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Notes

**18 pp**

**The material includes translations of texts from teaching posters (mother's milk, health baby, nutritious food, immunization; List of PSC activities December 1982- December 1983; pretesting poster getting comments from health workers and villagers; text of pamphlet/flip card for "What Mother Should Know for Baby's Care"; "communicating with pictures in Nepal, drawings; photos**

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Number of images without cover

SAROJA DOUGLAS

Sarja - Douglas

18

## Translations of scripts

### TEACHING POSTERS FOR BETTER HEALTH & NUTRITION IN NEPAL

Prepared and produced by Department of Health, Teku, Kathmandu, and UNICEF,  
Box 1187, Kathmandu - Nepal.

#### Mother's Milk

Mother's milk is like nectar to a child. Mother's milk alone provides all the food a baby needs up to 6 months of age. Mother's milk is always clean and fresh. A small baby needs to be fed mother's milk several times a day.

After 6 months a child needs to be given supplementary soft food besides mother's milk. A good mother feeds her child Sarbottam pitho - porridge, mashed green vegetables, vegetables, fruits, meat, soup, egg etc.

A good mother never feeds her child with a bottle. Bottle milk can cause diarrhoea. A good mother always feeds him with a clean bowl and spoon if the baby needs extra liquid in addition to breast milk.

A good mother takes extra care of her child when he is ill. She feeds her child soft food as well as breast milk. She encourages her child to eat even when the child is reluctant to eat.

Mother's milk is the best food for child's health.

#### Healthy Baby

This child is happy and strong. His hands, arms legs and body are chubby.

His mother still breastfeeds him. In addition to breast milk, when he was six months old his mother started to feed him thick dal, Sarbottam pitho, green vegetables, egg, banana, etc.

A good mother feeds her child milk and other soft foods 5-6 times a day. She cleans her hands and the baby's utensils before feedings. She does not let flies settle on food. She gives her child only boiled water. She keeps her child clean by frequent bathing, and she combs his hair every day.

This child has received good food and good care. He has also received immunizations like BCG, DPT, etc. He will grow healthy and strong.

## Nutritious food for a healthy baby

Mother's milk alone is not enough for a child after 6 months. A child needs supplementary soft food in addition to mother's milk. A child becomes strong and healthy if he is given extra food after he is 6 months old. A child should be fed 5-6 times a day. A child, thus fed cannot easily be overcome by diseases.

A growing child needs 3 kinds of food.

1. Food for Growth and body building  
Soyabean, dal, legumes, peanuts, milk and eggs, fish, meat etc.
2. Energy food for growth and playing:  
Ghiu, oil, honey, potato, banana, rice, maize, millet, wheat etc.
3. Protective food to keep the body healthy:  
Green vegetables, gundruk, vegetables, tomato, carrots, fruits etc.

A child should be fed some food from each of the 3 groups each day, and should also be breastfed for 2 years.

A child may not like these foods at the beginning. A good mother should encourage her child to eat little by little with patience. Once the baby gets used to the food, he also develops an appetite for them.

Wash hands and feeding utensils before feeding. You should not let flies settle on baby's food or utensils. A child should be given boiled water if at all possible. When this is done, a child does not easily get diarrhoea.

A sick child needs extra care.

## Immunization

It is important that children should be protected from disease. Children can be protected from disease by giving them different injections. In order to protect the child, immunization or vaccine should be given at an early age.

In order to protect a child from fatal diseases, it is important that the immunizations mentioned below should be given. Some of the immunizations should be given two to three times for permanent protection from disease.

<u>Name of immunization</u>	<u>Protects from:</u>	<u>Minimum age for giving immunization</u>
BCG	T.B.	1 month
DPT	Whooping cough	1 month
	Diphtheria	4 months
	Tetanus	1 year ( and 5 years)
Smallpox	Smallpox	4 months, 5 years.

## Super Flour (Sarbotam Pitho) - A Nutritious Food

'Lito' (porridge) made out of 'Sarbotam pitho' is a nutritious soft food. A six months old baby needs to be fed 'Lito' of Sarbotam pitho in addition to mother's milk. The 'Lito' makes the child healthy and strong. A healthy strong child can fight disease.

Sarbotam pitho can be prepared at home. The preparation of Sarbotam pitho requires 2 kinds of grains and one kind of pulse.

### Recipe

- 2 parts soyabeans (or dal, or dried gram or beans or peanuts)
- 1 part maize (or millet or barley)
- 1 part wheat (or rice)

### Method of preparation

1. Roast pulses and grains separately
2. Grind into fine flour separately, the roasted grains and pulses
3. Stir little by little into boiling water and cook for a while
4. Feed baby

One can add to the 'Lito' one of the following things: fruit, green vegetable, other vegetable, egg, milk, curd, salt, sugar etc.

A child, thus fed, becomes strong, happy and healthy. A child needs to be fed Sarbotam pitho (porridge) 5-6 times a day. A child having this porridge becomes healthy and free from illness. A weak sick Runche child needs to be fed this porridge 5-6 times a day.

