

Appendix 1

**Composition of WHO/UNICEF Recommended Oral
Rehydration Salt (ORS)**

Ingredient	Amount
Sodium Chloride (Common Salt)	3.5 g
Glucose (a form of sugar)	20 g
Tri-sodium Citrate, Di-hydrate	2.9 g
or	
Sodium Bicarbonate (baking soda)	2.5 g
Potassium Chloride	1.5 g.

Source: Adopted from World Health Organization (1989). *The Treatment and Prevention of Acute Diarrhea, Practical Guidelines, Second Edition*. Geneva. p. 18

WHO/CDD Program Recommended Home Fluids during Diarrhea

Suitable fluids

- The following types of fluid may be used for home therapy:

Food-based fluids. These include gruel (i.e., thick drinks made from cooked rice, wheat, maize, sorghum, millet, cassava, etc.), soup and yogurt-like drinks. Soups may contain legumes, cereals, or potatoes, or meat or fish. If possible, these fluids should be lightly salted i.e. about 3 g/l of common salt.

- A special sugar-salt solution, containing about 3g/l of salt and 18 g/l of sugar.

Oral Rehydration Salt solution . This is the recommended fluid for the treatment of dehydration, but it can also be used to prevent dehydration.

Water. This is the most effective when given with food that contains some salt.

In many countries, there is a nationally recommended home fluid HMG recommended home fluids are rice gruel, bean soup and vegetable soups with some salt. It is important to remember that a home fluid should be :

Readily available: the ingredients are easy to obtain and inexpensive, preparation is easy.

Safe: the recipe allows an appreciable margin of error to accommodate possible errors in preparation, so that fluids are unlikely to have excessive osmolarity (>300 mOsm/l) or content of sodium (>100 mmol/l)

Familiar: The basic recipe is widely known.

Acceptable for use during Diarrhea: There are no culture taboos against its use; the taste is agreeable.

Considered suitable for giving in large volumes: It should be considered a "drink" that is given freely to satisfy thirst.

Effective : This is most likely when the fluid contains about 50mmol/l of salt (3g/l) and cooked starch up to 80g/l or sucrose (50 mmol/l or 18g/l)

Quantity of fluid:

The general rule is to give as much fluid as the child or adult wants. As a guide, after each loose stool, children under 2 years old should be given approximately 50-100 ml (a quarter to half a large cup) of fluid; children aged 2 up to 10 years should be given 100-200 ml (a half to one large cup); older children and adults should drink as much as they want.

Source: Adopted from *A Manual for the Treatment of Diarrhea for use by the Physicians and Senior Health Workers (1996)*. Child Health Division, HMG, Nepal. pp 7-8.

Appendix 3**WHO/CDD Program Recommended Foods during Diarrhea****What foods?**

Weaning starts when a child is 4-6 months old. Give a child of above this age, foods with the highest amount of nutrients and calories relative to bulk. These foods should be mixes of cereal and locally available beans, or mixes of cereal and meat or fish. Add oil to these foods to make them richer in energy. Dairy products and eggs are also suitable. Fresh fruit juices and bananas are helpful because they help replace the potassium lost during diarrhea.

In areas where vitamin A deficiency is common, foods that are rich in vitamin A are recommended for any child above 4-6 months old. These foods include liver, dairy products, and small, dried, whole fish, Red palm oil, which contains a very high amount of provitamin A, can also be added to foods.

Yellow vegetables (such as: pumpkin, carrots and yellow sweet potatoes), dark green leafy vegetables (Such as amaranth, spinach, and cassava leaves), and yellow fruits (such as mango and papaya) also contain a lot of vitamin A. However, because many of these fruits and vegetables are bulky, it is preferable to give them in small amounts during and immediately after diarrhea, and to give them only if the other foods that contain vitamin A are not available.

Avoid:

High-fiber or bulky foods, such as coarse fruits and vegetables, fruit and vegetable peels, and whole grain cereals. These are hard to digest.

Very dilute soups. These are recommended as fluids, but are not sufficient as foods because they fill up the child without providing sufficient nutrients.

Foods with a lot of sugar. These foods can make diarrhea worse.

How much food?

Encourage the child to eat as much as he or she wants. Offer food every 3 or 4 hours (five to seven times each day) or more often to a young child. Small, frequent feeds are best because they are more easily digested, and preferred by the child.

