SARMATHALI VDC

REPORT ON COMMUNITY HEALTH

A REPORT ON COMMUNITY HEALTH DIAGNOSIS

ACRONYMS

DMI	Dhulikhel Medical institute
DH	Dhulikhel hospital
DHO	District health office
VDC	Village Development Committee
CDN	SAHAKARYA RaBikas NGO
MCH	Maternal child health
FCHV's service	Family child healthvoluntars
HP	Health post
KAP	Knowledge Attitude Practice
FP	Family planning
HHs	House Hold Service
MHP	Micro Health Project
MUAC	Mid Upper Arm Circumference
SHP	Sub Health Post
AIDS	Acute Immune Deficiency syndrome
ANC	Anti Natal Care
BCG	Bacillus Calamine G urine \
CBR	Crude Birth Rate
CDR	Crude Death Rate
DPT	Diphtheria Protus Tetanus
IMR	Infant Mortality Rate
MUAC	Mid upper arm circumference

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ORS	Oral Rehydration Solution
TB	Tuberculosis
TT	Tetanus
VDC	Village Development Community

EXECUTIVE SUMMARY

The general objective of this study was to " to explore and identify the existing health status and to work for the solutions of the health problems of the ward no. 1, 2, 3, and 9 of Saramthali VDC." Total population was 1426 and total household is 268.

The community diagnosis research was cross-sectional study design. The study site was Saramthali VDC 1,2, 3 and 9. The household were considered as unit of research. The data were collected by using questionnaire, observation checklist and informal interview with the leaders. Apart secondary information obtained from VDC, health center were used.

1. Demographic presentation of Saramthali VDC 9(ward no. 1,2,3and 9)

Crude birth rate	12.01 per 1000
Crude death rate	3 per 1000
Population growth rate	0.9%
Sex ratio	114.84
Literacy rate	62.17%
Total fertility rate	0.26 per woman
General fertility rate	48.5 per woman

Total dependency ratio	61.30%
Population doubling time	77years
Child women ratio	351 per 1000

2.Problems what we found in our community diagnosis.

Early marriage	
ANC coverage	19%
Poor eating habit in pregnancy	
Unpurified water	
Early pregnancy (less than 20 yrs)	
Toilet users	

3. Micro health project

Programme	**Target Group**
TOT programme	Teachers
Mass health educational programme	a. Mothers group b. All community people
School health programme	School students
Deworming and iron distribution programme	a. All positive cases b. All anemic cases

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INTRODUCTION

Community diagnosis is a comprehensive assessment of health status of an entire community in relation to biological, social and environmental determinants. For community diagnosis we were sent to Saramthali VDC of Kavre district where we conducted our program for a month (8 May till 2 June 2006). Four wards (1, 2, 3 &9) and two schools of Saramthali were selected for the diagnosis.

We selected ward no 1, 2,3 & 9 of Saramthali VDC for our study. We assess the health status of that community by diagnosing the Biological,

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Social, Cultural and Religious parameters that affects the health of community. We also assess the health status of the school going children of all school of that VDC by general health screening program.

Our study started from 8th May 2006 and ended at 2nd of June 2006. We went to the community and stayed there for about one month. In the first day we introduced the geographical boundaries of community, approached the community household and prepared a work plan for a month

Secondly, we started to collect the necessary data from the community people by interviewing the standard questionnaire according to objectives. After collecting the data analyzed in a group manner and presented in the community presented in the community. We found felt need as well as observed needs from the first community presentation as per ideas of community people, local leaders, teachers, and other important person of that community. Then, we found the real needs of the community by prioritization of felt and observed needs with the support of strong combined group discussion among the group members, community people, local leaders, teachers, other important member of that community and member of Governmental and non-governmental agencies on the basis of local available resources, time, money and manpower. After finishing the household survey we lunched school health programmed where some cases were treated and some cases advised to take higher center.

Accordingly, Micro Health Project was selected and implanted followed by evaluation for sustainability of effectiveness of program.

OBJECTIVES OF COMMUNITY DIAGNOSIS

GENERAL OBJECTIVES

- To explore the determinants (biological, social, physical), magnitude of existing health and health related problems and generate solution to reduce the problem of the community.

SPECIFIC OBJECTIVES

- To determine the demographic structure of the community
- To define morbidity and mortality pattern and their causes
- To assess the KAP regarding various diseases, MCH and FP.
- To assess the environmental status of the community.
- To assess the nutritional status of under years children
- To find out the accessibility and utilizations of the existing health services.
- To identify and mobilize the existing potential local resources.
- To offer realistic recommendation in order to improve health status of the community.
- The purpose of community diagnosis was to identify existing major health problem, their determinants, prioritize the problem and detect the available resources and initiate health action.
- According to our work plan, we firstly collected primary data by executing household survey and secondary data available from various sources like VDC, SHP, VHW and some community people. By interacting with formal and informal leaders of community and also based on felt needs and our observed needs we conclude the real needs and accordingly

MHP was designed and was implemented with the active – participation of community people.

LOGISTICS

1. Lodging

We would like to thank to Mr. Govinda Panta for providing suitable rooms at his house.

2. Fooding

We are thankful to DH for providing fooding and cooking facilities and also thankful to Mr. Ramesh Lama who helped us by cooking during our period of Community Diagnosis.

3. Stationary, Anthropometrics and sports materials

We would like to extend our thanks to DH for providing all the mentioned materials.

4. Transportation

Thanks to DHI for providing transportation facilities at the time of arrival and departure.

5. Laboratory equipments

Thanks to DH for providing all the required equipments and materials and also thanks to Bhume Secondary School for providing their room for Laboratory use.

7. Health Education Materials

Special thanks to DHO, DH, Saramthali Sub-health post.

8. Essential Drugs

Thanks to Dhulikhel Hospital, DHO, Saramthali Sub health post.

VILLAGE POFILE OF SARAMTHALI VDC

Saramthali VDC is at a mere distance of 60km from the capital city (30 km far from Dhulikhel municipality) present a picture of 'Real Nepal' be it geographically or socially. Situated at an altitude of 2700 feet and bounded by Bolde Phediche VDC in the East, Satsyurkharka VDC in the West, Narayansthan VDC in the South and Birtadeurali in the North. The VDC consist of 9 wards. Total households is 268 of which 1,2,3 &9 wards constitute 98 households.

- Total population of whole VDC s =1426
- Male = 687 and female = 739

Climate and vegetation

The climate of Saramthali VDC is temperate type, where winter is severely cold but summer brings pleasure weather.

Ethnicity;

Tamangs are the most predominant inhabitants of Saramthali VDC; other ethnic inhabitants are Brahmin,Chettri, Majhi & kami, etc.

Transportation and Communication

Saramthali VDC is one of the VDC of Nepal where transportation facilities are available.

Radios are found satisfactorily among the people

Culture

Family type;

Majority of the families in Saramthali VDC are joint.

Religion;

Because of the vast majority of Tamang community, Buddhism seems to be the predominant religion which is followed by Hinduism.

Language;

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Tamang language is the most popular language of Saramthali VDC, other language include Nepali.

Food;

Similar to other hilly regions, the principle crop is the Maize, however millet, soybean is also popular.

WORKPLAN OF COMMUNITY DIAGNOSIS

(8TH MAY -4TH JUNE 2006)

SN	ACTIVITIES	May 8	May 9	May (10-14)	May (15-17)	May 18	May (22-29)	May (31-June1)	June 2	June 3	June 4
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										

METHODOLOGY

Methodology of community diagnosis includes following aspects.

1) Study type:- Cross sectional study

2) Literature Review:-Different books and manual on the community diagnosis, previous report of senior batches, lectures notes of our orientation classes as well as many other articles and papers are taken for the base to our community diagnosis.

3) Rapport building:- Prior from the day of entry to the community and also through out field study we build good rapport with formal, informal leaders, school teachers, community health workers, female child volunteers (FCHVs) and community people.

4) Secondary data:- As much as we could, we collected useful information from the health center, sub health post, District Development Committee, District Health Office& local leaders.

5) Social Mapping:- We prepared general map of ward no. 1,2,3 and 9 with active participation of community people which shows all the toles, boundaries. Public palaces, important roads, rivers, clubs, jungle, chautara, temples etc.

6) Sample Design

- Type of study: Descriptive, Cross sectional type.

- Study area: Saramthali V.D.C,Ward No.1,2,3 & 9
- Sample population: Population residing in Saramthali.
- Sampling technique: Systematic random sampling.
  - Total population :- 1426
  - Total sample population:- 666
  - Sample frame (total house hold):- 268
  - Sample size (sample house hold):- 98
  - Sample unit:1 house hold
  - Sampling technique:- Systematic random sampling

7) Tools used in the survey:-

i. House hold interview questionnaire-

- It was composed on demography, vital events, personal hygiene and environmental sanitation, KAP regarding various diseases, economic status, health service utilization and needs, nutrition, MCH and FP.The questions were mostly close ended.

ii. Observation check list-

- It includes observational of toilets, water resources and its surroundings, waste disposal, kitchen, housing condition, cowshed overall sanitation and so on.

iii. Anthropometrics measuring tools

Anthropometrics measurements were adopted to assess the nutritional status of the children less than 5 yrs of age. It was assess with the help of :-

- Baby weighting machine
- Measuring tape

8) Methods used in the survey:-

- 1.House hold survey/ observation- question were asked to the head of the house of sample house hold.
- 2. Anthropometric measurement-Wt. and ht. of the under 5 children and MUAC of children between 0-5 yrs were measures to determine the nutritional status by weighing machine and measuring tape.

9) Data collection:-

- Data were collected from every tools by using all above methods and with the help of questionnaire, observational check list and anthropometric tools.

10) Data processing and analysis:-The collected data were tabulated in dummy tables. The tabulated data were then processed and analyzed in the basis of known standard and criteria and comparison with secondary data from different levels was done.

11) Community presentation:-

- The facts and finding obtained after the analysis were presented to the formal and informal leaders of the community, FCHV, teachers and students then necessary feedback were taken.

12) Need prioritization:-

The needs of the community were prioritized on the basis of -

1. Extent of severity of the problems.
2 Available resources and participation of community people.
3.Concern given by the community people

13) Micro health project:-MHP on worm infestation, school health teaching on ward no. 9and 1. Health teaching to FCHV and teacher of Bal Bikash Kendra, construction of sample toilet in ward no.1 and 9.

14) Severity and tranquility:

The emerald green forest, the jet paddy fields and the view of our little village immediately erased

Validity and reliability

The following measures were taken in consideration for the valid reliable of our survey.

1. **Intensive classes:** We are given intensive classes on the concept and various aspects of community diagnosis.
2. **Orientation program:** prior to the field, an orientation program was conducted by the expert to give us a clear picture of concept and proper technique of community diagnosis.
3. **Pre-testing**: All the questionnaires pre-tested before the community diagnosis.
4. **Standardization of test instruments :**

- Weighing machine were checked and adjusted each time before weighing the body.

- MUAC with help of the measuring tape was taken between the shoulder joint of a freely swinging left hand and elbow.
- The height of the babies were taken with the help of measuring tape, in the sleeping position to the babies who are less then 24 months and in the standing position to the babies who are more then 24 months.

5. Rechecking: every field questionnaires and observation check list were re-checked every day and that helps to us to cross-editing among the group members.

6. Discussion: foe the solving all the problems which appear during the data collection were discussed in every evening, post dinner session.

7. Supervision and guidance: to conduct our program smoothly, our teachers helped us by supervising and guided in time.

ETHICAL CONSIDERATION

- We explained the purpose & objective of our survey in clear & understandable term to the respondents (community participants)
- We did not give false information to them, to get their believe towards us.
- The permission was taken before asking the questionnaire & no one is forced to taken part in the research.
- We considered the belief, practices, & their feeling & social tabo during data collection.

DEMOGRAPHY

Demography is the study of population on a national, regional, or local basis in term of age, sex, also including survival.

Population distribution

According to our community diagnosis of four wards were 666, out of which 356 were male population and 310 were female population..

Age and Sex wise distribution of sample population in number and percentage.

Age interval in years	Male		Female		Total	
0-4						
5-9						
10-14						
15-19						
20-24						
25-29						
30-34						
35-39						
40-44						
45-49						
50-54						
55-59						
60-64						
65-69						

70-74						
75-79						
Total						

Analysis and interpretation of population pyramid

Population pyramid is graphic depiction of demographical components including total population composition by age and sex of certain place time period, population pyramid give description of age and sex composition of population.

The above population pyramid shows population of male in left hand and population of female in right hand side. The age groups are ascending in the other in apart of 5 years interval from base to apex, showing the specific bar, which reflect specific age group population.

The population pyramid is expansive type which indicating depiction developing country. The base expansive than apex indicating high growth rate and high child dependency rate, less effectiveness of family planning, high CBR & CDR.

The base of pyramid 0-9 years population is less than 10-29 years population which indicating family planning somewhat good.

In age group 15-19 years male population is less than same age female population. It might be due to migration, political situation migration due to unemployment and study.

Major Demographic indicator

S.N.	Demographic Parameter	Saramthali VDC
A.	**Size of composition**	
	- Total dependency ratio	65.26/100
	- Child dependency ratio	59/100
	- Old dependency ratio	6.41
	- Literacy ratio	62.17
B.	**Mortality Indices**	
	- Crude death rate	3/100
	- Infant mortality rate	0%
	- U-5 mortality rate	0%
	- Maternal Mortality rate	0%
	- Crude birth rate	12.01/100

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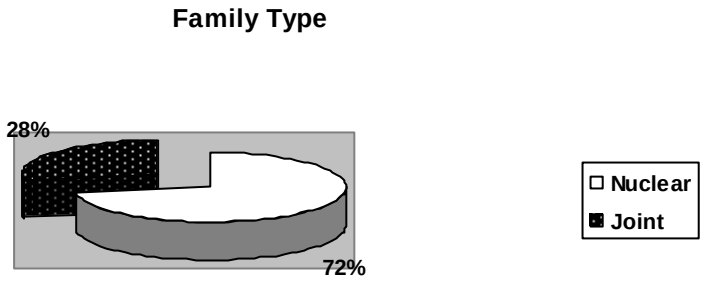
SOCIO-ECONOMIC STATUS

House Hold	Number	Percentage (%)
Nuclear	71	72
Joint	27	28
Total	98	100



Out of 98 house hold the majority of the nuclear families are 72% household & rest 28% joint families still exist due to job distribution in the agriculture.

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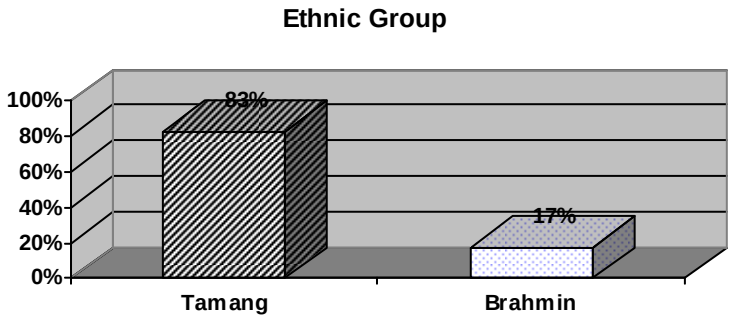
Ethnic group

Ethnic group	Number	Percentage (%)
Brahmin	17	17.35
Tamang	81	82.65
Total	98	100



Our research conclude that majority of people 83% are tamang and 17% are Brahmin

Educational Status

Educational Status	Number	Percentage (%)
Literate	365	64
Illiterate	201	36
Total	566	100

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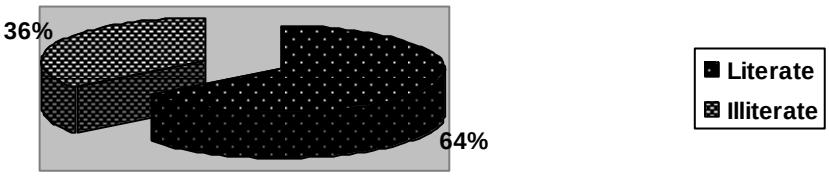
Educational Status



Majority of population are literate which 64% excluding age group less than 5 years and rest 36% is illiterate.

Male Educational status

Educational Level	Number		Percentage (%)	
	Male	Female	Male	Female
Simple literate	10	13	1.77	2.30
Primary	125	79	22	13.96
Secondary	82	42	14.49	7.42
Higher secondary	9	5	1.59	.88
Illiterate	62	139	10.95	24.56
Total	288	278	50.8	49.2

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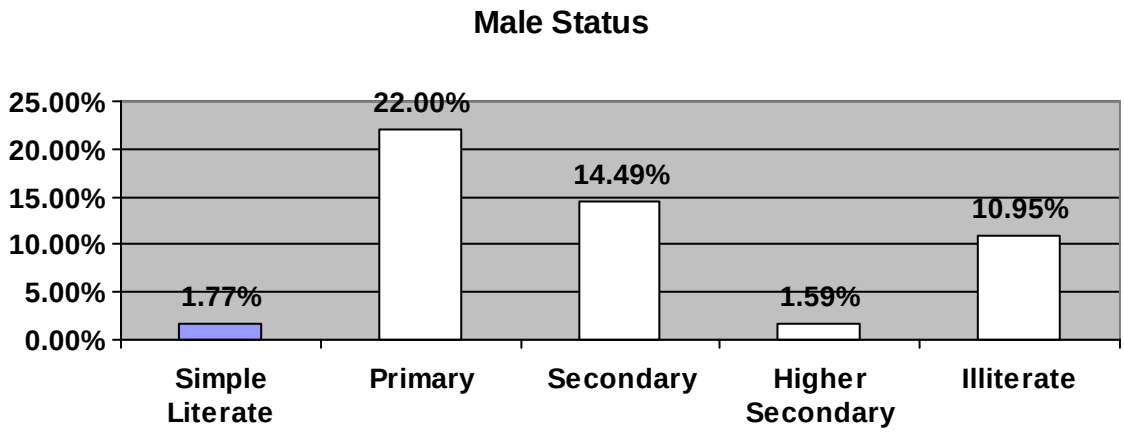
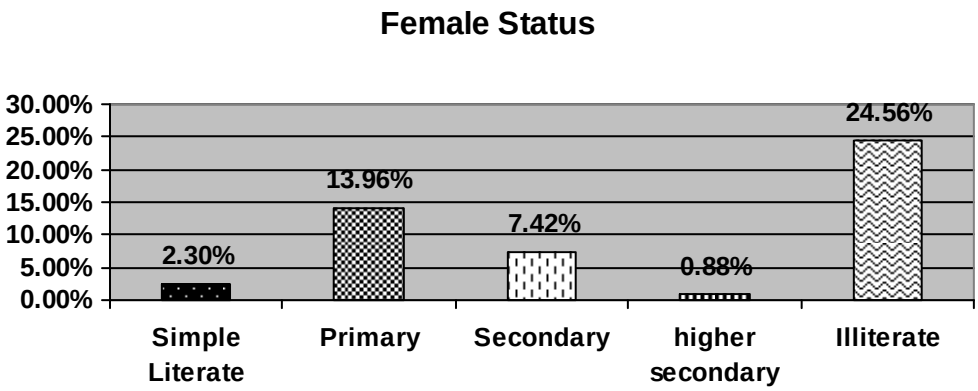


Regarding male educational status above bar diagram shows higher secondary level. That majority of male (16%) are primary level and only 2% are in secondary Level.

Female Educational Status

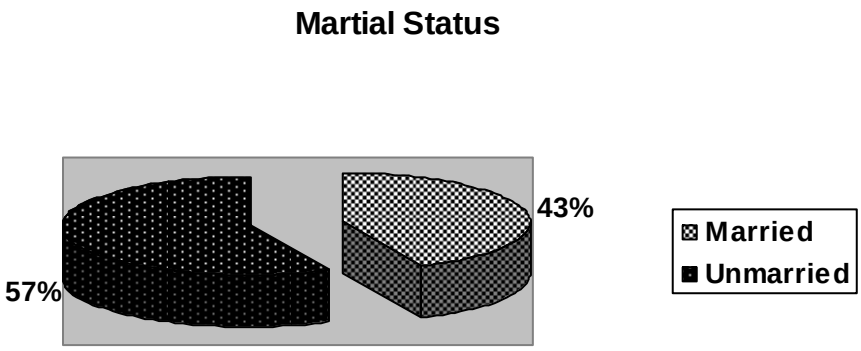


According to our finding, majority of females (23%) are illiterate, 14% of them are in primary level and only 1% are in higher secondary level.

