

# Executive Summary

This Annual Report presents the outcomes and outputs achievement of the Rural Health Development Project (RHDP) in 2009-10. RHDP is a bilateral project jointly run by Swiss Agency for Development and Cooperation (SDC) and Government of Nepal (GoN). RHDP Phase VII goal is to improve overall health status of people, especially of women, disadvantaged and poor of remote areas. RHDP works closely with the District Health Office (DHO), health facilities (HFs) and community and Ministry of Health and Population/ Department of Health Services (MoHP/DoHS); Family Health Division (FHD) and other central level partners to achieve the Health Millennium Development Goals (MDGs).

During 2009-10 RHDP provided its support to Health Mother Groups (MGs), Mother Groups Network, Health Facility Operation and Management Committees (HFOMCs), Female Community Health Volunteers (FCHVs), Health Workers and Adolescents, which has resulted in increasing of health seeking behavior of the community i.e. Antenatal Care (ANC) 4th visit 50%, Postnatal Care (PNC) 1st visit 49% and health worker delivery 50% in the working districts. Out of the total institutional deliveries, 42% mothers were from the disadvantaged groups who received free of cost delivery service. All HFOMCs have functional emergency health fund (EHF) of which 398 persons have utilized and benefited from it. RHDP contributed in strengthening the health services i.e. upgrading ANC/PNC, establishing 24-hours birthing centers in 19 HFs, Skill Birth Attendant (SBA) training to 15 Auxiliary Nurse Midwives (ANMs).

All HFOMCs including VDC members were provided 3 days Capacity Building Training, which enabled them to prepare annual health plans and approach a significant amount from VDC block grants ranging between NRs 1,60,000 to 3,06,000 for health. The local VDCs have hired an additional ANM and established 24 hours birthing centers in 19 HFs. Apart from this, total of 57 VDCs were supported to establish EHF, and 43 health facilities were supported in upgrading ANC, PNC room at Sub- Health Posts ( SHPs), and delivery room at Health Posts (HPs).

In order to increase the access of women and disadvantaged groups to maternal health care services, 1868 FCHVs were trained on the revised birth preparedness package (BPP). Likewise 3804 pregnant women, 374 MG Network's members, and 631 members from disadvantaged household were trained on safe motherhood. To increase the level of awareness on Adolescent Sexual and Reproductive Health (ASRH), 201 school teachers and Health Post In-Charges (HPICs) were oriented on ASRH, 456 school adolescents on ASRH related life skill training; and 100 non-school going adolescents trained on HIV/AIDS. Uterine Vaginal Prolapsed (UVP) screening camps were jointly conducted with DHO in 31 VDCs, by which 4508 clients benefited; and 47 clients received the free of cost surgery services in Okhaldhunga. To integrate the local health promoters within the health system, 81 VDC level MG Network at 81 VDCs were formed, and 1319 network members were capacitated.

Of the total budget of NRs.71.93 million the project spent NRs. 68.95 Million (95.8%). Out of total expenditure 29% and 24% were spent for DAG and non-DAG respectively. 56% fund was spent for rural areas whereas 44% in urban and centre. 73% female have benefited from the project's investment. 43% male.

The major lessons learnt in 2009-10 are that expansion of the Kosheli Bhet programme and male participation in safe motherhood related training and orientation contributed to increase ANC, PNC visits, and institutional deliveries.

In 2010-11, RHDP will concentrate on ensuring programme sustainability through active participation and capacity building of the HFs, HFOMCs, MG Networks and local VDCs in planning, implementing and monitoring of the health activities at local level. Programme phasing out in Dolakha and capitalization of Dolakha's experiences and learning will also be the area of focus in 2010-11.

## 1. Introduction and Background

The Swiss support in health sector started in Nepal since 1991. Swiss Agency for Development and Cooperation (SDC) implemented its Primary Health Care – Mother and Child Health and Family Planning Project (PHC/MCHFP) in Dolakha in 1991. Latter the project was converted in to the Rural Health Development Project (RHDP) In July 1997 and its coverage grew also to Ramechhap (in 1996) and Okhaldhunga (in 2006). Its phase VI (July 2006 to July 2009) completed successfully in changing health seeking behavior of the community people and strengthening the local health care system in Dolakha, Ramechhap and Okhaldhunga districts. The project entered in Phase VII since July 16, 2009, which will continue in Dolakha until 2011 and until 2013 in the other two districts. The major components of the phase VII programme are aligned with the programme priorities of MoHP/ Family Health Division and Millennium Development Goal so the main outcomes of the projects are in the field of maternal and child health, however the significance and approach are clearly on social inclusion, empowerment, particularly of women and disadvantaged groups (DAGs) and strengthening the local health governance.

RHDP will continue to strengthen the linkage between demand and supply through positively changing health seeking behaviour of community people, especially women (demand side) and to capacitate the local health service providers / promoters, in collaboration with local authorities, to respond to priority health needs of the people (supply side). The Ministry of Health and Population (MoHP), with support of RHDP expects to move ahead in a right direction to achieve the Health Millennium Development Goals (MDGs) in the three districts.

The Goal of Phase VII is improved overall health status of people, especially of women, disadvantaged and poor of remote areas of Dolakha, Ramechhap and Okhaldhunga Districts.

### The intended outcomes of the project are:

- a. Community, especially women and disadvantaged groups, positively changed their health seeking behaviour and contribute to the health system at local level (**DEMAND**).
- b. Local health service providers/ promoters, in collaboration with local bodies, responded towards priority health needs (**SUPPLY**).

The national political situation in Nepal remained instable during this reporting period in terms of developing inter-party relationship, mutual trust and mutual consensus in drafting a new constitution. This has posed grave impact at the district level where the political relation between CPN-UML and UCPN-M was not so good. UCPNM was alleged of killing one CPNUML cadre in Okhaldhunga which created tenseful situation at the districts, hindering various development programs, including RHDP in conducting field activities i.e. conducting HFOMC training at field and DAC meeting and Appreciative Inquiry (AI) training in the district. Comparatively the situation remained satisfactory in Dolakha and Ramechhap districts. RHDP fully followed the Basic Operating Guideline (BOG) and maintained impartiality.

