

# Annual Report

## Essential Health Project (EHP)

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**Reporting period: January – December, 2019**



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**Abbreviation:**

ANC	- Antenatal Care
ANMs	- Auxiliary Nurse Mid-wives
BCC	- Behaviour Change Communication
CBOs	-Community Based Organizations
CHM	- Community Health Mobilizer
CHU	- Community Health Unit
CLT	-Comprehensive Leprosy Training
CHSB	- Community Health Score Board
EDP	- External Development Partners
FHD	- Family Health Division
FCHV	- Female Community Health Volunteer
HF	- Health Facility
HFOMC	- Health Facility Operation Management Committee
HMIS	- Health Management Information System
ID	- Institutional delivery
INF	- International Nepal Fellowship
IEC	-Information, education & communication
LF	- Lymphatic Filariasis
MANASHI	- Matri Tatha Navajat Shishu Swasthya
MNH	-Maternal and Neonatal Health
MLEC	- Mini Leprosy Elimination Campaign
MoHP	-Ministry of Health and Population
MoSD	- Ministry of Social Development
NGO	- Non-government organization
NHTC	- National Health Training Centre
NLR	- Netherland Leprosy Relief
NLT	- Nepal Leprosy Trust
POID	- Prevention of Impairment and Disability
PNC	- Post Natal Care
PHC/ORC	- Primary Health Care-Out Reach Clinic
SATH	- Self Applied Technique for Quality Health
SBA	- Skilled Birth Attendant
STH	- Soil Transmitted Helminths
TLM	- The Leprosy Mission
UMN	- United Mission to Nepal

## 1. Executive Summary:

The Essential Health Project (EHP) works collaboratively with local government with a goal to improve the health status of communities through accountable and equitable health service delivery system in selected municipalities of province 5. The main purpose of this project is to improve primary health care service system with integrated Neglected Tropical Disease (NTDs) and Maternal Neonatal Health (MNH) services in the targeted municipalities of province 5.

The project orientation was organized to local government authorities of 12 project target municipalities and stakeholders. local authorities has showed their interest to work jointly with EHP to improve the health status of the community.

Two days' basic orientation related on basic health and evidence based planning was organized to local bodies based on evidence based planning in 5 municipalities and one day follow up on health planning in 5 municipalities. These events provided opportunity for local government authorities to understand major health problems of their communities and become accountable to allocate adequate resources for ensuring right to health of citizens..

As a result, local elected members and health workers jointly prepared annual health budget with the technical support of FAIRMED. All the 10 annual health action plan has been shared to respective municipalities. With regular advocacy with Municipal authorities, they have allocated budget for health sector for the fiscal year 2019/20. The Municipalities have increased their internal source of budget ranging from 34% to 275% in Shivaraj Municipality and **Budhabhumi** respectively in comparison to last fiscal year.

Project implemented community health Score board at 3 HFs (Shivagadi, Kajarahawa & Bishnupur hp) as well as follow up of CHSB at 18 HFs. This has been supporting HFOMCs as well as community to know about the heath services and their quality assurance.

The Project supported to conduct onsite coaching to both Skill Birth Attendance (SBA) andAuxiliary Nurse Mid-Wives (ANM) in 4 birthing centres by the trainer (SBA) which provided them to update their clinical skills and also developed their confidence for delivering quality services. The quality of birthing services was assessed by using checklist and findings which was later shared to Health Facility Operation Management Committee (HFOMC) for taking actions to improve the quality of services.

Likewise, Training of Trainers on HFOMCs was organized in Kapilvastu as *per national new guideline* where 11 participants updated their knowledge and skills. The new HFOMC guideline has been approved by 11 municipalities (2-Rupandehi,2-Nawalparasi & 7-

Kapilvastu). In total 78 Health facilities has reformed HFOMC as per the new approved guideline. EHP has conducted HFOMC capacity enhancement training at 19 HFs of project working HFs. The training was conducted as per the guideline where local trainer facilitated the training.

Project successfully conducted mass awareness activities through 35 school health session, 9 interaction with different CBOs and wall painting at 28 sites and Radio jingle broad casting on key messages related to MNH and NTDs.

Project has also supported municipality for establishing birthing center , lab and PHC/ORC with standard equipments as per national guideline in collaboration with municipality.

While the Community Health Mobilizers (CHM) are reaching Health mothers groups and FCHVs regular meeting to disseminate NTD messages. During the home visit, CHM met 6 leprosy patients who were on treatment. Among them, one school children had discontinued medication so she counselled her family and re-enrol in medication.

### **Project goals, geographical focus and target group:**

#### **Goal:**

To improve the health status of communities through accountable and equitable health service delivery systems in selected municipalities of Province 5 in Nepal

#### **Geographical focus:**

The project is implemented in 18 municipalities of Province-5 in the Southern Terai Region of Nepal, which shares its border with India. The project area is ranked as an endemic site for various Neglected Tropical Diseases prevalent in the country as well as affected by high maternal and neonatal mortality

#### **Target groups:**

Essential Health Project (EHP) covers population of total 100,000 out of a total population at risk of approximately 600,000.

Project's target groups are classified as direct and indirect beneficiaries

#### **Direct Beneficiaries:**

1. Neglected Tropical Disease (NTD) affected: 600 leprosy cases and 1000 Lymphatic Filariasis cases
2. NTD high risk population: 10000 risk to Soil Transmitted Helminthiasis (STH) and 10000 other persons at risk of other NTDs
3. Pregnant and New-borns: 16000
4. People with disabilities due to NTDs: approx..250
5. Health workers at targeted health facilities: 400
6. Authorities and health staffs in targeted municipalities: 270
7. Health Facility Operation Management Committee: 448 members (64 health facilities)

8. Female Community Health Volunteers: 1000
9. Mothers Groups: 320 (6400 mothers)
10. Locally Active Groups: 2000 members
11. School childrens: 4800 (64 Schools)

**Indirect Beneficiaries:**

1. 24,000 Households (20% of the total household through mass sensitization on MNH & NTDs)
2. 1700 people living with disabilities
3. 22,500 pregnant mothers and new-born

## **Result and project development**

### **Results and project development:**

The project started at the mid of February 2019 which slightly delay from the planned time period due to governmental administrative procedure. KSSC Nepal was selected as a partner NGO for the implementation of EHP.

