



## Report on First Aid Refresher Training to Freed Kamaiya Leaders Bardiya

28 – 30 July 2003

District Health Office, Bardiya  
GTZ – Health Sector Support Programme  
GTZ – Freed Kamaiya Food Security Project



Deutsche Gesellschaft für  
Technische Zusammenarbeit (GTZ) GmbH



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## Background

The GTZ-Health Sector Support Programme (HSSP) organised a training programme on first aid to "freed Kamaiya leaders" in December 2002 in Bardiya District. The main objective of the training was to provide the Kamaiya community basic health services through the community first aiders. A total of 20 Kamaiya leaders from 10 settlement areas were trained and provided with a stretcher and first aid kits containing basic medicines and other materials.

It was felt necessary to organise refresher training to update their knowledge and skills in first aid. It was also felt necessary to discuss some of the new emerging issues such as the mechanism to replenish drugs in the first aid kit, how to establish links with the local health facilities, and some of the new emerging health problems. During field visits by GTZ district staff, constant demand to receive refresher training was expressed by Kamaiya leaders.

## Date

The training programme was conducted from 28-30 July 2003.

## Venue and Timing

The training was conducted in the training hall of Hotel Vijaya, Gulariya, Bardiya. The training started at 9am in the morning and continued until 5pm in the evening.

## Organisers

The training programme was organised by GTZ-HSSP in collaboration with the District Health Office (DHO), Bardiya, Nepal Red Cross, Bardiya Chapter and GTZ-Freed Kamaiya Food Security Programme (FKFSP). The partner organisation of GTZ-FKFSP "Geruwa Gramin Jagaran Sangh" was also actively involved in the training programme.

## Objectives of the Training

The objectives of the training programme were to:

- Update knowledge and skills in first aid practices.
- Increase awareness among participants on the importance of first aid in the community.
- Explore the mechanisms to strengthen the linkage between the local health facilities and first aiders.

- Explore the mechanisms of drug replenishment in the first aid kits and the sustainability of first aid programmes in the Kamaiya community.
- Discuss issues of new problems relating to basic first aid and health not covered in earlier training.

## Expected Outcome

The following positives were expected to be achieved at the end of the training:

- Participants will be able to perform basic first aid practices in the community.
- Participants will realise the importance of basic first aid in the community.
- Mechanisms to strengthen the linkage between local health facilities and the Kamaiya community will be identified.
- Mechanisms to ensure the sustainability of first aid programmes in the Kamaiya community will be identified.

## Participants

There were two categories of participants: community level first aiders and the health facility in-charges from the Kamaiya settlement areas. A total of 14 people from 10 Kamaiya settlement areas participated in the training (Table 1). Due to various personal reasons, 6 people could not participate.

Similarly, 7 health facility in-charges from Primary Health Care Centres, Health Posts and Sub-Health Posts participated in the training.

## Methodology

Following methodologies were used to make the training programme successful:

- Pre/post test
- Mini lecture
- Group discussion
- Brain storming
- Demonstration of first aid skills by facilitators
- Practical sessions on various first aid skills

In the training programme less emphasis was given to theory as the facilitators tried to give more time to practical sessions. This was felt necessary to ensure all participants understood, and could perform, first aid skills correctly.

## Contents

- Principles, objectives and importance of first aid
- Initial assessment of a victim
- Respiratory emergencies
- Artificial respiration
- Major bleeding and shock
- Wounds and bandaging
- Musculo-skeletal injuries and fractures
- Burns

- Poisoning and snake bites
- Use of stretcher
- Introduction to first aid kit and two books entitled "Where There is No Doctor" and "Where There is No Doctor for Women".
- First aid for acute respiratory infections, diarrhoeal diseases, malaria, typhoid, and encephalitis
- Mechanism of drug replenishment
- Linkage between local health facilities and first aid programme

Please refer to Annex 1 for details.

## Language

Since the participants were from Kamaiya communities, both Nepali and the local language were used during the training. Facilitators were encouraged to use the local language so that all the trainees could understand and participate equally.

