

Individual Project**Interim Report**

Via e-mail to zivilgesellschaft-international@ada.gv.at

The originals of supporting documentation can be sent to the Civil Society International (ZGI) unit.

Contract number: 2319-04/2019

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Project title: **Integrated Project to Improve Maternal and Child Health with a Focus on Nutrition**

Country: Nepal	Region/place: Mugu
Duration from: 1 Jan 2019	to 31 Dec 2021
Report as at (date): Annual report as per 31 Dec 2019	Submitted on 30 March 2020

Financial statement per (date) (euros)

Total costs	Cleared items	Submitted for examination	Open items
€ 496,000	-	€ 156,766	€ 339,234

Abbreviations

ADA	Austrian Development Agency
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
CBIMNCI	Community-Based Integrated Management of Neonatal and Childhood Illness
CCT	Controlled Cord Traction
DFID	Department for International Development
DHO	District Health Office
DHS	Demographic Health Survey
EKFS	Else Kröner-Fresenius-Stiftung
EU	European Union
FCHV	Female Community Health Volunteer
GAM	Global Acute Malnutrition
GAP	Gender Action Plan
GoN	Government of Nepal
GP	General Practitioner
HBF	Healing Buddha Foundation
HFOMC	Health Facility Operation and Management Committee
HRNDC	Human Rights & Environment Development Centre
HS	Health Supervisor
INF	International Nepal Fellowship
KOICA	Korea International Cooperation Agency
MOSD	Ministry of Social Development
MOU	Memorandum of Understanding
MUAC	Middle Upper Arm Circumference
NGO	Non-Government Organization
NNMR	Neonatal Mortality Rate
OPD	Outpatient Department
ORC	Outreach Clinic
PHASE	Practical Help Achieving Self-Empowerment
PNC	Postnatal Care
PWW	PHASE Worldwide
RRDC	Reconstruction and Research Development Centre
SBA	Skilled Birth Attended
SDG	Sustainable Development Goal
U5	Under 5
UK	United Kingdom
UNICEF	United Nations Children's Emergency Fund

Date, author of report:

30 March 2020, Ganesh Shrestha and Brita Pohl

1. Brief description of project progress

Das Projekt soll zur Umsetzung der SDGs 2 und 3 sowie von Ziel 10 des EU-Aktionsplans für die Gleichstellung (GAP II) beitragen. Das übergreifende Projektziel ist die Verringerung der Müttersterblichkeit sowie der Sterblichkeit von Kindern unter 5 Jahren in zwei ländlichen Gemeindeverbänden im Bezirk Mugu in Nepal durch Kapazitätsaufbau in Gesundheitseinrichtungen und Maßnahmen zur Verbesserung der Ernährungssituation – insbesondere durch Verbesserung der primären Gesundheitsversorgung und der Ernährung von Müttern und Kindern. Das Projekt stellt eine Weiterführung des von PHASE Nepal 2016-2018 implementierten ADA- Rahmenprogramms in der Region dar und ist mit einem gleichzeitig durchgeführten Ernährungs- und Landwirtschaftsprojekt Teil eines integrierten Programms.

Das Projekt wird in fünf ländlichen Gemeindeverbänden im Bezirk Mugu in Westnepal umgesetzt, einem der ärmsten Bezirke Nepals. Ca. 2.100 Kinder unter 5 Jahren und ca. 3.000 Frauen im gebärfähigen Alter sind die primäre Zielgruppe des Projekts, zudem strebt das Projekt die Verbesserung des Zugangs zu medizinischer Primärversorgung sowie einen Wissenszuwachs in Bezug auf gesunde Ernährung durch Bewusstseinsarbeit für alle ca. 13.000 Menschen in den 2.100 Haushalten des Projektgebiets an.

