

IMPROVING HEALTH SEEKING BEHAVIOUR OF MOTHERS & CHILDREN (IHSBMC) PROJECT

ANNUAL REPORT 2023/024

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Key Highlights

152

New service seeker gets USG service while 673 number of repeated beneficiaries resulting a regular USG service strengthen in remote area.

62

Functioning across the six wards of Chure RM out of them 7 HMG formed and 15 HMGs are reformed after a long period of pause is a testament of project advocacy and commitment.

697

Enhanced awareness among 697 individuals (PW, Husband, In-laws and care taker) about critical aspects of safe motherhood and the importance of prenatal and postnatal care.

324

Encouraged 324 pregnant women to seek timely and regular ANC and USG services, which is crucial for monitoring and ensuring the health of both mother and baby.

175

Approx. students have access to reproductive health knowledge for better understanding of sexual health that allows students to make informed decisions regarding their bodies and relationships.



56

FCHVs, knowledge enhanced, resulting in an impressive 89% pass rate in the post-test, compared to 68% in the pre-test.

324

Pregnant women and their family member get information on pregnancy related danger signs, balanced diet, and birth preparedness

175

Pregnant women (54%) women visited for medical assistance out of 324, due to pregnancy-related issues.

Project Overview



Background

Enhancing the health behavior of mothers and children represents a crucial initiative aimed at addressing disparities in maternal and child health, ultimately securing the well-being of future generations. The importance of maternal and child health is a global priority. It is essential to ensure that mothers receive adequate care throughout their pregnancies and childbirth, while children receive proper nutrition and healthcare during their formative years. This is vital for reducing mortality rates and fostering healthy development. Despite notable progress in recent times, maternal and child mortality and morbidity rates remain alarmingly high in various parts of the

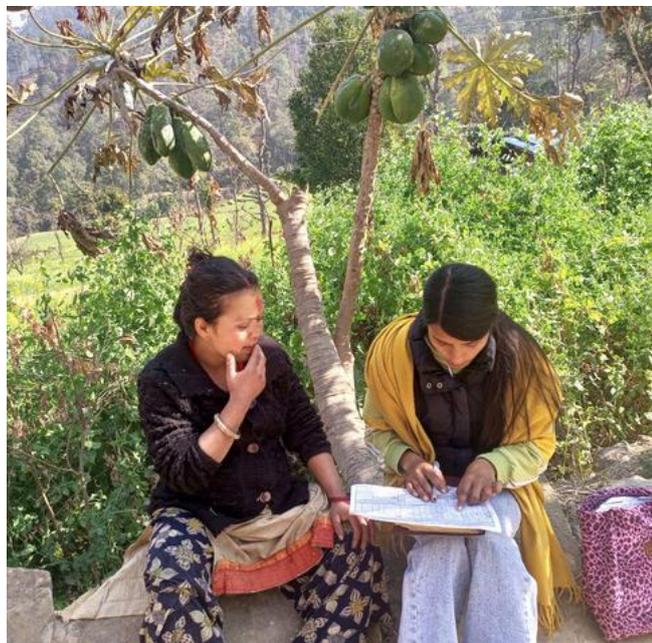
world particularly in low- and middle-income nations like Nepal. For instance, Nepal records a mortality rate (MR) of 151 per 100,000 live births, while the Sudurpashchim province reports an MR of 130 per 100,000 live births according to NDHS-2022.FAYA Nepal, in collaboration with AMDA-MINDS Nepal Office, is actively implementing the "Improving Health Seeking Behavior of Mothers and Children (IHSBMC)" project in Chure rural municipality from march 2022 to onwards. This project receives financial support from the Ministry of Federal Affairs of Japan (MoFA).

Project Linkage

The Improving Health Seeking Behaviour of Mothers and Children (IHSBMC) Project dedicated for strengthening health system of Chure rural municipality of Kailali District. The project expecting goal of this project it to Maternal and child health (MCH) is improved in the target area by achieving objectives of MCH health seeking behavior is improved among community people and Safe deliveries are promoted through the public health services in Chure RM. Moreover, the project seeks to elevate the MCH service system of public health institutions is enhanced and MCH awareness and knowledge of community people are improved. These endeavors constitute the pivotal outcome for the project's efficacy and impact assessment.

It was also aligned for contributing to several Sustainable Development Goals (SDGs), particularly: Goal 3: Good Health and Well-being, which includes targets such as: 3.1: Reduce the global maternal mortality ratio. 3.2: End preventable deaths of newborns and children under 5 years of age. 3.7: Ensure universal access to sexual and reproductive health-care services. Further, Indicators relevant to Nepal's context include: 2.2.1: Prevalence of stunting among children under five. 3.1.1: Maternal mortality ratio. 3.2.1: Under-five mortality rate. 3.2.2: Neonatal mortality rate. 3.b.1: Proportion of surviving infants receiving vaccines.

Similarly, this project also contributed to Nepal's Every Newborn Action Plan 2016 which targeted to reduce newborn mortality to 13 per 1000 live birth by 2035. Likewise, 15th Five Year Development Plan (2019/20-2023/24) of Government of Nepal, that emphasizes the importance of health and nutrition, with specific focus on improving maternal, neonatal and child health.



Intervention

1.Enhancement of MCH Service System of Public Health Institutions

1.1 Construction of health facility buildings

The construction of health post buildings in Chure rural municipality ward no-2 is a critical initiative aimed at improving access to healthcare services for communities that are often underserved due to their geographical isolation. The Chure RM ward no-2 and 4 communities has the significant challenges in accessing proper health facilities. The construction of health posts is an attempt to provide robust health services to these areas.

The construction of health post building has been completed in Chure rural municipality ward no-2 Kahirala. The Pallabi Multipurpose company Pvt. Ltd. Maharajgunj Kathmandu was contracted for the project. The construction work progress was started after signed agreement contract on 29 May 2023 by both parties and concluded on 29 February 2024. The HP was made based upon Government of Nepal standard. The initial agreement specified an amount of NPR 1,80,36,953.40, included vat, but the final amount concluded at NPR 19,935,963.87 with vat. The increase was due to additional (meeting hall and retaining wall) work made that requested by Khairala HFOMC beyond the original agreement.

The newly constructed health post building meets the basic health service standards set by the government of Nepal. It features seven rooms spread across two floors, including an office, a laboratory, a dispensary, a birthing room, a maternal and child health (MCH) room, an emergency room, and a nutrition corner. Additionally, the building has two family residences and a meeting hall.

Achievement:

A standard health post building was successfully completed in Khairal, Ward No. 2, a remote area of Chure Rural Municipality, marking a significant achievement for the community and municipality.

Improve Access to Healthcare:
To provide easier access to health services for communities in geographically isolated areas.



1.Enhancement of MCH Service System of Public Health Institutions

1.2 ROUSG onsite coaching camp.

The ROUSG Onsite Coaching Program represents an innovative initiative aimed at enhancing the skills and expertise of ultrasound sonography-trained nursing staff in the healthcare system of Chure Rural Municipality. This significant program has been carefully designed to elevate the proficiency of nursing professionals by providing advanced training and practical experience in the application of ultrasound sonography, particularly focused on obstetric care within the rural communities of Chure Rural Municipality. FAYA Nepal was hired an experienced trainer from Solukhumbu Polytechnic Academic for this program.

The Rural Obstetric Ultrasound Sonogram (ROUSG) Onsite Coaching Program took place at the Sahajpur Health Post in Chure rural municipality, Kailali, from November 22nd to November 23rd, 2023. Ahead of the USG onsite coaching program, FAYA Nepal acquired two portable USG machines for training purposes and subsequently handed them over to the rural municipality. Three nursing staff members, namely Ms. Saniya Bohara from Sahajpur Health Post, Ms. Bhuma Ghimire from Nigali Health Post, and Ms. Krishna Chaudhary from Khairala Health Post, participated in the two-day coaching session. The onsite coaching was led by Ms. Smita Khadka, a Consultant Trainer from Solukhumbu Polytechnic Academy in Chandol, Kathmandu.

