

Social Mobilization for Identifying Blood Groups of People, Nepal

Prepared and Submitted by

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May, 2018

I. BACKGROUND/RATIONALE FOR PROJECT INTERVENTION

Common citizens in Nepal are not aware of their health conditions due largely to poverty and partly due to lack of realization that they should have concern about their health conditions. In general, a common Nepali citizen seeks health services including laboratory tests only when s/he is physically unable to work and/or s/he has intolerable physical pain. A common citizen of Nepal is ignorant about his/her blood group. S/he is also not aware of the importance of blood group identification, blood donation and blood preservation for blood transfusion to save human lives.

Increasing human deaths due to lack of blood is most often reported in communication media. Particularly, fast growth in vehicular accidents in high ways and urban dwellings has exerted increased pressures on need for blood transfusion. History of blood donation and institutional management of donated blood is over 72 year old. The Red Cross Society and Blood Banks have pioneered their contribution in this field. At non-governmental sector, institutions such as several agencies associated with Red Cross, Blood Donors' Association Nepal, Volunteer Blood Donators Nepal, Friends of RH Negative, Club 25 Nepal, and Youth for Blood have tremendously contributed to meet the demand for blood. Nevertheless, identification of blood group of a common citizen yet remains a grossly neglected matter.

This proposed project intervention is basically designed to address the need for blood group identification that is long due in the context of Nepal; particularly outside the Kathmandu valley.

II. OBJECTIVES AND SCOPE

The overall objective of the proposed project intervention is to identify the blood group of the citizens residing different parts of municipality and rural municipality, group them by blood group and provide blood group identification cards. In particular, its scope of work pilot testing of blood group identification in one municipality of district with the following specific objectives:

- Assess existing situation of blood group identification, blood donation and problems and constraints associated with it through research actions
- Enhance awareness of citizens about the need for blood group identification
- Test blood groups of targeted population and provide them with blood group identification cards
- Create inventory of people whose blood is tested and link with websites of municipalities, rural municipalities, health facilities, blood banks and other relevant agencies

III. METHODOLOGY/IMPLEMENTATION APPROACH

3.1 Researching Communities

Since the proposed project intervention is unusual and innovative, it will be researched in Province No. 5, 6, and 7. Based on the experience and lessons learned from this research, project intervention will be expanded to other areas of the country.

3.2 Research prelude to implementation actions

Research action is designed to generate both qualitative and quantitative data from the following secondary and primary sources of information.

3.2.1 Secondary sources of data

Public documents and records of relevant institutions such as Red Cross Society, Blood Banks, District Public Health Offices, public health facilities will be collected and reviewed in order to have some insights into the identification of blood groups, demand and supply situation of blood and more importantly case of casualties/deaths due to lack of blood and blood group identification.

3.2.2 Primary sources of data

The primary sources of information will include Sample Household Survey (SHS), Focus Group Discussions (FGDs) and Key Informant Interviews.

SHS: The households to be surveyed will be proportionately sample from total households in all wards. A structured questionnaire will be prepared in Nepali that will be administered with the heads of the sample households or in his/her absence other knowledgeable members of the households sample. The basic purpose of the conducting household survey will be to generate basic/baseline information such as:

- Number of household members (above 10 years of age) who are eligible for blood group testing and qualified for blood donation
- Assess the number of family members who aware of their blood group; and if they are ignorant whether they will be willing to go for blood group testing
- Take perception of respondents of the importance of blood group testing and its management
- Take perception of respondents of the constraints and potentials to blood group identification in their localities.

FGDs: The information generated from secondary sources SHS will be triangulated by organizing at least three FGDs in each of selected Rural Municipalities and Municipalities. A semi-structured checklist will be utilized for imitating each FGD. Each FGD will be attended by 10-15 participants represented from CSOs, public and private health facilities, associations of health personnel/workers, representatives from municipality and rural municipality, Red Cross Society, Blood Bank and other agencies involved in blood group activities.

KIIs: Information probing will take place further at district, municipal and rural municipal levels where at least five KIIs will be conducted with the heads of concerned institutions in each of selected Rural Municipalities and Municipalities of the selected districts. The institutions to be covered will include District Public Health Office, District Red Cross Society, municipality/rural municipality, Blood Bank and Natural Disaster Management Committee. A semi structure checklist prepared in Nepal will be administered for the interview.