10 ANMs, 2 Health Supervisors, 5 Social Mobilizers und 1 Projektmanager wurden für das Projekt eingesetzt. Die Projektaktivitäten umfassen die Unterstützung des Regierungspersonals an Gesundheitsposten in der medizinischen Grund- und Notversorgung; Outreach-Aktivitäten zur Erhöhung der Nachfrage; Anreize (Kleidung) für Mütter, die institutionell entbinden; Geburtshilfe durch Fachpersonal bei Heimentbindungen, wo keine Geburtszentren zur Verfügung stehen; Outreach-Arbeit, um Schwangere zu erreichen, die die Vorsorgeuntersuchungen nicht wahrnehmen; Ernährungs-Workshops; Veranstaltungen für Schwangere; Straßentheater; Fortbildung und Supervision des Projektpersonals; Fortbildung für FCHVs, HFOMC-Treffen und Social Audits.

Im Jahr 2019 wurden in den Gesundheitsposten insgesamt 19.271 PatientInnenkontakte verzeichnet. 10.215 Personen (3.666 Männer und 6.549 Frauen) nahmen an 361 Gesundheitserziehungs- und Aufklärungsveranstaltungen teil. Wachstum und Ernährungssituation von 6.323 Kindern unter 5 Jahren wurden kontrolliert, 387 Schwangere nahmen die 1. Vorsorgeuntersuchung, 166 alle vier empfohlenen Vorsorgeuntersuchungen wahr. Insgesamt 282 Entbindungen wurden verzeichnet, davon 137 institutionelle Entbindungen und 30 professionell begleitete Hausgeburten (59,2% professionell begleitete Geburten).

Risiken:

Angesichts der weltweiten Verbreitung des Corona-Virus gehen wir davon aus, dass auch Nepal im Laufe des Jahres 2020 betroffen sein wird. Auswirkungen auf die laufenden Projekte sind unvermeidlich. PHASE Nepal hat bereits entsprechende Maßnahmen eingeleitet, etwa seine Lagerbestände aufgefüllt und die MitarbeiterInnen über Covid-19 informiert, einen Krisenstab gebildet sowie alle Projektaktivitäten in großen Gruppen vorübergehend ausgesetzt. Seit 24.3.2020 gilt in Nepal eine allgemeine Ausgangssperre.

Eine weitere bedenkliche Entwicklung, die im Jahr 2019 zu beobachten war, sind die langen Verzögerungen bei der Besetzung von Regierungsstellen auf Bezirks- und Lokalebene nach der Implementierung der neuen föderalen Verfassung. Dadurch entsteht ein Ripple-Effekt z.B. durch Verzögerungen der Freigabe von Budgetmitteln durch Nichtbesetzung der Positionen, die für derartige Freigaben zuständig wären etc. In dieser Situation sieht sich PHASE als wichtiger Partner in der Mitigation der dadurch entstehenden Versorgungslücken und unterstützt auch den Kapazitätsaufbau unter neuen Verantwortlichen, v.a. auf lokaler Ebene.

2. Project progress by activities

Table 1 – Current achievements as compared to targets

Expected results/ outcome(s), including attribution to SDG target(s) and Gender Action Plan (GAP) II objectives	Results achieved / indicators, including a target value for each indicator; including # of beneficiaries, gender disaggregated			Activities implemented to achieve these results	Reasons for deviations (anticipated / achieved results)	→ Comments/ steering measures (in the event of deviations)
	Baseline:	Achievement so far/ progress:	Target:			
Improve Health Care and Improve Nutrition of Mothers and Children in 2 Rural Municipalities in Mugu, Nepal	Maternal Mortality Rate – 239 / 100,000 Under 5 Mortality Rate – 39/1,000	0 in the project area during reporting period Too early to assess	116/100,000 18.4/1,000			
Improved Access to Maternal Health Care SDG 2, target 2.2 SDG 3, targets 3.1, 3.7, 3.8, 3c EU GAP II objective 10	Antenatal Care Visits (1 st and 4 th) ANC 1 st – 81% ANC 4 th – 41% SBA – 39.5 %	137.23 % 58.87% 59.22%	85% 50% 50%	Staff support to existing government health centres and additional activities in outreach centres to increase demand; incentives (clothes) for mothers who attend for delivery; skilled attendance at home deliveries where no birthing centres available; outreach work into community to reach pregnant women who are not attending for ANC; workshops with pregnant mothers	Overachieved – PHASE staff made great efforts to find women in early pregnancy and ensure that they were seen 4 times, even if some contacts were at home visits. Also, mothers from out of the catchment area have been found attracted and utilized services. The achievement is remarkable in view of the national average from DHS 2016 (69%): All targets set for 2021	Recent WHO guidance states that all women should be seen 8 times during pregnancy – therefore, although the target for ANC 4 th is achieved, more efforts are needed to bring women in more frequently. Targets need to be revised.

