A REPORT ON COMMUNITY HEALTH DIAGNOSIS AT THULOPARSEL
PROLOGUE

It is our valuable relevant truth and pleasure as well as beneficial community diagnosis programme for that we were went to the community for a month were we had exposure to many health problem of Thuloparsel VDC of Kavre district which are strongly bounded with poverty, environmental degradation, geographical difficulties and traditional belief. we had really got great opportunity to learn a lot of form community in different aspect. Beside these, we also had faced many problems during our survey.

All the findings and existing health status of our study are summarized comprehensively in this report. This report represents effort and learning experiences of our group that we have had. The report consist of six parts...introduction findings, (demography, MCH, environmental health, knowledge about different disease, observational check list), school health programme, needs of community, micro health program & recommendation for different agencies to solve the problem of that community.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>DMI</td>
<td>Dhulikhel Medical institute</td>
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<td>DH</td>
<td>Dhulikhel hospital</td>
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<tr>
<td>DHO</td>
<td>District health office</td>
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<tr>
<td>VDC</td>
<td>Village Development Committee</td>
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<td>CCS</td>
<td>Center for co operation &amp; surveillance</td>
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<td>MCH</td>
<td>Maternal child health</td>
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<td>FCHV’s</td>
<td>Family child health voluntary service</td>
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<td>ANC</td>
<td>Anti natal care</td>
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<td>HP</td>
<td>Health post</td>
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<td>KAP</td>
<td>Knowledge attitude practice</td>
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<td>FP</td>
<td>Family planning</td>
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<td>HHs</td>
<td>House hold service</td>
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<tr>
<td>MHP</td>
<td>Micro health project</td>
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<tr>
<td>MUAC</td>
<td>Mid upper arm circumference</td>
</tr>
<tr>
<td>CBR</td>
<td>Crude Birth Rate</td>
</tr>
<tr>
<td>CDR</td>
<td>Crude Death Rate</td>
</tr>
<tr>
<td>GFR</td>
<td>General Fertility Rate</td>
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<tr>
<td>PGR</td>
<td>Population Growth Rate</td>
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<td>IMR</td>
<td>Infant Mortality Rate</td>
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<tr>
<td>CLASS</td>
<td>Classification</td>
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<tr>
<td>APD</td>
<td>Acid peptic Diseases</td>
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<tr>
<td>DPHO</td>
<td>District Pubblic Health Office</td>
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EXECUTIVE SUMMARY

This community diagnosis was conducted by a group in 2006. 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, 2&4 of Thuloparsel VDC”. The total population of was 917 and total house hold is 131.

The community diagnosis research was cross-sectional study design. The study site was Thuloparsel VDC wars no 1,2&4. The house hold were considered as unit of research. The data was collected by using questionnaire, observation checklist and informal interview with the leaders. A part secondary information obtained from VDC, health center were used.

Demographic presentation of Thuloparsel VDC ward no: 1, 2&4

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<thead>
<tr>
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<tbody>
<tr>
<td>CBR</td>
<td>43.62/1000</td>
</tr>
<tr>
<td>CDR</td>
<td>0/1000</td>
</tr>
<tr>
<td>PGR</td>
<td></td>
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<tr>
<td>SEX RATIO</td>
<td>1/1.002(M:F)</td>
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<tr>
<td>LITERACY RATE</td>
<td></td>
</tr>
<tr>
<td>IMR</td>
<td>26.66/1000</td>
</tr>
<tr>
<td>GFR</td>
<td>129.03/1000</td>
</tr>
<tr>
<td>TOTAL DEPENDENCY RATIO</td>
<td>68.70%</td>
</tr>
<tr>
<td>POPULATION DOUBLING TIME</td>
<td></td>
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<tr>
<td>CHILD WOMEN RATIO</td>
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Problems what we found in our community diagnosis

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>ANC COVERAGE</td>
<td>25%</td>
</tr>
<tr>
<td>DAILY WORKING HOURS DURING PREGNANCY (8-11 HRS )</td>
<td>70.49%</td>
</tr>
<tr>
<td>AGE OF PREGNACY (15-20 YRS )</td>
<td>57.75%</td>
</tr>
<tr>
<td>HOME DELIVBRY</td>
<td>92.2%</td>
</tr>
<tr>
<td>MILD MALNUTRITION (GOMEZ CLASS.)</td>
<td>35%</td>
</tr>
<tr>
<td>SOURCE OF WATER (TAP)</td>
<td>100%</td>
</tr>
<tr>
<td>LATRINE</td>
<td>97.7%</td>
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DISEASES DURING SURVEY PERIOD