The project staffs were recruited and oriented about the project as well as they were provided training on social mobilization, facilitation and communication skill. Community Health Mobilizers (CHM) were engaged in activating FCHVs and revitalizing mother's groups at community level.

The project has started in 4 Municipalities (Shivaraj, Krishnanagar, Maharajgunj & VijayNagar) of Kapilvastu as a first phase and 4/4 municipalities of Rupandehi 9Lumbini Sanskritic Municipality, Kotahimai, Samarimai & Marchawari RM and Nawalparasi (Susta, Palinandan, Pratappur & Sarawal). The selection of Municipalities was guided by national guideline of disadvantage and performance over view of health management information system data.

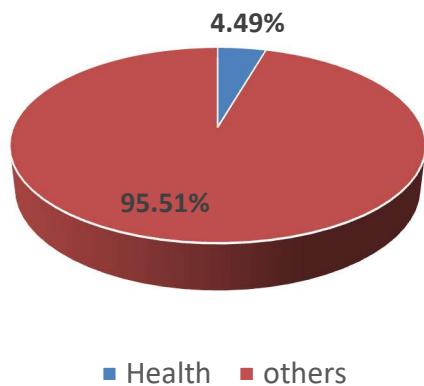
The project orientation was completed in all 12 municipalities. The project's activities were implemented smoothly in municipalities and health facilities, although some challenges were faced selected through close coordination with Municipality and HFOMC.

Project has also provide NTDs related training to health workers and also roll out at community level by reaching FCHVs.

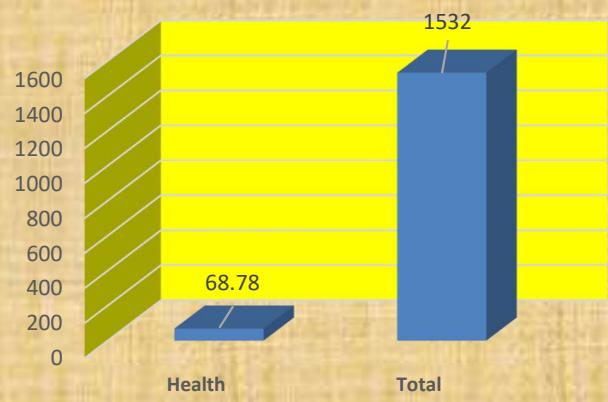
### **2. Context analysis**

Nepal is an independent, indivisible, sovereign, secular, inclusive, democratic, socialism-oriented, **federal** democratic republican state. In current context of federal system, the government is align in 3 tyres of government, Federal, Province & Local level. They can make laws, make annual budget, decisions, formulate and implement policies and plans on any matters related to financial powers within their respective jurisdictions. Recently national budget for fiscal year 2019/20 came with many ambitious scheme and plan, however health sector budget allocation is only **4.45% of total budget**. As per WHO, health budget should be minimum 10% of total budget.

Proportion of health budget 2019/20



National Health Budget (Rs Billion)



Local authorities are now more responsible towards community development. They are highly eager to bring some new changes as they have got such opportunity after 20 years in Nepal. Health and Education both are national agenda of development but their priorities are more focussed on infrastructure development and road construction. Some changes can be seen in health sector after sensitizing them on health issues. They have started allocating budget in health sector. As this event provided them an opportunity to understand them on importance of health in development and evidence based planning. The local authorities have realized to address the issues of NTDs related health problems mainly Leprosy, Lymphatic Filariasis and STH. Working on NTDs is a new window for them. The project aims to support in these sector and municipal representatives have also showed their interest to work on NTDs in collaboration with FAIRMED. There is need of enhancing their capacity on health system strengthening.

With regular advocacy with Municipality and Province, all Municipalities have now DHIS2 and regular HMIS reporting system. Nepal is still in transitional phase. Government staff's adjustment process has been completes although some vacant seats are seen in many health facilities taht may still take some time to settle. District Health Office(DHO) is now changed into Health office which is under the Province government. Their role is limited; mainly providing technical support to Municipality, supervision and monitoring of activities, and coordination between Province & municipality. EHP has an opportunity to keep continue partnership with local authorities having past relationship and collaboration with local stakeholders

Nepal's new Health Policy came in 2019. It mainly focussed on basic health, curative service, and preventative, promotive, rehabilitative and palliative care. Government is reviewing some old strategy, guidelines road map like, leprosy, safe motherhood, laboratory, disability, etc.

### 3. Project progress:

#### Symbols illustrating the status of the Outcomes and Outputs\*

✓ Achieved	↗ On good track for being achieved	→ Achievement will be difficult	↻ Goal has changed	! Not achieved	– Not yet started resp. no comment possible
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\* The symbols are related to the result expected by the end of the reporting year and not necessarily the result expected by the end of the project!

<b>Outcome 1</b>		
<b>Outcome 1:</b>	<b>Strengthen health system management of local health facilities</b>	
<b>Indicator:</b>	At least 80% of the targeted 64 health facilities with quality assurance  Updated HMIS at each health facilities.  Active HFOMCs effectively managing Health Facilities (regular meetings, adequate stocks of essential drugs & vaccines)	✓
<b>Report:</b>		
<p>Municipalities are working closely with health facilities for ensuring quality health services. HMIS data are regularly collected from each health facility during monthly reporting of HFs and entered in DHIS2 by every municipality. Nursing staff at birthing center are regularly providing quality services after the Onsite coaching at 4 birthing centre of Kapilvastu. A TOT on HFOMC as per the new model HFOMC guideline was organized by project. 2 days basic training on roles and responsibilities of HFOMC was organized at 19 HF in Kapilvastu including one at Nawalparasi. HFOMC are well aware of their responsibility and are ensuring the drug supply, regular monthly sharing meeting, monitoring of HMG meeting at community, etc.</p>		
<b>Selected outputs and activities:</b>		
<b>Output 1.1:</b>	Improve service quality (NTD & MNH) from local health facilities and hospitals at district and provincial level	✓
<b>Indicator:</b>	18 municipalities, 1 province health office and 64 health facilities oriented on project activities	
<b>Report:</b>		
<p>Project orientation was conducted to stakeholders of EHP selected 4 Municipalities of Kapilvastu (Maharajgunj, Shivaraj, BijayNagar &amp; Krishnanagar), 4 Rural/Municipalities of Rupandehi (Lumbini-Sanskritic Municipality, Kotahimai, Marchawar &amp; Samarimai Rural Municipality) and 4 rural municipality of Nawalparasi West (Sarawal, Palinandan, Pratappur &amp; Susta).</p> <p>This event was organized at Municipality level in which 99 local government authorities (25 municipality authorities, 41 ward level authorities and 33 health workers) participated. The participants were briefed about project's goal, objectives, working sites, beneficiaries and key activities. Project team also shared the status of health related indicators of last 3 fiscal years of each municipality and performance indicator of each health facilities functioning in respective municipality. These guided project team and stakeholders to exercise for selection of 22 health facilities for EHP implementation through evidence-based planning and participatory approach.</p>		
<b>Output 1.4:</b>	Health planning and resource allocation skills of the municipality team strengthened	
<b>Indicator:</b>	Training to # Health staffs of working municipalities on planning and budgeting for health programs  Annual follow ups/review meetings with working Municipalities on	✓