					have already been achieved.	
Improved Access to Health Care for Young Children SDG 2, target 2.2 SDG 3, targets 3.2, 3.7, 3.8, 3c EU GAP II objective10	Number of children under 5 seen in included health centres in one year – 6,200	4,441	6,500	Support to government growth monitoring service; community outreach and regular “growth monitoring campaigns”; “healthy baby competitions”, nutrition workshops;	U5 year children visit health centres only when they are sick. The decrease in no. of children compared to the previous year could mean the incidence of sickness has decreased.	Increased outreach activity to ensure that sick children are accessing the services.
	Number of contacts with U5 children for malnutrition screening in one year – 5,000	6,323	6,000			
	Global Acute Malnutrition (GAM) in U5 – 27.8%	15.7 %	23 %			
Improved Child Feeding Practices and Knowledge among Mothers and Carers SDG 2, targets 2.1, 2.2.	Mothers able to explain preparation of appropriate weaning food – 51.7%	50.2%	80%	In the framework of the integrated project: agriculture activities to increase local production of green vegetables; multiple awareness raising activities in community to increase intake of green leafy vegetables and special weaning food, demonstration of preparation of special weaning food.	Rural women found to have difficulty explaining the procedure of preparation of appropriate weaning food. This may be because of GoN distributing readymade weaning food. Targets for using special weaning food and green leafy vegetables were overachieved. The figure for children eating green vegetables may be seasonal, and needs further investigation	Continue to promote weaning food to mothers, fathers and grandmothers
	Use of special flour weaning food – 62.8 %	76.8 %	70%			
	% of children receiving green vegetables more than twice a week – 28.3 %	70.6 %	35%			

3. Project goal achieved/discernible impact

This project was initiated to improve Health Care and Improve Nutrition of Mothers and Children in 2 Rural Municipalities in Mugu, Nepal.

Improved Access to Maternal Health Care: 137.2 % of mothers had their ANC 1st and 58.9 % had ANC 4th check up in 2019. Overall, 59.2 % of deliveries were conducted by skilled birth attendants.

Improved Access to Health Care for Young Children: 6323 contacts with U5 children for malnutrition screening is recorded in 2019. 4,441 children with U5 were seen in health posts and outreach clinics. GAM as identified by MUAC screening in the annual survey has been reduced to 15.7 % at the end of 2019.

Improved Child Feeding Practices and Knowledge among Mothers and Carers:

The survey result shows that 76.8 % of mothers surveyed used special weaning food and 70.5 % of the children are receiving green vegetables more than twice a week in 2019.

These indicators are sufficient to show successful implementation of project activities; and very satisfactory results have been achieved. The table below shows a clear overachievement in most of the indicators.

Table 2 - Objectives, targeted strategy and progress:

Objectives	Targeted strategy	Progress till 2019
Improved access to maternal health care	Increase ANC 1 st visit to 85% from baseline value of 81%	137.2%*
	Increase ANC 4 th visit to 50% from baseline value of 41%	58.9%
	Increase SBA delivery to 50% from baseline value of 39.5%	59.2%
Improved access to health care for Young children	6,500 contacts with under five children will be recorded in health centres in one year from baseline number of 6,200 contacts	4,441
	6,000 contacts with under five children for malnutrition screening will be recorded, baseline number 5,000	6,323
	Reduce Global Acute malnutrition to 23% from baseline value of 27.8%	15.7%
Improved child feeding practices & knowledge among mothers & carers	80% mothers will be able to explain preparation of appropriate weaning food from baseline value of 51.7%	50.2%**
	70% mothers will use special flour as weaning food from baseline value of 62.8%	76.8%
	35% children will receive green vegetables more than twice a week from baseline value of 28.3%	70.6%

* see footnote 1.