After the diarrhea has stopped, give the child one extra meal each day for a week. This extra food helps the child regain the weight lost during the illness. Some children will continue to need extra food to reach their preillness weight, or to reach the normal weight for their height.

How to prepare the food?

Prepare foods by cooking well, fermenting, mashing or grinding. This will make them easier to digest.

Give freshly prepared foods to minimize the chance of contamination. If previously prepared foods must be offered, first reheat them to boiling point.

Why feed the child?

Starving a child who has diarrhea can cause undernutrition, or make existing undernutrition worse. Mothers may withhold food, believing this will decrease the diarrhea. But it is more important to give the child the nutrients he or she needs to stay strong and to grow. A strong child will resist illness better.

During and after diarrhea give special attention to feeding the child nutritious foods frequently. Even though absorption of nutrients from foods is lessened somewhat during diarrhea, most of the nutrients will be absorbed. Fluids given to the child do not replace the need for food.

Source: Adopted from World Health Organization (1989). *The Treatment and Prevention of Acute Diarrhea, Practical Guideline*. Geneva., Second Edition. p. 6-8.

Appendix 4

Seeking Medical Help if the Child is Not Getting Better**(Recommended by WHO/CDD Program)**

If a child passes many stools, is very thirsty, or has sunken eyes, the child is probably dehydrated. The child may need more treatment than the mother can give at home.

The mother should take the child to a health worker if the child shows any of the following signs:

Passes many stools	}	These four signs suggest the child is dehydrated
is very thirsty		
has sunken eyes		
has a fever		
does not eat or drink normally		
seems not to be getting better		

Source: Adopted from World Health Organization (1989). *The Treatment and Prevention of Acute Diarrhea, Practical Guidelines*. Second Edition. Geneva. p. 8.

Appendix 5**Administrative Division of Nepal**

For administrative purpose, the country is divided into 5 development regions and 75 districts. 16 districts in the north constitute the mountain region, 13 districts in the middle constitute the hill and 20 in the south fall in the terry Region. There are 16 districts in eastern development region, 19 in central, 16 in the western, 15 in the mid-western and 9 districts in the far-western. Districts are further divided into numbers of village development committee (VDC) and municipalities as local unites. For several reasons, number and size of these local units change frequently. Currently, there are 3912 VDCs and 58 municipalities including 1 metropolitan and 3 sub-metropolitan cities. VDC and municipalities are subdivided into smaller units, called wards. There are 9 wards in each VDC and number of wards in a municipality ranging from 10 to 35. Each district is headed by a chief district officer (CDO). He is mainly responsible for maintaining law and order in the district and also for coordinating developmental works conducted by different ministries and local agencies at the district level.

Source: Adopted from Statistical Year Book of Nepal (1997). *Central Bureau of Statistics*. HMG/Nepal. p- (ii).