Considering the need to improve the health status in Dolakha, Ramechhap and Okhaldhunga district RHDP put substantial efforts to assist the GoN specially to achieve MDG 5, through various activities for which NRs.68.95million was spent.

This Annual Report presents the outcomes and outputs of the project for the period of 16 July 2009 to 15 July 2010. The report is mainly based on the data and information collected from the RHDP's internal outcome monitoring system and government's Health Management and Information System (HMIS).

## 2. Outcome Monitoring Summary July 2009 – July 2010

**Goal:** Improved overall health status of people, especially of women, disadvantaged and poor of remote areas of Dolakha, Ramechhap and Okhaldhunga Districts.

Outcome 1: Community, especially women and disadvantaged groups, positively change their health seeking behavior and contribute to the health system at local level (Demand side)		
Indicators	Baseline and Phase Targets	Achievements July 2009 - July 2010
47% of deliveries were conducted by health workers ( ANM, Staff Nurse or Doctor) DAG clients increased up to 44%	Baseline: 38.5% Targets:47%	<b>Achievement : 50%</b> (n= 270 mothers of 27 Illaka HFs) <b>Comment:</b> Health seeking behavior regarding safe delivery among communities is in increasing trend. Out of 354 institutional deliveries, 42% DAG mothers have received free of cost delivery service with maternity incentives. The qualitative findings show that the incentives and BPP training have increased motivation among mothers and family. RHDP continues to educate community on the Governments incentive and lobby strongly with local government DDC, VDC council and in other related for strengthening birthing centers.
80% of mothers have completed at least 4 ANC check-ups	Baseline: 55% Targets: 80%	<b>Achievement: 50%</b> (n= 270 mothers of 27 Illaka HFs) <b>Comment:</b> Achieving the target still a challenge. Poor awareness especially in DAGs and geographical access is the main problem .RHDP will focus to organize couple training on BPP in DAGs, likewise support in BPP refresher training to all FCHVs will be continued to reinforce the BPP messages through them. Strengthening of the PHC and Out Reach Clinics will also get high priority.
50% of post natal mothers have obtained at least one PNC visit	Baseline: 44% Targets: 50%	<b>Achievement: 49%</b> (n= 270 mothers of 27 Illaka HFs) <b>Comment:</b> Out of the mothers obtained at least one PNC visit 48% were BCN, 35% were JJ, 15% were Dalit and 2% were women from other social groups. % of JJ mothers is low compared to their population size. FCHVs of those areas where Janajati are predominant will get more support for raising awareness through facilitating sessions on safe motherhood during MG meetings.
Contraceptive prevalence rate have increased to 42%	Baseline: 35% Targets: 42%	<b>Achievement: 56%</b> (n=84127 expected numbers of MWRA) <b>Comment:</b> The HMIS report shows that the contraceptives are mostly used by female (91 %) and the preferred contraceptive is Depo-Provera. RHDP will focus in male participation in safe motherhood related activities to increase the contraceptives also by the male partners.
60% communities have implemented micro health projects contributing 50% of RHDP contribution.	Baseline: 60% Targets: 60%	<b>Achievement: 65%</b> (n=162 VDCs) <b>Comment:</b> Mostly Mother Groups have developed and implemented micro health project (MHP) with support from RHDP, VDC. The MHP activities included maintenance of physical infrastructure of health facilities, establishment of different rooms for safe motherhood services, stretcher support to the MGs, toilet construction and safe drinking water maintenance at HFs.

<p><b>At least 80% of HFOMCs have functional emergency health fund including GoN maternity incentive scheme that have been utilized, benefiting at least 2 persons per VDC</b></p>	<p><b>Baseline: NA</b> <b>Targets: 80%</b></p>	<p><b>Achievement: 100%</b> with 398 beneficiaries (n=32 VDCs) <b>Comment:</b> The priority is given to DAG and safe motherhood cases. Effective implementation rule is maintained by management committees. Considering the importance of right information on EHF, RHDP continues using both the print and local FM radios to ensure and increase adequate information about EHF towards its targeted citizens throughout the district</p>
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### Outcome 2: Local health service providers/promoters in collaboration with local bodies, respond to the priority health needs (Supply side)