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<tbody>
<tr>
<td>DIARRHOEA</td>
<td>25%</td>
</tr>
<tr>
<td>APD</td>
<td>19%</td>
</tr>
<tr>
<td>SCABIES</td>
<td>13%</td>
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<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>MEASLES</td>
<td>10%</td>
</tr>
<tr>
<td>FEVER</td>
<td>6%</td>
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</tbody>
</table>

Micro health project

<table>
<thead>
<tr>
<th>PROGRAMME</th>
<th>TARGET GROUP</th>
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</thead>
<tbody>
<tr>
<td>MASS HEALTH EDUCATION PROGRAMME</td>
<td>MOTHERS GROUP</td>
</tr>
<tr>
<td></td>
<td>ALL COMMUNITY PEOPLE</td>
</tr>
<tr>
<td>SCHOOL HEALTH PROGRAMME</td>
<td>SCHOOL STUDENTS</td>
</tr>
<tr>
<td>DEWORMING AND IRON DISTRIBUTION PROGRAMME</td>
<td>ALL POSITIVE CASES OF WORM INFESTATION</td>
</tr>
<tr>
<td></td>
<td>ALL ANAEMIC CASES</td>
</tr>
<tr>
<td>HEALTH TEACHING PROGRAMME</td>
<td>HEALTH VOLENTEARS</td>
</tr>
</tbody>
</table>
“Community diagnosis is a comprehensive assessment of health status of an entire community in relation to social, physical and biological environment.” The purpose of community diagnosis is to define existing health problem, determine available resources and set priorities for planning, implementation and evaluating the health action by and for the community.

We, third year General Medicine student of Katmandu University, Dhulikhel Medical Institute, a part of our course we conducted the community diagnosis program in the place where many health problems exists. We selected ward no 1, 2 & 4 of Thuloparsel VDC for our study. We assess the health status of that community by diagnosing the Biological, Social, Cultural and Religious parameters that affects the health of community. We also assed 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 4th June 2006. We went to the community and stayed there for 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. 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

1 General objective:

To identify & evaluate the existing health status of the community at Thuloparsel VDC, ward no 1, 2 & 4.

2 Specific objectives:

To study the geographical structure of Thuloparsel VDC, ward no 1, 2 & 4.
To determine the demographic structure of the community by various demographic indicators.
To identify the socio-economic and cultural status of the community.
To determine the magnitude of community health problems, their extent and the factors affecting them.
To assess the determinants of health and diseases such as nutrition, environmental health, MCH, family planning, immunization etc.
To explore the knowledge, attitude and practice regarding the prevalence of diseases among the respondents of the community.
To identifying the prevalence of worm infestation and anemia in the community.
To identify and mobilize the local resources.
To fix the priorities for the health problems and conduct effective micro health project.
To recommending the concern authorities in order to improve the health status of the community.

LOGISTICS

1) Lodging
   We would like to thank to Mr. Salam Singh Tamang for providing suitable rooms at his home.

2) Fooding
   We are thankful to DH/CCS for arranging food and accommodation.

3) Stationary, Anthropometrics, and sports materials
   We would like to extend thanks to DMI for providing all the mentioned materials.

4) Transportation
   Thanks to CCS for providing transportation facilities at the time of arrival and departure.

6) Health Education materials
   Thanks to DH, DHO, Thuloparssel Health Center

7) Essential Drugs
Thanks to Dhulikhel hospital, DHO,

MAP OF THULOPARSEL VDC
WARD NO: 4
WARD NO: 2

VILLAGE PROFILE

Thuloparsel is one of the VDC of kavre-palanchowk district, which lies in the eastern part of district headquarter, Dhulikhel. It is about 75km far from the Kathmandu.
The landmarks of VDC are Bolde VDC in east, kartikedeurali VDC in west, Sunkoshi River in north and chapakhauri VDC in south. It is divided in 9 wards. One sub health post is located in ward no. There are 7 schools in this VDC, 6 primaries and 1 higher secondary. The climate of Thuloparsel is hot in summer and cold in winter season.

Climate and vegetation

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

Ethnicity;

Tamang are the most predominant inhabitants of Thuloparsel VDC; other ethnic inhabitants are Brahmin, B.K, etc.

