



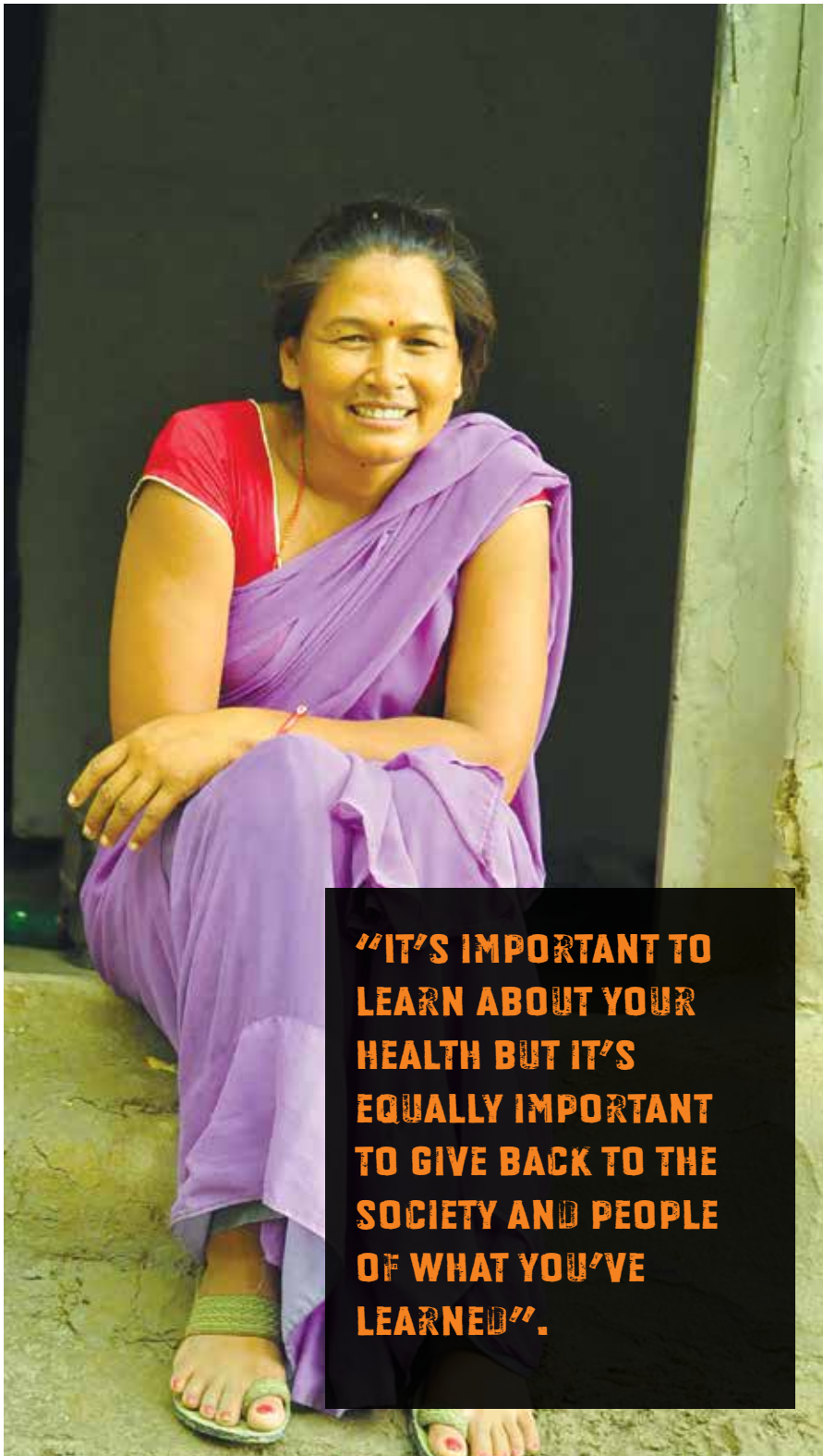
**USAID**  
FROM THE AMERICAN PEOPLE



NEPAL CRS COMPANY  
नेपाल सि आर एस कम्पनी

# NEWSLETTER

Volume 1 | August 2018 - January 2019



**“IT’S IMPORTANT TO LEARN ABOUT YOUR HEALTH BUT IT’S EQUALLY IMPORTANT TO GIVE BACK TO THE SOCIETY AND PEOPLE OF WHAT YOU’VE LEARNED”.**

There is so much that one person can do for oneself and for their community. It is a preconceived notion that change can only come through unity. As accurate as this notion sounds, we cannot ignore the efforts of a few valiant individuals who have created ripples, as small as it maybe, across the river that has brought a significant change.