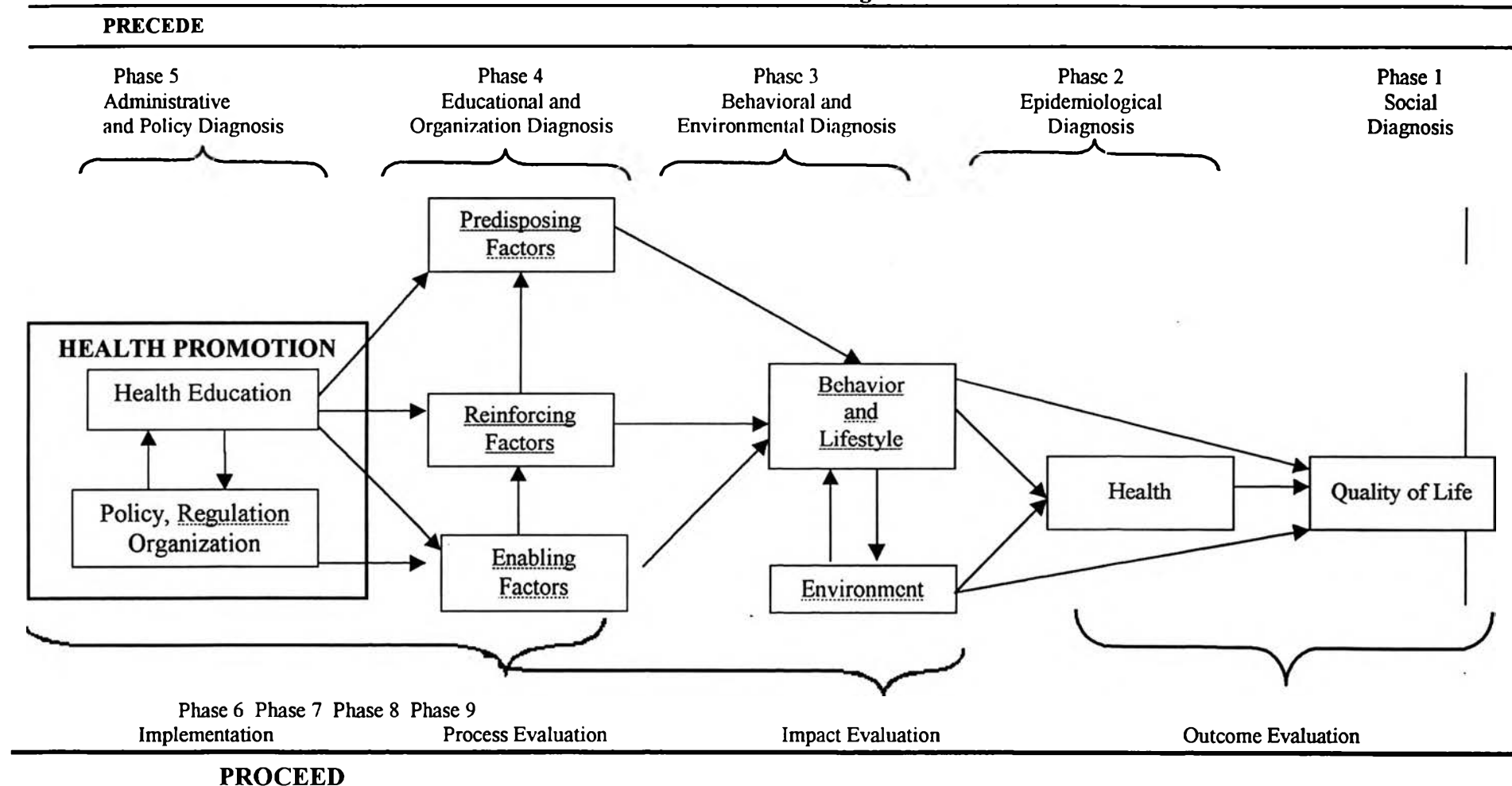
Appendix 6

Main Causative Organisms of Acute Diarrhea in Developing**Countries**

Pathogen	Significance
Rotavirus	Over 800,000 deaths/year 30% of diarrhoeal mortality in age group 6-24 months
Shigellae	Over 500,000 deaths/year Dysentery, watery diarrhea
Enterotoxigenic <i>E. coli</i> (ETEC)	Over 500,000 deaths/year Most cases in children under 2 years of age
<i>Vibrio cholerae</i>	Over 100,000 deaths/year Pandemic spread from Asia to Africa to Latin America
<i>Camphylobacter jejuni</i>	Significant pathogen in infants under 6 months of age
Enteropathogenic <i>E. coli</i> (EPEC)	Significant pathogen in infants under 6 months of age
<i>Salmonella</i> sp.	In 'transitional' urban areas

Source: Adopted from Vesikari et al (1994). Diarrhoeal Diseases. *Health and Diseases in Developing Countries*. The Macmillan Press Limited. London. p. 136.

Precede-Proceed Planning Model



Source : Green et al (1991). Social Diagnosis : Assessing Quality of Life concerns. Mayfield Publishing Company. London. p. 44.

Appendix 8**Correct Preparation of Oral Rehydration Salt (ORS) Solution**

1. Wash your hands with soap and water.
2. Pour all the powder from one packet of Oral Rehydration Salt into a clean container. Use whatever container is available such as a jar, bowl or bottle.
3. Measure 1 liter of clean water (or the correct amount for the packet used). It is best to boil and cool the water before use, but if this is not possible, use the cleanest drinking water available.
4. Pour the water into the container. Mix well with a clean spoon until the powder is completely dissolved.
5. Taste the solution so you know what it tastes like.
6. Mix fresh Oral Rehydration Salt solution each day in a clean container. Keep the container covered. The solution can be kept and used for one day (24 hours). Throw away any solution remaining from the day before.

