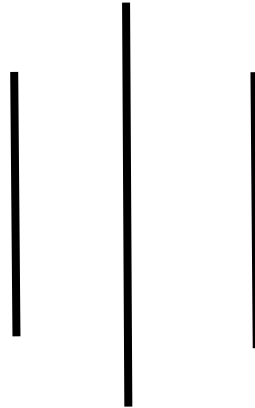
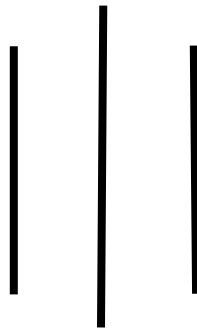


**Strengthening and Activating district Health System  
(SAHaS)**

**Sixth Bi-Monthly Report  
July / August, 2017  
(Ashar / Shrawan)**



**District: Nuwakot**



**Submitted by:**

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## List of Acronyms

AG	Advocacy Group
ANC	Antenatal Check Up
C4D	Communication for Development
D(P)HO	District (Public) Health Office
FCHVs	Female Community Health Volunteers
FHD	Family Health Division
MToT	Master of Training for Trainer
VDC	Village Development Committee
HFoMC	Health Facility operational Management Committee
H-MG	Health Mother Group
HP	Health Post
MEAL	Monitoring and Evaluation Officer
NGO	Non-Governmental Organization
NPHF	Nepal Public Health Foundation
PHCC	Primary Health Care Center
PO	Project Officer
SAHaS	Strengthening and Activating District Health System
SHP	School Health Program
SM	Social Mobilizer
WASH	Water Sanitation and Hygiene

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## CHAPTER I - Introduction

### 1.1 Glimpse of the district

Nuwakot is one of the district of Bagmati Zone in Central Development Region of Nepal in province no 3. The district with Bidur as its district Headquarters, covers an area of 1,121 square kilometer. The district is surrounded by Kathmandu, Sindhupalchowk from east, Dhading from west, Rasuwa from north and Kathmandu, Dhading from south. Latitude is 28° 8' 16.44" N and Longitude is 83° 52' 21" E. the main language spoken is Nepali and Tamang.

The name, 'Nuwakot', is made up of two words 'nawa' and 'kort'. 'Nawa' means nine in Nepali and 'kort' means sacred religious sites at the top of hill. The district accordingly has 9 nine hills over which various deities are said to dwell thus overseeing and protecting Nuwakot. This has led Nuwakot often being called "City of nine hills". Referring to the pages of history, the great king Prithivi Narayan Shah invaded Nuwakot which was under the ruling of Jaya Prakash Malla and made Nuwakot as the capital of his ruling area.

.According to population census (2011), the total population of Nuwakot is 277,472. For this project, there are two social mobilizers and one project officer with four working VDC as Samari, Kimtang, Phikuri, Bageshwori.

There are 2 Municipality and 10 Rural Municipality in Nuwakot District based on the election held on Baisakh 31<sup>st</sup>, 2074. Below are the list of our working VDCs and Municipality/ Rural Municipality.

S.N	Working VDCs	Municipality/Rural Municipality	Ward no.
1	Samari	Meghang Rural Municipality	5,6
2	Kimtang	Meghang Rural Municipality	4
3	Phikuri	Kispang Rural Municipality	2
4	Bageshwori	Suryagadi Rural Municipality	3

## 1.2 General information of VDC

<b>General information</b>	<b>Bageshori</b>	<b>Kimtang</b>	<b>Phikri</b>	<b>Samari</b>	<b>Total district</b>
<b>No. of FCHV</b>	23	9	14	22	<b>68</b>
<b>No. of HMG</b>	23	9	14	22	<b>68</b>
<b>No. of HFoMC</b>	1	1	1	1	<b>4</b>
<b>Total Population</b>	5054	2023	2940	5381	<b>284169</b>
<b>Under 1 year</b>	92	82	55	131	<b>6552</b>
<b>neonates(0-28 days)</b>	112	44	68	123	<b>6415</b>
<b>2 to 59 months</b>	467	301	291	564	<b>29135</b>
<b>6 to 59 months</b>	424	261	266	502	<b>26074</b>
<b>0 to 6 months</b>	45	41	28	66	<b>3276</b>
<b>6 to 9 months</b>	45	41	28	66	<b>3276</b>
<b>6 to 23 months</b>	138	110	85	184	<b>9388</b>
<b>0 to 23 months</b>	184	151	112	250	<b>12664</b>
<b>0 to 35 months</b>	278	209	171	361	<b>18440</b>
<b>1 to 2 yrs (12 to 23 months)</b>	92	69	57	119	<b>6112</b>
<b>12 to 59 months</b>	378	222	239	437	<b>22798</b>
<b>0 to 59 months</b>	469	303	293	568	<b>29350</b>
<b>Adolescent population(10 to 19 years)</b>	1121	420	635	1273	<b>62514</b>
<b>0 to 14 years (Child Population)</b>	1502	691	917	1738	<b>86068</b>
<b>29 days to 1 year</b>	88	79	53	127	<b>6335</b>

