



FAIR MED

Health for the Poorest
NEPAL PROGRAM

2018
ANNUAL REPORT





FAIRMED

GLOBAL VISION

Nobody should have to suffer or die from a curable disease. We want ALL people to have equal access to prevention and affordable health care of appropriate quality, and to be able to live in a healthy environment that is characterized by fairness.

MISSION

- To break the vicious circle of poverty and disease we ensure that the poorest in Africa (Congo Basin) and on the Indian subcontinent (from Nepal to Sri Lanka) have a fair opportunity to attain their full health potential.
- To reduce the burden of poverty-related diseases, with a special focus on neglected tropical diseases.
- In Switzerland, to strengthen awareness on health inequities.

OBJECTIVES

FOR 2018-2021

ON THE BASIS OF THE VISION, AND MISSION, WE HAVE SET OURSELVES THE FOLLOWING OVERARCHING OBJECTIVES FOR THE CURRENT PROGRAMMATIC PERIOD:

- To improve the health of people in our project areas through creating enabling environment and empowering affected communities to actively participate in decisions relating to essential local health services.
- To reduce the burden of NTDs
- To contribute to Switzerland's commitment to achieve global health equity.

Over the 2018-2021 strategy period, we want our portfolio to move towards more comprehensive approaches, where NTD's as indicator of inequality and poverty are the entry point of FAIRMED initiatives, and where a decreased burden of NTD's would be an overall indicator of improved living conditions for our beneficiaries, those most left behind.

FEW WORDS FROM COUNTRY COORDINATOR



It is my pleasure to present you FAIRMED Foundation Nepal's Annual Report, 2018. This report is the highlights of the efforts, active response to challenges, and achievements that we have made in the year.

In past years FAIRMED's interventions and working approaches in Nepal were more focused towards Maternal and Neonatal Health. During the year 2018, FAIRMED Nepal entered into engaging in the issues related to NTDs, particularly in Leprosy control through its partnership with Leprosy Control Division in carrying out the Mini leprosy Camp in some communities of Kapilvastu district. Similarly, at the central level, we actively participated in the strategic meetings & workshops organized by leprosy and disability management

section, and EDCD/MOHP, which has helped us maintain the coordination and collaboration linking to preparing the ground to embrace our global program strategy. The strategy 2018-2021 has adapted a comprehensive approach where Neglected Tropical Diseases (NTD's) as indicator of inequality and poverty are the entry point of FAIRMED initiatives, where a decreased burden of NTD's would be an overall indicator of improved living conditions for our beneficiaries, those most left behind. Essential healthcare for People with Disabilities and Marginalized Communities is our focus. We have also been able to integrate Water and Sanitation (WASH) as a cross cutting theme. We seek to strike a balance by encapsulating the demand and supply side of the health system in our programmatic interventions. To efficiently execute all these, we have built a network of partnerships with local NGOs, and collaboration with the local government in the new set up in the Federal context. In the process of designing our projects, we have prioritized both top down and bottom up planning process and collaborations.

This year has been an important year for FAIRMED in terms of raising its program portfolio slightly better. We are able to expand our program area to Baglung district of Gandaki Province with a primary focus on maternal and neonatal health, We concluded two other projects, from Kapilvastu (Maternal newborn health) and Sindhupalchok (Post earth quake support to

resume health services). In all three projects, we tried to touch upon neglected tropical diseases and contributed in supporting persons with physical disability. While aligning with the country's federal system after the election of local government, we have carried out program activities jointly with the local bodies through and have very encouraging experience working with them. We are quite hopeful that there are many potential areas for our collaboration with the local government to improve the health care delivery and service utilization by the country's rural communities.

I am thankful to all those local authorities who welcomed us and helped identify the areas of joint work and encouraging collaboration. I am also thankful to my entire team at the country office and project offices, who have been instrumental in accomplishing our committed activities and achieving several results through the strong team work and establishing the institutional linkages with Local and Provincial government. In addition, networks with the various levels of government bodies. I would like to extend my gratitude to the Government, specifically Ministry of Health and Population, Ministry of Women, Children & Social Welfare, Department of Health Services, Social Welfare Council, respective DHOs, Ministry of Social Development at Province, Provincial Health Directorate and other government and the development agencies for their support and trust in FAIRMED's work. Their constructive feedback and suggestions have helped us to shape up and enhance our endeavors.

I am also grateful to our local partners who are the key players in helping us translate our vision into real outcomes at the implementing levels. Our work would not have been possible if the beneficiaries

Essential healthcare for People with Disabilities and Marginalized Communities is our focus.

had not given us an opportunity to serve them, our sincere appreciations to the communities for welcoming us and participating actively in the process.

With the phase out of two projects in Sindhupalchowk and Kapilvastu by the end of 2018, we are planning to expand our working areas to Rupandehi and Nawalparasi of Province 5 with a new project with the concept of integrating MNH and NTDs. The planned project is developed on the achievements made and learning from Maternal and Neonatal Health (MANASHI) project which aligns with FAIRMED's new global strategy of moving towards more comprehensive approaches.

Towards the end, I would like to thank our head office in Bern, Switzerland for helping us materialize our vision to improve the health and well-being of the people of Nepal with their technical guidance and raising fund. I would also like to thank all our donors and stakeholders without whom we could not have achieved this far and reached to where we are now.



NIRMALA SHARMA
Country Coordinator

LIST OF ABBREVIATIONS

AIN	Association of International NGOs
ANC	Ante Natal Care
BC	Birthing Center
BYC	Bhimapokhara Youth Club
CB-DRM	Community Based Disaster Risk Management
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHSB	Community Health Score Board
DDC	District Development Committee
DHO	District Health Office
DID	Disability Inclusive Development
DWG	Disability Working Group
EDCD	Epidemiology and Disease Control Division
EQ	Earthquake
FCHV	Female Community Health Volunteer
FWD	Family Welfare Division
HF	Health Facility
HFOMC	Health Facility Operation and Management Committee
HMIS	Health Management and Information System
HP	Health Post
HQ	Headquarter
HWG	Health Working Group
IEC/BCC	Information, Education
INF	International Nepal Fellowship
JAR	Joint Annual Review
LCD	Leprosy Control Division
MANK	Mahila Atma Nirbharta Kendra
MLEC	Mini Leprosy Elimination Camp
MNH	Maternal and Neonatal Health
MoHP	Ministry of Health and Population
NFDN	National Federation of Disabled Nepal
NGO	Non-Government Organization
NHTC	National Health Training Center
NRA	Nepal Reconstruction Authority
NRSD	National Rehabilitation Society for Disabled
NTD	Neglected Tropical Disease
PHCC	Primary Health Care Center
PHC/ORC	Primary Health Care/Out Reach Clinic
PNC	Post Natal Care
RHIP	Rural Health Improvement Project
SATH	Self- Applied Technique for quality Health
SBA	Skilled Birth Attendance
SDC	Swiss Development Cooperation
SDG	Sustainable Development Goal
SM	Social Mobilizer
SNCU	Special Newborn Care Unit
UNCRPD	United Nation Convention on the Rights of People with Disabilities
VDCs	Village Development Committee
WASH	Water, Sanitation and Hygiene



