

Individual Project

Final Project Report

Project No. 2319-01/2021

Project title: An integrated approach to improving women and child health in 4 deprived communities in the Karnali region.

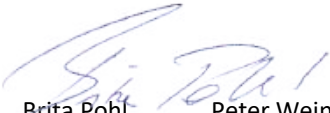
Contract partner in Austria	Local project partner
Name: Practical Help Achieving Self Empowerment (PHASE) Austria	Name: Practical Help Achieving Self Empowerment (PHASE) Nepal (Swo-sasaktikaran ko lagi byabaharik sahayog)
Address: C/O Senta Vogl, Alszeile 119, 1170 Wien	Address: Dadhikot-9, Bhaktapur, Post box no. 12888, Kathmandu, Nepal
Telephone, e-mail: 0699 1 289 24 80, info@phaseaustria.org , www.phaseaustria.org	Telephone, e-mail: +977 (0)1 66 34089; +977 (0)1 663 4038; info@phasenepal.org
Project / programme officer, contact: Mag. Brita Pohl, +43 699 1 289 24 80, info@phaseaustria.org	Project / programme officer, contact: Dr. Jiban Karki, Executive Director, +977 1 663 4038; jibankarki@gmail.com

Country/countries: Nepal	Region/locality: Bajura and Humla Districts, Karnali Region
Duration: from: 1/1/2021	to: 31/12/2023
Reporting period: from: 1/1/2021 to 31/12/2023	Date of presentation: 30 April 2024

Financial statement per 30.4.2024 (euros)

Total costs	Cleared items	Submitted for examination	Open items
599.149	406.792,03	202.802	-

Vienna, 30 April, 2024


Brita Pohl


Peter Weinh

Date and signature

Date, author(s) of report: 30 April 2024, Brita Pohl and Ganesh K. Shrestha

Brief description of **project** progress (German, max. 2 pages)

Summary on

- **Project / programme** outcome achieved / progress that has been made towards the achievement of the outcome
- Outputs achieved / progress towards outputs
- Change processes effected
- Target groups, including numbers of direct and indirect beneficiaries, reached to date
- Overview of activities carried out
- Risks / steering measures identified (if applicable)

Projektziele: Im Rahmen der Projektaktivitäten wurden in der letzten Erhebung einige Zielwerte unterschritten, wobei anzumerken ist, dass einige dieser Werte zum Zeitpunkt des letzten Zwischenberichts über dem Zielwert lagen. Allerdings scheinen die Zielwerte in mehreren Fällen zu ehrgeizig gewesen zu sein, etwa beim Anteil an unterernährten Kindern, der zwar um 7% zurückgegangen ist, das Ziel von 18% jedoch klar verfehlt.

In der Schwangerenvor- und -nachsorge wurden die Ziele zum größten Teil erreicht bzw. übertroffen, wenn auch in der Nachsorge der aktuelle Wert unter dem letzten erhobenen Wert liegt (83,9% gegenüber 96,4% 2022, Ziel 95%). Allerdings erhielten beinahe 100% (99,2) einen Nachsorgebesuch, nur nicht alle protokollgemäß innerhalb der ersten 24 Stunden nach der Geburt. Aufgrund der geringen Zahlen handelt es sich hierbei vermutlich um Zufallsschwankungen.

Die bereits im letzten Bericht erwähnte wesentliche geringere Zahl von Kindern, die an den Gesundheitsposten behandelt wurden (2.484 gegenüber dem Ziel von 5.000) scheint tatsächlich eine positive Entwicklung in der Krankheitshäufigkeit widerzuspiegeln. Dem entspricht auch ein Rückgang des Anteils an mangel- oder unterernährten Kindern (Baseline 35%, Ergebnis 28,1%).

Die Vitamin K-Injektion wurde wie berichtet von der Regierung mit großer Verspätung implementiert, seit ihrer Implementierung erhielten sie jedoch 72,6% der Neugeborenen.

Defizite zeigen sich bei den Ernährungspraktiken, wobei nur 33,9% der Befragten angaben, ihren Kindern mehr als zweimal pro Woche grünes Gemüse zu essen zu geben; hier könnte die Jahreszeit der Befragung (hier im Dezember) eine Rolle zu spielen, da dieser Wert zuletzt bei 58,6% lag, bzw. gaben andererseits auch 68,6% der Befragten an, dass ihre Kinder in den letzten 24 Stunden Gemüse gegessen hätten. Auch der Anteil an Müttern, die ihre Kinder mindestens 6 Monate lang stillen, erreichte den Zielwert nicht ganz.

Klar erreicht bzw. bei weitem übertroffen wurden die Ziele in der landwirtschaftlichen Intervention: 868 statt 670 Teilnehmer:innen in den landwirtschaftlichen Fortbildungen, von denen 73% ihre Produktion steigern konnten (Ziel 60%).

Auch die Alphabetisierungskurse waren höchst erfolgreich, wenn auch 16 Frauen den Kurs abgebrochen haben. Von den verbleibenden 184 Frauen waren nach dem Abschluss 83,7% fähig, einfache Sätze zu lesen und zu schreiben, beherrschten die Grundrechnungsarten und hatten zusätzlich gelernt, etwa mit dem Handy eine Nummer zu wählen und das Guthaben aufzuladen. Der schwer messbare Nebeneffekt dieser Kurse ist anekdotisch auch eine Steigerung des Selbstbewusstseins der Frauen.

2 Health Supervisors und 8 ANMs arbeiteten in der medizinischen Versorgung und Bewusstseinsförderung, ein Landwirtschaftstechniker (JTA) pro Projektgemeinde unterstützte die landwirtschaftliche Entwicklung; 4 Social Mobilizers beteiligten sich an der Organisation der Aktivitäten, und 8 Teilzeit-Lehrkräfte übernahmen die Alphabetisierungskurse, unterstützt durch das Bildungsteam von PHASE Nepal. Zu erwähnen sind zudem die Fortbildungen für Mitarbeiter:innen – so wurden etwa 4 ANMs in die Ultraschalldiagnostik eingeführt, damit steht diese zum ersten Mal

in den Projektgemeinden zur Verfügung. Zudem wurden auch Fortbildungen zu psychischer Gesundheit erstmals integriert.