During the onsite coaching camp, 51 pregnant women benefitted on the first day, while 22 pregnant women received benefits on the second day, totaling 73 women informed about their pregnancy conditions. Among them, 34 were new pregnant women. Furthermore, having five abnormal cases were identified, comprising four cases of hydrocephalic fetuses and one case of Polyhydramnios. These five cases were referred to Seti Hospital in Dhangadhi for necessary actions, and the designated nurses were instructed to follow-up on the patients after

Equip nursing staff with comprehensive training and practical skills in utilizing USG for obstetric care, empowering them to deliver enhanced care and diagnostics, particularly focusing on the needs of expecting mothers in the rural communities of Chure Rural Municipality.

referral and document their progress. Trainee nurses were encouraged to maintain contact with the trainer through Facebook Messenger for ongoing support and guidance as required. The two-day Ultrasound onsite coaching camp concluded by handing over two new Ultrasound Machines to the Municipality authority, subsequently allocated to Khairala and Nigali health posts to ensure regular service provision from various locations within the municipality. Following this initiative, Chure now boasts three portable USG machines operated by trained staff nurses in three different geographical locations.

Achievements:

- © Total of 73 pregnant women receive USG service out of them five abnormal cases were identified and referred for further treatment.
- © The local communities of Chure rural municipality get USG service from three different location namely Khairala HP, Nigali HP and Sahajpur HP regularly.

1.Enhancement of MCH Service System of Public Health Institutions

1.3 Conduct ROUSG mobile camp in remote clusters



Contribute and enhancing maternal healthcare in remote areas, ensuring that expectant mothers receive the care they need for a healthy pregnancy.

The ROUSG mobile camp is an event that brings ultrasound check-ups to pregnant women who live remote area in Chure rural municipality. It helps find any problems early on, makes sure mothers and babies are healthy, and teaches women about their pregnancy. This camp is really important because it helps women in distant places get the care they need when they're expecting a baby.

The ROUSG mobile camp started in Chure rural municipality after the nursing staff from Khairala, Nigali, and Sahajpur health posts got onsite coaching and Khairala and Nigali health posts even got two ultrasound machines to use for the camp. After learning from an expert at Solukhumbu Polytechnique in Kathmandu, the nurses made a plan for the camp. Each health post had to take care of three different geographical areas for the camp.

The places chosen for the camps were: Garva, Baluwagada, and Jagati by Khairala health post; Sayal, Nigali, and Aalad by Nigali health post; and Shantinagar, Goganpani, and Khanidanda by Sahajpur health post.

The health unit of Chure RM was requested to support for mobilization of trained nurses in remote cluster. In response three nurses were supported for mobilization in in different cluster by two months (January and February 2024). A total of 278 pregnant women were received ROUSG service in January and February 2024. Out of them 114 pregnant women get USG in selected cam side. The details of beneficiaries presenting a figure 1.

Approximately, 68 pregnant women has been taken ROUSG service per months in Chure rural municipality.

Figure 1. Beneficiaries number as per HP

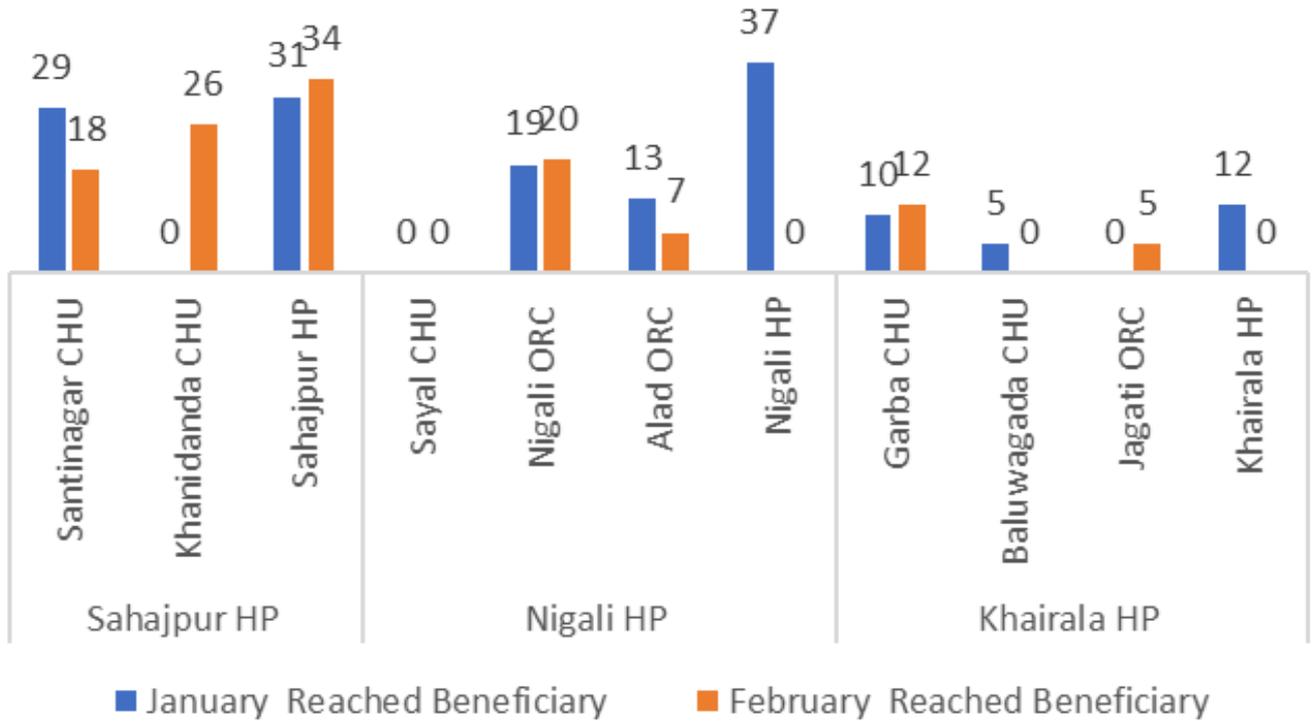


Figure 1 shows that almost half (41%) of pregnant women received ultrasound services (USG) at different camps. This indicates that while mobile camps play vital role in providing access to USG services, especially for early detection of pregnancy complications in remote areas where such facilities are not easily available.

Achievements:

Successfully implemented regular ultrasound services for pregnant women across various clusters, providing them with easy access to essential prenatal care.

Successfully identified a case of fetal ascites during an ultrasound, promptly referred the patient to Seti Provincial Hospital, and ensured a safe pregnancy termination, ultimately saving the mother's life without any complications.



2. Improvement in MCH Awareness and Knowledge of Community People (Educational activities in the community)

2.1 FCHV mobilization

The FCHV refresher workshop is activity that enhance the knowledge and skills of Female Community Health Volunteers (FCHVs). These volunteers are essential community-based personal who play a critical role in promoting community health and providing health service-related information. The refresher workshop serves as a platform for FCHVs to gather, interact, and receive the latest information on various health-related topics. Through a series of sessions and discussions, the workshop aims to improve the FCHVs' understanding and proficiency in The objective of the FCHV refresher workshop is to enhance the knowledge and skills of Female Community Health Volunteers (FCHVs) to improve their understanding and proficiency in delivering essential health-related information.