CONTENTS

8	FAIRMED in Nepal
	Ongoing Project
10	Rural Health Improvement Project
	Completed Project (MANASHI)
15	Maternal and Neonatal Health Project (MANASHI)
18	Major Achievements from the Project
24	MANASHI Case/Success Stories
	Completed Project (UPAKAR)
34	Post Earthquake Support.. Towards Recovery (UPAKAR)
37	Major Achievements from the Project
50	Neglected Tropical Disease
52	FAIRMED Nepal's contribution and Achievements in Disability Inclusiveness
55	Coordination and Networking
57	Voices of Social/ Community Mobilizers
59	Financial Overview
60	Audit Report
62	FAIRMED in Media

FAIRMED IN NEPAL

FAIRMED in Nepal started its community health work from Kapilvastu district focusing on maternal newborn health. Its gradually expanding its programme interventions into NTDs applying comprehensive approach. Aligning its program focus with global strategy, FAIRMED is moving towards expanding its program coverage and thematic focus by including Neglected Tropical Disease while continuing with MNH related health care to the poor and marginalized communities aligning the SDG's concept of Universal Health Care. During the year 2017 and 2018, FAIRMED Nepal developed its understanding and built capacity on NTDs and response mechanism by carrying out situation analysis of NTDs in 9 terai districts, involvement at national as well as district level efforts of responding leprosy, disability and stigma related issues. In the middle of 2018, FAIRMED HQ organized a Planning workshop in Nepal facilitated by an International expert in NTDs was participated by the representatives from local government, communities and other stakeholders and came up with a plan for supporting Nepal's selected rural terai communities in improving their preventive health care practices, seeking health care and strengthening local health system.

Coverage and Programmes during the year 2018

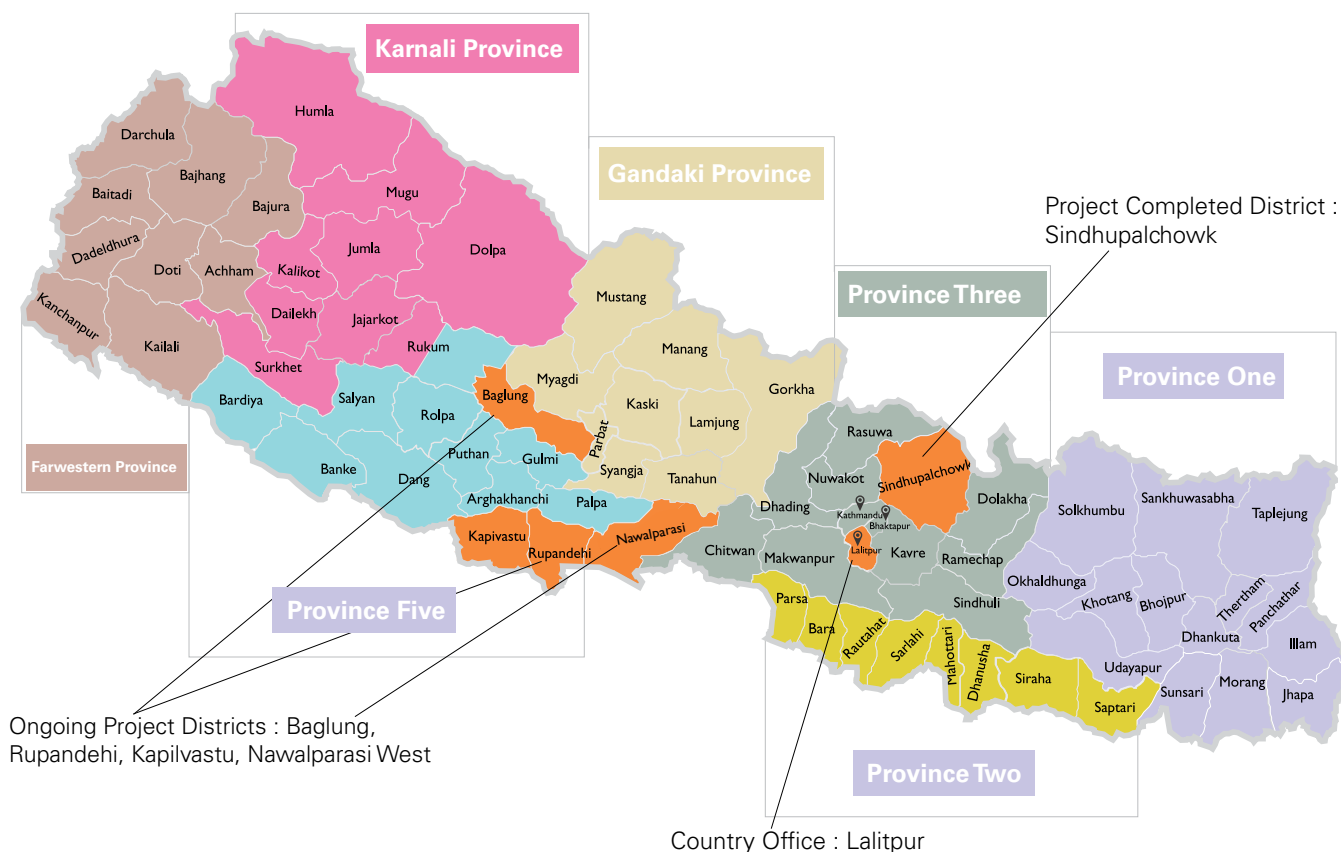
- 1) Kapilvastu District - Maternal and Neonatal Health Project (MANASHI) 45 former VDCs (10 Rural/Municipalities)
- 2) Sindhupalchowk District – Towards Recovery – Post Earth Quake support to resume local health service: UPAKAR Project: 3 Rural/Municipalities (13 former VDCs)
- 3) Baglung District- Rural Health Improvement Project (RHIP), 3 Rural/Municipalities