Indicator	Baseline and Phase Targets	Achievements July 2009 - July 2010
<p><b>24 hours delivery service available in 36 health facilities in three districts delivering quality services (12 in each district)</b></p>	<p><b>Baseline: 9</b> <b>(4- Dol; 4-Rcp; 1- Okh)</b> <b>Targets: 36</b></p>	<p><b>Achievement: 19 HF</b> (n=38) <b>Comment:</b> 24 hours birthing centers are functioning in at 19 HFs (6 in Dolakha, 10 in Ramechhap, 3 in Okhaldhunga). Appreciative Inquiry (AI) training and other regular coaching to HFOMC members including VDC members helped to this success. Running the 24 hrs. Birthing centres effectively after getting their official registration is a big challenge after the, mostly due to lack of infrastructure and qualified staff). RHDP will focus to sustain this achievement and facilitate also in other health facility to establish the 24 hours birthing center.</p>
<p><b>20% increase of service recipients (from all health facilities) from discriminated communities.</b></p>	<p><b>Baseline: 76.5%</b> <b>(women, JJ, Dalit)</b> <b>Targets: 20%</b> <b>(20% Increase from baseline)</b></p>	<p><b>Achievement: 76%</b> (n=85,405 end-users) <b>Comment:</b> Health seeking behavior among the discriminated groups is in the increasing trend, the % of discriminated people receiving the health services reached to 76% compared to 55% of last year. Among the recipients 52% were BCN, 31%, Janajati 15% are Dalit and 2% are others. In terms of gender 57% were female. RHDP will educate the communities, specially discriminated people on provision of GoN free health care service, emergency health fund and free maternity incentives emergency health fund and free maternity incentives</p>
<p><b>All HFOMC plans are reflected in VDC plans in all three districts.</b></p>	<p><b>Baseline: 0</b> <b>Targets: 100%</b></p>	<p><b>Achievement: 82%</b> (n= 28 HFOMCs of Illaka HF) <b>Comment:</b> HFOMCs have formulated annual health plan and are reflected in Plans of VDC, The health plans basically addressing the effective management of 24-hours birthing centers, ANM hiring, upgrading HPs to PHC, and management and maintenance of physical infrastructures. This initiative helped people to get certain amount of VDC budget on health programs and activities. RHDP continues to facilitate the VDCs and DDCs in preparing the health plans making sure that the HFOMCs plans are reflected in them and are implemented properly.</p>
<p><b>Two DDCs do include health plan with RHDP good practices in their Five year plan.</b></p>	<p><b>Baseline: NA</b> <b>Targets: 2</b></p>	<p><b>Achievements: N/A</b> <b>Comment:</b> Ramechhap and Okhaldhunga DDCs are in the process of five years periodic plans and RHDP is preparing groundwork, in collaboration with SDC's local state building project to influence the DDCs to incorporate RHDP's good practices in DDC's plan.</p>

### 3. Outcome Achievements

At the outcome level, the project aims to bring transformation both on the demand side, especially among the women and disadvantaged groups and the supply side of health services, focusing on the local service providers and other local agencies. The key outcome achievements as a result of the project interventions are as mentioned below.

#### **Outcome 1:**

**Community, especially women and disadvantaged groups have positively changed their health seeking behavior and contributed to the health system at local level (Demand side)**

RHDP's input in building capacity of the local communities which includes MG, MG Network, HFOMC, FCHV and adolescents have significantly strengthened and enhanced their health seeking behavior. RHDP's six monthly rapid assessment shows 50% of deliveries were conducted by health worker (ANM, Staff Nurse or Doctor) of them 42% of mothers were from the disadvantaged group who received free of cost delivery service with maternity incentive from the health institutions. Similarly there is increase in PNC visits- 49% mothers, against the target 50%, have made at least one PNC visit. Inclusive MG Networks are formed and trained, and now are performing actively as the local health promoters. RHDP will focus to strengthen the management capacity of HFOMC and local health facilities to maintain better quality services at HFs.

As an outcome of the couple training together with their husband/mother-in-law, the pregnant mothers have begun completing ANC visits. Husbands are also coming with their wives for ANC visit. Apparently pregnant mothers are also given much care at home.

Communities have actively initiated to implement micro health projects depending upon their needs such as maintenance of physical infrastructure of health facilities, establishment of different rooms for safe motherhood services, stretcher support to the MGs, toilet construction and safe drinking

water maintenance at HFs. Considering the importance of right information regarding Emergency Health Fund, RHDP uses both the print and radio broadcast media to ensure and increase the adequate information about EHF towards its targeted citizens throughout the district. All HFOMCs of sampled 32 VDCs have functional EHF of which 398 persons have utilized and benefited from it.

#### **Outcome 2:**

**Local health service providers/promoters in collaboration with local bodies have responded to the priority health needs (Supply side)**

In order to better enhance the health care delivery system, RHDP contributed greatly in strengthening ANC and PNC services at HF, supporting to establish 24- hours birthing centers at HP, providing SBA training to locally hired ANM working at birthing centers. 24 hours delivery services expanded in 19 health facilities during the YPO period. Altogether 24 hours delivery services are available in 27 health facilities against the target of 36 for the whole phase in three districts. Separate room for safe motherhood services and regular presence of female staff at health facility have played an important role in creating enabling environment for mothers to make ANC and PNC check-up visits. RHDP continues to strongly lobby with DDC and VDC council for its effective management and the sustainability of birthing centers. Health seeking behavior among the discriminated communities have also increased with RHDP's effort in dissemination of the message on provision of GoN free health care service, emergency health fund and free maternity incentives. With RHDP's continuous facilitation, the VDCs and DDCs have reflected HFOMCs and health plans in their annual plans, addressing the effective management of 24-hours birthing centers, ANM hiring, upgrading HPs to PHC, and management and maintenance of physical infrastructures. Most of the HFOMCs thus are able to approach and allocate a significant amount of VDC budget ranging between NRs 160,000 to 306,000 for health programs and activities. As a visible outcome of capacity enhancement of HFOMC applying Appreciative Inquiry approach, all the six current working

Ilaka VDCs of Dolakha have hired additional ANM and are able to establish 19 nos. of 24 hours birthing centers. Additionally ANMs were hired in 3VDC HPs in Dolakha. HFOMCs in Okhaldhunga have managed birthing centers in Raniban, Baruneshwor and in Thulachhap. In Baruneshwor they have hired a local ANM as well. Likewise HFOMCs are actively involved in construction of HF buildings in Pokhare, Okhaldhunga and Chyanam. However, Inadequate trained health workers based on their posting and inappropriate physical infrastructures still remains as a challenge at some VDCs in the districts.

The district's periodic health plan has not been completed yet as DDCs are looking forward to tie up the health plans with the District Periodic Plans, the process of which just began.

Forward Looking: The second year YPO of 2010~2011 will be a very crucial and challenging for the RHDP in terms of program phasing out from Dolakha and capitalization of knowledge so it will be the prime areas to be focused. Based on the learning from Dolakha, exit plan for in Ramechhap and Okhaldhunga Districts will be developed. RHDP will continue to support in strengthening and expanding birthing centers at all health posts and some potential sub health posts by providing 24 hours delivery service at peripheral level. RHDP will continue to facilitate HFOMCs, VDC and DDC to reflect the projects' good practices and learning also in the VDC and district plan and facilitate in VDC resource allocation for the health related activities and sustainability of project's results.