Transportation and Communication

Thuloparsel 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 Thuloparsel 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;

Tamang language is the most popular language of Thuloparsel 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)
<table>
<thead>
<tr>
<th>SN</th>
<th>ACTIVITIES</th>
<th>May 8</th>
<th>May 9</th>
<th>May (10-14)</th>
<th>May (15-17)</th>
<th>May 18</th>
<th>May (22-29)</th>
<th>May (31-June1)</th>
<th>June 2</th>
<th>June 3</th>
<th>June 4</th>
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<tr>
<td>1</td>
<td>ARRIVAL TO THE COMMUNITY</td>
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<td>2</td>
<td>RAPPORT BUILDING, SOCIAL MAPPING</td>
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<td>3</td>
<td>DATA COLLECTION</td>
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<td>4</td>
<td>DATA ANALYSIS</td>
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<td>5</td>
<td>FIRST COMMUNITY PRESENTATION</td>
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<tr>
<td>6</td>
<td>SCHOOL HEALTH PROGRAMME</td>
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<td>7</td>
<td>IMPLEMENTATION OF MHP</td>
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<td>8</td>
<td>PREPARATION FOR FINAL COMMUNITY</td>
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<tr>
<td>9</td>
<td>FINAL COMMUNITY PRESENTATION</td>
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<td>10</td>
<td>DEPARTURE FROM COMMUNITY</td>
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METHOLODOGY

Methodology of our community diagnosis including following aspects,

Study type- Cross sectional study.

Literature review-Different books and manual on the community diagnosis, previous reports of senior’s batches, lecturer notes of our orientation classes as well as many other articles and papers are taken for the diagnosis.

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

Secondary data – As much as could, we collected useful information from the health post (HP), VDC office, village female development multipurpose cooperative cooperation ltd. And district health office (DHO).
Social mapping – We prepare general map of ward no.1, 2 and 4 with activities participation of community people which show all the toles, boundaries, public places, important roads, river, club, jungles etc.

. Tools used in the survey-
  a. House hold questionnaire - It was composed of demography, vital events, personal hygiene and environmental sanitation, KAP regarding various diseases, economical status, health service utilization and needs, nutrition, MCH and FP. The questions were mostly close ended also.

  b. Observation check lists – It included observation of the toilets, water sources, and its surrounding, waste disposal, kitchen garden, housing condition, cow shed, kitchen, overall sanitation and so on.

  c. Anthropometric measuring tools – Anthropometric measurement were adapted to assess the nutrition status of the children under 5 year of age. It was assess with the help of,
     --Baby weighing machine.
     --Measuring tape

. Methods used in the survey

a. HHs survey/ observation – Question were asked to the head of the house of the sample house hold. If the require member were not found in the sample house hold, adjacent house hold were taken.
b. Anthropometric measurement – Weight and height of under5 year children and mid upper arm circumference of children between 0-5 yrs were measure to determine the nutrition and measuring tape.

Data collection – By dividing our self into various sub groups, data were collected from every toles by using all above methods and with the help of questionnaire, observation check list and anthropometric tools.

Data processing and analysis – The collected data were fill in the dummy tables every evening. The tabulated data were then processed and analyzed in the basis of known standard and criteria and comparison with secondary data from different level was done.

Community presentation – The facts and findings obtains after the analysis were presented to the ward chairman, leaders of the community, FCHV’s, teachers and other community people and necessary feed back were taken.

Need prioritization- The needs of the community were prioritized with the help of ward chairman, school teachers, FCHV’s, and local people. This was done n the basis of:
- Extent of severity of the problems
- Concern given by the community organization.
- Available resources
- Our possible contribution

. Micro Health Project – Micro health project on deworming program was conducted in ward no. 5 according to the prioritized need. Feed back from the community helps us in evaluation of the MHP.
VALIDITY AND RELIABILITY

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

Intensive classes: we are given intensive classes on the concept and various aspects of community diagnosis.

Orientation program: prior to the field, an orientation program was conducted by the institute to give us a clear picture of concept and proper technique of community diagnosis.

Pre-testing: All the questionnaires pre-tested before the community diagnosis.

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.

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.

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

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

Limitation of our study includes:
> There was limited time.
> There was one household for unit analysis.
> Some calculated data might not be comparable to the national figures because of small size.