Direkte Begünstigte: Im Rahmen des Projekts wurden in drei Jahren insgesamt 49.762 Patient:innenkontakte (ca. 56% weiblich, 7.717 unter 5 Jahren) verzeichnet, im Jahr 2023 waren es 17.561 Patient:innenkontakte (2.484 U5). An Aktivitäten zur Sensibilisierung und Wissensvermittlung zu unterschiedlichsten Themen nahmen 2023 23.442 Personen teil (16.455 Frauen, 6.987 Männer), über den Projektzeitraum 66.662 Menschen – bei einer Gesamtbevölkerung von ca. 14.100 Menschen wurden somit rechnerisch alle Bewohner:innen mehrfach erreicht.

Aktivitäten: Zusätzlich zur Unterstützung der medizinischen Versorgung in den Gesundheitszentren durch Personal sowie Medikamente und Material lag der Schwerpunkt auf Maßnahmen zur Bewusstseinsbildung und in Outreach-Aktivitäten, um etwa Schwangere zu identifizieren und zur Versorgung zu bewegen. Diese Aktivitäten wurden im letzten Jahr verstärkt, um zu gewährleisten, dass die geringere Zahl von Kindern, die in den Gesundheitsposten vorgestellt wurden, tatsächlich wie vermutet auf die bessere Gesundheitssituation zurückzuführen ist.

Zudem wurden zahlreiche Trainings, etwa mit FCHVs und traditionellen Heilern, durchgeführt, um deren Kompetenzen zu erweitern. Mit den lokalen Behörden wurden 2 Learning and Sharing Workshops abgehalten, um einerseits Feedback zu erhalten, andererseits die gute Zusammenarbeit zu gewährleisten. Dies wurde auch genutzt, um die Hilfe für Betroffene der Naturkatastrophen in Jahr 2 und 3 des Projekts (Erdbeben, Erdrutsche) zu koordinieren.

Risiken und Nachhaltigkeit: Neben den Naturkatastrophen – zuletzt ein Erdbeben Anfang 2023, das vor allem in Bichhya starke Schäden anrichtete und auch den Gesundheitsposten zerstörte, ist auch ein negativer Anreiz für die Lokalregierungen ein Risiko für die Nachhaltigkeit. So zeigt sich, dass Lokalregierungen in einigen der Gemeinden dazu neigen, die Investitionen in die Gesundheitsversorgung zu reduzieren, anstatt sie zu erhöhen. PHASE ist weiterhin bemüht, hier Überzeugungsarbeit zu leisten, hat allerdings selbstverständlich keine Möglichkeit, die Entscheidungen direkt zu beeinflussen. In einer der Gemeinden gelang es allerdings, den Gesundheitsteil des Projekts insofern nachhaltig zu sichern, als die Gemeinde (Tanjakot RM) sich verpflichtet hat, eine der PHASE-ANMs ab Juli 2024 zu beschäftigen.

Abbreviations

ADA	Austrian Development Agency
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASRH	Adolescent Sexual and Reproductive Health
CBIMNCI	Community-Based Integrated Management of Neonatal and Childhood Illness
CHU	Community Health Unit
CNSI	Comprehensive Nutrition Specific Intervention
COVID	coronavirus disease
DFID	Department for International Development
EC	Executive Committee
ECIMOD	International Centre for Integrated Mountain Development
EKFS	Else Kroner-Fresenius-Stiftung
FCHV	Female Community Health Volunteer
FM	Frequency modulation
FP	Family Planning
GP	General Practitioner
HFOMC	Health Facility Operation and Management Committee
HP	Health Post
HS	Health Supervisor
IUCD	Intra Uterine Contraceptive Device
JTA	Junior Technical Assistant
NCD	Non-Communicable Diseases
NGO	Non-governmental organization
ORC	Outreach Clinic
ORS	Oral Rehydration Solution
PHASE	Practical Help Achieving Self-Empowerment
PNC	Postnatal Care
PPE	Personal protective equipment
PWW	PHASE Worldwide
SBA	Skilled Birth Attendant
SM	Social Mobilizer
SMS	Short Message Service
SWC	Social Welfare Council
U5	Under 5-years
UK	United Kingdom
WHO	World Health Organization

Detailed description of project progress

1. Project outcome achieved / discernible impact

a) Target groups reached

The overall number of beneficiaries comprises all residents of the project area: 13,666 individuals¹ (male- 6,844 and female – 6,822), including 1,1,635 children (male- 849, female – 796) under the age of five years and 1,190 people aged 60+ (male – 565, female – 625).

Throughout the project period, the supported HPs/CHUs reported 49,762 contacts (female- 27,544, male- 22,218); 16 % – 7,717 were children under 5 years and 15 % – 7,662 were elderly of 60+ years for consultation and treatment. The skilled health workers attended 708 deliveries out of 937 reported deliveries. 4,753 events of awareness raising activities were conducted with attendance of 66,662 individuals² (20,376 male and 46,286 female) throughout the project period.

A total of 868 members were trained and received material support for kitchen gardening. Among them, 132 members also received support with spice crops, 359 received the plastic tunnel, 229 received support with mushroom cultivation, 200 received chicken support and 94 received kiwi support.

200 women were rerolled in the adult literacy sessions from which 184 women completed the sessions.

b) Activities implemented

The project was implemented at 2 locations of Bajura district (Rugin and Bichhya of Himali Rural Municipality) and 2 locations of Humla district (Jair of Sarkegad Rural Municipality and Maila of Tanjakot Rural Municipality). There are 4 health centres covering 1 for each location.

For health activities, PHASE placed 8 additional ANMs and 2 HSs in the health centres (2 ANMs at each health centre and 1 HS each to supervise/support 2 health centres. Similarly, for livelihood activities, 4 JTAs (Junior Technical Assistants) were deployed (1 for each location). Four social mobilizers (1 for each location) were deployed for community mobilization and to support health and livelihood activities. 8 literacy teachers were appointed specifically for adult literacy classes.