<b>1 to 4 years</b>	378	222	239	437	<b>22798</b>
<b>05 to 14 years</b>	1033	388	621	1170	<b>56717</b>
<b>Married Female pop 15 to 49 years</b>	1089	461	643	1221	<b>62581</b>
<b>Female Pop 15-49 years</b>	1437	549	849	1611	<b>82561</b>
<b>15 to 24 years</b>	1047	407	632	1165	<b>62856</b>
<b>Expected Pregnancies</b>	132	52	80	145	<b>7564</b>
<b>Expected live birth</b>	112	44	68	123	<b>6415</b>
<b>20 to 59 years</b>	2472	907	1458	2540	<b>141447</b>
<b>above 60 years</b>	495	208	239	461	<b>24059</b>

Source: DHO, VDCwise shifted population FY 2072/73 (2015/16)

### 1.3 Relevance of the Project

Conduction of health mothers group meeting on monthly basis comes under the primary responsibility of FCHVs. Although the health management information system (HMIS) shows that 80 percent of mother group meeting are being conducted as planned but the survey shows otherwise. The recent FCHV survey shows that only 46 percent of FCHVs reported conducting the health mothers group meeting. Moreover, it is still not revealed how often and actually the health education takes place as the meeting conducted only for saving and credit purpose also is called as mother's group meeting. Some of the reported problems for irregularities of health mothers groups meeting such as lack of allowance for tea-snacks, lack of appropriate place to conduct meeting, lack of innovative methods for providing health education materials such as audio-visual aid. Experts are of view that one of the factors behind irregular mother's group meeting is insufficient monitoring and supervision of FCHVs from their immediate supervisor. This might also have led to the sharp decrease proportion of mother group meeting from 85 per cent over the last eight years.

Following the earthquake, the relevance of mother group meeting and regular meeting of HFOMC has increased. Mother group meeting is vital, not only to create more awareness and to increase the demand for service, but also to prevent the delinking of community and health system. Likewise, the substantial improvement in the community health is not possible with the weak local governance. Thus to strengthen the community mobilization and local governance, the mothers group meeting needs to be invigorated and health facility management committee needs to be regular.

### **1.3.1 Objectives of SAHaS Project**

- Capacity building of the Female Community Health volunteers (FCHVs) in order to strengthening the existing functional and re-activate the non-functional MG and HFOMC in 72 VDCs of 9 districts
- Re-activation of non-functional Mother's Group (MG) and Health Facility Operation Management Committee (HFOMC) and strengthen the existing functional MG and HFOMC in 72 VDCs of 9 districts.
- Establish advocacy group for the advocacy and sustainability of MG and HFOMC.

### **1.3.2 Activities of the SAHaS Project**

- Training for Project Officer and Social Mobilizers
- Orientation training to FCHVs of the respective VDCs.
- Mapping of Mother's Group and HFOMC Meeting
- Coordination with local level supporting persons for regular conduction of Mother's Group and HFOMC meeting.
- Participate in Mother's Group and HFOMC meeting
- Provide refreshment cost to the FCHVs for each Mothers Group Meeting and Health Post Incharge for each HFOMC Meeting
- Formation of Advocacy group in each working VDCs for the sustainability of H-MG and HFOMC meeting.
- Conduction of bi-monthly review meeting.
- Provide emergency referral fund
- Celebrate Major health events

### **1.4 Recording and reporting**

Under SAHaS project, reporting of data is maintained on monthly basis. Recording and reporting tools were developed for both Project officers and Social mobilizers. Social mobilizers submit their collected data to Project Officer. Then Project Officer prepares monthly and bi-monthly

reports of working VDCs of the district. The document/ data prepared by Project Officer are submitted to MEAL officer at NPHF.

### **1.5 Monitoring**

The overall task of monitoring lies within NPHF i.e. Program Director & Monitoring and Evaluation Officer from the central level and Program Officers from the district level. The monitoring check list is used by PO. The usual method adopted by PO is discussed with health workers, interactions with mother's groups, FCHVs, verification of SMs work plan, recording and reporting format. In addition to monitoring, on site coaching and instant supportive feedback is provided to improve the quality of work. The joint monitoring at district level is also conducted on need basis.

In addition, regular monitoring is also done by central team of NPHF. The objective of monitoring is to assess the level of coordination with government agencies, district NGO/INGOs, effectiveness of program at VDC level and strengthening of Mother's group and HFOMC with the compliance of refreshment cost to them.

Monitoring visit was gone in Bageswori VDC by Project Officer, NPHF to monitor the MG, HFOMC, AG meetings as well as the activities of SM and to find out the utilization of refreshment cost by SM and FCHVs.

## CHAPTER II - RESULTS

### 2.1 FCHVs and Health Mothers Group

VDC	No. of FCHVs	No. of H-MG
<b>Kimtang</b>	9	9
<b>Samari</b>	24	22
<b>Phikri</b>	14	14
<b>Bageswori</b>	23	23
<b>Total</b>	70	68

*Table 1: Total number of FCHVs and H-MG*

The above table shows the number of FCHVs and Health mothers Group in the project implemented VDCs of Nuwakot district. Two VDCs of Nuwakot district (Samari and Bageswori) has higher number of FCHVs with highest number of Health Mothers Group. Each FCHV has their own Health Mothers Group in Kimtang and two FCHVs has one Health Mothers Group in Phikuri, Bageswori and Samari.