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 taboo during data collection.
FINDINGS

DEMOGRAPHY

1. Meaning

Demography has been defined, ‘the study of the size, territorial distribution, and Composition of population, changes there in and the component of such changes, which may be identified as natality, migration and social mobility,” -source; an introduction to the study of population by Bhasker D.misra.

Demography simply means the study of the characteristics of human population, its size, Growth, density, distribution and vital statistics.

Demography, science of human population, represents the fundamental approach for Understanding the human society, its primary tasks are to ascertain the number of people In a given area, to determine what changes and to estimate the future trends of the population changes .it also deals with origin of population changes and studies impact, Thus helping to understand various social systems and establish publish policy such as housing education, health etc. Hence, demography is a great tool for community diagnosis.


The total populations of thuloparsel VDC ward no.1, 2 & 4 is 917.

To show the population status, size & population composition by age & sex, below there is population pyramid of thuloparsel VDC ward 1, 2 & 4.

Majority of our respondent’s i.e.35.11% are Magar, followed by Tamang i.e. 35.11%, Brahmin 9.92%.
Pyramid
ETHNIC GROUP

Majority of our respondents i.e. 35.11% are Magar, followed by Tamang i.e. 35.11%, Brahmin 9.92%.

FAMILY STATUS
Majority of houses are nuclear i.e. 69%.

EDUCATION LEVEL

Majority of respondents are illiterate i.e. 39%.

OCCUPATIONAL STATUS
According to our survey on occupational status, majority of the people i.e., 92.44% depends on agriculture, like wise 11.44% service, 3.05% business and 3.05% others.

YEARLY INCOME

Majority of our respondents i.e., 66.41% are poor, 32.06% are of medium level and 1.52% are rich.

SMOKING HABIT
83.64% of total population doesn’t have smoking habit.

ALCOHOL CONSUMPTION

Only 19.95% consumes alcohol
FAMILY HEALTH

ANC CHECK UP

75.20% of respondents didn’t have ANC check–up during pregnancy.
CAUSES OF NOT DOING ANC CHECK UP

43.95% respondents answered they don't know about ANC check-up as a cause of not doing ANC check-up.

PROBLEM OCCURRED DURING PREGNENCY

89% answered Yes, while 11% answered no.
While asking about the problem during pregnancy majority of the respondents i.e. 88.52% answered they didn’t face any problem during pregnancy.

**TYPE OF PROBLEM FACED**

While asking about type of problem majority of our respondents i.e. 35.71% answered that they got ankle edema and PID during pregnancy.

**EATING HABIT DURING PREGNENCY**
Majority of respondents i.e. 62.29% answered that they eat as usual during pregnancy.

**DAILY WORKING HOUR DURING PREGNANCY**

![Bar chart showing daily working hours during pregnancy](image)

Majority of our respondents i.e. 70.49% answered that they work 8-11 hours during pregnancy.

**AGE OF PREGNANCY**

![Bar chart showing age of pregnancy](image)

Majority of our respondents i.e. 57.75% pregnant for the first time at the age of 15-20 years.
PLACES OF DELIVERY

Majority of respondent’s i.e. 99.20% deliver their baby at home.

INSTRUMENT USED TO CUT THE UMBILICUS
Majority of our respondents i.e. 58.19% use Hasia, knife khukuri to cut the umbilical cord.

**PRACTISE OF COLESTRUM FEEDING**

82.78% of our respondents have a practice of feeding colostrums and rest doesn’t have.

**EXTRA MILK FEEDING TO THE BABY BEFORE WEANING**

![Bar chart showing the distribution of extra milk feeding to the baby before weaning. 72.5% for yes and 27.5% for no.]
72.5% of our respondents don’t feed extra milk to their baby.

KIND OF FOOD TAKING AFTER DELIVERY

Majority of respondent’s i.e.68.03 eat imbalance diet after delivery.

PROBLEM AFTER DELIVERY UPTO 1 YEAR
Majority of our respondents i.e. 86.88% didn’t get any problem after delivery but 13.11% get problem after delivery.