## 4. Major Output Achievements

The present 'Output Achievement Section' of the report presents the detail information about the progress made under each output heading during the reporting period of 16 July 2009 to 15 July 2010.

Health related orientation, workshop, training, exposure visits, and micro health projects are the direct activities accomplished during this year. Altogether 80,800 community people from three RHDP districts; mostly the HFOMC and MG Network members, HF staffs, FCHVs, adolescents

and child club members, and DAG households directly benefited from the project intervention, among them 77% are women. The % of beneficiaries from BCN is 48, JJ is 40, Dalit is 11. From the total number of beneficiaries 70,786 are from the discriminated groups.

### **Output 1: Communities, especially women and DAG are capacitated to increase their access to improved maternal health care and family planning services**

#### ***Birth Preparedness Package (BPP) Training***

In order to provide knowledge and skill on safe motherhood especially on recognizing danger signs and potential complications during pregnancy, labor and delivery and for the necessary preparedness the BPP training was provided to MG network, FCHVs, disadvantaged group members, pregnant mothers, husbands and/or mothers-in-law and traditional healers. These trainings adopt a method of sharing individual experiences of mothers related to obstetric complications and providing practical knowledge and skill in timely recognizing the danger signs and preparedness for the possible complication.

The BPP training was provided to 24 MG networks and members from disadvantaged groups. The training imparted the knowledge and skill of MG Network members on the importance of regular ANC, PNC visits and delivery with the support of trained health workers to prevent unnecessary death. Training was also organized to the couple especially for pregnant women and her husband/ or mother in law. A total of 3804 (2242 in Okhaldhunga and 1562 in Ramechhap) participants from families of pregnant women participated in the training. Couple training helped to sensitize family members on safe motherhood issues, danger signs, potential complications, preparedness and role of the husband and other family members during pregnancy and delivery. The refresher trainings on BPP were conducted at 51 VDCs of Dolakha district and 46 VDCs in Okhaldhunga. Refresher trainings on BPP were conducted at 51 VDCs of Dolakha district and 46 VDCs in Okhaldhunga. Altogether 1868 FCHVs (590 from Okhaldhunga and 1278 from Dolakha) received the refresher training. In Okhaldhunga, 242 traditional healers from 14 VDCs received training on BBP referral system; of them 125 were

women. This kind of training helped to motivate the traditional healers to become a good health promoter by transferring the trust of community into referral system.

### **Emergency Health Fund (EHF) Establishment**

Thirteen VDCs of Ramechhap and 44 VDCs of Okhaldhunga were supported to establish and operate Emergency Health Fund during this year. Altogether 53 VDCs of Ramechhap and 54 VDCs of Okhaldhunga have established EHF and functioning as a “Life Giving Fund” for pro poor and DAG. The HFOMC is leading the operation of EHF. In Bethan and Gunsi VDCs of Ramechhap, EHF are managed at each ward level under the supervision of the respective MGs

*Sanu Maiya, one of the DAG members from Manthali - 8, expressed that the emergency health fund saved her life. She was in a critical situation during her labor pain. Then, she borrowed NRs. 5000 from a FCHV who managed the EHF and was able to reach health facility in time and get institutional delivery successfully.*

### **Micro Health Project (MHP) Support**

MHPs are the community initiatives which are designed and implemented by themselves with partial financial support of RHDP, VDC and other community groups. Basically, the MHPs implemented during this period include six types of activities: maintenance support to delivery and ANC room, roofing of HF building, toilet and drinking water support to health facilities, toilet construction support to DAG households, and furniture support to HF building.

These activities aimed to improve the infrastructure of health facility and help to fulfill the gaps in delivering the health services to the disadvantaged people effectively. In Dolakha, the total MHP cost was around Rs. 3.4 million, where RHDP contributed 30% and VDC 58% and remaining by HF. The major MHP activity was support to the improvement of delivery and ANC room in 10 health facilities. In Ramechhap RHDP provided support to HFs with basic equipments to ensure quality maternal health

care services which helped to ensure availability of functioning 24 hour delivery services.

In Okhaldhunga MHP support varied from partial Financial contribution on stretchers, rehabilitation/construction of ANC room and birthing centers in HFs. The total budget for the MHP reached to a total NRs. 33, 04,096 in which RHDP, VDC, communities and health facilities contributed 34%, 40%, 18% and 8% respectively. Financial support for 196 stretchers was provided to MGs and Health facilities in 7 VDCs of Dolakha and 4 HFs in Ramechhap. The support was provided on a cost sharing basis of 40%/60% ratio. Mothers expressed that the stretcher is a safe and easy means of transportation to reach health facility on time.

### **Support in FCHV Fund and Uniform**

RHDP supported with the financial contribution of NRs. 5,000 to FCHV fund of each of the targeted VDCs. The contribution complements the fund which is established by the GoN/FHD to motivate the FCHVs by mobilizing the fund in income generation activities. In addition, the FCHVs were also provided with the information about the policy to effectively run the fund. A total of 713 FCHVs of Okhaldhunga were provided with the uniform (sari, blouse, and shawl) in cost sharing basis with the VDCs. During this reporting period RHDP Ramechhap provided

*Dr. Pawan K.C. of Manthali PHC expressed, “The Solar system installed in the PHC has been very useful for conducting dwwelivery during the load shedding period. So, we are grateful towards RHDP for supporting with solar system in the health facility.” Dr. Basudev Karki of Khimti PHC also acknowledged RHDP’s support of equipments for SBA delivery, attached toilet, drinking water and partition for institutional delivery. He said, “RHDP is playing a strong catalytic role as a change agent in safe motherhood fulfilling the basic needs of rural health facilities.”*



*FCHVs observing the FCHV Day in Rumjhatar, Okhaldhunga*



*Trained SBA with full equipped delivery room*

NRs. 240,000 to DHO to give retirement to 24 old FCHVs, which eased the DHO to select other new and potential FCHVs.