### 2.2 Mother Group Meeting

VDC	No. of H-MG	Asadh	Shrawan
<b>Kimtang</b>	9	9	9
<b>Samari</b>	22	21	20
<b>Phikri</b>	14	14	14
<b>Bageswori</b>	23	23	23
<b>Total</b>	68	67	65

*Table 2: Number of H-MG conducted*

Each FCHV has her own Health Mothers Group and the meeting should be conducted once a month in respective wards and should discuss about the health related topics. The health mothers groups have different roles. The major are: Select new FCHV in vacant place, Review the work of FCHVs annually, sharing the learned health-related information to males and females, Motivate other women to participate in Health Mothers Group.

All the four VDCs of Nuwakot district (Samari, Kimtang, Phikuri and Bageswori ) has 100% conduction of health mothers group meeting in both Baisakh and Jestha month. Different health topics were discussed in the mothers group meetings related to maternal and child health including WASH.

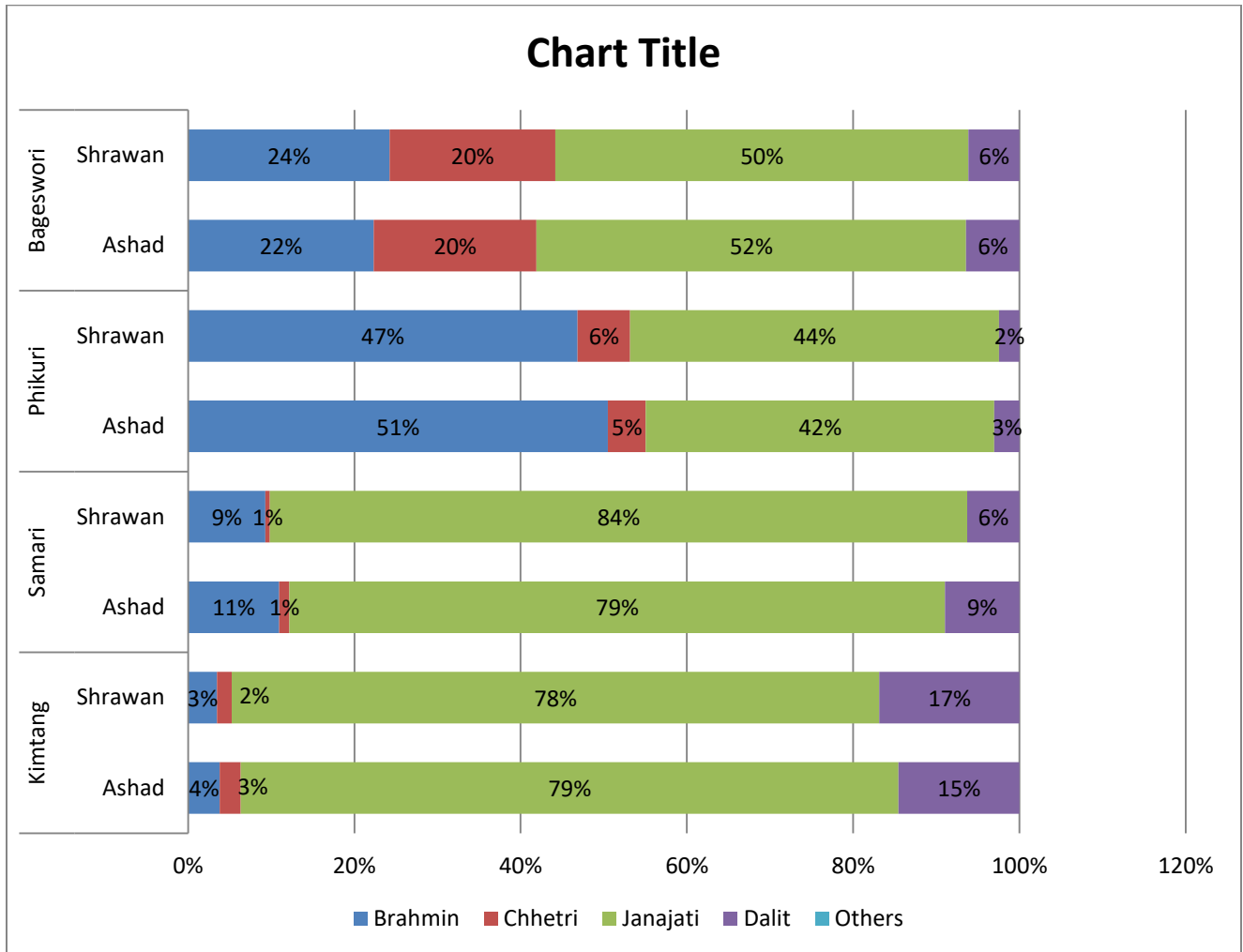
### 2.3 Participants in Mothers Group Meeting