Source: World Health Organization (1989). *The Treatment and Prevention of Acute Diarrhea, Practical Guidelines*, Second Edition. Geneva. p. 19.

Appendix 9**The Potential Project Members:**

- | | | |
|----|------------------------------------------------------------------|------------------|
| 1. | Chief of the village | Chair Person |
| 2. | One representative from district Health Office,
Rasuwa | Member |
| 3. | HA, AHW, ANM and VHW
from the village Health Post (5 persons) | Member |
| 4. | Nine FCHVs from each ward of the village | Member |
| 5. | Two Communication Officers of the Project | Member |
| 6. | Logistic Officer | Member |
| 7. | Researcher | Member Secretary |

2. Which of these illness do you think are the most important among the children and why?
3. What is diarrhea (By definition or by sign and symptoms)?
4. What are the causes of diarrhea among children?
5. Is diarrhea a health problem or a normal part of daily life among the children? Why?
6. Is diarrhea dangerous? Why?
7. How many types of diarrhea are there? And how are each case treated among children?
8. What are the practices related to giving fluids during diarrh a (increased/decreased)? What fluids are given?
9. What are the practices related to feeding (increased/decreased) during diarrhea? What foods are given?
10. What is ORS? What is its usage?
11. Can you tell me how to prepare ORS solution? (after asking the question please ask every respondents to prepare ORS solution practically in front of the researcher)
12. How should the prepared ORS solution be stored and how long should the prepared solution be used for?
13. What symptoms/signs indicate that the child should be taken to health personnel?

C. Possible channels of communication:

1. How do you get information about Diarrhoeal Diseases and it's management? What are the sources?
2. What forms of media do you have in your house/community? (list).
3. Which form of media do you/your family use the most? At what time?
4. What are the most popular programs to you/your family? On what form of media?
5. What is the most convenient time to use these forms of media, if to offer you/your family any program?
6. Have you ever been to a drama show? How much do you like it?

7. Have you ever seen Wall painting or Billboards (in your ward or anywhere)? Do you know what these things are for (for what purpose)?
8. Do you know the Female Community Health Volunteer (FCHV) of your ward? How often does she visit you?
9. How much do you trust and follow her (FCHV's) advice?

B. Radio:

1. Please tell me on your own words what the message was about?
2. Did you feel that the message was asking you to do something in particular?
What?
3. Did the message say anything that you do not believe to be true? What?
4. Did the message say any thing that might embarrass or offend people who live here in Laharepauwa Village? What? How would you say the same message in the village without being offensive/ embarrassing?
5. Do you think the message is intended for someone like yourself? Or is it for other people?
6. Was there anything in the message that you particularly liked? What?
7. Was there anything in the message that you did not like? What?
8. In comparison to the other messages on the Radio these days, would you rate this message on to be: excellent, good, fair, poor or do not know?
9. What do you feel could be done to make it a better Radio message?
10. You have just heard the two messages again. Of the two, Which did you like the best?

Source: Modified from Israel et al (1987). *Operational Guidelines for Social Marketing Projects in Public Health and Nutrition* UNESCO. Paris. p. 64.

10. You have just read two messages and viewed three pictures. Of the two messages and three pictures, Which did you like the best? Which picture fits best in which message?

Source: Modified from Israel et al (1987). *Operational Guidelines for Social Marketing Projects in Public Health and Nutrition* UNESCO. Paris. p.64.

Appendix 13

Meeting Minute Worksheet

Date:

Attendance	Type of meeting		Issue of discussion	Summary of discussion	Decision/Action to be taken
	Regular (monthly)	Casual			

Appendix 16

Supervision Checklist for FCHV on CDD Services

Purpose: To observe the overall performances of FCHV at work place
(Community Level).