Criteria for educational status

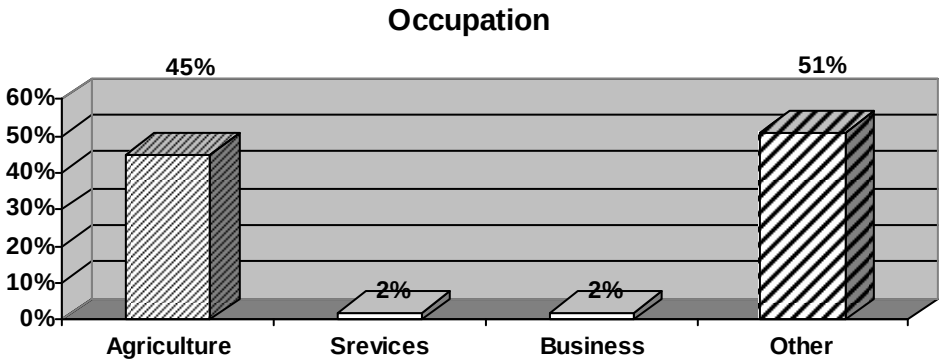
Illiterate - Cannot read and write
Simple Literate- Can read without having formal education.
Primary - Nursery to 5 classes.
Secondary - 6 to 10
Higher - Above 10

Martial Status



It shows that 43 percent are married and 57 percent are unmarried.

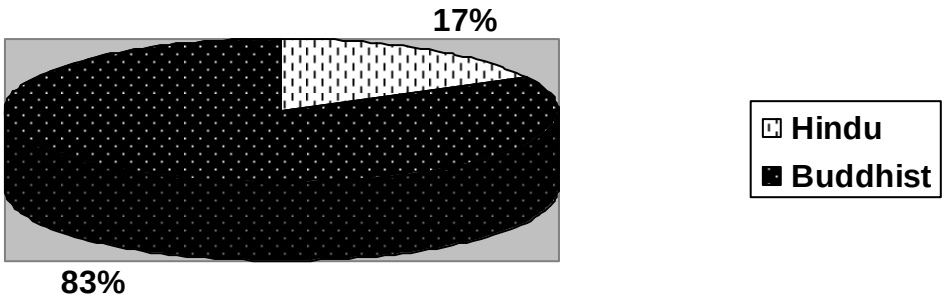
Occupation Status



Regarding the occupation above simple bar diagram shows that majority of the people are in agriculture that is 45 % that followed by others 51% and only 2% each business and services.

SOCIO – CULTURAL STATUS

Religion



Above figure shows that out of 98 household's majority of household are Buddhist which is 83% & rest 17% are Hindu.

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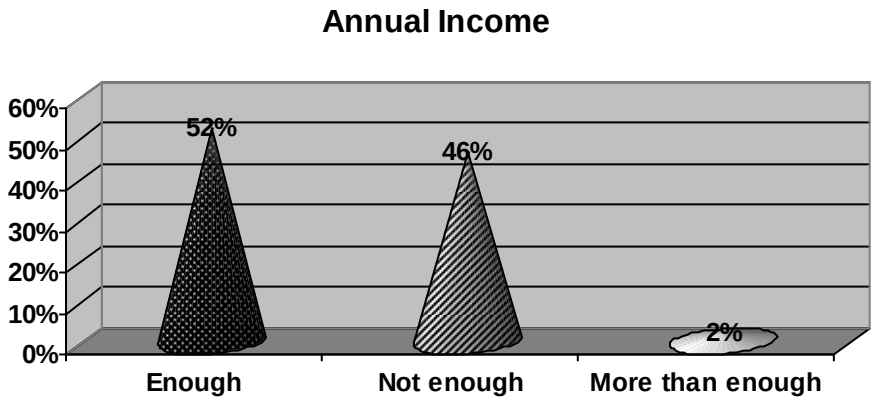
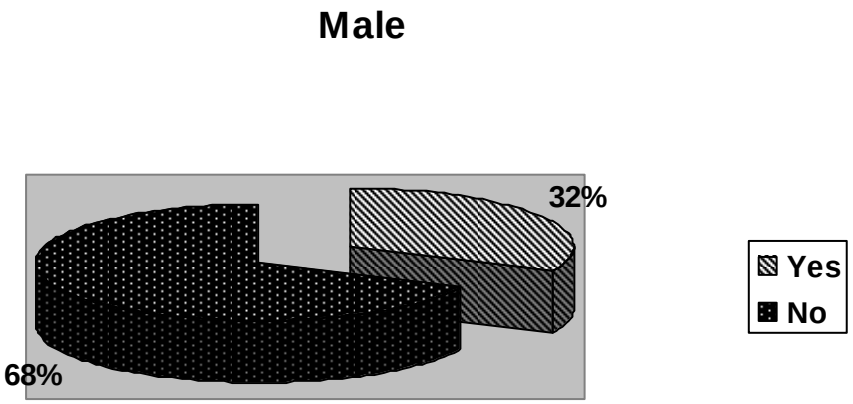
Economic Status

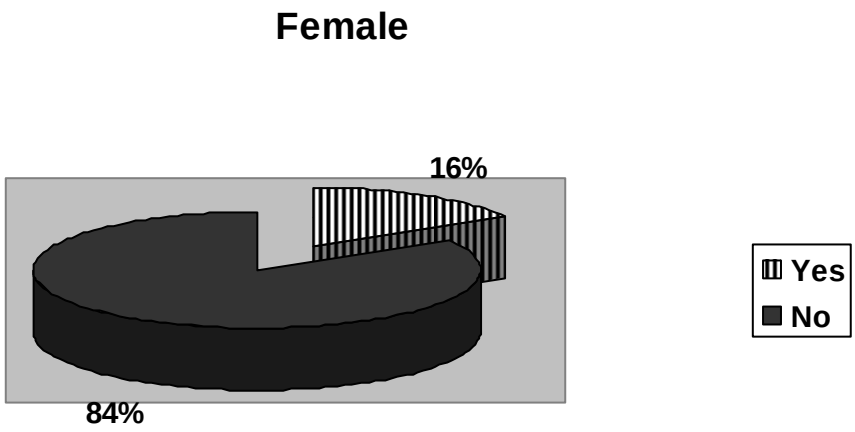


According to our finding 52% of household have enough income to eat a year, 46% household don't even enough to eat, & only 2% earns more than enough to eat a year.

Smoking

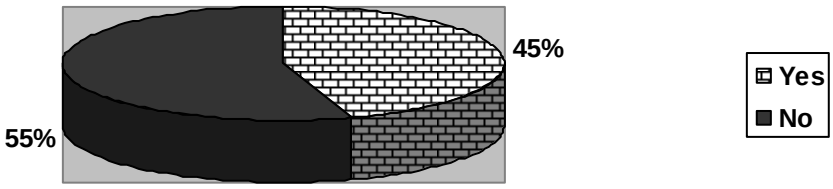


Regarding smoking we excluded the age <10 years. 32% are male smoke & 68% are non-smoker. Likewise in female above 10 years 16% are smoker & 84% are non-smoker.



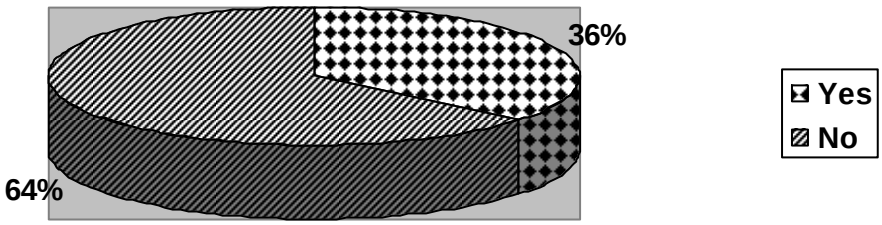
Alcohol Consumption

Male



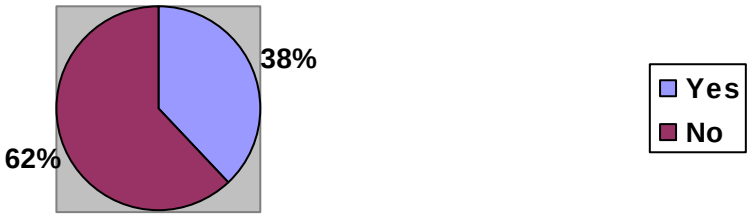
Likewise in alcohol consumption also we excluded age below 10 years. Where 45% of male are alcohol consumer either daily or occasionally 55% are non-consumer. Similarly 36% of female are alcohol consumer & 64% are non-consumer.

Female



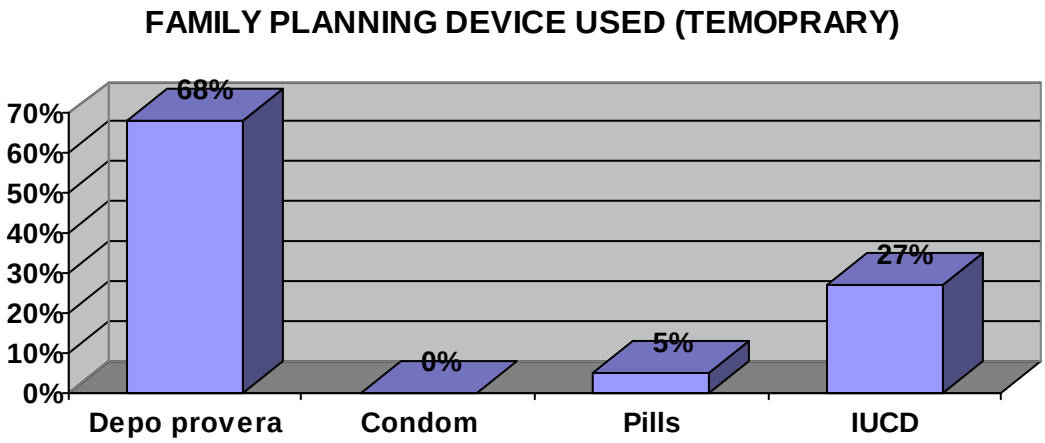
FAMILY PLANNING

PRATICE OF FAMILY PLANNING



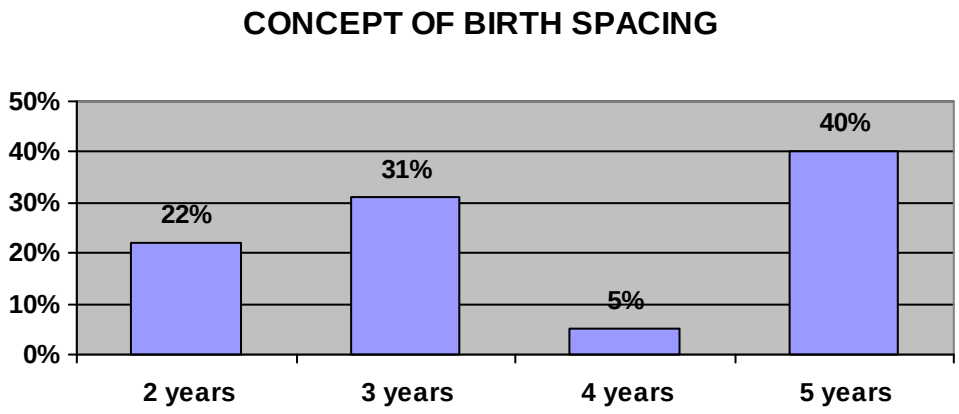
Above figure shows that among total respondents 38% couples are using family planning services, where 62% couple are not using family planning services.

FAMILY PLANNING DEVICE USED (TEMOPRARY)



Among the couples practicing family planning services 68% were using Depo Provera, 0% were using condom; 5% using Pills & only 27% were using IUCD.

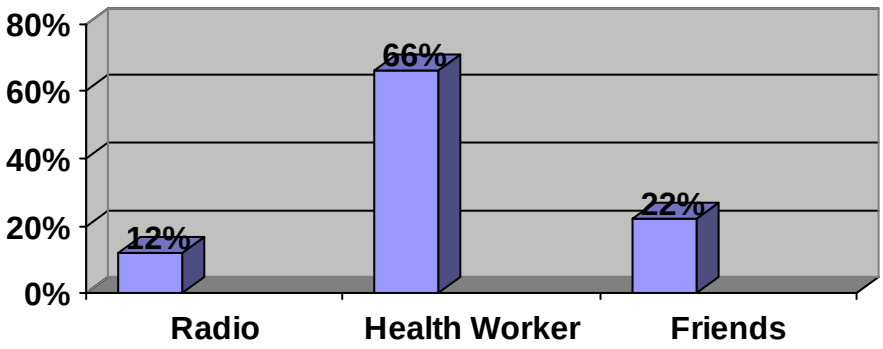
CONCEPT OF BIRTH SPACING



According to our survey 22 %couples respondents birth spacing of 2 years, similarly 31% respondents 3 years, 5% respondents 4 years, 40% respondents birth spacing of 5 years & above.

SOURCE OF INORMATION ABOUT FAMILY PLANNING

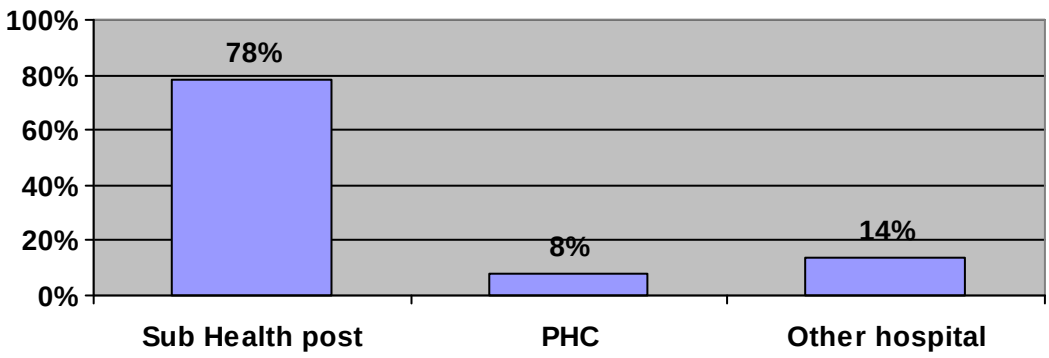
SOURCE OF INORMATION ABOUT FAMILY PLANNING



Above figure shows that majority of the respondents get information about family planning from health worker 66% from Radio, 12% from health center, 22% from friends.

FAMILY PLANNING SERVICES OBTAINED FROM

FAMILY PLANNING SERVICES PROVIDED



According to our survey majority of the respondents received health services from 78% from sub health post, 8% from PHC, and 14% from the other hospital.

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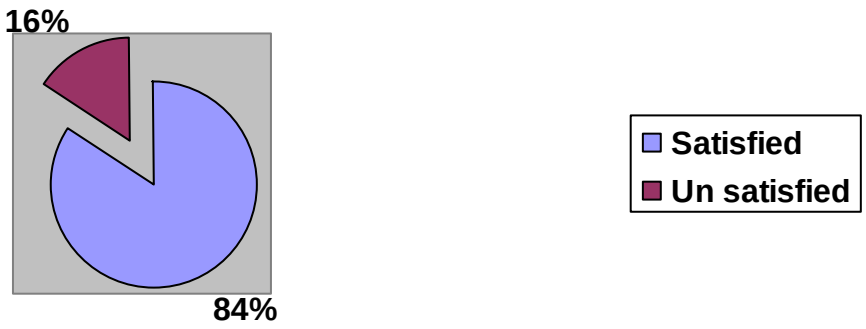
SATIFICATION TOWARDS FAMILY PLANNING SERVICES



Above figure shows that 84% couples were satisfied with family planning services only 16% couples were not satisfied with family planning services.

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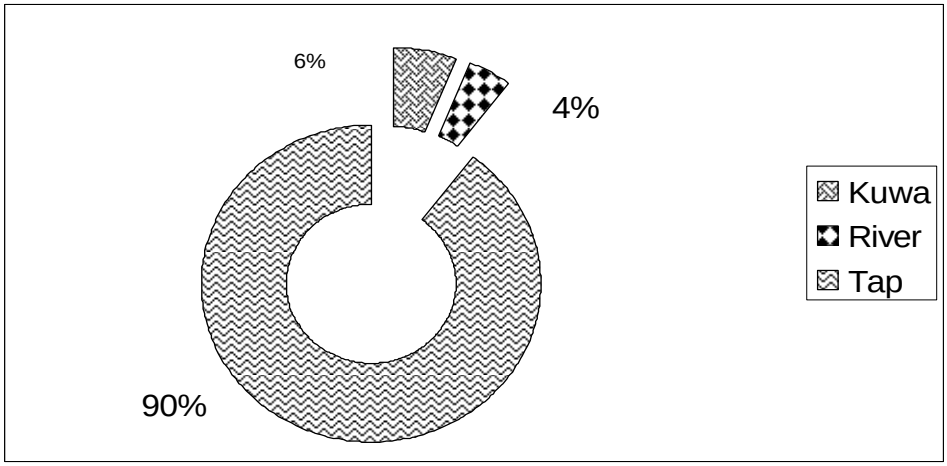
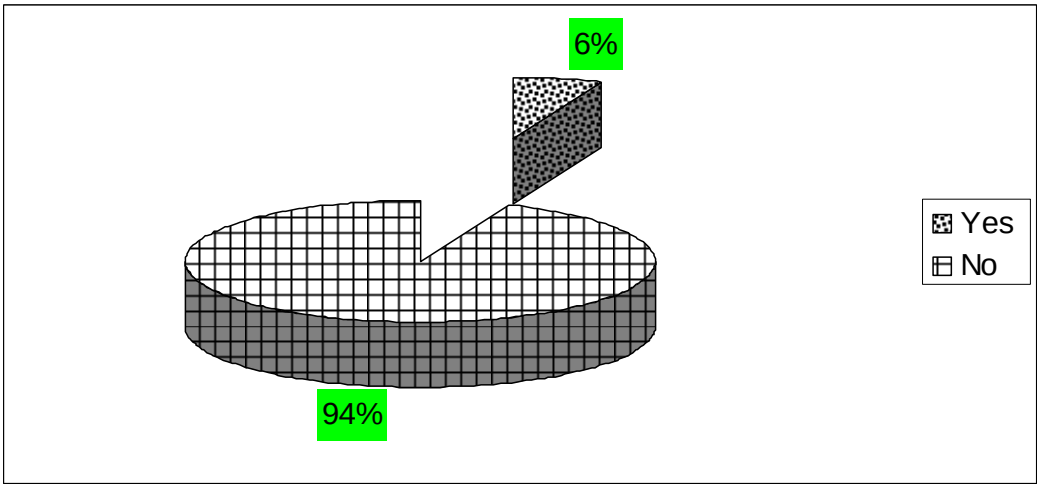
ENVIRONMENTAL HEALTH

SOURCE OF DRINKING WATER



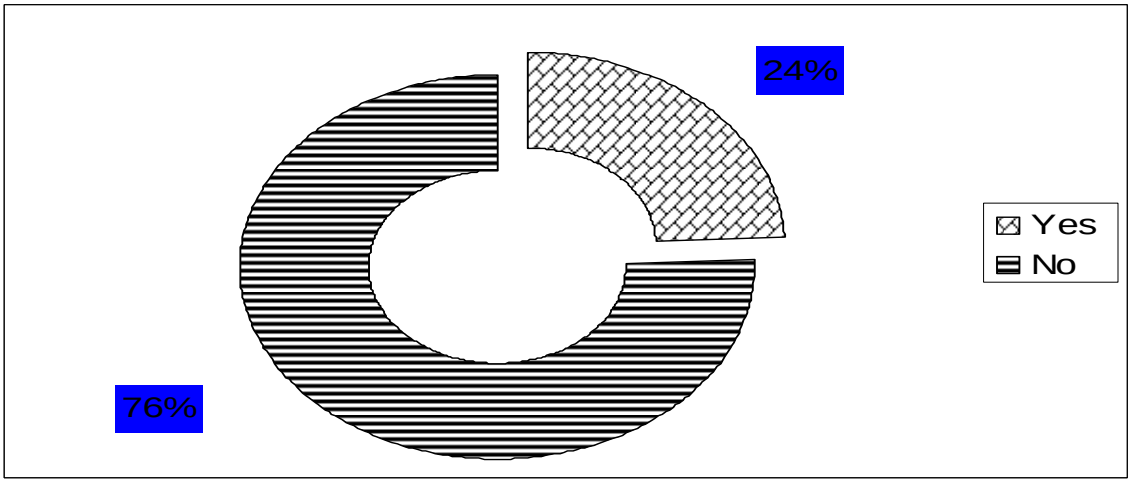
90% of the respondents consume Tap (pipe line) water.

