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Zoonoses and Food Hygiene News, published four times a year, provides a medium for disseminating technical information on matters related to zoonoses and food hygiene generated in the world, particularly in Nepal. The editors welcome submissions on these topics with appropriate illustrations and references. The views and opinions expressed in the News are those of the authors.

Contents:

FIRST ANNUAL PROGRESS REPORT OF URBAN ECO SYSTEM HEALTH PROJECT PHASE-II (Continue from Vol. 10, No. 3, July 2004).

This project was supported by IDRC, Canada.

News

8. DOG RABIES VACCINATION:

3 - 4 April 2004 free dog rabies vaccinations, mass public health awareness about rabies and other parasitic zoonotic diseases and dog owner family health survey was carried out in wards 19 and 20 respectively. Parasitic drugs for dog were also distributed freely. Blood samples from dogs were also taken for future serological research.

We vaccinated 96 dogs in ward 19 and 84 dogs in ward 20 with the objectives to control the rabies cases both in human and dog and to aware the people about rabies disease

9. SAS WORKSHOP:

9-23 April 2004 Social Analysis System (SAS) workshop was conducted in Sherpa hotel, Kathmandu.

Summary Report:

The SAS concept, techniques, tools and method was based on the active participation of target community people, to identify, plan, implement, monitor and evaluate the program activities. According to this community, people were able to do all the activities follows in a project cycle. The role of outsiders that is the development workers is only to facilitate the process. Social Analysis System (SAS) technique presented one successful approach of involving target especially relevant to projects involving multiple stakeholders. They could be used for self-directed or group learning by both people and institution, including development agencies, training centers, non-governmental organizations, field researchers, university teachers, or students doing applied research in various contexts.

Jacques M. Chevalier at Carleton University developed SAS in collaboration with the International Development Research Center Ottawa, Canada and National Zoonoses and Food Hygiene Research Centre. This SAS concept adds to this existing literature new ways to do participatory social analysis and process management. In addition the system helps integrate research in action in fields as diverse as health, education, government, environment, and conflict management. It also supports systems that learn across boundaries - moving between different disciplines, different levels of analysis, different culture/ perspectives, and different knowledge system such as since and local knowledge. SAS techniques and tools has been designed and tested in Latin America, Asia, and Africa. SAS Workshop experience process-based learning involving dynamic teamwork and real problem-solving exercises.

The training course content was mainly focused on understanding and improving the knowledge/skills and changes in the attitude and behavior of the participants on the real scenario of the rural and urban context of Social Analysis System. So that they could use the learnt techniques and tools in their working area smoothly and effectively. The following were the major course content:

- What is SAS ?
- Introduction SAS Principles and overview
- Adapting The Wheel
- Problem Analysis Techniques
- Problem Domain
- Disagreements and Misunderstandings
- Stakeholder Identification
- Introduction to various SAS tools:
 - Problem Tree, Timeline, Gaps and Conflicts
 - Using Rep Grid Software (Ecohealth issues)
 - Levels of support
 - Position and Interests
 - Social Analysis
- Process Manager
- Workshop Evaluation

Altogether, there were 35 participants from different NGOs, NZFHRC and IDRC.

10. BASIC LABORATORY TRAINING:

23-28 May 2004 Basic Laboratory Training was organized to the concerned technician of CUHC and NZFHRC staff.

Summary Report:

One of the objectives of Urban Eco System Health Project Phase-II was to strengthen the capability of the laboratory manpower working in the Community Urban Health Clinic (CUHC) of ward 19 and 20 of KMC. Therefore NZFHRC with the collaboration of Sukraraj Tropical and Infectious Disease Hospital Teku has organized a week long Basic Health Laboratory Practices Training Workshop. The participants were from two ward clinics of KMC and NZFHRC. This training was based on the manual of basic techniques developed and

published for a health post laboratory. The trainees had both theory and practical classes on routine stool and urine testing methods. It was hoped that now after training CUHC staff would be able to run the laboratory in their clinic. NZFHRC staff will monitor and follow-up these activities regularly in the wards to make them sustainable.

11. PUA TRAINING:

23-27 May 2004 Participatory Urban Appraisal (PUA) training to the stakeholders of ward 19 and 20 was organized.

Summary Report:

Participatory Learning and Action (PLA)/ Participatory Urban Appraisal (PUA)/ Participatory Rural Appraisal (PRA) technique presented one successful approach of involving target communities to initiate the various community development programs. The PRA/PUA/PLA concept and method was based on the active participation of target community people to identify, plan, implement, monitor and evaluate the program activities.