Date: _____

Ward No.: _____

FCHV: _____

No. of Houses: _____

- A) Time provided for health education : _____
- B) Time provided for health education in your opinion is :
Sufficient Insufficient
- C) Quality of the education : good average poor
- D) Repetition of message : good average poor
- E) Facial expression : good average poor
- F) Practical demonstration good average poor
- G) Other comments (if any)*

Reported by: _____

Signature : _____

Full Name: _____

Designation : _____

- * Such as: whether FCHV inquired about the access and usage of other channels of communication, convenience/inconvenience on using particular channel, liked/disliked parts of health education messages etc.

Appendix 18

Interview Guidelines for Focus Group Discussion

Date: Venue:

Moderator:

Note taker:

No. of Respondents:

Group:

General Characteristics:

Respondents: The mothers of children under 5 years old .

Purpose of discussion: To identify the reactions of the target audiences towards the media/messages offered and face-to-face education during the process evaluation.

1. Did you watch the Drama or hear the Radio message offered by our project?
2. Was it useful for you? Why?
3. Can you remember now the important message of the Drama/Radio? Please tell me.
4. Did you try to practice the usage of increased amount of fluids and foods after seeing the Drama or listening to the Radio message?
5. Are you practicing the same (as taught) during Diarrhoeal Diseases with your children?
6. Will you continue the usage in future too?
7. Do you think the offered message is suitable for you? Or it is suitable for other types of people?
8. Is the time for the Radio program convenient for you?
9. How often do you listen to these Radio programs?

10. Do you feel the necessity of another Drama show in your ward? If yes, how many times? And at what intervals? Give reasons.
11. Are Billboards situated in the right places? Or could they be situated in other more appropriate places? Why?
12. Are the Billboards, logo and project messages clear and readable to you?
13. How do you think the Billboards could be more impressive by appearance, message, or location?
14. Are the wall paintings done in the right places? Or could they be painted in more other appropriate places?
15. Are the wall paintings logo and message clear and readable to you?
16. How do you think the wall paintings could be more impressive by appearance, message, or location?
17. Do you feel any necessity for revising the message or pictures of the Poster/Pamphlet developed and distributed by our project? Give the reasons. What in the messages should be revised?
18. How often do the FCHVs visit you/your community? Are they repeating the message as per your needs? Are they demonstrating it practically too?
19. Are you satisfied by their service or should they improve the present service pattern? Why and how?

9. Can you tell me how to prepare the ORS solution? (after asking the question please ask each respondent to prepare the ORS solution practically in front of the researcher)
10. How should the prepared ORS solution be stored and how long should the prepared solution be used for?
11. What symptoms/signs indicate that the child should be taken to health personnel?

Appendix 21**Open Ended Question for the Key Informants**

Respondents: Female Community Members, Primary School Teachers.

Purpose: To determine the improved knowledge level of the target audiences suggesting improvement of their health practices (usage of increased fluids/foods) during impact evaluation.

1. What do the mothers of this village think about diarrhea? How do they define diarrhea?
2. Do they think of diarrhea as a problem in their community?
3. What do they think the causes of diarrhea are?
4. What are the dangers of diarrhea in their view?
5. What are the practices (increasing/decreasing) related to giving fluids during diarrhea? What fluids are given during diarrhea?
6. What are the practices relating to the feeding during diarrhea? What foods are given?
7. When do they use ORS?
8. What signs and symptoms, cause them to take their child to health personnel?
9. How do you rate the following indicators relating to ORT and continued feeding practices of the mothers of children under 5 years of age in comparison to before and after the introduction of intervention program in the village?

Indicators:**a. Knowledge of increased amounts of fluids.****Status of improvement:**

a. excellent () b. good () c. fair () d. poor () e. do not know ()

Indicators:**(ii) Practice of increasing the amount of fluids.****Status of improvement:**

a. excellent () b. good () c. fair () d. poor () e. do not know ()

Indicators:**(iii) Knowledge on of increased amounts of foods.****Status of improvement:**

a. excellent () b. good () c. fair () d. poor () e. do not know ()

Indicators:**(iv) Practices of increasing the amount of foods.****Status of improvement:**

a. excellent () b. good () c. fair () d. poor () e. do not know ()

Indicators:**(v) Knowledge of the usage of ORS.**

Status of improvement:

a. excellent () b. good () c. fair () d. poor () e. do not know ()

Indicators:

(vi) Correct preparation of ORS.

Status of improvement:

a. excellent () b. good () c. fair () d. poor () e. do not know ()

Review of Service Statistics.