PRACTICE OF WATER PURIFICATION



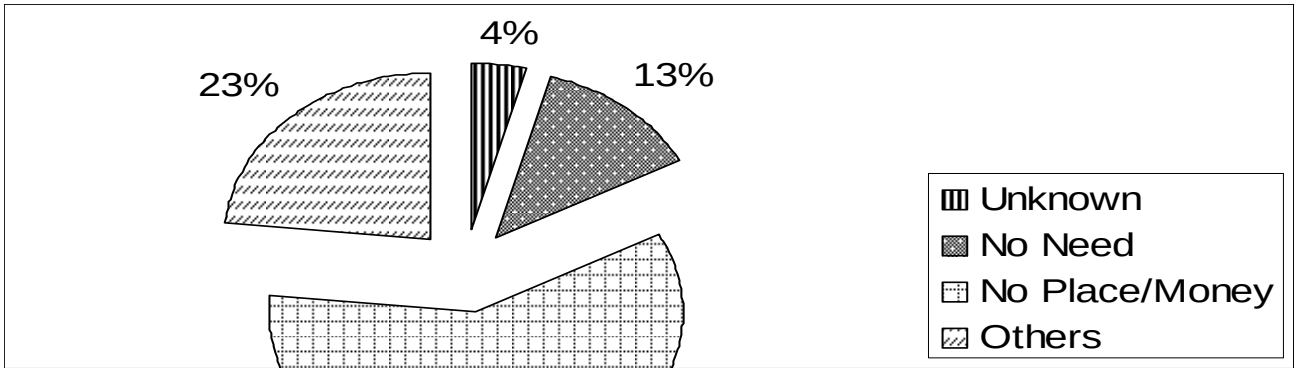
Most of the responded do not have practice of purification of water i.e. 94% and the remaining 6% consume purified (boiled) water.

TOILET CONSTRUCTED



Above chart reveals that 76% of the total household have toilet in their house whereas only 24% of the respondent do not have toilet.

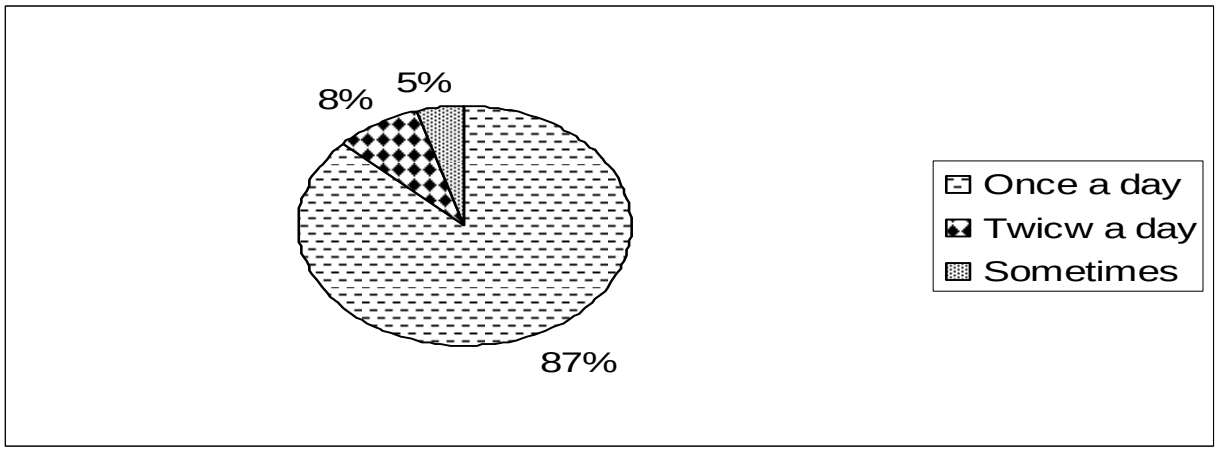
REASONS FOR NOT CONSTRUCTING TOILET



BRUSHING HABIT

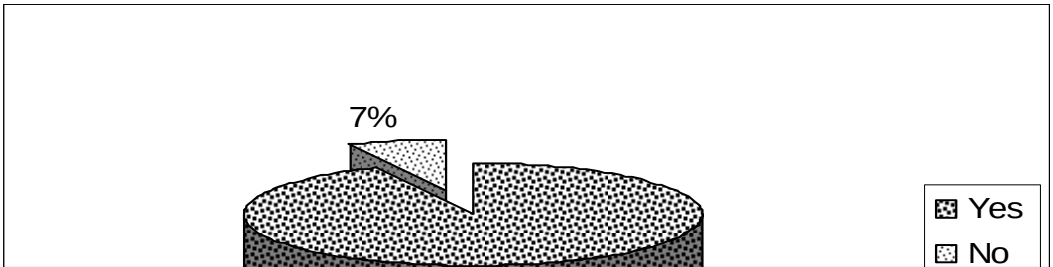
Above chart shows the various reasons for not constructing toilet according to which most of them had not constructed due to reason of having no money or place.

BRUSHING HABIT



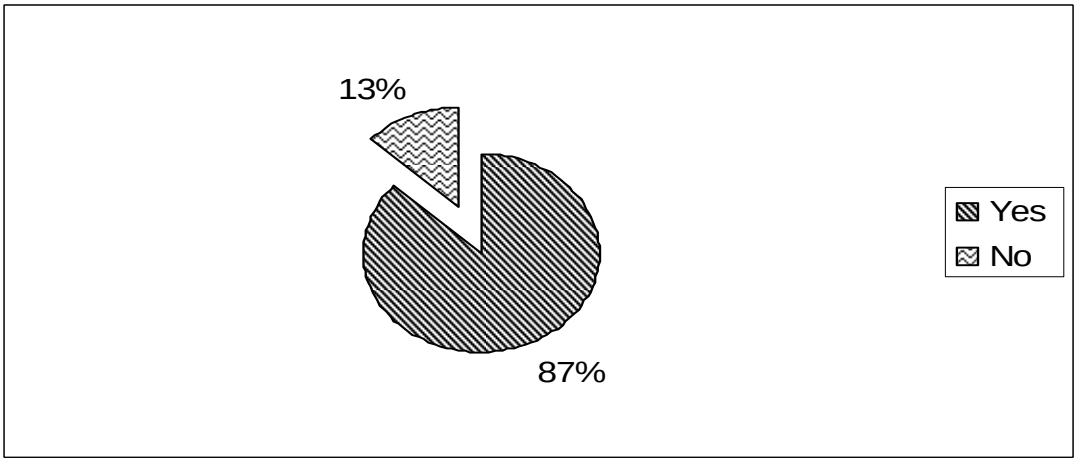
Above chart shows that 87% of the respondents have the habit of brushing their teeth once a day, 8% brush twicely whereas 5% brush sometimes or they do not.

HAND WASHING BEFORE MEAL



Almost all the respondents i.e. 93% wash their hand before meal and the rest i.e. 7% do not.

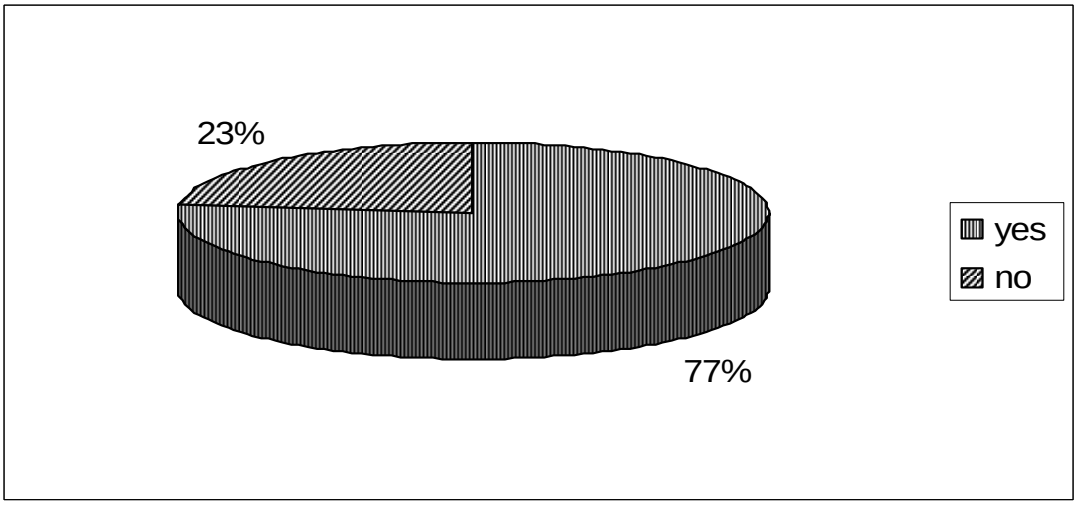
PRESERVATION OF FOOD BY COVERING



Above chart reveals that 87% of the household preserve their food by covering and 13% of the household do not cover their food.

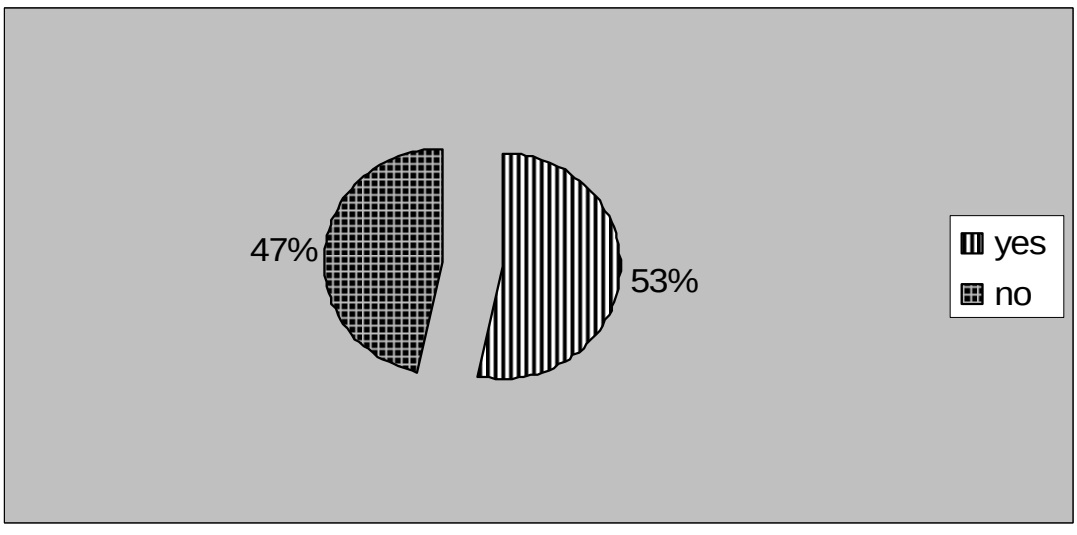
TUBERCULOSIS

HEARD ABOUT TB



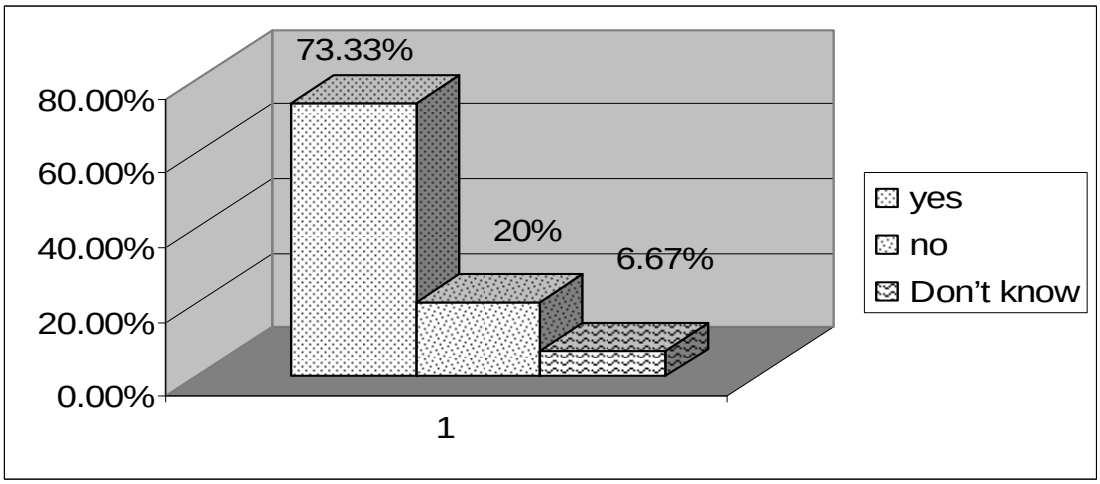
Majority of the respondents had heard about disease tuberculosis i.e. 77%.

MODE OF TRANSMISSION



53% of therasponded know about ht emodeof transmission and 47% do not have any idea about mode of transmissiom of disease tuberculosis.

TB IS CURABLE



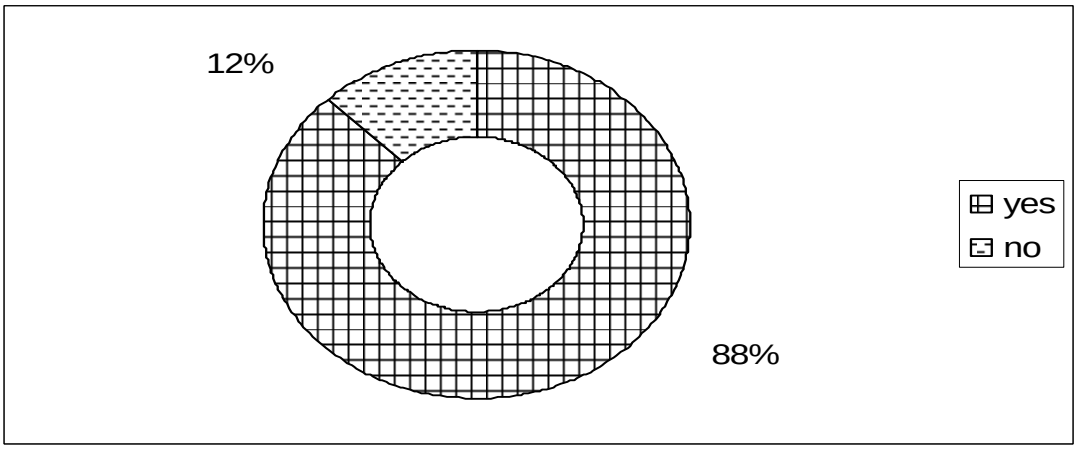
Majority of the responded know that TB is curable i.e. of 73.33% , 20% do not have any idea and 6.6% do not know that TB is curable.

PREVENTION OF TB

77% know that TB is preventable and 23% do not know about this.

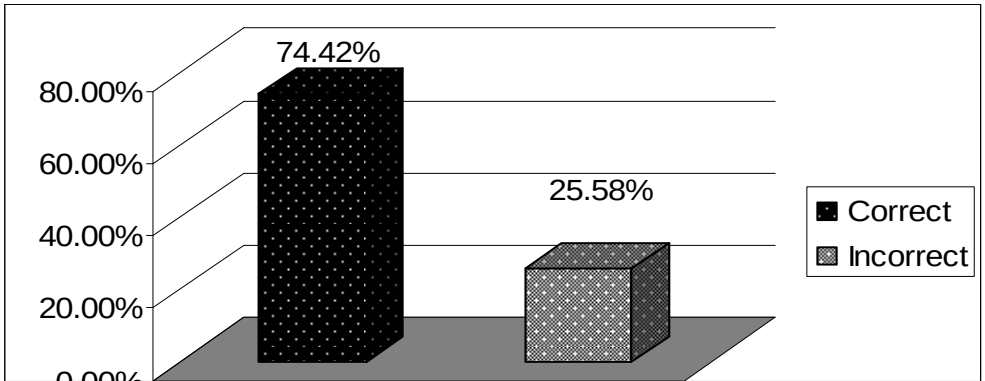
DIARRHOEA

HEARD ABOUT DIARRHOEA



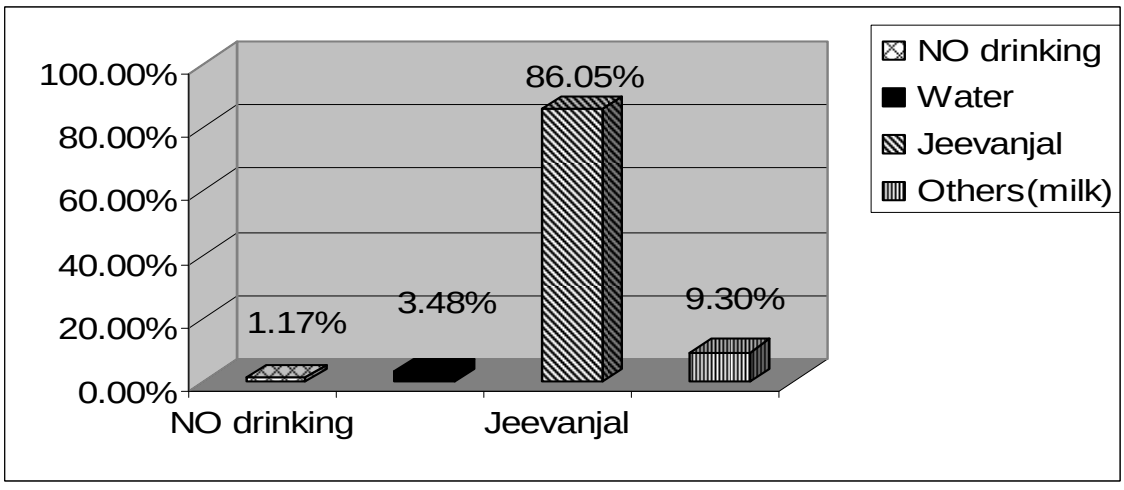
80% had heard about disease diarrohea and 12% do not heard about disease diarrohea.

MODE OF TRANSMISSION



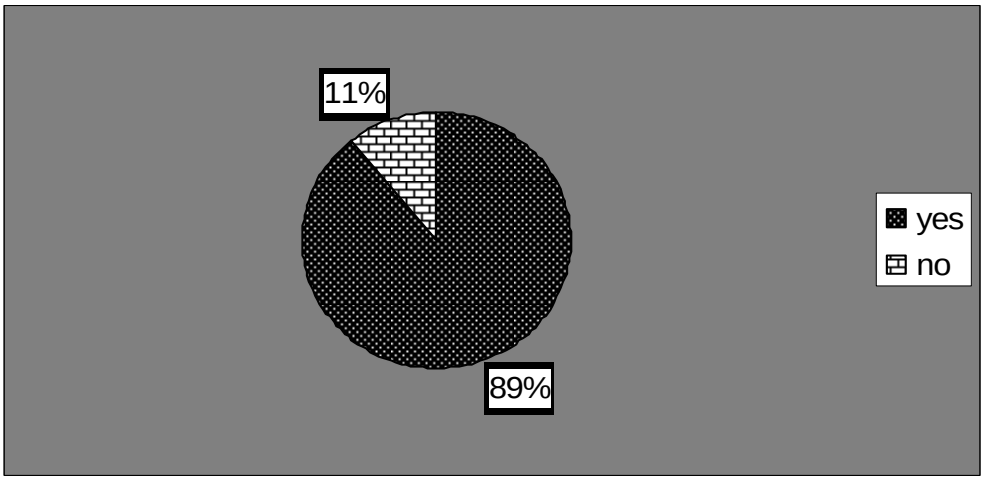
74.42% had correct idea about mode of transmission and remaning 25.58% had incorrect idea about disease diarrohea.s

FEED THE CHILD WHEN THEY HAVE DIARROHEA



86.06% feed jeevan jal when they had diarrohea .