National Zoonoses and Food Hygiene Research Center (NZFHRC) had history of conducting epidemiological research on Human and animal health in urban areas and expertise in Echinococcosis and urban Ecosystem health approach phase-I. NZFHRC had been supporting the disadvantaged peoples to improve their lives of different cluster of wards 19 & 20 to build their capacity. During the recent need identification phase-II, it had been agreed to support them to learn the skills of planning with communities. Hence, 5 days PRA/PUA training was organized.

The overall objective of the training was to provide the knowledge and upgrade the skills of participants to use Participatory Urban Appraisal techniques in various fields of Community Development programs.

1. WATER QUALITY TRAINING:

7 -11 June 2004 Community Based Water Quality Monitoring and Drinking water management Training was organized. The participants were from two clubs, three clinics of wards 19 and 20 KMC and NZFHRC.

Summary Report:

Technology transfer training on Community based water quality monitoring and drinking water management for urban communities was inaugurated. This was the programme organized to transfer the simple technology easily applicable for testing drinking water quality to the community volunteers as well as technician of urban Health clinic ward 19, 20 and 30 of Kathmandu Metropolitan City.

The main objectives of the training were as follows:

- Technology Transfer: Hands on Training on water quality Testing.
- Promote Health of Environment and people.
- Plan and pilot – test ward level WQM to ensure safety of drinking water.

Training facilitator and microbiologist had discussed on "Why Community based monitoring?" before the technical steps. Participants practiced on the following exercise.

- Community Mapping
- Water Use Survey
- Community (Transect) walk

Dr. Padam Bahadur Chand, Public Health Epidemiologist NZFHRC took class on diarrhoeal diseases in Nepal. After this presentation, the facilitator conducted discussion on water contamination, bacterial distribution and multiplication: At the end of first day training programme facilitator discussed on some test information. The technology which the participants learned during this training period such as -H₂S test: Coliplate and colistrip™. Then water samples were tested by participants themselves under facilitators supervision.

13. SCHOOL HEALTH SURVEY:

18 - 19 June 2004 School Health Survey was carried out 11 schools of wards 19 and 20, KMC.

Summary Report:

There were 11 schools in Ward 19 & 20. Among them Juvilant, Shanti Nikunj, Shree Kumari and Open House had 10th standard education and Ashrya, Namuna, Arunodaya and Green Valley had 7th standard education whereas, Intensive International Academy and Paropakar Adarsha Higher Secondary School had 10+2 level facility. Paropakar Adarsha Higher Secondary School was one of the oldest schools of Kathmandu City. Ward 20 has 7 schools among them four schools had 10th standard and two school have 10+2 standard. Ward 19 has 4 schools but only one had 10th standard and other three schools had 7th standard only.

14. GENDER ORIENTATION TRAINING:

11 - 29 June 2004 Gender Orientation Training Workshop was organized for all stakeholders of wards 19 and 20, KMC. There were 32 participants in this orientation-training workshop.

Summary Report:

The gender concept, social rules, tools and daily activities of men and women's were the main base line for the gender orientation training class. All the stakeholders and community people would be able to do all the daily activities after this training, which would be followed later in a project cycle. The gender orientation training concept could be used by them self-directed or group learning approach.

15. DEMOGRAPHIC HEALTH SURVEY:

27 July to 1st August 2004 demography family health survey of all stakeholders population of wards 19 and 20 was carried out.

Summary Report:

This was the follow-up second time period demographic and health survey (DHS) of ward 19 & 20 KMC, the urban eco-system health project area phase II was carried out by NZFHRC. The first survey report was already published and disseminated by this center to the different stakeholders of the project area.

The 2004 DHS had included important areas such as maternal and child health; prenatal, neonatal, Knowledge of HIN/AIDS; family planning knowledge and use; marriage; environment; monthly income & expenditure; sanitation; water supply; ethnicity; and status of woman of the project area. This information were important in understanding the issues related to population and health and were at the same time instrumental to monitoring and evaluating population and health programs. The wealth of information obtained from the 2004 DHS will also help in formulating short - and long-term plans of the ward 19 & 20 KMC.

Table 5: Educational Status of ward 19 & 20 Stakeholders.

Educational Status	Household	Street-vendor	Sweet per	Meat Asso.	Squatter	Hotel & Rest.
Educated	75%	35%	25%	80%	30%	65%
Un-educated	25%	65%	75%	20%	70%	35%

Table 6: Religious Status of Ward 19 & 20 Stakeholders.

