

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

ANNUAL REPORT 2024/025

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Key Highlights

816

Ultrasound (USG) scans were successfully conducted across multiple clusters of Chure Rural Municipality, significantly increasing access for beneficiaries and contributing to the establishment of regular USG services in remote areas."

799

Through the four Reproductive Health (RH) camps, women and children in remote areas accessed free specialized health services and essential medicines, that enhancing community level healthcare outreach.

62

Well functional HMGs reflecting strong project advocacy and unwavering technical support and commitment to community health empowerment.

292

Mothers received post natal care and informed on post natal danger signs, nutrition requirements and personal hygiene both baby's and mothers. 20 case were referred for medical assistance.

390

pregnant women received essential counseling on birth preparedness and safe delivery practices. As a result, 157 women were referred who negate and accessed services at health facilities — demonstrating the impact of proactive outreach on improving maternal health-seeking behaviors.

1573

School students gained access to comprehensive reproductive health education, enhancing their understanding of sexual health and empowering them to make informed decisions about their bodies and relationships.

59

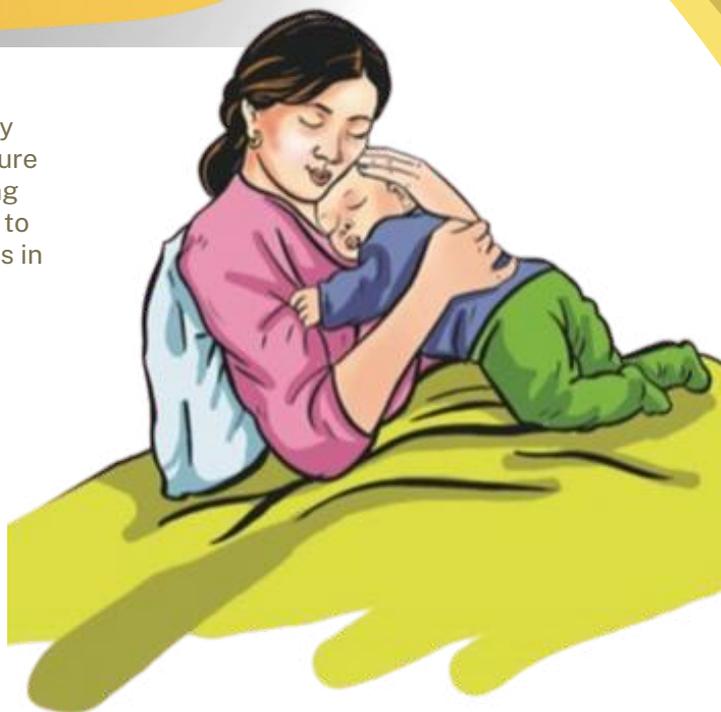
FCHVs, knowledge enhanced, resulting in an impressive 95% pass rate in the post-test, compared to 81% in the pre-test.

3494

Individuals received targeted health education during sessions conducted at EPI and ORC sites, equipping them with the knowledge needed to make informed health decisions and adopt improving health behaviors.

1103

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



Project Overview



Maternal and child health (MCH) is a fundamental component of sustainable development, and its implications for the welfare of communities and future generations are significant. Quality healthcare for mothers during pregnancy and childbirth, as well as appropriate nutrition and medical care for children, are essential for the prevention of preventable fatalities and the enhancement of long-term health. Particularly in low- and middle-income countries such as Nepal, substantial disparities persist, despite global advancements.

In Nepal, maternal mortality remains a pressing concern, with a national rate of **151 deaths per 100,000 live births** (NDHS 2022). The Sudurpashchim Province, where Chure Rural Municipality is located, reports a slightly lower but still alarming rate of **130 per 100,000 live births**, underscoring the urgent need for targeted interventions. To address these challenges, **FAYA Nepal**, in partnership with **AMDA-MINDS Japan Nepal Office**, has been implementing the

Improving Health Seeking Behavior of Mothers and Children (IHSBMC) project in Chure Rural Municipality since March 2022. Funded by the Ministry of Federal Affairs of Japan (MoFA), this initiative focuses on: Strengthening healthcare systems for mothers and children.

- Enhancing community awareness and health-seeking behavior.
- Ensuring equitable access to essential maternal and child health services.

Through collaborative efforts with local stakeholders, the project aims to create lasting improvements in health outcomes, aligning with Nepal's national health priorities and the **Sustainable Development Goals (SDGs)**. By improving health seeking behaviour among community people in the target area and promoting safe deliveries through public health service in Chure Rural Municipality.

Project Alignments

The Improving Health Seeking Behaviour of Mothers and Children (IHSBMC) Project aims to strengthen the health service in Chure rural municipality, Kailali District. The project's expected goal is to improve maternal and child health by achieving objectives of Maternal and Child health seeking behavior is improved among community people and Safe deliveries are promoted through the public health services in Chure RM. Furthermore, the initiative aims to strengthen the MCH service system of public health institutions while also increasing MCH awareness and knowledge among community members. These efforts are critical to determining the project's effectiveness and impact.

The initiative is aligned to contribute to various Sustainable Development Goals (SDGs), particularly Goal 3: Good Health and Well-Being contains the following targets: 3.1: Reduce worldwide maternal mortality rates. 3.2: Eliminate unnecessary deaths among infants and children under the age of five. 3.7: Ensure that everyone has access to sexual and reproductive health services. Furthermore, indicators pertinent to the Nepalese context include: 2.2.1: Stunting prevalence among children under the age of five. 3.1.1 Maternal mortality ratio. 3.2.1: Under-five mortality rate. 3.2.2: Neonatal mortality rate. 3.b.1: The proportion of surviving newborns who have received vaccinations.