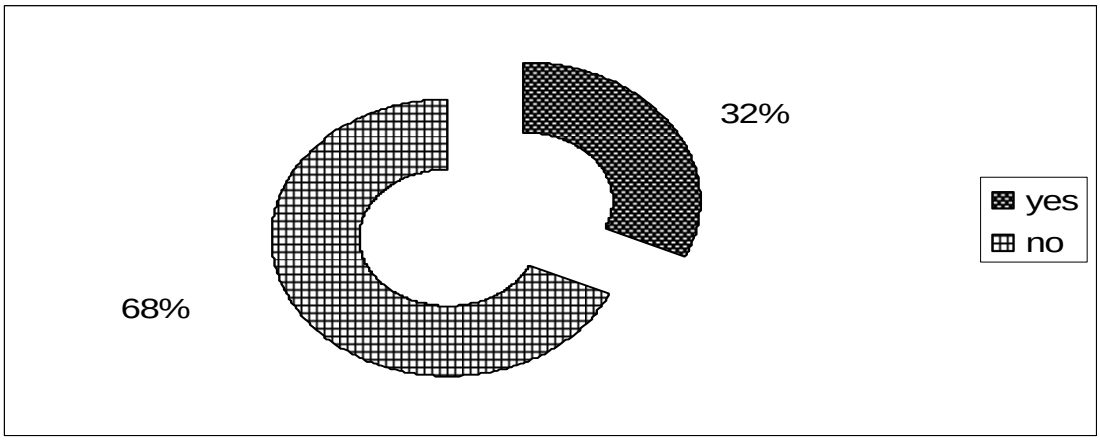
KNOWLEDGE ABOUT PREPRATION OF JEEAVNJAL



89% had knowledge about prepration about jeevanjal and remaning 11% do not had idea about prepration of jeevanjal.

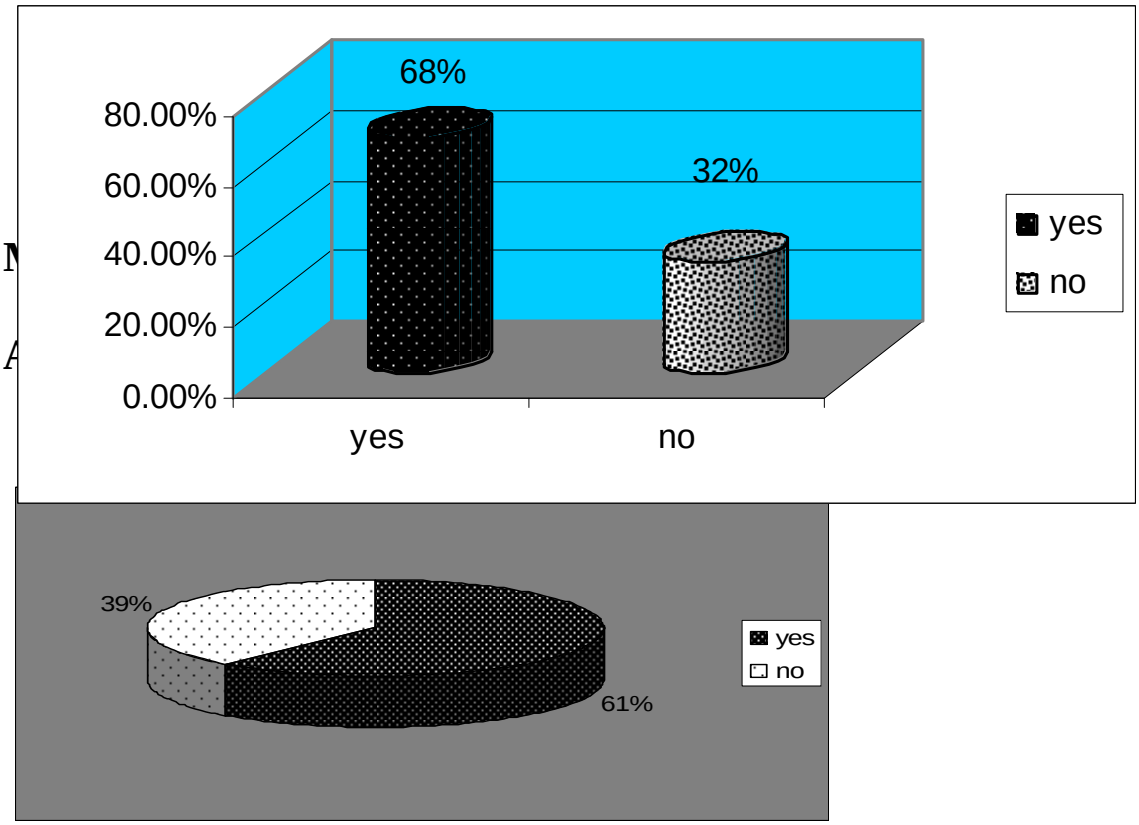
AIDS

HEARD ABOUT AIDS



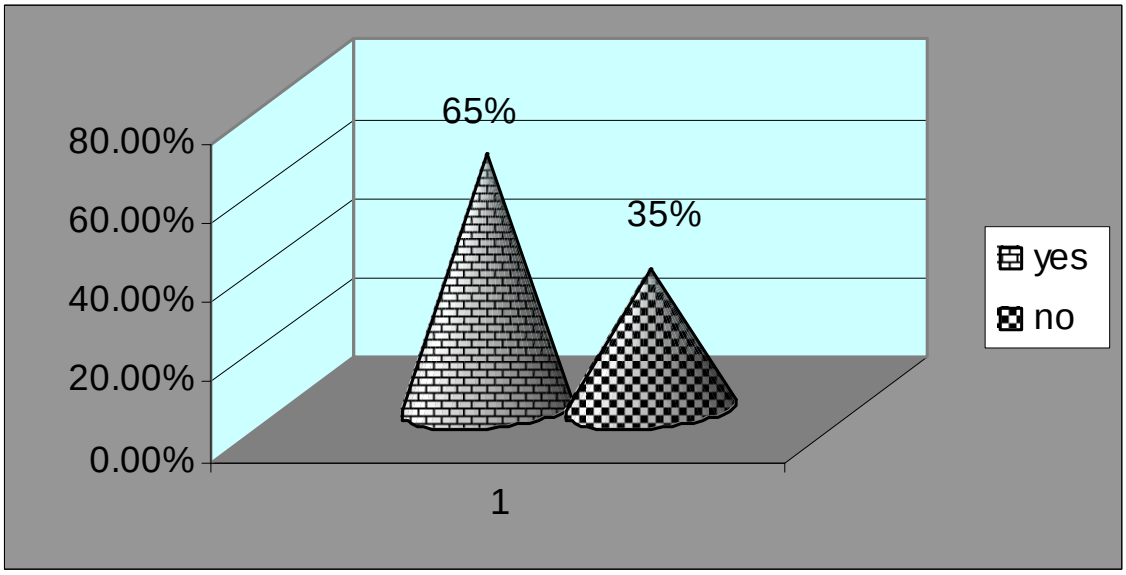
Only 32% of the respondents heard about disease AIDS remaning 68% do not heard about disease AIDS.

MODE OF TRANSMISSION



61% had known to mode of transmission of AIDS and 39% were un known to that.

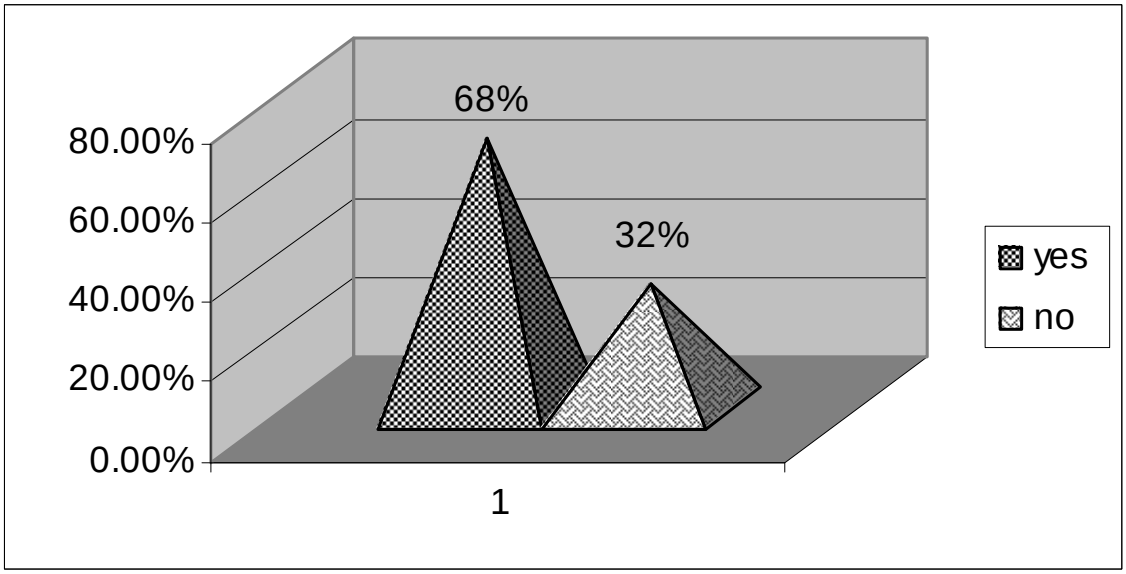
AIDS IS PREVENTIVEABLE



64.52% of responded had answered that AIDS is preventable and remaining 35% of the responded do not know about it.

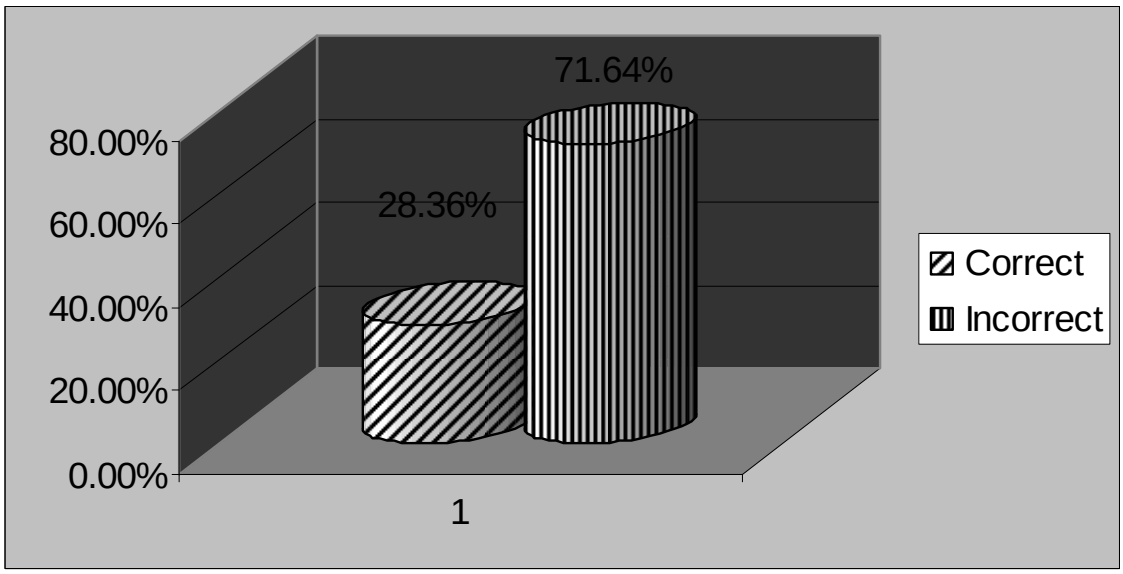
ARI (PNEUMONIA)

HEARD ABOUT PNEUMONIA



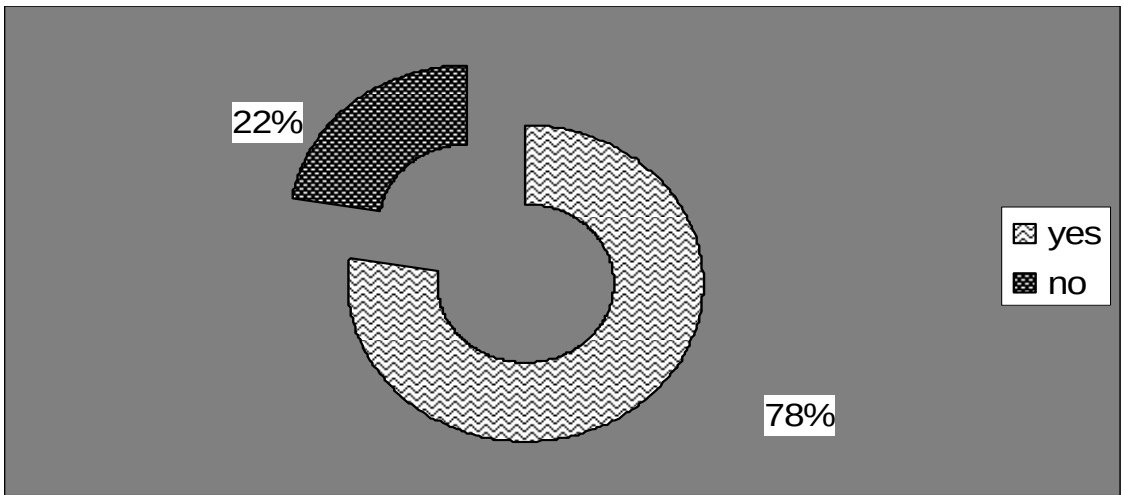
Majority o f the respondents 68% had heard about ARI (mainly pneumonia) 32 % of the respondents do not heard about this disease.

MODE OF TRANSMISSION



71.64% had correct idea about mode of transmission about pneumonia remaining 28.36% do not have any idea about mode of transmission about this.

PNEUMONIA IS CURABLE



Most of the respondents i.e. 78% know that pneumonia is curable whereas 22% answered it is not curable.

COMMUNITY DIAGNOSIS SARAMTHALI VDC 2006.

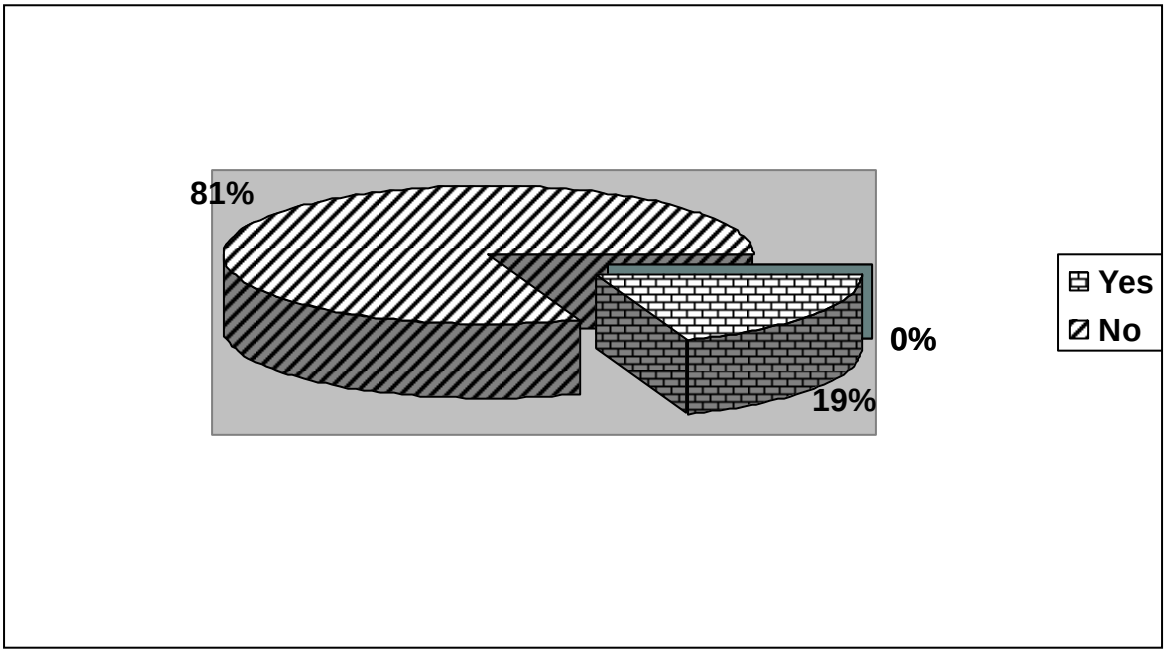
The main purpose of our survey was to determine the status of maternal and child health in Saramthali VDC community.

ANC

ANC is the care of mother during pregnancy i.e. after conception till the birth of baby. The main purpose of ANC is the promotion, protection and to maintain health of the mother through out pregnancy.

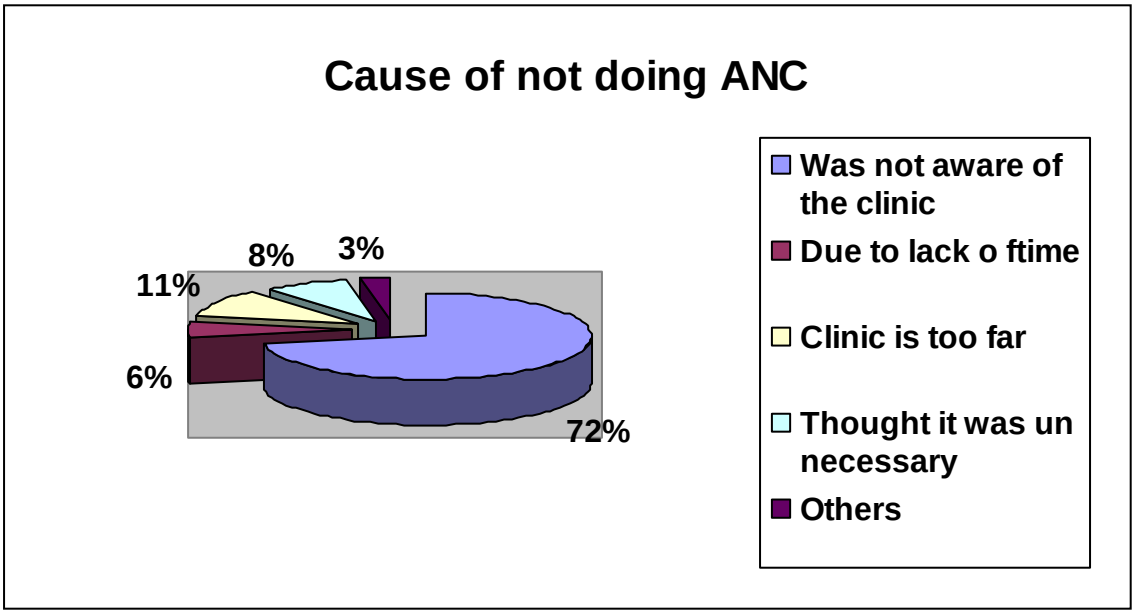
ANC attendance among the survey area of women was found poor with only 19% attendance. The main reason behind not attending is being unware of clinic.

SARMATHALI VDC



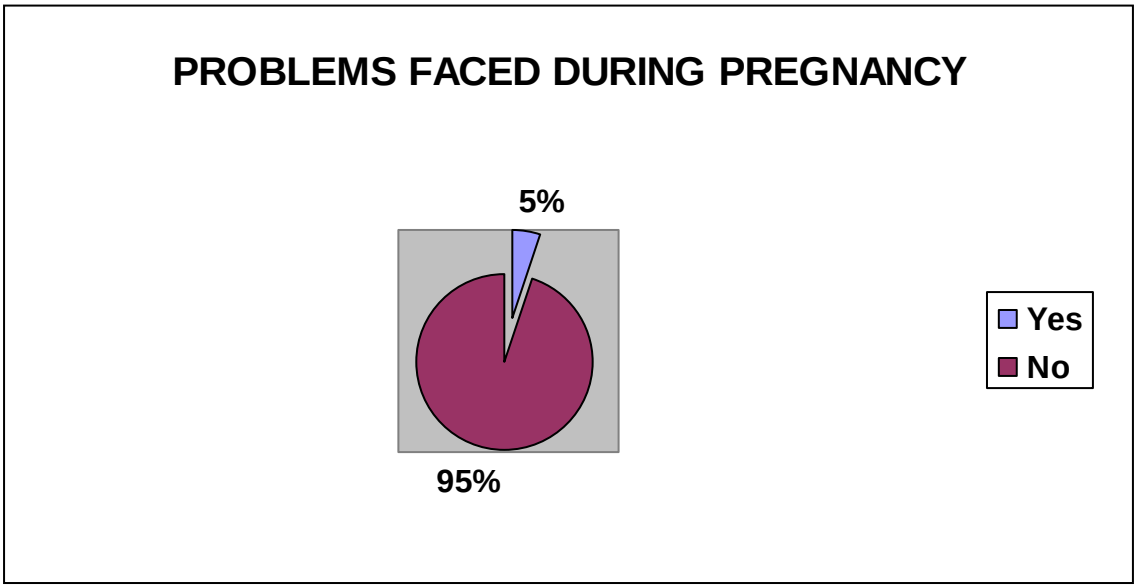
According to the survey conducted, only 19% of the women had done ANC attendance among the women of the community and the majority i.e.81% have not attended ANC.