Sources:

1. Diarrhea History Form
2. Diarrhea Information Form
3. Village Health Worker Register
4. Diarrhea Register

Purpose:

1. To determine the improved usage of ORT and feeding by the mothers of children under 5 years of age at the community level.
2. To determine the decreased trend of dehydration cases at community level as well as in health posts.

Components to be evaluated:

A. Diarrhea History Form:

- Age, sex, and address (ward) of each diarrhea case at the community level.
- Status of dehydration of each diarrhea cases.
- Treatment provided at home.

B. Diarrhea Information Form:

- Age, sex, and address (ward) of each diarrhea case taken to the health post.
- Weight, while visiting health post.
- Status of dehydration, while visiting the health post.
- Other associated problems, while visiting the health post.
- Treatment provided at home.
- Name of 3 main fluids and foods that were provided at home (during diarrhea).
- Knowledge of the mothers/caretakers, on recognizing diarrhea associated complications.

C. VHW Register:

- Age, sex and address (ward) of each diarrhoeal case that occurred at the community level.
- Age, sex and address (ward) of diarrhea mortality case that occurred at the community level.

D. Diarrhea Register:

- Age, sex and address (ward) of each diarrhea case taken to the health post.
- Status of dehydration including the weight of each diarrhea case taken to the health post.
- Treatment provided at the health post.
- Result of the treatment (improved/died/referred) of each diarrhea case taken to the health post.

Open Ended Questions for Key Informants

Respondents: Ward Chief, Female Community Health Volunteer, Female Ward Member, Primary School Teacher.

Purpose: To increase the accuracy of the Focus Group Discussion Results conducted among the mothers of children under 5 years old of the study area for the identification of the Target Audience, their problem perception and health related behavior towards DD and possible channels of communication in the study area.

A) The roles of different members in family during Diarrhoeal Diseases to their children.

1. Who in the family takes care of the child during Diarrhoeal Diseases?
2. Who makes decisions about how episodes are managed at home?
3. Who takes the child to other places, if not managed at home?

B. Problem perception and the health related behavior of the respondents towards Diarrhoeal Diseases.

1. What are common illnesses of your community among the children under 5 years of age? And which illness is in which season?
2. Which of these illnesses do the community people think are the most important among the children and why?
3. What is diarrhea (By definition or by sign and symptoms) in the view of the community population?
4. What are the causes of Diarrhea Diseases among children in the view of the community population?
5. Is diarrhea a health problem or a normal part of daily life among the children in the view of the community population? Why?

6. Is diarrhea dangerous in their view of the community population? Why?
7. How many types of Diarrhea are there? And how are each case treated among children?
8. What are their practices relating to giving fluids during diarrhea (increased/decreased)? What fluids are given?
9. What are their practices relating to feeding (increased/decreased) during diarrhea? What foods are given?
10. What is ORS? What is its usage in the view of the community population?
11. How many of the community population can prepare the ORS solution correctly? How many of them have knowledge about the proper usage and storage of the ORS solution?
12. What symptoms/signs indicate for them to take the child to health personnel?

C. Possible channels of communication:

1. How do the community people get information about diarrhea diseases and it's management? What are the sources?
2. What form of media do most of the community people have? (list).
3. Which form of media do they use the most? At what time?
4. What are the most popular programs to them? On which form of media?
5. What is the most convenient time to use those media, if to offer them any program?
6. Have the community people ever been exposed to a drama show? How much do they like it?
7. Have they ever seen a Wall painting or Billboards (in the community or other places)? Do they know the purpose of these things?

8. Do the community people know the Female Community Health Volunteer (FCHV) of the ward? How often does she visit the community people?
9. How much do the community people trust and follow her (FCHV's) advice?

APPENDIX 24**Tabulation of the Focus Group Discussion results:****A. THE ROLES OF DIFFERENT MEMBERS OF THE FAMILY DURING THE DIARRHOEAL DISEASES OF THEIR CHILDREN:****1. Who in the family takes care of the child during Diarrhoeal Diseases?**

- Primarily the mother.
- Usually, the father accompanies the mother if the child is seriously ill.
- Sometimes, even the grandmother.

(Answered by all respondents).