VDCs	Total number of participants		Average number of participants per MG	
	Asadh	Shrawan	Asadh	Shrawan
<b>Kimtang</b>	158	172	18	19
<b>Samari</b>	402	366	18	18
<b>Phikuri</b>	198	205	14	15
<b>Bageswori</b>	327	326	14	15
<b>Total</b>	<b>1085</b>	<b>1069</b>	<b>64</b>	<b>67</b>

*Table 3: Participants in H-MG Meeting*

The given table gives the total number of participants in the mothers' group meeting and average number of participants per meeting in the project implemented VDCs of Nuwakot district. The average number of participants in the mothers group varied from VDC to VDC depending on the no. of H-MG. Samari VDC had the highest number of participants in average in Asadh (18) and Shrawan (18) respectively while Phikuri and Bageswori has average lower number of participants in both the months.

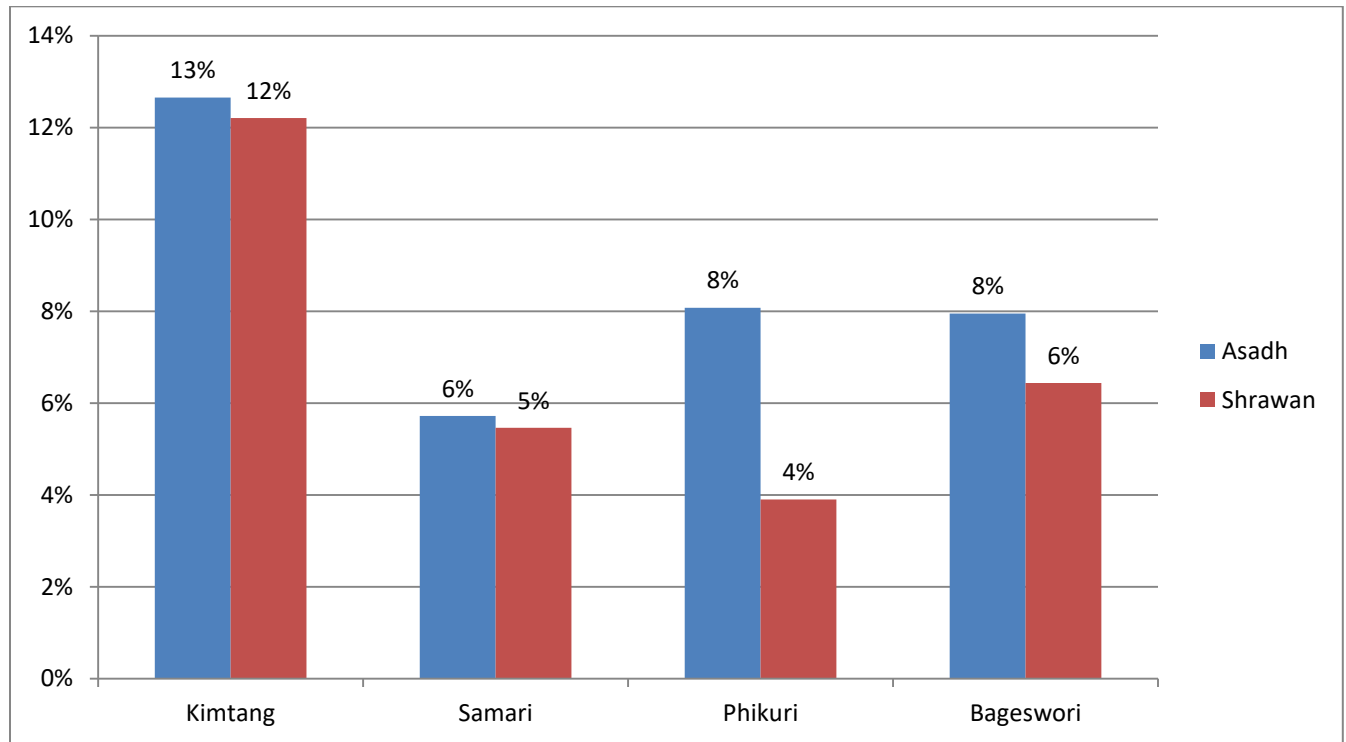
## 2.4 Ethnicity of the participants in H-MG Meeting



*Figure 1 Ethnicity of the participants in H-MG Meeting*

The above figure shows the ethnicity of the participants who had participated in mothers group meeting in Ashad and Shrawan month. Majority of VDCs have highest proportion of Janajati than other ethnic groups. This is because the majority of the population of the project implemented VDCs are Janajati. After Janajati Brahmins and Dalit are the major ethnic groups of the participants. Dalits are encouraged to participate as a member of mothers' group meeting by the guideline of FHD. Chhetris were in less number than other ethnic groups as their population is fewer than others.