### Extra Food for pregnant and lactating mothers

A pregnant mother requires extra nutritious food. A pregnant mother gives birth to a healthy child if she eats good food during that period.

Mother's milk is the main food for a baby up to six months. A child cannot be strong and healthy in the absence of a sufficient amount of mother's milk. That is why a lactating mother should eat extra food to produce enough milk.

The pregnant and the lactating mothers should eat the following three kinds of food to keep the child healthy.

1. Food for body-building and growth:  
Milk, curd, dal, soyabean, gram, egg, meat, fish.
2. Energy food:  
Ghiu, oil, wheat, maize, rice, sweet, food, fruit.
3. Protecting food:  
Fruits, green vegetables, vegetables.

The mothers should eat some food stuff from each group every day. A child can be healthy and strong only when mother eats good food.

## Food Saved Her

1. This girl is two years old. Her name is Iswari Devi, and she lives in Kathmandu Valley.

She was nearly dead when her mother brought her to the clinic. She suffered from severe malnutrition (marasmus), vitamin deficiency and diarrhoea. Iswari's mother lost her breastmilk because she became pregnant again very soon after Iswari was born. And when the new baby came, the baby needed the breastmilk. Iswari would not eat. She became weaker and weaker. Her mother did not know that you have to encourage a sick child to eat soft foods 5-6 times a day and give her plenty of liquids. Sarbottam pitho (local weaning food) is a very good food for young children.

2. A health worker explained to the mother why Iswari was sick. She had not been given enough good food.

Iswari was now fed Sarbottam pitho, vegetables and milk. Her mother and her big sisters encouraged her to eat. They gave her food 5-6 times a day.

In the beginning she could eat very little. Her stomach was very small. Everyday she ate a little more. Iswari was given basic medicines for her stomach diseases from the health post. The health worker taught the mother how to make "ausadhi pani" (medicine water) for Iswari's diarrhoea. The mother came to the health post for check-up every week.

3. Now Iswari is happy and healthy like her brothers and sisters. She can run around and play with them. Her mother is still feeding her Sarbottam pitho, vegetables, rice and dal. She also gives the child milk or dahi (curd) whenever she can get it. The mother understands that Iswari will be sick again if she does not give her enough food. She will never let that happen again.

When a baby is six months old, he needs same food from each of these three groups, in addition to breastmilk.

1. Body-building foods to make him strong: Milk, dahi, (curd) soybeans, peanuts, fish, eggs, meat.
2. Energy food for work and play: Rice, potatoes, ghu, oil, chapati, honey.
3. Protective food to keep the body healthy: Green leafy vegetables, tomatoes, carrots, fruits.

A child's food must be clean, and protected from flies. When a child is sick, mother must give very soft food. A sick baby also needs a lot of care and attention.

When a child is two years old, she can eat almost the same food as her parents. But she still needs extra food, like Sarbottam pitho, because her body is growing. She needs food 5-6 times a day.

## Medicine Water for Rehydration

1. This child is suffering from dehydration due to diarrhoea. If a child has diarrhoea he will become weak, he will have a dry tongue, dry skin and sunken eyes.

In order to protect the child from such condition, medicine water should be given to the child immediately.

### Ingredients required for making medicine water:

One mana boiled water  
One pinch baking soda (if available)  
One pinch of salt  
One handful of glucose (or sugar or saccar or honey)

### Method of preparation and feeding:

2. Boil the water
3. Add salt, soda and glucose (or sugar or saccar or honey) to the boiled water. After the mixture has cooled, feed it to the child.
4. Give approximately one glass of medicine water for each stool the child passes.

Medicine water should be given until the child's diarrhoea stops. Soft foods such as porridge should also be given to a child who has diarrhoea.

## Prevention and treatment of Marasmus/Protein/Energy Malnutrition

This child is very ill. Her body is dried up. Her skin is loose. She finds it difficult to keep her head up because of her weakness. Her face looks like that of an old man. She is always crying. She is susceptible to diseases as she is unable to have enough food. This condition may also be known as Runche.

Some mothers stop breastfeeding their children too early and also do not feed them enough supplementary food. Some mothers completely stop giving food to a child who has diarrhoea or some other illness. This is a very bad custom. A child who does not get enough food will suffer from marasmus or other kinds of malnutrition.

A growing child needs good nutritious food. A child needs food like Sarbottam pittho, dal, wheat, rice, milk, egg, green vegetables, fruits, in addition to breast milk. To protect a child against disease, a child should be fed 5-6 times a day. Feeding nutritious food to a child is the main treatment of marasmus.

HEALTH SECTION:

Publication of Where There Is No Doctor, Nepali Version.  
Cover design and illustrations arranged by PSC.  
5,000 printed and distributed.

Another 20,000 ordered.

BREASTFEEDING CAMPAIGN:

Poster, brochure and radio spots.