	annual health planning, budgeting and actual implementation.	
<b>Report:</b>		
<p>Project conducted 2 days orientation on basic health and planning to local government authorities of 5 municipalities (Maharajgunj, Yesodhara, Suddhodhan, Buddhabhumi &amp; Kapilvastu). The event included total 135 participants (... Municipality authorities, ..ward Autorities and ...Health workers) where Resource person from MOSD Province 5 supported in facilitating the event.</p> <p>As a result of this event, one-year action plan for health sector programme was developed by each municipalities and the action plan will be guiding document for municipalities for annual health planning and budgeting for fiscal year 2019/20.</p> <p>This activity supported local government authorities to enhance their skill on resource mobilization which sensitized them to prioritize health as an important aspect for development. This also resulted in increase budget allocation (Maharajgunj Municipality has allocated 3 crores for health sector).</p> <p>Similarly, the follow up/review of 5 municipalities (Shivaraj, BijayNagar, Krishnanagar, Mayadevi &amp; Badganga) was also conducted where orientation on annual health planning and budgeting was organized in 2018 through MANASHI Project. This event was to review the progress achieved and challenges faced by municipalities while implementing annual health action plan developed last year. The event was attended by 126 participants who included 39 municipality authorities, 47 ward-level authorities and 40 health workers.</p>		
<b>Output 1.5:</b>	HFOMC capacity strengthen and activated according to new structure, role & responsibilities	
<b>Indicator:</b>	<p># HFOMC members oriented and activated on their role and responsibilities as per new guidelines</p> <p># Health facilities applying CHSB tools to improve health governance and accountability</p>	✓
<b>Report:</b>		
<p>Essential Health Project in coordination with National Health Training Centre (NHTC), Department of Health Service organized “Training of Trainers on Health Facility Operation Management as per the new guideline” in month of May in Kapilvastu. The event was organized to enhance skill of local government health workers on new HFOMC guideline and develop trainers at local level who can roll out the HFOMC orientation at health facility level. The event was facilitated by Master Trainer authorized by NHTC and included 11 participants (4 health coordinators, 3 health workers and 4 project team members) from Kapilvastu.</p> <p>The project has organized 2 days training to HFOMC members of 19 HFs (18 Kapilvastu &amp; 1 Nawalparasi) where 183 members were sensitized on their roles &amp; responsibilities. 11 municipalities have endorsed the new HFOMC guideline &amp; 78 health facilities of those municipalities have reformed their HFOMC as per new guideline</p> <p>The major achievement/outcome after the training are:</p> <ul style="list-style-type: none"> <li>• Ward Chairperson of Bedhuli HP of Nawalparasi donated 1 and half Katta land for Health Facility Construction and another person donated 10 feet width land for road access after the completion of the training. The condition of HF was very critical. Other outcomes observed are the ownership taken by the HFOMC members for quality improvement of health service delivery through health facility.</li> <li>• Monitoring plan was made by the HFOMC members and also visited health mother's group meeting, PHC/ORC,EPI Clinic etc at community level.</li> </ul>		

- 1 lakh has been allocated for placenta pit construction at Birpur health post and 1 lakh for lab management at Chanai HP from the Upmayor fund through the municipality.

Similarly, after the launching of new HFOMC guideline and the training package, project organized event to implement Community Health Score Board (CHSB) in 3 project focused health facilities (Kajarahawa-Maharajgunj, Shivagadi-Shivaraj and Bishnupur-Bijayanagar). The event was organized at different steps that went through consultation meeting with municipal stakeholders, orientation to health workers, focus group discussion to the final interface among the service provider to service users. Different stakeholders and people engaged at different step of the activities, in total 148 people participated in final interface meeting event of all 3 HFs. This activity has supported in making community aware about the health issues as well as services available at HF along with realization of HFOMC role in managing quality health service delivery system. Ward Secretary of Shabaraj-9 (Shivagadi) shared his opinion as "CHSB tool is very effective tool as it has bring us in front of community where we can list their concern directly and being a HFOMC member we also realized our areas of improvement in health service delivery". The major concern/issues raised focus group discussion as well as at interface discussion were leprosy (Skin disease), Maternal and neonatal health, hygiene & sanitation along with the strengthening of HMG.

#### Major Outcomes:

- Ward will request to municipality and organize skin camp as well as awareness programs at different community of Shivagadi.
- Municipality Allocated 1 lakh amount to construct placenta pit at Shivagadi health post.
- Mayor of Shabaraj has committed to allocate required fund for establishing insurance scheme for female community health volunteers (FCHVs).
- Ward (ward chairperson) will allocate budget for hygiene and sanitation awareness program at community at Bishnupur health post.
- Arrangement of 2 salt packet & calcium syrup to pregnant mothers during ANC visit to increase 4 ANC visit.
- Municipality will manage ambulance for Bishnupur health post that will support to decrease home delivery.