Working Strategy In Nepal

FAIRMED operates within the structure outlined by the policy of the government to contribute to health system strengthening by using a number of different approaches. FAIRMED works in close coordination with new structure of government- local, provincial and federal. It will comprehensively address the determinants of health for the poorest and left behind population groups, specifically on access to affordable quality care at community and health center level. In line with the global FAIRMED strategy 2018-2021, the presence of NTDs – regarded as indicators of poverty – serves as an entry point for the FAIRMED intervention. It links well with the strategic principles of the current Nepal Health Sector Strategy (NHSS) 2015-2020, and more particularly aligns with the vision for “equitable service utilization, strengthening service delivery and demand generation to underserved populations”.

By taking into account current needs of local governments and health services, FAIRMED focuses on strengthening the capacity of elected representatives, local health coordinators, members of health facility operation and management committees, health service providers and community health workers through needs-based training, supportive supervision and onsite coaching.

FAIRMED NEPAL WORKING AREAS



Country Office :

Lalitpur

Completed Projects:

UPAKAR - Sindhupalchowk

MANASHI - Kapilvastu

Ongoing Project :

Rural Health Improvement Project - Baglung

New Project :

Essential Health Project (EHP) - Kapilvastu,
West Nawalparasi, and Rupandehi

ON- GOING PROJECT

RURAL HEALTH IMPROVEMENT PROJECT



FCHV (left) giving health message to mothers in mothers group meeting.

With the financial-aid of PORISTES Foundation, FAIRMED Nepal has been implementing a Rural Health Improvement Project (RHIP) in three Municipalities of Baglung district through a local implementing partner; Bhimpokhara Youth Club (BYC). Through a fine mix of community and facility based health interventions, the project intends to increase service accessibility, strengthen health system and improve the quality of service delivery in working Municipalities. The project concept is primarily governed by National Health Policy 2014 and Nepal Health Sector Strategy 2015-2020 and seeks to contribute towards achieving the target of reducing maternal, neonatal and childhood mortality and morbidity in accordance to the Sustainable Development Goal (SDG) #3. The project targets to support the poorest families including persons with disability and those vulnerable to and affected by the Neglected Tropical Diseases (NTDs). The major areas of interventions included in the project are;

- i. Maternal and Newborn health
- ii. Neglected Tropical Diseases and Disability
- iii. Water Sanitation and Hygiene

Project Progress

Since its start in June 2018, the project has accomplished major targeted activities and has been able to produce some changes. The project's approach and interventions have been well appreciated by the local government and health authorities including community people. The achievements during the period of 6 months have been listed below:

1) Strengthening basic health infrastructure and its service delivery capacity Progress:

1.1 Establishment of Maternity Waiting Home: A maternity waiting home with 2 rooms and one kitchen has been established in Burtibang PHCC. The project supported for aluminum partition of the rooms and supplied 6 pairs of beds, 2 cupboards and 2 set of kitchen materials. The waiting home is sufficient for 6 mothers, and their attendants. The service has been started and now the pregnant mothers from remote areas are utilizing the service when they come to PHCC for delivery. As per the PHCC's record, on 5-6 pregnant/week have been taking the service for an average of 3 days stay from this waiting home facility.

1.2 Establishment of Laboratory Service in Health Posts: Setting an example of effective partnership between the local government and development partners, basic laboratory service has been initiated in two Health Posts, i) Bongadovan Health Post of Tamankhola Rural Municipality, and ii) Nishi Health post of Nishi Khola Rural Municipality. The support was provided

jointly with the concerned Municipalities and District health office, The project (RHIP) supported essential lab equipment equivalent to NRs. 300000 (2728 CHF) in each of the two health posts, whereas the Lab staff was recruited by the rural municipalities, and the technical skill training was provided to the lab staff by District Health Office, Baglung. Increasing trend of lab service utilization can be observed after the start of lab service in the Rural Municipalities. The lab record shows an average of 10 people per day taking the lab service, and as the more people will be aware of the available services, more people to be benefitted from this facility in coming days .

Since its start in June 2018, the project has accomplished major targeted activities and has been able to produce some changes.

1.3 Establishment of Birthing Centers: The project initiated the establishment of Birthing Center with the equipment and furniture support, toilet construction in Community Health Unit of Dhorpatan with the significant contribution by the Dhorpatan Municipality by providing the building, and recruiting the midwives for delivery services, and endorsing the requirement of birthing services with the needed skilled training by the District Health Office Baglung. This is another effective tripartite collaboration between the project, Municipality and DHO to address the critical health care needs of the remotest community of the district. Similarly, the

project also supported with the set of essential equipment and furniture to the Khunghani Health Post in collaboration with the Tamankhola Rural Municipality. The Municipality is constructing a new building for the Birthing center to provide adequate / proper space for conducting child deliveries and maternal newborn care. After the completion of this building (within next quarter), the women who used to deliver at home (over 60%) or those who visited Burtibang PHCC located in a far distance (1.5 days walk) will be highly benefited.

2) Capacity Building of Health Workers

2.1: Basic Obstetric First Aid Training: Basic Obstetric First Aid training of three days was provided to 17 paramedic health workers from the 10 Health Posts with an objective of improving their ability to support during delivery service where there is no Skilled Birth Attendant (SBA) trained Nurses.

2.2 Health Facility Operation and Management Committee (HFOMC) Exposure Visit: RHIP project supported 10 members of HFOMC from the Burtibang Primary Health Care Center (PHCC) for their learning visit to the well-functioning HFOMC in Kapilvastu district where FAIRMED is implementing a MNH project. After this exposure visit, the HFOMC members in Burtibang PHCC has been playing their roles actively by regularizing their monthly meeting, monitoring of health services. Due to the activation of the HFOMCs, Burtibang PHCC has resumed Comprehensive Emergency Obstetric and Newborn Care (CEONC) service, which was halted before due to poor management.