Similarly, this effort contributed to Nepal's Every Newborn Action Plan 2016, which aimed to reduce newborn mortality to 13 per 1000 live births by 2035. And the Government of Nepal's 15th Five Year Development Plan (2019/20- 2023/24) highlights the importance of health and nutrition, with an emphasis on increasing maternal, neonatal, and child health. Furthermore, the

following alignments demonstrate this project's necessity in the area.

- Nepal's Constitution: Fundamental Rights (Articles 35, 38, and 39)
- The subject of basic health and sanitation is included in annex-8 of the Constitution as Point No. 9 of the list of local level competences.
- According to Section 11, Sub-section (1), Clause "Jha" of the Local Government Operations Act, 2074 (2017), it is required to provide services relating to family planning, maternal and child welfare. Similarly, Section 12, Sub-section (2), Clause "Ga" of the same Act authorizes the establishment of vaccination, nutrition, and village clinics.
- Maternal and child health are indicators Nos. 14, 15, and 16 on annex 2 of the Province and Local Level Performance Evaluation Procedure, 2078 (2021).
- Chure Rural Municipality's policies and programs for Fiscal Year 2080/081 (2023/2024) include maternal and child health programs.
- Health Policy 2019: Clause 6.19 – Provision of basic health services through the local level.

Why this program in Chure RM

- Chure Rural Municipality is in a remote hilly region.
- In most of the settlements within this municipality, there is a high number of women becoming mothers at a very young age.
- Due to the lack of health education, practices such as timely antenatal check-ups, delivering babies at health institutions, and regular immunization are limited. As a result, the need for this project has been identified.
- A needs assessment conducted by Amda Minds in coordination with the rural municipality in December 2020 and January 2021 highlighted the necessity of such a project.

Intervention

1.Enhancement of MCH Service System of Public Health Institutions



1.1 Construction of health facility buildings

The Garbha Basis Health Service Center (BHSC) has been successfully constructed in ward no. 4, Garbha Darwar, Kailali, within the Chure Rural Municipality. Pallabi Multipurpose Company Pvt. Ltd., Maharajgunj, Kathmandu, was awarded the project through an open tendering process. The construction of this building is an important endeavor aimed at enhancing access to healthcare services for areas who are frequently underserved due to their geographical isolation. The communities within this ward face severe barriers to accessing good health care facilities. The installation of BHSC building is an attempt to provide reliable health care in these locations.

The construction work began on 2 August 2024, when all parties signed an agreement contract, and was completed on April 23, 2025. This project has cost a total of NPR 11,198,989 (including VAT).

The constructed BHSC building meet all the fundamental requirements for health care established by the Nepalese government. An OPD room, store room, a birthing room, a maternity and child health (MCH) room, dressing room, a dispensary, and registration corner are available withing the building.

The newly constructed health facility building handed over to local level on 23rd April 2025.



1.2 Equipment support

The initiative aims to improve the quality of health services in the Chure rural municipality by raising demand awareness and increasing supply capacity. In this regard, the initiative built the Khairala Health Post building at Chure RM Ward-2, Khairala, during the first year of the project. And the BHSC building was completed in Garbha Darwar, Ward 4, in the second year of the project. In addition, health equipment and office setup materials have been delivered to Khairala HP and Garbha BHSC in order to accelerate quality service delivery.

Furniture & others

Revolving Chair Big	Pcs	3
Revolving Chair	Pcs	1
Working chair	Pcs	6
Office Table (Executive)	Pcs	7
Form Bench	Pcs	4
Dustbin	Pcs	25
Plastic chair	Pcs	42
Plastic table	Pcs	6
Sofa set	Pcs	2
Dustbin big	Pcs	6
Dustbin Stand	Pcs	2
Bucket & mug set	Pcs	1
Water motor (pump 2)	Pic	2
Heter	Pic	1

Health Equipment's

Patient Examination Bed (Folding) with mattere	Pcs	3
Ladder/step	Pcs	3
Autoclave (electric) 12*22	Pcs	2
Dressing Trolley	Pcs	3
Dressing drum 9*11	Pcs	4
I/V stand	Pcs	4
Bed Side Curtain	Pcs	2
Peri light led	Pcs	2
Radiant Warmer with Photo therapy (Baby War	Pcs	2
Suction machine (Electric) single	Pcs	2
Patient Examination chair/tool	Pcs	8
Delivery bed (All stainless steel)semi hydraulic	Pcs	2
Implant set	Set	2
Suture set	Set	3
Patient bed (6*3)-Hydronic (Single fold) with m	Pcs	2
Wheelchair	Pcs	2
Weighing machine	Pcs	1
Medicine rack	Pcs	5
Steel Cupboard	Pcs	7

1.3 ROUSG onsite coaching



ROUSG Onsite Coaching program was conducted with the aim of improving the capacity of local nursing staff to effectively use of portable ultrasound machines for pregnancy evaluations. The coaching camp included hands-on ultrasound training, which taught nursing staff how to operate portable ultrasound machines for prenatal examinations. The program also covers the identification and referral of high-risk pregnancy situations to improve maternal health outcomes.

A total of 69 pregnant women from wards 1, 3, 5, and 6 of Chure Rural Municipality received USG service from the coaching camp. The pregnant women were between the ages of 16 and 30, out of these, 37 were first-time pregnancy (gravida 1). Four trained nurses from local health institutions, including Nigali Health Post, Khairala Health Post, Khanidada Community Health Unit, and Sahajpur Health Post, sharpen their skill and knowledge with direct coaching of consultant from Solukhumbu Polly technical Institute, Kathmandu.

During the training, several abnormal cases were identified, highlighting the effectiveness of the program in detecting potential complications:

- Two cases of Blighted Ovum
- One case of Breech Presentation
- One case of Incomplete Abortion
- One case of Blighted Ovum with Molar Pregnancy
- These cases were referred to Seti Hospital in Dhangadhi for further medical care, ensuring timely intervention and proper care for the mothers.