3.3 Activity plan formulation and implementation

The research work will be followed by formulation of detailed plan based on the results of research and its time bound execution in the following manner:

Consultation meetings: A full day consultation meeting will be organized in each Rural Municipality and Municipality of the district with a view to finalize the future implementation plan and seek needed cooperation at local level. Participation of 10-15 concerned stakeholders will be ensured in such consultation meetings.

Awareness programs: A series of awareness creation programs will be conducted both for Rural Municipalities and Municipalities. This will include ward level street drama, small group interactions, public service announcements in local FM radios, public notices in national and local print media etc.

Blood group collection and card distribution in Rural Municipality and Municipality: This is the main activity of proposed intervention that will be completed in 12 months. The lab technicians/blood collectors, social mobilizers and persons from local community groups will be massively mobilized for this action. They will be provide with blood group certificate card.

Blood donation programs: at least one blood group donation program will be organized in each Rural Municipality and Municipality as contribution to blood bank.

Web-site: The results of blood group identification will be pasted in Web site of AFN. The results will also be disseminated to other agencies such as blood bank, Red Cross Society and health facilities.

Documentation and dissemination: The results of project intervention will be documented in the forms of booklets, manuals, press release etc. and disseminated using various print and electronic means. These actions will take place two times during one year period of implementation.

3.4 Implementation Strategy

The project intervention will make maximum use of local resources (physical, financial, human) and technologies) and will establish linkages with all concerned agencies/stakeholders. Such an approach is envisaged to ensure timely and effective implementation of the project activities and its sustainability. Some of the tenets of this approach are briefly outlined below:

Social Mobilization Approach: The project will effectively mobilize community level civil society groups, front line health workers and their associations, health facility management committees, mother groups, youth clubs, child clubs, teachers and students associations and other groups to discuss on the issues and problems associated with blood group identification, its donation, banking blood etc..

Gender, Social Inclusion and Right based Approach: All community people (both men and women) irrespective of caste, ethnicity, and religious beliefs will be included in the project activities and their effective participation will be mobilized in all phases (problems identification, planning, implementation, monitoring/evaluation) of project implementation.

Networking, Coordination and Collaborative Approach: Coordination and linkage with all development partners, Civil Society Organizations (CSOs) including media, provincial government, District Coordination Committee, district based associations of municipalities and rural municipalities, district and local level based health facilities and line agencies will be developed for continuous communication and information sharing.

Advocacy and Lobbying: With the implementation of project activities in the project locations, the project will share evidence based issues, project experiences, success case studies, lesson learned with elected peoples' representatives at local level authorities and other concerned authorities.

Partnership and cost sharing among development stakeholders: Schemes for cost sharing and partnership with community organizations, CSOs, media, local level entities, line agencies, political bodies and private sector will be developed ensure ownership among all stakeholders on the project interventions leading to sustainability. Cost sharing and partnership approach will make the project activities more cost effective, accountable and qualitative.

High Transparency in process: Arati Foundation Nepal will maintain transparency in decision-making process and financial management for consolidating organizational credibility in the society. All the information related to project activities, progresses and achievements would be shared with all the concerned stakeholders to make them informed and accountable to the project.

Knowledge Management: All the information related to project progresses, experiences, lessons learned, success cases and impact will be systematically documented and shared with different stakeholders through different communication means like workshops, publications, uploading into official websites.

IV. TIME FRAME/ACTION PLAN

Completion of the proposed research and actions is envisaged to take 12 months from the date of signing the contract with the client/sponsor. This timeframe as documented in Table 2 is broken down by month under five major headings; Planning; Research; Implementation; Documentation and dissemination; and Monitoring and evaluation.

V. HUMAN RESOURCE PLANNING

For effective and timely implementation of proposed project intervention, the following human resources will be involved for specified period of time:

1. Project coordinator for 12 months in each 9 district of all three selected provinces
2. Four social mobilizers (2 each for municipality & rural municipality) for a period of 12 months each. In addition to their social mobilizations tasks, they will also serve as research assistants/ enumerators during research activities
3. Researcher for a period of six months
4. Four blood collectors/lab technicians for a period of 12 months each
5. Administrative/account assistant for a period of 12 months

No recruitment provision is made for computer household survey data entry and analysis work. This task will be contracted out to experienced personnel or institution outside the AFN personnel list.