** We suspect that this lack of progress is due to the UNICEF/ Nepal government programme of distributing free ready-made high-protein food to pregnant and lactating mothers and malnourished children, which decreases the incentive for mothers to prepare weaning food themselves, or even

¹ This number is due to the fact that many pregnant mothers who live outside the catchment area of the PHASE-supported health facilities use these services – which is an indicator of the need for and quality of these services, and of the lack thereof without PHASE input.

works as a counter-incentive, as the government food support gives families much-needed additional food.

Based on the actual situation, PHASE Nepal has revised the target as below:

Table 3 – Revised targets:

Objectives	Indicator	Progress till 2019	Target for 2021 (included in proposal)	Revised target for 2021
Improved access to maternal health care	ANC 1 st visit	137.2%	85%	95%
	ANC 4 th visit	59.9%	50%	80%
	SBA delivery	59.2%	50%	65%
Improved access to health care for Young children	Number of children under 5 seen in included health centres in a year	4,441	6,500	5,500*
	Number of contacts with U5 children for malnutrition creening in a year	6,323	6,000	7,000
	Global Acute malnutrition	15.7%	23%	14%
Improved child feeding practices & knowledge among mothers & carers	mothers able to explain preparation of appropriate weaning food	50.2%	80%	80%
	Use of special flour weaning food	76.8%	70%	80%
	Children receiving green vegetables more than twice a week	70.6%	35%	75%

* The reduced target is due to the suspicion that fewer children present at health posts (4,441 in 2019 as compared to 6,200 in 2018) because fewer children get sick – which would be an indicator of a positive development overall. We will monitor the situation and adapt the target accordingly for 2021; an additional measure is stepping up outreach activities to ensure that all U 5 children who are sick actually access healthcare.

In addition to the above data, the following are notable indicators which were not included in the log frame:

Table 4 – Additional indicators

S. No.	Indicator	2018 Status	Achievement (2019)
1	Institutional Delivery %	34.5	48.6
2	PNC %	82.18	83.3
3	NNMR (per 1,000 live birth)	11.49 (absolute no. 2/174)	14.18 (absolute no. 4/282)
4	Perinatal Mortality Rate (per 1,000 live birth)	22.75 (absolute no. 3/174)*	21.28 (absolute no. 6/282)
5	Total no. of patient contacts	17,830	19,271

* In the previous years (including 2018), perinatal deaths were not recorded separately as an indicator, so this number is not reliable and likely higher.

Table 5 - Number of beneficiaries from various activities performed in 2019

S. No.	Activity	Number of events	Beneficiaries/Participants		
			Male	Female	Total
1	Nutrition training to traditional healers	4	71	9	80
2	Orientations to pregnant women	34	0	512	512
3	Child protection orientation	4	137	143	280
4	CB-INMCI Orientation to FCHVs	6	0	62	62
5	HFOMC meeting	40	238	158	396
6	Village cleaning	66	122	1,648	1,138
7	School Health Education	101	1,119	1,648	2,767
8	Day celebrations	15	211	641	852
9	Networking meeting	1	28	32	60
10	Street Drama	3	111	157	268
11	Public Audit	10	200	278	478
12	ORC conducted	78	1,429	1,893	3,322
	Total	361	3,666	6,549	10,215

4. Difficulties encountered/changes in external situation

There were no unexpected difficulties or changes regarding risk 1-3 listed in the project application (weak primary health care services, lack of access to maternal and child health care, lack of knowledge about nutrition and principles of child feeding). Regarding risk 4 – recent transition to federal system –further developments have been observed over the course of the year, which need to be monitored and addressed, and PHASE have identified an additional challenge in the implementation in the provision of free supplementary food:

Federalisation:

After the promulgation of the new constitution, Nepal has been implementing a federal system of governance in recent years. The power conflict and lack of clarity regarding the division of responsibilities between federal government, provincial government and local government has created some challenges.