Enhance the knowledge and skills of Female Community Health Volunteers (FCHVs) to improve their understanding and proficiency in delivering essential health-related information.

Mr. Gajender Bist (health Coordinator of Chure RM) expressed his gratitude for organizing the refresher training, emphasizing that newly appointed FCHV had not received any training before. This training proved highly beneficial for both new FCHV and served as a valuable refresher for the existing ones.

The FCHV refresher workshop was completed in three cluster of Chure rural municipality. A total of 56 FCHVs out of 62 were participated in two days' workshop in three slots in different clusters, which are Sahajpur, Nigali and Khairala clusters. The Sahajpur cluster included Sahajpur HP, Khanidanda, Goganpani and Shantinagar CHU, had 22 FCHV participated in the workshop in September 14 and 15, 2023. Similarly, the Nigali Cluster included Nigali HP and Sayal CHU, had 16 FCHV participated in the workshop in 21 and 22 September 2023. Likewise, the Khairala cluster included Khairala HP, Baluwagada CHU and Gurbha CHU, had 18 FCHV participated in the workshop in 12 and 13 October 2023.

Enhanced the knowledge of 56 FCHVs, resulting in an impressive 89% pass rate in the post-test, compared to 68% in the pre-test. Following the training, the FCHVs committed to disseminating the acquired knowledge and information to the community through HMG meetings.

Following the training session, FCHVs were received refresher training and were provided with updated information about the FCHV program. In the training session, out of a total of 56 FCHVs, only 68% passed in the pre-test. However, after receiving the training, 89% of them passed the post-test (Refer to annex-I). The training included details about the roles and responsibilities of HMG (Health Management Group), neonatal health, maintaining a healthy family environment, maternal and postpartum depression, menstrual hygiene, uterine prolapse, obstetric fistula, family planning, immunization, as well as proper recording and reporting procedures for FCHVs and training session was delivered by CHM, PO, PM, PD of FAYA Nepal as well as Health facility in charge, Health coordinator and Public Health Inspector from Chure RM respectively. During the workshop, FCHVs also received FCHV kit consisting FCHV bag with project visibility, ARI meter, Torchlight, Umbrella, Thermus and Scissor.



Female Community Health Volunteers (FCHVs) are demonstrating their capabilities through the enhancement of their monthly reports, resulting in health facilities receiving more improved reports from them.



2.2 HMG support (Baby care kit)

A total of 150 baby kits, each containing essential items such as a mother's Gowon, baby blanket, Baby clothes (Bhoto-cholo), oil, shampoo, lotion, napkins, soap, and powder along with baby kit bag, have been procured for distribution. These kits are designed to help mothers provide proper care and support for their infants. The kits are distributed either immediately to mothers who have just delivered at respected health facilities or during the postnatal care (PNC) period by health workers or CHMs of IHSBMC Project.

During the kit distribution process, FAYA Nepal provided kits to health facilities, particularly those with birthing centers such as Nigali HP, Sahajpur HP, Khairala HP, and Khanidada CHU, based on their requests. Occasionally, other health facilities also distributed these kits to mothers who had not received one during their delivery or who had given birth outside of Chure RM and returned for postnatal care in Chure RM.

Over the year, 60 baby care kits were distributed to health facilities. Specifically, 10 kits were allocated to Khanidanda CHU, 20 to Sahajpur HP, 10 to Shantinagar CHU, and 20 to Khairala HP. The distribution of these kits to beneficiaries through the designated health facilities is as follows: Khairala HP distributed 7 kits, Sahajpur HP distributed 7 kits, Khanidanda CHU distributed 3 kits, and Shantinagar CHU distributed 9 kits. The distribution of these kits is crucial for promoting the health and well-being of both mothers and their babies within the community.

"We belong to a marginalized family and are struggling to make ends meet. This support is truly beneficial for both me and my baby. Thank you to the team," said Bhaga Dhami, a resident of Tallo Bagaichula-06 Chure.



2.3 Pregnant Women Group (PWG) Orientation

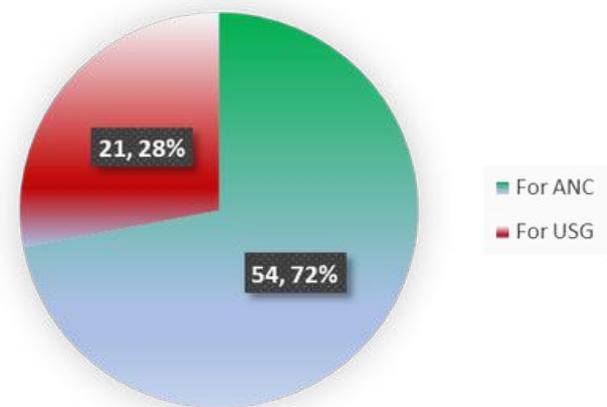
Pregnant women group orientation event plan for providing guidance and information to pregnant women and their family members. The orientation session was covered topics such as prenatal care, nutrition, exercise, breastfeeding, childbirth education, and postpartum care. The goal is to help expecting mothers and their families prepare for the upcoming changes and challenges of pregnancy and childbirth, and to promote health seeking behaviour and practices for both the mother and the baby

The PWG orientation events were conducted across the six wards of Chure rural municipality. Community health mobilizers were the key facilitators for the events. A total of 57 events had organized in six wards of Chure RM. During the session, it was presented about the physical, emotional, and practical dimensions of pregnancy and childbirth, this would have involved addressing their queries, delivering pertinent information, and promoting health practices. The following specific topic was discussed and delivered:

- ©Danger sign in pregnancy and possible solution.
- ©Importance of regular checkup and ANC visit.
- ©Preparation during Pregnancy and USG.
- ©Balanced diet in Pregnancy and
- © Birth preparedness.

Provide guidance and information to pregnant women and their family members on ANC, institutional delivery, postnatal care and various aspects of safe-motherhood.

Figure 3. Referral Case status



A total of 697 individuals received information as mentioned areas above during the session. Out of them 309 (44%) pregnant women, 68 (10%) husband, 138 (20%) In-Laws and 182 (26%) care taker/family member respectively. The event also referred 75 pregnant women to seek ANC and USG service in respective health facilities in Chure RM who has not visited for ANC and USG as per government protocol.

Achievements:

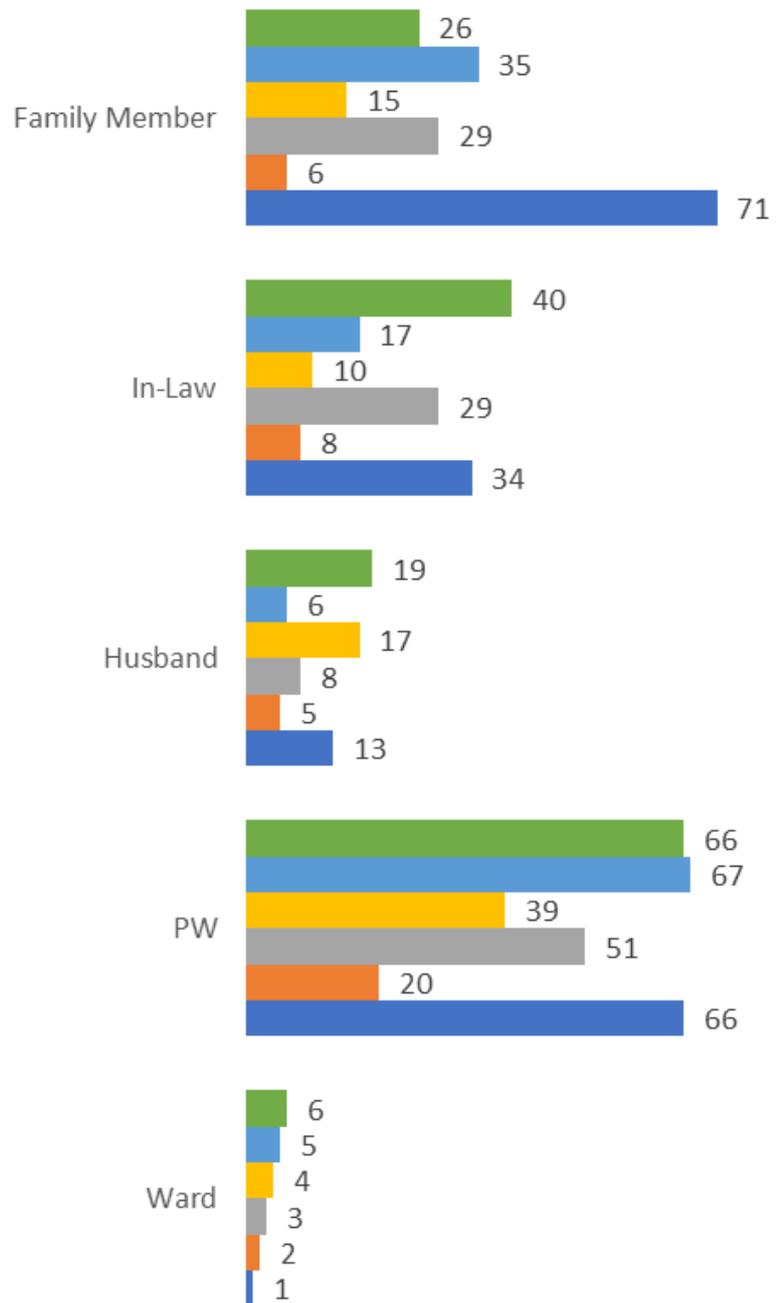
© Awareness Raised: Enhanced awareness among 697 individuals about critical aspects of safe motherhood and the importance of prenatal and postnatal care.

© Behavior Change Initiated: Encouraged pregnant women to seek timely and regular ANC and USG services, which is crucial for monitoring and ensuring the health of both mother and baby.

© Knowledge Dissemination: Provided detailed information on danger signs in pregnancy, balanced diet, and birth preparedness, equipping families with the knowledge to better manage and support pregnancy and childbirth.

It is very easy now to convince family members about diet rest as they were known about its importance by coming in this program, told Pabi Tamang

Figure 2. PWG participants detail as per ward



Almost husband has not been aware or avoid general danger sign in pregnancy before, but now they are showing their consensus about birth preparedness.

2.4 School RH program

The school RH program emphasizes the integration of health services within school premises, which included sexual and reproductive health care provisions facilitated, collaborations with nearby health facilities. The program also focused on delivering precise and thorough sexual and reproductive health education to student fostering informed decision-making skills.

The reproductive health sessions were organized in nine different (Bhairab and Shree Shiv secondary school in ward 1, Kedareshwor basic school in ward 2, Bhanu secondary school in ward 3, Janta secondary school in ward 4, Sukra secondary school in ward 5 and Malekateshwor, Janta and Shree Bhagwati secondary school in ward 6) schools located across the six wards in Chure RM. These sessions were facilitated by PO-Abhisek BK and nursing staff from the respective health facilities in these wards.

After these educational sessions, quiz contests program was organized in each school as part of the extracurricular activities (ECA) of school. Notably, the reproductive health session was held a day before the quiz contest, which characterize questions exclusively related to RH and adolescent health. All quiz contest winners were rewarded with gifts and received further education on ASRH within their schools.

The commonly school head teachers expressed their gratitude, stated that they had never witnessed such an extensive program benefiting school children. They appreciated the knowledge imparted and highlighted the scarcity of health education, which is presently limited to the 8th grade only. Noting the removal of health subjects from the 8th and 10th grades.



Approximately 900 students have access to reproductive health knowledge for better understanding of sexual health that allows students to make informed decisions regarding their bodies and relationships.

2.5 Days celebrations

Throughout the year, a series of educational and promotional initiatives held in Chure RM to commemorate significant health-related occasions. These celebratory events served as platforms for advocacy and raising awareness as part of a national campaign. Collaborating closely with local health facilities and service providers, FCHVs, palika officials, and other stakeholders.

The menstrual hygiene day on 28 May 2023, world breast feeding week in 1 to 7 August 2023, family planning day on 18 September 2023 and FCHV day on 5 December 2023 was celebrated.

Menstrual Hygiene Day:

In the occasion of menstrual hygiene day, an orientation program for adolescent girls was conducted with 161 students from grades 7 to 10 participating across six secondary level schools in Chure rural municipality. The event aimed to educate the girls on menstrual health, dispel myths, and encourage healthy practices. Health workers of nearby Health facilities from each ward facilitated the discussions.

During the program, participants openly discussed societal stigma like "Chhaupadi Partha," sharing personal experiences of being segregated during menstruation and facing restrictions on water and dairy consumption. These conversations underscored the challenges they face and the need for awareness and change.

The program helped the girls understand the social issues surrounding menstruation and emphasized personal hygiene, nutrition, and dignified menstrual management.

World breast feeding week:

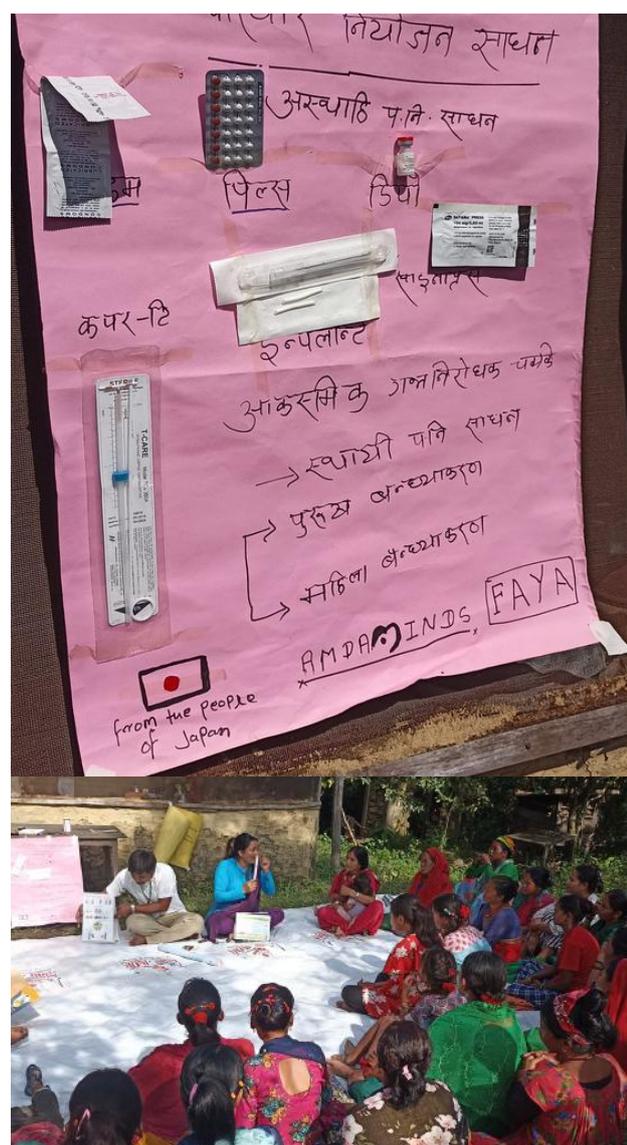
During World Breastfeeding Week in August 2023, the project team coordinated with health unit and local health facilities in Chure RM for a week-long celebration. The celebration events included interactive programs, dramas, interactive dialogue, demonstration on proper breastfeeding week for promoting breastfeeding-friendly environments.