VI. MONITORING AND REPORTING

Participatory planning, implementation and monitoring will be made integral part of the proposed project intervention. the assignment. A monitoring and evaluation framework to track the progress of the project activities will be formulated to spell out clearly process/progress targeted and achieved. Such a framework will entail different monitoring tools such as Activity-Impact Monitoring to monitor day-to-day operation leading to the results; Achievement using a work plan to monitor accomplishment of activities within the time frame; Result Based Monitoring to monitor the implementation activities including reporting of respective events; research, consultations, meetings, blood taking etc.

Both internal and external monitoring will be carried out. Internal monitoring will be conducted by project management staff whereas in case of external monitoring two monitoring visits each in municipality and rural municipality will be organized for the elected officials of these local level entities and Executive Board members of AFN. The progress of the assignment and results achieved will be (i) documented periodically in the forms of reports, booklets, and pamphlets and (ii) disseminated by using various electronic and print media as well as seminars/workshops and interaction programmes.

Project management will prepare and submit various reports during the implementation of the project intervention. The preliminary list of reports that will be submitted to the sponsors includes Inception report; Quarterly progress reports; Activity reports (surveys, meetings, blood collection, blood donation programs etc.); and Final narrative report on the completion of the assignment

The reporting schedule is included in the detailed action plan table .

Table 2: Detailed action plan broken down by major activities and months

Major activities	Months											
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
<i>Planning</i>												
Signing of contract	■											
Hiring of staff	■											
Formulation of research design including questionnaires and checklists	■											
Teambuilding meeting	■											
<i>Research</i>												
Literature review/collection of secondary data and analysis		■										
Consultation meetings at municipality and rural municipality		■	■	■	■							
Surveys (SHS, FGDs, KIIs)			■	■	■	■	■	■				
Surveys (SHS, FGDs, KIIs)				■	■	■	■	■				
Data computerization and report preparation								■	■	■	■	
<i>Implementation</i>												
Consultation meetings					■							
Awareness programs					■							
Blood group collection and card distribution						■	■	■	■	■	■	■
Blood donation programs									■	■	■	
Web-site preparation and submission of blood group list to red-cross and health facilities								■	■	■	■	
<i>Documentation and dissemination</i>												
Preparation/publication of booklets, manuals, press release etc.			■			■			■			■
Dissemination of results of project intervention using various print and electronic means				■			■			■		■
<i>Monitoring and reporting</i>												
Internal monitoring			■	■	■	■	■	■	■	■	■	■
External monitoring						■					■	
Quarterly progress report			■			■			■			■
Annual/project completion report	In 13 th month, after the completion of project intervention											

VII. BUDGET/COST ESTIMATES

<i>Budget Heads</i>	<i>Unit</i>	<i>Quantity</i>	<i>Districts</i>	<i>Rate (Rs.)</i>	<i>Total amount (Rs.)</i>
Remuneration/allowance					
Project Coordinator	Person month (PM)	12	9	45,000	4,860,000
4 Social Mbbilizers x 12 months	PM	24	9	20,000	4,320,000
Researcher	PM	3	9	125,000	3,375,000
4 lab technicians x 12 months	PM	20	9	25,000	4,500,000
Sub-total					17,055,000
Activity/program costs					
1st round of consultation meetings	Events	2	9	2,000	36,000
Sample Household Survey (stationery, transport, allowances)	Events	2	9	20,000	360,000
KIIs (refreshment, stationery etc.)	Events	2	9	1,000	18,000
FGDs (refreshment, stationery etc.)	Events	2	9	2,000	36,000
Data computerization and tables (remuneration for Data Analyst)	Times	2	9	50,000	900,000
2nd round of consultation meetings at	Events	2	9	2,500	45,000
Awareness programs	Events	20	9	12,000	2,160,000
Blood group collection and card distribution	Events	43	9	25,000	9,675,000
Blood donation programs	Events	2	9	35,000	630,000
Documentation and dissemination	Times	2	9	50,000	900,000
Media Mobilization	Times	5	9	50,000	2,250,000
Sub-total					17,010,000
Direct Management Cost					
House rent	Months	12	9	10,000	1,080,000
Utilities (electricity, water, telephone etc.)	Months	12	9	20,000	2,160,000
Stationery, computer materials etc.	Months	12	9	25,000	2,700,000
Transporation	Months	12	9	40,000	4,320,000
Auditing expenses	Times	1	1	10,000	10,000
					10,270,000
Total					44,335,000
VAT					5,763,550
Grand Total					50,098,550