EHP has also conducted follow up of Community Health Score Board (CHSB) in 18 project focused health facilities (Gugauli, Ganeshpur, Bhagwanpur, Ajigara, Bidhyanagar, Shivaraj Hospital, Purusottapur, Krishnanagar, Kusuhawa, Hardauna, Shisawa, Baraipur, Bishanpur, Chanai and Shivapur (2 times in Gugauli, Ganeshpur & Ajigara) which was developed during MANASHI Project.

This event was facilitated collaboratively by Health Facility In-charge & project team. There were 51 HFOMC members, 87 health facility staffs, 159 FCHVs and 300 beneficiaries. This has supported for making HFOMC member accountable and delivering quality services. In most of the health facilities ANC and 3 PNC has been a challenge. To address those challenges, combined discussions through CHSB review developed plan to provide incentives for ANC where ward has allocated budget for it. Shivapur has introduced flag for identifying house of pregnant women and planned to bring portable video x-ray for ANC, and Gugauli has started constructing boundary wall.

#### Key achievement of follow up CHSB:

- 2 health facilities (Gugauli and Bhagwanpur) is on plan to declare full immunization ward whereas Kusuhawa & Ajigara are declared as fully immunized ward and Gugauli is on final stage of declaration.
- 3 health facilities (Ajigara, Vidhyanagar and shivpur) has planned to initiate incentive program for mothers to improve 4 antenatal care.

- Bhagwanpur Health Post had post-natal care (PNC) coverage of 83% by mobilizing the health staffs in PHC\_ORC clinics.
- The prioritized need of reformation and training of HFOMCs according as per new guideline proposed in their action plan was achieved in most of those HFs.
- The common thing observed in all review activities was mobilization of HMG meeting and empowerment of FCHVs where monitoring visit plan by health workers as well as HFOMC members was developed. The follow up has been started in most of the health facilities.
- The concern raised about the PNC was also solved as to mobilize the HF staff to mother's house and some intensive as field allowance is arranged by HFOMC initiation and ward support.

<b>Output 1.6:</b>	Supportive supervision (coaching and mentoring) system promoted and strengthened at municipality in collaboration with province health office	✓
<b>Indicator:</b>	Annual schedule for supervision, onsite coaching, mentoring by municipality and provincial health office developed and used # of times Health facilities supervised by Municipality and Province Health Office using pre-defined schedule.	

**Report:**

For this purpose, the project conducted onsite coaching/mentoring visit to 4 birthing centres functioning at EHP focused health facilities (Shivagadhi HP, Pathardaiya HP, Krishnanagar HP and Shivaraj Hospital). A 3 days' onsite coaching in each Birthing Centre was led by local SBA trainer who enhanced skill and knowledge of 14 midwives (9 SBA & 5 non- SBA) working at the Birthing Centre and also provided technical feedback based on the quality improvement assessment conducted at the site. Overall, the findings of onsite coaching were evaluated using the supervision checklist and demonstrated in flex board. This was shared to HFOMC members and health workers of respective health facility.

Birthing Centre functioning in Pathardaiya HP ranked good in terms of management, equipment, service delivery whereas centre lacked in terms of human resource skills and availability of essential medicines which was also addressed immediately with the initiative of HFOMC members & HP In-Charge.

In case of Shivagadi HP, the birthing centre was ranked below satisfactory level and received poor marking in availability of essential equipment and drugs, service delivery, skilled human resource and infection prevention measures. These concerned was shared with the municipality and HFOMC member during different monitoring visit & CHSB. The staff settlement has created some delay in management of those concerns. Now, most of the emergency drugs, management of human resource, equipments are managed and some are still on process.

<b>Output 1.7:</b>	HMIS strengthened at health facilities and municipalities to support proper recording and reporting system and data use for planning and action according to evidence	✓
<b>Indicator:</b>	Updated HMIS data at # health facilities.	

**Report:**

One batch HMIS training was organized in collaboration with Province Training Center/Ministry of Social Development (MOSD-5) and Health Office-Kapilvastu. The 3 days training was facilitated by 2 trainers (1-Statistician of Health Office Kapilvastu & HMIS Trainer of MOSD-5) and total 22 participants from EHP focused 22 HFs were engaged.

<p>A refresher to most participants as well as many concerns &amp; confusion regarding the format and methods of entering data &amp; data validation was the achievement of events that were shared by the participants.</p> <p>The training was conducted at the end of November so the Onsite supervision couldn't be organized as it should be done after 3 months of training. So, It is planned to conduct collaboratively with Health Office Kapilvastu after 3 months (March-2020).</p>	<p><b>Participants of HMIS Training</b></p>  <table border="1"> <thead> <tr> <th>Role</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Nurse</td> <td>1</td> </tr> <tr> <td>HA</td> <td>3</td> </tr> <tr> <td>ANM</td> <td>6</td> </tr> <tr> <td>AWH</td> <td>12</td> </tr> <tr> <td>Total</td> <td>22</td> </tr> </tbody> </table>	Role	Count	Nurse	1	HA	3	ANM	6	AWH	12	Total	22
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<b>Output 1.8:</b>	Essential Supply Management System (planning and distribution) strengthen at municipality level	✓
<b>Indicator:</b>	Health unit staffs of Municipalities trained on essential supply chain management	

<b>Report:</b>
EHP had planned the LMIS Training but HERD, a national NGO, organized the training in 10 municipalities of Kapilvastu. So, EHP planned to conduct follow up orientation at 4 municipality (EHP Focused) but that also couldn't be conducted this year due to government staff realignment of municipalities.
Municipality has shifted this activity for next year with their internal budget where EHP team will work collaboratively with municipality.

<b>Conclusion and lessons learnt:</b>
<b>Report:</b>
Project orientation was successfully completed in 12 Municipalities. Similarly, in collaboration with MoSD, Province-5, health orientation package was accomplished in 5 municipalities as well as follow up was also done. One year action plan for health sector was developed based on which Municipalities committed to allocate adequate budget and prioritize activities related to health.
The accountability tool Community Health Score Board (CHSB) was initiated at 3 HF's of Kapilvastu (Shivagadi, Bishnupur and Kajarahawa). This has supported to realize the ownership of community toward health services. Participants from community during FGD & Interface meeting told that they were unaware about the services provided by the HF and this activity made them clear about the services. Similarly, the CHSB initiated by MANASI project was also reviewed where NTD related concerns as well as HFOMC roles were also addressed as an indicator.