2.3 Training of Female Community Health Volunteers: The project has already supported training to 46 out of 180 Female Community Health Volunteers (FCHVs) from the working 3 Municipalities. The training was aimed at improving their knowledge base on Birth Preparedness and basic health promotion that included water sanitation and hygiene, Disability, Gender Equality and Social inclusion.



Participants for a mothers group meeting

The participating FCHVs expressed their commitment to strengthen their role in disseminating awareness at community level, and effective counseling to community people on health & hygiene. The training was organized in coordination with Nishi khola rural municipality and concerned Health Posts. During the training, the municipality supported in searching the resource person while the health post

representatives briefed about the roles and responsibilities that the FCHVs should own and the existing scenario. The remaining FCHVs will be trained gradually during the project period.

3) Community Mobilization

Six local youths have been identified, trained and mobilized as the project's Social

Mobilizers (2 SMs in one municipality) to promote community's health seeking behavior through correct information/health messages. Social Mobilizers are also trained to regularly coordinate and consult with Health Facility-in-charges, empower the FCHVs and build collaboration with other Municipality, HFOMCs, and other stakeholders in respective areas to initiate community's health seeking behavior, increase access to basic health services and linking the community with health centers. The social mobilisers (SMs) have played crucial role in carrying out following activities as part of Community Mobilization:

3.1 Revitalization of Health Mother's Group Meeting

The Social Mobilizers have been able to activate 50 out of 150 Health Mother's groups in the working area, they work in close coordination with health facility-in charge, FCHVs and HFOMCs to reactivate the group. The reactivated mother's groups organize regular meetings to discuss on health related topics; Nutrition, Diarrhea, Birth Preparedness Package, Water Sanitation and Hygiene, Immunization, Maternal, Neonatal and Child Health etc., which is crucial in increasing the service utilization and improve, service quality.

3.2 Revitalization of FCHV meeting

Even before initiating RHIP, FCHV meetings were taking place; however, the meeting was focused only on reporting of activities

they have completed. The changing trend can be observed now during the meeting that the FCHVs participate actively, and discuss on issues related to maternal, newborn and child health, hand hygiene, nutrition, healthy behavior, harmful beliefs and practices which will result into improved hygiene and sanitation practice, and increased health service utilization.

3.3 School Health Program

In coordination with health facility staffs, Social mobilizers are conducting health education program in selected 12 schools on different health issues; such as hand washing, healthy behavior, nutritional food, risk of early marriage and early child bearing, prevention and treatment of water borne diseases such as Diarrhoea.

3.4 Information Education and Communication (IEC) corner at Boharagaun Health Post

An IEC corner has been established at Boharagaun Health Post in coordination with Rural Municipality office. The IEC corner contains health messages through Posters, pamphlets, leaflets related to various health topics such as immunization, nutrition, safe motherhood, IEC materials displayed have targeted the clients who visit the health post seeking care, FCHVs during monthly reporting, health workers and HFOMC members to update their information, and learn about essential health issues.

COMPLETED PROJECT

MATERNAL AND NEONATAL HEALTH PROJECT (MANASHI)



Post natal counselling by ANM at Hatausa ORC Clinic.

The project, Maternal and Newborn health, “Matri Tatha Navajat Shishu Swasthya” (MANASHI), is a community based health initiative aimed to improve maternal, neonatal and child health outcomes by strengthening health system, increasing access to and utilization of the Maternal and neonatal health services in project district, Kapilvastu of Province 5.

The project tries to complement the government policy of providing safe maternity services free of cost which included antenatal check-ups, institutional delivery, postnatal check-ups and newborn care in government health institutions, and providing incentives to mothers to cover their transportation cost while visiting to birthing centers/hospitals. The project was implemented in partnership with a NGO, International Nepal Fellowship (INF)-Nepal.

Together with the implementing partner INF, FAIRMED carried out the activities in coordination with the District Health office, Kapilvastu. The project covered all the VDCs and municipalities in the district with the approach of focused and general support programs.

Together with the implementing partner INF, FAIRMED carried out the activities in coordination with the District Health Office, Kapilvastu.

The project was operational with following five objectives:

1. Increase capacity of community health system (health workers, community health volunteers and health facilities),
2. Enhance local health governance for accountability and quality of service through activating the roles of HFOMCs and FCHVs

3. Promote health seeking behavior among women and their families adopting preventive measures, service utilization practice, giving up harmful practices including stigma & discrimination against illness such as leprosy, HIV.
4. Effective monitoring, strengthen coordination, networking and advocacy with Government Line Agencies and other stakeholders at district and central level
5. Knowledge Management through learning & sharing, documentation, and dissemination of progress, achievements, and learning at various levels

To meet these objectives the project focused on the following major activities:

- Training of Health Facility staff and Female Community Health Volunteers
- Improving infrastructure of health facilities
- On-site coaching at Birthing Centre (BC) and Joint monitoring visits from district level
- Periodic review and reflection at HF/BC and District level
- Joint Monitoring visit by the District Health Office, Regional Health and Central level line divisions.
- Implementation of Community Health Score Board (CHSB)
- Strengthening of HFOMCs through basic orientation, refresher trainings, and learning visits
- Strengthened FCHVs capacity and their network at VDC level



Project Name	Matri tatha Navajat Shishu Swasthya Pariyojana - (MANASHI) Project
District	Kapilvastu
Coverage	Entire District: (54 VDCs and 6 Municipalities) Focused Interventions : 44 VDCs including municipalities 6 Municipalities and 4 Rural Municipalities according to new structure)
Project Cost/Budget	Total budget NPR 91,319,276 (CHF 869,707)
Project Duration	July 2015 – December 2018 (3.5 years)
Beneficiaries	Direct Beneficiaries: 603 mother's groups with 15,075 women members in the focused 44 VDCs; approximately 7600 pregnant women; 6,450 newborns; and 130,688 women of reproductive age Expected Indirect Beneficiaries: About 25,165 pregnant women; 63,438 under 5 children; 300,000 population (e.g. family members of women, community members and leaders benefited indirectly through various interventions in the community)
Targeted Population	5,71,936
Project Team	Project Office (FAIRMED and Partner) based in Taulihawa, Kapilvastu, implements the activities through a team of 25 staff members of various levels.