#### **Health Message Dissemination through Media and Hoarding Boards**

Local FMs in three districts are broadcasting health messages during the prime time covering key health issues including safe motherhood, domestic violence, communicable diseases, HIV and AIDS and free health care policy. RHDP Okhaldhunga has also begun disseminating health messages by installing hoarding boards in public places.

#### **Upgrade ANC and PNC room at SHPs, and delivery service at HPs**

In Dolakha, delivery and ANC rooms were upgraded at ten health facilities. Apart from this, essential equipments and supplies were provided to 25 health facilities for ANC, PNC and ORC service strengthening. Basic equipments provided to six Birthing Centers. Similarly basic items like mattress, curtain, pillow, towel and furniture were supported to strengthen the 72 Out Reach Clinics at 28 SHPs. In Ramechhap 25 health facilities were supported in upgrading the ANC services i.e. curtain to separate delivery room and post delivery room and delivery tables. In Okhaldhunga, eight HPs were

provided with the advance delivery beds. Suction machine and vacuum set were provided to Rumjatar hospital. In addition to this, delivery set was distributed to each of the HF of 46 VDCs. Basic essential equipments to 4 birthing centers were provided, which has eased the health workers to provide effective health service.

#### **Upgrade and establish PHC/ORC Clinics**

In Okhaldhunga, eight HPs were provided with the advanced delivery beds. Suction machine and vacuum set were provided to Rumjatar hospital. In addition to this, delivery set was distributed to each of the HF of 46 VDCs. Basic essential equipments to 4 birthing centers including Raniban and Baruneshwor were provided, which has eased the health workers to provide effective health service.

Altogether sixty nine (Three in each VDC) PHC/ORC management committees were reformed in 23 VDCs in Okhaldhunga. With the joint support of DHO and RHDP 137 PHC/ORC clinics were revitalized and supported with essential materials like curtains, ANC table, mattress, furniture. DHO is committed to supply regularly the medicine. This support helped people, especially for those living far from the health facility.

#### **Support in capacity building of health service providers**

In joint collaboration with the National Health Training Center (NHTC) Kathmandu, RHDP provided sixty days Skilled Birth Attendants training to nursing staffs. The training was organized in Koshi Zonal Hospital, Biratnagar and 15 ANMs from 3 RHDP districts received the training. Priority for the SBA training was given to the locally

*“After the SBA training, my confidence in handling obstetric complication management has increased immensely. Although an auxiliary nurse, I did not have the necessary technical knowledge and this training helped in refreshing and sharpening my knowledge and skills. Now I am confident and encouraged and I give my commitment to working towards reducing maternal and infant mortality rate at least in my community.”*

**-Sarita Ghising, ANM ( Namdu HP)**

hired ANMs. After receiving the SBA training, ANMs are highly motivated and committed to effectively run the 24 hours birthing centers at their own HFs .

Similarly RHDP in joint collaboration with National Health Training Center Kathmandu provided twelve days IUCD training to 14 health workers and Implant training to 12 (four each from three districts) health workers from the Dolakha, Ramechhap and Okhaldhunga districts.

## **Output 2:** **Adolescents are aware of Adolescent Sexual Reproductive Health**



*Member of Adolescent club facilitating in her class*

### **ASRH related orientation/training**

In order to increase ASRH related life skills knowledge and information for effective implementation of ASRH program and activities in Ilaka VDCs a district level orientation on ASRH to high school teachers was conducted in Charikot, Dolakha where 201 school teachers and HPICs from all Ilaka VDC participated. Nepal Red Cross Society, one of the local partners has been implementing the entire ASRH related programme in Dolakha.

Altogether 456 school adolescents (240 from Dolakha and 216 from Okhaldhunga) participated in the five day training among which 49% were female. Similarly, three days street drama training was

provided for 12 adolescent clubs in Dolakha focusing on HIV AIDS and ASRH related issues. Altogether 120 club members participated in it, with 56% of female. Logistic support to establish Youth Corner (Adolescents' counseling centers) at HP were provided with soft board, sign board, furniture and IEC materials to the HPs/PHCs and hospital (total 11) in all three districts.

### **HIV/AIDS awareness/ training**

HIV/AIDS awareness/ training to non-school going adolescents organized by RHDP Okhaldhunga in Palapu, Pokhare, Okhaldhunga, Toksel and Thakle as these VDCs witness a higher number of migrations. There were 100 adolescent participants of which 75 % were girls. The non-school going adolescents are targeted as a vulnerable group being deprived of proper information and likely victims of early marriage, substance abuse and trafficking.

In collaboration with DHO a four days' HIV/AIDS counseling training was also provided to HP in-charge (22 participants including 4 women) to strengthen their capacity to deal with to counsel and deal with the victims of HIV/AIDS.

## **Output 3:** **Mothers group are able to deal with gender based violence and uterine prolapsed issues**

### **Support in UVP screening and surgery camp**

4508 clients benefited from the UVP screening camps in three districts. UVP screening and surgery camps were organized in joint collaboration with DHO, HELP Nepal Network Australia and SAHAS Nepal in four VDCs of Okhaldhunga. Similarly UVP screening camps were organized in 13 VDCs of Dolakha, 18 VDCs in Ramechhap jointly with DHO. RHDP supported to disseminate information by distributing IEC materials and broadcasting messages of screening camps from local FM. Likewise RHDP provided support for counseling and transportation cost to the clients operated and referred for hospital.

### **Facilitation of Gender Based Violence in MG Network and HFOMCs**

MG Networks and HFOMC members are sensitized on negative effects of domestic violence on women's and children's health. The issue of gender based violence (GBV) and uterine prolapsed was openly discussed during MG/ network meetings and HFOMC meetings. Altogether 5272 community people including MG members, MG network members and HFOMC members participated in the meetings. They were also informed about referral possibilities for further counseling support for violence' survivors.