This project was implemented with 50% funding from the ADA and the rest from the co-funders (UKAID, PWW, GoPhil, Global Giving and PHASE Nepal).

Activities planned in the project and progress status at the end of project are as below:

I. Health and Nutrition Activities

(i) Primary Health Care

Project health workers' 50% time is allocated for clinical work at the health post. They are engaged in patient check-ups, treatment, infection prevention, preparation of reports, etc. during their duty at the health post. PHASE supported Health Posts/ORCs 16,769 contacts in year 1; 15,432 contacts in year 2; and 17,561 contacts in year 3.

¹ National Population and Housing Census 2021.

² The figures include double counting of individuals, as many beneficiaries attended twice or more times in various awareness raising activities in the reporting period.

The detailed sex wise distribution and part of children under 5 years and elderly of aged 60+ years are shown in following *table 1*.

Needful quality medicines were made available free of cost throughout the project period.

Table 1 Details of primary health care services

Patients' treatment and consultation	Female	Male	Total	U5 yrs.	60+ Yrs.
2021	8,838	7,931	16,769	2,761	2,563
%	52.7	47.3	100.0	16.5	15.3
2022	8,742	6,690	15,432	2,472	2,528
%	56.6	43.4	100.0	16.0	16.4
2023	9,964	7,597	17,561	2,484	2,571
%	56.7	43.3	100	14.1	14.6

(ii) Maternal Health (Safe motherhood)

This project was aimed specifically to improve the health of women and children. The following are the key activities and indicators of progress during the project period.

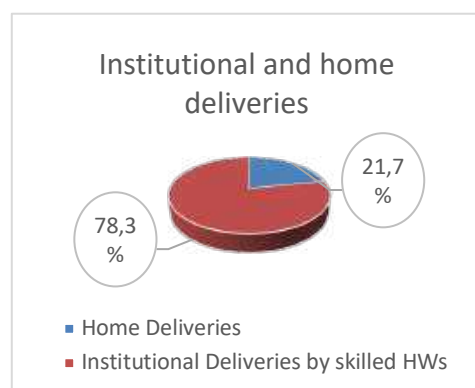
Antenatal Care Services

97.36% of the pregnant women attended at least once for antenatal care services. 94.34% pregnant women received ANC 1st (achieved the target – 90%) service and 77.69% (achieved the target – 70%) pregnant women received ANC 4th service as per the Government/WHO protocol. The Government/WHO protocol says a pregnant woman should have 1st visit on 4th month of pregnancy, 2nd visit on the 6th month, 3rd visit on the 8th month and the 4th visit on the 9th month of pregnancy.

The ANC 1st was 82.7% and ANC 4th was 63.54% at the start of project in 2021.

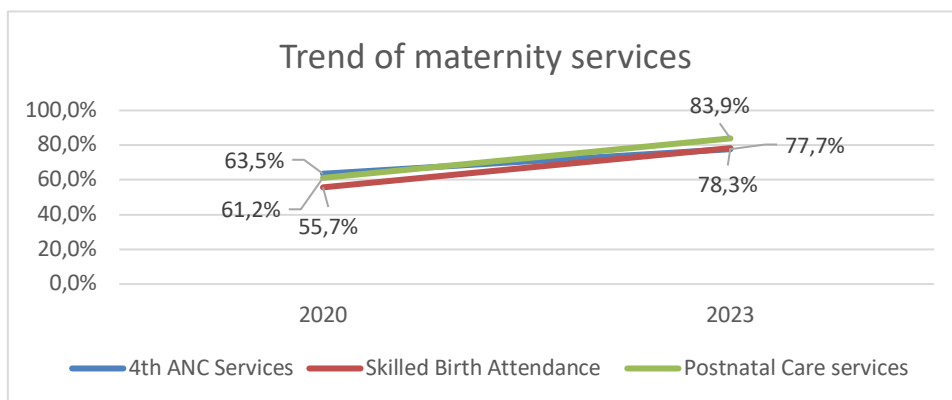
Intrapartum Care (Delivery) Services

In the year 2023, 78.3% childbirths (216 out of 276 live births) were at health institutions attended by skilled health professionals while unattended home deliveries were 21.7% (60 out of 276 live births). The institutional deliveries (skilled birth attendance) were 55.7% before implementation of this project.



Postnatal Care Services

99.2% women received postnatal care services at least once after their last childbirth, while 83.9% (260 out of 310 mothers) obtained this service within 24 hours of childbirth as per protocol. This statistic was 61.16% before implementation of this project.



(iii) Family

Planning Services

Couples are urged to use modern family planning methods in addition to ANC, intrapartum, and PNC services. Family planning supplies (Oral Contraceptive Pills, Condoms, Depo Provera injections, Implants and IUCDs) are provided free of cost by the government health services, but PHASE ensures that women have access to professional information and services to ensure that the need is met.

A total of 1,652 contacts were made by the temporary methods of family planning users in 2023. In recent years, community people are aware and adapted to the permanent methods of family planning (since the services are provided at higher Centres by the medical doctors, we do not have the exact statistics of permanent FP users).

Table 2 Details of modern methods of family planning users

Temporary Family Planning Methods	2023		
	Female	Male	Total
Depo-Provera Injection	923		923
Pills	292		292
Implant	18		18
Condom		419	419
Total	1,233	419	1,652

(iv) Child Health and Nutrition

A total of 2,484 healthcare contacts with children under 5-years (1,086 girls and 1,398 boys) were made in supported health centres and ORCs in the year 2023. Similarly, 7,585 contacts (3,516 by girls

and 4,069 by boys) were made in the supported health posts and outreach clinics for growth monitoring of children under 5 years.

A survey conducted at the end of December 2023 shows 28.1% (117 out of 417 children from 6-59 months) are found underweight. And 73.7% (196 out of 266) children were exclusively breastfed till 6 months. 72.6% neonates (183 out of 252) were injected Vitamin K. Although this fails to meet the target, it shows that the percentage is increasing.