GOITRE AND CRETINISM ERADICATION PROJECT:

Poster, brochure, flip charts and radio spot.  
Videotape on project entitled "The Golden Throat".

EXPANDED PROGRAMME OF IMMUNISATION:

WHO recognition posters printed in Nepali.  
Supervisors' and vaccinators' training manual.  
Radio Doctor Programme evaluated.

APPROPRIATE TECHNOLOGY:

Smokeless chulo booklet revised.  
Poster for smokeless chulo.  
Two posters for beekeeping.  
Videotape in progress.  
International Workshop report.

BASIC SERVICES FOR LOCAL DEVELOPMENT:

Assessment workshop in Chainpur.  
Brochure in preparation.

WOMEN'S PROGRAMMES:

Assistance in preparation of resource manual for field workers.  
Information booklet on the legal rights of women.

EDUCATION:

Photos for Seti Project.  
Slide set for Dev-Ed.

SMALL FARMERS' DEVELOPMENT PROGRAMME:

Calendar.

BHAKTAPUR CRAFT PRINTERS:

Consultancy on card design.

CHILDHOOD DISABILITY:

Childhood disability manual. (700 Illustrations.)

continued...

WATER AND SANITATION:

Communications Training at the following workshops --

Janakpur Tech. Training  
Malangwa Tech. Training  
Chauruahari Tech. Training  
SFDP Nepalganj Tech. Training  
Dandelhdura Tech. Training  
SFDP Mangalsen Tech. Training  
Pokhara Tech. Training  
Ilam Tech. Training  
Kathmandu Tech. Training  
Dhangadi Tech. Training.

Booklet on Pit Latrine building.

Slide set on Water Programme.

Upgrading of Water and Sanitation teaching aid for schools.

Videotape on Easter Region Project.

INFORMATION:

State of the World's Children Report, 1983 --

Launched by presentation to Prime Minister by  
the Representative;

Newspaper coverage over three weeks in The Rising  
Nepal.

Articles --

"They Can't See the Point", by G. McBean for  
UNICEF News;

"Freewheeling Through India", by G. McBean for  
UNICEF Staff News;

"Community Development Through the Production  
of Greeting Cards", by Sara Cameron for Future;

"Migrant or Nomad", by Kunda Dixit for Future;

"A Through the Lens Look at Goitre Control",  
by George McBean for Future;

"Will You Listen To Me?", by Heidi Larsen for  
The Rising Nepal;

"The British Illustrator and the Third World",  
by G. McBean for Illustrators;

"Signals From a New Cooking Stove", by G. McBean  
for UNICEF News;

"The Halftone Is Only Half-way There", by G.  
McBean for Media in Education;

Slide set for UK Committee, "Kumali of Nepal".



Suggested title: (~~Small~~) Pretesting posters - a cultural learning experience ~~from "COMPLICATED" TO "SIMPLE" TO "IDEAL" TO "REALISTIC"~~ (small script)  
From "COMPLICATED" TO "SIMPLE" TO "IDEAL" TO "REALISTIC"  
By Ane Haaland, PSC Officer,  
Nepal

—The best and most useful cultural learning experienced during my three years as a PSC officer in Nepal.

This sums up the process of developing, pretesting and producing a series of nine teaching posters for health and nutrition during 1977. The posters were developed in cooperation with the Ministry of Health. They were tested with several user groups (trainees, health workers, villagers) and changed substantively. The process was time consuming and laborious, but it was certainly worth it. Why?

- It illustrated the obvious need for pretesting of educational materials
- It reinforced the results from the visual perception study (earlier described in the <sup>v2</sup>~~newsletter~~ <sup>v2</sup> newsletter)
- It established closer contact and better cooperation with the health workers and the health trainees
- It increased ~~the~~ interest ~~for~~ nutrition among policy and decision makers in the ministries by involving them in the process of testing and production
- It provided us with an excellent lot of materials to demonstrate the need for and effectiveness of pretesting. (The different stages of the posters are used as demonstration materials for visual aid workshops and training courses in pretesting techniques with various ministries).

#### An illustrated example: Immunization

This example illustrates some of the common mistakes we went through in the process of developing the posters. Most of the mistakes are found <sup>for</sup> often in materials produced in Nepal, with the last stage - the simple reality - missing in most cases. One of the main reasons for this is the lack of testing of materials - most ministries are only concerned with meeting the quantity target for production, since nobody asks about quality - yet.

1st Stage: The city approach. A nurse is injecting a child, who is sitting on his mother's lap.

Comments: Health workers and trainers: This is <sup>not</sup> useful in the village. Villagers don't see nurses in uniform. The mother is too high cast, she wears city clothes (sari), and so does the child. No village children wear shoes. And they don't have chairs like that in the village. Besides, it is difficult to see the nurse in white uniform against a white background.

Villagers: She (the mother) does not look like one of us. We don't get chairs to sit on when we go to the health post. And the nurse or health worker giving the immunization doesn't look like her.