These events organized with local health facilities namely: Khairal HP, Nigali HP and Sahajpur HP. Similarly, Khanidada, Garva, and Shantinagar CHU respectively.

These events included approximately 220 participants from HMG, health workers, local representatives, FCHVs and other key community stakeholders. Moreover, these events highlighted the importance of breast feeding and its techniques, role play and demonstration of breastfeeding.

Family planning day:

The family planning day has been celebrated in coordination with local health facilities in six wards of Chure RM. The celebratory program included interactive sessions that emphasized the significance of family planning including six methods, the availability, accessibility, and affordability of those commodities, and their acceptance within the family and community.



FCHV day:

The FCHV day has been celebrated on 5 December 2023 in coordination and collaboration with Health Unit of Chure RM. The events were organized and carried out across two clusters, including all six wards. The Sahajpur cluster included Nigali HP, Sahajpur HP, Khanidada CHU, Goganpani CHU, and Shnatinagar CHU. Meanwhile, the Khairala Cluster comprised Baluwagada CHU, Gurbha CHU, and Khairala HP. The FCHV day was celebrated upon the theme “Sustainable development in the health sector, joint efforts of female community health volunteers.”

The event was conducted jointly and the budget being divided between Chure RM and FAYA Nepal IHSBMC project. In the Sahajpur Cluster, the program conducted with a formal session, extending a warm welcome to all attendees. Subsequently, the Vice Chairperson and Chairperson of RM expressed heartfelt gratitude to FAYA Nepal for their support, contribution to the program's budget, and their involvement in the development initiatives in Chure. In the Khairala Cluster, the program conducted formally, and Chure RM's Public Health Inspector, Bikram Bohara, participated in the event. The program was conducted uniquely, featuring a game for FCHVs, offering a distinct and enjoyable celebration. All together six FCHVs from six different ward was recognized and rewarded with blankets and certificates for their outstanding performance.

The following FCHVs have been recognized for their outstanding performance.

- Yasoda Dhami, ward-01, selected by Nigali HP
- Hasta Balami, ward-02, selected by Khairala HP
- Lalita Saud, ward-03, selected by Sahajpur HP
- Chandra Saud, ward-04, selected by Garba CHU
- Dhana Shahi, ward-05, selected by Khanidanda CHU
- Tila Thapa, ward-06, selected by Shantinagar CHU



2.6 Regular Technical Guidance to HMG meeting by CHM

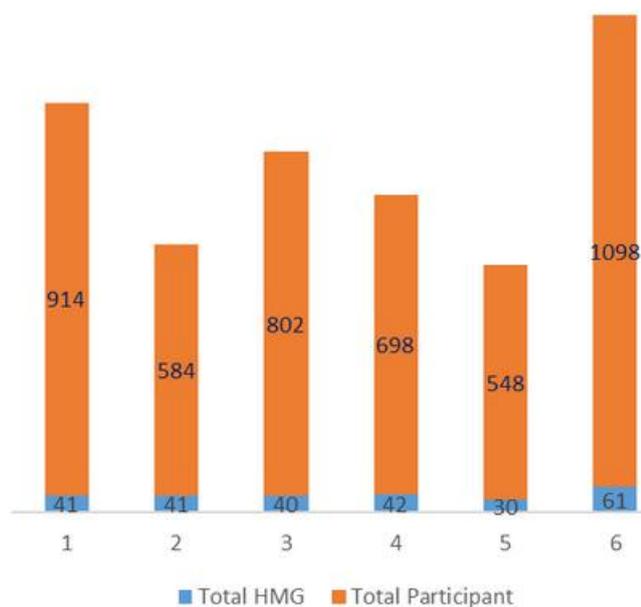
Regular Technical Guidance to Health Mothers Group Meetings was planned to support and guide groups of health mothers within the community. These meetings function as platforms for sharing knowledge, exchanging experiences, and discussing critical topics related to maternal and child health, such as nutrition, breastfeeding, perinatal care, postnatal

Provide consistent support and guidance to Health Mothers Groups (HMGs), with the aim of facilitating knowledge sharing, exchanging experiences, and engaging in meaningful discussions on essential topics related to maternal and child health.

care, immunization, and family planning.

Technical support for Health Mother Groups (HMG) meetings has been provided to all 62 HMGs in Chure rural municipality. Community Health Mothers (CHM) frequently visit the HMGs in their respective wards. Among the 6 wards, ward 1 has the most HMGs with 14. Ward 2 has 10 HMGs, ward 3 has 9, ward 4 has 12, ward 5 has 6, and ward 6 has 11 HMGs. During the first year of the project, technical support was provided to the 62 HMGs a total of 255 times. Approximately 1733 members (mothers and In-Lawas) were included within the 62 HMG of Chure rural municipality. The Ward 6 has the highest number of participants (1098) and the highest number of meetings (61), while Ward 1, with the second highest participant count (914), has a moderate number of meetings (41). Wards 3 and 4 have similar numbers of meetings (40 and 42, respectively) and participants (802 and 698, respectively). Ward 2, despite having fewer participants (584), matches Ward 1 in the number of meetings (41). Ward 5 has the lowest number of participants (548) and the fewest meetings (30). This happened due to the number of HMG available within the ward.

Figure 4. Ward wise HMG meeting & participants



☐ In the initial phase of the project, we found that only one HMGs was functioning properly and discussing health-related topics in meetings. Now, all 62 HMGs have been formed or reformed and are conducting discussions in accordance with HMG guidelines.

☐ Formation of 7 HMG and reformation of 15 HMGs after a long period of pause is a testament of project advocacy and commitment. (Refer annex-II)

"Laligurans HMG chairperson from Ward 6, Githada, said, 'We used to be more focused on money collection, but after attending health sessions, we now prioritize health education and discussions first.'"

2.7 Regular Assistance at ORC/EPI conduction of health education session

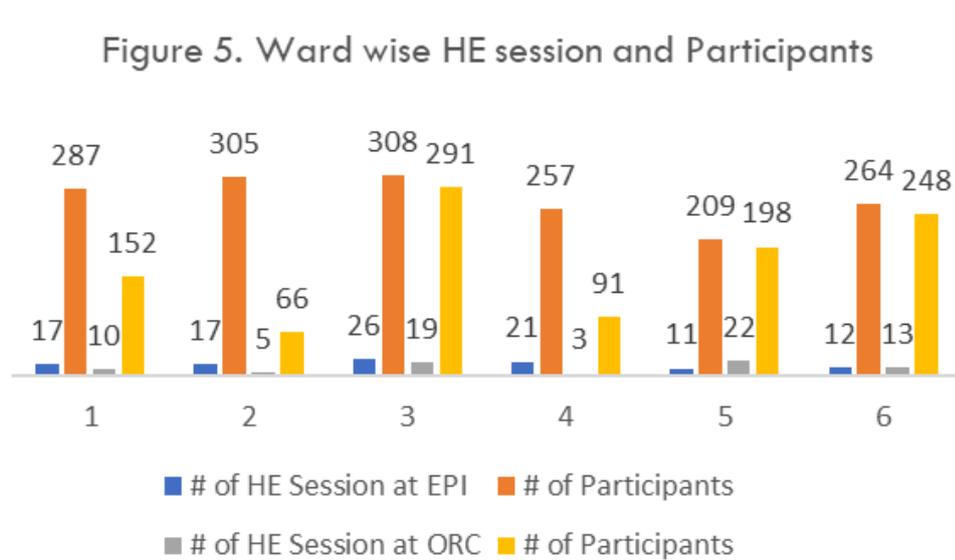
ORC clinics are held by health (Health Post, Community Health Unit) facilities in remote or underserved areas, providing basic health consultations, screenings, and essential treatments to populations with limited health service access due to geographical or socioeconomic barriers. Similarly, Expanded Immunization (EPI) program also regular event of government of Nepal. It is also served people immunization facilities, ensuring timely vaccinations.