### **Output 4:**

#### **Local health promoters are incorporated within the health system**

Nine MGs in Kalinchowk VDC of Dolakha and 121 MGs in 20 VDCs of Ramechhap were reformed at ward basis. Altogether 3242 members participated in the entire process of MG's orientation and reformation program. The reformation program aimed to activate MGs in an inclusive way. The representation in the MG is 91% from Janajati, 7% from BCN, and 2% from Dalit. Representation from Janajati is extremely high as they are the main inhabitants in those VDCs, but in there is proportionate representation in the key positions.

### **Formation and capacity building of MG Network**

During this period a total of 81 Networks were formed (28 in Dolakha, 29 in Ramechhap and 24 in Okhaldhunga), which were inclusive. After formation, capacity building trainings were provided to the Networks. The training was focused mainly on organizational development, leadership, local resource mobilization, social inclusion, proposal writing and report writing but all these areas were linked to the safe motherhood. Altogether, 1319 MG Network members actively participated in the training, out of which, 53% were BCN, 36% were Janajati, 10% were Dalit. Representatives from the discriminated groups received additional attention to enhance their leadership quality.

### **Reformation and Capacity Building of HFOMC**

Altogether 102 HFOMC (27 in Dolakha, 30 in Ramechhap, 45 VDCs in Okhaldhunga) were reformed and oriented on their responsibilities. Then, RHDP and DHO provided to 52 HFOMCs a three days' capacity building



*HFOMC Member assessing themselves using Spider Web tool*

training, focusing on leadership and organizational development. A total of 1074 participants took part in the training. As the result, HFOMC regular meetings are taking place minimum in every two months.

### **Support in Review Meeting of HFOMC and HPs**

HFOMCs' role is very crucial for sustaining the health programme at local level in terms of planning, executing and monitoring of health activities. With the objective of monitoring the effect of project activities and also assess the activeness of the HFOMCs, RHDP supported the DHO and HPs to organize such review meetings on bi-annual basis. During the reporting period 82 review meetings were organized in Okhaldhunga. The meetings, apart from gearing up the HFOMCs to execute their action plan have also strengthened the mutual trust and feeling of cooperation between HFOMCs and the local HFs. RHDP also provides facilitation support in the llaka level review meetings in quarterly basis. The CHF's from respective llaka HPs participated in the meetings and reviewed the progress and its reflection on HMIS.

Joint supervision from RHDP and DHO was made twice this year in old focused VDCs and in Thulachhap Ilaka of Ramechhap this year. The visit was focused to the status of recording and reporting at field level as well as to encourage the health workers and the communities to work effectively and efficiently.

#### **FCHV monthly meeting in collaboration with VDC**

RHDP facilitated FCHV monthly meetings and interaction on safe motherhood and neonatal health issues in collaboration with the local HFs and with the financial support of local VDCs. In Ramechhap local HFs are conducting FCHV review meeting in every month for which VDCs and RHDP provided partial financial support. During the meetings, interaction were made on the issues of new changes in health, mobilization of mothers group, collaborating with mothers group network, FCHV fund, stretcher and emergency health fund etc. The training helped FCHVs to make capable in effectively disseminate key health message in their communities.

#### **Support in enhancing management capacity of DHO and HFs**

RHDP provided support to enhance the management capacity of DHO and local Health Facilities. Aiming to enhance overall management capacity of DHO, Hospital and HP In-charges a 3 days training on Appreciative Inquiry (AI) was conducted in Ramechhap and Okhaldhunga. The AI training helped them to internalize on their role and responsibilities and their inner strength were animated for positive thinking and changes. Now their level of commitment seems to be very high.

Support for installation of solar panels in four Ilaka health facilities in Ramechhap was provided for upgrading 24 hour delivery services. RHDP provided the ward register to all health facilities, which helped the VHW and MCHW to collect and maintain the updated data of each household.

#### **PRA Exercise at Ward Level**

The RHDP Phase VII's programme was expanded in 46 new VDCs in Okhaldhunga. So as an initial process of the project intervention PRA exercise was also conducted in all wards of these new VDCs (414 wards); a total of 15,359 people (45% BCN, 44% JJ and 11% Dalits) actively participated in the PRA exercise. PRA revealed that only 51% of households have toilet,

12% have improved kitchen. RHDP will focus its facilitation support to improve also in these areas.

#### **Output 5: Local bodies (DDCs and VDCs) pursued local health governance approaches envisaged by MOHP and MOLD**

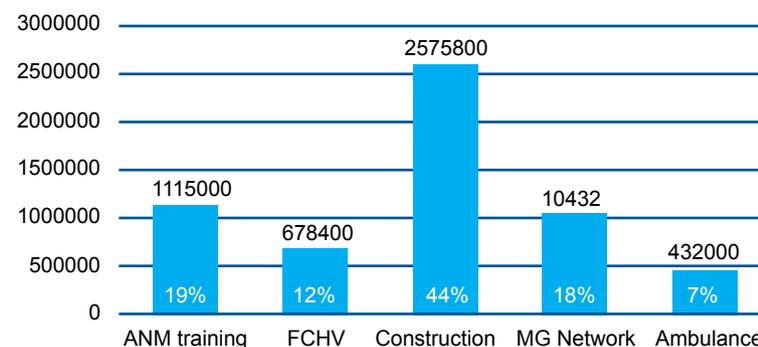


Figure 2 Allocated VDC budget based on different heading

#### **Support to VDC to prepare health plan**

RHDP supported the local VDCs to prepare its annual health plan and incorporate it also in the VDC's annual plan in 12 VDCs in Ramechhap. They also conducted different level meetings with HFOMC and MGN for advocating and promoting the health sector development, especially for safe motherhood and neonatal health. All the HFOMCs are able to approach significant amount of VDC budget on health programs. Now the local VDCs have allocated remarkable and sufficient fund. Regular facilitation, coaching and lobbying of RHDP staff with HFOMC members, VDC Secretary, political representatives and community leaders particularly right before and during the VDC assembly is the success key behind this achievement.