## Facilitators

As the Nepal Red Cross had been actively involved in conducting nationwide training on first aid, GTZ-HSSP used locally available trainers from the Nepal Red Cross (NRC), Bardiya Chapter. There were three facilitators from Red Cross and one health assistant from the DHO, Bardiya, namely:

- Mr Krishna Raj Sharma, Nepal Red Cross, Bardiya Chapter
- Mr Krishna Prasad Timilsena, Nepal Red Cross, Bardiya Chapter
- Mr Yogendra Mahato (Health Assistant), DHO, Bardiya
- Mr Devendra Sigdel, Nepal Red Cross, Bardiya Chapter

Dr U N Devkota from GTZ-HSSP, Kathmandu also provided valuable technical support between sessions and during discussions.

## Logistic Requirements

The GTZ-HSSP Bardiya office provided all the logistic supplies required for the training. Nepal Red Cross, Bardiya Chapter provided the required number of blankets for the training.

Please refer to Table 2 for details of the logistics supplies required for the training.

## Finances

The participants were provided a daily subsistence allowance as per the guidelines of the Freed Kamaiya Food Security Project.

Please refer to Table 3 for details.

## Evaluation of the Participants

A pre test was carried out to determine the level of knowledge and skills in basic first aid. This took the form of a 20 question structured questionnaire. With one exception, all the participants were literate. Pre test results were not satisfactory, with scores ranging from 30 to 60 marks. This, however, helped facilitators to identify the topics that required more emphasis and practice.

On the final day, a post test was done. Results were very satisfactory with scores ranging from 60-90. While the average mark scored in the pre test was 45, this increased to 78 in the post test. 78% of the participants scored more than 70 marks in the post test evaluation. This indicated a significant increase in first aid knowledge and skills gained over the training period.

Please refer to Table 4 for details.

## Drug Replenishment Mechanism

A brain storming session was conducted among the Kamaiya leaders on the drug replenishment mechanism for first aid kits. Participants were divided into three groups and requested to present their findings in the plenary session. The following are recommendations made by the groups:

- A "First Aid Helping Committee" to be formed immediately in every settlement area to ensure effective implementation of first aid programmes.
- The Helping Committee will have the responsibility to make decisions as to whether medicines are to be distributed free of charge.
- Under the guidance of the Helping Committee, Rs1 per household will be collected monthly for the first aid kits.
- "Bhailo" or "Deusi" groups to be formed during Tihar with the aim of generating additional resources. This to be carried out with the aid of the Helping Committee.
- With support from the Helping Committee identify ways to generate additional resources from public land, personal land and the land owned by schools, should this land not be in current use.
- Generate additional resources by selling scrap materials collected in the settlement areas.
- The Helping Committee to request the Freed Kamaiya Food Security Programme Users Committee to contribute Rs1 per jute bag sold to the upkeep of first aid kits. (Every settlement area receives 200-600 quintals of rice annually. Empty jute rice bags are sold by the Committee at the rate of Rs15-20 per bag.)
- With the aid of the Helping Committee collect donations, in cash or kinds, during the harvesting season.
- Request local NGOs and clubs to provide support for the first aid kits.

- In co-ordination with the Ward Chairperson, approach the VDC for a contribution.
- Coordinate with the District Hospital Helping Committee, requesting their help if possible.
- Ensure the communities are aware of the importance of first aid.
- From time to time discuss ways to generate resources with VDC representatives.
- With the help of the local health facility procure medicines at cheaper rates.

## Linkages with Local Health Facilities

On the last day of the training a half a day session was conducted with the local health facility in-charges to explore the possibilities of establishing a link between Kamaiya first aiders and the local health facility. This linkage is necessary for the sustainability of the first aid programme in Kamaiya settlement areas. It was felt necessary to bring the first aiders under the umbrella of the village health system, particularly as they have been contributing to the health service delivery at local level. It was also felt their services need to be reflected in the Health Management Information System (HMIS). A total of 8 health facility in-charges from the Primary Health Care Centre, Health Posts and Sub-Health Posts participated in the discussion. Initially, the in-charges were reluctant to establish any links with the Kamaiya first aiders. However, when told of the contributions made by these first aiders, it was agreed to implement the following activities in an initial phase. Activities may be expanded, through mutual understanding, in the future.