CAUSE OF NOT DOING ANC.

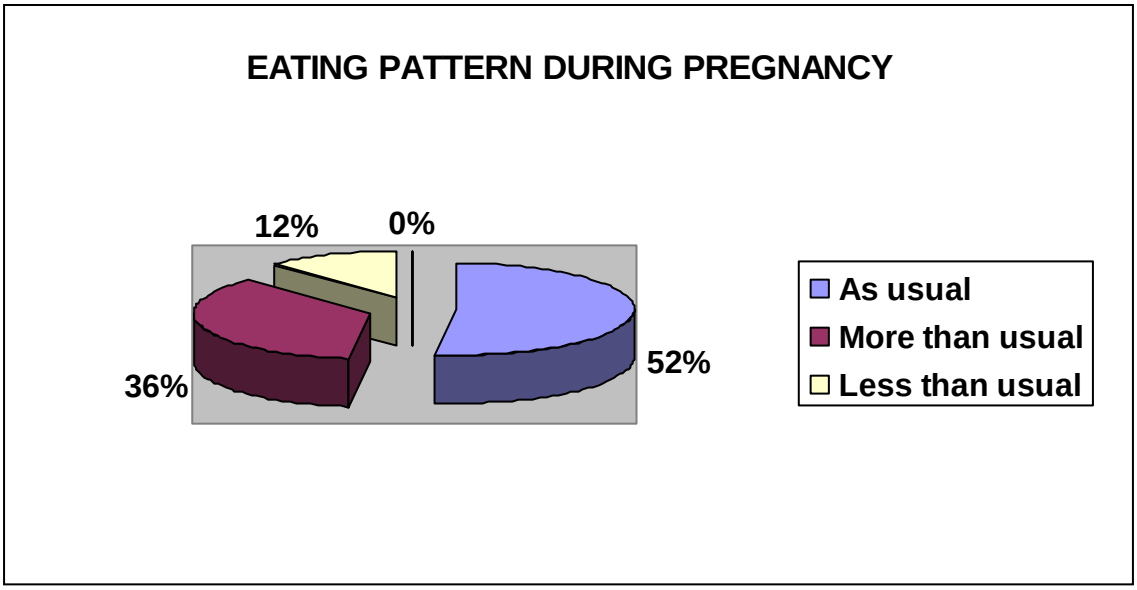


Among the respondents,72% of the respondents were not aware of clinic, 6% due to lack of time,11% due to far clinic, 8% due to unnecessary and reaming 3% due to others.

PROBLEMS FACED DURING PREGNANCY.

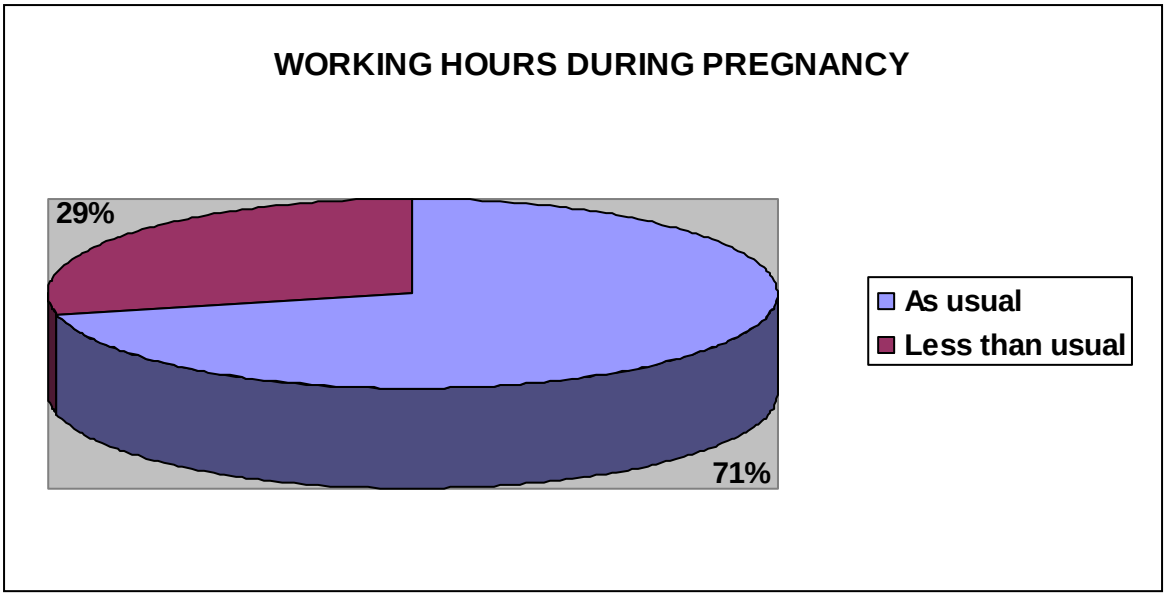


According to the survey only 5% of the respondents faced problems during pregnancy and 95% did not faced the problems during pregnancy.



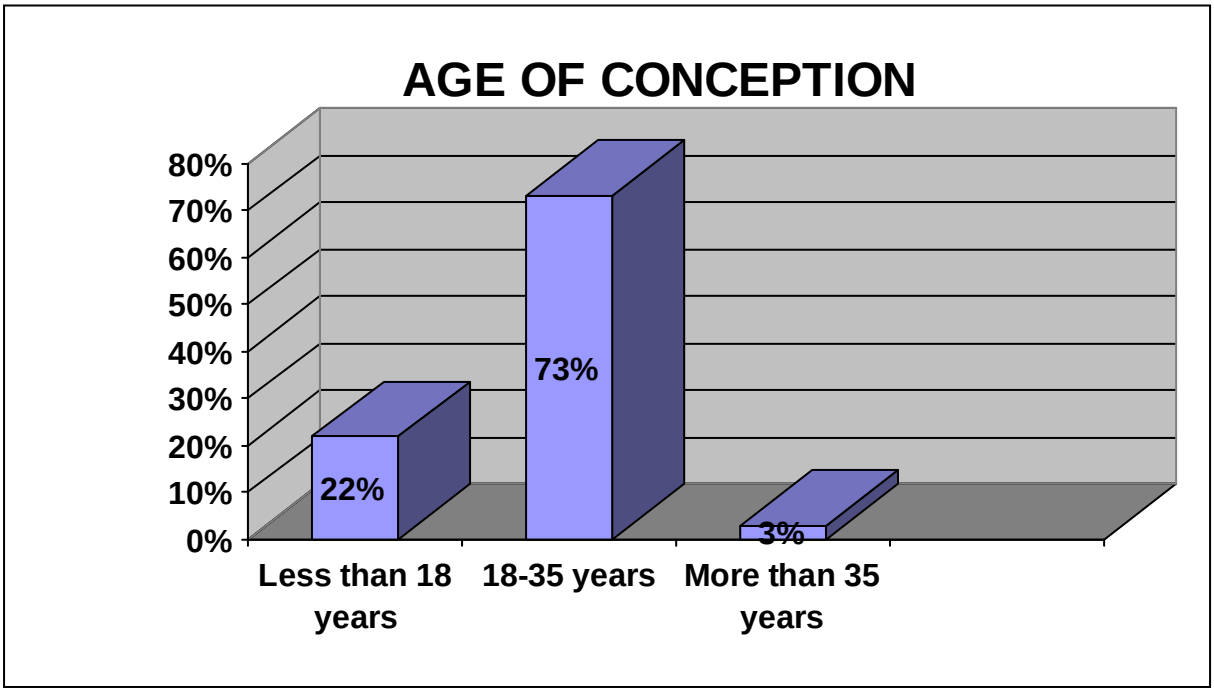
According to our survey most of the pregnant mothers are taking their food as usual i.e. 52%, only 36% of the respondents are taking food more than usual, where as 12% respondents are taking food less than usual.

WORKING HOURS DURING PREGNANCY.



According to our survey most of the respondents were attendance in their work as usual i.e. 71% only 29% of the respondents were attendance their work less than usual.

AGE OF CONCEPTION.



For better health of mother, she should be at least 20 years at her first conception. According to our survey it was found that 22% of the respondents were of age group less than 18 years at first conception, 73% had the age between 18-35 years and 3% at the age more than 35 years.

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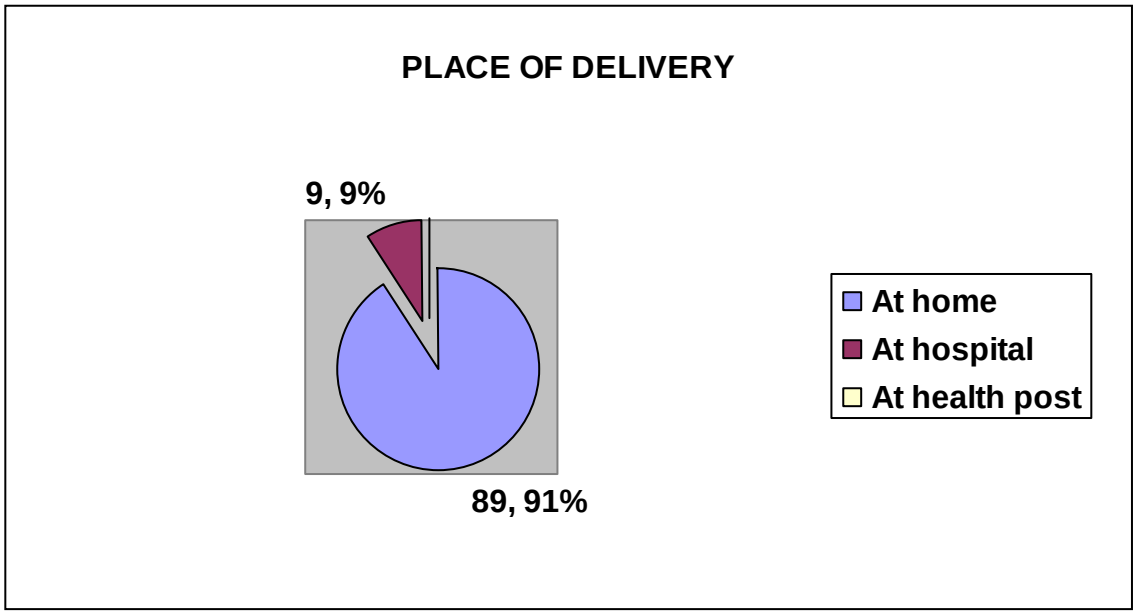
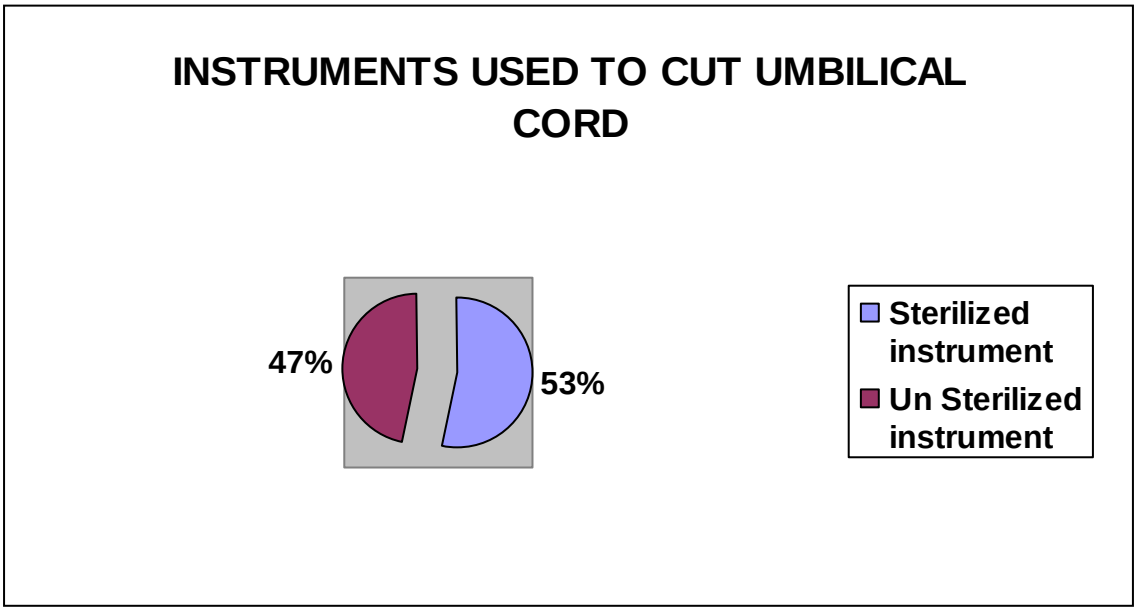


According to our survey most of the delivery was conducted at home i.e. 91%. Only 9% at hospital and o% at health post.

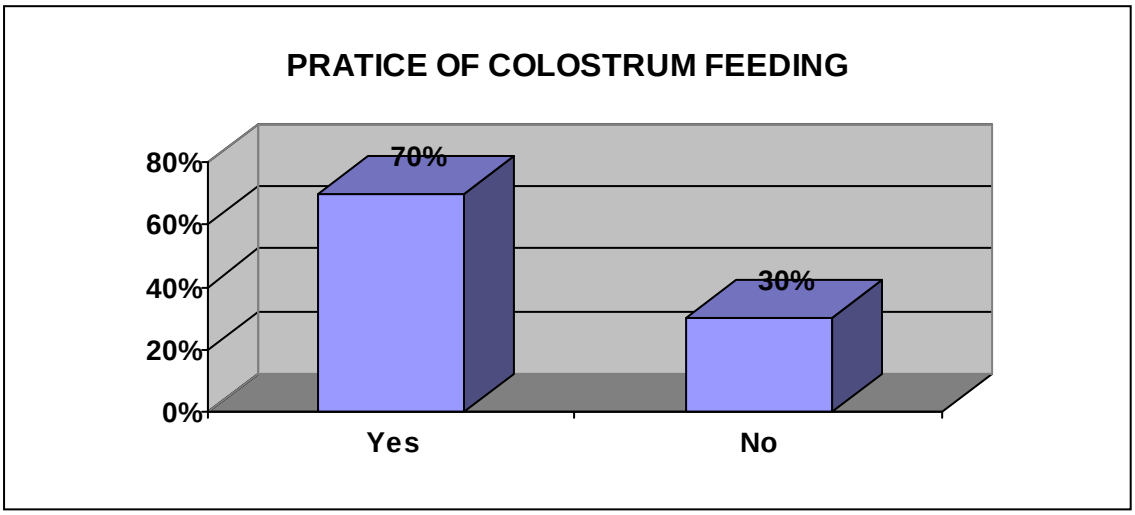
INSTRUMENTS USED TO CUT UMBILICAL CORD

I



According to our survey 53% respondents used sterilized instrument to cut umbilical cord where as 47% used un sterilized instruments.

PRATICE OF COLOSTRUM FEEDING



According to our survey 70% of the respondents had not any practice of colostrums feeding where as 30% of the respondents has practice of colostrums feeding.

PROBLEM DURING PREGRANCY

l

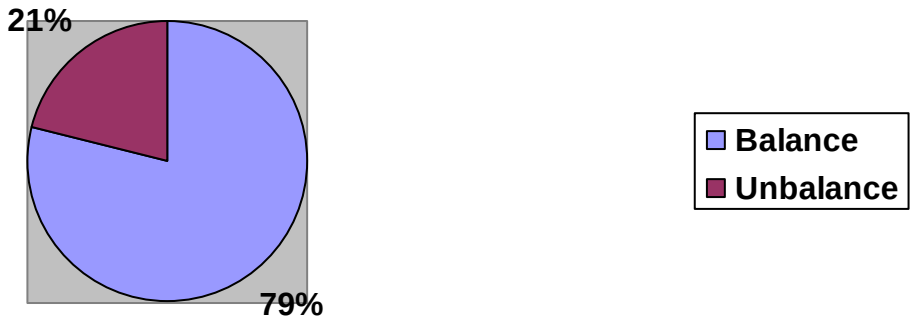
According to our survey 60% had problem of per vaginal bleeding and 40% has problems of leg swelling.

KIND OF FOOD TAKING DURING DELIVARY

SARMATHALI VDC

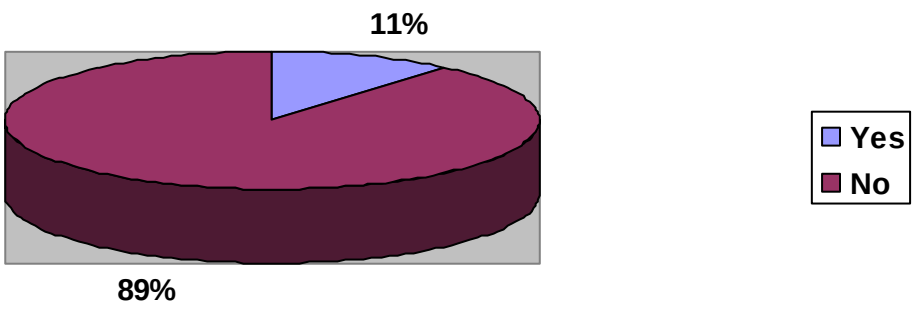
REPORT ON COMMUNITY HEALTH

KIND OF FOOD TAKING DURING DELIVARY



The growing foetus gets nutrition from mother diet. So the pregnant mother needs more or additional foods for good health of the self and foetus. According to our survey 21% of the respondents used to take balance food during delivery and only 79% of the respondents used to take un balance food.

INCIDENTS OF POST-NATAL COMPLICATION

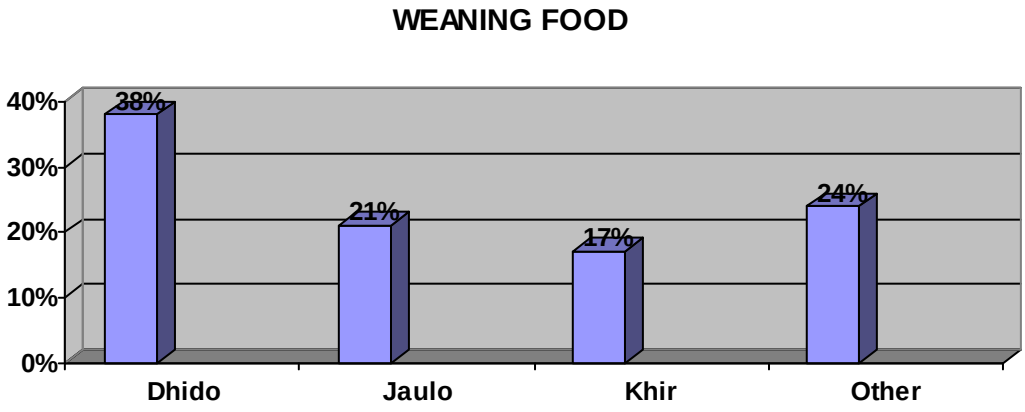


SARMATHALI VDC

According to our survey it was found that 89% of the respondents had not any incidence of post-natal complication. Only 11% of the respondents had incidence of post-natal complication.

WEANING FOOD

Food	No	Percentage
Dhido	37	38
Jaulo	21	21
Khir	17	17
Other	23	24

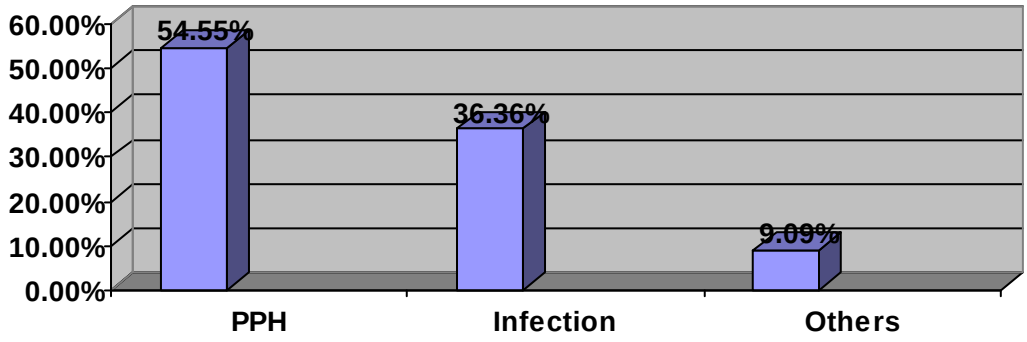


Above figure shows 38% used Dhido, 21% Jaulo, 17% Khir, other 24% for weaning.

