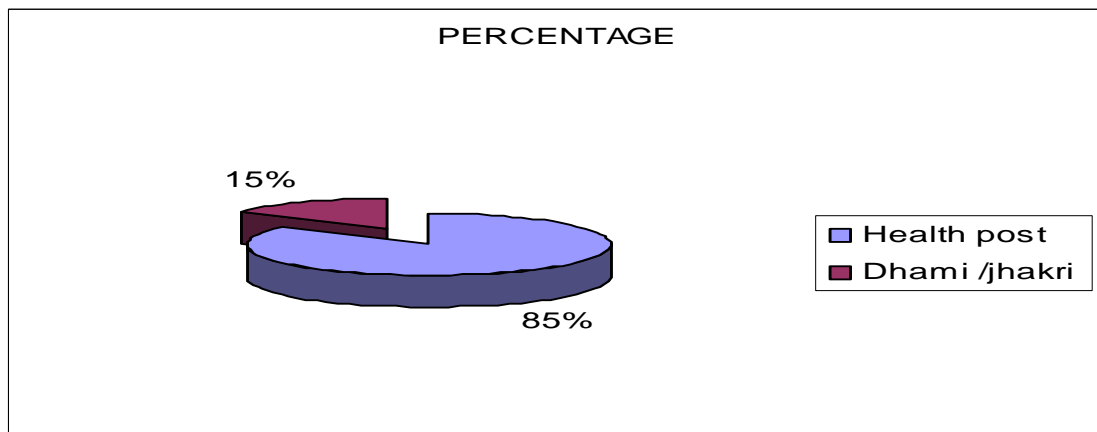
COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

Regarding the knowledge about the cause of diseases 3% said disease is caused by Sin, 3% said it is caused by cruse, 5% said by ghost, 67% said by bacteria, 9% said by Others and 13% they don't know the cause of diseases



After getting treatment 91% people are satisfied with the service given and only 9% are not satisfied.

TREATMENT PLACE



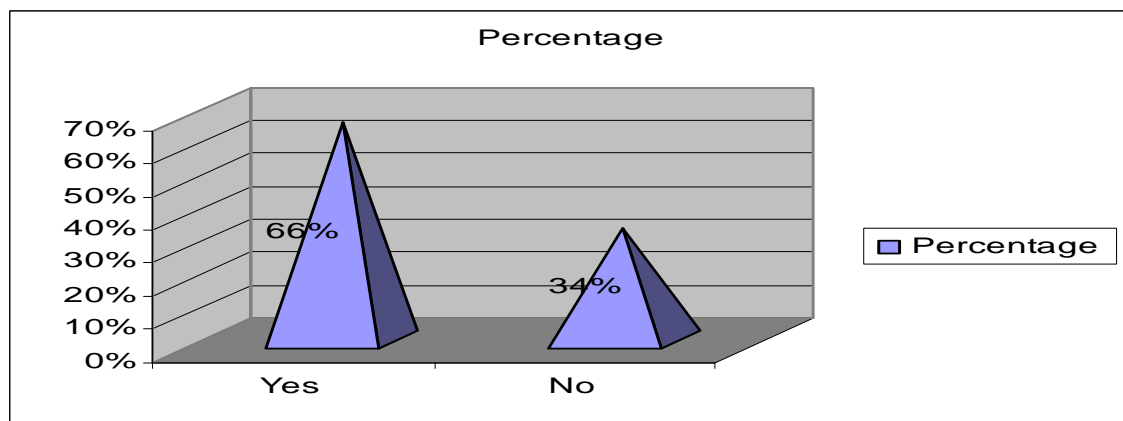


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After illness 85% of the community people take their patient to health post whereas 15 take to dhama jhakri.

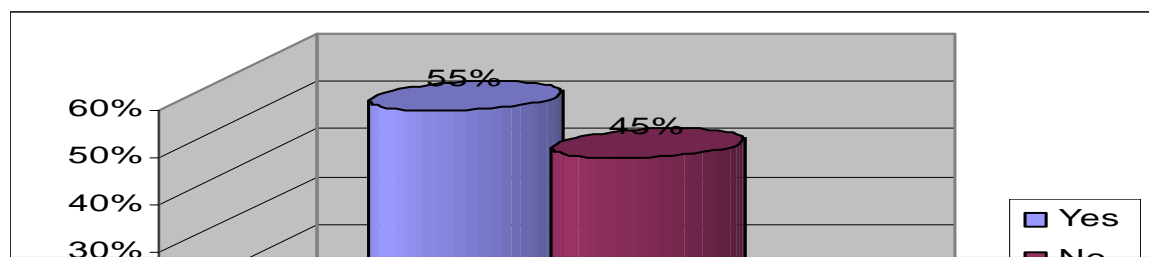
TUBERCULOSIS

KNOWLEDGE ABOUT TUBERCULOSIS



Regarding knowledge about tuberculosis 66% people know about it only 34% don't know what TB is.

KNOWLEDGE ABOUT HOW TUBERCULOSIS IS TRANSMITTED

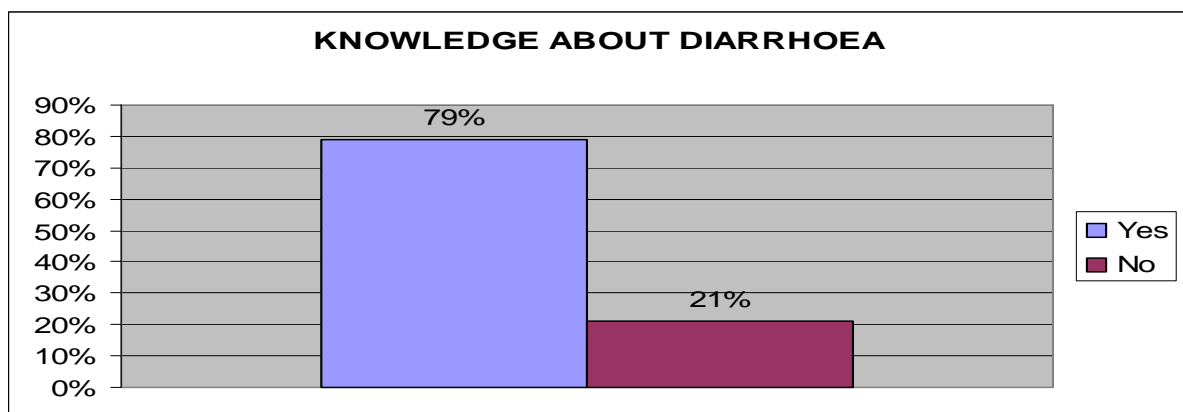




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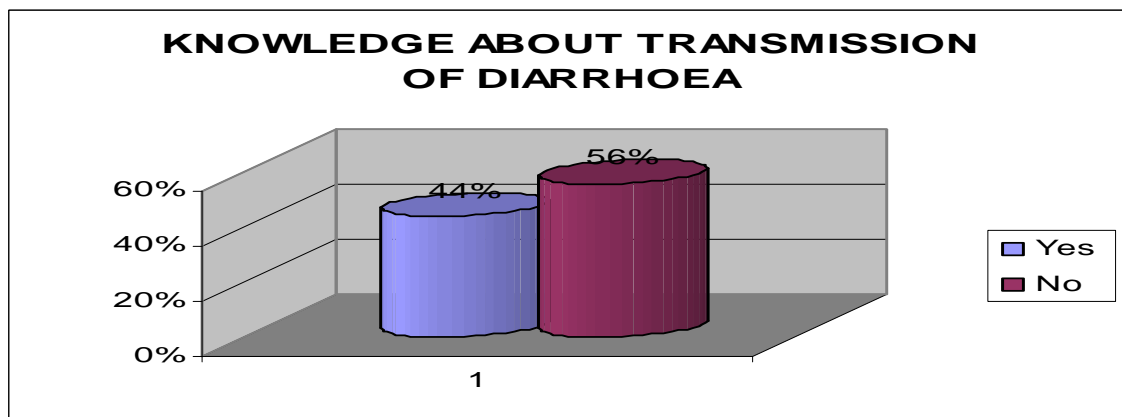
Regarding the knowledge about modes of transmission 55% knows about it and 45% does not know

DIARRHOEA



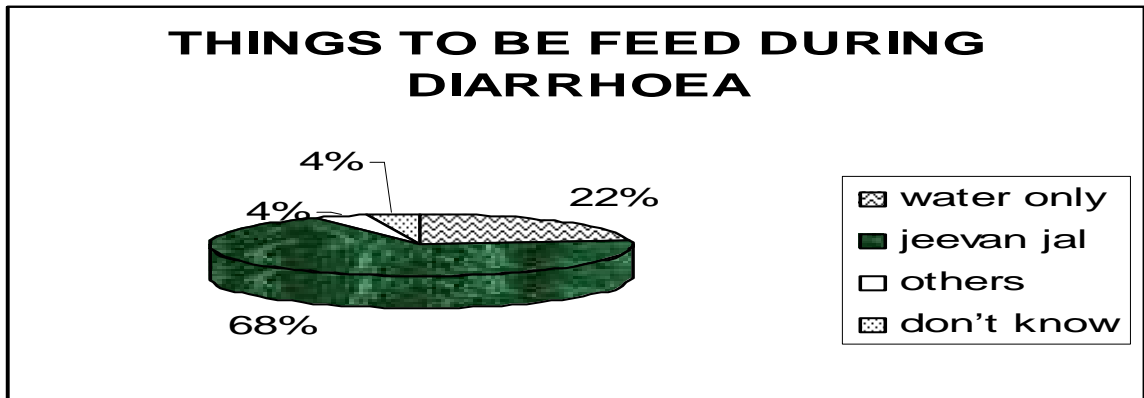
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About diarrhea 79% of the community people know about it where as 21% they don't know anything about diarrhea.

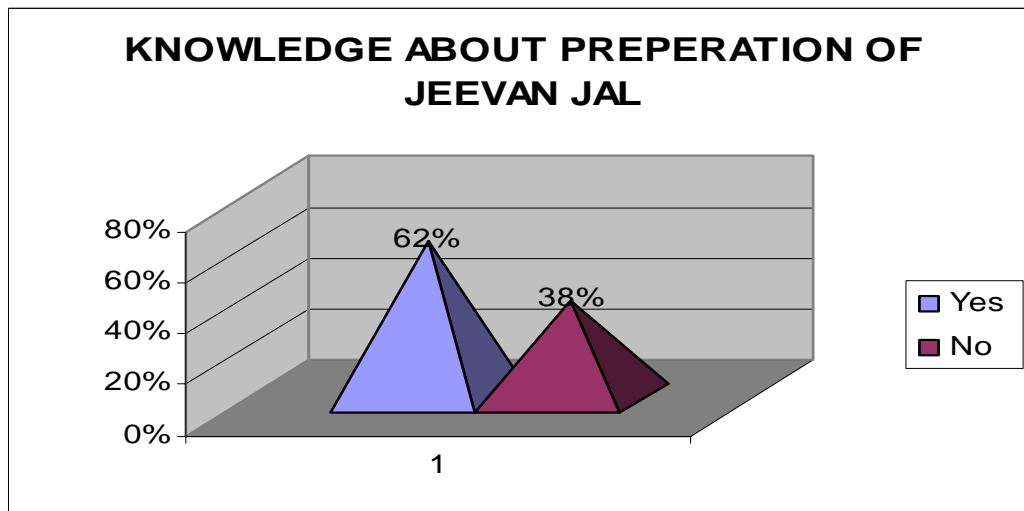


Here 44% know about how diarrhea is caused but 56% they don't know about the transmission of diarrhea.