MAJOR ACHIEVEMENTS FROM THE PROJECT

Table 1 : Major activities and location

SN	Activities and Progress	Locations of the activities implemented
1	Developed 11 new birthing centres by providing full sets of birthing equipment (as per national standard)	Birthing Centers of Bhagwanpur, Krishnanagar, Pathardaiya, Gugauli, Chanai, Barkalpur, Labani, Pipra health Post, Bedauli, Tilaurakot, Shibgadhi
2	Initiated maternity waiting room in 2 birthing centres with a bed, kitchen facility & toilets	At Bhagwanpur, Gugauli Health Posts/Birthing Centers
3	Constructed 6 placenta pits for waste management (as per national standard)	At Birthing Centers of Krishnanagar, Pathadaiya, Gugauli, Shibapur, Tilaurakot & Pipra Health post
4	Constructed small sized 12 Out Reach Clinics and provided needed equipment & furniture	At the Health Posts of Pakadi, Pipra, Dumra, Hathausha, Kopuwa, Siswa, Kuswaha, Ganeshpur, Bhagwanpur, Maharjgunj, Bishanpur & Baripur
5	Supported to establish Special New Born Care unit (SNCU) (renovation of building and supply of essential equipment (x-ray machine, baby warmer, and other equipment.)	Taulihawa District Hospital
6.	Supported the District Health Office to renovate & furnish training hall & equipped with Laptop & LCD Projector	At Taulihawa, District Health Office
7	Supported 4 Health Posts to furnish their training hall with carpet, curtain & cushions for floor sitting	At Krishnanagr, Siswa, Barkalpur & Labani Health Posts
8	Supported District Health Office by renovating 7 Health facilities with wooden partition, floor plastering and wall painting	At Dumara, Pipra, Hathihawa, Gugauli, Siswa, Pathardaiya, & Tilaurakot Health Posts
9	Constructed 5 Ramps for Disable friendly health service	At Maharjgunj Primary Health Care Center, Pakadi, Labani, Hardauna & Krishnanagar Health Posts
10	Supplied essential medical equipment in 26 Health facilities (BP instrument, Autoclave, weighing machine, suction machine, Implant sets, etc)	At health Posts of Bidyanagar, Purshotampur, Krishnanagar, Shibanagar, Ajigara, Bhilmi, Ramnagar, Tilaurakot, Gotihawa, Maharjgunj, Siswa, Baraipur, Bhalbari, Dumra, Barkalpur, Titirkhi, Gauri, Banshkhori, Nandanagar, Patariya, Shibapur, Manpur Dubiya, Mahendrakot Bishanpur, & Kopuwa

11	Supported 319 Mother's groups with NPR 12,76,000 to establish Emergency Obstetric & Neonatal Care fund (EOC fund) to help them cover the cost of travel during emergency health care needs.	319 health mother's group at the rate of NPR 4000/group directly benefitting altogether 10,000 Mothers
12	Capacity building of 470 health workers with various training related to the MNH activities	45 focused VDCs
13	Capacity building of Female Community Health Volunteers (FCHVs)	45 focused VDCs
14	Capacity building of Health Facility Operation and Management Committee (HFOMC)	45 focused VDCs
15	Health orientation & planning to 5 Rural/Municipalities in collaboration with Ministry of Social Development, of Province 5	Mayadevi, Banganga, Bijaynagar, Krishnanagar & Shibrāj Municipality
16	Completed Family Planning micro-planning workshops in needy Health facilities	Health Facilities from the 20 selected VDCs
17	Developed 3 different types of IEC/BCC materials in local language/context	Posters, video clips, radio jingle (Nepali & Abadhi) related to maternal, neonatal health, disability
18	Awareness raising through street drama in Abadhi language	At 25 communities in Kapilvastu
19	Sensitization to local leaders, religious leaders, & locally active groups	45 focused VDCs
20	Carried out intensive exercise with HFs, HFOMCs and DHO by using the Social accountability tool, Community Health Score board (CHSB)	AT 45 Health facilities of focused VDCs
21	Applied Self-Applied Technique for Quality Health (SATH) in mothers' group in 603 Mother's groups to activate mothers for their preventive health care and service seeking behavior	603 mothers' group of 45 focused VDCs
22	Health orientation, and support for annual planning & budgeting to Municipalities with 2 days package developed by NHTC/MOHP	At 5 Rural Municipalities out of 10 Municipalities.
23	Disability related data collected through Mapping in the district. Mapping report available for use.	Covered the all 10 Municipalities of the district.
24	Supported Leprosy Control and disability division of MOHP in organizing Mini Leprosy Elimination Campaign (MLEC) & skin camp at VDC/ward level	Covered 9VDCs, altogether 49 new Leprosy cases identified and documented for LCD/MOHP.



Construction

5

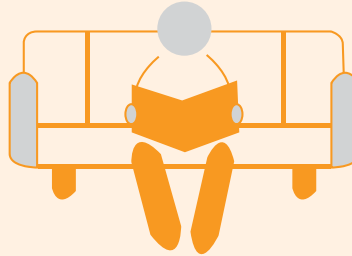
Disability Friendly Infrastructure-
Ramp construction in Health
Facilities

12

PHC/ORC

6

Placenta Pit



2

waiting rooms



7

Renovation Support
Health Facilities



Support for the establishment of
Birthing Center Health Facilities



319

Establishment of EONC Fund
Mothers' Group



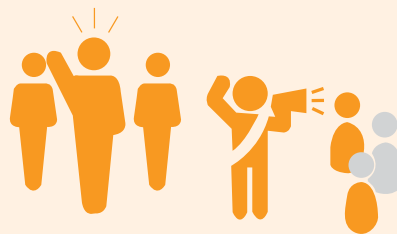
26

Equipment Support
health facilities



470

Capacity Building
Health Workers



Awareness Raising through
– Street Drama, IEC/BCC,
sensitization to local leaders,
religious leaders