Regarding feeding habits, 70.15% of mothers were able to explain correctly how to make weaning food from local ingredients, although 91.96 % of those who knew about “sarbottam pitho”, the superflour, reported giving it to their children. The rate of 33.9% of children eating green vegetables at least twice a week is disappointing, in particular with the fact in mind that in the last report, this number was 58.6%. This may be due to the survey being taken in December, when less vegetables are available. However, it might also show a weakness of the survey method: When families are asked what their youngest child has eaten in the last 24 hours, saag is cited with a much higher frequency.

During the reporting period, 10 'Healthy Baby Competition' events were held, with 619 participants (264 females and 355 males). These events are intended to ensure that parents understand the importance of good nutrition in early life and that they develop a clearer image of a well-fed healthy baby. – Because malnutrition in children is so common in these areas, many parents do not realise that their child may be too thin or too small. The event also counteracts the perverse incentive for very poor families to keep their children underfed, as the government provides free supplementary food to children identified as malnourished. Mothers of well-fed babies receive praise and a small award.

Six orientation sessions were conducted on the ‘child protection’ to the local stakeholders, with 170 participants (76 females and 94 males).

PHASE provided nutritious food packages to 84 children (54 girls and 30 boys) severely and moderately malnourished children in the year 2023.

Unfortunately, 6 still births, 5 neonatal deaths and 2 infant deaths have been reported in 2023.

(v) Awareness raising activities to change health behaviors

Various awareness raising activities were planned and conducted at the communities to change healthy behaviour. A total of 1,668 various community activities were conducted, thorough which 23,442 persons (16,455 females and 6,987 male) were benefitted/attended in the year 2023. The statistics were 21,146 persons (14,266 females and 6,880 male) with 1,626 events in 2021 and 22,074 persons (15,565 females and 6,509 male) with 1,459 events in 2022 with totaling 4,753 events attending 66,662 individuals (20,376 male and 46,286 female) throughout the project period.

Table 3 Number of events and attendees attended awareness raising activities

Year	Event	Beneficiaries/Attendees		
	No.	Male	Female	Total
2021	1,626	6,880	14,266	21,146
2022	1,459	6,509	15,565	22,074
2023	1,668	6,987	16,455	23,442
Total	4,753	20,376	46,286	66,662

For details of awareness raising activities and participant numbers, please refer to Annex 4.

II. Agricultural activities

The project was aimed to improve Health Care and Nutrition outcomes for mothers and children. To reduce the malnutrition in children and anemia in pregnancy, various agricultural activities were planned and implemented. Four JTAs (Junior Technical Assistants) and four SMs (Social Mobilizers) have been deployed. The agricultural product not only contributes to reducing malnutrition and anemia but also contributes to improving their livelihoods.

A total of 868 beneficiaries were supported with vegetable farming support by the project. Many beneficiaries were supported with additional agricultural activities like mushrooms, poultry, kiwi, and spices.

(i) Vegetable farming/kitchen gardening and spice crops

To improve the nutrition status of community people, mainly of the children and mothers, the project supported to manage kitchen gardening with different vegetable- seasonal and unseasonal seeds (cauliflower, cabbage, tomatoes, coriander, onion, carrot, radish, pumpkin, broccoli, spinach, gourds, brinjal, peas etc.); spice crops (onion, garlic, ginger, turmeric, chili etc.) and farming materials (plastic tunnels, watering cans, sprinkler, garden pipe etc.) were supported to the beneficiaries.

The beneficiaries were trained in various farming topics including management of plastic tunnel, nursery management, bio-pesticide management/integrated pest management, harvesting, seed production etc. by the agriculture technicians. The surplus vegetables after consuming by the families, many beneficiaries earned money by selling vegetables and utilized that money in day-to-day family expenses.

Four irrigation ponds made with plastic were constructed in the project area. Excessed water (rain or other source) is accumulated in a plastic pond and supplied during dry season. The pond is constructed on a geographically upper land, the water can be utilized in case of fire accident in the village in addition to the irrigation purpose. All beneficiaries were organized in farmers group to facilitate meetings and training effectively. The agriculture technicians and social mobilisers regularly visited the field and technically supported the beneficiaries.

Key skills transferred:

- Green house plastic tunnel setup and usage
- Nursery set up and management
- Seedling transplantation
- Integrated pest management using natural ingredient without using chemical pesticides.
- Harvest and post-harvest management and storage of vegetable crops

Achievement:

A total of 868 members were trained and received material support for kitchen gardening. Among them, 132 members received training and material support with spice crops and 359 beneficiaries received the plastic tunnel. Each of the family produced and consumed in an average 150 kilos of green vegetables directly benefitting the women and children of the households. The farmers have been equipped in the practical skills to farm on their own. The kitchen gardening has contributed to improve the nutrition status of people especially of children and pregnant women, resulting underweight in U5 years children from 35% in 2021 to 28.1% in 2023 and anemia in pregnancy from 25.8% in 2021 to 19.7% in 2023.

Since the beneficiaries were trained in seed production, it is hoped that the beneficiaries will continue vegetable farming on their own after completion of the project.

(ii) Mushroom cultivation support

A selected members of the Rugin and Bichhya villages were also provided with equipment, training and follow up support to produce mushroom first the first ever time in the region. Traditionally, the people of project region did not have practice of mushroom cultivation and consumption. Because of nutritional and financial value, the project was aimed to support vulnerable families receive training and support in mushroom farming (mushroom spored, plastic sheets for mushroom cultivation with rope and nail and water can support).

Key skills transferred:

- Sterilization of straw/hay by boiling in tin drums or aluminum vessels at home.
- Preparation of mushroom bags and straw in cylindrical plastic bags and insertion of spawn.
- Maintaining moisture using spray cans.
- Observation of sprouts and tearing of plastic covers.
- Lighting, moisturizing and multi-harvesting.
- Maintaining cleanliness of the farm shed to avoid infection and growth of harmful fungi and other organisms in the mushroom bags.

Achievement:

During the project period, a total of 229 beneficiaries (family) received training and material support for mushroom cultivation. Each family produced and consumed an average of 15-20 kg of mushroom with a total of 2 harvests. This production added nutritious food diversity in the farmers' diets. The surplus was also dried and saved for the winter. Most of the beneficiaries consumed in households/relatives but some beneficiaries sold and earned good amount of money.