The management and (re-)posting of government employees in the new federal system is taking abnormally long, and many of the positions at government health facilities are vacant. Therefore the project is even more essential at present, to temporarily fill the gaps and serve those communities deprived from essential health care services from government.

Provision of free supplementary food:

The government, supported by UNICEF, routinely provides “super-flour” (fortified nutritious high protein flour) to pregnant and breastfeeding women and malnourished children. Readily available super-flour has both a positive and a negative impact. In the harsh topography and climatic conditions of Mugu, agricultural productivity is very limited. In this scenario, readily available super-flour is contextually positive, adding to the limited food supplies. But at the same time, it is limiting mothers’ capacity to identify & utilize their locally available agriculture products, which may have greater nutritional value than that of market products and are more sustainable given the limited and low income of the target population. PHASE is promoting locally available alternatives and will address

knowledge transfer on nutrition and awareness of local alternatives in the coming period, and share these findings with government representatives, e.g. in sharing and learning workshops.

5. Cooperation/networking with...

PHASE Austria has been partnering with PHASE Nepal for more than 12 years in the implementation of a diversity of projects in (mostly remote) communities in Nepal, with PHASE Nepal leading the implementation and planning of projects. The cooperation has been running smoothly. PHASE Nepal submits quarterly financial and narrative reports to PHASE Austria; this as well as direct communication ensures up-to-date information and enables us to adjust to challenges or changes in circumstance in a timely fashion. In addition, the partners meet annually in the UK (on the occasion of the PHASE Worldwide annual conference) and in Nepal, and last year, Jiban Karki (Executive Director), Rudra Neupane (Managing Director) and Urmila Adhikhari (Project Manager) also visited Austria on different occasions to report directly to the PHASE Austria board.

This project is being implemented by PHASE Nepal with co-funding from multiple donors. ADA is one of the major donors, other donors include EKFS (via PHASE Austria), HBF, DFID, Lindsay Cooper Foundation, PHASE Worldwide, GoPhil and Globemed. ADA contributes 25 % of the total expense of this integrated project.

PHASE Nepal networks closely with all stakeholders, both government and non-government. This includes networking and coordination with the central government at ministry level and department level: PHASE has MOUs with the Ministry of Health and Population and the project has been approved by the Social Welfare Council of Nepal. Similarly, PHASE Nepal has been implementing project activities in coordination with municipalities, ward offices and health sections on the local level. PHASE Nepal ensures coordination with line offices in province and district level stakeholders for planning activities and monitoring.

To implement this project, PHASE Nepal coordinated with the Ministry of Health and Population, Nepal; Ministry of Social Development, Karnali Province; Health Office, Mugu; District hospital, Mugu; Rara Chhayanath Municipality, Mugu and Sorukot Rural Municipality, Mugu.

In addition, PHASE Nepal is working in close coordination with UN agencies and other NGOs, e.g.. UNICEF, INF, HRNDC, RRDC, KOICA that are implementing various project activities in Mugu district to exploit synergies and avoid redundancy. For instance at the Tharpa birthing centre, the equipment was mainly funded by UNICEF, while staff and day-to-day running costs are funded through PHASE projects.

6. Sustainability

Project activities were focused on capacity building, advocacy and empowerment about health rights, skills development and participation to help people to become more independent and to make the impact of the project sustainable, even after completion of the project. PHASE Nepal provides services through government health facilities, building capacity and creating a better work environment for government health workers, increasing demand for health services in the community, and strengthening local government agencies, contributing to improved government service provision in the long term.

Institutional capacity

PHASE serves the local people from the government health facilities, ORCs and in the community structures. Previously, these health facilities and communities didn't have enough equipment and resources to provide an adequate service. PHASE Nepal supported local health institutions and referral centres with equipment, furniture and medicines. As the existing birthing centres didn't have electricity connections, PHASE Nepal provided solar systems for lighting in the centres. This support is enabling health facilities to provide a better service.