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Here 2% of the community people do not feed their child during diarrhea, 22% give only water, 68% give jeevan jal, 4% give other things like dhido and 4% they don't know what to give during diarrhea.



62% of the community people know about the preparation of jeevan jal and 38% they don't know how to make jeevan jal.

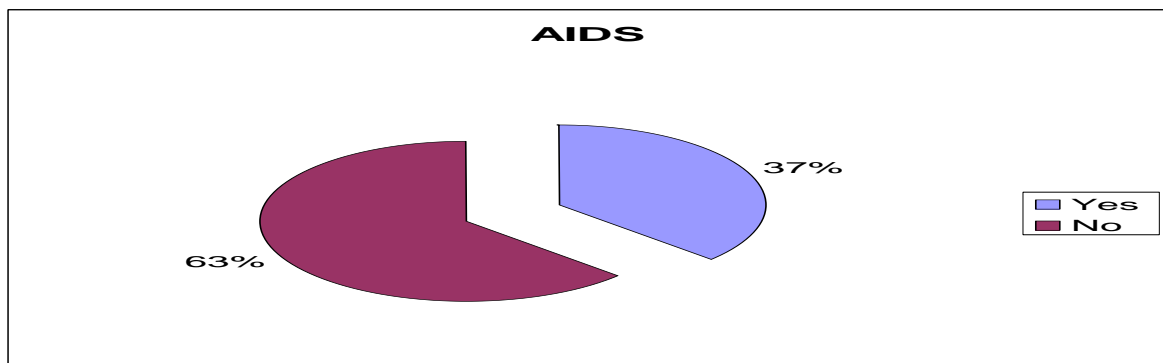


COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

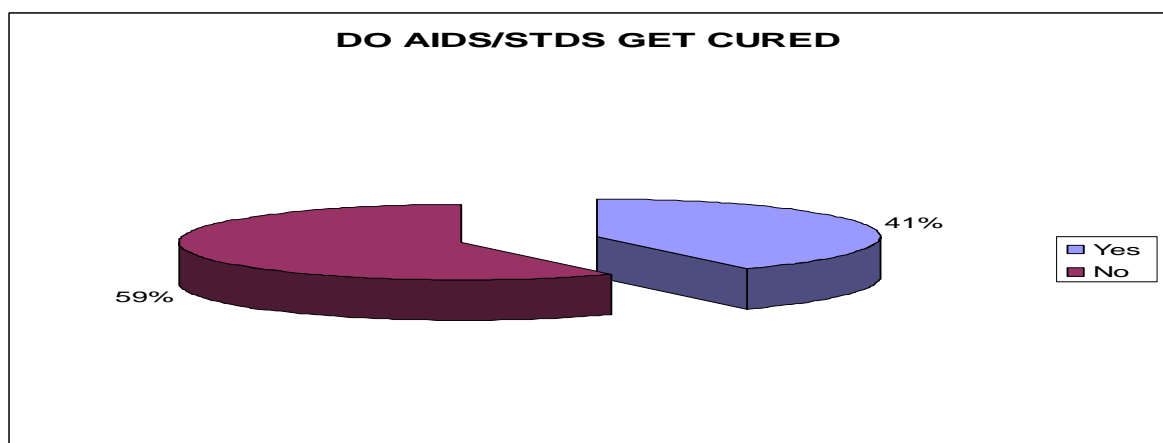
AIDS/STDS

The sexually transmitted diseases are the group of communicable diseases that are transmitted by sexual contact and caused by wide range of bacteria, viral and fungal agent. Nowadays STD/AIDS is big problem in world. In our context it is day to day great problematic that's way Nepal government has given so much priority for it prevention.

KNOWLEDGE ABOUT AIDS/STDS

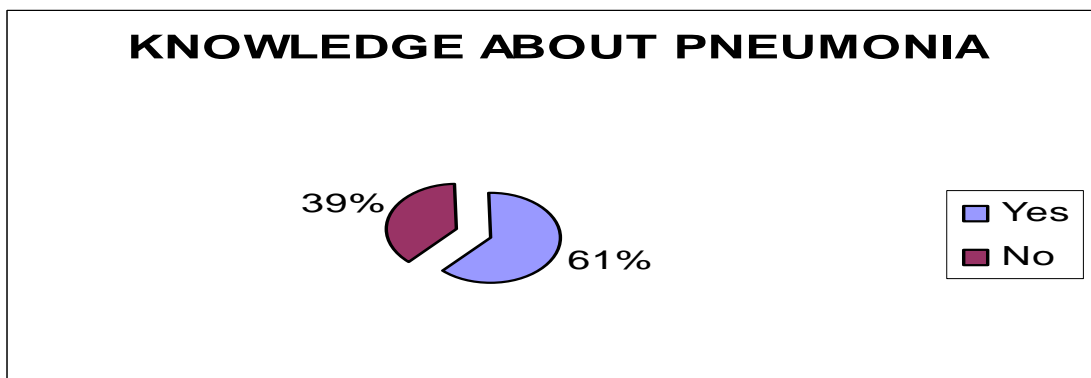


About the knowledge of AIDS/STDs only 37% knows what kind of diseases it is and 63% does not know.

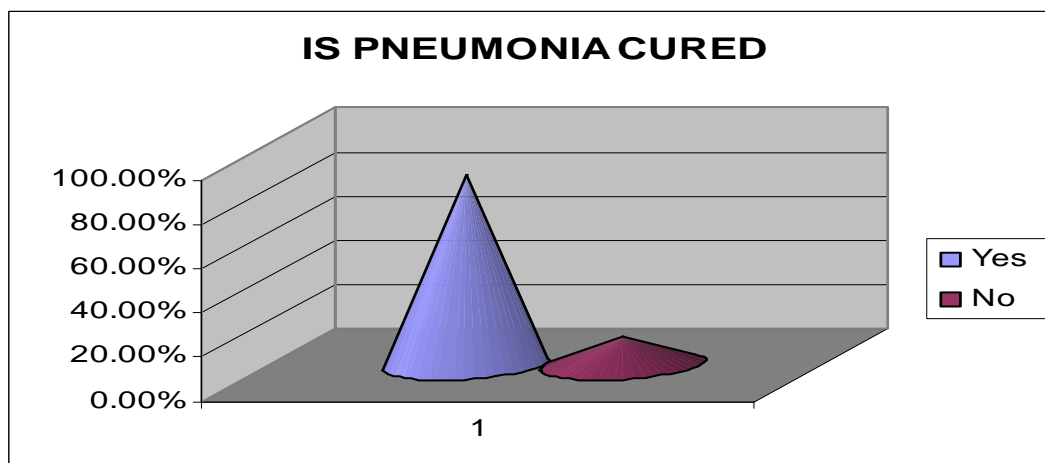


Here 42% people say that AIDS/STDs are cured and 59% says it is not cured.

PNEUMONIA

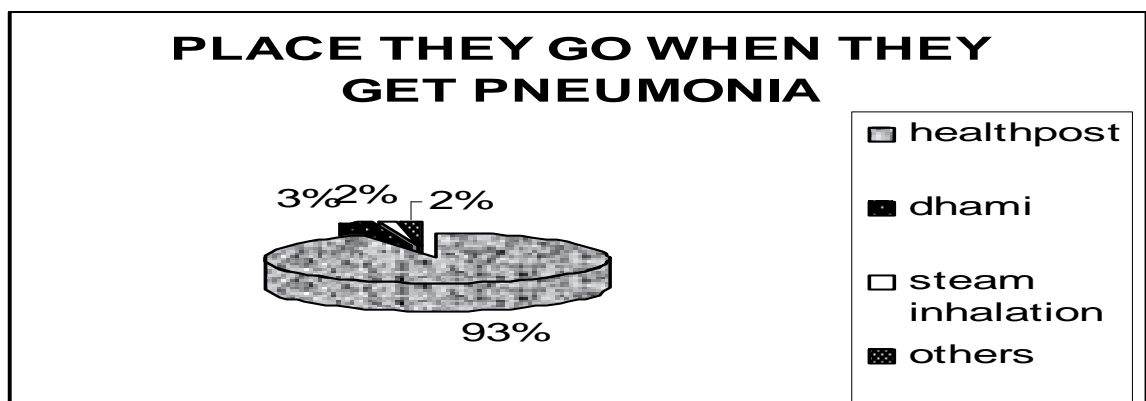


61% of the total populations have the knowledge about pneumonia and rest 39% have no knowledge about pneumonia.



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There 86% knows that pneumonia is cured whereas 14% says that pneumonia can't be cured





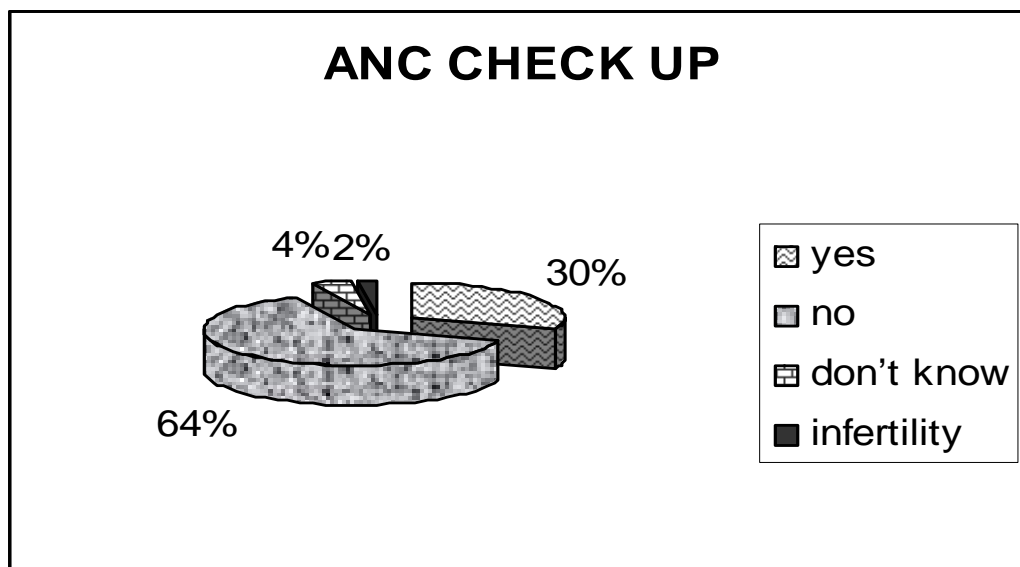
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93% of the respondent answered that they take their children to health post for the treatment after having pneumonia.