(iii) Chicken farming

The selected beneficiaries were supported with the Giriraj breed of chickens in this project. This breed resembles local chickens in appearance, scavenging habits, disease resistance, and high survivability. The egg production is more than twice, and the meat production is two and a half to three times that of local chicken.

The limitation of this breed is that these chickens do not hatch. Our project Agricultural Technicians taught the technique of hatching the fertilized eggs by the local hens and encouraged beneficiaries to do so to sustain the chicken breed in the community for a longer period.

As a result, some beneficiaries have successfully produced improved chicken from the Giriraj eggs hatched by the local hens. Currently, these chickens are growing well, and beneficiaries are happy. The Junior Agricultural Technicians are encouraged to convince beneficiaries to hatch more Giriraj chicken.

A dual purpose (both meat and egg) improved poultry breed was supported to the women and at-risk mothers along with the basic poultry rearing training by project agriculture technicians. A total of 200 beneficiaries were supported chicken, materials, and training. Each beneficiary was provided training and financial support to construct coops, 15 chickens (6 weeks, vaccinated), pellet feed for a few days and medicines as per need. Additional 10 chickens were provided to 11 beneficiaries who lost their chicks from the landslide.

Key skills transferred:

- Preparation of the semi-intensive coop
- Care of high-yielding Giriraj chicks
- Preparation and management of feed (utilizing kitchen or garden waste like grass, vegetable stalks)
- Hatching of chicks using the local chicken breeds and expansion of farm in addition to consuming eggs
- Identification of major illnesses such as pneumonia, ranikhet (rubella virus) and early medication

Achievement:

During the project period, a total of 200 beneficiaries received chickens, training and material support for chicken farming (total 3,100 chicken).

As per the record the beneficiaries have earned NPR 16,48,000 by selling chicken and NPR 72,550 by selling eggs. They have consumed meat of about NPR 5,68,000 and eggs of about NPR 2,07,950. It is expected they still have chicks of about NPR 15,44,000. In addition to consumption of eggs and meat in family, almost all beneficiaries earned a good amount of money by selling chicken and eggs that contributed to their better livelihood. Some beneficiaries have successfully produced improved chicken from the Giriraj eggs hatched by the local hens.

(iv) Kiwi Farming

Kiwi fruit is a rich source of essential vitamins and minerals, making it valuable for improving nutrition and promoting health especially in Bajura and Humla region. The demand for Kiwi fruit is increasing day by day in urban areas of Nepal. Number of farmers in Kavrepalanchok and Dolakha districts were already growing Kiwi fruit and earning a good income by selling the fruit. PHASE Nepal had successfully trialed kiwi plantations in Sindhupalchowk and Gorkha. Since this project area is almost similar in altitude to Gorkha and Sindhupalchowk, PHASE Nepal proposed to introduce Kiwi in four locations in the project area in Humla and Bajura districts in 2020.

In the first year of the project, in 2021, we distributed 2000 saplings of kiwi fruit, to 94 selected farmers from four villages (Rugin, Bichhya, Maila and Jaira) in Bajura and Humla district. Out of 94 farmers, 60 of them have kiwi plants in their garden now. It was a new fruit in the region, therefore our agriculture technicians had to explain the proper plantation techniques and regular care along with the characteristics, importance, and benefits of kiwi using various communication materials, including photos/videos.

The agriculture technicians conducted training on field preparation, plantation, grafting, and cutting/pruning. The project provided galvanized wire to support the Kiwi vines along with management training.

Most of the kiwi plants had fruits in the third year of plantation. The farmers like the fruit and are very happy with the support. Other community members and local government authorities are now interested and have asked for expansion of Kiwi plants in their locality.

It is hoped all the plants will produce fruits regularly in the upcoming years. Many farmers from the project region have inquired and requested that PHASE supply kiwi plants and technical support. The beneficiaries consumed fruits by themselves and provided to taste to community people for the first time. It is expected that they will sell and earn in upcoming years.

Table 4 Details of agriculture support activities

S. No.	Agricultural Support activities	Number of beneficiaries
1	Vegetable Farming (seasonal and off seasonal) support	868
2	Mushroom Farming	229
3	Poultry Farming	200
4	Support for kiwi farming	94
5	Spice Crops	132

III. Education Activities

Adult Literacy Classes

A total of 200 women enrolled the adult literacy classes (50 from each location – Rugin, Bichya, Maila and Jair). 25 women were taught in a group. 8 literacy teachers were appointed for this activity. The government approved teaching-learning materials were used throughout the literacy session.

184 women (92%) completed the literacy session of six months, while 16 women (8%) were dropped out. Women who were unable to read and write were enrolled in the literacy sessions. After completion of the session, a test was conducted (read and write simple Nepali sentence). 154 women (83.7%) among 184 women who completed the sessions were found to be able to read and write simple Nepali sentences.

Table 5 Details of literacy sessions and progress

S. No.	Details	Progress
1	No of women enrolled for literacy session	200
2	Number of women completed the literacy sessions	184 (92% among enrolment)
3	Drop Out	16 (8% among enrolment)
4	No of women who completed literacy sessions who are able to read and write a simple sentence	154
5	% of women who completed literacy sessions who are able to read and write a simple sentence	83.7

IV. Emergency Support Activities

A certain amount was allocated for emergency support in the project catchment area. Throughout the project period, several natural disasters (landslides, floods, and earthquakes) took place, as mentioned in “3. Challenges encountered and modifications.” PHASE supported the relief packages (food

packages) for the 155 families and the construction of a temporary shelter for 12 families at Rugin. Similarly, food packages and tarpaulin for shelter were provided to 32 households at Bichhya.

In addition, four patients who were referred to a higher centre but did not have money for travel/treatment, were also supported.