**TYPE OF PROBLEM**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Common cold</td>
<td>25</td>
</tr>
<tr>
<td>Puerperal pyrexia</td>
<td>12.5</td>
</tr>
<tr>
<td>Retained placenta</td>
<td>12.5</td>
</tr>
<tr>
<td>Abnormal PV bleeding</td>
<td>6.25</td>
</tr>
<tr>
<td>Lower abd pain</td>
<td>12.5</td>
</tr>
<tr>
<td>Fever</td>
<td>6.25</td>
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<tr>
<td>PPH</td>
<td>1</td>
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**WEANING TIME**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Before 5 mths</td>
<td>9.24</td>
</tr>
<tr>
<td>After 5 mths</td>
<td>90.75</td>
</tr>
</tbody>
</table>
Majority of our respondents weaning time is after 5 months i.e. 90.75%.

### TYPE OF WEANING FOOD

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dhindo</td>
<td>7.37%</td>
</tr>
<tr>
<td>Jaulo</td>
<td>45.9%</td>
</tr>
<tr>
<td>Family food</td>
<td>35.24%</td>
</tr>
<tr>
<td>Other</td>
<td>11.47%</td>
</tr>
</tbody>
</table>

Majority of respondent’s i.e. 45.90% give family food to the baby as weaning food.

**KNOWLEDGE ABOUT SARBOTTAM PITHO**

- 69.67%
- 30.32%
Only 30.32% of respondents have knowledge regarding sarbottam pitho.

KNOWLEDGE REGARDING PREPARATION OF SARBOTTAM PITHO

78.37% of respondents have knowledge regarding the preparation of sarbottam pitho.

DURATION OF BREAST FEEDING
Majority of respondents i.e. 61.47% answered that the mother should breast feed their child up to 2 years.

FAMILY PLANNING

FAMILY PLANNING METHOD USED OR NOT

Majority of the respondents use the method of family planning i.e. 57.25%.

METHODS USED FOR FAMILY PLANNING
Majority of respondents use Depo i.e. 73.21%.

76.79% were satisfied with FP.
58.93% were informed by health worker.

Most of them have knowledge regarding family planning.
IMMUNIZATION

During our survey we assess the immunization status of under 5 yrs children by checking immunization card looking scars & asking to the parents. We took 74 sample population for our survey on immunization status on Thulopersal VDC ward no 1,2&4

FINDINGS

- Immunization coverage of Thuloparsel VDC, ward 1,2&4=
- Drop out rate (DPT1 vs. DPT2)=
- Drop out rate (BCG vs. measles)=

Age immunization coverage of TT2 vaccine in Thulopersel VDC ward 1,2&4=25.61%
98.6% of under 5yrs children of Thulopersel VDC ward 1,2&4 were immunized with BCG.

94.59% of under 5yrs children of Thulopersel VDC ward 1,2&4 were vaccinated with DPT 1,2,3.
94.59% of under 5yrs children were immunized with DPT1,2,3

95.94% of under 5 yrs children were immunized with polio.

97.92% of under 5 yrs children were immunized with measles.
97.19% of under 5yrs children were immunized with measles.

ANTHROPOMETRY

The science that deals with measurement of the size, weight and proportions of human body. On anthropometrical static, we took measurements among children less then 5 year. We took age, height and arm circumference. We present them in following classification.

Gomez classification
It shows weight radiation. It locates the child on the basis of his/her weight in comparison with a normal child same age. (This classification has prognostic value for hospitalized children)

Formula

\[
\% \text{ of } (\text{wt. } / \text{ age}) = (\text{wt. of child/ wt. of normal child of same age}) \times 100\%
\]

Drawback of this classification
Some normal children may be classified as first degree malnutrition. By measuring only wt. for age, it is difficult to know, if low wt. is due to acute or chronic malnutrition
Anthropometrical assessment of Thuloparsel VDC, ward no 1, 2&4 according to Gomez classification.
Anthropometrical assessment of Thuloparsel VDC ward no: 1, 2&4 according to water low classification.

Anthropometrical assessment of Thuloparsel VDC ward no: 1, 2&4 according to mid upper arm circumference.
ENVIRONMENTAL HEALTH

Majority of respondents i.e. 100% use tap water.

TIME TO GET WATER SOURCE

- 91.6% within <10 min
- 8.39% within 10-20 min
- 0% within 20-30 min
Majority of respondents i.e. 91.60% get to water source within 10 min.

Majority of respondents i.e. 97.7% have latrine in their house.

Majority of respondents i.e. 97.7% have latrine in their house.

Tooth brushing:
- Yes: 85%
- No: 15%
Our survey on tooth brushing shows that the majority of the responding i.e. 85% used in tooth brush.