Ramdulari Tharuni is one such individual who has set herself as an exemplary in her village. After attending the RAI Phase I program meeting on family planning, uterus health, ante-natal check-up and health and sanitation, Ramdhlari was referred to FPAN in Gukariy by a CCA where she underwent uterus treatment. Since then she has not looked back. Now a proud social worker, she has helped her fellow female community members to overcome social barrier and prioritize their health.

**“We women tend to take care of everyone around us apart from ourselves and this is what I wanted to change. I’ll continue my effort to encourage women to come forward to discuss health issues openly,” says Ramdulari.**

But change and success does not come easily. While it was easier to encourage the female member, it was impossible to convince the male family members. There were several occasions where she was accused of teaching evil things, but this did not deter her focus as she continued her work and has managed to consult and take 80 women for uterus check-up at Gulariya, within a year.

## MESSAGE FROM MD



It is not often that an opportunity comes along for an organization, such as Nepal CRS Company, to be one of the leading change-making agents in the health sector of the country. CRS has its roots deeply ingrained in the behavior change communications on family planning and on other health issues. Hence, I am thrilled to announce the first issue of this fiscal year's semi-annual newsletter with the topic – 'women's empowerment in reproductive health'.

Our efforts to empower the women in communities through our USAID supported Remote Area Initiative (RAI) Program in rural areas has not only helped to bring about behavior change with respect to the choice of family planning methods but also amplified the service seeking behavior in other health issues such as ANC check-ups, uterine prolapse and other health and hygiene issues. Realizing that the husbands play a pivotal role in the choice and use of FP methods, CRS has augmented its women group meetings with BCC programs aimed at husbands as well. We are highly encouraged by the active participation of both married men and women of the RAI program districts.

Women and especially adolescent girls in Nepal still encounter numerous challenges for effective menstrual hygiene management. According to recent surveys, on average, 15% of female adolescents and youths aged 10-24 in Nepal use a sanitary pad and 84% use a cloth. The availability of affordable sanitary napkins is a commonly cited reason for the low use of sanitary napkins, especially in rural areas. CRS plans to promote the use of bio-degradable sanitary napkins through social marketing in four districts of province 7 with financial support from KfW.

CRS continues to grow and take active participation in the FP and other health issues. This newsletter also endeavors to highlight our effort to digitize our internal processes for improved capability on data-based decision making, our new initiative on the use of ORS and Zinc for the management of diarrhea in children under 5 years of age as well as our contributions to the recently concluded first National Conference on Family Planning.

I am grateful to our donors USAID and KfW, technical assistance SHOPS Plus, CRS Board of Directors and biligent coworkers of CRS, and all our stakeholders for their continuous support and guidance.

Thank you!  
Jiblal Pokharel  
Managing Director



## KEY HIGHLIGHTS

- The first phase of Remote Area Initiative (RAI), started in 2014 as a part of the USAID supported GGMS project, came to an end in 2018. The program concluded with a two-day appreciation program where the District Coordinators, Social Mobilizers, and the Community Change Agents were applauded for their work and were presented a product basket comprising of CRS and stationery products. The event also featured a presentation on the achievements of RAI on the three districts to the USAID stakeholders
- CRS appointed new board members for the company on January 10 2019. Mr. Mahendra Prasad Shrestha from Ministry of Health & Population was appointed the Chairman of the board. Likewise, Mr. Himalaya Lal Kasajoo from Family Planning Association of Nepal, Mr. Mrigendra Mehar Shrestha from NCDA, Mr. Anil Das Shrestha from Bhajuratna Engineering & Sales, and Mr. Rajesh Kumar Rauniar from Nebico Pvt. Ltd where appointed as the members
- In the past six months, Shops Plus has conducted five studies to track the progress of CRS programs. The GGMS Knowledge Attitude and Practice (KAP) Survey, ORS and Zinc DisComm Survey, and research on the availability of condoms in the hot zones (second round) are still on-going. Two of the surveys – Mystery Client Survey and ORS and Zinc Qualitative Survey has been completed.