2. Who makes the decisions about how the episodes are managed at home?

- The mother and the father, even the grandmother (8 HPG, 5 LPG).
- Only mothers (3 LPG).

3. Who takes the child to other places, if not managed at home?

- Usually the mothers (all respondents).
- The father or the grandmother may accompany the mother (all respondents).

B) PROBLEM PERCEPTION AND HEALTH RELATED BEHAVIOR TOWARDS DIARRHOEAL DISEASES:**1. What are the common illnesses in your community among the children under 5 years of age? And which illness is in which season?**

Summer season	Winter season	All year round
Skin infection	Cough and cold	Fever (unknown origin)
Diarrhea	Pneumonia	Measles
Vomiting	Chickenpox	

2. Which of these illnesses do you think are the most important among the children and why?

- Fever, pneumonia and diarrhea are the most important, because they can kill the children (every respondent).

3. What is diarrhea (by definition or by signs and symptoms)?

- Every watery motion is diarrhea.
- Loose motion more than 4-5 times a day is diarrhea (all respondents).

Probing: any other signs and symptoms (other than loose motion) that occur in diarrhea?

- No idea (all respondents).

4. What are the causes of Diarrhoeal Diseases among children?

- Stale foods and dirty water are the causes of diarrhea (every respondent).

Probing: why stale foods and dirty water cause diarrhea?

- There are some germs, which cause diarrhea (every respondent).
- Sometimes, diarrhea is also caused by evil spirits/evil eye/tooth eruption.
- Sometimes, due to cold exposure (such as: unclothing, and the excessive intake of cold foods).

} 2 HPG,
4 LPG

5. Is diarrhea a health problem or a normal part of daily life among the children? Why?

- Health problem, because diarrhea can be fatal (7 HPG, 5 LPG).
- Normal part if diarrhea is associated with cold exposure and milk-teeth, but a health problem, if associated with witchcraft/evil spirits (1HPG, 3 LPG).

Probing: How do you differentiate these different types of diarrhea?

- Usually all types of diarrhea have the same features.

Probing: Then how to know which diarrhea is associated with what cause?

- By taking the history. For example: by asking whether the child is getting milk teeth eruption or whether the child was exposed to any suspicious people/places or was fed any cold nature foods continuously.

6. Is diarrhea dangerous? Why?

- Diarrhea is dangerous, because it can kill the children (every respondent).

Probing: How does diarrhea kill?

- Diarrhea causes the loss of the body fluids resulting in death (every respondent).

7. How many types of diarrhea are there? And how are they treated among children?

- There is only one type of diarrhea (6 HPG, 4 LPG).
- All diarrhea cases should be treated with ORS and syrupy medicines (name unknown) and even by IV fluids (every respondent).

- Diarrhea caused by evil eyes/evil spirits should be taken to the traditional healers.
- Cold associated diarrhea should be treated with warming, such as: intake of warm foods/drinks, avoiding unclothing and hot fermentation over the belly and buttocks.
- Diarrhea associated with teeth eruption is self-limiting.

2 HPG,
4 LPG

8. What are the practices related to giving fluids (increased/decreased) during diarrhea? What fluids are given?

- ORS should be provided as much as the child wants (4 HPG, 2 LPG).
- Fluids should be stopped (even plain water) only ORS solution should be fed (6LPG).
- Fluids should be increased (4 HPG).

Probing: What about breast feeding among breast fed child?

- Should be continued as much as the child wants (every respondent).

Probing: What types of fluids should be used during Diarrhea Diseases?

- Cereal and pulses soup should be given as much as the child wants.
- Vegetable soup should be given as much as the child wants.

4 HPG, 2 LPG

9. What are the practices relating to feeding during diarrhea? What foods are given?

- Thin arrowroot biscuit and well-cooked gravy rice (Jaulo) can be given (every respondent).

Probing: How much should 'Jaulo' or biscuits be given?

- As much as the child wants (every respondent).

Probing: Is feeding necessary during diarrhea or only fluid is sufficient?

- If the child is taking sufficient fluids (particularly ORS), feeding is not necessary. However, light foods like Jaulo, biscuits etc. can be provided on demand (every respondent).

Probing: What about giving meat, fish, eggs, cereals and dairy products during and after diarrhea?