Conclusion: A village scene is needed, with a "normal" health worker, preferably a male, and a typical village woman.

2nd Stage: The village approach. A japa<sup>ni</sup> (wife of a Newar farmer, Newars being the predominant ethnic group in Kathmandu Valley, and broadly accepted by most ethnic groups in the country) standing with a child on her arm, a health worker injecting her. (Health workers in Nepal don't wear uniforms).

Comments:

Health workers: The mother does not look comfortable. She should sit down, with the child on her lap. And - there is nothing to identify the health worker.

Villagers: She (the mother) looks like a woman from our village. But who is that man? It is not clear that he is a health worker.

Conclusion: The mother should sit down, and a stool with the health worker's bag and syringes should be added.

3rd Stage: A village mother sitting on the grass (there are normally no benches or chairs in a health post in the village), a health worker, and a stool added to the picture. (It was difficult to place the stool, because it would look like it came out from the health worker's head. If we placed it beside him to the right, the pictures would have to be smaller, and the layout would look strange and out of balance).

Comments:

Health Workers: Well, this is the way it should be, ideally. But we don't do it this way. We don't have time to sit everybody down when we have a vaccination campaign. This looks awkward.

Villagers: What is that?? (the stool). The health worker's face is not shown clearly. Is there anything wrong with him?

Conclusion: We go back to the picture from the 2nd stage, which people identified and liked (i.e. the "real" situation), and add the stool for identification.

4th Stage: The same picture as 2nd stage, with a stool added for identification. This picture was recognised by both health workers and villagers. However, comments made later by health workers after having used the posters in the field for a while, indicate that the child should have been younger, to stress the point that the babies should be immunized against diseases when they are very young.

COMMENTS FROM AFRICA

During the recent 9 week workshop on "Communication for Social Development" in Nairobi, Kenya, pretesting was one of the topics that was discussed. Some of the participants made good comments about this series of immunization pictures:

1. It is not a "real" situation - the child would be crying if he was given an immunization.

My comment: What do we want to achieve with the poster? Do we want the picture to be so real that we scare mothers, or at least make them feel uncomfortable about the thought of having their child go through this fortune? Or - do we want to "cheat" a little to show a happy

mother with a child who obviously didn't like the situation, but who didn't cry?

We chose the last option, because we wanted to motivate parents to have their children immunized. The notion is that if you cheat a little, i.e. show the child serious, but not crying, people are inclined to accept it. If you make the situation ~~far~~ too far from reality, i.e. if the child was smiling, people would probably react, and be suspicious about the health worker trying to fool them. Most people know that having an injection is no fun, but having your children die from diphtheria or whooping cough is even less fun.

2. The situation would be more "real" if there were many people in the picture, waiting with their children to be immunized.

My comments There were lots of people getting children immunized on the occasion picture was taken. We tried out some of the pictures with the whole crowd on villagers (the picture was not blocked out) - and nobody could tell us what was going on, except there were many people present. We realize that the picture we used is "taken out of the real situation", but I would argue that as long as villagers and health workers realise what is going on in the picture - and get the message - this is better than picturing a "real" situation just for the sake of picturing a real situation, and confuse people. Again - one needs to "cheat" a little to achieve the purpose - to get the message across.

#### Adapted for an extended audience

These teaching posters were originally designed to be used in training institutes only. When we pretested them on these audiences, several comments were being made about visual materials<sup>(1)</sup> being needed in the villages as well as the training institutes. We decided to simplify the script to a certain extent so the points made and the language used would be directly applicable in the village, as well as being a check-list for discussion and elaboration of important points on the topics in training institutes. The pictures also attempted to be closer to the village situation in the final stages of the posters.

The other posters in the series are: Breast-feeding, supplementary weaning food, malnutrition (marasmus), healthy baby, preparation of weaning food from local grains and pulses, preparation of rehydration solution, extra food for pregnant and lactating mothers, and 3 stages of malnutrition. The posters are available from UNICEF, Box 1187, Kathmandu, Nepal. There is an English translation of the script available.

With the packet of nine posters comes a handbook with practical tips on how to use the posters, in English and Nepali.

#### Handbook in process-comments wanted!

We are now working on a handbook for PSC officers and other communication people, describing the process we went through when making these posters. After each pretest, new thoughts and arguments were added to the different issues, and we believe our colleagues in other countries could benefit from sharing some of these thoughts. The handbook will hopefully be available later this year. If anybody else is working on similar projects, we would be delighted to hear about it.