## NEW INITIATIVES

- CRS will be launching strawberry-flavored Panther condoms in the market from June 2019. This decision was made after CRS conducted a mini-survey on consumer choice of flavored condoms where strawberry flavor was highly recommended.
- To improve the Quality Assurance program of Sangini service providers during the Technical Support Visits (TSV), a web-based Sangini application has been developed. The app will efficiently record data, and offer real-time data for immediate feedback.
- Digital transformation is the most important transformation for a company; CRS is also taking a step towards digitization. The Management Dashboard System has been created for easy access of key data indicators for decision making that have been entered in the NAV software. CRS is also developing a sales app that will help field officers and RFRs to collect data during outlet visits.
- Studies show that 83% of the menstruating girls use cloth and only around 15% use pads. With support from KfW, CRS will be launching bio-degradable sanitary napkins in four districts of Province 7 – Darchula, Baitadi, Dadeldhura, and Doti. The program seeks to improve the awareness of school students and women in MHM (Menstrual Health Management). CRS aims to do so by increasing the availability and accessibility of sanitary napkins in the project area through social marketing and also through free distribution or subsidized rates through selected Health Facilities of the program districts (for postpartum mothers).

## 4 THINGS TO KNOW ABOUT THE RAI II PROJECT



Remote Area Initiative (RAI) originally started as a pilot project under the USAID funded GGMS project has successfully spread its wings and moved towards its second phase. Started in July 2018, the second phase is being implemented in four districts – Tanahu, Argakhachi, Ramechhap, and Terhathum. The RAI program aims to create awareness and promotes behavior change in the local community regarding FP, ANP visit, Uterus Health, Maternal, and Child Health, and sanitation.

- Recognizing that the men play a pivotal role in the use of family

planning and other health issues, CRS has started to promote awareness and behavior change in men of the community via Husband's Group Meeting. The RAI Phases II project will have a total of 40 Husband's Group Meetings. During the meeting, most of the female community members also come to observe and learn from the session.

- The new RAI program includes school orientation programs conducted to educate students regarding HIV/AIDS and Oral Rehydration Solution. There will be 20 sessions on each district for classes 9 and 10.

- One of the most discussed topics during the Women's Group Meetings is uterus health and hygiene. Women actively participate in the discussion and show a keen interest in the topic.
- CRS has been working closely with the local health authorities to monitor the program, gain information and seek feedback for the behavior change. CRS has also been coordinating with the authorities to organize health camps and refer clients for checkups and follow-ups.



# CRS EVENTS



## World AIDS Days

In 2018 UNAIDS estimated that more than 9.4 million people living with HIV still do not know their status. The 2018 theme for the observance of the AIDS day was 'Know your Status'. CRS organized rallies, discussions and debate programs throughout the month of December to observe the event and spread information regarding the HIV/AIDS virus.

## National Conference on Family Planning 2019

The National Conference on Family Planning 2019 was organized with the leadership of the Family Health Division and took place on March 18 and 19 at Hotel Yak & Yeti. The theme of the conference this year was "Reaching the Unreached". CRS fully supported and contributed the conference by being a part of the organizing committee,

logistic sub-committee, and media and communication committee. CRS with support from Shops Plus also presented two presentations on the reach and recall survey on D'zire condoms and the introduction of Sangini mobile application. Shops Plus also presented a poster on the use of E-con in the hilly and mountainous areas of the country.

## Stakeholders' Meeting in Surkhet



CRS participated in the stakeholders' meeting in Surkhet on February 18 at Hotel Soaltee, Nepalgunj where dignitaries from various organizations participated. The meeting was conducted to share project activities and discussion opportunity to collaborate among USAID health partners and to develop the mechanism for collective coordination of the implementing partners with the local government of Province 6 to create the synergic effects to increase efficiency.

## Annual General Meeting

The Annual General Meeting was held on January 11, 2019. The meeting commenced with the review on the annual performance and concluded with a cocktail dinner. During the AGM, the new Board of Directors were also formed.

## Strategic Planning Workshop

SHOPS Plus organized a three-day Strategic Planning Workshop to develop a strategic plan of CRS for the next five years. The workshop was held from January 23 to 25 at Shangri-la Hotel, Lazimpat and the key personnel across the organization were present. The objective of the workshop was to identify the focus areas for CRS to develop.

# QUALITATIVE RESEARCH TO INFORM ORS AND ZINC PROMOTION



To promote appropriate diarrhea case management in Nepal, CRS will be launching an oral rehydration solution (ORS) and zinc co-pack in Province 2 and RAI II areas. The Ministry of Health and Population's (MOHP) Child Health Division believes that there is insufficient zinc in the private sector, and consequently caregivers are reverting to antibiotics and antiprotozoals to treat childhood diarrhea.