- Kamaiya first aiders will assist health personnel in organising out-reach clinics and immunisation programmes in their respective settlement areas. The first aiders will assist in the selection of appropriate places to establish new clinics. They will raise awareness within the community about health programmes and try to attract the maximum number of children and pregnant women to clinics.
- They will also assist the Mother and Child Health Worker (MCHW) in the implementation of the health programme, as and when needed.
- They will report to the health post in-charge in case the out-reach clinic or immunisation programmes cannot be conducted at correct times.
- The health facility in-charge will instruct the Village Health Worker and Mother and Child Health Worker to collect service data from first aiders on a monthly basis and incorporate this data into the Mother and Child Health Worker service data.
- When requested by the first aiders, the health facility will provide necessary technical support.

- In order to enhance their skills, it was suggested first aiders could work for a few days or so in the health facility carrying out such things as dressings, control of diarrhoeal diseases and care in acute respiratory infection cases.
- Onsite coaching of first aiders will be provided by the health facility in-charge during supervision visits.
- The "First Aid Helping Committee" could organise a meeting, with two days prior notice, with the health facility in-charge as and when necessary to discuss health issues. This meeting to be held at the health facility,
- If cases require referral, the first aiders could use the same referral slips used by the other health facilities.

## Observations

- All the participants actively participated in the training programme. In particular, they wanted to know and discuss more on the topics of malaria, encephalitis, oral rehydration solution, typhoid, control of diarrhoeal diseases and acute respiratory infections, sexually transmitted diseases, HIV/AIDS and fever.
- It was found that the first aiders are very committed to their work and provide service to the best of their knowledge and skill.
- The first aid kits supplied by GTZ-HSSP have been very useful and fully utilized by the first aiders in Kamaiya communities. Some of the first aiders have also been keeping good records of the health services provided within the community; either in a register or notebook.
- All the Kamaiya communities were aware of the first aid programme, availability of first aid kits and of the first aiders. First aiders mentioned that people in all settlement areas have been using the first aid services available.
- In some of the settlement areas first aiders have been found charging fees for their services. They mentioned that they charge half price for medicines. In most of the settlement areas this is a major issue and the first aiders were eager to discuss this among their colleagues and find a practicable solution.
- Kamaiya first aiders requested technical support from local health facilities. They stated they are ready to visit local health facilities to obtain coaching on first aid problems.
- Most of the participants had little knowledge of the theoretical aspects of first aid, but when asked to perform the skills, they did well.
- Most of the participants could not measure the body temperature using a thermometer. The Health Assistant from the District Health Office demonstrated how to measure body temperature.
- Very few of the participants could prepare the oral rehydration solution correctly. Facilitators demonstrated the correct way to prepare oral rehydration solution, and requested the participants to repeat the procedure.



- In fact, after every short theory session, the participants were asked to perform the skill correctly. If necessary, the facilitator repeated the exercise to make sure that participants understood fully.
- Group discussions, mini lectures, brainstorming, demonstrations, role-playing and practical demonstration were used effectively as part of the training.
- Some of the participants mentioned that stretchers were not very useful to transport patients long distances. In some communities people were reluctant to use the stretcher because it required 4 people to carry it. In other communities patients superstitiously refused to be carried in the same method as a dead body. It was therefore suggested other possible modes of transport, such as tricycles, be explored.
- Some of the health facility in-charges mentioned they did not know about the first aiders or about the first aid training conducted in the past. They stated they should have been informed. In this way they felt it would have made it easier to establish links between themselves and the first aiders.
- At the end of the training session all participants were provided with two books; "Where There is No Doctor" and "Where There is no Doctor for Women". A short briefing was also provided regarding the importance and use of the books.
- All the participants were provided with a record keeping register. A short orientation was conducted regarding record keeping.

## Conclusions

It was concluded that the refresher training was very effective and useful. All the Kamaiya leaders participated actively and tried to learn more about health problems, such as fever, control of diarrhoeal diseases and acute respiratory infections, malaria, encephalitis, bandaging and the mechanism of recording temperatures. All participants showed their commitment for the successful implementation of what they learned during the programme.