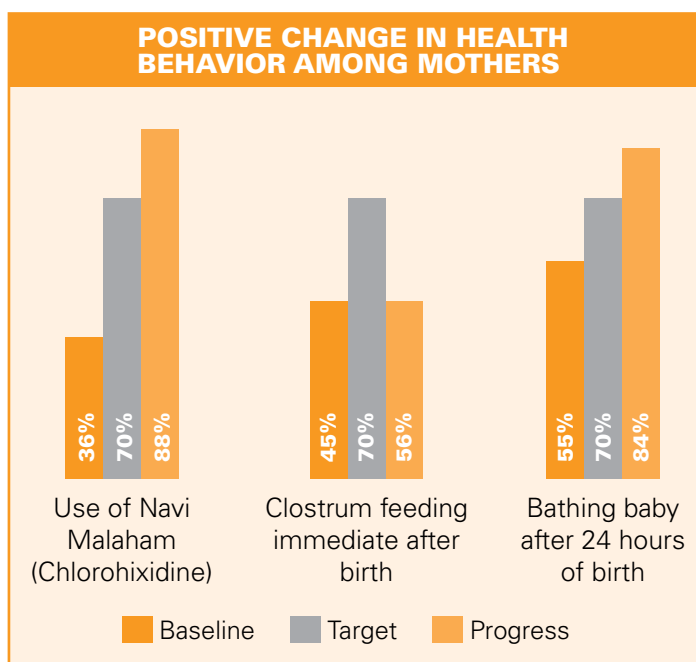
49

Mini Leprosy Camp/ Skin
Camp new leprosy cases
were identified.

Table 2. Progress on indicators from the targeted 43 VDCs

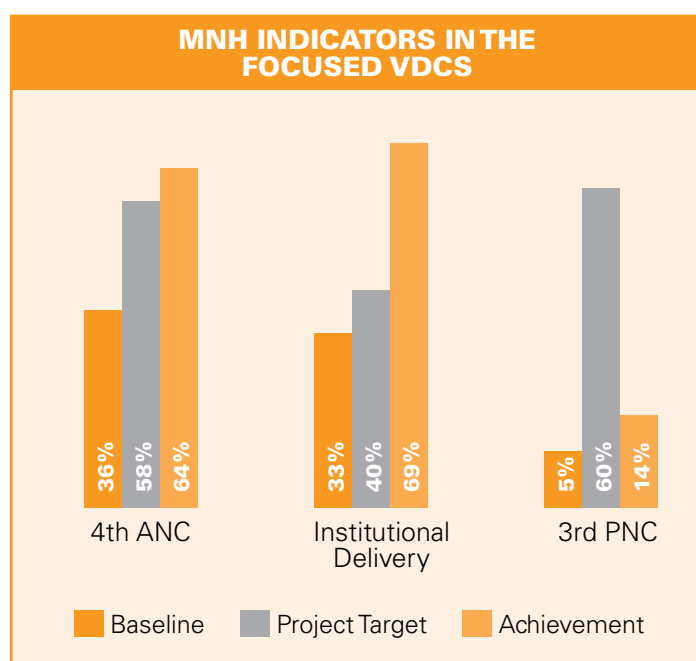
SN	Indicators	Baseline	Target	Progress
1	4th ANC visit coverage	36%	80%	64%
2	Institutional delivery	33%	40%	69%
3	3rd PNC Coverage	5%	60%	14%
4	Pregnant women, mothers, family members and women of reproductive age understand signs of complicated pregnancies, safe deliveries and care for new-borns	54%	80%	88%
5	Positive change in health behaviour among mothers			
	□ Use of Navi Malaham (CHX)	36%	70%	88%
	□ Colostrum feeding immediately after birth	45%	70%	56%
	□ Bathing baby after 24 hours of birth	55%	70%	84%
6	Enhanced capacity of HFOMC members	45	45	100%
7	Mother's groups reactivated, Mother's group meetings regularized	603	603	100%
8	Establishing the Emergency Obstetric and Neonatal Care fund,	319	319	100%
9	A sustainable system is in place ensuring a more coordinated and accountable delivery of MNH services.			
	Health System Strengthened in 45 VDCs			
	□ Developed 12 new birthing centers in needy health facilities. The birthing centers are fully functional.			
	□ Constructed waiting room in 2 birthing centers			
	□ Established SNCU in Taulihawa hospital with the involvement of HFOMC/ Municipalities.			
	□ Constructed 12 PHC/ORCs with fully furnished and functionalize in close coordination with local community people, HFOMC & Municipality.			
	□ The ownership of services was taken by health workers whereas responsibility of functionalizing services was taken by HFOMC members.			
	□ Meeting of HFOMC is regularized.			
	□ EONC fund was established in 319 mothers' group which will continue helping emergency referral.			
	□ Allocation of fund for health from municipalities and community is started.			

MAJOR CHANGES OBSERVED DURING THE PROJECT IMPLEMENTATION PERIOD (2015-2018)