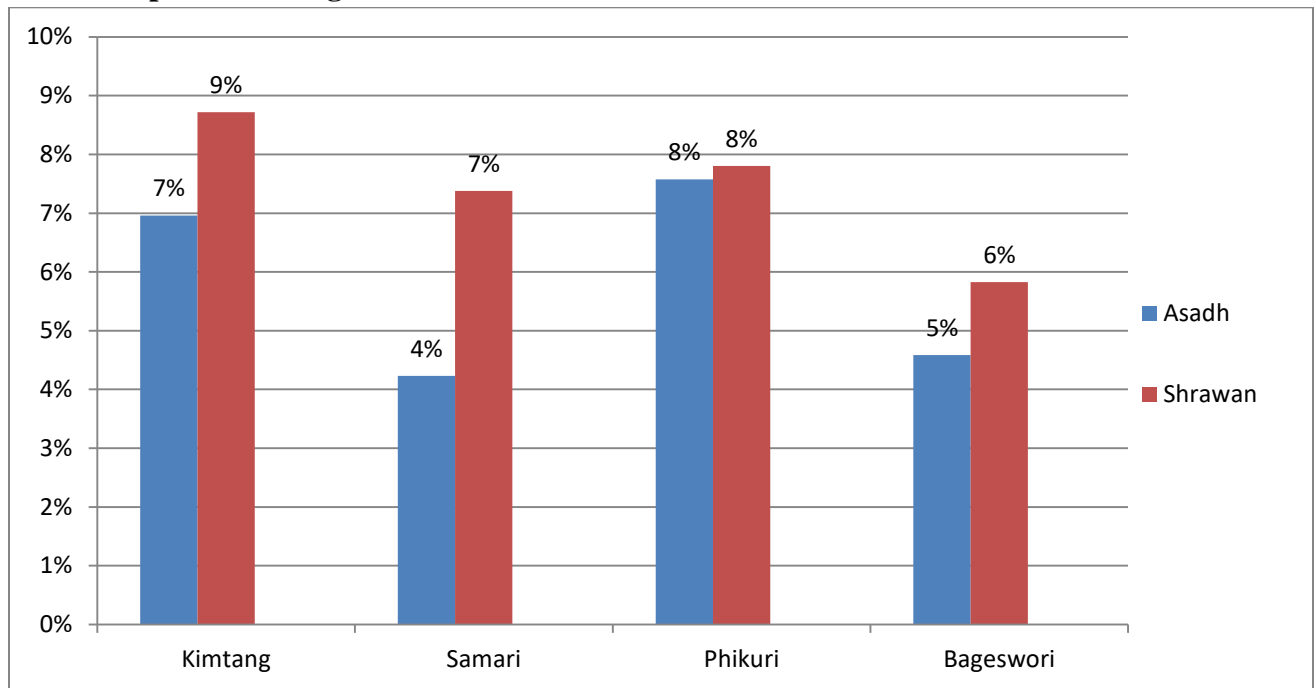
## 2.5 Participation of Lactating Mothers in H-MG Meeting



*Figure 2: Participation of Lactating Mothers in H-MG*

The participation of lactating mothers in mothers' group meeting is very crucial for health of mothers and children because the major health topics discussed in H-MG meetings are related to maternal and child health. The figure shows Kintang VDC has higher proportion of lactating mothers in Asadh and Shrawan month and Samari VDC has lowest proportion of lactating mothers in Jesta participating in mothers group than other VDCs.

## 2.6 Participation of Pregnant women in H-MG



*Figure 3: Participation of Pregnant women in H-MG*

The participation of pregnant women in mother's group meeting is very crucial for health of mothers and children because the major health topics discussed in H-MG meetings are related to maternal and child health. The figure shows that Kintang and Fikuri VDC have higher proportion of pregnant women participating in H-MG in both months.

## 2.7 Participation of Social mobilizers and Health workers in H-MG meeting

VDCs	Number of HMG conduction		Participation of Social Mobilizers		Participation of Health Workers	
	Ashad	Shrawan	Ashad	Shrawan	Ashad	Shrawan
<b>Kimtang</b>	9	9	6	6	2	1
<b>Samari</b>	21	20	11	11	0	0
<b>Phikuri</b>	14	14	13	12	0	0
<b>Bageswori</b>	23	23	8	16	0	0

*Table 4: Participation of Health workers and Social mobilizers in H-MG meeting*

The participation of health workers attending the mother's group meeting is very less due to the busy schedule of the health workers in HP.