It was felt field staff from the Freed Kamaiya Food Security Programme (FKFSP) and "Geruwa Gramin Jagaran Sangh", a local NGO and partner institution of FKFSP, should not only facilitate but also monitor, in all settlements, the successful implementation of the activities identified under the drug replenishment and linkage mechanism.

Table 1

## List of Participants

Sn	Name	Sex		Designation
1.	Ms Kali Tharu		F	Kamaiya Leader, Bahnaha VDC
2.	Ms Moti Tharu		F	Kamaiya Leader, Deudakala VDC
3.	Mr Pancha Ram Tharu	M		Kamaiya Leader, Deudakala VDC
4.	Mr Dhkharam Tharu	M		Kamaiya Leader, Gularia Municipality
5.	Mr Gauri Shankar Tharu	M		Kamaiya Leader, Kalika VDC
6.	Mr Jit Ram Tharu	M		Kamaiya Leader, Kalika VDC
7.	Mr Krishna Gopal Tharu	M		Kamaiya Leader, Dhadhbar VDC
8.	Mr Sita Ram Tharu	M		Kamaiya Leader, Deudakala VDC
9.	Mr Magta Ram Tharu	M		Kamaiya Leader, Soharwa VDC
10.	Mr Bir Bahadur Tharu	M		Kamaiya Leader, Soharwa VDC
11.	Mr Chhanak Ram Tharu	M		Kamaiya Leader, Bagnaha VDC
12.	Mr Prem Kumar Tharu	M		Kamaiya Leader, Dhadhbar VDC
13.	Mr Guru Charan Tharu	M		Kamaiya Leader, Bagnaha VDC
14.	Mr Dhani Ram Tharu	M		Kamaiya Leader, Gulariya Municipality
15.	Mr Saryug Saha	M		Health Facility In-charge
16.	Mr Ghanshyam K. C.	M		SHP In-charge, Dhadhbar
17.	Mr Prem Chandra P. Saha	M		HP In-charge, Deudakala
18.	Mr Dilli Raj Sharma	M		SHP In-charge, Kalika
19.	Mr Biswa Nath Sharma	M		HP In-charge, Khairpur
20.	Mr Deepak Dhungana	M		SHP In-charge, Mathurahardwar
21.	Ms Nirmala Sharma		F	PHC In-charge, Soharwa
<b>Total</b>		<b>18</b>	<b>3</b>	

Table 2

## Logistic Supplies Required for the Training

SN	Items	Quantity	Remarks
1	Newsprint paper	15 sheets	Supplied by HSSP, Bardiya
2	Meta cards	50 pc	
3	Masking tape	1 pc	
4	Board markers	6 c	
5	Permanent markers	6 pc	
6	Ball pens	40 pc	
7	Note pads	24 pc	
8	Triangular bandages	20 pc	
9	Bucket (10 ltr plastic)	1 pc	
10	Basin (plastic)	1 pc	
11	Soap with case	1 pc	
12	Mug (plastic)	1 pc	
13	Dettol (200 ml.)	2 pc	
14	Roller bandages (6" and 4")	1 doz each	
15	Crepe bandages (6")	10 pc	
16	Towel	1 pc	
17	Scissors	1 pair	
18	Bamboo for stretcher	4 pc	
19	Posters	10 pc	
20	Registers	14 pc	
21	Medicines for kit box	As per need	
22	Blankets	8 pc	From Red Cross

Table 3

## Detailed Financial Planning

Items	Approved Amount (Rs)	Actual Expenditure (Rs)	Remarks
<b>Cost for facilitators</b> 4 Facilitators x 3 days x Rs. 300 per day	3,600.00	3,600.00	
<b>Lodging and food for participants</b> 3 days x 20 persons x Rs. 50 per day	9,000.00	8,112.00	
<b>DSA for participants</b> 4 days x 20 persons x Rs. 85 per day	6,800.00	4,675.0	
<b>Travel cost for participants</b> 20 persons x Rs. 50	1,000.00	240.00	
<b>Khaja for facilitator</b> 4 persons x Rs. 50 x 3 days	600.00	0	Khaja included in lodging and fooding
<b>Khaja for health facility in-charges</b> 8 persons x Rs. 50 x 1 day	400.00	0	
<b>Stationary</b> 32 persons x Rs. 50 (Facilitators, participants & health facility in-charges)	1,600.00	1,120.00	
Training Materials & record keeping register	6,000.00	3,872.00	
DSA for health facility in-charges 2 days x 8 persons x Rs. 200	3,200.00	2,800.00	
<b>Medicine replenishment</b> 14 first aid kits x Rs700 (one time support)	9,800.00	9,945.00	
Contingency (for photocopy etc.)	5,00.00	0	
<b>Total</b>	<b>42,500.00</b>	<b>34,364.00</b>	