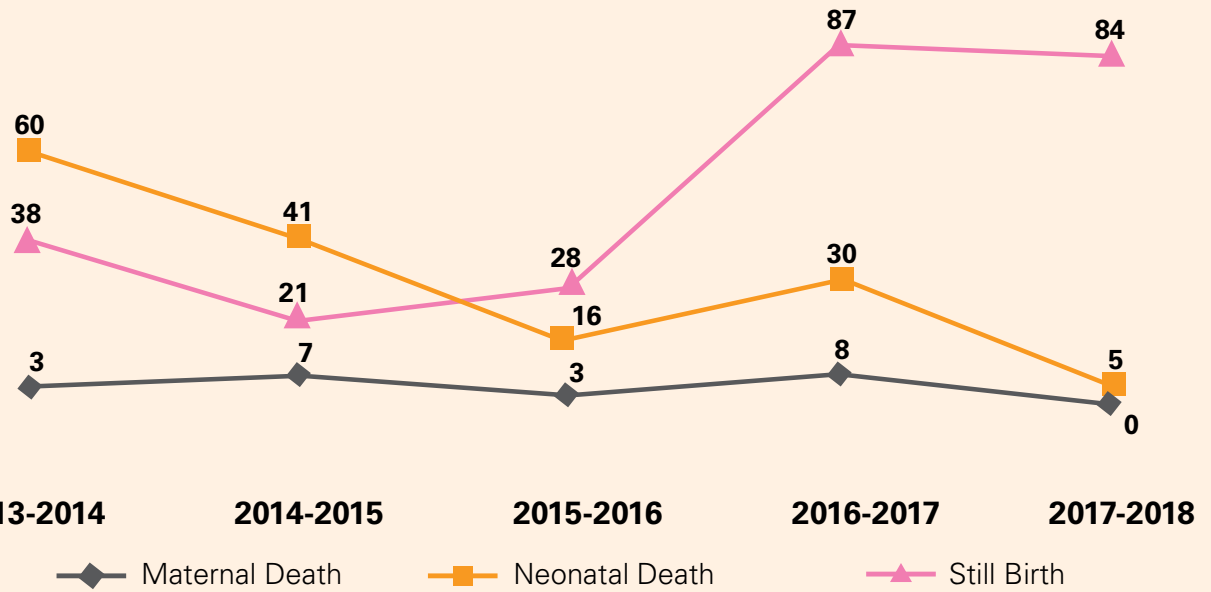
Source: Baseline and End line Study

MANASHI Project continued its efforts to create awareness in the community during its implementation period. The difference is visible in the health seeking behavior after 3.5 years of project implementation through the increasing trend in the use of navi malaham (chlorohexidine), growing trend of the colostrum feeding immediately after birth and bathing baby after 24 hours of birth.



The MNH indicators in the focused former VDCs are in the increasing trend. The increase in the indicators of 4th ANC visit and the institutional delivery are satisfactory. However, the increase in 3rd PNC visit is yet to be achieved. While analyzing the cause for this, it has been found that the new mother and the neonate are not allowed to see the sunlight until 9 days. Hence, this cultural belief is the major reason for not achieving the set outcome. In addition, the distance location of the health facilities has hindered the mothers and the newborn for PNC visit.

TREND OF MATERNAL AND NEONATAL DEATH AND STILL BIRTH



Source: Health Management Information System (HMIS)

As per the HMIS data of Kapilvastu, the maternal death and the neonatal death are marked to be in decreasing trend. However, the trend of stillbirth appears to be increasing. In the past years, the still birth were not reported but with the growing trend of Institutional delivery and the ANC checkups the cases are visible in records.



ANM (right) briefing to the would be mother at Gugauli Health Post

CASE STORY

GUGAULI HEALTH POST - STOOD AHEAD OF TIME





Visitors at Gugauli health post

In 2015, FAIRMED implemented MANASHI Project in Kapilvastu district. The project aims to improve maternal, neonatal and child health outcomes by strengthening health systems, increasing access to and utilization of maternal and neonatal health services in the district. In Kapilvastu, illiteracy, lack of awareness and poverty has led to higher neonatal deaths against the national average of 23 per 100. In Kapilvastu, between 2013/14 to 2015/16, there were 93 neonatal deaths, 30 in later.

In order to increase institutional delivery, FAIRMED focuses on bridging the gaps to obstetric services by educating communities, equipping health facilities, developing capacity of health workers and educating communities, especially women on maternal and child health care. Since then, the district's institutional delivery increased to 38% in 2018 from 17% in 2015.

Twenty year old Rinki Tharu, a resident of Bhagirampur, Vijay Nagar Rural Municipality, appeared from behind a house carrying haystack twice her size. She poured the weight in a nearby cart and came inside her house. Every day, Rinki wakes up at 6 AM and goes to work in the field. At 5 PM, she returns home. In between work, she comes home to breastfeed her child. It was during her Ante-natal checkup visits to the Gugauli Health Post that she came to know about exclusive breastfeeding.



Mothers Group meeting at Gugauli

After Rinki became pregnant, her husband Ram Prasad left for Malaysia as a migrant worker to make ends meet for his family and to afford better needs for his child. At home, he worked as a construction worker and earned Rs. 6,000 (CHF 52) every month. In the seven months time, Ram Prasad has sent Rs. 100,000 (CHF 873), just over Rs. 14,000 (CHF 122) every month for his family to meet minimal basic needs.

Rinki's mother-in-law, Malti Tharu passed her two months old grandson to the mother. Rinki took her child in her arms and cuddled him warmly and kissed him on his forehead. Of Malti's three daughter-in-laws, Rinki is the only one who gave birth at a health post.

"My two daughter-in-laws gave birth at home because there wasn't a health facility

nearby. The nearest health post was around 30 kilometers away and was separated by a river. In addition, the communities were not aware about institutional delivery," Malti said. If there hadn't been a health post nearby, Rinki said that she'd have followed suit of her sister-in-laws. "I would have given birth at home as well if there was no birthing center at (Gugauli) health post," she said.

The Gugauli Health Post at Vijay Nagar Rural Municipality is around an hour's walk from Rinki's home. Gugauli is the remotest location that FAIRMED works to improve maternal and child health care by increasing institutional delivery. According to a Human Development Index report of Province 5, Vijaya Nagar rural municipality stands at the bottom of the list. "There are 12 districts and 119 local bodies in Province 5. We are at 119," Gopal Bahadur Thapa

Magar, chairperson of Vijaya Nagar rural municipality said.

A river separates Gugauli from the remaining district and the closest road network at Shivagadh. Four years ago, a bridge was built to connect Gugauli with the remaining district. "Until then, the people of Gugauli stayed on the other side of the river. Geographical remoteness, poverty and illiteracy meant its residents rarely visited the single room health post," Shashi Karna, project manager at MANASHI project of FAIRMED said.

MANASHI is helping to improve maternal and neonatal health services of the district by strengthening health facilities, developing capacity of health workers and by educating communities. In Kapilvastu, illiteracy, lack of awareness and poverty has led to higher neonatal deaths against the national average of 23 per 100.

At Gugauli, around 80 percent of its population of 12,000 is from minority and disadvantaged groups such as Tharus, Dalits, Mijars, Muslims and Madeshi. Amid poverty, illiteracy, and geographical remoteness, health seeking behavior at Gugauli was minimal.

"However, much has changed since the bridge came in 2014," Shankar Sunar, an auxiliary health worker at Gugauli Health Post said. Shankar came to the health post when the bridge's construction began. "The health facility was primitive: it was confined to a room. There was neither privacy nor latrines or clean drinking water," Shankar recalled. When people did come to the health post, it was to buy painkillers.

This continued for another two years and the health post provided minimal services. According to Shankar, malnutrition was rife



Health Post Incharge delivering service to the patients



Health Post Incharge assessing the child at Gugauli health post

in the area and neglected tropical diseases that stem from poor sanitation and hygiene continue to be a challenge. “We’ve almost zeroed in on malnutrition but sanitation continues to be a challenge,” he added.