## 2.8 Health Facility Operation Management Committee (HFOMC)

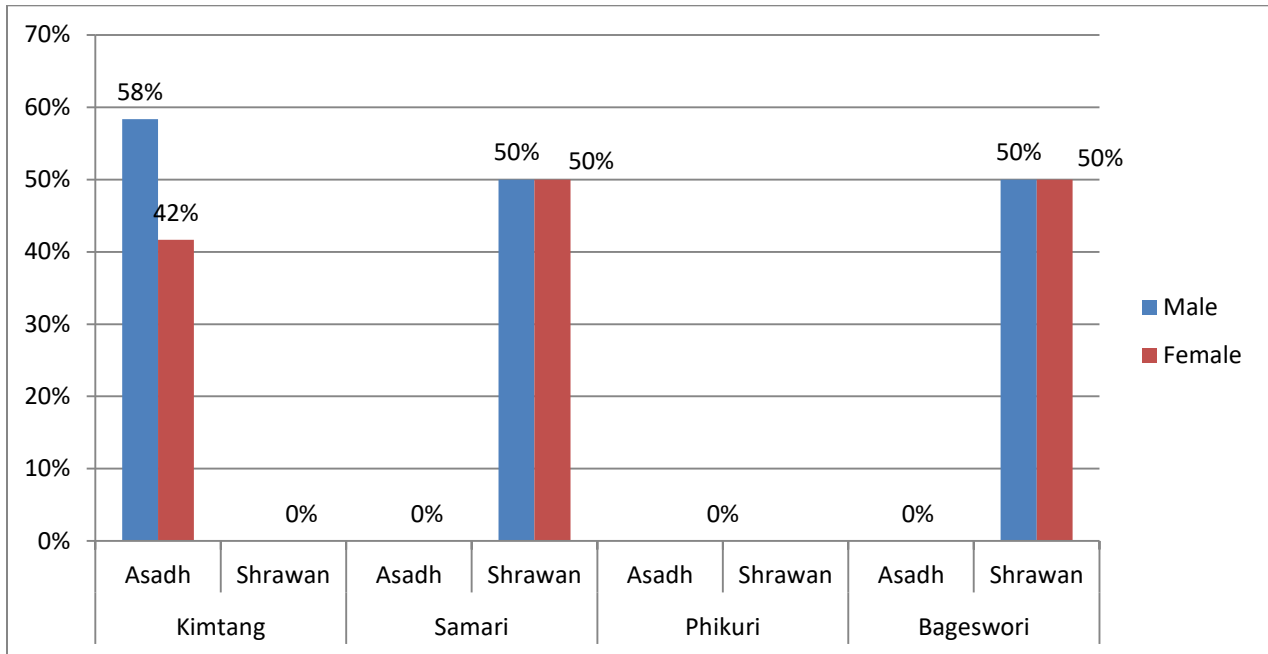
### 2.8.1 Health Facility Operation Management Committee conduction

VDCs	No. of HFOMC	Meetings Conducted	
		Asadh	Shrawan
Kimtang	1	1 (100%)	0 (0%)
Samari	1	0 (0%)	1 (100%)
Phikuri	1	0(0%)	0 (0%)
Bageswori	1	0 (0%)	1(100%)

*Table 5 HFOMC conduction*

Health Facility Operation and Management Committee meeting is conducted once a month in every VDC. It is the responsibility of the Health Post In-charge to conduct the meeting as he/she is the member secretary of the committee. Each VDC has one Health Facility Operation and Management Committee. HFOMC meeting was conducted only in Kimtang VDC in Asadh month while HFoMC meeting was conducted in Samari and Bageswori VDC in Shrawan month .

### 2.8.2 Sex of the participants in HFOMC Meeting



*Fig 4 Sex of the participants in HFOMC Meeting*

Each Health Facility Operation and Management Committee should have female as a member of the committee. In both project implemented VDCs, every HFOMC have female members in the committee.