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## बच्चाको स्याहार गर्ने आमाहरूले जान्नुपर्ने कुराहरू

१. बच्चाको सु-स्वास्थ्यको लागि सकेसम्म दुई वर्षसम्म आमाको दूध खुवाउने गर्नु पर्दछ ।  
\* \* \*
२. धेरै पटक दूध चुसाएमा र आमालाई पोषिलो खाना दिएमा धेरै दूध आउँछ ।  
\* \* \*
३. दूध खुवाउने र गर्भवती आमाले राम्रोसंग पाकेको दाल, हरियो सागपात तथा तरकारी र फलफूल अघि-पछिको भन्दा बढी खाने गर्नु पर्दछ । समय समयमा आफ्नो स्वास्थ्य जाँच गराउनु पर्दछ ।  
\* \* \*
४. बच्चा ५-६ महिनाको भए पछि (पास्नी गरे पछि) जाउलो, लिटो जस्तो केही गिलो खानिकुरा दिनुपर्दछ ।  
\* \* \*
५. बच्चालाई दिनमा ५ - ६ पटक खुवाउनुपर्दछ ।  
\* \* \*
६. बच्चालाई सञ्चो नभए पनि साविक बमोजिमने खानेकुरा फकाउँदै फकाउँदै दिनुपर्दछ । सञ्चो नभए-को शंका लागेमा तुरुन्त नजीकको अस्पताल वा स्वास्थ्य केन्द्रमा लगी जाँच गराउनुपर्दछ ।  
\* \* \*

## WHAT MOTHER SHOULD KNOW FOR BABY'S CARE (Health of the Child)

1. Mother's breast milk should be fed to the baby for at least 2 years.
2. To ensure a sufficient amount of breast milk the mother must eat nutritious foods and the infant should be encouraged to nurse frequently.
3. Lactating mothers and pregnant women must eat more legumes, green leafy vegetables and fruits than before pregnancy. They should have regular health examinations during antenatal period.
4. At 5-6 months of age, coinciding with the rice feeding ceremony, the mother should begin feeding porridges, soups and other soft foods to the baby.
5. Babies and small children should be fed 5-6 times a day.
6. Mothers should feed their children when they are ill and should encourage the child to eat. If there is any doubt that a child is ill, the baby should be taken immediately to the nearest clinic or hospital.

७. बच्चालाई फाडा लागेमा एक चिम्टी नून, पाएमा एक चिम्टी खाने सोडा र एक मुठी ग्लुकोज एक माना उमालेको पानीमा मिलाई, बच्चाले जति दिसा गरेको हो अन्दाजी उतिनै औषधि-पानी बराबर दिनुपर्दछ ।

\* \* \*

८. रुन्चे लागेमा बच्चाहरूलाई बढी मात्रामा खानेकुरा दिनु पर्छ जस्तै राम्रोसंग पाकेको दाल, भात, ढिडो, दूध, दही र हरियो सागपाट आदि ।

\* \* \*

९. बच्चालाई बिफर, क्षय तथा अरु सरुवा रोग विरुद्ध जति सक्दो चाँडै खोपाउनुपर्दछ ।

\* \* \*

१०. कोठा, घर, आंगन सधैं सफा-सुग्घर राख्नुपर्दछ र आफू पनि सफा-सुग्घर हुनुपर्दछ ।

\* \* \*

११. बच्चा वा बच्चाको खाना छुनु अघि राम्रोसंग हात धुनु पर्दछ र खानेकुरा राख्ने थाल, कचौरा, रिकामी आदि भाँडाकुँडा पनि खाने पानीले सफा गर्नुपर्दछ ।

\* \* \*

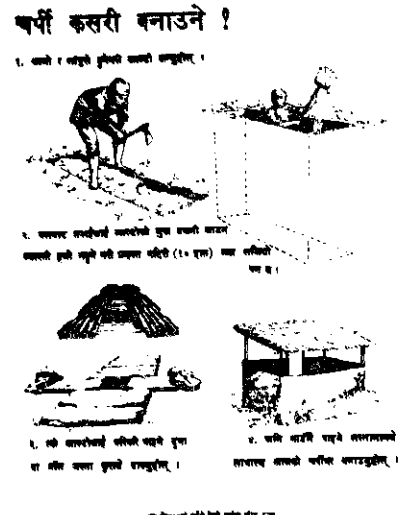
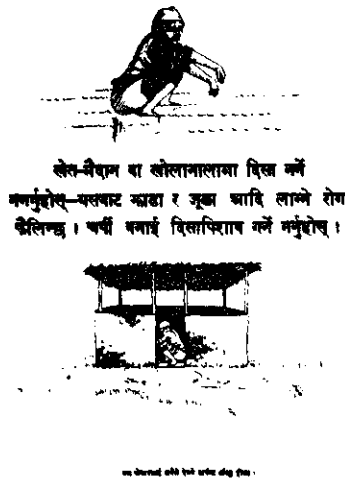
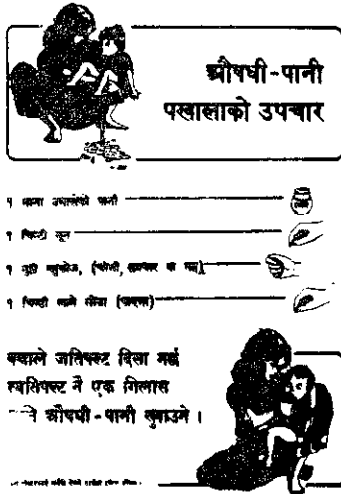
१२. बच्चा वा आमाको सु-स्वास्थ्यको लागि दुई-तिन बर्ष बिराएर मात्र बच्चा पाउनु राम्रो हुन्छ ।