1.4 ROUSG basic training for nursing staff

The ROUSG is critical in Nepal's rural areas because it enables early detection and referral of pregnancy complications, reduces maternal and neonatal mortality, increases access to prenatal care, empowers local health workers, builds community trust, and provides support to overcome major financial and geographic barriers to pregnancy care. Considering this, the IHSBMC project has constantly promoted and supported Chure Rural Municipality's ROUSG initiative since its beginning at the local level.

The Chure Rural Municipality consisted of three ROUSG-trained nursing staff working in different health facilities: Sahajpur HP, Nigali HP, and Khairala HP. However, the limited number of trained staff is insufficient to provide regular USG services across the entire municipality. Geographical difficulties further hinder easy access for pregnant women. To address this, the trained nursing staff needs to be mobilized for ROUSG in different clusters on a routine basis. Unfortunately, at times, the trained nursing staff may be unable to provide services regularly due to personal absences or official travel, leading to interruptions in service. Considering the situation, the project team coordinated with the provincial health training center (PHTC) of Sudurpashchim province for the purpose.



The three-nursing staff selected by Chure RM have been sent to Surkhet Provincial Hospital for the basic ROUSG training package.

After completing basic training, altogether (three newly trained and three existing) six trained nursing staff providing USG services from Nigali, Khairala, and Khanidada birthing centers without interruption of the service. Meanwhile, the project provided two new portable USG machines for sufficient quality service delivery. Until the end of this reporting period, a total of five portable USG machines function in the municipality. out of them four USG machines supported by the project in years one and two.



1.5 HFOMC orientation and action plan support



The capacity building of HFOMC matters: proper governance and accountability, community participation and ownership, local decision-making, improves service quality and accessibility, resource mobilization and planning and health System resilience.

The two-day HFOMC orientation program was organized in nine health facilities across the municipality. These facilities are Khairala, Sahajpur, and Nigali health posts; Garbha, Sayal, Baluwagada, Shantinagar, Khanidada, and Goganpani community health units. The event was focused on the roles and responsibilities of HFOMC, focusing on the improvement and strengthening of the health facility by their active involvement.

A total of 82 HFOMC member (male: 40, female: 42) including health worker received knowledge and information about their role and responsibilities. Furthermore, every health facilities developed an action plan for future improvements.

The project helped seven out of nine sites achieve their action plans. (See action plan in annex)

In line with the action plan, the project extended support for the construction of a drinking water supply system at Goganpani CHU, toilet facilities at Shantinagar CHU, and room partitioning at Baluwagada CHU. Additionally, equipment support included a baby warmer for Sahajpur HP, an ANC bed for Sayal CHU, a suture set and suction machine for Khanidada CHU, an autoclave and suction machine for Nigali HP and bedside screen for Baluwagada CHU.



Baluwagada CHU Room with Partition



Drinking Water Supply Tank at Goganpani CHU



Newly constructed toilet at Shantinagar CHU



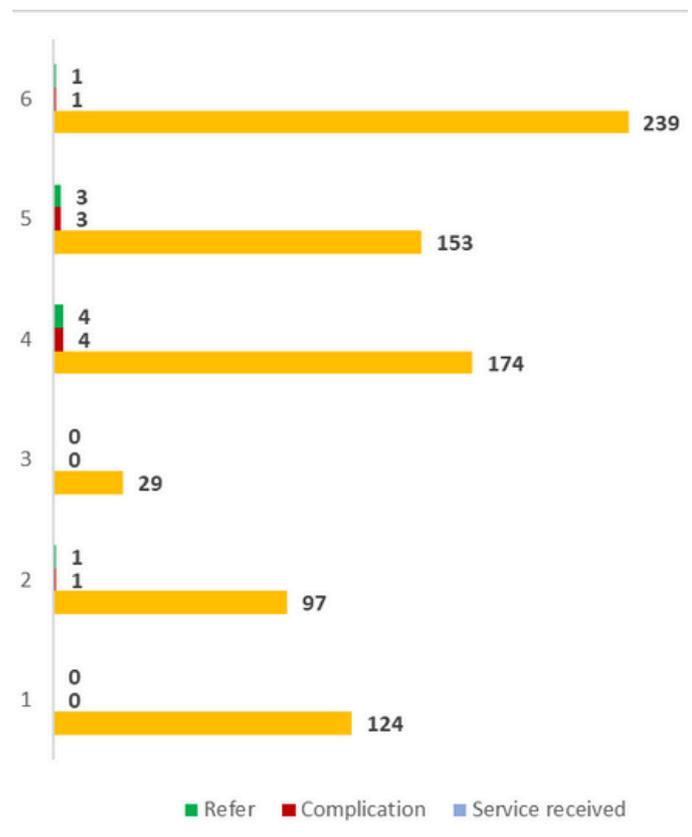
Handover and setup baby warmer at Sahajpur HP

1.6 ROUSG mobile camp in remote cluster



The ROUSG mobile camp provides ultrasound checks to pregnant women living in remote areas of Chure Rural Municipality. It identifies issues early on, promotes maternal and infant health, and educates women about pregnancy. This camp provides essential treatment for pregnant women in remote areas. The USG mobile camp's main sites in the second year were Shantinagar in Ward 6, Garbha, Baluwagada, and Jagati in Ward 4, Kahanidada in Ward 5, Nigali and Alad in Ward 1, and Kankadi in Ward 2. Throughout the year, these key locations regularly offered USG services to pregnant women.

A total of 816 scans during year two. out of them nine complected case identified and refereed to further checks. These camps lead to major improvements in MCH by increasing access to quality health care, enabling early detection of complication, reducing preventable deaths and empowering local health workers.



1.7 Reproductive health (RH) camp



A total of 799 community members, 616 females and 183 males were successfully received specialized health service during the Reproductive Health Camp. The camp was organized on 25 November in Baiseni ward-4, 28 Nov in Sahajpur HP ward-3, 29 Nov in Bayala ward -6 and 30 Nov 2025 in Nigali ward-1 in collaboration with chure rural municipality and Nepalgunj Medical Collage, Kohalpur.