Fulfilment of staff and training

There were no or very low number of health workers to serve from health posts and ORCs. PHASE Nepal has deployed 2 ANMs in each centre and 1 supervisor per 2 centres on the community level. These are the frontline health workers. These health workers work closely with any government staff and are included in trainings organized by the district health office. PHASE Nepal organises regular biannual staff meetings and trainings for project staff in Kathmandu. The meetings took place in April and October of 2019. All project staff participated in General Health, First Aid, and Infection Prevention trainings, and two project staff members had additional family planning implant training.

The front line health workers are being monitored and coached by the project manager regularly. There are regular visits by GPs from the UK. GPs stay 1-2 weeks at a centre to coach health workers. PHASE Nepal doesn't only provide training for its staff, it also trains government health staff.

The presence of motivated and skilled staff also creates a conducive work environment for government staff so that in most health centres the project has seen increased attendance of government health workers compared to before.

HFOMC training and meeting:

The Health Facility Operation and Management Committee (HFOMC) is the main body to run health institutions on the community level. PHASE Nepal facilitates their monthly meetings and trains them in management skills. Also, PHASE conducts workshops on health rights to HFOMC members so that the health institutions will be able to run smoothly in the absence of external support.

FCHVs Meeting and Community Empowerment:

Female Community Health Volunteers (FCHVs) – around 10 in each project community – and representatives from mothers group from each community are trained on selected primary health care topics. The major role of FCHVs is to advocate healthy behaviors of mothers and community people to promote safe motherhood, child health, family planning, and other community-based health promotion and service delivery.

Mothers groups are the primary forum of health information for women in the community – they usually also function as savings groups.

PHASE Nepal supports monthly FCHV and mothers' group meetings with health education activities. In addition, a large number of health awareness and advocacy activities have been provided to other community people. In combination, these activities raise health awareness in the community and increase knowledge of health rights, appropriate use of and demand for health services.

Financial management: PHASE Nepal lobbies to increase the budget for the health sector, especially on maternal and child health and nutrition programs. The federal and local governments are allocating more and more budget to healthcare each year, which will not be lowered in future. The HFOMC can identify and mobilize local resources as well.

7. ADC cross-cutting themes

Poverty Reduction:

The project is playing a key role to keep the community people healthy. Healthy families have higher income. The project reduces out of pocket expenditure on health by providing essential medicines and medical equipment free of cost and through an emergency fund, which has been helping poor people when they had to be referred to higher centres.

In addition, the project is part of an integrated programme in the area, covering Health, Education and Livelihood components. The livelihood component of the project has supported community people for income generation activities. Kitchen gardening is promoted. Some farmers have sold vegetables and secured an income. The majority of community people have grown vegetables and fruit plants in their field. Now, they do not need to buy these, which results in an increase in the consumption of vegetables, in particular among the most disadvantaged people. Green vegetables and other plants have an important impact on the nutrition status of mothers and children as well.

Promotion of democracy and human rights:

PHASE Nepal is very committed to democratic processes and human rights. This starts with project selection, which is needs-based and coordinated with local governments, as well as staff selection through a transparent fair process.

In project implementation, PHASE Nepal involves the community as much as possible – for example, centres for outreach clinics are decided with the participation of a majority of community people, ensuring accessibility to as many people as possible.

PHASE also conducted 10 Public Audits in the presence of a large number of beneficiaries (twice a year in each community). These public audits serve to inform beneficiaries of activities, cost, and deliverables and aim to increase the transparency and create ownership of the projects. In addition, they may be a tool to increase local knowledge regarding the management and implementation of projects.

Inclusion of disadvantaged groups such as children, elderly persons, persons with disabilities:

Children, elderly and disabled persons are given priority in service delivery. They are prioritised and seen urgently if there are large crowds at the health centres. If necessary, PHASE ANMs provide home services to them. Disability friendly structures are in the process of being set up.

PHASE Nepal has a close partnership with the Independent Living Centre Lalitpur, a Disabled People's Organisation, who can arrange follow-up and appropriate referrals for people with disabilities from the project area.

Gender:

As women in the remote and deprived project communities are more disadvantaged than men, the project activities are focussed on women and girls. Safe motherhood, adolescent reproductive health, and family planning programmes are being conducted. Mothers groups have been formed in each community. FCHV are trained on selected primary health care components. They advocate for healthy behaviors of mothers and community people to promote safe motherhood, child health, family planning, and support other community-based health promotion and service delivery.