2. Lessons learned

- (a) PHASE Nepal was implementing health and livelihood project activities before this project, and since this was the continuation of a previous project with slight modifications rather than an entirely new project, it was convenient to set up and run project activities. The collaboration of PHASE Austria and PHASE Nepal has been ongoing for a long time and has completed several ADA-funded projects in Nepal (some are ongoing). The project manager, finance manager, and implementation team were aware of the ADA-funded project modality and reporting system.
- (b) The integrated approach adopted was very successful in increasing awareness of the benefits of attending the health centres for their antenatal care and for safe/institutional delivery within the communities, especially among women.
- (c) During the initial period of project implantation, Nepal's second COVID wave in April–June 2021 overwhelmed the health system. The COVID-19 pandemic had taught a good lesson: we need to be prepared for any type of adverse situation to be able to handle the project, but it also demonstrated the urgent need for strong health services, in particular in remote regions. PHASE developed a contingency plan, safety protocols and guidelines for health and non-health staff, an organization and project continuity plan; equipped its staff with personal protective equipment and adopted remote monitoring and guiding mechanisms. Remote monitoring and virtual meetings were found to be very effective in this situation, which has been continued.
- (d) District level learning and sharing workshop (organized 2 workshops throughout the project duration) found to be an effective forum to share the project learning and getting feedback collectively. The district/local government authorities might have specific observations and feedback to the project. The participants appreciated the PHASE support, and they wanted its continuation. In addition to the current activities (health, agriculture/livelihood), they are hopeful for additional support (financial literacy and physical infrastructure).
- (e) Coordination with the local government and stakeholders was effective to plan and provide supports to the natural disaster affected people. Houses, land and agricultural products of many project beneficiaries were swept by the unseasonal flood and landslide in the year 2 and year 3 of project implementation.
- (f) Mentoring by the GPs (General Practitioner) from UK was another successful and effective activity to ensure proper use of treatment guideline and quality of services. The report shared by the GPs helped for improvised services.
- (g) The introduction of kiwi fruit plant in the region is another successful activity. Number of farmers in Kavrepalanchok and Dolakha districts were already growing Kiwi fruit and earning a good income by selling the fruit. PHASE Nepal had successfully trialed kiwi plantations in Sindhupalchowk and Gorkha. Since this project area is almost similar in altitude to Gorkha and Sindhupalchowk, PHASE Nepal proposed to introduce Kiwi in four locations in the project area and distributed 2000 saplings of kiwi fruit, to 94 select farmers from four villages (Rugin, Bichhya, Maila and Jaira).

Since it was a new fruit in the region, the project agriculture technicians had to work hard and used various techniques to motivate and continue farming. Finally, most of the kiwi plants had fruits in the third year of plantation. The farmers like the fruit and are very happy with the support. Other community members and local government authorities are now interested and have asked for expansion of Kiwi plants in their locality.

It is hoped that all the plants will produce fruits regularly in the upcoming years. Many farmers from the project region have inquired and requested that PHASE supply kiwi plants and technical support. The beneficiaries consumed the fruits themselves, and they also provided them to the community to taste for the first time. It is expected that they will sell and earn in the upcoming years.

- (h) Literacy class for women was another successful activity in this project. 184 women (92%) completed the literacy session of six months out of enrolled 200 women, while 16 women (8%) were dropped out. After completion of the session, 154 women (83.7%) among 184 women who completed the sessions were found to be able to read and write simple Nepali sentences.
- (i) Hatching Giriraj chicken breed by local hens: The selected beneficiaries are being supported with the Giriraj breed of chickens in this project. This breed resembles local chickens in appearance, scavenging habits, disease resistance, and high survivability. The egg production is more than twice, and the meat production is two and a half to three times that of local chicken.

The limitation of this breed is that these chickens do not hatch. Our project agriculture technicians taught the technique of hatching the fertilized eggs by the local hens and encouraged beneficiaries to do so to sustain the chicken breed in the community for a longer period.

As a result, some beneficiaries have successfully gotten Giriraj eggs hatched by the local hens. Currently these chickens are growing well, and beneficiaries are happy. The agriculture technicians are encouraged to convince beneficiaries for hatching more Giriraj chicken.

- (j) The project mobilised its field staff for data collection (baseline, annual, and end-line). Since the project region had no or very little access to phone/internet access in the initial years, the project staff searched for a location where the phone network was barely functioning. Currently, the phone network has been somehow improved (3 locations out of four), but Bichhya is still hard to connect to. PHASE has a system for sending reports through SMS and importing them into Excel.

To minimize human and system errors, there is still room for an improved system of data collection and reporting.

3. Challenges encountered and modifications

The project was successfully completed and achieved satisfactory results. During the implementation, some challenges were encountered by the project.

- (a) **Covid:** Nepal was hit by the COVID-19 pandemic in 2020, before the commencement of this project. On this background, PHASE developed a contingency plan, safety procedures, and instructions for health and non-health personnel, an organization and project continuity plan, provided personal protective equipment to its employees; and implemented remote monitoring and guiding mechanisms.

Nepal's second COVID wave in April–June 2021 overwhelmed the health system. Hospitals ran out of oxygen supplies, hospital beds, and ventilators. Some project activities were

disrupted to some extent. The first biannual meeting/training could not take place in year 1, and community activities were carried out with safety measures in small groups as per government and PHASE protocol.

PHASE lost one EC member (the previous chairperson) in 2021, and numerous staff members became infected.

- (b) Natural Disasters:** The landslides and floods triggered by unseasonal rains (October 2022) damaged 155 houses, and again, a flood and landslide completely swept 2 houses and damaged 30 houses at Bichhya after heavy rainfall (July 2023).

A 5.9 magnitude earthquake with an epicentre in Bichhaya (the project area) of Bajura district jolted (January 2022). The Bichhaya Health Post was completely destroyed, so service could no longer be provided from the building. 41 houses were completely destroyed, and 170 were partially damaged in Rugin and Bichhaya. Additional damage took place in the already partially damaged Health Post at Rugin (due to a landslide).

PHASE supported the relief packages (food packages) for the 155 families and supported the construction of a temporary shelter for 12 families at Rugin. Similarly, food packages and tarpaulin for shelter were provided to 32 households at Bichhya. Also, PHASE arranged tents to provide emergency services. The provincial government and the local government jointly constructed a health post building.