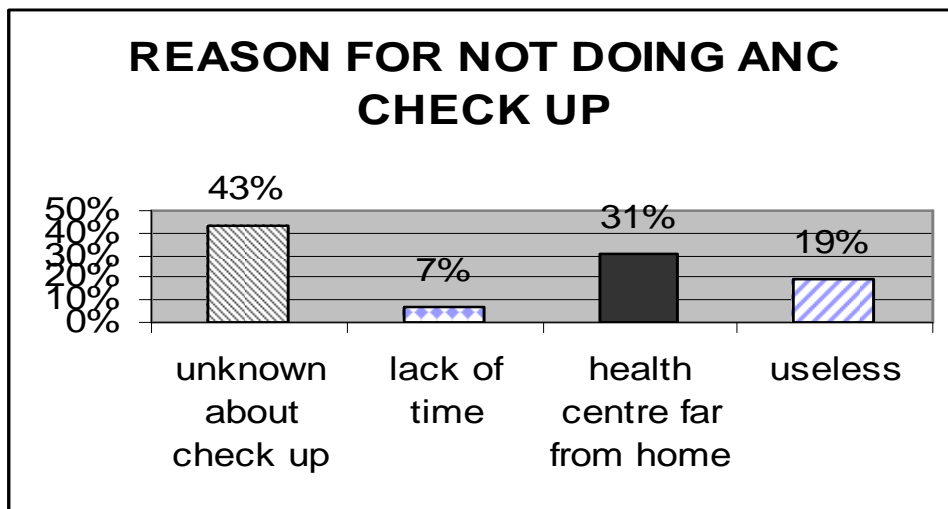
FAMILY HEALTH

ANC

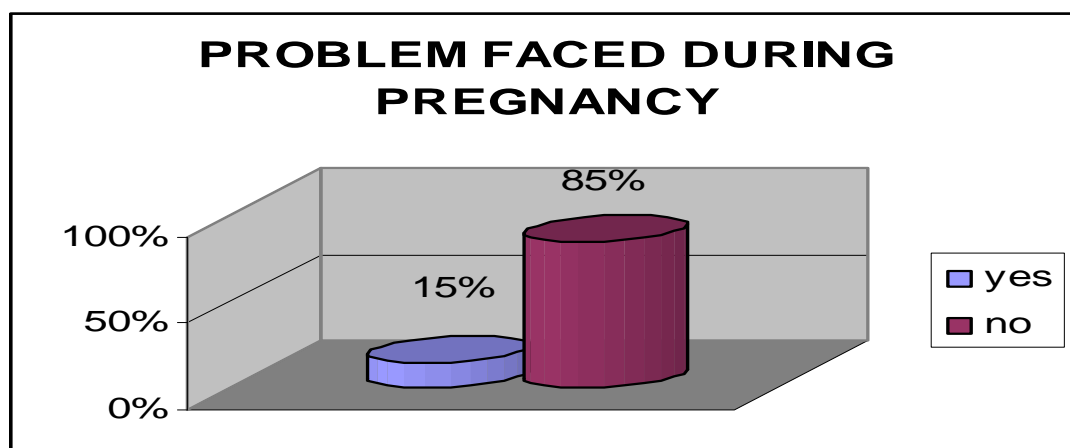
ANC is a care of mother during pregnancy that is after conception till the birth of baby. The main objectives are the promotion, protection and maintain of the health of the women through out the pregnancy



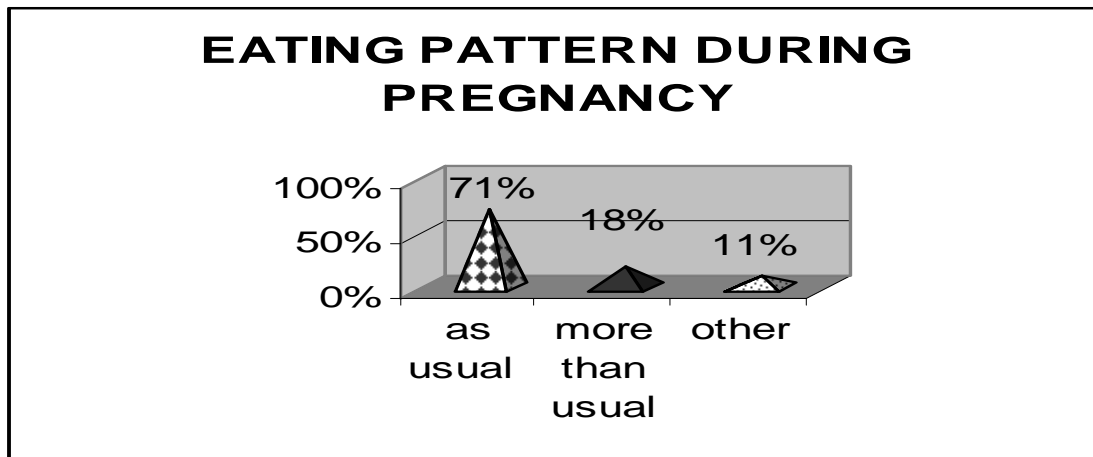
64% of respondents did not have ANC check up during pregnancy.



Among the pregnant women of not doing ANC 43% are unknown about check up while 31% didn't due to far health centre.



Among pregnancy women 85% did not face any problem while 15% faced problem.

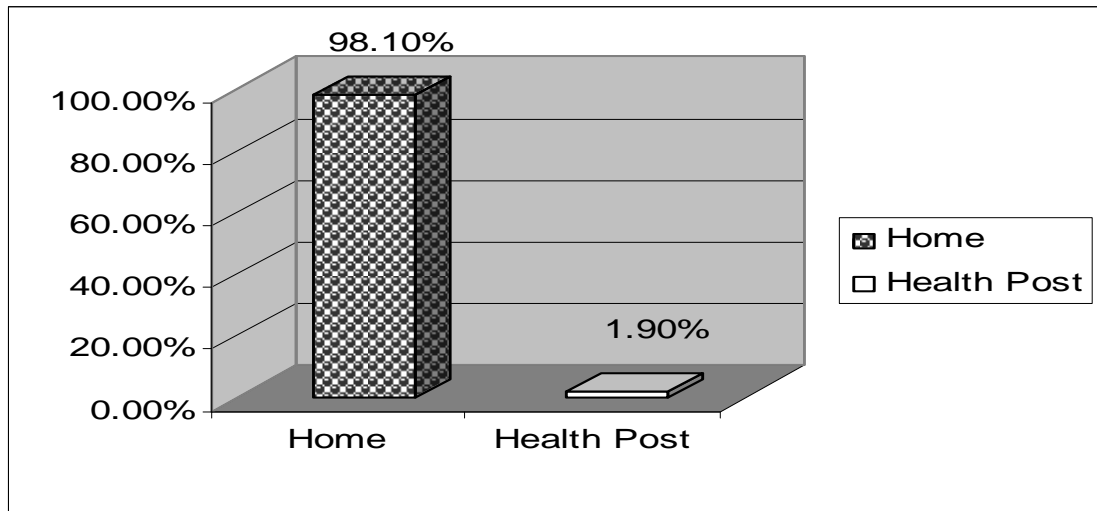


Majority of respondent i.e. 71% answered that they eat as usual during pregnancy

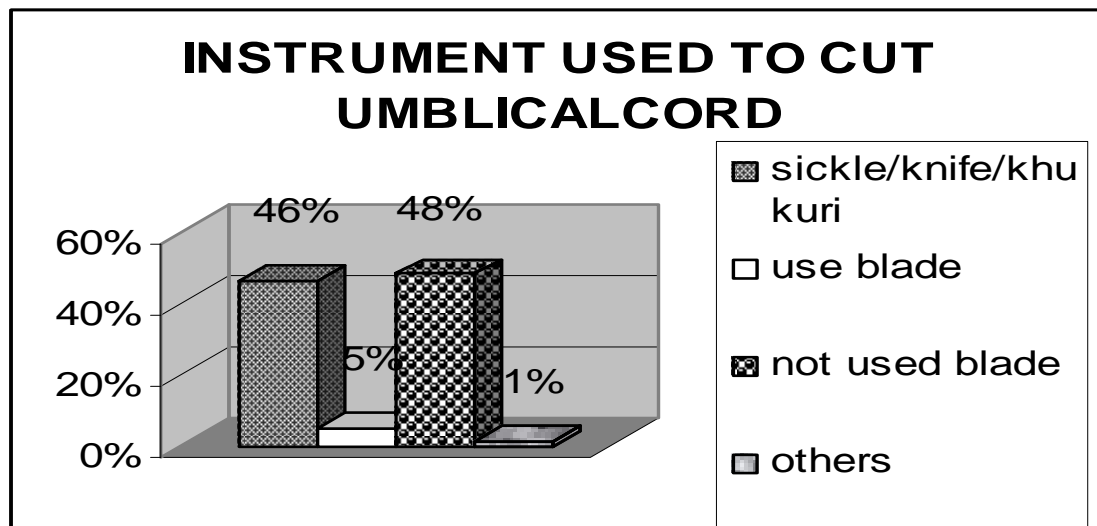
59% of the pregnant women work whole the day whereas 41% did only minor work during pregnancy.