Only 11% out of total brushing respondents brushes twice a daily
84% of respondents used tooth paste and brush to brush teeth.

All the respondents have a habit of washing hand before meal

According to our survey on things used to wash hand 66% used water for washing hand where as 19% & 15% used soap water and kharani respectively
According to our survey on things used to wash pot, 69% used to wash pot with kharani and remaining with soap.

OBSERVATION
Majority of houses are kaccha ie.93.89%

![Floor Material Chart]

Majority of houses floor are made of mud ie.99.2%

![Wall Material Chart]
Majority of houses are made of mud and rock.

Most of the houses are made of tin.
Most of the houses are scattered i.e. 65.65%.

Most of the houses have 2 room.

Most of the houses have 2 room.
Majority of houses have enough air entry.

Cent percent have water sealed toilet.

DRAINAGE SYSTEM

19.85

90.15
Most of them doesn’t have proper drainage system

DISEASES

![Cause of Disease Graph]

Regarding knowledge about disease 59.54% of the respondents said that disease is caused by bacteria, 9.92% said that disease is caused by ghost & 3.82% said that disease is caused by cruse.

![Knowledge about TB Graph]
Majority of the respondents 67.94% know about TB. Among the respondents 67.94% know about TB but 65.17% answered that TB is caused due to bacteria.

Among the respondents 67.94% know about TB but 65.17% answered that TB is caused due to bacteria.

Heard about Mot of TB
55.06% of the respondents doesn’t heard about MOT of TB but only 44.94% heard about MOT of TB.

![MOT OF TB Graph]

52.5% of respondents doesn’t know about mode of transmission of TB but only 47.5% respondents know the correct mode of transmission.

![KNOWLEDGE REGARDING DIARRHOEA Graph]
Majority of the respondents had heard about diarrhoea.

Regarding mechanism of transmission 57.63% of our respondents doesn’t know the correct answer.

![Chart showing knowledge regarding mechanism of diarrhoea]

![Chart showing things to feed child during diarrhoea]

77.12
2.54
7.63
12.71

Jeevan
jal
Water
No food
Others
While asking what you feed your child during diarrhoea, 77.12% of respondents answered jeevanjal followed by water i.e. 12.71%.

71.19% of respondents heard about preparation of jeevanjal.

71.19% of respondents heard about preparation of jeevanjal.
While asking, do you heard about pneumonia? 64.89% of our respondents answered yes.
Majority of our respondents i.e. 71.76% had correct knowledge regarding pneumonia
68.24% doesn’t heard about mot of pneumonia.

55.56% of our respondents had correct knowledge regarding MOT.

![Pie chart showing knowledge about MOT of pneumonia](chart1)

55.56% of our respondents had correct knowledge regarding MOT.

![Bar chart showing knowledge regarding curability of pneumonia](chart2)
95.29% of our respondents know that pneumonia is a curable disease.

90.59% of respondents answered that they take their children to the health center for treatment.

90.59% of respondents answered that they take their children to the health center for treatment.

**KNOWLEDGE REGARDING HIV/AIDS**

- **YES:** 37.4%
- **NO:** 62.5%
62.60% of respondents doesn’t heard about AIDS

75.5% of respondents heard about transmission

75.5% of respondents heard about transmission
59.18% of respondents answered that AIDS is not a curable disease.

83.67% of our respondents answered that AIDS is a preventable disease.

SCHOOL HEALTH PROGRAMME

BALBIKASH PRIMARY SCHOOL
SHREE MAHANKAL PRIMARY SCHOOL

Dental Carries: 72%
Common Cold: 10%
Impetigo: 5%
Diarrhea: 4%
Fever: 3%
Normal: 3%
Others: 3%

KALIDEVI PRIMARY SCHOOL

Normal: 78%
Scabies: 14%
Others: 5%
Hypospadias: 1%
Phimosis: 1%
Entropion: 1%
15 DAYS DISEASE

Percentage

- Diarrhea: 23%
- APD: 19%
- Scabies: 13%
- Measles: 10%
- Fever: 6% 6%
- UTI: 4% 6%
- Headache: 3% 4%
- Impetigo: 4% 3%
- PID:
FIRST COMMUNITY PRESENTATION

On the date 4th jestha 2063 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 CCS 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 2063 (may 18 2006)
Site of programme - CCS office, thulopersel-4
No. of participants - 18
PROGRAMME