- (c) Seasonal migration:** The people of the project area have practices of seasonal migration. They sometimes settle in the lower lands and sometimes in the highlands. This caused the project staff difficulty in meeting beneficiaries at their regular settlement, but the project staff accomplished their tasks by attempting repeatedly.
- (d) Election:** Three levels of elections (local level in May; federal and provincial level in November) took place in 2022. During the election campaigns, public attention was primarily focused on political candidates, parties, and issues, diverting attention away from project activities. This shift in focus affected community engagement, participation, and support for ongoing projects to some extent.

4. Risk Management

There were no unexpected difficulties or changes regarding risks 1–5 listed in the project application (2. Problems and potential analysis – (i) weak primary health care services, (ii) lack of access to maternal and child health care, (iii) lack of access to nutritious foods and cash income, (iv) low literacy rates among women and (v) lack of awareness of mental health issues).

- (a) Regarding the preconditions mentioned as ‘COVID crisis’ in the project application (9. Risk assessment – Risk Register), we encountered a second wave of COVID 19 pandemic. This wave affected the project locations, especially Rugin and Bichhya.
- (b) Regarding the preconditions mentioned as ‘Drought, major floods, other natural disasters, major outbreaks of crop or stock diseases impacting the project activities and leading to serious losses of crops (thereby exacerbating malnutrition rates) or livestock.’ in the project application (9. Risk assessment – Risk Register), we encountered landslides and floods triggered by unseasonal rains in October second week of 2022; and again, a flood and landslide after heavy rainfall in July 2023.

Also, a 5.9 magnitude earthquake with an epicentre in Bichhaya (the project area) of Bajura district jolted (January 2022). The details of these are explained under 3. Challenges encountered and modifications.

5. Sustainability / capacity development

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, all of which contribute to long-term improvements in government service provision.

(a) Institutional and staff capacity building

In this project, PHASE Nepal is deploying 2 ANMs in each centre and 1 supervisor per 2 centres on the community level (8 ANMs and 2 HSs in total). These are the frontline health workers. These health workers collaborate closely with all government employees and are included in district health office/rural municipality training. In each project location, one JTA and one SM have also been deployed (4 JTAs and 4 SMs in total).

During the COVID crisis, PHASE supplied power generators, oxygen concentrators, thermo guns, pulse-oximeters and PPE to the government health posts. In addition, PHASE mobilized its health staff to assist local governments in the establishment and running of isolation centres.

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 sufficient resources to provide an adequate service. PHASE Nepal provides medicines and equipment to local health institutes. Health facilities are able to provide better service as a result of this support.

The GPs (General Practitioners) from the UK visited all four project locations to mentor health workers. They coached the PHASE health workers as well as the government health workers onsite to ensure proper use of treatment guidelines and protocols.

The project manager and health officer constantly monitor and coach the front-line health workers. The project manager coaches not only the PHASE employees but also the government health professionals during the supervision/monitoring visits.

The presence of motivated and skilled personnel, in addition to sufficient supplies, also provides a positive work atmosphere for government employees, resulting in greater attendance of government health professionals in most health centers compared to the previous situation.

Various trainings, orientations and observation visits were carried out throughout the project period. Following is a list of capacity building activities attended by PHASE project team during this project period:

Table 6 Details of training attended by project team

S. No.	Training/Capacity Building Activities	Duration	Attended by	Organized By
1	Rural Ultrasound	21 days	1 ANM from each location	PHASE
2	SBA training	60 days	1 ANM from each location	PHASE

3	Psychosocial Counseling	5 days	All health staff	PHASE
4	Adolescent Sexual and Reproductive Health	5 days	All nursing staff	PHASE
5	Orientation on NCD management	1 day	All health staff	PHASE
6	Implant insertion and removal training	7 days	1 ANM from each location	PHASE
7	Regularly coached/by GPs	1-2 weeks	All health staff	PHASE
8	Refresher training on general health checkups and rational use of guideline	2 days	All health staff	PHASE
9	Seed production, Post-harvesting, Marketing and Value chain analysis of Fruits and Vegetable	5 days/	All Agriculture Technicians and SMs	PHASE
10	Farm visit - Kiwi farm, Godavari organized by ECIMOD	1 day	All Agriculture Technicians and SMs	PHASE
11	Bee keeping training	3 days	All Agriculture Technicians and SMs	PHASE
12	High density apple farming and seed production	3 days	All Agriculture Technicians and SMs	PHASE
13	CNSI training	7 days	2 HS and 1 ANM	Local Rural Municipality
14	Refresher training on CB-IMNCI	2 days	1 HS and 2 ANM	Local Rural Municipality
15	TB modular refresher training	2 days	1 ANM	Local Rural Municipality
16	Orientation on Typhoid vaccination	2 days	1 ANM from each location	Local Rural Municipality

(b) Meetings with Rural Municipality and HFOMCs

The Health Facility Operation and Management Committee (HFOMC) is the main body to run health institutions on a community level. PHASE Nepal facilitated their monthly meetings and trained them in management skills. Also, PHASE conducted workshops on health rights for HFOMC members and major stakeholders, including members of rural municipalities, so that the health institutions will be able to run smoothly in the absence of external support and advocate for the allocation of more budget to health.

As a result of such meetings and advocacy activities, Tajakot Rural Municipality (Maila) has committed to fund the PHASE ANMs and activities with their resources even after the completion of this project (as of July 2024, the start of the Nepali fiscal year). The remaining three locations' project activities will be continued with the funding of PWW/UKAID (co-founders of this project) for an additional year.

(c) FCHVs Meeting and Community Empowerment

Female Community Health Volunteers (FCHVs) – around 10 in each project community – and representatives of mothers' groups from each community are trained on selected primary health care topics. The major role of FCHVs is to advocate healthy behaviour in 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 saving groups. PHASE Nepal provides health education activities during monthly FCHV and mothers' group meetings. In addition, a large number of health awareness and advocacy activities were targeted at the community people in general.