PLACES OF DELIVERY

COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

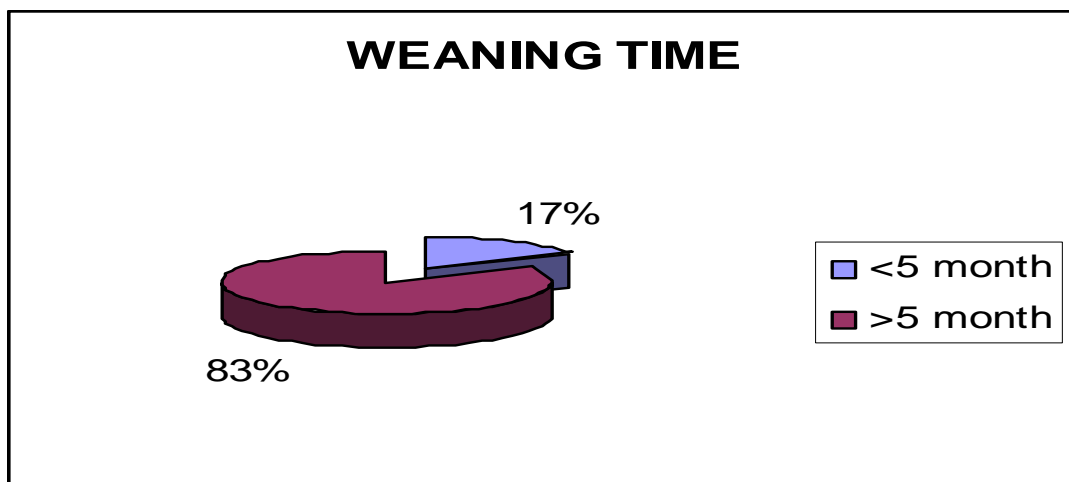
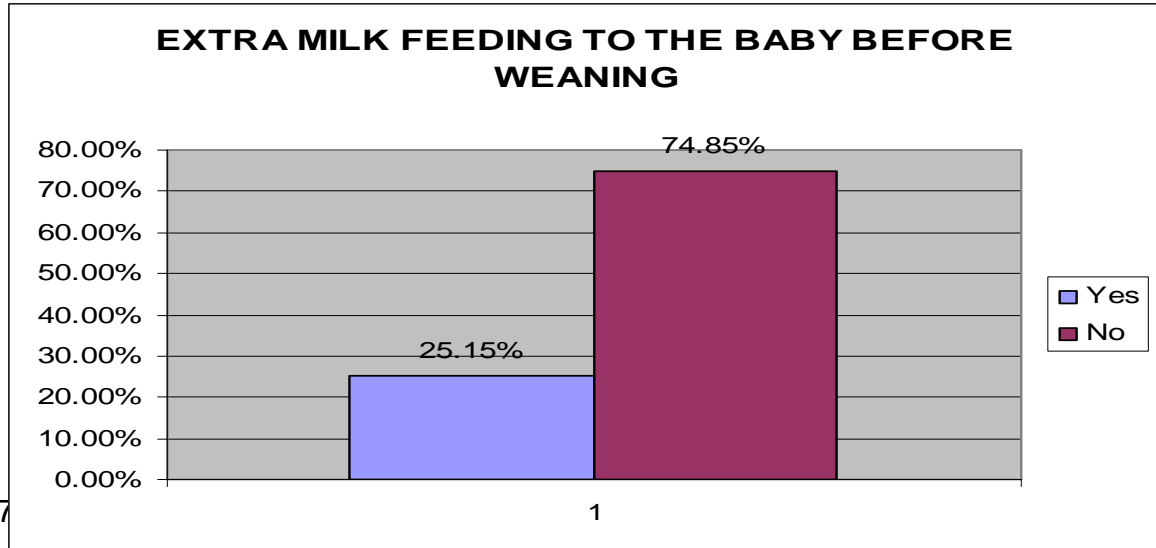


98.1% practice delivery at home when only 1.9% delivery at health post

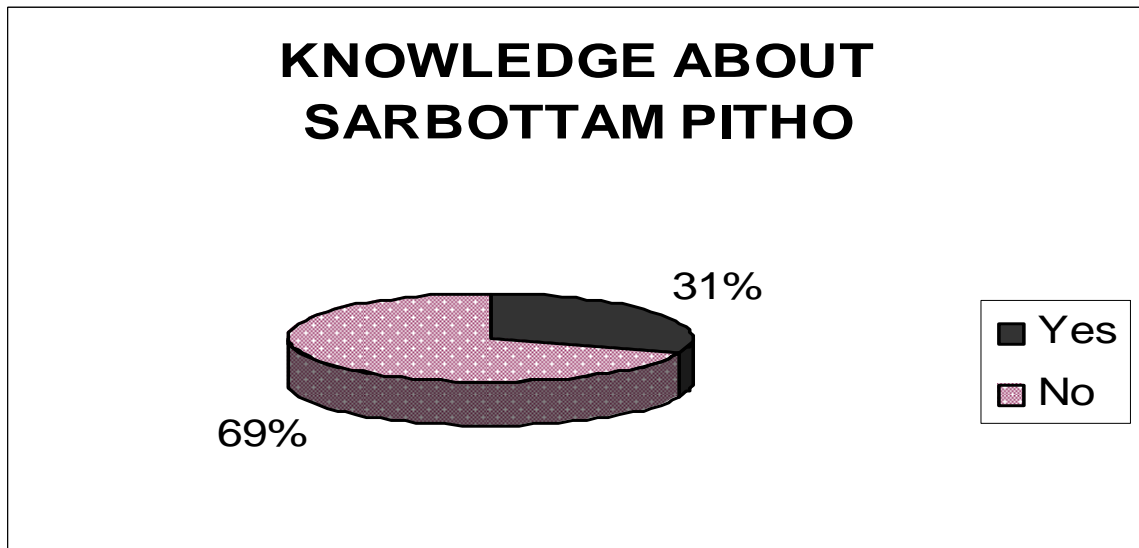


Majority of the respondents i .e 48% use new blade to cut the umbilical cord.

COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE



Weaning time of the majority of the people is after five month i.e. 83%.



69% have no knowledge about the preparation of sarbottam pitho and 31% have knowledge about it.

ANTHOPOMETRY

The science that deals with the measurement of the size weight and proportion of human body is said to be anthropometric measurement. On anthropometrical statistics we take measurement among children < 5 years. We take age height and arm circumference.

The anthropometric classification we followed is

Gomez classification

Its shows weight retardation. It locates the child on the basis of his/ her weight in comparison with a normal child of same age.

Formula

$$\% \text{ of weight/age} = \text{weight of child} / \text{weight of normal child of same age} * 100$$

Water low classification

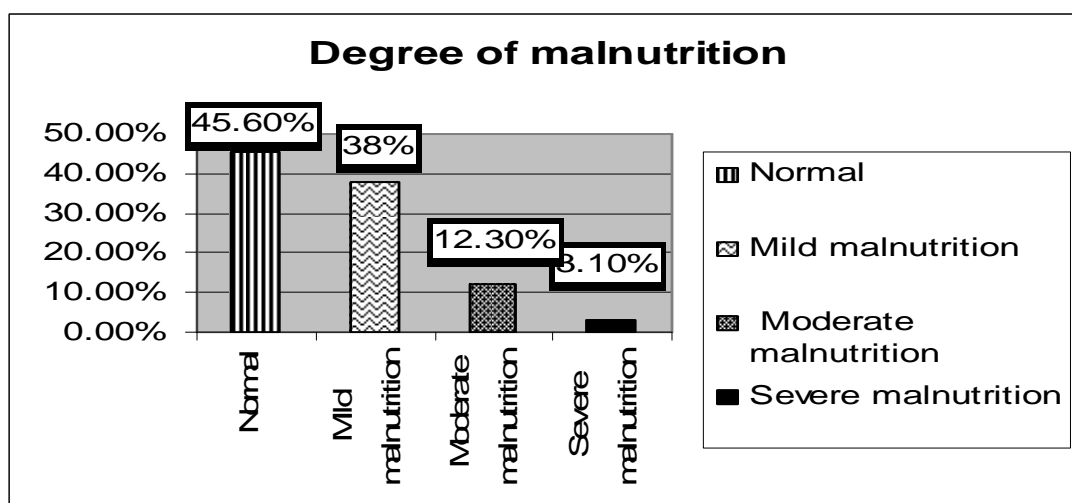
These classifications define two groups of PEM.

- I. Malnutrition with retarded growth (height/age)]
- II. Malnutrition with low weight for normal height (weight/height)

Formula

- ✓ % of ht/age=ht of the child/ht of normal child *100
- ✓ % of wt/ht=wt of child/wt of normal child at same ht*100

Anthropometrical assessment of Bal Bikash centre of Bolde VDC according to Gomez classification:



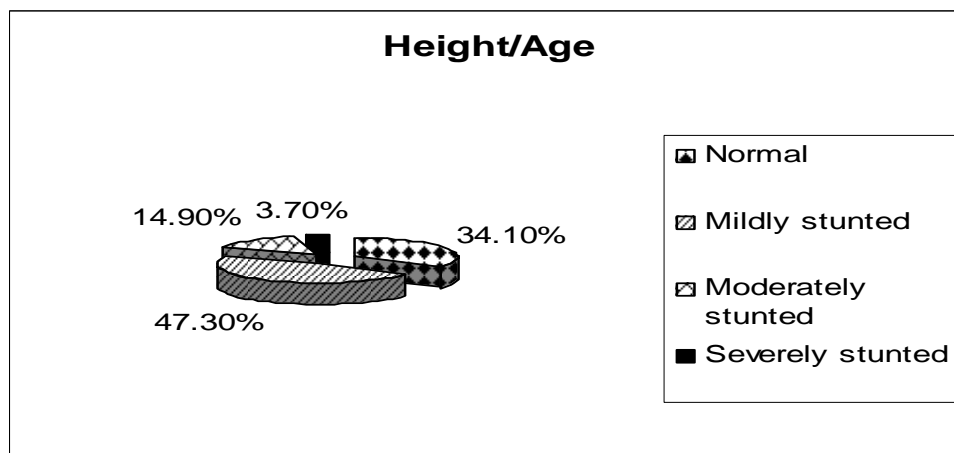


COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

Among children 45.6% are normal, 38% mild malnutrition, 12.3% moderate & 3.1% are severe malnutrition

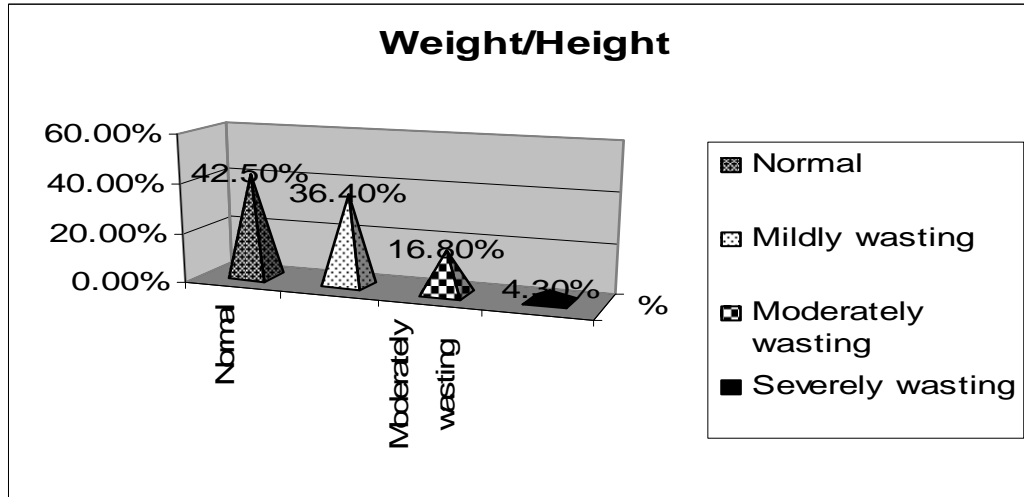
Anthropometrical assessment of bal bikash centre of Bolde VDC according to water low classification

Height/Age



Nearly half of the children under 5 yrs were mildly stunted i.e. 47.30% and 34.1% were normal.