The camp managed 304 pediatric cases and 478 gynecological cases, addressing a broad range of health issues. Remarkably, 36 patients including those with hernias, cystocele, and uterine prolapse were referred for additional care. Early identification of reproductive health issues was made possible by screening programs like VIA and PAP smear tests. In addition, the camp provided diagnosis and treatment for common ailments such as urinary tract infections, anemia, menstrual irregularities, pelvic inflammatory disease, and vaginal discharge syndrome.

All things considered, the camp greatly increased community access to critical reproductive health services, facilitated early intervention, and enhanced health outcomes.

Scope of Services

- Gynecological services,
- Pediatric services,
- Basic laboratory tests,
- PAP smear tests &
- Distribution of free medicine



2. Improvement in MCH Awareness and Knowledge of Community People

2.1 FCHV mobilization

The FCHV refresher course is an activity designed to improve the knowledge and abilities of female community health volunteers (FCHVs). These volunteers are vital community members who play an important role in promoting community health and providing health care information. The refresher session provides an opportunity for FCHVs to serve, connect, and acquire the most recent information on a variety of health-related topics. The program, which will include a series of presentation and discussions, aims to increase FCHVs' understanding and proficiency in providing basic health services information.

The goal of the FCHV refresher training is to strengthen the knowledge and abilities FCHVs so that they can better grasp and provide important health-related information.



In the pre-test assessment, 81% of the participants passed, while the post-test results showed a significant improvement with 96% of participants passing.

The FCHV refresher session was held in two clusters; i) Fultude and ii) Khairala. Out of the total 62 FCHVs targeted, 59 were orientated through a two-day training program based on the FCHV guideline and IHSBMC project criteria. The Faltude cluster included FCHVs from six health (Nigali HP, Sahajpur HP, Khanidada CHU, Goganpani CHU, Sayal CHU, and Shantinagar CHU) facilities which was held on August 30 and 31, 2024, with total of 38 participants. Similarly, Khairala cluster included, 21 participants from Khairala HP, Gurbha CHU, and Baluwagada CHU. which was held on 3 and 4 December 2025.

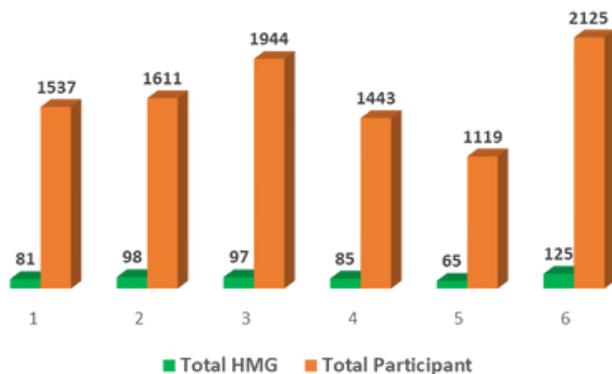
The training included numerous sessions led by the Program Coordinator of AMDA Minds, the Program Manager, the Program Officer, and CHMs from FAYA Nepal, as well as the Health Coordinator from Chure RM. During the course, FCHVs learned new things regarding community health and their roles. Please see annex for more information about content.



2.2 Technical Support to HMGs



As part of the initiative to improve maternal and child health outcomes at the community level, regular technical guidance and support have been provided to Health Mothers Groups (HMGs) across all six wards of Chure Rural Municipality. These efforts are aligned with the IHSBMC project's objectives to promote informed health practices and enhance service utilization among women, children, and families. These sessions are supported by Community Health Mobilizers (CHMs), who regularly facilitate and guide discussions, ensure the quality information, and connect participants to necessary services.



The HMG regular meetings are;

- Increased awareness and knowledge level of HMG members on critical health issues.
- Improved participation of women in community health promotion.
- Improved referrals for maternal and child health services.

The Community Health Mobilizer provided technical assistant to all 62 HMGs in the rural municipality. A total of 551 meetings were supported by CHM. During the meeting, the concerned FCHVs and HMG chairpersons were guided in the facilitation process. The meeting discussed previously identified health issues and then chose a new topic for the next meeting.

2.2.1 Baby Care Kit support



Mothers with CHM wearing clothes from baby care kit

The baby care kit, which provides essential items for newborns and mothers, has proven to be highly beneficial in Chure Rural Municipality. The kit includes a maxi dress, innerwear (panties), baby clothes, baby oil, baby shampoo, baby lotion, baby soap, baby napkin, baby blanket, and a kit bag. These care kit has been distributed to mothers, meeting the needs of both infants and mothers by providing proper care and support.

There are Nine health facilities: three are health post and five are Community Health Unit across six wards of Chure RM. Out of them there are four birthing centers located in Khairala, Nigali, Sahajpur and Khanidada. The project provided baby care kit to all birthing centers and other health facilities as per required. A total of 288 baby care kit were distributed in year two, after procured 300 kits in year one and two of the project.