The coordination and collaboration with municipality has been a positive aspect of EHP.

<b>Outcome 2</b>	
<b>Outcome 2:</b> To strengthen capacity of Health human resource	✓
<b>Indicator:</b> At least 80% of health workers from targeted health facilities are able to deliver MNH & NTDs related essential services as	

	per the national standard and guidelines							
<b>Report:</b>								
<p>Medical doctors &amp; Health workers along with FCHVs were trained on NTDs from EHP targeted health facilities of Kapilvastu and all HFs of Rupandehi. The role out ended this year with formation of self help group &amp; training at 3 sites of Kapilvastu.</p> <p>The skill enhancement towards NTDs through this training has brought a positive change in identifying new cases of leprosy and filariasis. 66 Health workers (Kapilvastu-37 &amp; Rupandehi 29) has capacity to identify and manage the cases related to leprosy.</p> <p>The role out of NTDs was successfully done by initiative of EHP through the TOT to 16 Doctors and Health Workers. 3 days basic training to health workers was conducted in 2 batch (1 in Kapilvastu and 1 in Rupandehi) where 52 participants were engaged. At community level the skill was transferred to 224 FCHVs by those trained health workers.</p> <p>Similarly, the Self Help Group was formed at 3 sites (Gugauli, Shivagadi &amp; Maharajgunj) and they were provided self care training with complete practical sessions. Total 83 NTD affected people were trained on the techniques to care themselves through that training. Health worker from respective health facility as well as TOT trainer facilitated the training.</p> <p>The plan to establish the revolving fund at SHG couldn't be done due to delay in NTDs training and formation of group. The staff readjustment at municipal level also hinders to achieve this target. Similarly, the planned activity to support the municipality for organizing the disability related camp was not achieved as municipality has taken full ownership for distributing disability rather than through camps.</p>								
<b>Selected outputs and activities:</b>								
<table border="1"> <tr> <td><b>Output 2.1:</b></td> <td><b>Enhanced knowledge and skill of health workers at health facilities and municipalities</b></td> <td></td> </tr> <tr> <td><b>Indicator:</b></td> <td>           # Number of lab assistants trained on diagnostic services related to MNH &amp; NTDs            14 Medical officers and health workers trained on POID and self-care technique for disability prevention and management of NTD cases         </td> <td>✓</td> </tr> </table>			<b>Output 2.1:</b>	<b>Enhanced knowledge and skill of health workers at health facilities and municipalities</b>		<b>Indicator:</b>	# Number of lab assistants trained on diagnostic services related to MNH & NTDs 14 Medical officers and health workers trained on POID and self-care technique for disability prevention and management of NTD cases	✓
<b>Output 2.1:</b>	<b>Enhanced knowledge and skill of health workers at health facilities and municipalities</b>							
<b>Indicator:</b>	# Number of lab assistants trained on diagnostic services related to MNH & NTDs 14 Medical officers and health workers trained on POID and self-care technique for disability prevention and management of NTD cases	✓						
<b>Report:</b> <p>EHP Organized TOT training on NTDs to 16 medical officers and health workers from Kapilvastu, Rupandehi, Nawalparasi and Baglung. The trained health workers are working on identifying and tracking the cases. In Shivagadi HP 2 new cases were identified and follow up was done to identify cases for their self care. The project organized 2 batch Basic Training on NTDs to health workers (3 days) in Kapilvastu and Rupandehi where 53 HWs participated (25 from Kapilvastu and 27 from Rupandehi).</p> <p>Similarly, project also conducted 3 days self care training to 83 NTDs affected people and other disable people at 3 different sites of Kapilvastu. Participants were excited and actively participated in the training as they knew to care themselves with the reason and importance of the care. One participant with filariasis learned to cut her nail using a nail-cutter which made her happy &amp; self-motivated.</p> <p>The revolving fund couldn't be developed in SHG due to delay in group formation. It is planned for next year.</p>								

There is no more Women & Child office exists in the country after federalism. As per new policy, the Municipalities are authorized body to distribute Identity card. So each Municipality has started distributing identity card to disable people on routine basis. Therefore, this activity to support municipality in disability card distribution camps was not conducted.

<b>Output 2.2:</b>	Knowledge and skills of FCHVs upgraded to motivate mothers (other FCHVs and communities) and foster their empowerment	✓
<b>Indicator:</b>	# Number of FCHVs trained to deliver integrated NTD & MNH messages	

**Report:**

After the basic NTDs training to health workers, FCHVs of 15 HFs were also trained on NTDs by the trained health worker of respective HF. Total 224 FCHVs were participated in this 2 days training. The major achievement of this training was that FCHVs came along with the suspected case in HF on the 2<sup>nd</sup> day of training.

- In Ajigara 4 Suspected case were brought to HF by FCHVs where 1 was identified as leprosy where as 1 suspected case was sent to lab test.
- At Hardauna a FCHV herself was identified as leprosy which was conformed during the training.

4 role model FCHVs were identified at 3 municipalities (1 Maharajgunj, 1 Bijaynagar & 2 Shivaraj). These FCHVs had received 3 months advance training provided by Province-5. One FCHV was mobilized in a HMG meeting where she shared her learning from the 3 months advance training as well as NTDs related major concern especially related to leprosy. Project identified these as role model during 3<sup>rd</sup> week of December due to which project could not mobilize all at that time. This plan will be continued in next year.

<b>Output 2.3:</b>	Trained and mobilized community mobilizers and volunteers at community level for counselling and behaviour change of target communities	✓
<b>Indicator:</b>	# Number of interaction meeting with weak performing FCHVs on community's existing health seeking behaviour, prevailed harmful practices, stigma and discrimination in the community	

Project supported for FCHV interaction collaboratively with Health Facility that was organized during the FCHV monthly meeting in 17 HFs where 271 FCHVs were participated. The importance of monthly meeting, challenges observed in field and issues on NTDs were discussed in the interaction. Major concerns raised on interaction was lack of refresher training to FCHVs, week on reporting techniques, leprosy cases are still hidden and very difficult to bring to HF. Cultural barrier to visit HF for PNC especially 2<sup>nd</sup> & 3<sup>rd</sup> PNC. These interaction meeting has engaged FCHVs to share the perspectives and myths of community people regarding Leprosy and what role they can play to slowly change such community values and misconceptions through mothers group meeting and in the community.