The 1st community presentation was preformed in the chairmanship of Mr. Salam shingh tamang, Director of CCS 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
NEED PRIORITIZATION

**OBSERVED NEED**
- Low literacy rate
- Lack of education regarding various disease
- Less ANC visit practice
- Less use of TT inj. During pregnancy
- Lack of knowledge regarding the preparation of Sarbottam Pitho
- No use of appropriate instrument during the cut of umbilical cord
- No proper sewage disposal

**FELT NEED**
- Lack of environmental sanitation
- Lack of sex education
- Mental retardation
- Less ANC visit

**REAL NEED**
- Lack of knowledge regarding various diseases
- Less ANC visit practice
- Lack of personal hygiene & sanitation
Rationales for selecting topic “health education regarding various diseases and ANC practice” for MHP

Knowledge about TB - 67.94%
Knowledge regarding MOT of diarrhea - 42.37%
Heard about MOT of pneumonia - 31.76%
Knowledge regarding HIV AIDS - 37.4%
ANC check up - 25%
Knowledge about sarbottam pittho - 30.32%

According to our time and availability of resources it is feasible to conduct MHP.

It is real need of the community.
MICRO HEALTH PROJECT

Micro health project is a miniature of health project for the improvement of existing health status of the community, on the basis of prioritizing real needs, which is conducted by the utilization of local resources and techniques with full community participation and their self-reliance to solve the health problems of the community.

GOAL OF MHP
To improve the health status of the community by the use of local resources and to motivate the community people towards health practices in THULOPARSEL VDC, WARD NO: 1, 2&4.

OBJECTIVES OF MHP

GENERAL OBJECTIVES
To aware and train the community people of Thuloparsel VDC ward no: 1, 2&4 about the prevailing disease and motivate them by developing their skill to control and prevent the diseases from community level.

SPECIFIC OBJECTIVES
To aware the people about the prevailing diseases and malpractices by conducting health education programme.
To conduct school health programme.
To collect the local resources and mobilize them.
To reduce the prevalence rate of worm infestation and anemia.
To conduct the deworming programme and iron distribution programme.
To implement and evaluate the overall MHP.
<table>
<thead>
<tr>
<th>PROGRAMME</th>
<th>TARGET GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>MASS HEALTH EDUCATION PROGRAMME</td>
<td>MOTHERS GROUP&lt;br&gt;ALL COMMUNITY PEOPLE</td>
</tr>
<tr>
<td>SCHOOL HEALTH PROGRAMME</td>
<td>SCHOOL STUDENTS</td>
</tr>
<tr>
<td>DEWORMING AND IRON DISTRIBUTION PROGRAMME</td>
<td>ALL POSITIVE CASES OF WORM INFESTATION&lt;br&gt;ALL ANAEMIC CASES</td>
</tr>
<tr>
<td>HEALTH TEACHING PROGRAMME</td>
<td>HEALTH VOLUNTEERS</td>
</tr>
</tbody>
</table>
IMPLEMENTATION OF MHP

Implementation area: Thuloparsel VDC, ward no: 1, 2 & 4.

Day for presentation of MHP:
   In this day, we send the information for the next day program through letters to the local leaders, school teachers & villagers of the community.
   Also we prepare, posters, wall chart, figures and collect the requiring materials

FIRST DAY:
We conduct health education program to all the school teachers, health volunteers and all the villagers including reproductive age group women, in the following topic:
Diseases
   - Diarrhea
   - TB
   - AIDS
   - Pneumonia

Personal hygiene
MCH including ANC

SECOND DAY:
We conduct school health teaching at Nirmala Primary School to all the students of 4 & 5 including teachers regarding:
Personal hygiene
Most common diseases
   - Diarrhea
   - Worm infestation
THROUGH OUT THE MONTH

A. We examined the patient and treated them according to severity with our limited recourses and also referred some cases to the higher center.

B. We launched health teaching programmed to the health volunteers throughout the months.

FINAL COMMUNITY PRESENTATION

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.

Was held on 20th jestha 2063
Date- 2063/2/20' 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 CCS volunteers
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 CCS for nepal (Salam shingh)
    Vice principal of panchakanya school (Govinda raj mainali)
    DMI ass. 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)
CONCLUSION

The team is thankful to CCS/DH for providing us a great opportunity to perform community Diagnosis program at thuloparsel 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.

The findings reveal 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

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.

For Thuloparsel 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

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