**Table 4****Pre-post Evaluation of Participants**

Name of Participant	Marks Obtained	
	Pre-test	Mid term test
Ms Kali Tharu	30	60
Ms Moti Tharu	48	79
Mr Pancha Ram Tharu	61	60
Mr Dhkharam Tharu	55	87
Mr Gauri Shankar Tharu	40	81
Mr Jit Ram Tharu	45	77
Mr Krishna Gopal Tharu	54	83
Mr Sita Ram Tharu	30	88
Mr Magta Ram Tharu	37	65
Mr Bir Bahadur Tharu	50	73
Mr Chhanak Ram Tharu	56	78
Mr Prem Kumar Tharu	17	85
Mr Guru Charan Tharu	49	86
Mr Dhani Ram Tharu	59	90
<b>Average Score</b>	<b>45</b>	<b>78</b>

## Annex 1: Detailed Session Plan

Time	Contents	Methodology	Materials
<b>Day One</b>			
10:00-11:00 am	Welcome, Introduction, Objectives of the training	Mini lectures	News print, meta cards, markers
11:00-12:00 noon	Needs assessment of knowledge and skills on first aid	Discussion and ideas sharing	News print, meta cards, markers
<b>Tea Break</b>			
12:15-2:00 pm	Review of basic training	Discussion, brain storming and demonstrations	News print, meta cards, markers and other materials
<b>Tea/snacks</b>			
2:30-3:30 pm	First aid service delivery mechanism	Success stories, problem sharing	Meta cards, news print, markers and masking tape
3:30-4:00 pm	Short briefing on how to use "Where There is No Doctor"	Discussion	"Where There is No Doctor" book
4:00-4:30 pm	Mechanism of replenishment of drugs in first aid kit	Discussion	Meta cards, news print, masking tape
4:30-5:00 pm	Select contents and design training sessions based on the needs assessment	Brain storming	News print, meta cards, markers, masking tape
<b>Day Two</b>			
10:00-5:00 pm	Review Practice of skills development, training sessions based on needs assessment done on day one	Mini lectures, discussion, demonstrations and practice	News print, meta cards, markers and first aid materials
<b>Day Three</b>			
10:00-1:00 pm	Review Practice on skills development continued Training sessions based on needs assessment done on day one	Mini lectures, discussion, demonstration and practice	News print, meta card, markers and first aid materials
1:00-2:00 pm	Discussion with health facility in-charges on links between Kamaiya and local health facilities	Discussion and brain storming	News print, meta card, markers
<b>Tea break</b>			

2:30-3:15 pm	Discussion with the health facility in-charges on advocacy on out-reach clinics, health facility and services	Discussion and brain storming	News print, meta card, masking tape
3:15-4:00 pm	Discussion with health facility in-charges on how to develop referral mechanism from Kamaiya community to the health facility	Discussion and brain storming	News print, meta card and masking tape
4:00-4:45 pm	Discussion with the health facility in-charges on recording/reporting	Discussion/brain storming	News print, meta cards, masking tape

## Annex 2: List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
CDD	Control of Diarrhoeal Diseases
DHO	District Health Office
DSA	Daily Subsistence Allowance
FKFSP	Freed Kamaiya Food Security Programme
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Co-operation)
HF	Health Facility
HIV	Human Immune Deficiency Virus
HMIS	Health Management Information System
HP	Health Post
HSSP	Health Sector Support Programme
MCHW	Mother and Child Health Worker
NGO	Non Governmental Organisation
NRC	Nepal Red Cross
ORS	Oral Rehydration Salt
PHC	Primary Health Centre
SHP	Sub-Health Post
STD	Sexually Transmitted Diseases
VDC	Village Development Committee



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