Weight/Height

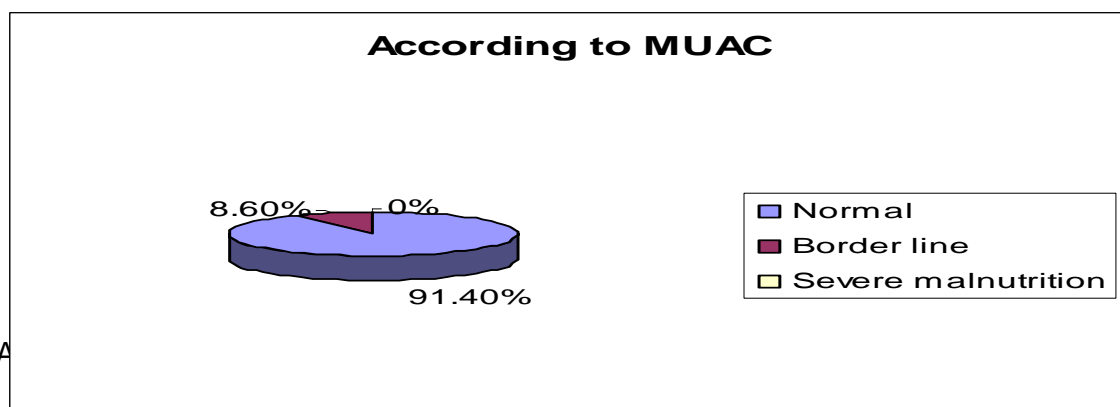


Regarding wt/ht 42.5% are normal, 36.4% are mildly wasting, 16.8% are moderately wasting & 4.3% are severely wasting.

MUAC

The mid upper arm circumference measurement is a reliable estimation of body's muscle mass. The reduction in its circumference shows the most striking mechanism of the body by which body adjusts to inadequate energy intake that is malnutrition.

Anthropometrical assessment according to MUAC





COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

IMMUNIZATION:-

The expanded programme on immunization (EPI) is a priority programme of his majesty government of Nepal. EPI is considered as one of the most cost effective health intervention. Vaccine preventable disease (VPDs) are routinely reported through the HMIS system complemented by appropriated surveillance and outbreak response.

The immediate objectives of the EPI programme are to eliminate neonatal tetanus (NNT) to reduce measles morbidity and to eradicate poliomyelitis.

CURRENT STATUS:-

Analysis of the reports from 75 district of the country 2057/58 shows that overall coverage of BCG vaccination is 95% measles vaccination is 75%. DPT3 and OPV3 is 80% and for tetanus toxoid (TT2+) is 65%. Using number of expected pregnant woman as the denominator.

According to national data comparing to our community research there is

BCG – 95%

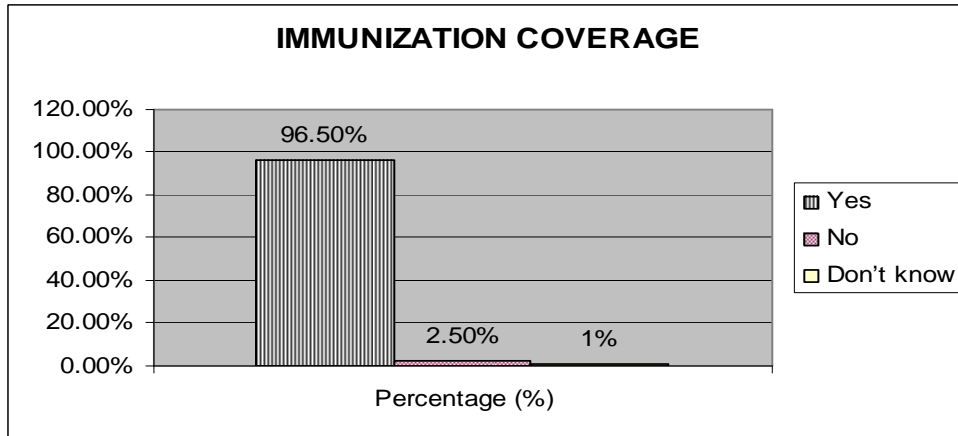
DPT – 75%

OPV – 75%

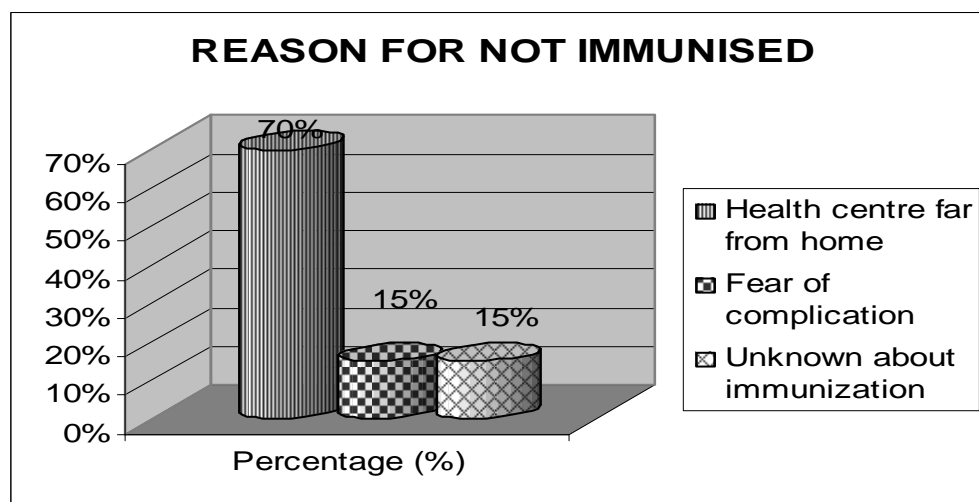
Measles – 80%

TT – 65%

PRACTISE OF IMMUNISATION



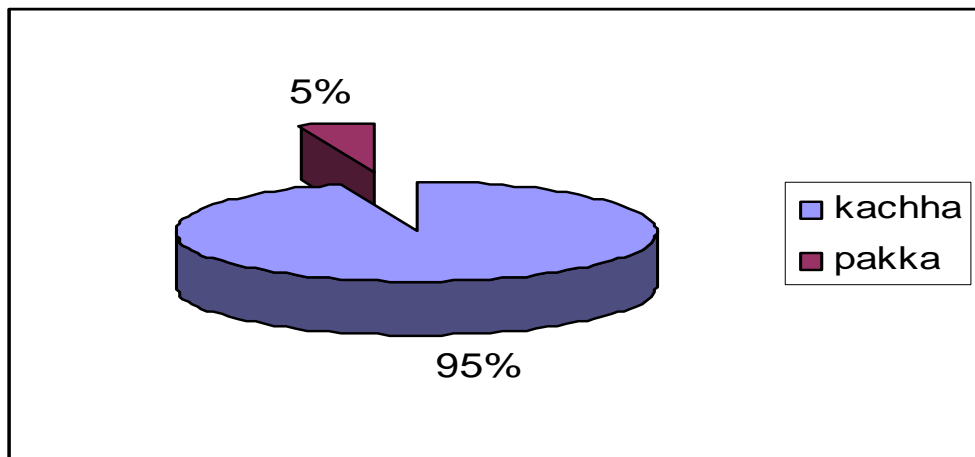
Our findings shows that the overall immunization coverage of Bolde VDC ward no 1 5 & 8 is 96.5%.



70% of the community people didn't immunized their children due to far health centre ,15% are unknown about immunization and 15% didn't immunized due to fear of complication .

OBSERVATIONAL CHECK LIST

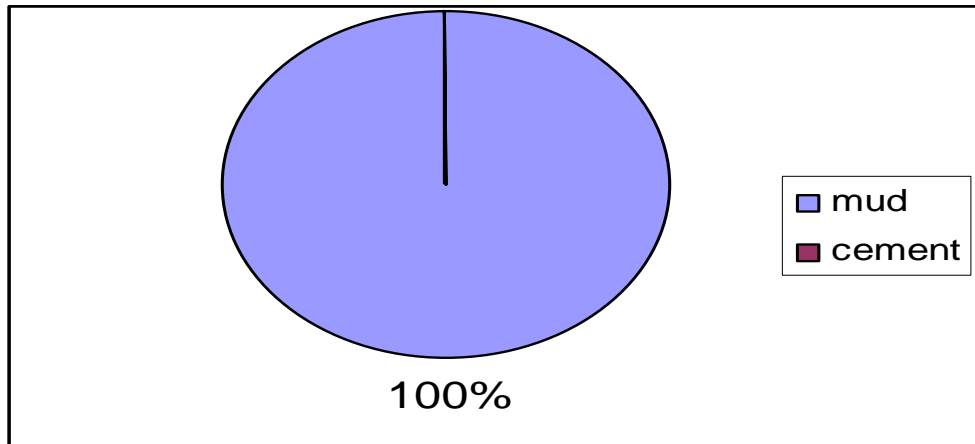
HOUSE TYPE



Most of the houses are kachha i.e. 95% and 5% are pakka.

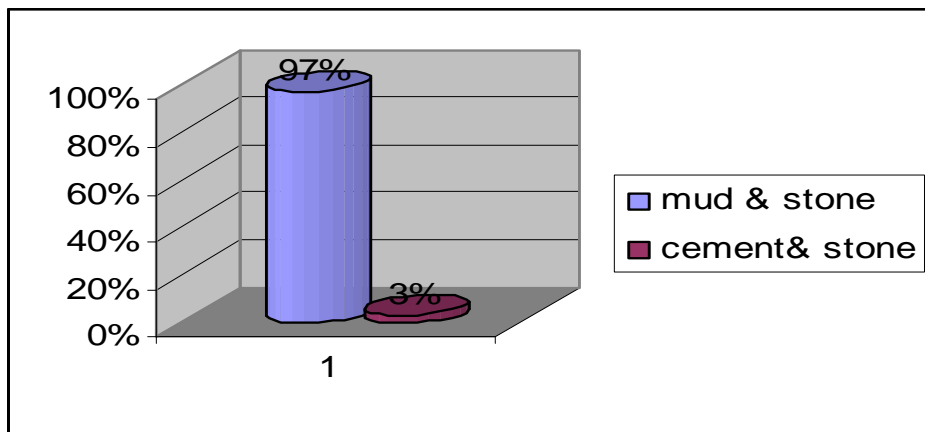
FLOOR

COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE



100% of the floor were found make from mud .

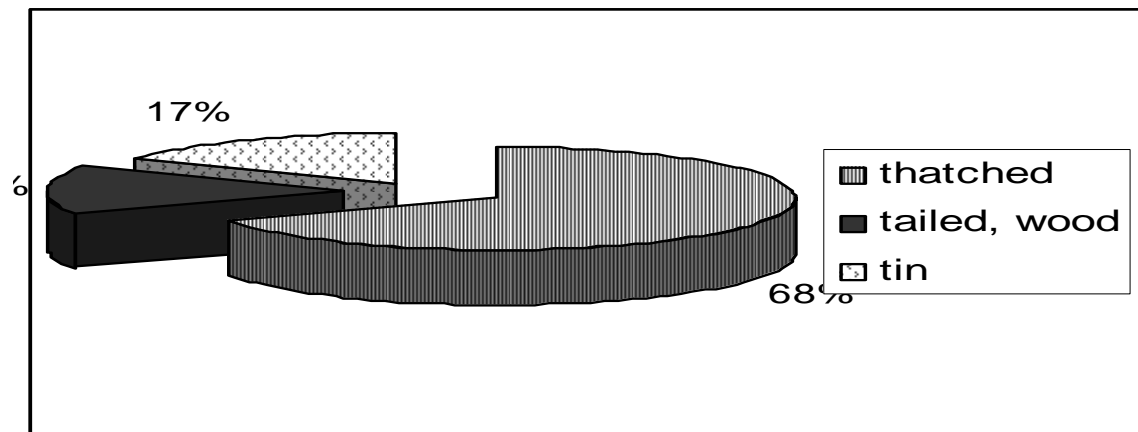
WALL



97% of the house wall were made of mud & stone and 3% made by cement and stone.