CHM are regularly participated in FCHVs monthly meeting and HMG meeting for supporting and encouraging FCHVs as well as community. This is a non budgetary activity and this has been a great achievement for community awareness.

- Shivagadi 2 FCHVs were facilitating 1 HMG, later 2 groups were formed. Now, both HMGs are conducting their regular monthly meeting.
- FCHV monthly meeting at Shivaraj hospital was never conducted as a meeting. FCHVs rarely visited hospital for submitting report. Now 5/6 fchvs are regularly attending meeting

and also discuss on reports.

- FCHVs has started to discuss on the issues related to NTDs during their monthly meeting.

### Conclusion and lessons learnt:

#### Report:

EHP has been regularly engaged with FCHVs for strengthen their knowledge and empower them. The engagement and coordination with HF and HFOMC member has supported to develop plan for monitoring and supportive supervision during the HMG meeting.

#### Outcome 3

<b>Outcome 3:</b>	<b>To Strengthen quality and access of community health services (, PHCC, Health Post, PHC/ORC, CHU) to the most vulnerable people in selected communities/municipalities</b>	✓
<b>Indicator:</b>	20 additional health facilities have capacity to provide childbirth and newborn care services. 50 new PHC/ ORCs screen suspected NTD cases and refer for diagnosis and treatment.	

#### Report:

EHP has done assessment and collaborated with municipality to strengthen the quality of health services and its access to community. Project has supported equipments for 4 new birthing centres, 4 lab and 3 PHC/ORC collaboratively with the plan of municipality. All the equipments supported are followed as per national standard and protocols. As all the action was planned jointly with local government municipality, ward office/HFOMC and health facility which ensures the quality and sustainability.

#### Selected outputs and activities:

<b>Output 3.1:</b>	Basic infrastructure and equipment needs identified and supported according to national standards	✓
<b>Indicator:</b>	At least 15 Health facilities upgraded to offer disability friendly essential health services 10 health facilities equipped with basic lab services 20 Health facilities are upgraded as birthing centres with new-born corners	

#### Report:

Due to delay in assessment report dissemination, project initiated the assessment with the consultation with municipality and identified the areas where the equipments support is required. On the recommendation and joint planning with the municipality, a common conclusion was drawn to fit with the plan of municipality to those sites that required equipment support.

For the establishment of Lab service as per national laboratory guideline, project supported 4 HFs (Chanai HP-Shivaraj, Shisawa-Maharajgunj, Hatausa-Banganga & Patariya-Suddhodhan). The project has planned to support most essential equipments after assessment of HFs and the people's need and as per the national guideline. The budget allocated from project was insufficient so, the Municipality agreed to cover the cost of a Microscope at Siswa HF, a water bath, centrifuge, calorimeter, micropipette, etc at Hathausha HF. All four HFs will have Lab

Technician/ Assistant hired by the Municipalities as well as furniture and reagents materials for testing. Continuous advocacy with ward chairperson and Municipality has helped to allocate budget for lab service. Now they have recruited lab assistant for service providing. For the lab service operation and management in Chanai HP, municipality has allocated 1 lakh. Whereas in Shisawa, HFOMC has made a decision on price list as per services and now in average 10 clients are taking services from the lab.

Similarly, project jointly planned according to annual plan of Municipality to develop birthing centre in collaboration with 4 Municipalities/HFOMC at Bhalbari, Ganeshpur, Birpur, Patariya. Municipality has committed to arrange the necessary items such as placenta pit, running water, electricity power back up as well as human resource. Advocacy was done with municipality to ensure the national standard as per Amma Surakshya Program.

The Municipality has constructed PHC\_ORC building where project will provide basic equipment to ensure the access to quality health services to community. This year project will support in 3 PHC\_ORC with basic equipments.

To construct disable friendly health facility, project coordinated with municipality and constructed ramp in 3 health facilities jointly with HFOMC and health facility.

<b>Output 3.2:</b>	Community's health issues related to NTDs and disability supported through various activities	✓
<b>Indicator:</b>	<ul style="list-style-type: none"> <li>▪ 18 Self Help Groups mobilized for self-care and awareness on stigma &amp; discrimination in the community</li> <li>▪ 1 MLEC per year in each municipality organized for case finding.</li> <li>▪ 18 Self Help Groups formed and mobilized</li> <li>▪ # of POID clinics run in health facilities of NTDs pocket areas</li> </ul>	

#### **Report:**

Project's 4 Community Health Mobilizers (CHM) actively participated in LF Mass Drug Administration (MDA) Campaign in 4 municipalities (Bijaynagar RM, Shivaraj, Krishnanagar & Maharajgunj Municipality) of Kapilvastu district. The Campaign was led by Ministry of Health and Population (MoHP) under National LF elimination Program and executed by Health Workers and Female Community Health Volunteers at Community level. During the event, CHM reached 58 households with peripheral health workers team and supported in drug distribution and counselled community people to reduce non-compliance.

Project conducted 9 screening camp collaboratively with Health Office- Kapilvastu and municipality in high risk pocket area, where 762 people were screened and 7 new cases (1 MB & 6 PB) of leprosy diagnosed and is under treatment.

Community Health Mobilizers referred 10 Leprosy cases, who were defaulter from treatment and 4 Lymphatic filarasis for self care. They counselled to visit health facility for continuing treatment.

#### **Conclusion and lessons learnt**

#### **Report:**

Project is regularly coordinating with municipality to ensure the quality and access to health services to community.

The home visits done by CHMs at community level have been very effective to follow up people for re-endoresement in the drug administration and counselling. It has also helped health workers

to track patient and support as required.