A qualitative research on ORS and Zinc was conducted by SHOPS Plus, based on the KAP survey done in the RAI areas, to understand the perception and practices of diarrhea care and treatment with caregivers of children under five. This research was also used to pre-test brand options (e.g. package design, product name) for CRS's new ORS and Zinc co-pack. These findings will inform SBC messages as CRS promotes its new co-pack as well the child health modules of the RAI curriculum.

For the research, SHOPS Plus conducted 12 focus group discussions (FGDs) with mothers (at least 18 years) who had at least one child under five. Four FGDs were conducted in Province 2 and eight in RAI areas.

The FGDs showed that mothers across all groups knew about the most common diarrhea symptoms and half of the participants across all groups reported that they would seek care immediately after the presentation of diarrhea symptoms at a nearby health post. In contrast, the other half noted that their first response to diarrhea would be a traditional treatment:

**“I need to get my son to drink a lot of water. I also give him ORS to drink. If he isn't well yet I consult to the doctor in the nearby health post and then he becomes fine.” – RAI participant**

In eight of 12 FGDs, mothers noted that they would give their child ORS inside the home before formally seeking care outside the home, indicating that they keep an ORS supply at home or could easily access it from a pharmacy or shop. In half of the FGDs, several caregivers noted that the decision to seek care is informed, in part, by guidance from

mothers- and fathers-in-law or other elders. These influencers advise caregivers on initial treatments and when it is appropriate to seek care from a health provider outside of the home.

Across FGDs, the cost was not an important determinant of seeking care or providing treatment. Additionally, access to nearby health posts or hospitals did not appear to be a barrier to seeking care for FGD participants.

**“We cannot let our child die... sometimes we have to take a loan... we take and later repay slowly when we have money.”  
– Province 2 participant**

Caregivers in all FGDs reported that they give their child whichever treatment the provider recommends. Mothers noted that they are not in a position to determine which treatment is best. They defer to providers' knowledge and expertise:

**“I am not educated. Whichever medicine [health providers] prescribe, we give it to our child and throw the bottle [away] after the medicine is finished” – Province 2 participant**

About half of caregivers, though, reported giving the child both traditional and clinical treatments concurrently in order to try everything and heal the child as quickly as possible

**“We would do as per FCHV and other [health providers say] as well as performing some religious rituals (jharfuk) because we never know which might work...We ultimately want our child to get well soon.” – RAI participant**

In half of the groups, several caregivers noted that they treat diarrhea cases differently based on the perceived cause of diarrhea. About half of caregivers, though, reported giving the child both traditional and clinical treatments concurrently in order to try everything and heal the child as quickly as possible.

Most caregivers reported having used ORS previously and believed this treatment to be effective. For many, ORS—often in tandem with a traditional form of treatment—was the first thing given to a sick child. Some caregivers thought of ORS as an energy booster or rehydrating product, but not as a real “medicine.”

**“Per my understanding, ORS is just for restoring the reduced water level in children, whereas during diarrhea children must be fed with medicines.” – RAI participant**

In addition, some participants lumped ORS together with other traditional treatments, further demonstrating the fact that ORS is viewed less as a medical product and more as a home remedy:

**“We should give them fluid containing food, ORS, and also a mixture of sugar and salt. Medicine is given after some days. First, we should do home remedies.” – Province 2 participant**

While ORS was viewed as an essential and often first-line component of diarrhea treatment, most caregivers believed that it should be given along with other “medications” that can be prescribed by a health provider.

The use of zinc was substantially higher in RAI areas than in Province 2 (36 versus 15 percent, respectively), which aligns with the higher education level in RAI areas as well as the fact that RAI areas have benefited from more donor programs (such as CRS’s RAI) compared to Province 2. Overall awareness of and information about zinc, including correct usage, was low across FGD groups, particularly in Province 2 groups.

**“We have heard that [zinc] must be taken when someone is suffering from diarrhea. It has no side effects for children, so it is effective to treat diarrhea.” – RAI participant**