#### **Support in organizing public hearing**

Project staff participated in public hearing program facilitated by Good Governance Project (GGP) in 7 VDCs of Dolakha and 8 VDCs of Okhaldhunga where Ilaka HPs are located. This forum was taken as an opportunity for sharing RHDP's working modality of phase VII, activities achieved, best learnings, and future perspective in respective VDCs. As a

whole, the program was fruitful to develop synergy with other SDC's project i.e. GGP and promoting transparency in the community.

### **Regular support in strengthening HMIS system**

Regular support has been provided through participation by project staff in 13 Ilaka to HFs in strengthening the health management information for recording and reporting of data. CHF's also participated in monthly FCHV meetings and HF meetings regularly facilitating discussions on strengthening of recording and reporting. CHF also involved to include safe motherhood related data in HMIS.

*I had never participated in any kind of study tours. I was my first exposure tour. Now I am fully encouraged and committed to actively work in my VDC*  
**-Rita Nepali FCHV Dolakha**

Dang districts for the HFOMC members, FCHVs and Ilaka HF In-Charges. A total of 27 FCHVs of Dolakha and HFOMC representatives of 29 VDCs participated. Similarly 27 representatives of MG Network and FCHVs from Ramechhap participated in another lot of exposure visit.

### **Output 6:**

#### **RHDP approaches are consolidated in a sustainable way**

#### **Exit plan of Dolakha**

Aiming to prepare a RHDP's Dolakha Exit Plan in participatory way with commitments from all the concerned stakeholders a one day's exit planning workshop was organized in Charikot. Representatives were from DHO, DDC, political parties, VDC secretaries, and from other working groups i.e. HFOMCs, FCHVs, and MG Networks. There is a full consent and strong commitment from partner agencies particularly the DDC, DHO, VDC and local health facilities to sustain the RHDP supported activities. RHDP has adopted key activities according to the Plan and also started process-documentation of the exit plan to provide feedback to the exit process of other RHDP's districts.

### **Synergy work with other SDC projects**

Two trainings to disadvantaged group members on Nutrition, Safe Motherhood and other relevant health issues were organized jointly with other SDC funded projects at Kathajor, Bijulikot and Nagdaha VDCs of Ramechhap. Similarly, RHDP staff participated in synergy meeting for connected development and benefiting the DAG in road corridor VDCs. The DAG data are updated secondary information of NSCFP and PAF in 30 VDCs. The information about DAG was discussed and confirmed in HFOMC meeting hence selection criteria was set for the purpose of benefiting DAG i.e. selecting the training participants.

### **Innovative approaches**

With the facilitation and financial support of RHDP and local VDCs, the MG, MG network and HFOMC have generated and implemented some innovative activities for the promotion of Safe Motherhood at their village in the RHDP working districts. This includes Koselibhet, congratulation card and flag containing key messages on safe motherhood and baby cloths. Since Koselibhet has been proved as an effective innovative approach for the promotion of safe motherhood now it has further been expanded in all VDCs of Okhaldhunga and other districts.

## **5. Project Management**

As per the Phase document NRs 71.98 Million was planned for the year first 2009-10. In 2009-10 RHDP spent NRs. 68.95 Million (95.8%) against planned budget 71.93 million.

In 2005 RHDP introduced FFA tool. FFA 2009-10 shows that the RHDP fund has benefited 29% disadvantaged group (DAG) and 24% non-disadvantaged group (non-DAG) in the community, and rest of 47% was spent on general and common purpose. Looking at the fund receiver's side, geographically, 56% of the fund receivers are from rural and district areas and 44% receivers are from the urban and centre. In terms of caste, ethnicity, and gender, 24% fund receivers are discriminated and 76% are from non-discriminated community.

From the gender perspective FFA shows that the 73% female and 27% male people are benefited from the project activities i.e. capacitating communities, especially women and disadvantage groups so that they increase their access to improved maternal health care and family planning service (Output 1). Similarly, there are 60% male and 40% female beneficiaries from activities implemented for improving local health governance (Output 5).

RHDP has a diverse and inclusive team. At district level, Community Health Facilitators are the front line field staff, empowering communities towards a healthy future. The Project Support Unit and District Project Offices work closely with their Government counterparts. During the reporting period altogether 59 (57% Female and 43% Male) national staffs are working in RHDP.

Dolakha office will be closed in February 2011 and all the project activities are planned to be phased out by mid July 2011 hence out of 12, 10 staffs will be redundant in July 2011 in Dolakha. Project has also planned to support those staffs for their further career development by offering different academic and vocational courses and 3 months severance payment. RHDP Phase document has planned 2 Community Health Facilitators from each district in Ramechhap and Okhaldhunga to be phased out effective from July 16, 2011 onwards however RHDP entered in 46 VDCs of Okhaldhunga only in the mid of 2009 and many activities yet to be completed. Therefore considering the high need of human resource to accomplish phase activities RHDP management will continue those 2 CHF's till the end of project period in Okhaldhunga.