KIND OF POST-NATAL COMPLICATION

SARMATHALI VDC

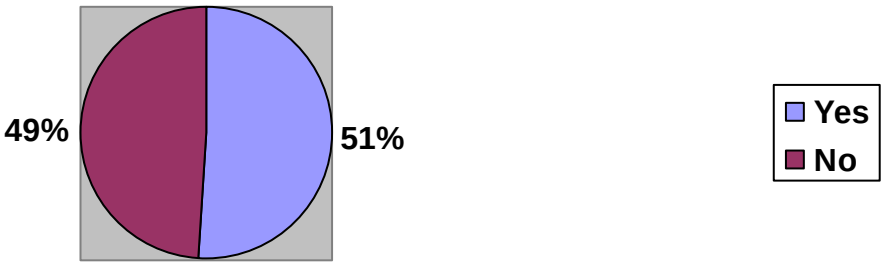
KIND OF POST-NATAL COMPLICATION



According to our survey we found that 54.55% of women had PPH, 36.36% had infection and 9.09% had others problems.

KNOWLEDGE ABOUT SARBOTTAM PITHO

KNOWLEDGE ABOUT SARBOTTAM PITHO



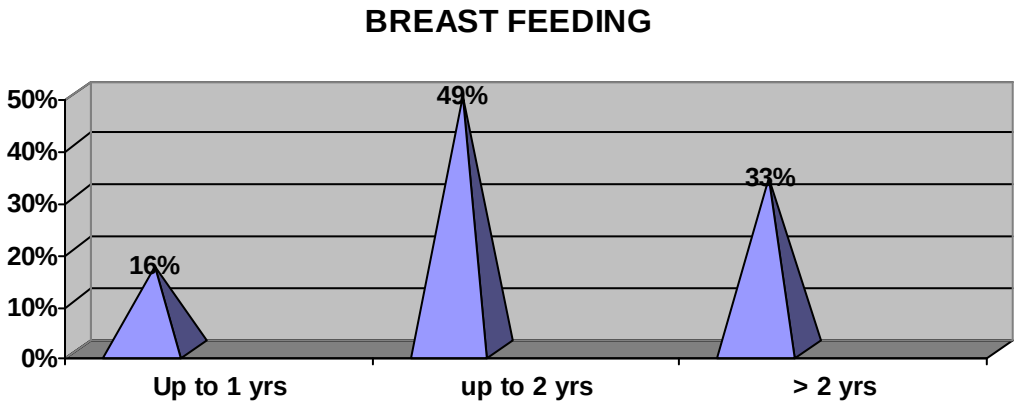
SARMATHALI VDC

According to our survey it was found that 51% of the respondents' knowledge about sarbottam pitho and only 49% didn't have knowledge about sarbottam pitho.

PRATICE OF BREAST FEEDING
O Breast Feeding
1 year: - 16
2 year: - 49
Other: - 33
Total: - 98

Breast feeding

Years	Numbers	Percentage
1 years	16	16
2 years	49	49
>2years	33	33
Total	98	100



Above figure shows that among total respondents 16% feed up to 1 yrs, 49% feed up to 2yrs and 33% feed > 2yrs.

IMMUNIZATIOsN

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 diseases (VPDs) are routinely reported through the HMIS system complemented by appropriated surveillance outbreak response.

SARMATHALI VDC

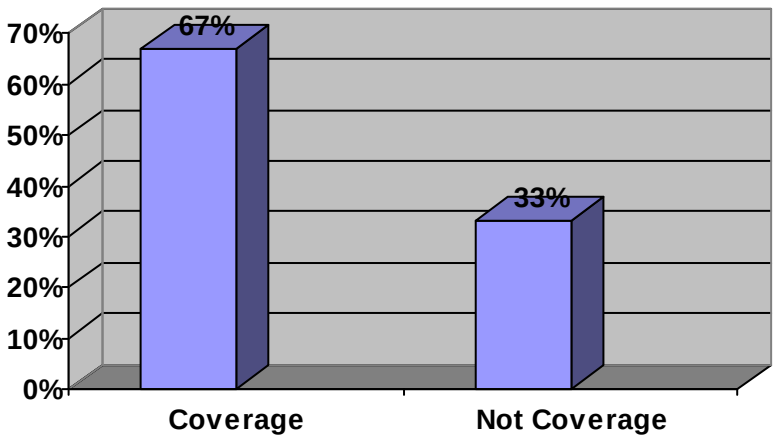
The immediate objectives of the EPI programme are to eliminate neonatal tetanus (NNT) to reduce measles morbidity and to eradicate poliomyelitis.

According to our survey, we found

BCG: -90%
DPT: -77%
Polio: -71%
Measles: -30%

Vaccination coverage values

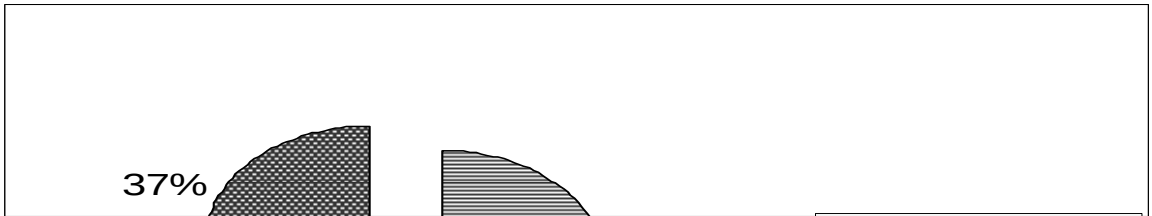
Vaccination	Percentage (%)
Coverage	67%
Not coverage	33%



BALBIKASH KENDRA(CCS)

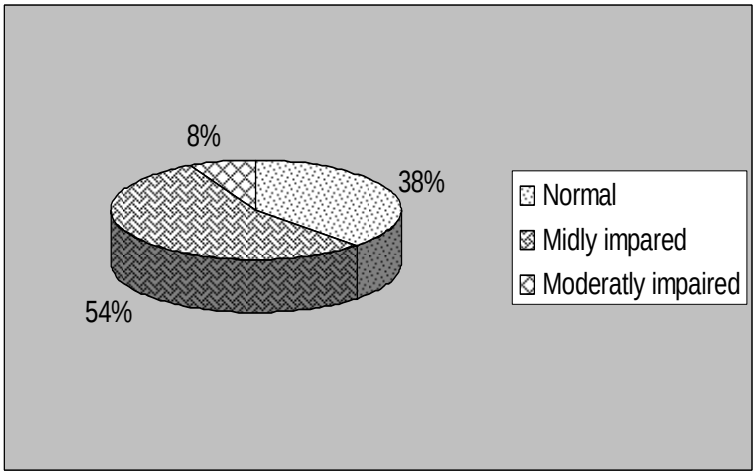
Nutritional assessment

weight/age (Gomez classification)



Majority of the responded 63% were normal and 37% were midly impaired.

Height/Age

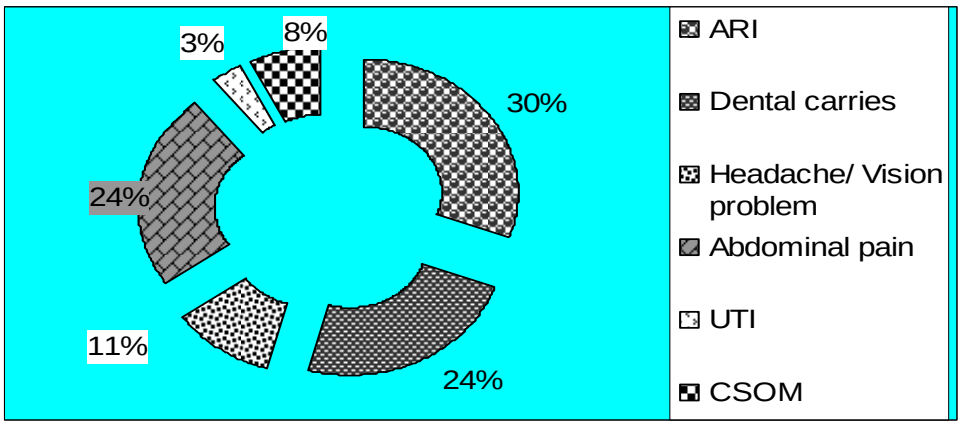


54% of the respondents were mildly impaired , 8% moderately impaired & 38% were normal.

SCHOOL HEALTH SCREENING
SHREE BHUMAE SECONDARY SCHOOL

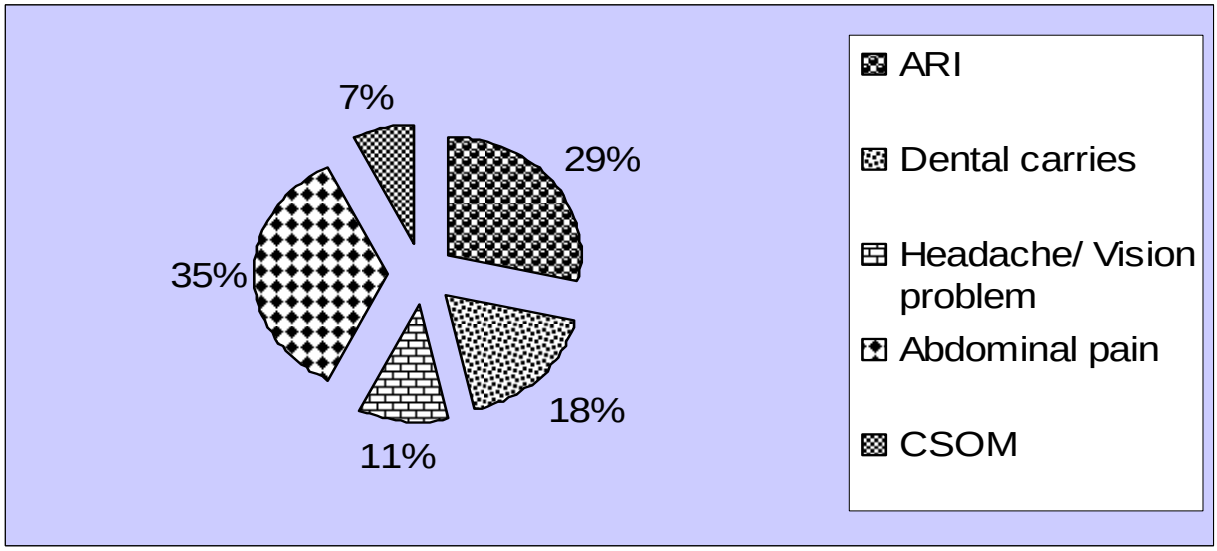
SARMATHALI VDC

Major diseases



Most of the responded were suffered from ARI i.e. 30%, abdominal pain i.e.24% ,24% from denal carries e.t.c.

SHREE KALIKA DEVI PRIMARY SCHOOL



Majority of responded suffer of ARI, 20% from 29% from dental carries, 18% from abdominal pain18% from dental carries and 11% from headache and vision problem.

ENVIRONMENTAL SANITATION

According to WHO it is defined eyes "the control of all those factors in man's environment which exercise or may exercise a deleterious effect on his physical development, health and survival." Health information related to environmental condition was from observation and an interview with the people of different aspects which is as follow:

Observation check list

Housing type

Particulars	Numbers	Percentage (%)
Kaccha	98	100%
Pakka	-	-

100% houses were found kaccha.

Floor

Particular	Numbers	Percentage
Mud	98	100
Cemented	0	0
Stone and mud	0	0

100% of the floors were found of mud & 0% were of cemented & 0% from stone & mud.

Wall

Particular	Numbers	Percentage
Mud and stone	98	100
Mud	0	0
Stone and cemented	0	0

100% house walls were of mud & stones. 0% were of mud & 0% were of stone & cement.

Roof

Particular	Numbers	Percentage
Thatched	36	36.73
Tiled concrete wood	37	37.75
Tin	25	25.51
Stone	0	0

25.51% of house roof were made of tin, 0% of house roof were stone, 37.75% were of tiled concrete wood and 36.73% were of thatched.
37.75% of houses were made of tiled concrete, 36.73% were of thatched, 25.51% were of tin & 0% were of stones.

SARMATHALI VDC

REPORT ON COMMUNITY HEALTH

Situation of house

Particular	Numbers	Percentage
Congested	12	12.24
Moderately congested	61	62.24
Spacious	25	25.51

62.24% were of moderately congested, 25.51% were spacious & 12.24% were congested.

Numbers of room

Particular	Numbers	Percentage
Sufficient	36	36.73
Non-Sufficient	62	64.28

64.28% of houses room were found to be non sufficient & 36.73% were sufficient.66.33% houses have adequate ventilation & 33.67% have inadequate ventilation.

Ventilation

Particular	Numbers	Percentage
Adequate	65	66.33

Inadequate	33	33.67

66.33% houses have adequate ventilation & 33.67% have inadequate ventilation.

Kitchen

Particular	Numbers	Percentage
Separates smokeless chulo.	12	12.24
Not separate from sleeping and without smokelss chulo.	20	20.41
Separate and without smokeless chulo.	48	49
Not Separate from sleeping or living room without smokeless chulo.	18	18.37

49% houses hold have separate but without smokeless chulo, 20.41% have not separate from sleeping & without smokeless chulo, 18.37% have not separate from sleeping room without smokeless chulo, & 12.41%householde have separate smokeless chulo.

Cow shed

Particular	Number	Percentage
Attached to house	68	69.39
<20 ft from house	7	7.14
>20 ft from house	11	11.22
Inside the house	12	12.24

69.37% of household have attached cow shed, 12.24% of household have inside the house, 11.22% have >20fit from house & 7.14% of household have >20fit from house.

Types of latrine

Particular	Numbers	Percentage
Bore hole	7	7.14
Pit	6	6.12
Water Sealed	11	11.22
Trench	0	0
No Latrine	74	75.51

75.51% of household have latrine, 11.22% of household have water sealed, 7.14% of household have bore hole, 6.12% of household have pit latrine & 0% has trench.
Majority of houses ie, 75.51% don't have latrine where as 24.49% have latrine at their house.

Waste disposal

Particulars	Numbers	Percentage
Organized	16	16.33
Randomly	82	83.67

83.67% respondents had disposed the waste randomly & remaining 16.33% respondent had disposed the waste in organized way.

Water drainage

Particulars	Numbers	Percentage
Yes	0	0
No	98	100

100% has no water drainage systems.

- taken for the base to our community diagnosis.

CONCLUSION

We are very thankful to DMI for providing us a great opportunity to perform community Diagnosis program at Saramthali VDC, ward no. 1, 2, & 4 from 25th Baishakh to 20th Jestha 2063. We collected data, analyze it, fixed priorities to the found problem and conduct micro health project.

We found that the people of that community had poor knowledge regarding various disease like TB, AIDS, Pneumonia , diarrhea, most of the people only heard the name of the disease , but does not know about as transmission curability, prevention and treatment and also women (especially of reproductive age group) rarely visit sub health post for ANC check-up. The cause of poor knowledge may be due to low education level, poor socio-economic status, lack of communication facilities and low ANC visit, due to poor knowledge regarding maternal health.

During on school health screening program we found the maximum prevalence of worm infestation which might be due to poor personal hygiene, use of unpurified water and lack of proper use of sanitary latrine.

To control these problems we conduct micro health project to the community people regarding various disease and maternal and child health and the school student regarding personal hygiene and common disease for the preventive aspect.

We have treated the patient and given the medicine too, to the needy people only as a curative aspect.

With the limited time and resources, we had tried to solve the problem as much as we can.

We know these activities are not sufficient. We still want to visit for follow up. We had tried out best to train the health volunteers. Hope they would perform the health programmed to their juniors and community people for long time in our absence too.

So all the organization needs to work together for the solution of the problem.

RECOMMENDATION

1. For the community people

- Should use sanitary latrine and Maintains personal hygiene.
- Try to improve in child education and Nutrition.
- Should maintain housing status.
- Try to utilize the health services provided.
- Has to focus on developing knowledge about different disease and skill in the major problems.

1. For Saramthali VDC

- Appreciate and help the teams or CCS health voluntary groups, who are working in its area.
- Working for water purification.
- Conduct different program for uplifting the health status of the community.

3. For District health office

- Conduct surveys on community problems and try to solve the problems.
- Mobilize the health related trained manpower.
- Help the health voluntary group that improvement of health status in their working area.
- Try to De-Worming whole VDC.

4. For Dhulikhel Medical Institute

- Help us by providing some of the resource which could not be fulfilled by local resource.
- Limitation like time and resource should be adjusted.
- Conduct follow-up program.

Nutrition

Nutrition is the science of food, the nutrition and other substance there in there action interaction balance in relation to health and diseases the process by which the organisms ingest, digest, absorption, metabolisms and excretion of food.

Nutrition is concerned with certain social, economic, cultural and psychological implication of food eating, surveillance of growth and development is important component of routine anticipatory care of children. We have survey the growth and development of children to identify those children who are not growing normally. Various anthropometrics tools were during survey, they are:-

- Age
- Weight
- Height
- MUAC

Nutritional Assessment

Nutritional assessment of under -5 children was done in our survey. During data collection we measure – Age, Weight, Height, and MUAC of children

Measuring instrument

1. Shaker's tape
2. Measuring tape
3. Weighing machine

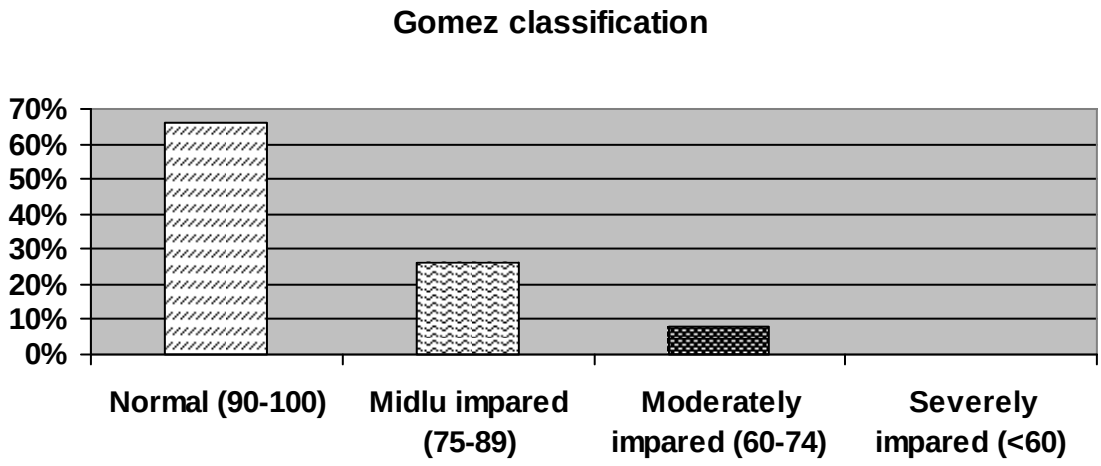
The major indices used to measure physical growth

1. Weight for age
2. Height for age
3. Weight for height
4. MUAC

Anthropometrics Nutritional assessment

Gomez classification (Weight / Age)		
Group in percentage	Number	Percentage (%)
Normal (90-100)	35	66
Mildly impaired (75-89)	14	26
Moderately impaired (60-74	4	8
Severely impaired (<60)	0	0
Total	53	100

SARMATHALI VDC



Weight for age

It shows growth flattering equal to number of gain in two months if more than six months old or one month if less than or loss of weight. It is used to monitor one child's growth.

Weight for age: - $\frac{\text{Weight of subject}}{\text{Weight of normal child of same age}} \times 100$

90-100	Normal
75-89	Grade- Mid Malnutrition
60-74	Grade Moderate Malnutrition
<60	Grade Severe Malnutrition

According to taken data 30.43% of children were normal, 40.21% were mildly impaired, 25% were moderately impaired and severely impaired were 4.34%.