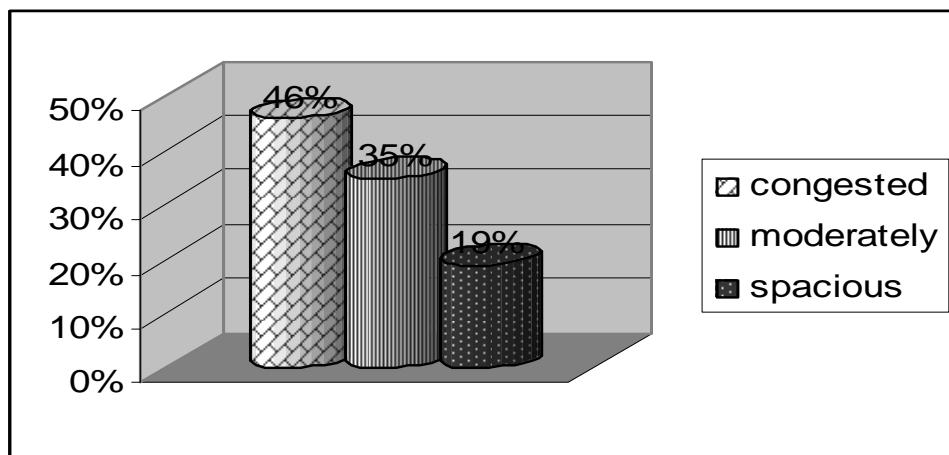
COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

ROOF



Most of the houses roof were thatched i.e.68%,17% are made of tin and rest are made by tailed and wood.

SITUATION OF HOUSE

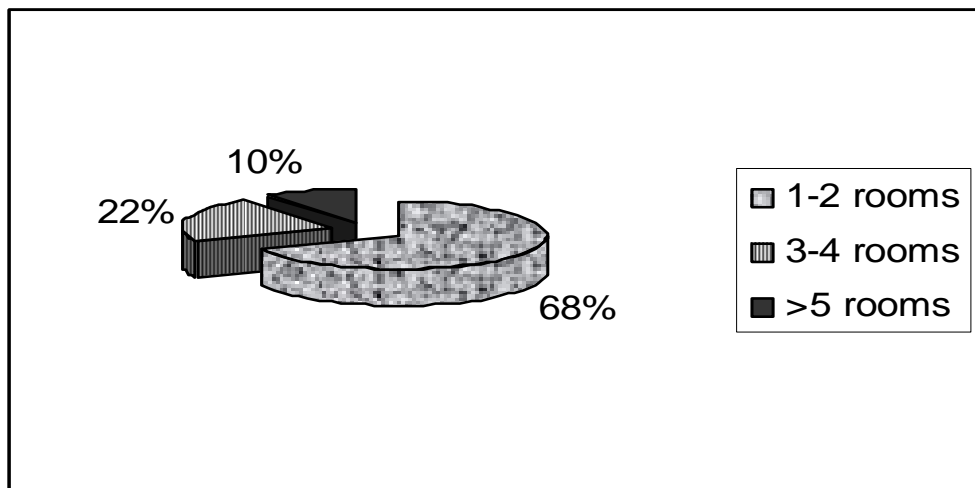




COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

Most of the houses are congested i.e. 46%,35% moderately congested and 19% spacious.

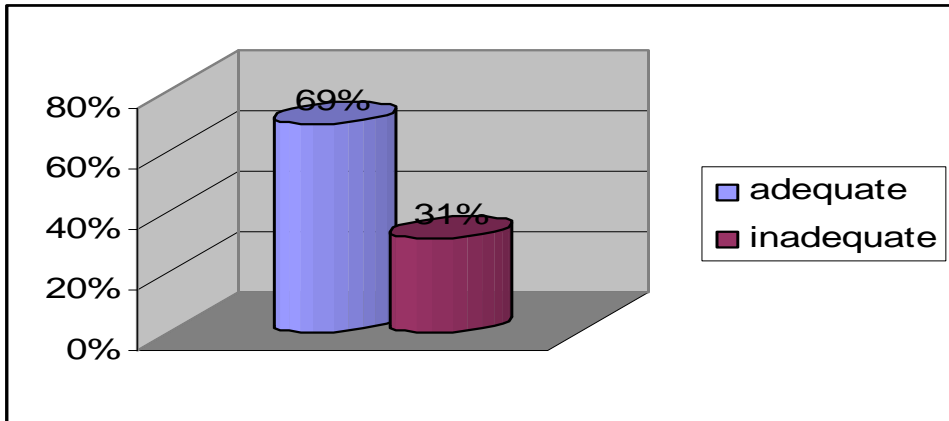
NUMBER OF ROOM



Most of the houses have 1-2 rooms i.e. 68%,10% > 5 room and 22% have 3-4rooms.

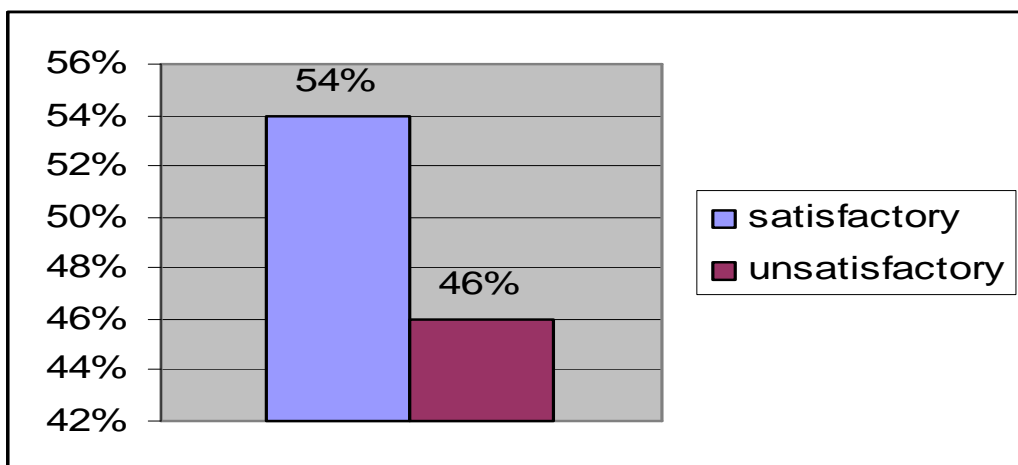
VENTILATION

COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE



Majority of the houses have no adequate ventilation i.e. 69% and rest have inadequate.

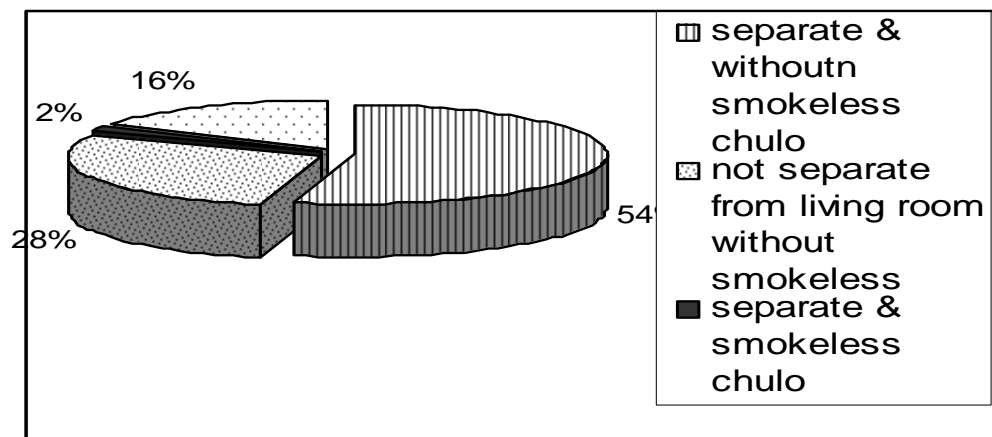
LIGHT



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

54% of the houses have satisfactory to natural light and rest 46% have unsatisfactory.

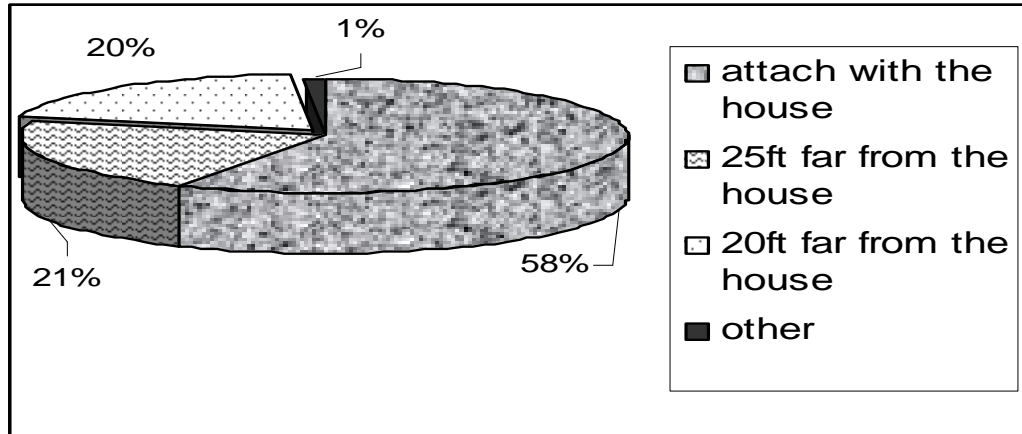
KITCHEN



Most of the houses kitchens are not separate from living room without smokeless chulo i.e. 79%.