PHASE Nepal promotes gender equity and female leadership within the organisation: the current chairperson is Dr. Sheela Verma (female) and 43 % of PHASE Nepal's board members are female. There are 101 female staff (46.75 %) in PHASE Nepal overall. In this project, 14 staff (63.4 %) are female out of 22. International Women's Day and FCHV Day were celebrated in each centre. Employing mostly female health workers (Nurses and ANMs) in the project means that women can easily share their problems and get counselling.

The majority of beneficiaries/attendants at various activities of this project are female: a total of 6,549 women/girls (64.1%) out of 10,215 individuals who attended 361 events in this project in 2019.

Environment:

PHASE Nepal aims to minimise the environmental impact of the project by ensuring efficient travel and transport, reducing waste and good waste management, as well as water conservation and environmental sanitation:

One of the activities of the project is “village cleaning”. Village cleaning committees have been formed in each community. They conduct meetings and cleaning campaigns at least once a month. Pits have been dug in the communities for waste management. Compost pits are encouraged in the community. Use of plastic bags has been discouraged.

PHASE Nepal celebrated World Environment Day (5 June) in all project areas in order to raise environmental awareness.

8. Monitoring/evaluation

PHASE Nepal has strong monitoring, supervision and support systems to project staff and activities. As mentioned in the project proposal, different levels of monitoring and evaluation took place.

Monitoring by beneficiaries:

Public Audits are the formal mechanism to monitor, evaluate and provide feedback on project activities and staff. Two such public audits were conducted in each centre. In addition, feedback has been collected orally/informally from beneficiaries when they attend to access services. Health Facility Operation and management Committee (HFOMC) meetings are conducted at least once a month. This is also a forum to evaluate and provide feedback.

Frontline staff supervision:

There is provision of one “Health Supervisor” for every 2 health facilities. Frontline health staff are directly supervised and supported by the HSs. Supervision check lists are used by the HSs and they are responsible to ensure that staff follow workplans, that services and supplies are well managed. The HSs also live in the region and visit the staff in the health facilities they are responsible for at least once a month for several days, usually more frequently.

Regular visits by Project Manager and senior management of PHASE Nepal:

The PHASE Nepal project manager provided regular supervision and support to all frontline staff including health supervisors. In 2019, PHASE Nepal management staff conducted 6 monitoring visits to the area.

Visit by PHASE Austria representative:

Ms. Brita Pohl, the chairperson of PHASE Austria visited the project area in November 2019. She visited Jima, Dhainakot, Natharpu, Bama and Tharpa centres as well as Bhee, a community where PHASE had just started the implementation of its health programme with the support of EKFS. In the course of her visit, she was able to ascertain that the programme was on track. Conclusions from the visit included that the programmes have a marked “collateral” impact regarding the empowerment of women – in comparison to previous visits, when hardly any woman was willing to speak directly to the foreign visitors, many women now spoke confidently about their experience with and views of PHASE Nepal projects, and advocated for a continuation of the programmes. This effect was particularly striking compared to Bhee, a community where PHASE has started its programme in November 2019. In addition, we identified a need for WASH and literacy programmes in the region, which we are

aiming to address in the future. Communication with PHASE Nepal inevitably improves through direct contact with key persons in management and in the communities themselves. Another learning from the visit was the need to communicate even more clearly regarding the extremely poor conditions in this region, as even experienced travellers usually have no experience of poverty on this scale or a comparable lack of infrastructure.

Visit by ADA representative:

Ms. Sylvia Hinger conducted a visit to the project area in November 2019 at the same time as Brita Pohl. She visited Jima, Bama and Tharpa centres, and observed health and livelihood activities.

Annual Survey:

As mentioned in the proposal, to evaluate the result of year 1 activities, an annual survey was conducted (Survey was conducted after the completion of year 1, in February 2020). The survey used the same tools (very slightly modified) as the baseline survey. The research team of PHASE, Project manager and field team were involved in the survey.