As a result of such activities, health awareness and knowledge of health rights, appropriate use of, and demand for health services have been raised, creating pressure to own PHASE activities with the rural municipalities' resources.

6. Monitoring / learning exercise

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 in the reporting period. Due to the COVID 19 pandemic situation and its consequences, PHASE also adopted alternative monitoring/evaluation mechanism in 2021.

(a) Monitoring by beneficiaries

Public Audits are the formal mechanism to monitor, evaluate and provide direct community feedback on project activities and staff. In addition, feedback has been collected orally/informally from beneficiaries when they access services. Health Facility Operation and Management Committee (HFOMC) meetings were conducted regularly and facilitated by PHASE staff, in which services are discussed and evaluated. Throughout the project period, 24 public/social audits and 85 meetings of HFOMC were conducted/facilitated.

A feedback/complaint box has been placed in each project location with the phone number of the PHASE central office. The purpose of this box is to encourage community members to provide feedback or complaints, (even without disclosing their identity) or to call the central office directly regarding the project staff or services.

(b) Frontline staff supervision

One "Health Supervisor" was assigned to two health institutions. They oversee and support frontline health workers directly, using supervision checklists to ensure that employees follow work plans, and that services and supplies are properly handled. The HSs reside in the project regions and give 50% time for a location. HSs are the main contact person for bridging the field project team and the central project management team. In the COVID pandemic, HS supervision proved to be particularly beneficial.

(c) Regular visits by Project Manager and senior management of PHASE Nepal

All frontline employees, including health supervisors, were regularly supervised and supported by the PHASE Nepal senior management team, especially by the project manager. The visit was generally carried out once a quarter.

(d) Virtual Monitoring and Supervision

The second wave of the COVID pandemic hit, worsening the situation (April-June). Direct supervision by the PHASE central team was disrupted at this time. PHASE Nepal instead used a remote monitoring/supervision system. The weekly virtual meeting was initiated during Covid time, but it is still ongoing.

Dr. Gerda Pohl, PHASE's health adviser, has also been monitoring and supporting the field team via social media and phone.

(e) Annual Survey:

As mentioned in the project proposal, household surveys were conducted annually to obtain the needful information and to assess the project progress.

(f) Monitoring visit by the PHASE Austria and PHASE Worldwide officials

The chair of PHASE Austria, Brita Pohl, visited the project location (Rugin and Maila) in November 2022. During the visit, she observed health, agriculture, and adult literacy activities. Also, she attended a few community meetings and interacted with the stakeholders.

Similarly, a monitoring visit was carried out by the PWW team (cofounding organization for this project) in April 2023. Ms. Margaret Mary, the PWW trustee; and Ms. Camilla Cathryn, the fund-raising officer, visited Rugin and observed health and agriculture activities. They also attended some community meetings and interactions.

(g) Monitoring by the GPs (General Practitioners)

GP (General Practitioners) mentoring is a unique and effective mentoring program adopted by PHASE. During the mentoring visits to the project locations, the GPs not only mentor the health workers but also monitors/evaluates the performance of health workers and quality of service. They provide their report in written form to the PHASE.

The feedback from the GPs was analyzed and utilized to improve the quality of services.

(h) District-level learning and sharing workshop.

District level learning and sharing workshop is an effective forum to share the project learning and getting feedback collectively. The district/local government authorities, who had specific observations and feedback to the project, shared at the workshop.

During the project period, two such workshops were conducted in presence of the representatives from all Rural/Municipalities, ward chairs, health coordinators, agriculture coordinators, health institution in-charges, representatives from other NGOs and media persons along with the PHASE project implementation team were present.

(i) Semi-annual learning and sharing meeting

PHASE Nepal organizes a learning and sharing meeting twice a year. This is PHASE's internal event, where its trustees, management, and project staff attend to share progress and review activities. Various capacity building trainings were also conducted around the same time.

(j) Independent project review

In order to avoid blind spots and have an independent review of the project's success, PHASE Austria commissioned Claire Bennett to conduct a review with a particular focus on impact. The review has shown that the project was an overall success, although some targets were not reached, which mainly seems to be due to overly optimistic targets, although in some instances, it may also be due to the timing of surveys, as in the availability of green vegetables influencing children's diets. PHASE will take this as a learning, as well as other suggestions.

One point the review highlighted is an issue with sustainability – especially due to a negative incentive for local government regarding its spending on health care. PHASE will discuss this in depth and seek to find solutions, although of course the NGO is unable to influence government decisions.

The review is shared in Annex 8.

7. Visibility and public awareness raising locally and in Austria

(a) Nepal

The stickers that included the logo of ADA were placed on the project supported materials like plastic tunnels, chicken coops and service outlets like health posts, CHUs, ORCs etc. 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 produced t-shirts, caps, diaries etc. each year and distributed among its 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. Calendars were produced and distributed both in Nepali and English each year having the logos of all donors and photos of project activities.

In first year of the project, with association with local FM, PHASE Nepal developed a jingle regarding awareness on COVID and played three times a day.

(b) Austria

- Presentation of the project on PHASE Austria's website (in German and English): https://phaseaustria.org/portfolio-item/karnali_2021-23/
- Reports about the project/ project activities in the PHASE Austria newsletter with around 250 subscribers:
<https://phaseaustria.org/?na=view&id=69>
<https://phaseaustria.org/?na=view&id=72>
- Report on project progress at the PHASE Austria annual meetings (April 21, 2023 and April 12, 2024)
- Article about the project in ADA-Weltnachrichten 01/2024 – "Wo Gesundheit eine Herausforderung ist"

Annexes

Annex 1: Progress Report Logical Framework

Annex 2: Project Budget vs. Cost including interest calculation

Annex 3: Case studies

Annex 4: Details of awareness raising activities and participants

Annex 5: Activity photographs (year 3) – will be shared separately via wetransfer.com

Annex 6: Bestätigung Schlussabrechnung

Annex 7: Kontoauszüge 2023, Überweisungen und Eingangsbestätigungen in Nepal sowie Überweisung Claire Bennett (Endline Review)

Annex 8: Independent Project Review by Claire Bennett

Annex 9: Audit Report