WATER LOW CLASSIFICATION (Wt. / ht., ht / A)

Measuring tape was to measure height of children of age 0-1 yrs were measured by extending them stand in flat position on the bed

while the children of 2-5 yrs were measured by making them standing bare foot on the flat surface against the wall where there elbow, buttock, shoulder and back of the head touch wall. Height for age indicates stunting, which is due to the chronic malnutrition.

Weight for height indicates wasting.

Weight for height	Ht./A	Nutrition Status
>80%	>90%	Normal
<80%	>90%	Wasted
>80%	<90%	Stunted
<80%	>90%	Wasted & Stunted

Water Low (Weight /Height)		
Group in percentage	Number	Percentage
Normal (>90)	28	52
Mildly impaired (80-90)	12	23
Moderately impaired (70-80)	10	19
Severely impaired (<70)	3	6

SARMATHALI VDC

REPORT ON COMMUNITY HEALTH

Water Low

Weight for height:-
It is used to show acute malnutrition or to monitor child growth according to wasting water low classification.

Weight for height: - $\frac{\text{Weight of subject}}{\text{Weight of normal child of the same height}} \times 100$

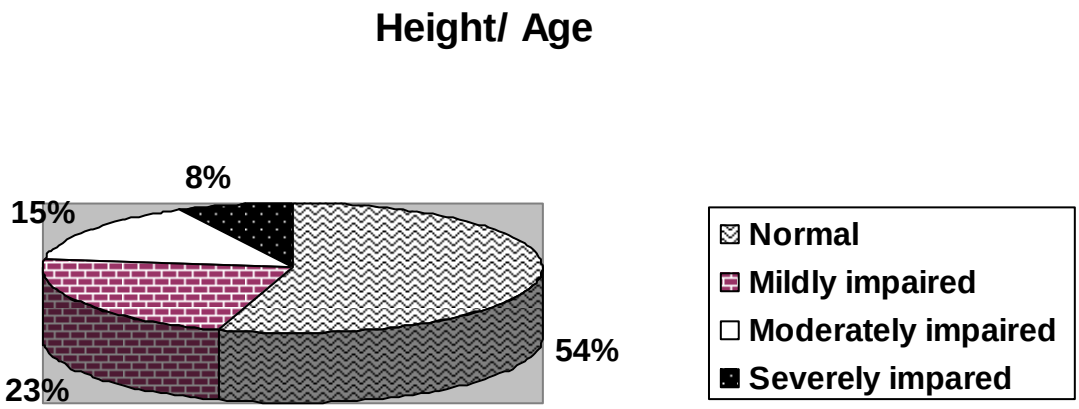
>90	Normal
80-90	Mild
70-80	Moderate
<70	Severe

According to taken data 52% of children were normal, 23% were mild, 19% were moderately impaired and 6% were severely impaired.

Height / Age		
Group in percentage	Number	Percentage
Normal (>95)	29	54
Mildly impaired (57.5-95)	12	23

Moderately impaired (80-87.5)	8	15
Severely impaired (<80)	4	8

Height/ Age



Eight for age:-

Measuring tape is used to measure height of children through this chronic malnutrition can be identified.

Height for age: - $\frac{\text{Height of subject}}{\text{Height of normal child of same age}} \times 100$

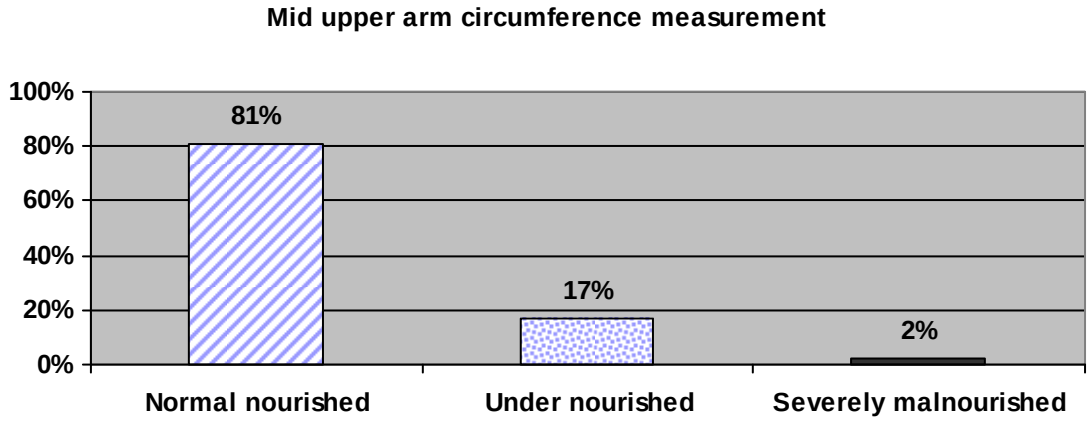
According to taken data 54% of children were normal, 23% were mild, 15% were moderately impaired and 8% were severely impaired.

REPORT ON COMMUNITY HEALTH

SARMATHALI VDC

Mid upper arm circumference measurement

Particulars	Numbers	Percentage
Normal nourished (>13.5 cm)	43	81
Undernourished (12.5-13.5 cm)	9	17
Severe malnourished (<12.5 cm)	1	2



According to MUAC of children 81% were nourished, 17%were under nourished and 2% were severely malnourished

SARMATHALI VDC

RECOMMENDATION

FOR VDC:

1. Promote the health status of the community by encouraging them to utilize the local available resources.
2. Assist to construct sanitary latrine to the poor family.

FOR DISTRICT HEALTH OFFICE

1. Conduct deforming programme time to time at different part of community.
2. Conduct the health camp time focusing the major health problems in the community.
3. Focus on the environmental health, family and epidemiology-based programme including mass awareness programme.
4. Focus the programme on preventive, promotive sectors as well as curative services.

FOR DMI

1. We went to community and performed various activities to solve the real problems of the community but the time provided us was not enough to go the depth of our study so we would be able to evoke real problem if enough time could be provided.

SARMATHALI VDC

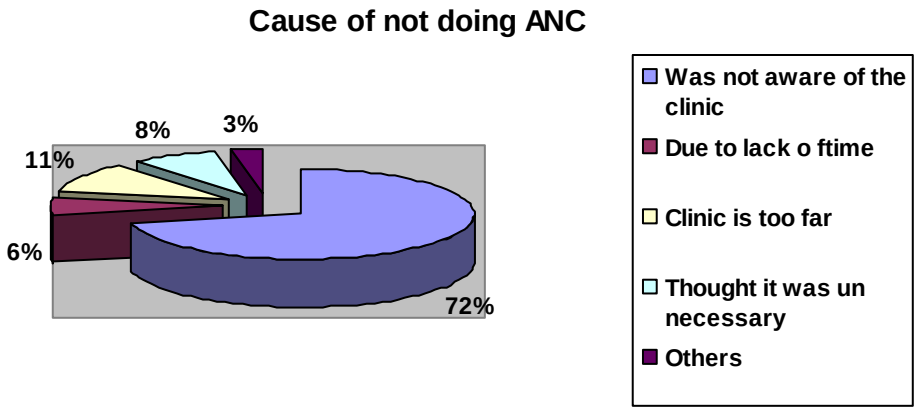
REPORT ON COMMUNITY HEALTH

COMMUNITY DIAGNOSIS SARAMTHALI VDC 2006.

The main purpose of our survey was to determine the status of maternal and child health in Saramthali VDC community.

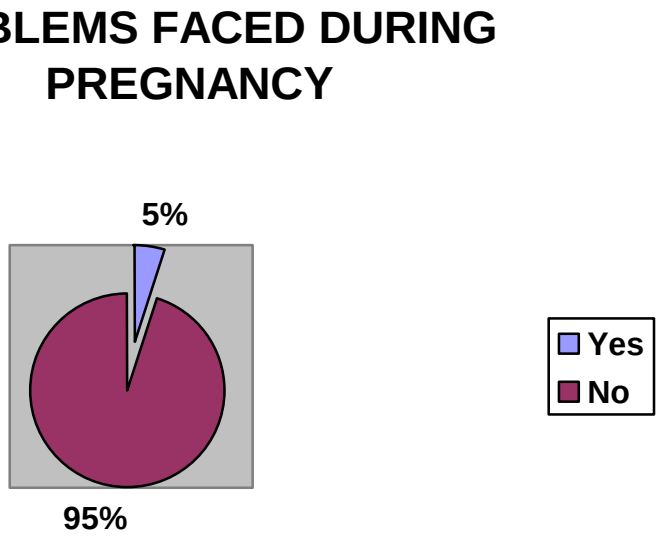
ANC is the care of mother during pregnancy i.e. after conception till the birth of baby. The main purpose of ANC is the promotion, protection and to maintain health of the mother through out pregnancy.
ANC attendance among the survey area of women was found poor with only 19% attendance. The mail reason behind not attending is being unware of clinic.

CAUSE OF NOT DOING ANC.

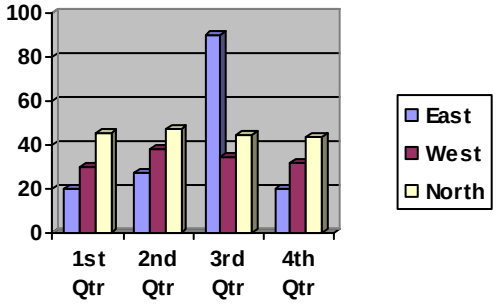


Among the respondents,72% of the respondents were not aware of clinic, 6% due to lack of time,11% due to far clinic, 8% due to unnecessary and reaming 3% due to others.

PROBLEMS FACED DURING PREGNANCY.



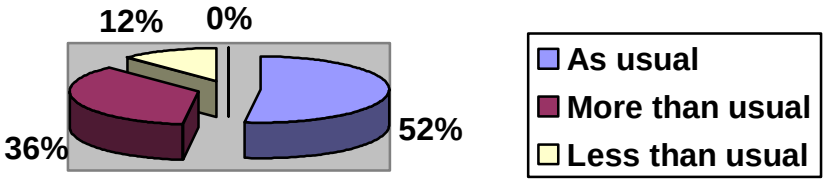
SARMATHALI VDC



According to the survey only 5% of the respondents faced problems during pregnancy and 95% did not faced the problems during pregnancy.

EATING PATTEEN DURING PREGNANCY.

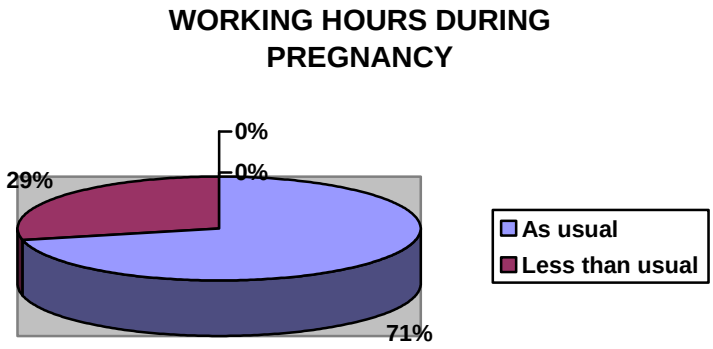
EATING PATTERN DURING PREGNANCY



According to our survey most of the pregnant mothers are taking their food as usual i.e 52%, only 36% of the respondents are taking food more than usual, where as 12% respondents are taking food less than usual.

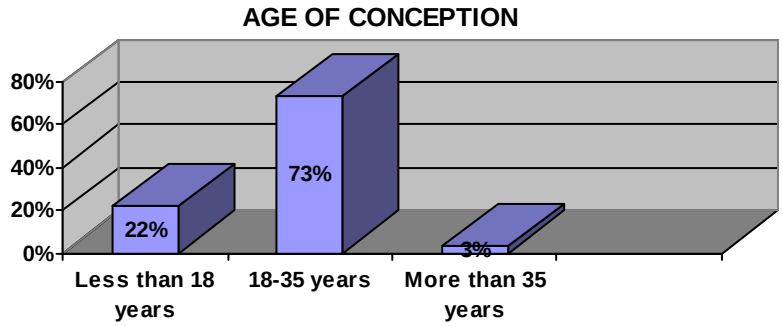
SARMATHALI VDC

WORKING HOURS DURING PREGNANCY.



According to our survey most of the respondents were attendance in their work as usual i.e. 71% only 29% of the respondents were attendance their work less than usual.

AGE OF CONCEPTION.

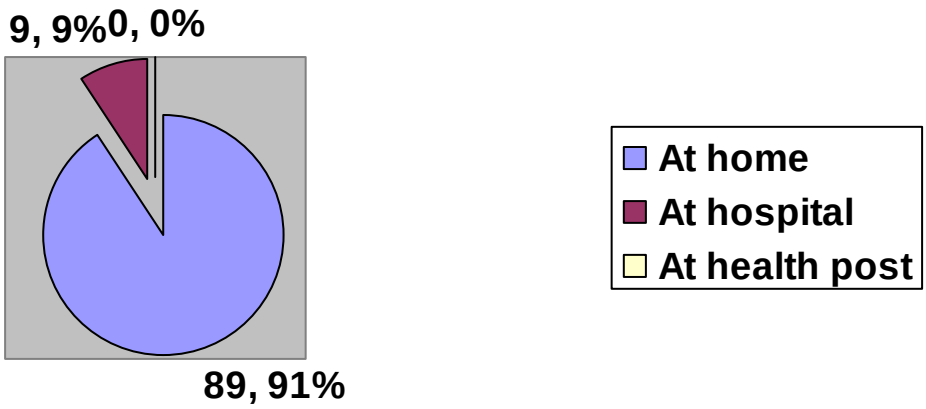


For better health of mother, she should be at least 20 years at her first conception. According to our survey it was found that 22% of the respondents were of age group less than 18 years at first conception, 73% had the age between 18-35 years and 3% at the age more than 35 years.

SARMATHALI VDC

REPORT ON COMMUNITY HEALTH

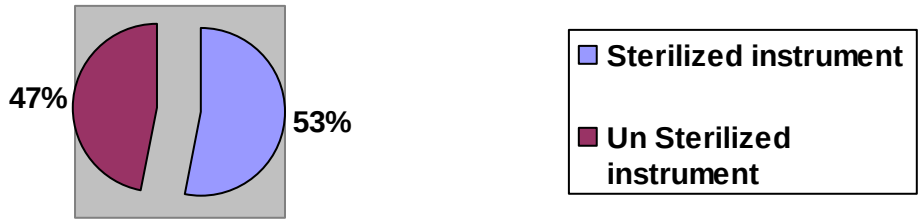
PLACE Of
ELIVERY.



According to our survey most of the delivery was conducted at home i.e. 91%. Only 9% at hospital and o% at health post.

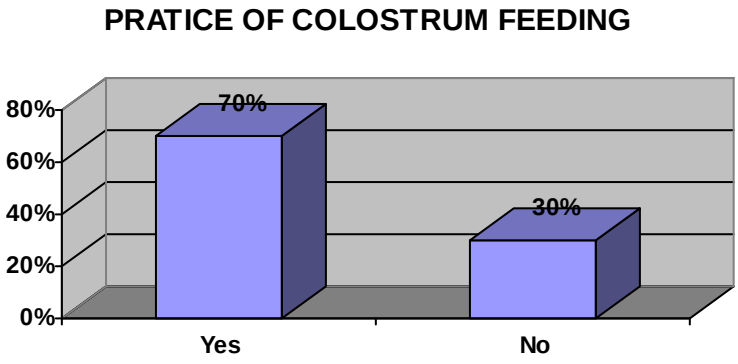
SARMATHALI VDC

INSTRUMENTS USED TO CUT UMBILICAL CORD



According to our survey 53% respondents used sterilized instrument to cut umbilical cord where as 47% used un sterilized instruments.

PRATICE OF COLOSTRUM FEEDING



SARMATHALI VDC

According to our survey 70% of the respondents had not any practice of colostrums feeding where as 30% of the respondents has practice of colostrums feeding.

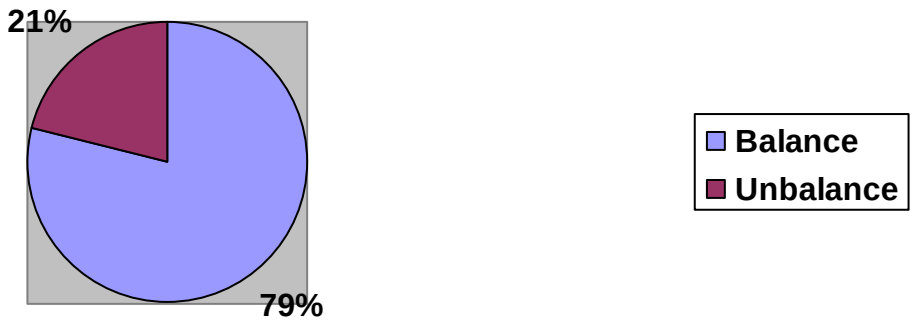
PROBLEM DURING PREGRANCY

	Number	Percentage
Bleeding Per vaginal	3	60
Swelling of leg	2	40

l

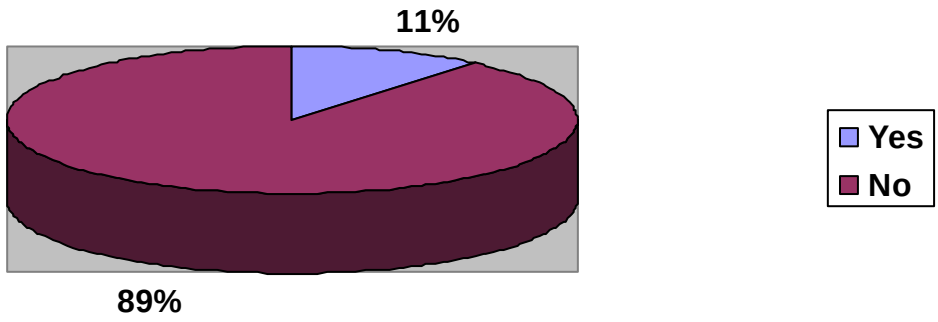
According to our survey 60% had problem of per vaginal bleeding and 40% has problems of leg swelling.

KIND OF FOOD TAKING DURING DELIVARY



The growing foetus gets nutrition from mother diet. So the pregnant mother needs more or additional foods for good health of the self and foetus. According to our survey 21% of the respondents used to take balance food during delivery and only 79% of the respondents used to take un balance food.

INCIDENTS OF POST-NATAL COMPLICATION

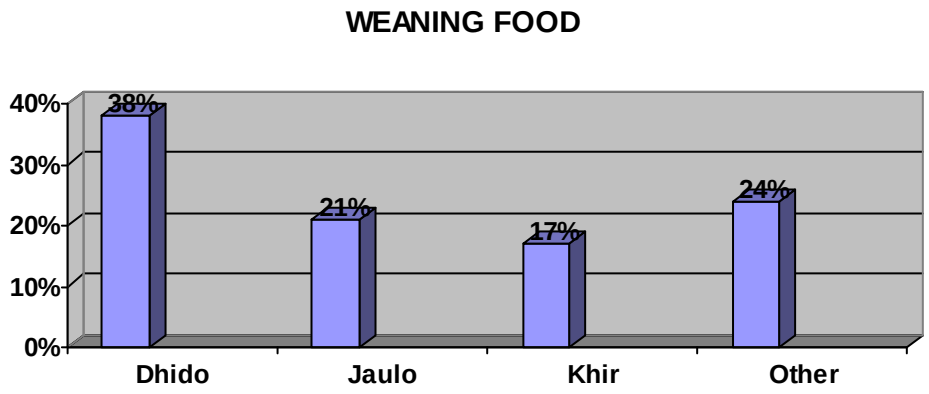


According to our survey it was found that 89% of the respondents had not any incidence of post-natal complication. Only 11% of the respondents had incidence of post-natal complication.