“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,” Bhaga Dhami, Tallo Bagaichula-6 Chure

“There is so much useful material in it, and will be enough for 2 years for us, nobody had supported like this before. This is the actual support we needed.” Karishma Tamata In-laws from Lakhi chure

“This is a motivating factor for timely ANC and institutional deliveries. It is beneficial for the hygiene of infants and mothers. We are requesting the municipality to adopt this care kit after the project phaseout from here.” Kishor Singh HP Incharge Sahajpur Chure

2.3 Pregnant women group orientation



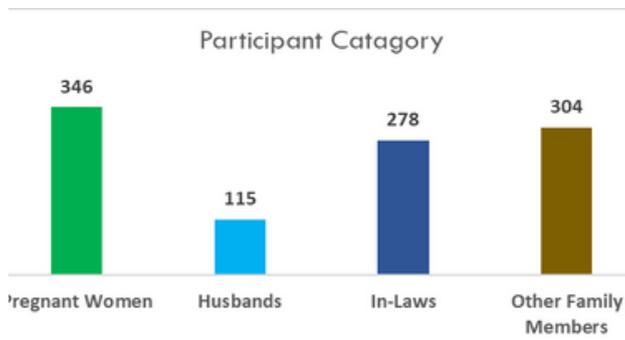
As part of the ongoing efforts to improve maternal and child health under the IHSBMC Project, a total of 92 Pregnant Women Group (PWG) orientation events were successfully conducted across the Chure rural municipality. These orientation sessions were provided basic guidance and information to pregnant women and their husband, in-laws and family members, focusing on birth preparedness, danger sign in pregnancy, ANC protocol, immunization and other essential protocol of Nepal governments. A total of 1,103 participants were oriented across 92 sessions, including 346 pregnant women, 115 husbands, 278 in-laws, and 304 other family members.

Objectives:

Educate pregnant women and their families on prenatal care, nutrition, breastfeeding, childbirth preparation, and postpartum care.

Promote early identification of complications and timely referral for essential maternal health services.

Increase male and family involvement in maternal and newborn health care.



These events played a crucial role in empowering pregnant women and their families with knowledge and skills necessary for a healthy pregnancy and safe childbirth. The active participation of husbands and in-laws also highlighted growing community engagement and support in maternal health. And these sessions significantly contributed to improved service utilization, early identification of complications, and strengthened linkages between communities and health systems.

Referral Outcomes:

1. Nineteen pregnant women were referred for Antenatal Care (ANC) check-ups after identification of risk signs or missed services.
2. Twenty-Nine pregnant women were referred for ROUSG to ensure proper fetal and maternal monitoring.

2.4 Regular assistance in EPI/ORC & health education session



The Expanded Program on Immunization (EPI) is a regular initiative of the Government of Nepal, aimed at providing immunization services to the public and ensuring timely administration of vaccines. Local health facilities organize the Outreach Clinics (ORCs) in remote or underserved locations. These clinics deliver basic health consultations, screenings, and essential treatments to populations facing limited access to healthcare services due to geographic isolation or socioeconomic challenges.

The community health mobilizer conducted 143 health education sessions (HES) at EPI and 147 HES in the ORC that increased health awareness and ensure timely immunization for children and other target groups.

Ward	EPI Events	Health Education Sessions (HES)
Ward 1	19	246
Ward 2	31	217
Ward 3	32	310
Ward 4	23	128
Ward 5	15	316
Ward 6	23	348
Ward	ORC Events	Health Education Sessions (HES)
Ward 1	17	179
Ward 2	16	278
Ward 3	37	472
Ward 4	12	211
Ward 5	36	244
Ward 6	29	400

The health education session in the EPI /ORC, conducted by CHMs, has significantly contributed to increasing health service utilization and improving awareness among hard-to-reach populations. This integrated approach strengthens the health system's outreach capacity and directly addresses barriers to healthcare access in Chure Rural Municipality.

2.5 Pregnant women home visit (PWV)

The Pregnant Women Home Visit Program is a dedicated intervention that provides pregnant women with essential health education, emotional support, and medical advice in the comfort of their own homes. The initiative, led by Community Health Mobilizers (CHMs) in coordination with Female Community Health Volunteers (FCHVs) and local health facilities, aims to promote safe pregnancy behaviors and early detection of potential health risk.



CHMs conducted both new visits (initial visit) and revisits (follow-ups) to monitor health status and provide continuous support. During these visits, CHMs is doing:

1. Collect information on the mother's health, medical history, and current pregnancy status.
2. Provide counseling on nutrition, hygiene, antenatal care (ANC), and recognizing danger signs.
3. Encourage families to support institutional deliveries and regular health check-ups.
4. Refer pregnant women to health facilities for ANC, USG, blood test etc. or further assessments when needed.

Visit and Referral Summary (Ward-wise):

Ward	New Visits	Revisits	Total Visits	New Referrals	Revisit Referrals	Total Referrals
Ward 1	87	106	193	18	8	26
Ward 2	53	121	174	27	27	54
Ward 3	57	75	132	19	1	20
Ward 4	60	58	118	25	11	36
Ward 5	53	160	213	40	26	66
Ward 6	80	201	281	28	19	47
Total	390	721	1111	157	92	249

The home visit initiative has significantly enhanced maternal health awareness and service accessibility in Chure Rural Municipality. With 1,111 visits conducted and 249 referrals made, the program ensured continuous monitoring and support for pregnant women, helping identify risk cases early and encouraging timely utilization of maternal health services. These efforts contribute to safer pregnancies and healthier outcomes for both mothers and their babies.

2.6 Post natal home visit

The Postnatal Home Visit Program aims to deliver essential healthcare information, counseling, and support to mothers in their post-delivery phase. Through this initiative, Community Health Mobilizers (CHMs) provided doorstep services to ensure the health, safety, and well-being of both the mother and her newborn during the critical postnatal (upto 60 days) period. The CHMs conducted new visits and revisits to recently delivered mothers across all six wards of Chure Rural Municipality, delivering key messages and monitoring their health status.

Ward-wise Summary of Home Visits and Referrals:

Ward	New Visits	Revisits	Total Visits	New Referrals	Revisit Referrals	Total Referrals
Ward 1	45	26	71	4	0	4
Ward 2	43	14	57	5	0	5
Ward 3	49	30	79	0	0	0
Ward 4	43	17	60	6	1	7
Ward 5	45	36	81	4	0	4
Ward 6	67	51	118	1	0	1
Total	292	174	466	20	1	21

The major topics discussed during the visits included:

1. Postnatal care: Importance of check-ups, rest, hygiene, nutrition, iron and vitamin A supplementation.
2. Danger signs: Identification of complications in both mothers and newborns requiring immediate medical attention.
3. Family planning: Postpartum contraception options and counseling.
4. Immunization: Newborn vaccination schedules and importance.
5. Family engagement: Educating husbands, in-laws, and other family members on their supportive roles



The initiative did 466 home visits after birth in the six wards of the rural municipality. CHMs gave important health education and assistance to both mothers and babies during this time. Twenty-one moms were recommended, for PNC check up, Bleeding Jaundice in neonate Umbilical infection as well as making sure that care and help were given when needed. Family members and CHMs being there all the time had a big impact on improving postnatal care practices in Chure Rural Municipality.