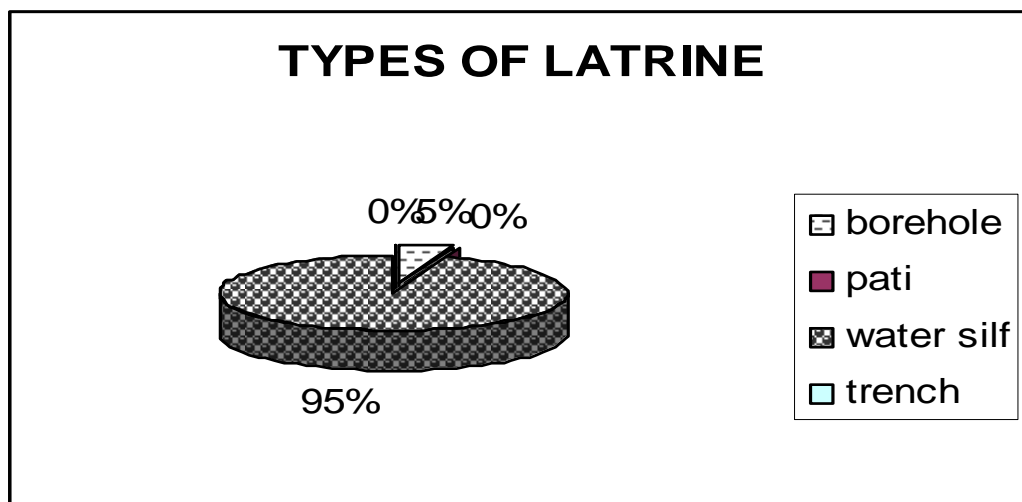
COWSHED

COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE



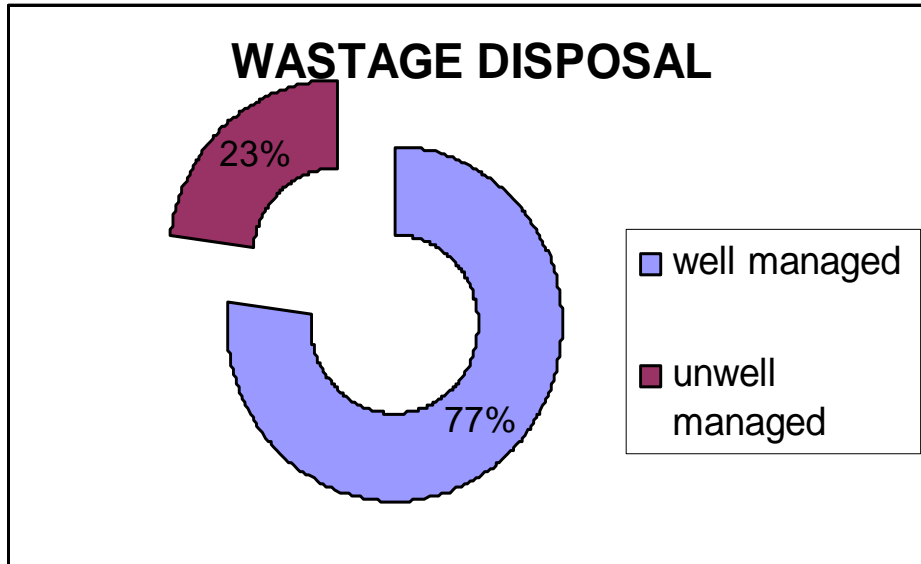
Most of the cowsheds are attached with the house i.e. 58%, 20% have 20 ft far from the houses and 21% have 25 ft far from the houses.

TYPES OF LATRINE

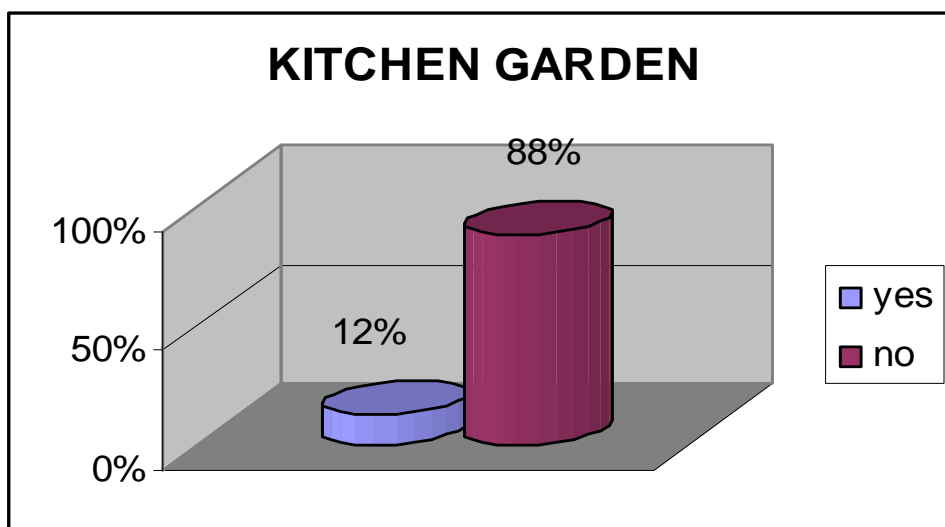


Most of the latrines are water shield i.e. 95%

COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

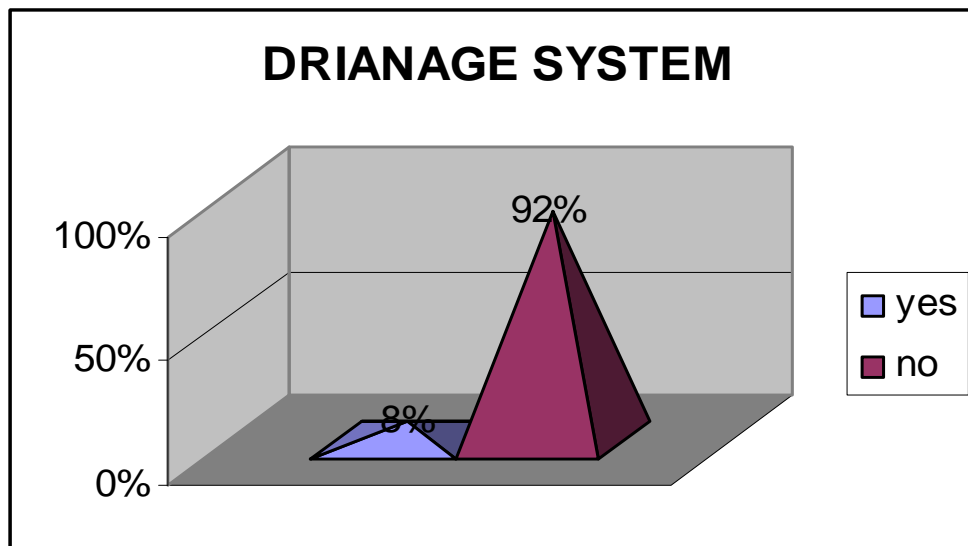


Most of the wastage from the houses are not well managed i.e. 77%.a23% have well managed.



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

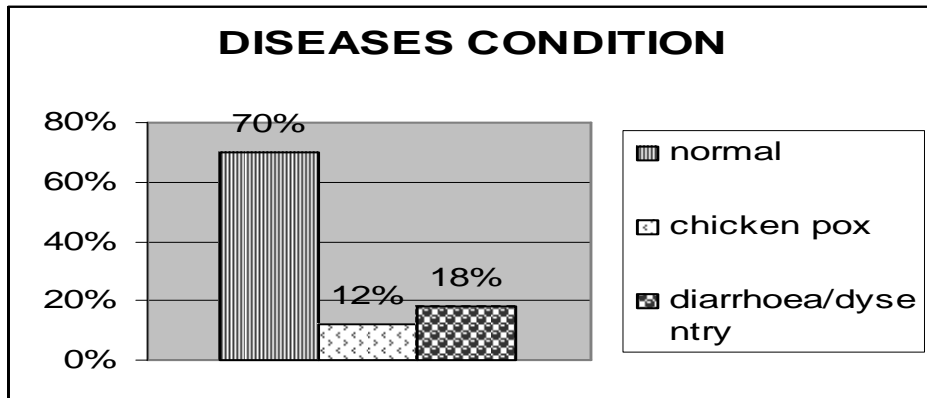
Most of the houses have kitchen garden i.e. 88% and rest 12% have no kitchen garden.



Most of the houses have no drainage system i.e. 92% and 8% have no drainage system.

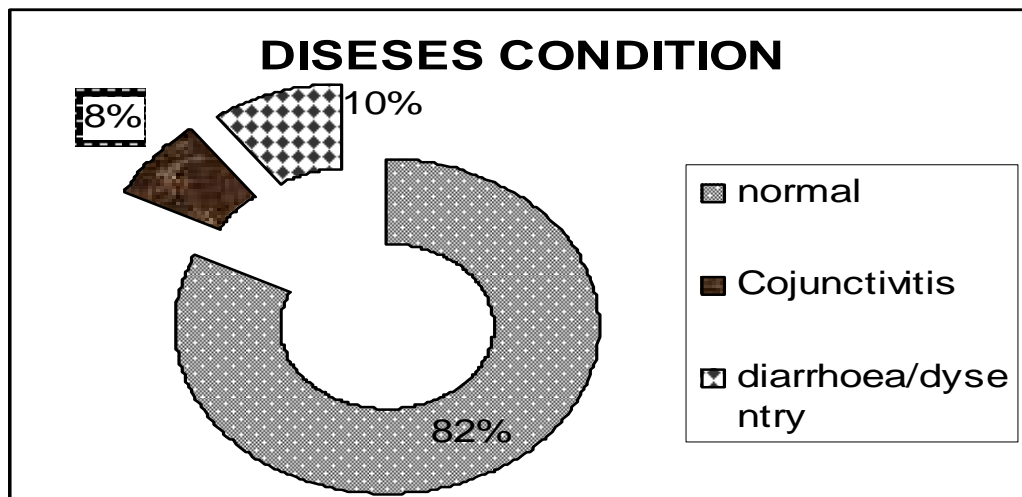
SCHOOL HEALTH SCREENING SHREE KALIKA SCHOOL AND THEIR BAL BIKASH CENTRE

COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE



In this school almost 70% of students are normal and 30% students are diseased. Among them 12% suffer from chickenpox and 18% suffer from Diarrhea and dysentery.

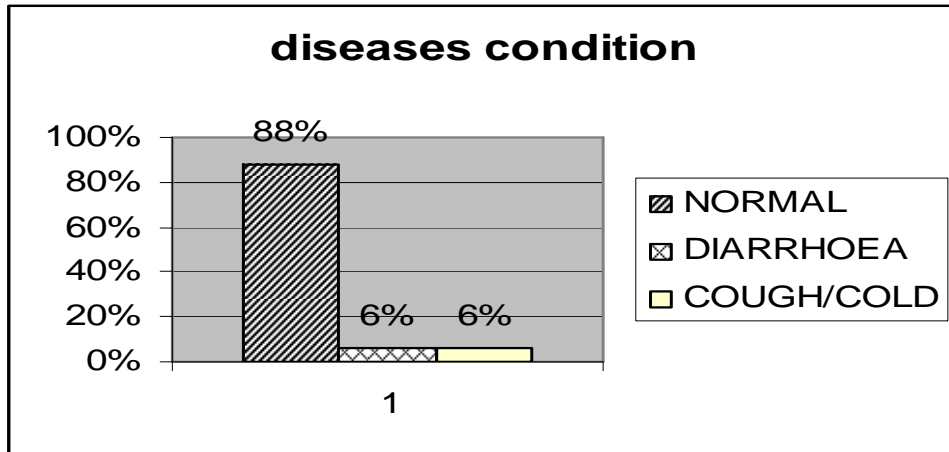
SHREE DORJE SCHOOL AND BAL BIKASH CENTRE



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

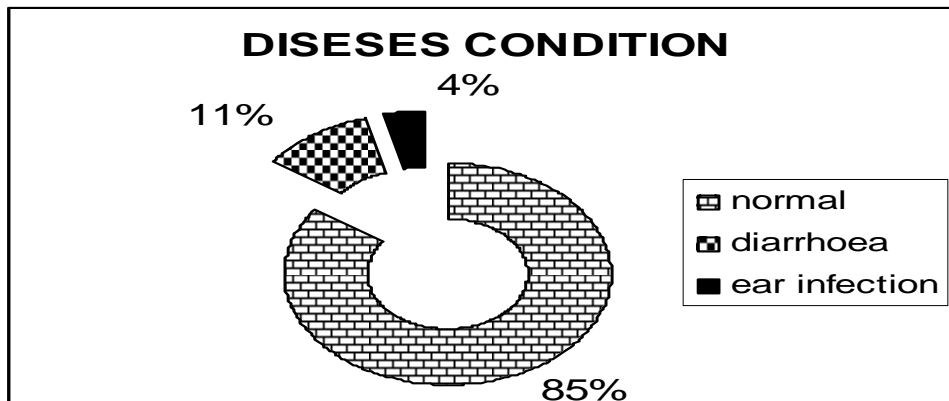
In this school almost student are normal i.e. 82%.8% suffer from conjunctivitis and 10% suffer from diarrhea and dysentery.