#### Outcome 4

<b>Outcome 4:</b>	<b>To increase knowledge, awareness and practice of targeted communities and schools on hygiene and sanitation, maternal and newborn health, NTDs and disability</b>	✓
<b>Indicator:</b>	<p>At least 75% of households sensitized on preventive measures and utilization of health services</p> <p>60% of households (baseline cohort group) in targeted areas of project municipalities with positive change in health behaviour</p> <p>Patients/client visit in targeted health facilities increased as follows' 4 ANC visit by 25% as per protocol:</p> <ul style="list-style-type: none"> <li>o Institutional Delivery by 30%</li> <li>o 3rd PNC visit by 15%</li> <li>o Use of modern method of Family planning by 15%</li> <li>o Out-patient visit of symptomatic NTD cases increased by 50%.</li> </ul>	

#### Report:

EHP targeted school children, mothers and Female Community Health Volunteers and members of different community based organizations (water user groups, forest user group, youth clubs, child club, etc) through different mass awareness activities.

Students were sensitized on NTDs so that they could disseminate the information and aware their family and friends about the NTDs(Leprosy, Lymphatic Filariasis, Soil Transmitted Helminths and wash). LF & leprosy affected students were also enrolled in the session and they knew the mode of transmission and preventive measure. Those students were followed up regularly through the project team.

Project also reached 151 CBOs members and 1028 mother group members are reached through interaction and SATH tool at community where respective health post In-charge as well as CHM supported for facilitation.

Project has also worked on radio jingle in collaboration with Ministry of Social Development of Province 5 and Health office and broadcasted the radio jingle message about the Maternal and Neonatal Health in 3 project districts. Along with this wall painting was also done which also incorporated the institutional delivery and leprosy message to reach the high risk community.

#### Selected outputs and activities:

<b>Output 4.1:</b>	<b>Health Seeking Behavior and practice improved in targeted communities and schools by using multi-sectoral approach</b>	✓
<b>Indicator:</b>	<p>FCHVs, Mother's groups, and locally active groups sensitized about disease prevention and health service utilization.</p> <p>School children of 64 schools oriented on NTDs and its</p>	

	measures for prevention  Community Behavior mapping: assess existing socio-cultural behaviour, stigma and behavior of community	
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### **Report:**

EHP conducted school health session to School children of grade 8-10 in 35 schools of project targeted municipalities where 1058 students were enrolled. The objective of this session was to sensitize on signs and symptoms of prevalent NTDs (Leprosy, LF & STH) and role of WASH in NTD prevention. The event was organized in joint collaboration with local health facility and School Management Committee where health worker from respective HF facilitated the session. Among the SHS conducted 35 schools, 10 are private and 25 government schools.

To aware the community on major NTDs and MNH related information, radio jingle message on MNH is broadcasted through radio in 3 project districts to reach our 18 municipalities of Province 5. Along with this, wall painting was done in 28 sites of project areas which is located at high risk population.

Similarly, project has done interaction meeting with 9 CBOs where 151 CBOs members were leprosy actively participated because they knew new things related to NTDs.

Project implemented SATH tool in 50 health mother group for empowering and supporting them for regular monthly meeting. It was jointly integrated with community health score board. This activity has reached 1048 mothers who are involved actively in information sharing at community mainly messages related to MNH.

Community Health Mobilizers are regularly participating in mother groups meeting to support & sensitized mothers about maternal and child health as well as NTDs related sign/symptoms.

### **Conclusion and lessons learnt:**

#### **Report:**

Project has initiated knowledge enhancement on issues of NTDs through school health sessions which has been well received by school children and school management committees, Community Based organizations such as water user group, forest user group, agricultural group, youth club, etc who also showed high interest on the program.

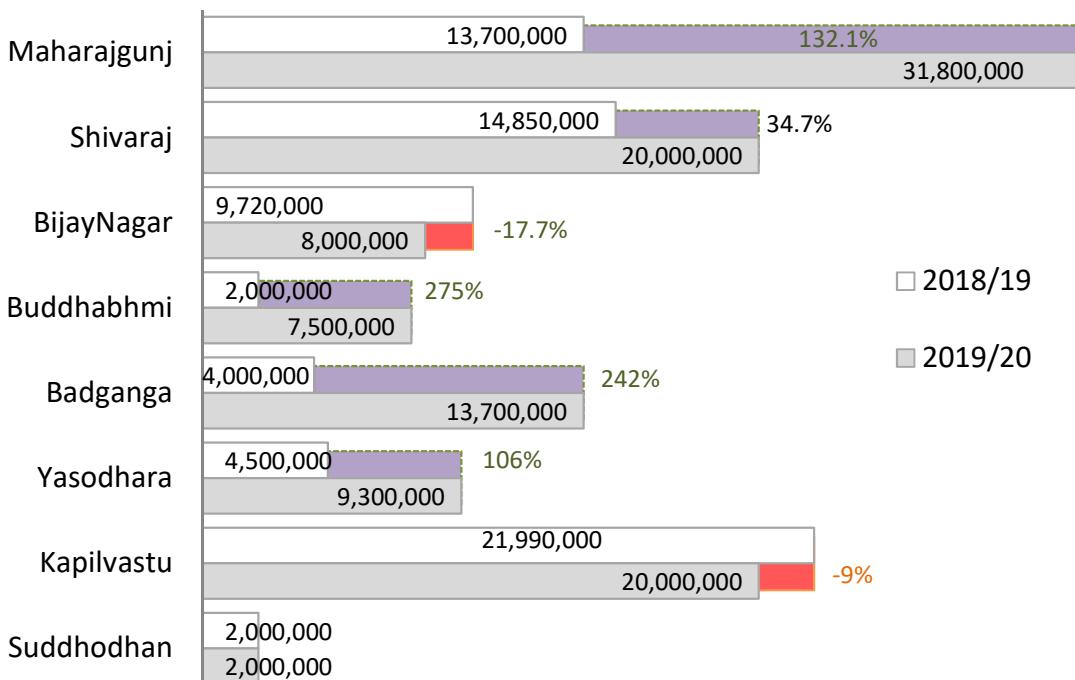
At community level, Community Health Mobilizers participated in various mothers group and FCHV meeting and discussed issues on NTDs.