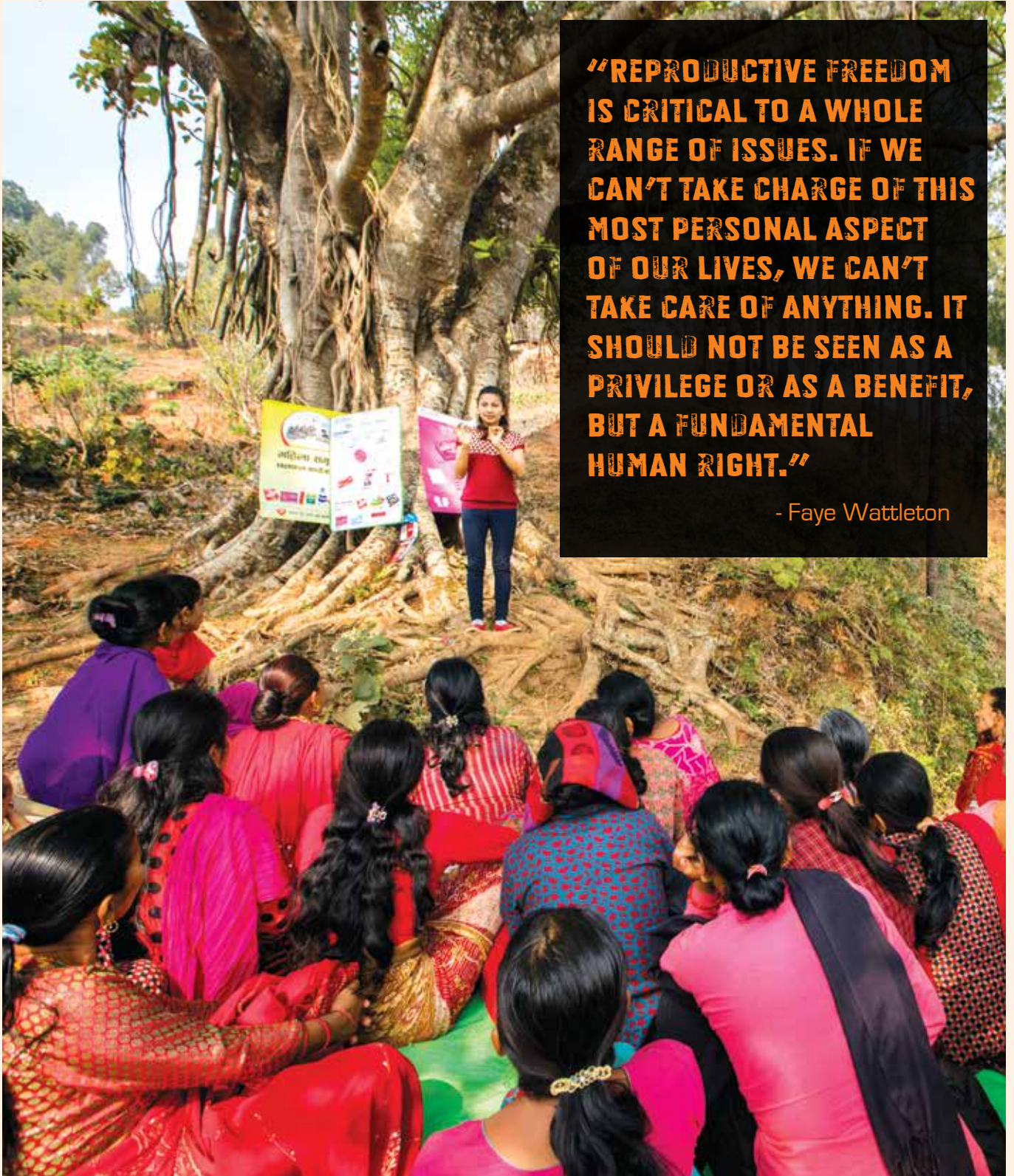
The focus group findings further support the KAP study that caregivers are conflicted and have insufficient information regarding the most effective treatments for childhood diarrhea. In many cases, caregivers do not feel confident about how to treat their children’s diarrhea and are reliant on providers.

## SANGINI MYSTERY CLIENT SURVEY

SHOPS Plus conducted a Mystery Client Survey on 414 Sangini outlets in six CRS supervised areas to monitor the quality of family planning services provided at Sangini network in GGMS districts

The survey showed that the providers’ self-reported behavior during the Technical Support Visit (TSV) was slightly better than the data collected during the survey. Based on this finding, CRS will be taking appropriate measures to bridge this gap. One example of this can be incorporating a picture of an ideal Sangini outlet to encourage the service provider to maintain the standards. CRS will also instruct the Quality Assurance Officers (QAOs) accordingly.





**“REPRODUCTIVE FREEDOM IS CRITICAL TO A WHOLE RANGE OF ISSUES. IF WE CAN'T TAKE CHARGE OF THIS MOST PERSONAL ASPECT OF OUR LIVES, WE CAN'T TAKE CARE OF ANYTHING. IT SHOULD NOT BE SEEN AS A PRIVILEGE OR AS A BENEFIT, BUT A FUNDAMENTAL HUMAN RIGHT.”**

- Faye Wattleton

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