### 2.8.3 Ethnicity of the participants in HFOMC Meeting

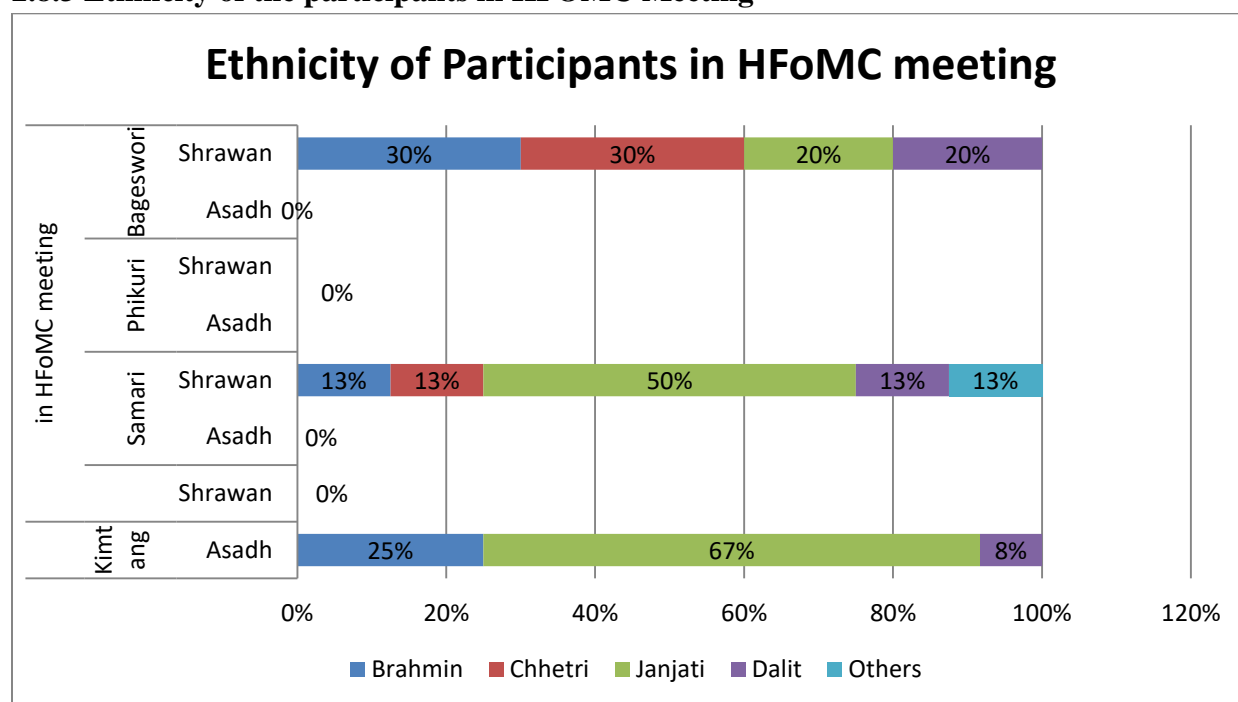


Fig 5 Ethnicity of the participants in HFOMC Meeting

The members of HFOMC should also consist of representative from Dalit ethnicity. All the four VDCs have representatives from dalits in every HFOMC meeting though the number of dalits is lower than other ethnic groups.

### 2.11 Participation of Social Mobilizers in HFOMC Meeting

VDCs	No. of HFOMC Meetings Conducted		Participation of Social Mobilizers	
	Asadh	Shrawan	Asadh	Shrawan
Kimtang	1(100%)	0 (0%)	0 (0%)	0 (0%)
Samari	0 (0%)	1(100%)	0 (0%)	1 (100%)
Phikuri	0 (0%)	0(0%)	0 (0%)	0 (0%)
Bageswori	0 (0%)	1 (100%)	0 (0%)	1(100%)

Table 6 Participation of Social Mobilizers in HFOMC Meeting

SAHaS Project has provision of providing refreshment cost to HFOMC for 3 times in the project duration. There is absence in participation of social mobilizers in HFOMC meeting because of

transportation problem due to rainy season. Social mobilizers are encouraged to participate in the HFOMC meeting.

## 2.12 Advocacy Group Meeting

SAHaS Project has a component of formation of advocacy group for the sustainability of conduction of mother's group meeting and HFOMC meeting so that the proportion of mother's group meeting and HFOMC meeting will not decrease in near future. Social Mobilizer has formed Advocacy group in each project implemented VDCs. Advocacy Group meeting is conducted bi-monthly.

VDC	Ashad	Shrawn
Kimtang	1	1
Fikuri	0	1
Samari	0	0
Bageswori	0	1

*Table 7 Advocacy meeting conduction*

In Ashad advocacy meeting was conducted only in Kimtang VDC however in Shrawn advaocacy meeting was conducted in three VDCs.

## 2.13 Review Meeting

Bi-Monthly review meeting is conducted at the end of every two month. The meeting is attended by all SMs, Project Officer (POs), MEAL Officer/representative from NPHF, UNICEF focal person and representative from D[P]HO. The major objective of the meeting is to share and discuss progress made, challenges occurred and the solutions that can be applied. In same meeting, all tools of SMs are handed to PO. The PO and MEAL Officer are involved in quality control of data; analyze gap that has been seen and reinforcing the commitment. The objective of meeting is to share and discuss progress made, challenges faced and the solutions that can be applied to strengthen the program.

Fifth bimonthly review meeting of all districts was conducted at NPHF Office on 30th August 2017 with 46 participants including representatives from UNICEF Dr. Asha Pun, MNH Specialist and, Program Director, MEAL officer, Project officers, Social Mobilizers and other staff of NPHF.

## **Objectives**

- To discuss and issue or conflict and decide how to solve it.
- To share the progress results of our program within the UNICEF representative, program director of NPHF and other staff in our organization.
- To share our field experience within the SAHAS representatives.

## **Activities Carried out**

- Maintain logistic i.e. Meeting minute, Attendance.
- Participant's introduction.
- Formal session
- The program was started around 10:00 am with 46 participants at Nepal Public Health foundation Office Maharajgunj, Kathmandu. The program director of NPHF welcome to all the SAHAS project members. The special guest of the meeting were Dr. Asha Pun (MN specialist of UNICEF) and the program director initially presented and update the progress of SAHAS project. Dr. Asha appreciation about the program progress and discussed health service utilization improvement after the program implemented in the VDC level, Advocacy group member are among newly elected member or not and program was formally ended around 1:30 pm.

## **Major discussions and agreed points were as follows:**

- Services demand increase or not in the community level.
- Support FCHV in program reporting and recording.
- Coordination with newly elected member in Every GaunPalika, Nagarpalika
- Encourage H-MG and HFOMC members to protect prefab for the sustainability.
- Participation of Social Mobilizers during Prefab Handover.
- Discussed with Health mother group member about the service provide from newly constructed Prefab building.
- Orientation and introduction with newly formed HFOMC

members.

- Regular monitor Health topics discussed or not.
- Identify the improvement in health services utilization in the community.
- Encourage FCHV to wear their official dress during the Health mother group meeting.
- Encourage Health worker to participate in the HMG meeting.
- Regular monitoring and supervision in refreshment cost.
- Identify lack of Stretcher in the HMG.