\* \* \* \* \*

7. Children with diarrhoea should be given a mixture consisting of a pinch of salt, a pinch of soda, and a fistful of glucose in one mana of boiled water. The amount of mixture given should be the same as the amount of fluid lost in the stool.
8. Undernourished children (runche) must be given more food than usual such as rice, mush (dhido), legumes (dal), milk, yogurt, vegetables, etc.
9. Immunizations against infectious diseases such as smallpox and TB should be given as early as possible.
10. The rooms and the verandah of the homes should be kept neat and clean. The mother and the child should maintain good personal hygiene.
11. The mother should wash her hands well before touching the baby and his food. Plates and utensils used for child's food should be washed in clean water.
12. For the health of the mother and child, there should be a space of 2-3 years before the birth of another child.

# PSC MATERIAL - NEPAL

A series of practical booklets for National Development Service students and other extension workers has been fieldtested by NDS students, and revised according to the results of the study on "Communicating with Pictures in Nepal". Of 20 titles, eight have been selected, and are being printed in 20,000 copies each. Most of the booklets have 1-4 small posters folded inside.



Samples of posters from booklets on rehydration and building and use of latrines.



- Booklet titles:
1. Nutrition
  2. Rehydration (prevention and treatment of diarrhoea)
  3. Building and use of latrines
  4. Building and maintenance of roads and tracks
  5. How to prevent soil erosion
  6. The why and how of re-forestation
  7. Survey for a village water supply system
  8. Communicating with pictures (printed in English and Nepali)



Nutrition booklet (NDS).

Rehydration booklet (NDS).



Communicating with Pictures in Nepal - a full report on the study by NDS and UNICEF. 53 pages.

Communicating with

स्वास्थ्यको  
जीव



Arm circumference tape folder (with two tapes inside). 20,000 copies printed. Insert with instruction on how to make Sarbottam pitho (Local weaning food) and rehydration solution under preparation.



Nepal Nutrition News No: 2. 24 pages.

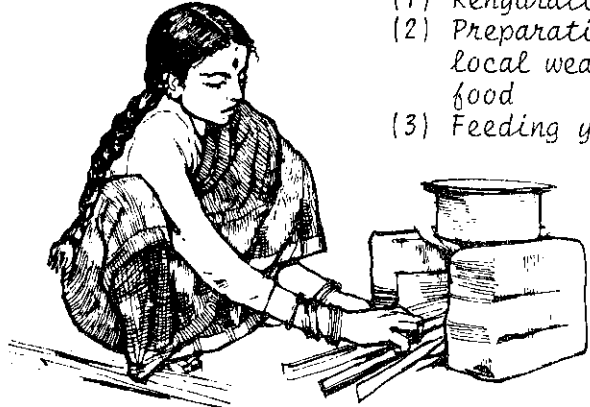


Village Technology series (printed last year).



Matchbox - messages. The child care messages are being printed on the back of matchboxes. Also, all UNICEF envelopes in Nepal have the messages printed on the back.

- Flash-card series:
- (1) Rehydration
  - (2) Preparation of local weaning food
  - (3) Feeding your baby.



Guidebook on how to use flash-cards.



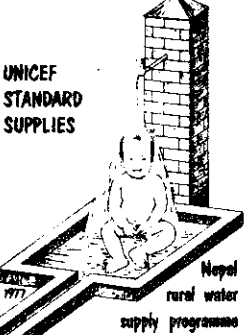
केटी र महिलाहरू शिक्षामा समान अवसर

विगत वर्षदेखि महिलाहरू शिक्षामा सम अवसरका नेपालमा शिक्षाकायुक्तको सँगै लागेको छ।  
महिलाहरूलाई पढाउन शिक्षामा हुनु सक्ने वा नसक्नेमा समान अवसर दिनुको लागि शिक्षाकायुक्तले सुरु गरेको कार्यक्रम शिक्षाकायुक्तको सँगै लागेको छ।  
नेपालमा, नेपाली र अन्य राष्ट्रियताका महिलाहरूले शिक्षाकायुक्तले सुरु गरेको कार्यक्रममा भाग लिन सक्ने वा नसक्नेमा समान अवसर दिनुको लागि शिक्षाकायुक्तले सुरु गरेको कार्यक्रम शिक्षाकायुक्तको सँगै लागेको छ।  
सालीयको लागि आवश्यक न्यूनतम योग्यता  
(क) कम्तीमा माध्यमिक शिक्षाको उत्तीर्ण गर्नुपर्नेछ।  
(ख) कम्तीमा १८ वर्षको उमेरमा हुनुपर्नेछ।  
सालीयमा लाग्ने समय:  
(क) कम्तीमा १८ वर्षको उमेरमा हुनुपर्नेछ।  
(ख) कम्तीमा १८ वर्षको उमेरमा हुनुपर्नेछ।

Motivation poster for recruitment to "Equal Access to Education for Women"-project. 3000 copies. A motivational booklet was printed last year.