Religious	Household	Street-vendor	Sweet per	Meat Asso.	Squatter	Hotel & Rest.
Hindu	35%	90%	90%	90%	90%	75%
Buddhist	65%	10%			5%	25%
Muslim						
Christian				5%	1%	

16. TEACHERS WORKSHOP:

29 August 2004 One-Day Teacher's Workshop on School Health Problem, Issues and solution was organized at NZFHRC. There were all together 16 participants from 11 schools of ward 19 and 20.

Summary Report:

Based on school health survey results, we found many good and improvement things about school and environment, condition of the inner-side and outer-side of the school. So NZFHRC decided to invite two representative from all schools of the ward 19 & 20 and organized one-day teacher's workshop and discussion was held "School Health Problem" on 2004-8-27. One-day teachers workshop was facilitated by Mr. Rajendra Gupta. Total 16 teachers were presented in that workshop.

The main objectives of this orientation workshop was how to improve the inner-side and outer-side environment of the school; to identify the education condition in ward 19 & 20; and discussion on the nutrition status of school age children in ward 19 & 20. We used PRA process to conduct the training.

17. ELISA TEST:**November 2003 to October 2004 ELISA Test:**

ELISA test has been carried out through the year and all together 126 human serum samples were serologically tested. Out of which 14 were positive, 10 were negative and rest was suspected cysticercosis.

18. INTERVENTION ACTIVITIES:**July - October 2004 Follow-up Intervention activities:**

a. Water Quality testing results of the water samples brought from different water sources of ward 19 & 20 were mentioned below:

Community based water quality monitoring programme was conducted in both project area ward 19 and 20 of Kathmandu Metropolitan city. During the period, a total of 15 different water samples from ward 19 and 9 different water samples from ward 20 were collected and brought to the NZFHRC laboratory. The water samples were tested using Hydrogen sulfide paper strips to find out the contamination of faecal coliform in drinking water sources of both wards. Out of 15 water samples collected from ward 19 only one-water samples of Chasan stone tap found to be safe for drinking purpose i.e free of coliform bacteria. Seven out of fifteen were highly contaminated with higher faecal coliform contamination. While 3/15 samples showed contamination level in the tolerable level. In case of ward 20, water quality of different sources was

found quite different from ward 19, most of the sample indicated safe for drinking purpose. All the nine water samples showed negative results with hydrogen sulfide test in first day and four of them remain negative till the last day of the incubation. None of them were found highly polluted. The detail results of the water quality monitoring including field data sheet and laboratory data are given below.

- b. Laboratory equipment's, chemicals and reagents were donated to both Community Urban Health Clinic to strengthen their capacity to carryout routine, stool, urine and water testing in the community.
- c. Distribution of water tanks,
- d. Distribution of solar power lights,
- e. Distribution of chlorinometer, water chlorination powder, chemicals.
- f. Distribution and Dissemination of different reports of the project activities to the stakeholders of ward 19 & 20 and concerned authorities of HMG Nepal for policymaking and implementation.
- g. Photo, Picture, Cartoon and Video films were taken and developed for the different project activities which were shown and distributed to all the stakeholders of the project area and also disseminated through news-media and Nepal Television (TV).
- h. Distribution of water pump machine to ward no. 20.
- i. Distribution of water reserve tank of 500 lit. to Banjahity's Dhungedhara.
- j. Distribution of two water reserve tank of 500 lit. each capacity to Arunodaya School.
- k. Distribution of first aid to Kankeshwori primary school.
- l. Distribution of Clonometer to wards no. 19 and 20 of KMC.
- m. Distribution of Clonometer to Maruhity and Nhoo Pucha Clubs.
- n. Distribution of two bucket to each wards no. 19 and 20 of KMC for clorination of water respectively along with bleaching powder.
- o. Distribution of two bucket to each Maruhity and Nhoo Puch clubs for clorination of water respectively along with bleaching powder.
- p. Distribution of water reserve tank of 500 lit. to Squatter Association for reserving water from public tap of water.
- q. Distribution of four solar lamps for Mr. Bimal Rai (Squatter ward 20), Keshav Sewa (Squater ward 19), Subash Manandhar (ward 20) and Kankeshwori Bhajan Mandan ward 19.
- r. Distribution of water reserve tank of 500 lit. to Young Star Club ward no. 19 of KMC.
- s. Donation of grant to Kantipur Yuwa Club for blood donation programme.
- t. Donation of grant to Nhoo Pucha Club for Children sports day.