## **4. Impact**

### **1. Allocation of Budget on health sector by Municipalities:**

EHP in coordination with Ministry of Social Development, Province-5 office organized orientation on health planning and budgeting to local government authorities as well as follow up of similar event conducted by FAIRMED through MANASI Project in 2018. The event has sensitized authorities to undertake health as an important development agenda and allocate adequate budget in health sector to provide basic health care services to its citizens.

**Comparision of Annual Internal Budget allocated by Municipalities on health sector between FY 2018/10 and 2019/20**



The above diagram shows Annual internal budget allocated by 8 Municipalities of Kapilvastu which includes 4 EHP targeted municipalities and other 4 municipalities where the project will be scaled up by Jan, 2020. Health sector was poorly resourced in terms of budget allocation by Municipalities and Wards and less prioritized in comparison to other development sectors. It was quite evident that local government authorities lack adequate knowledge and skills regarding health programs and planning. FAIRMED in joint collaboration with Ministry of Social Development (MoSD), Province-5 organized orientation on basic health and planning designed by Ministry of Health and Population (MoHP) to municipalities of Province-5. As a result, health has been priority development agenda of local government in current context.

The diagram shows 2 municipalities (Buddhabhumi and Badganga) has doubled health sector budget by 275% and 242% respectively for upcoming fiscal year 2019/20 compare to last year. The total amount increased by Buddhabhumi accounts to NRs 12.5 million and that by Badganga accounts to 9.7 million. Similarly, Maharajgunj and Yasodhara are the other two municipalities that increased their budget percentage by more than 100% compare to the last year which accounts for 18 million (132.1%) and 4.8 million (106%) respectively. Shivaraj which is one of the project's targeted municipality had been positive with the health sector need and priorities and have increased their fiscal year budget by 34.7% from NRs 14.8 million to 20 million. *Bijaynagar has decreased its budget for health sector by 17.7% followed by Kapilvastu whose budget is also reduced by 9% for upcoming fiscal year as they had invested more budget last year on infrastructure, human resource, lab service and birthing centres which was achieved so they have reduced health budget in these sector this year.* However, despite decrease in budget, Kapilvastu has still allocated 20 million and remains the third municipality with high budget figures. Sudhodhan which allocated lowest health budget among 8 municipalities last year retains similar trend for upcoming fiscal year without any positive progress in budget increment.

With technical support from FAIRMED EHP team and continuous advocacy with local government authorities. The result shown in above bar-diagram shares the key achievement in terms of strengthening the local health system management and ensures adequate resources for health sectors.

**2. Impact of CHSB Review:** The major impact observed from CHSB Review is on safe motherhood programme as well as leprosy and HFOMC meeting as:

- a. Provision of Salt, Ghee, Calcium Syrup, Soap,etc package is distributing in Ganeshpur HP with the support of ward office.
- b. Most of the HFs has made active plan to continue monthly meeting of HFOMC and they are conducting their regular meeting after the training provided to HFOMC.
- c. HFOMC members are visiting health mother's group meeting at community for supervision.
- d. Nursing staff of Birthing center were mobilized at field for PNC and ward office and municipality has managed field incentives for field movement.

**3. Impact of HFOMC meeting:**

- a. Ward chairperson donated one and half katta land for health post as well as a community person donated 10 feet road way for HP.
- b. municipality allocated budget (1/1 Lakh) for the construction of placenta pit in Birpur an Shivagadi HP of Shivaraj municipality.
- c. HFOMC members are conducting monitoring visit at different HF & community level activities and showing high interest on health.
- d. HFOMC members regularly conducting meeting and discussion on the key issues as well as achievement of HF.

**4. Impact of NTDs roll out:**

- a. FCHVs orientation has brought a high level of empowerment and motivation to work on field on the sector of NTDs. They brought cases along with them during the training (In Ajigara 4 suspected cases, Vidhayanagar 1 cases & Bishunpur 1 Suspected case).
- b. Self care training to people with NTDs was highly effective as people were participated with high interest. Participants shared that they had never practiced such care before. They showed their interest and confidence to practice those activities and exercise.

## **5. Partnerships, cooperation & policy dialogue**

The partnership between KSSC and FAIRMED for the implementation of EHP activities at local level. FAIRMED involved KSSC in supervision and planning of baseline survey to strengthen local capacity in research.

EHP project team also delivered effort to establish co-operation and coordination with Municipalities Office, Health Office, Kapilvastu and Ministry of Social Development, Province-5 for different project activities.

KSSC Nepal Board members also conducted different monitoring visit at field level as well as coordination visit with stakeholders of municipalities.

In addition, EHP was also engaged authorities from Province government in various training programs organized at Municipality level and this created opportunity for government working in two-tiers to establish coordination which lacked earlier.

## **6. Project Management**

The whole project team along with NGO board team was actively engaged in the project

implementation, supportive supervision, monitoring and advocacy with local authorities. Most of the planned activities were completed and properly managed by the team coordinating with municipality.

Project team were also engaged on NTD rollout at FCHV level that helped to enhance their skill on NTDs. This also helped them for ideas for counselling and referral from community level during household visit.

### **Monitoring&Evaluation:**

Project activities were regularly monitored by Project Officer as well as back stuffing and supportive monitoring was continuous from the FAIRMED Team at field level.

KSSC Board also conducted monitoring visit at project implemented sites at all 3 project implemented districts.

FAIRMED completed its baseline survey which will set benchmark for project indicators and support in tracking/evaluation of project's progress and performance

EHP's monitoring and evaluation framework and M & E plan has been developed and finalized

Project's detail implementation plan, reporting formats & output recording sheet has been developed and used.

### **7. Expenses & budget comparison:**

This will be shared with financial report.

### **8. Outlook**

#### **Outlook on the coming months**

Activities will be planned as per the approved YPO of 2020.

#### **Opportunities, challenges and open questions**

##### **Opportunity:**

- Good environment to work with local government/municipalities and province government
- To work collaborative with municipality on Self Help Group and Self Care skill transfer to those group members

##### **Challenges**

- Delay in fulfillment of health worker after government staff rearrangement.
- Lack of adequate monitoring and supervision from municipalities
- Recording and reporting system with performance review is not regular
- Lack of sufficient coordination and collaboration between health workers and local authorities
- Lack of active engagement from deputy chairperson to undertake their roles and responsibilities