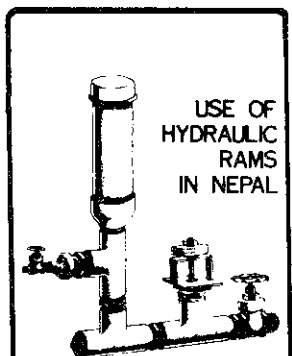
Nutrition and health teaching poster series. Nine posters with block-out photos, title and text are printed in 3000 copies each. There is a guidebook with the posters.

GUIDE LIST



Guide list - UNICEF Standard Supplies (2nd edition) Rural Water Supply programme. 22 pages. The guide list was printed last year in Tibetan and

Booklet on building and use of hydraulic rams in Nepal. 45 pages.



मोटर साइकल प्रयोग कर्ताहरूको लागि पुस्तिका



Booklet for motorcycle users. 16 pages.

Fuel gas from cowdung 24 pages. (Last year)



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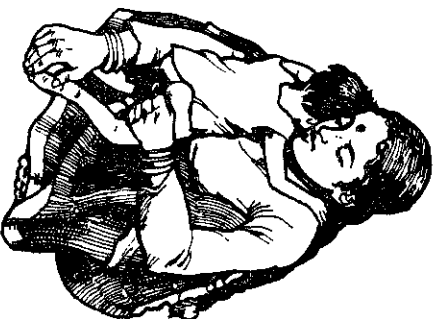
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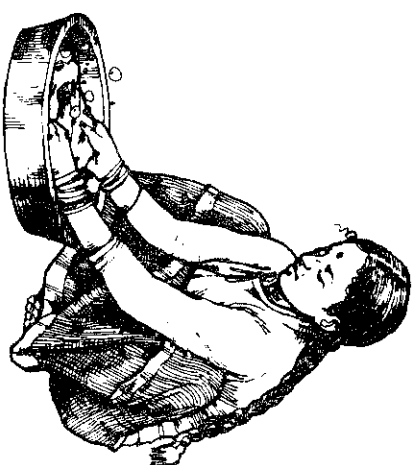




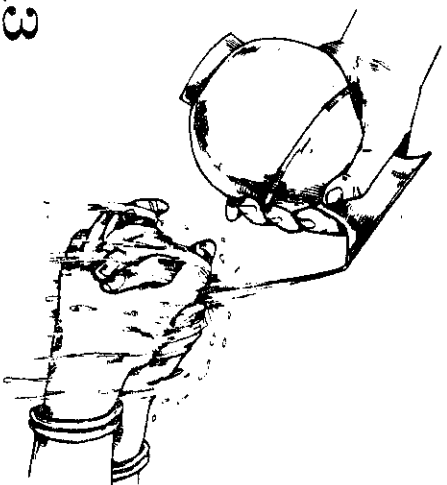
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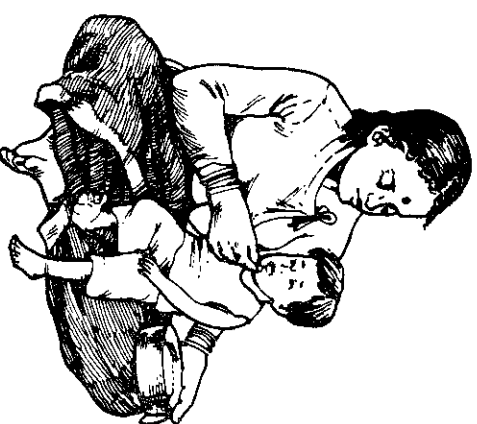
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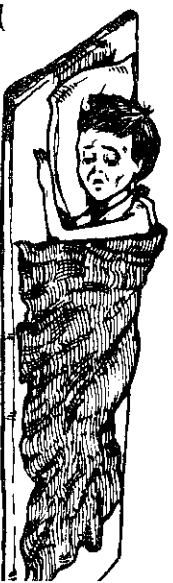
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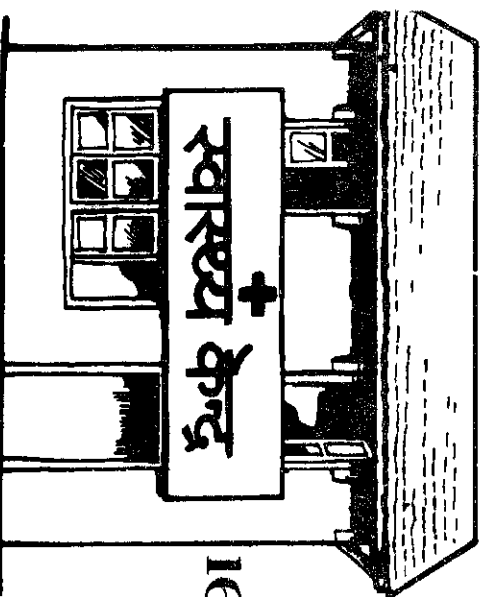
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FLASH CARDS ON REHYDRATION OF INFANTS