## 6. RHDP Lessons Learned

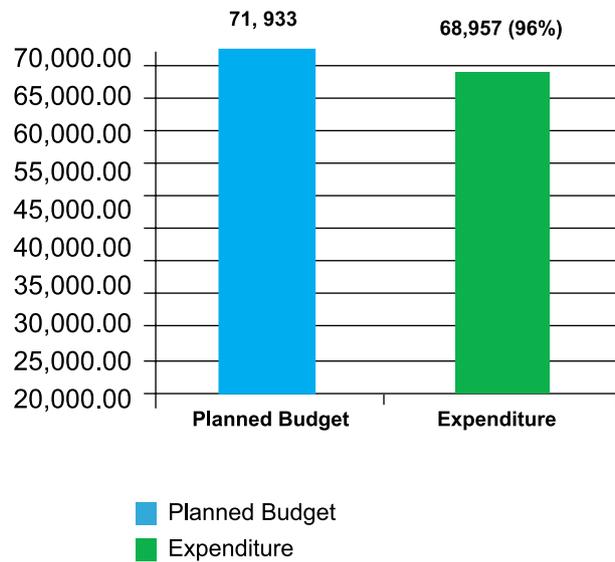
Over the last reporting period, several examples of good practices were adopted and with number of challenges lessons are learned to move forward in a strategic manner. Following are the major lessons learned experienced during different level of program implementations;

- Regular coaching, facilitation and lobbying with HFOMCs, VDC level political leaders and MG Networks made a difference in adequate allocation of VDC Budget for health programs.

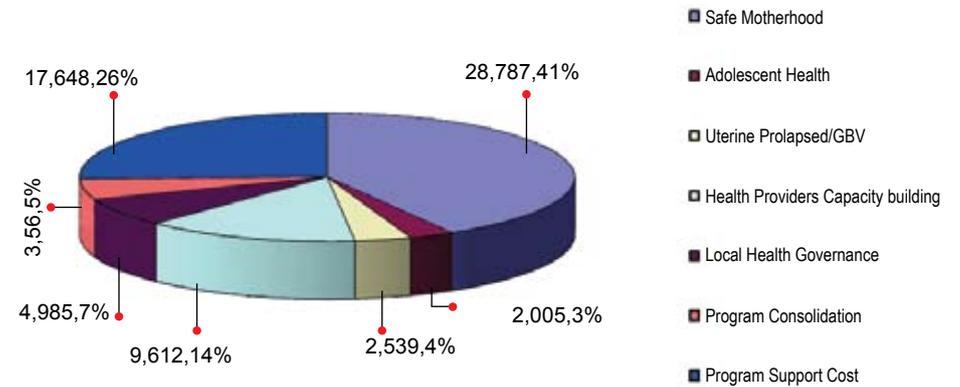
- Appreciative Inquiry trainings supported to enhance management capacity of DHO, local HFs and HFOMC and it helped also to create enabling environment for establishing 24-hours birthing center at HP.
- Male participation through couple training on Birth Preparedness contributed to positively change in health seeking behavior of the disadvantaged community in terms of caring of the pregnant mothers for ANC, providing nutritious food and early preparedness to manage the possible complications.
- Expansion of the Kosheli Bhet programme, distributing congratulation card to pregnant women and green flag has helped to increase PNC visits, and institutional deliveries.
- Regular FCHV review meeting helped to impart their knowledge and skills which also helped to improve recording and reporting.
- Exposure visit to HFOMC members, HF staff and FCHVs have opened their eye and encouraged them to replicate best practices on safe motherhood of other districts in RHDP working areas.
- Focused support in educating poor and discriminated groups on government's free health care policy and maternal incentive schemes through local media as well as FCHVs and MG have increased access to the health services.

# Annex - 1

**Budget and expenditure 2009-10**



**Program wise budget expenditure**



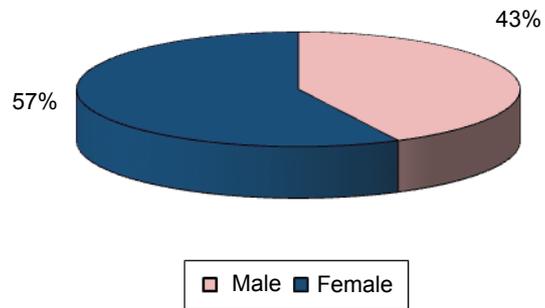
## Annex - 2

### List of abbreviation

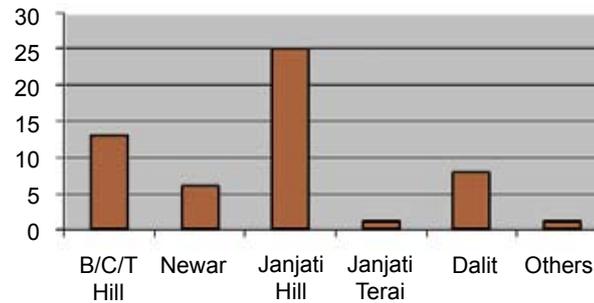
ANC	Antenatal Care	MOHP	Ministry of Health and Population
ANM	Auxiliary Nurse Midwife	PHC/ORC	Primary Health Care/Outreach Clinic
ASRH	Adolescents' Sexual and Reproductive Health	PM	Project Manager
BCN	Brahmin, Chhetri, Newar	PNC	Postnatal Care
BPP	Birth Preparedness Package	RHCC	Reproductive Health Coordination Committee
DAG	Disadvantaged Group	RHDP	Rural Health Development Project
DDC	District Development Committee	S/HP	Sub/Health Post
DHO	District Health Officer	SBA	Skilled Birth Attendant
DPC	District Project Coordinator	SDC	Swiss Agency For Development and Cooperation
EHF	Emergency Health Fund	SHP	Sub Health Post
FCHV	Female Community Health Volunteer	STI	Sexually Transmitted Infection
FHD	Family Health Division	UVP	Uterine and Vaginal Prolapsed
FFA	Fund Flow Analysis	VDC	Village Development Committee
GoN	Government of Nepal	VHW	Village Health Worker
HF	Health Facility	YPO	Yearly Plan of Operation
HFOMC	Health Facility Operation and Management Committee		
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome		
HMIS	Health Management Information System		
JJ	Janajati		
MG	Mothers Group		

# RHDP Staff Composition

RHDP Staff composition by Gender



RHDP Staff composition by caste & ethnicity



RHDP Staff composition by position