Advocacy was also undertaken with health facilities and the health unit of Chure Rural Municipality to ensure the effective and consistent implementation of ORC and EPI services in the geographically challenged areas of Chure RM. In response, the health unit of Chure and the respective health facilities responded positively, collaborating to ensure the effective implementation of these sites within their areas.

Delivering a health education session to beneficiaries of ORC and EPI, and to provide technical support to health facilities for ORC/EPI implementation is the key objective of this intervention.

The Community Health Mobilizers (CHMs) conducted health education sessions at ORC and EPI side that increase awareness and health literacy. Using interactive discussions, visual aids, and demonstrations, they cover topics like preventive care, hygiene, common illnesses, family planning, maternal and child health, immunization and the importance of seeking health service.

A total of 72 health education sessions were conducted across 21 ORC sites within the municipality, reaching 1,046 service seekers. Additionally, 104 health education sessions were held across 24 EPI sites, providing knowledge and information to 1,630 participants.



Achievements:

© A significant milestone has been achieved, with 2676 beneficiaries now informed with basic information and knowledge concerning various health topics. These include the importance of immunization, and their benefits for babies, safe motherhood practices, family planning methods, seasonal health issues, and locally available nutrient-rich foods.

© An accomplishment has been made through consistent advocacy efforts with health facilities and the health unit of Chure Rural Municipality. As a result, five ORC sites have been established to provide health services in wards 2 and 4. These sites, namely Sallekada in ward 2 and Jagati, Kachatte, Ranibhukuda, and Bategada in ward 4.

2.7 Regular Assistance at ORC/EPI conduction of health education session

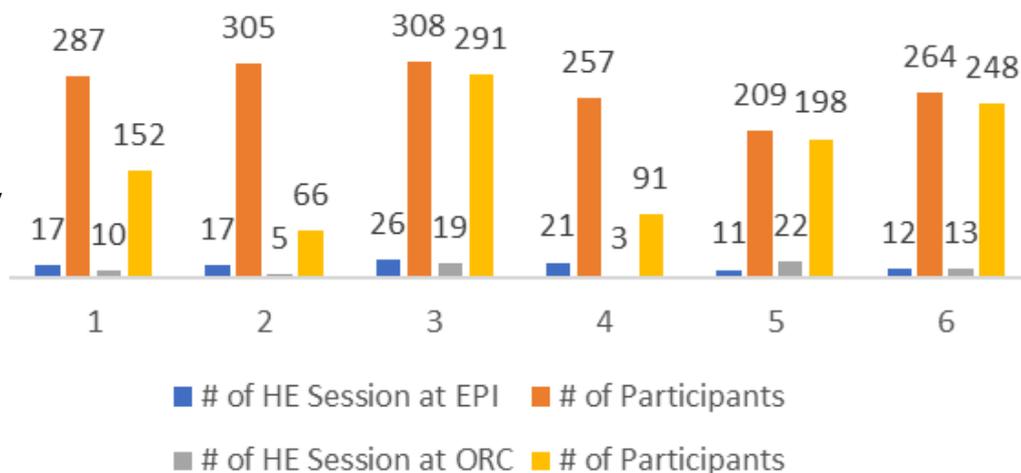
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The Community Health Mobilizers (CHMs) conducted health education sessions at ORC and EPI side that increase awareness and health literacy. Using interactive discussions, visual aids, and demonstrations, they cover topics like preventive care, hygiene, common illnesses, family planning, maternal and child health, immunization and the importance of seeking health service.

Figure 5. Ward wise HE session and Participants



A total of 72 health education sessions were conducted across 21 ORC sites within the municipality, reaching 1,046 service seekers. Additionally, 104 health education sessions were held across 24 EPI sites, providing knowledge and information to 1,630 participants.

© A significant milestone has been achieved, with 2676 beneficiaries now informed with basic information and knowledge concerning various health topics. These include the importance of immunization, and their benefits for babies, safe motherhood practices, family planning methods, seasonal health issues, and locally available nutrient-rich foods.

© An accomplishment has been made through consistent advocacy efforts with health facilities and the health unit of Chure Rural Municipality. As a result, five ORC sites have been established to provide health services in wards 2 and 4. These sites, namely Sallekada in ward 2 and Jagati, Kachatte, Ranibhukuda, and Bategada in ward 4.

2.8 Pregnant women home visit

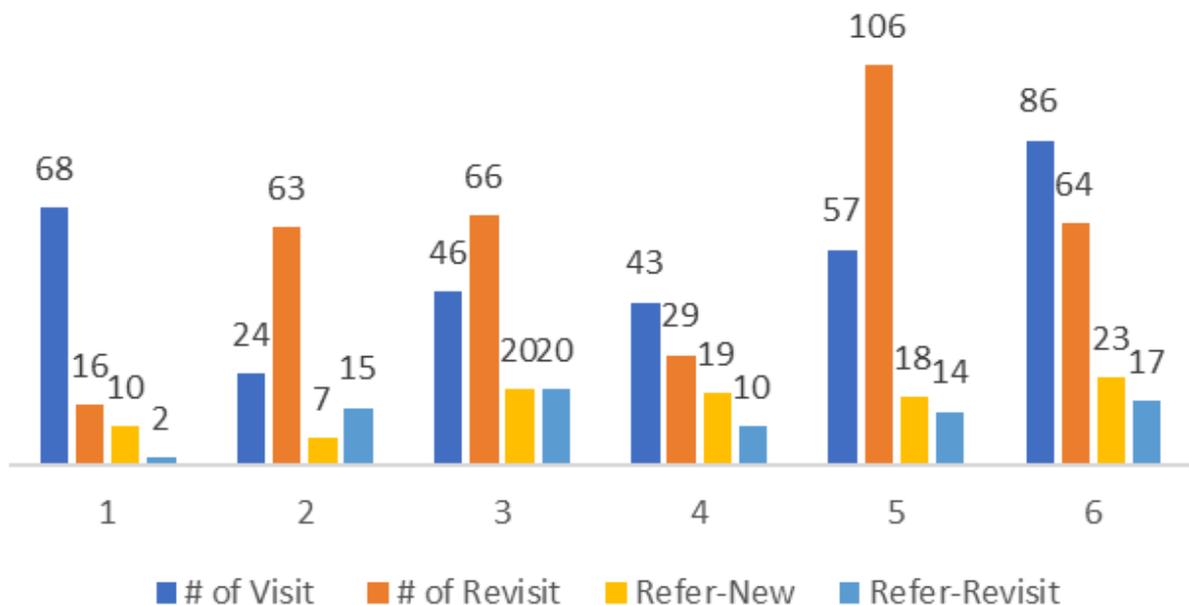
The home visit program is planned for providing crucial healthcare education, information, and assistance to expectant mothers within the comfort of their own homes. Community Health Mobilizers (CHMs) made regular visits to pregnant women to ensure their overall well-being and counselling for healthy pregnancies.

Provide the essential health care education, information and support pregnant women in their own homes.

CHMs, in collaboration with local health facilities and FCHVs, identified pregnant women in their designated ward and enrolled them in the program, recording their contact information and due dates. During the initial home visit, CHMs conducted an assessment, gathering details about the woman's medical history, current health, and any pregnancy-related concerns or risks. They then provided crucial health education and counseling, informing the women and their families about proper nutrition, prenatal care, the significance of regular check-ups, and the advantages of maintaining healthy habits during pregnancy. Additionally, they address common discomforts and danger signs that need to immediate medical attention.