- They should not be provided (8 LPG, 2 HPG).
- Light soups of these things are acceptable among old diarrhea cases, otherwise, these products in solid form should be avoided until diarrhea stops completely (6 HPG).

10. What is ORS? What is its usage?

- ORS is the medicine for diarrhea (all respondent).

Probing: what does ORS do? What is its function?

- Cures diarrhea (3 LPG).
- Gives energy (4 HPG, 5 LPG).
- Replaces body fluids (4 HPG).

11. Can you tell me the way to prepare ORS solution? (after the question please ask each respondent to prepare the ORS solution practically)

- Boil and cool water, keep 6 glasses or 1 liter of that water in a big pot and mix one packet of ORS (7 HPG, 3 LPG).
- Keep 3 glasses of boiled and cooled water in a big pot and mix 1 packet of ORS (3 LPG, 1 HPG).
- No idea (2 LPG).

12. How should the prepared solution be stored and how long should the prepared solution be used for?

- The prepared solution should be covered and used within 24 hours (every respondent).

13. What signs/symptoms indicate that the child should be taken to health personnel?

- If the child is more drowsy (4 HPG, 5 LPG).
- If diarrhea is not stopped even by taking ORS (4 HPG, 3 LPG).

C. POSSIBLE CHANNELS OF COMMUNICATION:

1. How do you get information about DD and its management? What are the sources?

A. High Privileged Group (HPG)

House- **TV, Radio, elder people** 5 respondents

- Community- **Health personnel, FCHVs, Posters**

- House- **Radio, elder people** 3 respondents

- Community- **Health personnel, FCHV, Posters**

B. Less Privileged Group (LPG)

- **House-** Radio, elder people } 4 respondents

- **Community-** Health personnel, FCHVs, Posters

- **House-** Radio, elder people } 4 respondents

- **Community-** Health personnel, Posters

2. What forms of media do you have in your house/community? (list)

- Radio (all respondents).

- TV (5 HPG).

3. Which form of media do you/ your family use the most?

- Radio (all respondents).

- Also TV (5 HPG).

4. **What are the most popular programs to you/your family? On which form of media?**

A. HIGH PRIVILEGED GROUP (HPG):

TV		Radio	
1.	Evening news.	1.	Women's program.
2.	Weekly TV serials.	2.	Nepali filmi song.
3.	Saturday afternoon film.	3.	Saturday Radio drama.
4.	Claps.	4.	Army program.
5.	Cine lahar.	5.	Police program.
6.	Aaj Bholi Ko Kura.	6.	Commercial program.

B. LOW PRIVILEGED GROUP (LPG):

1. Women's program.
2. Nepali Filmi song.
3. Saturday Radio Drama.
4. Folksong program.
5. Army program.
6. Police program.

5. **What is the most convenient time to use those media (if to offer you/your family any programs?)**

- 7-9 pm daily for Radio program including 1-2 pm on Saturday afternoon (every respondent).

- 8-9 pm daily for TV programs including 2-5 pm on Saturday afternoon (5 HPG).

6. Have you ever been to a drama show?

- Yes, many times we have been to a drama show every year in the village school during the school's anniversary day (every respondent).
- Yes, many times we have been to a drama show in Kathmandu (7 HPG, 6 LPG).
- Cultural shows and dramas conducted by some political parties during elections (every respondent).
- Yes we like drama, because it is interesting (every respondent, laughing).

7. Have you ever seen wall painting, billboards (in your ward or anywhere)?

Do you know what are these things for?

- No, we have not seen these things in our ward and not sure about outside (every respondent).
- No, we don't know it's purpose (every respondent).

8. Do you know the FCHV of your ward? How often does she visit you?

- Yes she visits us from time to time (8 HPG, 3 LPG).
- No, we don't know, who is FCHV in our ward? (5 LPG).

9. How much do you trust and follow her advice?

- We follow her, because she has been selected by our group (mothers group) and is more knowledgeable than us (8 HPG, 3 LPG)

CURRICULUM VITAE

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Sex: Male

Date of Birth: July 8th, 1959

Education:

- i) B.A. Tribhuvan University, Nepal.
- ii) Certificate Level in General Medicine, Tribhuvan University, Nepal.

Service Experience: Health Assistant, Ministry of Health, Department of Health Services, Logistics Management Division, Kathmandu, Nepal (Since 1981).