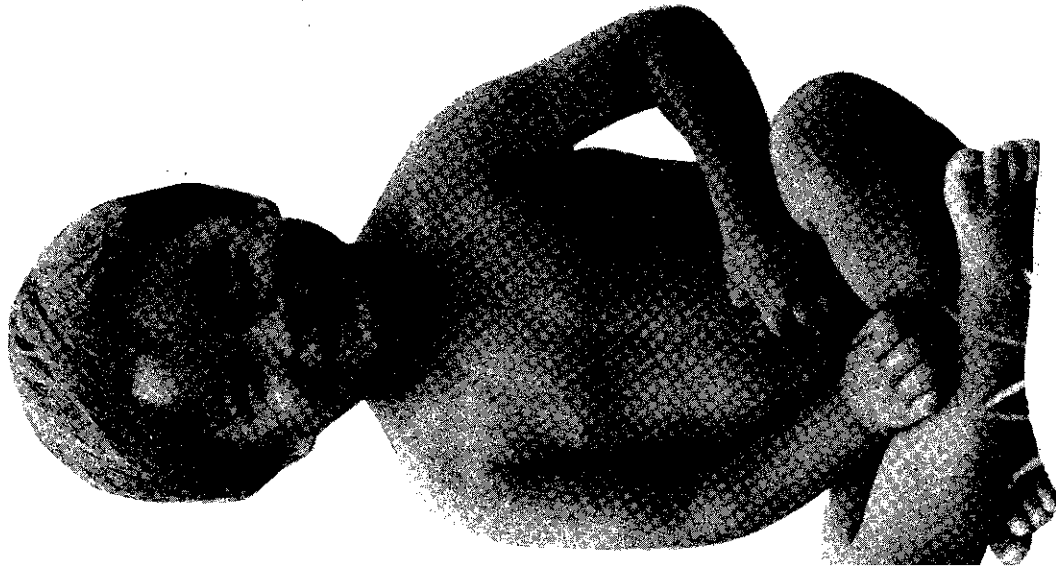
Gastro-entarritis and diarrhoea are the cause of more infant and child death in Nepal than any other disease. Both these conditions cause a loss of vital salts and fluids, and it is this factor which eventually kills the child. A simple and effective method of replacing these salts is to prepare and drink a solution of salt, sugar and soda.

The method is shown in the above series of flashcards. The flashcards were initially developed by World Neighbours and the United Mission of Nepal. They were subsequently revised and refined three times by the Department of Health and Family Welfare, Nepal. The results from the field evaluation and the results from the pictorial communication study. The three sets are (1) Rehydration (2) Preparation of local weaning food and (3) Feeding your baby.

The flashcards will be used by health workers and other extension workers. Each card shows a step in the method, with an appropriate text on the reverse side. The teacher shows the cards to the audience and uses the text as a guide for his story. A guidebook on how to use the flashcards most effectively is printed as well.



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## NUTRITION AND CHILD CARE TEACHING POSTERS

es of nine nutrition and child care teaching posters have been developed in co-operation with the Department of Health Services for the ion of health personnel, teachers, women workers and NDS students. All the posters have been extensively pre-tested in order to ensure um perception when used to teach villagers with limited or no education. The posters show the following: (1) Breast feeding is best. plementary Feeding (3) Preparation of weaning food (4) Immunization (5) Healthy Child (6) Marasmic child (7) Series showing improvement nalnutrition to health (8) Preparation of Rehydration Salts (9) Foods for pregnant and lactating mothers.

ustrations show examples of three of the poster pictures - without title and explanatory text at the bottom. The cut-out photo style has und to be more easily understood in Nepal than a photo with background. The posters measure 19" x 27".



## MORE VILLAGERS RECEIVE PRIMARY HEALTH CARE

The Integrated Health Service (IHS) was initiated with an objective to extend health care service to rural areas. In 1977 the government has given higher priority to the expansion of IHS and the expanded immunization programme. The IHS has already covered 13 districts, and the Government has planned to extend to ten more districts in 1977/78.

UNICEF has been supporting the expansion of IHS by providing cash grants for in-service training and drug-diet supplement sets to all the integrated health posts.

The pictures show:

- A Junior Auxiliary Health Worker (JAHW) checking if a child has been vaccinated, and advising the mother to go to the health post for immunization.
- The JAHW vaccinating the same child. The Expanded Immunization Programme has already