Figure 6. Ward wist PW Visit Status





Throughout the first year, 324 pregnant women were visited across the six wards of Chure RM. Among them, 97 pregnant women were referred to nearby health facilities for various services including ANC, blood checks, monitoring for bleeding or fever, USG, and mild complications. Additionally, there were 344 revisits conducted with these pregnant women. During these revisits, 78 pregnant women were once more referred to health facilities for concerns such as USG as per protocol, bleeding, white discharge, and similar issues.

The PW home visit includes reaching a total of 324 pregnant women through 324 new visits and 344 revisits conducted by CHMs. During these visits, CHMs assessed the women's well-being and provided health education. Out of the 324 new visits, 97 pregnant women were referred to nearby health facilities for antenatal care (ANC) and ultrasound. Additionally, during the 344 revisits, 78 pregnant women were appropriately referred for blood tests and antenatal care in accordance with the established protocol.

An achievement includes the timely referral of 175 pregnant women (54%) of the 324 women visited, for medical assistance due to pregnancy-related issues. This significant number of referrals likely helped address potential complications promptly.

3. Project Coordination and Management

3.1 District and Local Coordination Meeting

The project team make smooth coordination and collaboration with different level stakeholders during project planning, implementation and dissemination of project progress in Province, District and Local level. Over the year, a district level coordination meeting was held in Dhangadhi Kailali on 24 May 2023.

During the meeting the key participant from Province Health Directorate (PHD), Health Office Kailali, Ministry of Social Development (MoSD), National Federation of Disabled Network (NFDN) Province Office, NGO federation both Province and District chapter, Federation of Journalist both Province and district chapter and other media house's representatives were attended in the event.

The event effectively conveyed the project's objectives and milestones to stakeholders, highlighting its substantial support for achieving the strengthening health system to achieving Sustainable Development Goals (SDGs) and national priorities in maternal and child health within Chure Rural Municipality.

Furthermore, two Local Project Advisory Committee (LPAC) meeting organized over the year. The first LPAC meeting was held on 12 May 2023 in Chure RM, under the Chairmanship of the Mr. Chakra Bahadur Bogati, Chairperson of Chure rural municipality. the meeting was formed seven members LPAC for providing support to project through monitoring and supervision, feedback and suggestion during planning, and implementing stage.

The second LPAC meeting was held on 6 March 2024. This meeting was chaired by Palika Chairperson and Vice-Chairperson, Chief Administrative Officer (CAO), ward chairpersons, Health unit team and other Ppalika officials attended in the meeting. The committee appreciated the project's efforts, especially the Pregnant Women Home Visit Program and the construction of the Health Post building. Additionally, they provided feedback to the project team, urging them to provide equipment support for the new construction and ensure timely completion.

The coordination meeting with district stakeholders and LPAC enhances the project's visibility at the local, district, and provincial levels.



3.2 Conduct social audit

Social audit is a participatory process to assess an organization's social impact and accountability. This involves engaging stakeholders and the community to evaluate the performance and effectiveness of project interventions. At year-end, a social audit event was conducted with community beneficiaries, stakeholders, media, and local representatives. Prior to the event, a third-party consultant (Mr. Ramhari Ojha-Journalist) was hired to visit project locations, gather community feedback, assess the project's impact, and identify issues. The consultant used both structured and unstructured data collection methods and compiled a comprehensive report. This report, which included feedback and recommendations from beneficiaries, stakeholders and consultant itself and presented it on 28 February 2024 at the Chure RM hall, Chure Kailali.

During the social audit, Mr. Sher Bdr Basnet, the Program Director of FAYA Nepal, chaired the event, with Mr. Chakra Bahadur Bogati serving as the chief guest. Additionally, Ms. Miko Kobayashi, Country Director of AMDA-MINDS, and the Chief Administrative Officer of Chure RM attended as special guests. The consultant presented a comprehensive audit report and facilitated a discussion with the participants, focusing particularly on the beneficiaries' quarries and concerns. The audit presented the following positive effects of the project.



Project effects:

- © It was found that the concerned agencies are aware of the activities of the project.
- © It was found that the beneficiaries and local stakeholders are satisfied with project progress.
- © Liaising/coordinating with the local/concerned stakeholders satisfactory.
- © Beneficiaries and relevant stakeholders have high expectations towards the project/organization.
- © In the community, it was found that each other discussed about health education, this led to HMG meeting impact.
- © It was found that even those who did not want to hear about health education before are paying attention.

Beneficiaries' version:

- © Expecting a sitting material for Health mother groups as part of meeting management.
- © Conducting classes at least once every month in every school to reduce child marriage to do.
- © Child marriage is delayed by discussing the temporary means of family planning with the child marriage couple to teach to give birth.
- © To reward the child who excels in monitoring the child's growth as an incentive

Suggestions from Social Audit Workshop:

- © They expecting support for conducting social audit of health facilities within Chure rural municipality.
- © Other health facilities should also be supported with necessary equipment.
- © In order to improve health, along with mothers, fathers should also be given knowledge.
- © Support should be given for the health profile of the rural municipality.

Recommendations of Social Auditor:

- © Child marriage seems to be the main problem of Chure rural municipality in the field of maternal and child health. It seems that a concrete program should be conducted to prevent child marriage.
- © Chure rural municipality has programs of non-governmental organizations in its annual budget and program, it seems that it should be included and adopted.
- © As much as possible, local health facility and health workers should be mobilized in the implementation of the project activities.
- © It seems that more efforts should be made to make ANC visit and USG regular.



It bolstered transparency and accountability, ensuring that the project team is answerable to the community and elevating community contentment. Engaging beneficiaries and stakeholders has refined the quality of the project, delivering substantial benefits to key demographic groups such as pregnant women and children.

3.3 Conduct BLS

The initiation of the IHSBMC project was marked by a baseline survey, which gathered preliminary data to set a benchmark for assessing future advancements. A consultant developed tools for data collection, which were utilized through the Kobo app, and the Community Health Mobilizer, along with one enumerator in each ward, undertook the data gathering process.

The orientation and pre-test session for the baseline survey were held on June 11-12, 2023 in Dhangadhi, Kailali. This event guided six CHM and six enumerators to conduct a trial run of the questionnaire before starting the actual field survey. A mixed-methods approach was adopted to comprehensively capture quantitative and qualitative data. This involved household surveys, key respondent interviews, and client exit surveys for quantitative insights, while qualitative information was gathered through Key Informant Interviews (KII) and Focus Group Discussions (FGD) with various stakeholders, including Health Mother Group members, males, health facilities, health coordinator, and Female Community Health Volunteers (FCHVs). All six wards were included in the study, with a sample size of 404 determined using Yamane's method, accounting for a 10% non-response rate.



A The allocation of sample size per ward was proportionate to the number of households. Local authorities and organizations collaborated in selecting households using systematic random sampling. Respondents were deliberately chosen from families to ensure diverse representation, with a preference for mothers with children under two and those with children aged two to five.

All enumerators used Kobo tools to collect survey data, while the Project Officer and Project Manager conducted Key Informant Interviews (KII), Focus Group Discussions (FGD), and Health Facility Surveys to gather qualitative data. Once the target number of samples was reached, the reporting consultant compiled a comprehensive baseline report containing detailed baseline information.

4. Project Promotion/ Publication Goods

During the first year, the project designed and printed MCH greeting cards for pregnant women, which included information about ANC visits, danger signs in pregnancy, immunization, and other essential medications for pregnant women. A total of 1500 MCH cards were printed, and CHM distributed these cards during their initial visits to pregnant women. A total of 324 pregnant women received MCH greeting at household.