SHREE SARASWOTI AND THEIR BAL BIKASH CENTRE



The percentage of student having problem is 12%. Among them 6% suffers from diarrhoea and 6% suffers from cough and cold.

SHREE SHIVLAYA SCHOOL AND THEIR BAL BIKASH CENTRE



Almost 85% student is found normal only 15% of student have problem among them 4% have ear infection and 11% suffers from diarrhoea.



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

MICRO HEALTH PROJECT

MHP is a small scale project directed to address health need of the community utilizing the available resource with full participation of the community.

Micro health project is a short scale project that is planned, implemented and evaluated in the community setting to minimize the prominent health problems with in limited resource and time

1) MHP IN WORM INFESTATION

PURPOSE FOR SELECTING THE TOPIC

- According to the stool examination of the school child
- Observing the personal hygiene like bathing, nail cutting etc
- According to our resources

OBJECTIVES

GENERAL OBJECTIVES

- To develop positive change in KAP level of community people regarding worm infestation.

SPECIFIC OBJECTIVES

- To make them aware about personal hygiene and environmental sanitation



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

- To develop skills on hand washing after defecation and before eating especially in children.

TARGET POPULATION AND PROGRAMME

PROGRAMME	TARGET POPULATION
DEWORMING	ALL POSITIVE SAMPLE CASES
HEALTH EDUCATION ABOUT WORMS	SCHOOL CHILDREN

IMPLEMENTATION

Implemented in primary and preprimary teachers and health volunteers.

ACTIVITIES

MASS EDUCATION

- ✓ Personal hygiene
- ✓ Environmental sanitation
- ✓ Mode of transmission
- ✓ Use of latrines

METHODS AND MEDIA

- ✓ Lectures
- ✓ Posters
- ✓ Group discussion



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

DEMONSTRATION

We demonstrated the villagers about the personal hygiene for example –nail cutting and hand washing technique.

GROUP DISCUSSION

- Cause of worm infestation.
- Prevention of worm infestation

DEWORMING

- Sample positive cases of school children.{32.24%}
- Other susceptible cases of worm infestation

MHP IN DIFFERENT DISEASE, FAMILY PLANNING AND ANTENATAL CARE

PURPOSE OF SELECTING THE TOPIC



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

- The participant the teachers, social workers, informal leader stressed the problem.
- As per the available resources

OBJECTIVE

GENERAL OBJECTIVES

- To develop positive change on knowledge, attitude and practice level of the community people regarding different diseases, family planning and ANC

SPECIFIC OBJECTIVES

- To make them aware about cause and prevention of different diseases
 - ✓ ARI
 - ✓ Diarrhea
 - ✓ Tuberculosis
 - ✓ STDs/ AIDs
- To provide them knowledge regarding different methods of family planning.
- Permanent
- Temporary
- To aware them about the importance of visiting ante natal clinic
- To give them knowledge about the role of husband in the birth of male and female child



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

IMPLEMENTATION

Implemented in ward 5 and 8

ACTIVITIES

A) MASS EDUCATION

- ✓ Modes of transmission
- ✓ Cause and prevention of diseases
- ✓ Importance of ANC visit
- ✓ Family planning method

METHODS AND MEDIA

- ✓ Lecture
- ✓ Poster
- ✓ Group discussion

DEMONSTRATION

We demonstrated the villagers about different diseases, family planning method and ANC visit



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

GROUP DISCUSSION

- ✓ Appropriateness of different temporary family planning methods.
- ✓ Cause and prevention of different diseases and home management of ARI

EVALUATION OF MICRO HEALTH PROJECT

Is done on the basis of –

- ✓ Observing the personal hygiene of the child.
- ✓ Observing the environmental sanitation.
- ✓ Asking the question of different diseases and taking their feedback

SCHOOL HEALTH PROGRAM

1) KALIKA NI. MA. VI. –MAHURE

2) DORJE SCHOOL

3) SARASWATI SCHOOL

4) SHIVALAYA SCHOOL

(PRIMARY AND PRE PRIMARY OF EACH SCHOOL)

ASSESSMENT OF STUDENTS

- ✓ Physical examination
- ✓ General examination



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

INTERVENTION

- ✓ Intervention of disease with appropriate medication
- ✓ Health education

FINAL COMMUNITY PRESENTATION

Our final community presentation was held on 18th jetha 2062 in the chairmanship of local village people named Chamar Singh Tamang.

OBJECTIVES

General objectives

- To present our overall activities to identify, evaluate & improve the existing health status of the community

Specific objectives

- To present the activities conducted in the community during our community diagnosis period in systematic manner.
- To present the work done in MHP its result & its effectiveness.
- To recommended the community people for the better improvement of health status of their community.



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

CONCLUSION

We third year students of general medicine –Bolde group would like to thank Dhulikhel medical institute for providing us great opportunity to perform community diagnosis program at BOLDE PHEDICHE” VDC ward no.1, 5, 8.from may 8th to June 2nd.

. We there collected data and analyze it fixed priorities accordingly to find out the problems and conducted micro health project .There we found high prevalence of Worm infestation as a major problem which might be due to poor personal hygiene, use of unpurified water, lack of sanitary latrine<ward 1>.32.24%of the total population were affected by worms. This problem has affected the existing health status of the community

We also conducted micro health project, school health program, training program for the prevention and control of problem. With limited time and resources we had done our best to solve the problem as much as we could do. So to control this problem we had conducted deworming programmed for the positive cases. Due to lack of resources we could not do deworming program to all the community people. We also found that the people of that community were lacking knowledge in different diseases like tuberculosis, HIV/AIDs, pneumonia, and diarrhoa and even in ANC visit. During school health screening we had found many cases of chicken pox, conjunctivitis CSOM and dysentery.



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

SUGGESTIONS:

1) For the Community people

- ✓ Try to utilize provided health services.
- ✓ Should use non smoked kitchen.
- ✓ Has to develop knowledge in major health problem

2) For Bolde VDC

- ✓ Work for water purification.
- ✓ Work for conduct different programmed for uplifting the health & economic status of community people.

3) For DHO

- ✓ Should supervise the SHP & provide essential guide ness.
- ✓ Conduct a survey on community problem by trained manpower
- ✓ To find out existing health status of community



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

OUR COMMUNITY DAYS

We were the group of bolde. We really have wonderful communities. There we had all kind of facilities compared to other groups. We had stayed in outreach center of Dhulikhel hospital, to stay boys were given down floor and gals had upstairs to stay with our madam Gillian .even electricity was available there .One interesting thing was mobile tower was also seen but only one or two tower, for that every evening all our frens used to search for tower and shout if one of them find tower, we used to go gumba or near stupa or upstairs of health post to search the tower

And also we used to have singing programme every evening with all our frens of lab, physio. We enjoyed our community so much, but beside that we also had to struggle a lot. Everyday early in the morning we had to go for household survey and school health screening. God can't imagine those days going to ward 1, it was very difficult reaching there but we learnt many things from them like different word of tamang.

Those days are really unforgetfull for us because we have faced the typical village for the first time during our life, Everyday we have to walk nearly 4km uphill and we reached our destination with sweating and red face like red apple. For our tifins we used to take fast food while leaving from our health centre where we were staying. We used to back up at 6:00 pm in the evening and for short time we would be free at that time we used to discuss problem faced during our data collection among our friends and tried our best to solve the problems. In the night after having our dinner we used to set plan for tomorrow. As a captain me Dinesh and Kedar we feel difficult to guide those



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

who were always seems to be smart. Really those days are still pricks in my heart.

Kancha Dai was also there who helped us a lot in kitchen and kamala di staff of that health post was very co operative and helpful to us. We also visited our friends place on Saturday in saramthali and thuloparsel. Yeah we really have good times over there.

While writing these notes, today I still remember our guider, our cooker kancha Dai who helped us not only by cooking but also he has great contribution during our 1st community presentation. We know for making the food for 20 persons was not a jokes but he used to makes with always delightful face. But some didn't understand his contribution. We are able to conduct our community diagnosis successfully with the great supports of kancha Dai and kamala didi staff of bolde health centre.



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

WORK PLAN FROM MAY 8 TO JUNE 2nd

SN	ACTIVITIES	May 8	May 9	May (10-14)	May (15-17)	May 18	May (22-28)	May (29-30)	may 31	June 1st	June 2nd
1	ARRIVAL TO THE COMMUNITY	■									
2	RAPPORT BUILDING ,SOCIAL MAPPING		■								
3	DATA COLLECTION			■							
4	DATA ANALYSIS				■						
5	FIRST COMMUNITY PRESENTATION					■					
6	SCHOOL HEALTH PROGRAMME						■				
7	IMPLEMENTATION OF MHP							■			
8	PREPARATION FOR FINAL COMMUNITY PRESENTATION								■		
9	FINAL COMMUNITY PRESENTATION									■	
10	DEPARTURE FROM COMMUNITY										■



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

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COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

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ACRONYMUS USED

DMI	Dhulikhel Medical Institute
KU	Kathmandu University
VDC	Village Development Committee
ANC	Antenatal Clinic
ARI	Acute Respiratory Tract Infection
AIDs	Acquired Immune Deficiency syndrome
FP	Family Planning
HP	Health Post
MUAC	mid Upper Arm Circumference
OPD	Out Patients Department
WHO	World Health Organization
PHC	Primary Health Centre
BCG	Bacillus Calmatte Guirrens
DPT	Diphtheria, Pertusis, Tetanus
HIV	Human Immune Deficiency Virus
TB	Tuberculosis
STDs	Sexually Transmitted Diseases
%	Percentage
Ht	Height
Wt	Weight
MHP	Micro Health Project
Km	kilometer
FTs	Feets



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

CBR	Crude Birth Rate
CDR	Crude Death Rate
IMR	Infant Mortality Rate
MCH	Maternal and Child Health

COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE

ANNEX



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE



COMMUNITY HEALTH SURVEY IN BOLDE PEDICHE



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