2.7 School RH program



The School Reproductive Health Program aimed at educating and informing school adolescents about important aspects of sexual and reproductive health. The sessions may cover topics such as puberty, menstrual health, contraception, sexually transmitted infections (STIs) and pregnancy prevention. The goal is to equip adolescents with knowledge and skills to make informed decisions regarding their reproductive health and to promote healthy behaviors that contribute to the well-being of adolescent health. The reproductive health sessions were organized in eleven secondary school across the rural municipality. These sessions were facilitated by health workers of respective health facilities within the different wards.

SN	School Name	ASRH date	Quiz Date	Participants	Remarks
1	Shree Shiva Ma. Vi, Kimtola-01	Jan 27, 2025	Jan 28, 2025	278	Kimtola cluster
2	Shree Mohanyal Ma. Vi., Nigali-01	Jan 26, 2025	Jan 28, 2025		
3	Shree Bhairav Ma. Vi, Alad-01	Jan 23, 2025			
4	Shree Kedareshwar Ma. Vi, Khairala-02	Jan 19, 2025	Jan 20, 2025	252	Baiseni cluster
5	Shree Janta MA. Vi, Baiseni-04	Jan 19, 2025	Jan 20, 2025		
6	Shree Bhanu Ma. Vi, Chitrapur-03	Jan 12, 2025	Jan 22, 2025	217	
7	Shree Shukra Ma. Vi, Khanidada-05	Jan 21, 2025	Jan 24, 2025	359	
8	Shree Siddhababa Ma. Vi, Gajar-06	Jan 6, 2025	Jan 8, 2025	162	
9	Shree Melkateshwar Ma. Vi, Bayala-06	Dec 12, 2025	Dec 20, 2025	369	Shantinagar cluster
10	Shree Bhagwati Ma. Vi, Kot-06	Dec 12, 2025	Dec 20, 2025		
11	Shree Janta Ma. Vi, Shantinagar-06	Dec 13, 2025	Dec 20, 2025		

After SRH sessions, all schools were supported in organizing quiz contests as extra-curricular activities, which included questions exclusively related to SRH and adolescent health. All winners of the quiz contests were rewarded with gifts, and they also received further knowledge regarding SRH within their schools. The winning group of each respective school received an exercise copy, a pen, Ludo, chess, a Rubik's cube, and a paintbrush based on size and quality for the competition position.

The school reproductive health program successfully educated 1637 secondary school students on critical aspects of SRH. The quiz contest was an engaging way to reinforce learning and reward students for their participation.

2.8 Day Celebrations

World breast feeding week

All together 424 community members, mostly women, participated in a series of impactful events held across six wards lead by local health facility supported by the CHM under the IHSBMC Project. Mothers' groups, health service providers, and local representatives engaged in interactive discussions about the value and proper methods of breastfeeding. They also advocated for the creation of breastfeeding-friendly environments in public areas and health facilities. In partnership with local health facilities and FCHVs, demonstrations, discussions, and a play were held to highlight appropriate breastfeeding techniques, positioning, and the importance of burping. These initiatives sought to increase awareness of the critical role exclusive breastfeeding plays in enhancing the health and nutrition of children while advancing, defending, and supporting women's rights to breastfeed whenever and wherever they choose.



Family planning day

On September 18, 2024, the Family Planning Day celebration in Chure RM, all wards went successfully organized in collaboration with local health facilities across the six wards of RM. Raising awareness of the value of family planning and reproductive health rights was the goal of the event. The activities, which included interactive health education sessions,

rallies, and visual displays of family planning techniques. There were 369 people in all (84 men and 285 women) who participated in the six events in different places. They encouraged open discussions on community acceptance, accessibility, and birth control techniques. This program demonstrated the community's increasing use of family planning and the necessity of ongoing education to maintain advancements.



FCHV day

The FCHV day has been celebrated on 5 December 2024 in coordination and collaboration with the health unit of Chure. The events were organized in two cluster i) Sahajpur and ii) Khairala cluster. The Sahajpur cluster included the territory of ward 1, 3, 5 and 6 and Khairala cluster included of ward 2 and 4.

The program was conducted in presence of Chure RM Officials, Chairperson, Vice chairperson, CAO, and other Chure RM staff, health section staff and all HF In-charge of relative health facilities. All the participants provided gratitude, thanking the FCHV for their extraordinary work and their immense contribution to the health sector and saving the lives of mothers and children in the community. And after that the best FCHV of all wards was awarded.

3. Project coordination and management

3.1 District coordination meeting

The district coordination and sharing meeting was held on 27 June 2024 in Dhangadhi Kailali with the presence of 23 participants, including 17 males and 6 females, who were from the Health, Women, and Children Department of the Ministry of Social Development, the Province Health Training Center, UNFPA, INGOs (Care Nepal and World Vision International Nepal), NGOs, media houses, the NGO federation, and other key stakeholders.

During the meeting, a comprehensive project progress report from year one and a plan for year two were shared and discussed. The participants were informed about the milestones achieved and the path forward. The focus remained on improving maternal and child health outcomes. As the discussions unfolded, the project team encouraged active participation from all participants, emphasizing that there must be collaboration and synergy in the sector of mothers and child health. The gathering served as a platform for knowledge exchange, networking, and collective action. It highlighted the importance of working together to enhance healthcare services for mothers and children in Chure rural municipality.