SARMATHALI VDC

Weaning FOOD

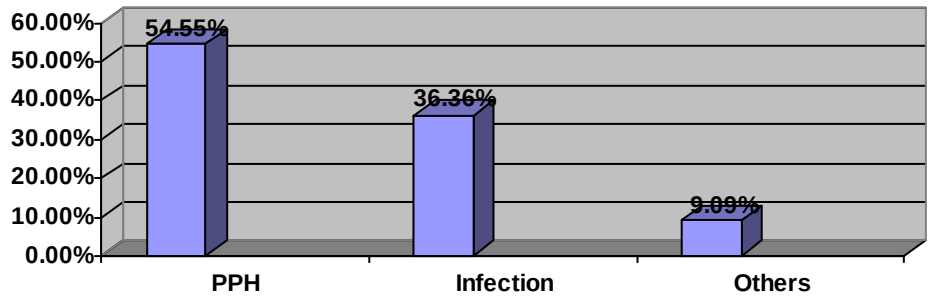
Food	No	Percentage
Dhido	37	38
Jaulo	21	21
Khir	17	17
Other	23	24



Above figure shows 38% used Dhido, 21% Jaulo, 17% Khir, other 24% for weaning.

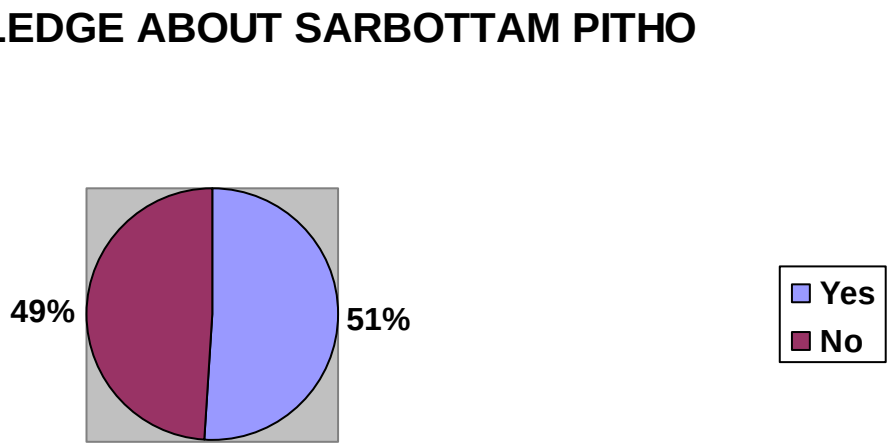
SARMATHALI VDC

KIND OF POST-NATAL COMPLICATION



According to our survey we found that 54.55% of women had PPH, 36.36% had infection and 9.09% had others problems.

KNOWLEDGE ABOUT SARBOTTAM PITHO



According to our survey it was found that 51% of the respondents' knowledge about sarbottam pitho and only 49% didn't have knowledge about sarbottam pitho.

PRATICE OF BREAST FEEDING
O Breast Feeding
1 year: - 16
2 year: - 49
Other: - 33
Total: - 98

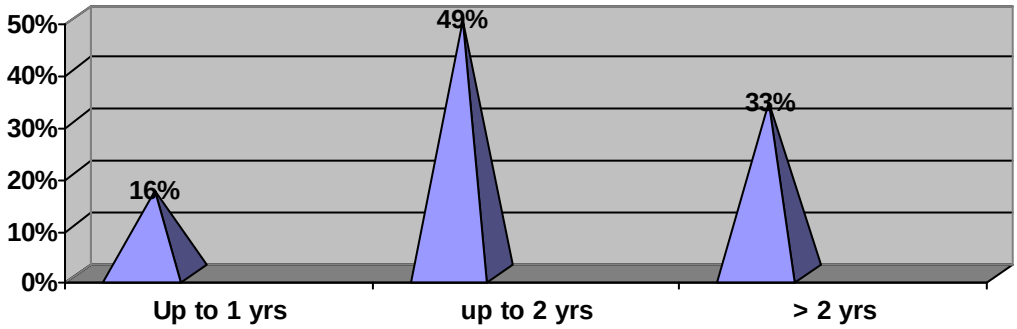
Breast feeding

Years	Numbers	Percentage
1 years	16	16
2 years	49	49
>2years	33	33
Total	98	100

SARMATHALI VDC

REPORT ON COMMUNITY HEALTH

BREAST FEEDING

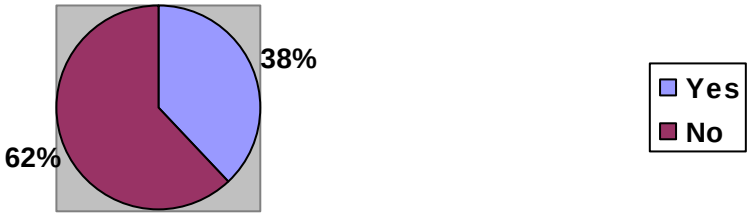


Above figure shows that among total respondents 16% feed up to 1 yrs, 49% feed up to 2yrs and 33% feed > 2yrs.

PRATICE OF FAMILY PLANNING

Use	No	Yes
Yes	37	
No	61	
Total	98	

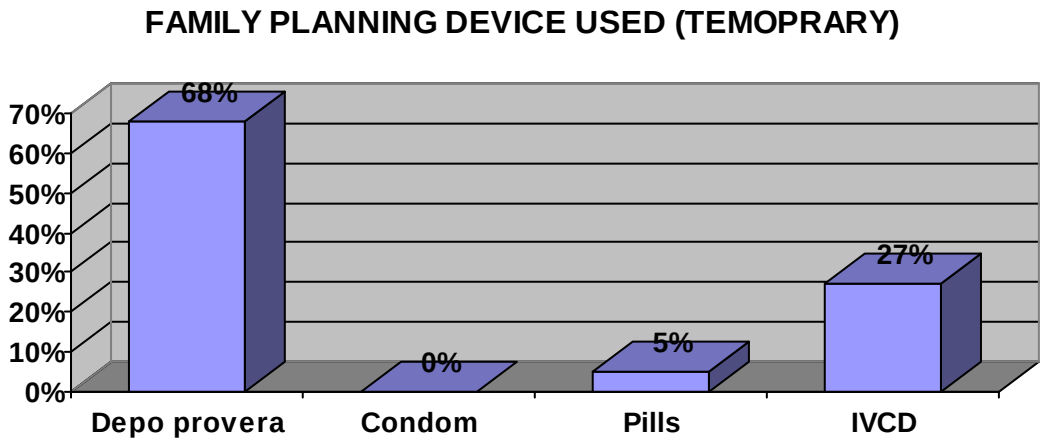
PRATICE OF FAMILY PLANNING



Above figure that among total respondents 38% couples are using family planning services, where 62% couple are not using family planning services.

FAMILY PLANNING DEVICE USED (TEMOPRARY)

Method	No	Percentage (%)
Depo provera	25	68
Condom	0	0
Pills	2	5
IVCD	10	27
Total	37	100

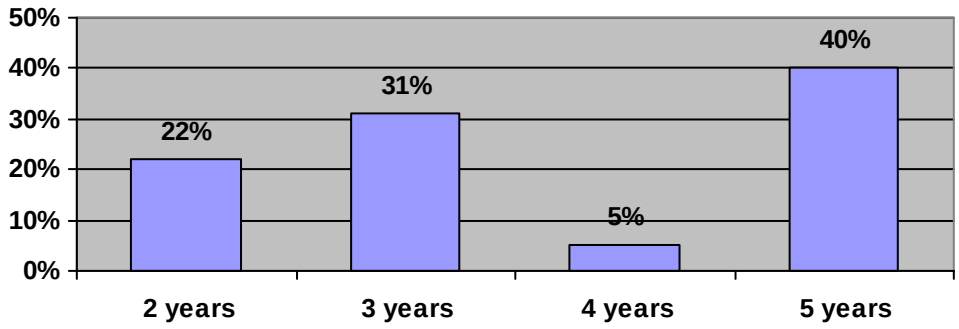


Among the couples practicing family planning services 68% were using Depo Provera, 0% were using condom; 5% using Pills & only 27% were using IUCD.

CONCEPT OF BIRTH SPACING

Spacing	No	Percentage (%)
2 years	22	22
3 Years	31	32
4 Years	5	5
5 Years	40	41
Total	98	

CONCEPT OF BIRTH SPACING



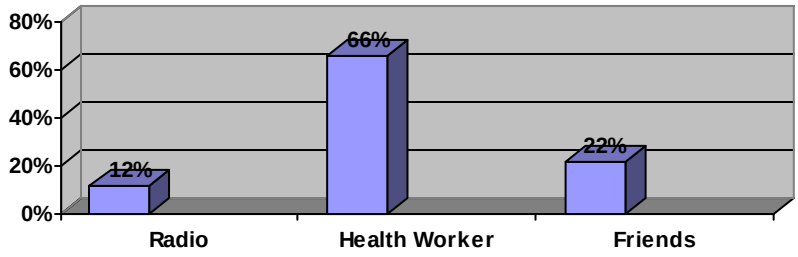
According to our survey 22 %couples respondents birth spacing of 2 years, similarly 31% respondents 3 years, 5% respondents 4 years, 40% respondents birth spacing of 5 years & above.

INORMATION MEDIA ABOUT FAMILY PLANNING

MEDIA	No	Percentage (%)
Radio	12	12
Health Worker	64	66
Friends	22	22
Total	98	100

SARMATHALI VDC

INORMATION MEDIA ABOUT FAMILY PLANNING



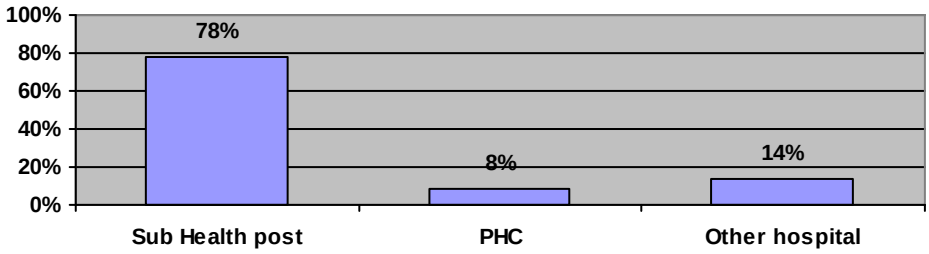
Above figure shows that majority of the respondents get information about family planning from health worker 66% from Radio, 12% from health center, 22% from friends.

FAMILY PLANNING SERVICES PROVIDED

Places	No	Percentage (%)
Sub health post	29	78
P H C	3	8
Other hospital	5	14
Total	37	100

SARMATHALI VDC

FAMILY PLANNING SERVICES PROVIDED



According to our survey majority of the respondents received health services from 78% from sub health post, 8% from PHC, and 14% from the other hospital.

SATIFICATION TOWARDS FAMILY PLANNING SERVICES

Result	No	Percentage (%)
Satisfied	32	84
Un Satisfied	6	16
Total	38	

SATISFIED TOWARDS FAMILY PLANNING SERVICES

Above figure shows that 84% couples were satisfied with family planning services only 16% couples were not satisfied with family planning services.

SARMATHALI VDC

REPORT ON COMMUNITY HEALTH

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 diseases (VPDs) are routinely reported through the HMIS system complemented by appropriated surveillance outbreak response.

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

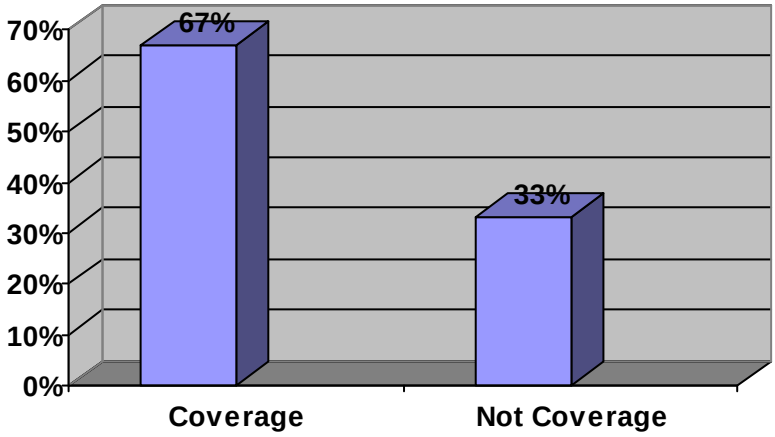
According to our survey, we found

BCG: -90%
DPT: -77%
Polio: -71%
Measles: -30%

Vaccination coverage values

Vaccination	Percentage (%)
Coverage	67%
Not coverage	33%

SARMATHALI VDC



Micro health project

MHP is a small health project conducting in the community for the achievement of goal selected priotized health need with community people, through utilization of locally available resources and community participation. In the MHP, the health worker live in the community for a long time in order to gain in depth knowledge on peoples health problems, KAP related to health and build the good rapport. Then through the help of community people and the

identification of the real priotized need, a sustainable MHP is implemented. After first community presentation we discussed for prioritizations of real needs with local leaders, school teachers, health workers, and FCHVs.

Planning

- Model of plan of action
- Health education
- Health camp
- Schoolhealthprograme
- Healthtraning
- Health camp
- Reproductive health
- Deworming

Health Need Assessment

Felt need of the community are identified from interview and discussion with community people, local leaders, schoolteacher and fchvs.Analyzed data from survey, we found observed needs that can solve the actual health needs of the

community.Healthneeds assessments is the process of the discussing felt needs and observed need and deciding on priority real needs.

Work plan of MHP
Date
Venue
Programme

Need prioritization

Felt need	**Observed need**
Toilet	Toilet
Health education	Health education
(ANC)	
Environment sanitation	Environment
sanitation	
Adequate medicine and health camp	Trained of
health worker	
Extent ion of health facilities	Health camp on
the basis	
	of counseling

Real need

Toilet construction

SARMATHALI VDC

REPORT ON COMMUNITY HEALTH

Health education
Environment sanitation
School health programme
Health training
Mass health education

Health is wealth Rational for MHP on MHP.

According to our house hold survey, we found there is a lack of KAP about health and health related diseases in community people.

According to felt need

General objectives

To deliver the health education and introduction of common diseases to the community people.

Specific objective

- To introduce community people about major prevailing diseases.
- To improve health status of the community people.
- To develop the knowledge, attitude and practice about health and health related diseases.
- To develop knowledge causes, and prevention and prevalence of communicable diseases.
- Importance of colestrums feeding, weaning and immunization.
- Necessity of toilet.
- To aware people on use of safe drinking water.

Contents of mass health education.

- Environment sanitation and personal hygiene
- MCH and family planning
- diseases
- Tuberculosis, AIDS/STIs, Anemia, Diarrhea, Pneumonia , Nutrition
- Worm infestation
- Immunization
-

Methods	**Media**
Lecture	Booklets, Poster
Demonstration	Pamphlets, Flip charts

School Health Programme

We conducted SHP for 1 day

General objectives

To give the health education and to develop knowledge about disease and handling technique on emergency situation.

Specific objectives

- To give the knowledge about the health and diseases.
- To give the information regarding the cause and prevention of communicable disease like Tuberculosis, AIDS, Pneumonia, Diarrhea.
- To give knowledge about personal hygiene and environment.

Contents of SHP

- Definition of health and health related diseases like Tuberculosis Pneumonia, AIDS, Diarrohea/Dysentry, worm

infestation.
- To give knowledge about personal hygiene and environment.
- Training for FCHVs and CCS teacher
- Training is conducted for one day

MASS HEALTH EDUCATION

General objectives

To reduce the community health problems through trained FCHV and teachers.

Specific objective

- To share and develop knowledge and skills of community people who are participating in training.
- To reduce the major health problem of community people through mobilization of trained FCHV and teachers.
- To mobilized the trained person to make MHP by maximum community participations.
- Strategies to achieve the objectives, the following strategies were adapted.

SARMATHALI VDC

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Methods	**Media**
Lecture	Pamphlets, Poster
Demonstration	Flip chart, Model

HEALTH CAMPS

We had conducted health camps for two days.

Rational for Health Camp

We had lunched health camp for two days on the councelling basis and complain on two different places.

General Objectives

To find out major and minor health problem in community which are hidden by aware on health education of community people.

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Specific Objectives

- To give the appropriate idea about their problems.
- To provide referral services according to their health problem.
- To provide medicine with councelling
- To provide basic service like dressing, bandaging.

Service Provided

- General medicine: health examination
- General surgery: dressing, bandaging

Evaluation of health camp

- We found referral cases in Boldae.
- MHP on worm infestation and toilet construction

Rational for selecting the topic 'MHP'

- Observing the personal hygiene like bathing, nail cutting, and environment sanitation is not satisfactory.
- According to lack of latrine.
- According to complain & examination of stool
- According to real need of community

Goals of MHP

The goal of MHP conducting on deforming and cost effective dug well latrine construction as well as encourage to uses.

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General Objective

To reduce prevalence of worm infestation, and to improve environmental health in the community.

Specific Objectives

To aware the community people regarding environmental health, personal hygiene, and knowledge about worm infestation.
To construct model dug well latrine and to use them.
To distribute tab Albendazole 400mg stat to students.
To develop skills regarding the hand washing after defecation and before having meal especially in children.

Implementation of MHP

We have constructed two effective model dug well latrine using local materials for their sustainability. We constructed the toilet in presence of community members; FCHVs so that others can constructed this model taking idea.

Evaluation of MHP

In simple term, evaluation is comparing what has been achieved with what was planned to be done, in other world "evaluation is the process of relating the actual achievements of programme to the results predicted in the plan it is also measure the effectiveness of the programme."

Michall d.Warren

Regarding our evaluation, we evaluate positive changes on KAP and skill on worm infestation, toilet construction, and environmental sanitation.
We used for evaluation qualitative technique and on the basis of

observing the personal hygiene of children and community people observing the environmental sanitation. Informal talking with community active member and trainees, teachers.

FIRST COMMUNITY PRESENTATION

On the date 4th jestha we performed our first community presentation with the formal & informal leaders, teachers, club members & other aged people under the chairmanship of mr. Salam singh tamang, Director of CDN for Nepal.

Objectives
General:

To present about the activities we performed, our overall findings & the problem found, to the community people of Thuloparsel VDC, ward no. 1, 2 & 4.

Specific:

To present the overall findings & the problems.
To present the work plan.
To explore the real needs & prioritize them.
To participate the community people for planning, implementation & evaluation of MHP.

About programme
Date of programme - 4th jestha
PLACE **of programme** - CDN office, thulopersel-4

REPORT ON COMMUNITY HEALTH

SARMATHALI VDC

No. of participants - 18
Started time - 11:00 am
Tools for presentation - chart, figure, poster.

Programme

The 1st community presentation was preformed in the chairmanship of Mr. Salam shingh tamang, Director of CDN fir Nepal. After chairmanship program, we gave our introduction to the community people. After that, we welcomed them all in our presentation with a short speech and started to present on findings. Serially then we priority the needs of that community by analyzing the felt & observed need. Similarly we informed them about the next program of school screening, MHP &final community presentation. To make the environment more attractive & draw the interest of community people in our work, we close the session with tea for all.

Program schedules
Host - bipin chataut
Sit for chair man
Self introduction
Welcome speech
Presentation of findings
- Demography
- Family planning
- ANC/ maternal & child health
- Disease
- Environmental health
- Immunization
- Anthrometry
- Observation check list
- Time for discussion
- Need prioritization

Information about next program
- School health screening programme
- Implementation of MHP
- Final community presentation

Tea session

End of programme by the chairman

FINAL COMMUNITY PRESENTATION

Objectives

General objective

To present our overall activities which are intended to identify, evaluate & improve the existing health status of the community.

Specific objectives

To present the overall work down in the community during our community diagnosis period in a systematic manner.

To present the activities conducted in MHP, its result & its effectiveness.

To appreciate the community people, institutions, organization for their valuable support, guidance & help.

To recommend the community people for the better improvement of health status of their community.

REPORT ON COMMUNITY HEALTH

SARMATHALI VDC

Was held on 20th jest
Date- Saturday
Time - 11:00am
Venue: ground of the panchakanya secondary school

Programme schedule
Host: Yashoda Giri/ Suresh Thapa
Introductory part - students of GM /. Laboratory teachers of KU (dmi)
Welcome speech - by Bipin Chataut
Welcome song - by the CDNvolunteers
Dohori song - by group members
Presentation of findings- - community health programme, activities of MHP- school health screening by Bipin Chataut
Dance - by the school students
Speech - Director of CDN for nepal (Salam shingh)
Vice principal of panchakanya school (Govinda raj mainali)
Asst Programme Director (Sujan Babu Marhatta)
Medical officer of DH (Dr. Rohit Shrestha)
Song - by a student of Panchakanya School
Drama - about anaemia & MCH by the group members
Medicine distribution (albendazole) - to all the school
Vote of thanks & ending of programme by Bal Krishna Shrestha (instructor of DMI)