### **Conclusion of the Review Meeting**

- The meeting was successful to achieve the objectives and was also helpful for further planning. It gave a sense of challenges that aroused and was successful to create the solutions for betterment of the program.

### **2.13 Orientation Program**

Maternal and Child Health Seeking Behaviour among women aged 15-45 years of age during earthquake of April 2015

#### **1. Background**

- Nepal Public Health Foundation conducted a one day orientation program on August 31, 2017 on “Maternal and child health seeking behavior among women aged 15-45 years during earthquake of April-May 2015” at Hotel Seto Gurans, Baluwatar. A total of 43 participants (Project Officer, senior Program Officer and Social Mobilizers) of SAHaS project were participated.

#### **2. Objective**

- To orient the Project Officer and Social Mobilizers regarding Maternal and child health seeking behavior among women aged 15-45 years during earthquake of April-May 2015 of SAHaS Project.

### **3. Activities carried out:**

- Maintain logistic i.e. Meeting minute, Attendance.
- Participant's introduction.
- Formal session
- The program was started around 10:00 am at Hotel, Baluwatar, and Kathmandu with 43 participants. The program director of NPHF welcomed to all the Participants and highlighted about the introduction, Concept, rationale, objectives of the research. The session was handover to Mr. Raj Kumar Subedi, Monitoring and Evaluation Manager, NPHF discussed contextual of research, Background, aim to assess the maternal and child health services utilization in the 2015 earthquake affected areas in Nepal which will help to generate the evidence on the difference in health service utilization during such disasters and help to prepare accordingly for similar future situations. The continuous health services such as antenatal care, safe delivery services, post-partum care is required to pregnant women affected by the disaster and for those who experience complications, emergency obstetric services. Likewise, he also informed that the health services become deteriorated due to which the services provided becomes affected resulting in the low utilization of maternal and child health services after such disasters. The session were hand over to Mr. Raj Kumar Sangraula and Mr. Niraj Giri respectively discussing the quantitative and qualitative tools of data collection. They also oriented on how the data can be collected from HMIS registers from the respective health facilities in 9 selected districts

### **4. Discussion**

The participants were motivated to participate in the research project. Some of the queries raised were:

- They asked some questions on the methodological aspects regarding the challenges on data collection.
- They questioned about the deadline for the submission of collected data.

### **CHAPTER III - CONCLUSION**

The project SAHaS has been implemented in the 4 VDCs of Nuwakot district since August (Bhadra) month with objective to strengthen and activate the mothers group and HFOMC meeting that have to be conducted in the VDCs every month. Both projects implemented VDCs have ward based number of FCHVs. To carry out different program in the community level, it is crucial to coordinate with FCHVs and Mothers' Group who can motivate community people to participate in health education sessions.

After the implementation of project, the number of conduction of Health Mothers Group has drastically been increased. All the four VDCs had cent percent conduction of Health Mothers group meeting in the month of Ashad and Shrawn. The mothers groups discuss about different health related topics in the meeting. The topics include: ANC, PNC, Family planning, nutrition sanitation and hygiene, immunization, nutrition, uterine prolapse, menstrual hygiene, hand washing etc. there are various roles of mothers group in the community which are directly or indirectly related to maternal and child health and the health of the community.

HFOMC meeting hasn't been conducted in both months due to the influence of election and busy schedule of HP in charge.

After the implementation of the project, good results regarding conduction of meeting has been found in the both VDCs of Nuwakot district. The community people especially mother group members are satisfied with the project and are demanding for its long run.

Advocacy group was formed in Fikuri VDC for the sustainability of the SAHaS Project.

## **CHAPTER IV – CHALLENGES AND WAY FORWARD**

### **4.1 Key challenges:**

- High expectation of HP,PHC, D/PHO, staffs (especially allowance and refreshment for FCHV reporting day)
- Some FCHVs could not deliver health education effectively as they are old aged.
- Newly formed government structure –Coordination.

### **4.2 Way Forward**

- SM should coordinate with Health post staff, and build rapport with the community people.
- SM should coordinate with newly elected chairperson and members of respective VDCs for support and continuation of H-MG meeting.
- SM should support FCHV to deliver the health education effectively.

## **CHAPTER V - LESSON LEARNED**

### **Participation of Social Mobilizers**

The four VDCs of Nuwakot district are non-adjointing so it is very difficult for single SM to move from one VDC to another VDC due to which there is less participation of SM in H-MG and HFOMC meetings.

### **Utilization of Emergency Fund**

Though there was enough budget of emergency fund for complicated delivery cases, it is less utilized in the VDCs since there are no such cases in the VDCs in both months.

### **Refreshment cost**

The number of participants in mothers group meetings vary from ward to ward but the refreshment cost is equal to every mothers group. So there is unequal distribution of refreshment cost to the FCHVs making them dissatisfied.

## Supporting Photographs



**Figure 1 HMG meeting at Bageswori VDC WARD 1**



**Figure 2 Bageswori HP Prefab**



**Program Director presented in the 6<sup>th</sup> Bimonthly Review Meeting**



**Participation in the meeting.**



**Group Photo After Meeting**