3.2 Local coordination meeting (LPAC)

On March 16, 2025, a Local Project Advisory Committee (LPAC) meeting was organized at the Chure Rural Municipality Hall in Kailali. The meeting aimed to review project activities, progress, and key challenges, with 10 participants (7 male, 3 female) in attendance, including Palika Chairpersons, Vice-Chairperson, Chief Administrative Officer and other officials. Mr. Bikram Bohara, Public Health Inspector, hosts the event, followed by a welcome address by Chairperson Bogati. The project team presented progress over the year and key challenges.

The key discussions included integrating child marriage, drug abuse, and Chaupadi into health education and school programs; listing project activities in the municipality's Redbook; provisioning health equipment for the new facility; training health workers in maternal and neonatal emergency care; and conducting annual social audits of health facilities.



3.3 Orientation to local stakeholders

The ward-level orientation and sharing meetings across all six wards of Chure Rural Municipality were organized on 5, 14, and 16 April and 10 and 21 May 2024. These meetings aimed to disseminate the progress and achievements of the IHSBMC project during its first year and outline the plans for the upcoming year. Key stakeholders, including ward representatives, health workers, school teachers, and community members, actively participated, with a total of 142 participants (59 male and 83 female) in six events. The discussions focused on project targets, achievements, and future activities, strengthening local engagement and addressing community queries and feedback for program effectiveness.

3.4 Annual Social Audit

The annual social audit of IHSBMC project has been organized annual project social audit on 23rd march 2025 at Chure RM hall Chure Kailali. During the audit process, the social audit consultant Mr. Ram Hari Ojha (Advocate/Journalist) was followed a systematic process that began with a thorough review of project-related documents. This was followed by field observation visits to the project areas to gain firsthand information. Interactions and beneficiaries meetings were conducted with the target groups to understand their perspectives and experiences. Relevant data and information were collected, and coordination and communication were maintained with key stakeholders throughout the process. Finally, a draft report was prepared based on the information gathered during the audit. The Social Audit concluded the following aspect of the project.



Strengths of the Project:

- The project activities were found to have contributed to positive behavioral changes among beneficiaries.
- Stakeholder agencies were found to be well-informed about the project activities.
- Rights-holders expressed satisfaction with the project's initiatives.
- Both beneficiaries and government stakeholders were found to have high expectations from the implementing organization. Community members were observed to engage in discussions related to health education. Awareness on breastfeeding and birth spacing had increased.

Suggestions from the Target Groups:

- Additional efforts are needed to activate the Health Facility Operation and Management Committee (HFOMC).
- Support is required to develop a concrete action plan for reducing child marriage.
- Discussions should be held with couples involved in child marriage about temporary family planning methods, and they should be educated on delaying childbirth.

THE SOCIAL AUDIT AIMS TO EVALUATE THE SOCIAL RESPONSIBILITY CARRIED OUT BY THE PROJECT, EXAMINE THE RESULTING SOCIAL BENEFITS, AND GATHER SUGGESTIONS FOR ENHANCING OVERALL PERFORMANCE OF THE PROJECT.

Conclusions and Recommendations of the Social Auditor

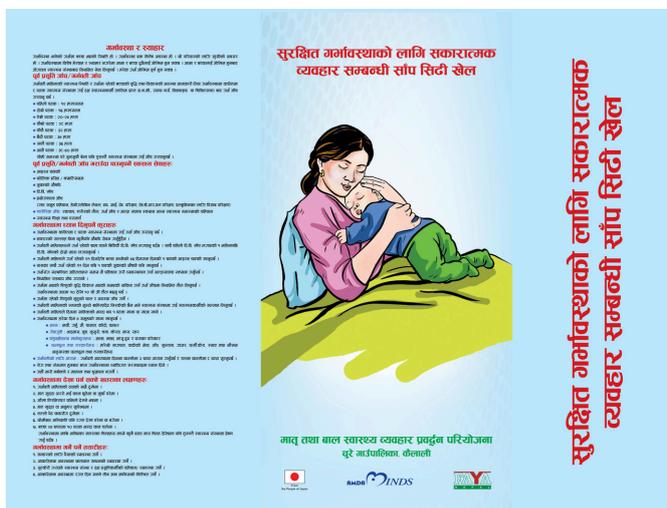
- The project was observed to have carried out activities in a way that beneficiaries and concerned bodies could see and feel the impact.
- Since child marriage is the main issue in Chure Rural Municipality, it was found that the municipality and partner organizations need to take concrete initiatives to reduce it.
- It was found that the number of mothers giving birth before reaching the appropriate age is still significant, but there is also concealment of age. This seriously affects the health of both mother and child, so the municipality and concerned bodies need to be serious about this issue.
- It was observed that Chure Rural Municipality has adopted the programs of non-governmental organizations.

Beneficiaries and concerned bodies have high expectations from the project.

4. Project promotion & publication

In the second year of the project, significant efforts were made to enhance health education and community engagement through the design, printing, and distribution of various educational materials. These resources were targeted toward Health Mothers' Group (HMG) members, Female Community Health Volunteers (FCHVs), and other key stakeholders. A total of 1,500 annual calendars were produced and distributed among HMG members and relevant stakeholders. These calendars served as a practical tool for disseminating important health messages and reminders throughout the year. Additionally, 100 flip charts were specifically designed, printed, and provided to FCHVs and Community Health Mobilizers (CHMs) during FCHV refresher training sessions. These flip charts contain vital information on topics such as essential considerations during pregnancy, warning signs to watch for during pregnancy and labor, birth preparedness, potential causes of maternal mortality, and the importance of postnatal care. These visual aids are intended to support FCHVs in delivering effective health education within their communities.