9. Public awareness raising locally and in Austria

Awareness-raising by PHASE Austria:

- Article in frauen*solidarität, a journal dedicated to development cooperation, on the Karnali region and the challenges of working in this remote region: <http://www.frauensolidaritaet.org/images/doku/148nepalpohl.pdf>
- General Assembly (“Hauptversammlung”) on March 1, 2019 with 22 members and supporters
- The PHASE Theory of Change – guest lectures at the Institut für Internationale Entwicklung, University of Vienna, January 24, 2019 and June 27, 2019.
- 4 quarterly newsletters (March, June, September and December 2019), e.g. <https://phaseaustria.org/?na=v&nk=259-515b9a69da&id=47>
- Project presentation on the website of PHASE Austria: <https://phaseaustria.org/portfolio-item/integriertes-programm-zur-verbesserung-der-medizinischen-versorgung-von-muettern-und-kindern-in-mugu-westnepal/>
- PHASE Austria Annual Report: https://phaseaustria.org/wp-content/uploads/2020/01/PhaseAustria_Jahresbericht2019_v03_RZ_LOWRES.pdf
- PHASE Austria developed video clips covering its monitoring visit to project area. These are shared on PHASE Austria’s youtube channel <https://www.youtube.com/channel/UCVN6FXBFtD65IWCam-tZpQ>, website and Facebook page <https://www.facebook.com/phaseaustria>.

PHASE Nepal has distributed T-shirts, caps and bags with the logos of PHASE Nepal, ADA (Austrian Development Agency) and PHASE Austria to all project staff; these are popular with the staff and they generally wear or carry these in the project communities, ensuring visibility of the donor and program as well as fulfilling a useful purpose.

The project includes many activities targeted towards awareness raising about health. During various activities in the community, staff use banners of the program which prominently display the name of the donor agency (ADA).

PHASE Nepal revised the “Simple Treatment Guidelines for Primary Health Care” in English and Nepali languages, which are due to be published in 2020. The ADA logo has been used on the cover of these guidelines (see attached photos).

In addition to these, the following activities were conducted in all project area in the year 2019:

- Celebration of International Women’s Day (8 March)
- Celebration of World Environment Day (5 June)
- Celebration of World Health Day (April 7)
- Celebration of Breast-Feeding Week (1-7 August)

10. Lessons learnt/outlook

The planned activities for the period have been accomplished successfully for year 1 and the project activities are moving in the right direction.

The integrated approach adopted was very successful in increasing awareness in the communities and especially among women of the benefits of attending the health centres for their antenatal care and for safe/institutional delivery. The number of women from neighbouring communities attended to utilize health care services (OPD, ANC, PNC and delivery services) shows project activities are very popular, as well as the general need for improving services in this region.

Given the overachievement of targets in most areas, we have adjusted these targets upwards in order to ensure the project has the greatest possible impact (see table 3 – revised targets).

Coordination with the local government and stakeholders contributed to the smooth implementation of the project and better results. Monitoring visits by the project monitoring team and coaching to health workers ensured the quality of service.

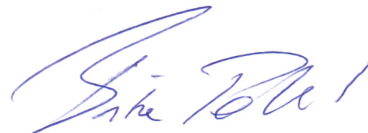
Sharing and Learning workshops at national, district and local level will be organized in 2020; they will contribute significantly to ensure all stakeholders are informed about the project activities.

One district level sharing and learning workshop has already taken place on February 1, 2020 at Gamgadhi, Mugu, with representatives of the District Coordination Committee Mugu, District Administration Office Mugu, Rara Chhayanth municipality, Soru municipality, District Police Office Mugu, District Health Office Mugu, health posts of the project area, as well as ward representatives and community leaders. A total of 58 participants (44 male and 14 female) attended the workshop.

Unfortunately, there is a high likelihood that project activities will be disrupted to some extent in 2020, due to the spread of the global pandemic of Covid-19.

As PHASE Nepal staff live in the project community, they will potentially be essential links in the chain of public health measures to contain the virus. PHASE Austria and PHASE Nepal are working together to develop a mitigation strategy.

Vienna, 30 March 2020



Brita Pohl