19. FIRST ANNUAL WORKSHOP:**13 October 2004 annual workshop was conducted:**

The annual evaluation workshop was conducted by NZFHRC on 13 Oct. 2004. The workshop was designed to evaluate indepth the detail activities carried out during the one-year period of time both from the stakeholders side and the zoonoses centre in the project area. At the beginning of the workshop Dr. D.D. Joshi, Director and coordinator of the project presented the overall objectives of the project followed by the activities carried out during different period of time. Then after

the floor was opened for the discussion to present views of the different stakeholders in the presented activities.

The workshop was participated by all the stakeholders. There were a total of 35 participants.

Summary Report:

In this annual evaluation workshop each of the session was facilitated by core member of the zoonoses center to make the workshop lively. Ms. Minu Sharma facilitated on the overall stakeholders work plan which had been developed in the beginning of the project by the active participation of the each stakeholders separately in the beginning of the year.

Mr. Rajendra Gupta reviewed briefly on PUA training to stakeholders and also PUA training to the teachers mainly focusing on the implementation of the activities developed by each stakeholders for the one year project period. Dr. Joshi facilitated on the technology transfer training on drinking water quality monitoring in the community level including discussion on the water testing results of the schools of the project area and community level. Regarding the gender training of stakeholder and demographic family health survey of stakeholders population, Mr. Kiran Acharya, Ms. Megha Rai, Dr. P.B. Chand and Ms. Minu Sharma facilitated. During the project period stakeholders requested for the co-ordinating body to monitor the activities so that Implementing Coordination Committee (ICC) was formulated. In this workshop the activities of the ICC was briefly reviewed by Mr. Vijaya Krishna Shrestha.

The most important part of the workshop was the group work to evaluate in depth work plan developed by the stakeholders at the beginning of the project. The participants were divided into two groups to discuss on the stakeholder action plan by one group and to discuss on the activities of the ICC by another group. The participants discussed on each and every point of the action plans and pointed out what have already been achieved and what remained. In that case the participants discussed on the reasons and constrains of the activities, which couldn't be fulfilled during the targeted time schedule.

News:

1. Dr. Joshi has been to "**Fourth International Congress on Yak**" **Chengdu, China**. Organized by Southwest University for Nationalities, Sichuan Provincial Bureau of Animal Husbandry and Foodstuff. September 19-26, 2004.

2. Dr. Joshi has been to "**XIth International Conference on Trichinellosis (ICT-11)**". He had presented a paper on "**Serological Evidence of Trichinellosis in Local Pigs of Nepal**". Organized by International Commission on Trichinellosis (ICT), San Diego, California, USA. August 8-12, 2004.
3. Dr. Joshi has been to "**The Association Liason Office for University Cooperation in Development Synergy in Development Washington, DC**". He had presented outcome **Food Safety Programme Implemented in Chitwan District**. Organized by ALO, Washington DC. USA. August 11-13, 2004".
4. Dr. Joshi has been to "**World Conference on Magic Bullets to Celebrate Paul Ehrlich's 150th Birthday. Organized by International Society of Chemotherapy (ISC)**". He had presented a paper on **Use of Enzyme Linked Immunosorbent Assay (ELISA) for the Diagnosis or Clinically Suspected Reffered Human Cystic and Alveolar Hydatidosis Cases in Nepal**. Nurn berg Germany September 9-11, 2004.
5. Dr. Joshi has been to "**2nd International Seminar on Technology Transfer for Immunodiagnosis of Cysticercosis and Echinococcosis**". He had presented a paper on **Echinococcosis and Cysticercosis Situation in Nepal**. Organized by Asahikawa Medical College, Hokaido, Asahikawa, Japan. 14 September to 1 October, 2004.
6. Dr. Joshi has been to "**The 3rd Asia Pacific Conference on Evidence-Based Medicine**". He had presented a paper on **Japanese Encephalitis Outbreak Cases Reported During the Year 2002/2003 in Nepal**". Organized by Chinese University of Hong Kong School of Public Health. 26-28 November 2004, Hong Kong.
7. **K.D.M.A. Research Award for the year 2060 (2004)**

Please kindly submit your research work paper on allergy for trust award consideration by the end of December 2004 to KDMART office Tahachal, G.P.O. Box 1885, Kathmandu, Nepal, Phone: 4270667 and Fax 4272694. This award was established by Dr. D.D. Joshi in 2049 B.S. on the memory of his wife, the late Mrs. Kaushilya Devi Joshi. The award includes a grant of NRs. 10,001 with certificate.

**From: Zoonoses & Food Hygiene News, NZFHRC
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TO:

Dr/Mr/Ms

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