Further promote safe motherhood practices in an engaging way, 500 "snake and ladder" board games were developed, printed, and distributed to all Health Mothers' Groups (HMGs). This interactive tool serves as a fun and accessible method to enhance mothers' understanding of safe motherhood within group settings.



मातृ तथा बाल स्वास्थ्य व्यवहार प्रवर्द्धन परियोजना Improving Health Seeking Behaviour of Mothers and Children-IHS/IMC

चैत्र २०८२ March/April 2026

आइतबार Sunday	सोमबार Monday	मंगलबार Tuesday	बुधबार Wednesday	बिहीवार Thursday	शुक्रबार Friday	शनिवार Saturday
१	२	३	४	५	६	७
८	९	१०	११	१२	१३	१४
१५	१६	१७	१८	१९	२०	२१
२२	२३	२४	२५	२६	२७	२८
२९	३०	३१	१	२	३	४
५	६	७	८	९	१०	११
१२	१३					

गर्भावस्थामा गर्नुपर्ने आवश्यक तयारीहरू

From the People of Japan

RMDR INDS FAYA

पूरे गाउँपालिका कैलाली

मातृ तथा शिशु सम्बन्धी स्वास्थ्य शिक्षा सामग्री



मातृ तथा बाल स्वास्थ्य व्यवहार प्रवर्द्धन परियोजना
चुरे गाउँपालिका, कैलाली



Financial Status

Budget vs. expenditure & remaining-II

Budget Headings	FY Budget	Total Expenditure	Expenditure %	Remaining Balance	Remaining Balance %
1- Enhancement of MCH Service System of Public Health Institutions	16,019,982.65	16,551,158	103%	-531175.35	-3%
2- Improvement in MCH Awareness and Knowledge of Community People (Educational activities in the community)	6,903,900	5,759,903	83%	1,143,997	17%
3- Project Coordination and Management	1,453,600	1,357,577	93%	96,023	7%
4- Project Promotion/ Publication Goods (budget in component 2)	0	1,039,760	0%	0	0%
5- Field Office Management (FAYA-Nepal)	5,252,200	5,739,261	109%	-487,061	-9%
Grand Total	29629682.65	30,447,659	103%	-817,976.35	-3%

The organization achieved a total expenditure of NPR 30,447,659 against a budget of NPR 29,629,682.65, resulting in an overall spending rate of 103% and a deficit of NPR 817,976.35 (-3%). The largest overspend occurred in the enhancement of MCH service systems and field office management, both exceeding their budgets by 3% and 9%, respectively. The field office management cost is exceeded due to the 1.5-month no-cost extension of the project year two period. Educational activities in the community were under budget, utilizing 83% of allocated funds. This is because the project promotional work was reported under the project promotion/publication component. while project coordination and management maintained strong budgetary control at 93% expenditure. Overall, the financial performance reflects effective execution of planned activities with minor over-expenditures in select areas.

Annex-I

HFOMC Action Plan

Major Identified Problem	Way of solution	Process (How to do)	Date of Solution/deadline	Responsible Person	Present condition	Cost estimation (NPR)	Status
1-Nigali Health Post, Chure rural municipality ward no. 1							
Suction machine not working	Procurement of new suction machine	Approach with ward office and health section of RM.	Up to September	HP Incharge/	Dysfunction	20,000	Completed
Lack of Autoclave	Procurement of new Autoclave	Coordination with ward office	Up to September	HP In-charge/HFOMC	Poor in condition	24,000	Completed
2-Sayal-Community Health Unit (CHU), Chure rural municipality ward no. 1							
Unavailability of ANC bed. (Examination Bed)	Procurement of ANC Bed	Approach with ward office and health section of RM.	Up To March 2025	HP Incharge/	Damaged	20,000	Completed
3-Sahajpur HP, Chure rural municipality ward no. 3							
During winter its difficult to keep the baby warm and sometimes need to maintain temperature until refer.	Procurement of Baby Warmer	Approach with ward office and health section of RM	Up To September	HP Incharge/	Hypothermia risk during winter	90,000	Completed
4-Baluwagada Community Health Unit (CHU), Chure rural municipality ward no. 4							
Not in proper amount and needed for daily functioning.	ANC SCREEN (Bed side curtain)	Approach with ward office and health section of RM	Up to September 2024	HP In-charge/HFOMC	Poor condition and damaged	7,000.00	Completed

Annex-I

HFOMC Action Plan

The rooms are big and partition needed for maintain privacy and proper utilization of other facility separately.	Room Partition	Approach with ward office and health section of RM	Up to September 2024	HP In-charge/ HFOMC	Big rooms need partition	65,000.00	Completed
5-Khanidada Community Health Unit (CHU), Chure rural municipality ward no. 5							
No available in working condition	Suction Machine	Approach with ward office and health section of RM	Up to October	HP In-charge/ HFOMC	Not in working condition	20,000	Completed
Not in proper amount and not availability of proper set.	Dressing set	Approach with ward office and health section of RM	Up to October	HP In-charge/ HFOMC	Improper amount and damaged	7,000	Completed
Not in proper amount and not availability of proper set.	Suture Set	Approach with ward office and health section of RM	Up to October	HP In-charge/ HFOMC		12,000	Completed
6-Shantinagar Community Health Unit (CHU), Chure rural municipality ward no. 6							
Poor condition of toilet with no privacy-difficulty for patients	Toilet Construction	Coordination with ward office and health section of RM to secure fund for the same	Up to January 2025	HF-Incharge/ HFOMC/ Chure RM	Damaged and no privacy in toilet	128,178	Completed
7-Goganpani Community Health Unit (CHU), Chure rural municipality ward no. 6							
Unavailability of water source in Health facility and difficulty for cleaning, toilet use and safe drinking to patients and visitors.	Motor and tap fitting for drinking water from source.	Coordination with ward office and health section of RM to secure fund for the same	Up to October 2024	HF-Incharge/ HFOMC/ Chure RM	No drinking water source	121,028	Completed