Similarly, the project calendar was also published at the end of the first year. A total of 2000 copies of the annual calendar for 2081 BS were printed and distributed to all HMG members, as well as local and district level stakeholders. The calendar featured project photos and crucial information about danger signs during pregnancy, childbirth, and the post-delivery period, as well as danger signs in neonates, birth preparedness, and postnatal care.

Financial Status

Budget vs. expenditure of year-1

The chart displays three key metrics related to a project budget: the total budget, the expenditure, and the remaining amount. Overall, the project appears to be managed tightly within its budget, it has utilized 99.1% of its total budget, leaving only 0.9% remaining, which are quite minimal, indicating that the project is near its budget limit.

Similarly, the chart 2 displays the distribution and expenditure of a budget between two categories: Program and Admin. The majority (82%) of the budget is allocated to Program activities. Both categories have very high expenditure rates, with Program expenses utilizing nearly all of its allocated budget and Admin expenses also using up almost all of its allocation.

Only a small fraction of the budget remains in both categories, indicating that the funds are nearly exhausted.

The figure 9 shows that the total planned budget for the HP construction was NPR 19,474,000, while the actual expenditure amounted to NPR 19,935,963. This resulted in a 2.3% increase in construction costs due to additional work, including a meeting hall and a retaining wall, requested by the HFOMC Khairala. However, the incurred amount did not exceed the overall component budget.

FIGURE 7. BUDEGT VS EXPENDITURE

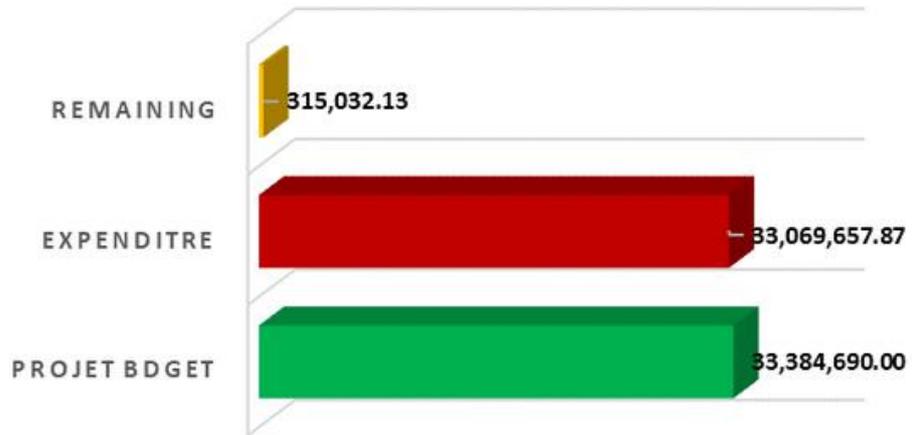


FIGURE 8. PROGRAM VS. ADMIN COST



FIGURE 9 HP BUILDING BUDGET VS. EXPENDITURE



Furthermore, the table 1 presents the component-wise budget versus expenditure and remaining balance for various budget headings in a year one.

Table 1 Component wise budget vs. expenditure and remaining Balance					
Budget Headings	FY Budget	Total Expenditure	Expenditure %	Remaining Balance	Remaining Balance %
1- Enhancement of MCH Service System of Public Health Institutions	20,821,950.00	20,679,182.87	99%	142,767.13	1%
2- Improvement in MCH Awareness and Knowledge of Community People (Educational activities in the community)	5,414,600.00	5,385,660.00	99%	28,940.00	1%
3- Project Coordination and Management	1,082,550.00	1,086,988.00	100%	-4,438.00	0%
4- Project Promotion/ Publication Goods	200,000.00	192,100.00	96%	7,900.00	4%
5- Field Office Management (FAYA-Nepal)	5,865,590.00	5,725,727.00	98%	139,863.00	2%
Grand Total	33,384,690.00	33,069,657.87	99%	315,032.13	1%

- 
Almost all components have a high expenditure rate, with most at 99% or above. There is a slight overspend in "Project Coordination and Management," where expenditures exceeded the budget by 4,438.00.
- 
The largest remaining balance is in "Enhancement of MCH Service System of Public Health Institutions," while the smallest is for "Project Coordination and Management" due to overspending.
- 
Overall, the budget execution appears to be highly effective, with a total expenditure of 99% of the allocated budget. The minor overspends and small remaining balances suggest that the budget was well-planned and closely adhered to, ensuring most resources were utilized efficiently within the fiscal year.

Annexes

Annex-I Pre and Post Test status

	Pre test	Post test
A mature woman selected by the local health mother's group who is trained and can put her words in the group to improve the health of the people of respective community.	76.8	89.3
The Female Community Health Volunteer (FCHV) Program is a shared health program for all women, men and children within the ward.	71.4	92.6
In the health mother's group, it is used to discuss health related matters and to share what they have learned with others.	83.9	92.9
Health education is the practice of reminding and teaching good health things.	80.4	96.4
Knowledge or awareness of your own character or personality is self-awareness	48.2	78.6
Communication is the act of exchanging conversations, thoughts and experiences between two or more people.	76.8	87.5
The activities performed from pregnancy to 45 days after childbirth to improve the health of the mother and baby is safe-motherhood program.	66.1	96.4
Pregnant women should check the womb at least eight times for their own and the baby's health.	51.8	85.7
During pregnancy, a sever lower abdominal pain is more common.	57.1	30.4
Menstruation is a natural and healthy process.	80.4	94.6
A baby is called a newborn from birth to 28th day.	78.6	94.6
Infection is the leading cause of death in newborns.	64.3	89.3
The newborn baby should be feed colostrum as soon as possible, within 1 hours of birth.	76.7	100
The newborn baby should be bathed within 12 hours after birth.	50	80.4
A particularly way of making warm to newborn with low birth weight and hypothermia is called 'embrace of love'.	79.3	98.2
Along with breast milk, supplementary feeding is needed to the baby after four months of age.	76.8	85.7
To get married, the boys and girls should be 18 years old.	39.3	91.9
A woman who is breast feeding a baby under 6 months of age should not take oral contraceptive pills	64.3	94.6
Male sterilization does not affect the regular work like farming, plowing.	51.8	96.4
A process of keeping description of the things that we performed is called record.	78.6	96.4

Annexes

Annex-II Formation/Reformation of HMG

	Formation	Reformation
Pragati HMG, Paladi ward No. 1		
Kalika HMG, Pakhir ward No.1		✓
Shanti HMG, Salani ward No.2		✓
Sundar HMG Deshana ward No.2		✓
Sallekhola HMG, Sallekhola ward No.2		✓
Laligurans HMG, Chaurpani ward No.3		✓
Janchensheet HMG, Kapadigada ward No.3		✓
Laligurans HMG, Bategada ward No.4	✓	
Malika HMG, Gajar ward No. No.4		✓
Deurali HMG, Kachatte ward No. No.4		✓
Salebunga Vasu HMG, Gaun Vasu ward No. No.5	✓	
Surma Devi HMG, Dadakharka ward No. No.5		✓
Bhagwati HMG, Kot ward No. No.6	✓	
Laligurans HMG, Goganpani ward No. No.6	✓	
Pipaldanda HMG, Bayala ward No. No.6		✓
Hariyalai HMG, Dhungani ward No. No.6		✓
Janchetana HMG, Bhattekhola ward No. No.6		✓
Laligurans HMG, Githada ward No. No.6		✓
Nabprabhat HMG, Dhungini ward No. No.6		✓
Hajari HMG, Kumaina ward No. No.6	✓	
Churighari HMG, Bayala ward No. No.6	✓	
Siddha Bhagwati HMG, Gajar ward No. No.6	✓	