Two years after the bridge came, in 2016, the Gugauli Health Post came under the purview of the then District Development Committee (DDC) during a mapping of service delivery of health facilities in Kapilvastu district. Gugauli Health Post’s service delivery was alarmingly low at 10 percent.

In order to increase access to essential health care, the DDC then took the lead to build a new health post in 2016. However, despite resources, it could not complete the construction. Thus, in 2017, the DDC requested MANASHI Project of FAIRMED’s to resume the stalled construction of

health post. “It was then that we expanded to 45 village development committees from 44 (four rural municipalities and six municipalities),” Sashi said. “Gugauli is our youngest working area but its results are very promising.”

Through MANASHI, FAIRMED identified and resolved existing debacles to restart health post construction by educating communities and local leaders.

Vijay, the health post’s in-charge believes awareness, privacy and round-the-clock service have helped to increase patient inflow. As a result, more people now visit the health post. On average, around 100 people visit the health post every day for treatment, including residents of an adjoining village of Patthardaiya. During summer and winter, the number reaches up to 1,000 in a day.

“Without FAIRMED’s help, we wouldn’t have this health post,” Vijay Chaudhary, in charge of Gugauli Health Post said. The health post now has six rooms, five latrines and its own drinking water pipeline. In order to increase access to health services, FAIRMED also helped to construct an outreach clinic.

Outreach clinics are built in areas from where the nearest health facility is more than two kilometers away. These clinics operate once a month and provides a range of services such as immunization, ante-natal checkups, diagnosis and referrals. In Kapilvastu, FAIRMED helped to construct 13 health posts, 13 birthing centers and 12 outreach clinics.

By the time the newly constructed health post started to provide services, the problems of home delivery was visible: around 90 percent of women gave birth at home. In turn, FAIRMED provided medical staffs and female community health volunteers with trainings on maternal and neonatal health updates, birth preparedness plan, infection prevention and SAATH tool. To promote institutional delivery, FAIRMED also provided Rs. 4,000 (CHF 40) in each mothers’ group for emergency obstetric care.

Then, FAIRMED activated 18 mothers groups in Gugauli and educated them on a range of health related issues – maternal and child health, institutional delivery, nutrition, hygiene and sanitation through different behavior change communication materials.

“We worked intensively for a year to educate communities,” Vijay recalled. “It was then that our efforts showed visible results.”

After communities became aware, six months ago, FAIRMED helped to start obstetric services. As a room for birthing center was already in place, MANASHI constructed a furnished waiting room and provided necessary equipment including vacuum machines and placenta pit. Data at the health post shows that in the past six months, 123 children were born at the Gugauli Health Post – around 20 every month.

Vijay, the health post’s in-charge believes awareness, privacy and round-the-clock service have helped to increase patient inflow. As a result, more people now visit the health post. On average, around 100 people visit the health post every day for treatment, including residents of an adjoining village of Patthardaiya. During summer and winter, the number reaches up to 1,000 in a day.

“FAIRMED didn’t just provide us with equipment. It gave us motivation to start quick. Without MANASHI’s support, we wouldn’t have had a spacious health post or a birthing center for another three years,” Vijay, the health post’s in-charge said.

CASE STORY

SAVING DISTANCE AND **IMPROVING HEALTH ACCESS**





At Kapilvastu district, FAIRMED has been partnering with the International Fellowship Nepal (INF) to implement its maternal and neonatal health project (MANASHI). The project is being implemented across the district to improve maternal and neonatal health conditions. In order to achieve its goals, FAIRMED is working to upgrade services of health facilities by providing equipment and training health workers. It also is strengthening the demand side by increasing awareness on maternal, neonatal, infant and child health care by reactivating mothers' groups, health management committees and female health volunteers to promote health-seeking behavior. By strengthening service providers as well as its receivers, FAIRMED is working to improve the district's maternal and neonatal health conditions.

Had Anita Teli, 22, been pregnant a year ago she would have to commute seven kilometers from her home to Krishnanagar's hospital for her Ante-Natal Check-up (ANC).

As a new daughter-in-law, the commute would have been more difficult as Anita would have to finish her household chores and seek permissions from her in-laws. By the time she was done with her household chores and got ready for the commute, it would be 1 p.m. Irregular local bus

service normally took two hours to get to the birthing center and while the birthing center operated 24/7, finding a bus to bring her home would be a concern.

“I don’t think I’d have commuted to Krishnanagar,” Anita, married at 13 but had Gauna* after nine years said.

Now in her seventh month, she is joyous. “I do not have to worry about the long travel like others,” Anita said, adding that as the birthing center was 10 minutes away from her home, even her in-laws encouraged the visit.

With abundant household chores, women are mostly confined to their homes.

This is especially visible in the Madheshi community of the southern Terai region. The region lags behind in key national indicators such as education, health, and employment. As a result, the region has a higher number of maternal, child and infant mortality, malnutrition and unemployment. With practices of early marriage, school drop-out rate is extremely high, especially among girls. Lack of awareness along with reluctance of older generation to accept changes bars many young mothers to seek health services. Reliance on traditional healers and belief that women are ‘inferior’ to men and therefore, be ‘accompanied’ by their husbands further becomes a detrimental factor. However, with a health post offering vital services close by,



Anita Teli with her husband during her ANC visit at Bhagwanpur health post

once aware, young mothers commute with greater ease and their in-laws grant permissions easily.

As a result, Anita visits the health post every month to make sure that her first child is safe. "When pregnant, we need to have our Ante Natal Checkup (ANC) for a minimum of four times, fourth, sixth, eighth and ninth month in a health facility," she said.

At Bhagwanpur Health Post, Kapilvastu, FAIRMED has helped to set up a fully equipped birthing center and constructed a waiting room in November 2016 to expand its service delivery. The health post serves to around 10,000 people from three villages, Ramnagar, Ganeshpur, and Bhagwanpur. Around 60 people visit the health post every day.

FAIRMED is also activating health mothers' groups to promote health-seeking behaviors among mothers and increase service use through its maternal and neonatal health project, MANASHI.

In rural Nepal, health mothers' group work to disseminate various health messages with aims to strengthen the use of health facilities by educating communities on diverse issues. These meetings, led by Female Community Health Volunteers (FCHV), are an effective platform for members to learn about health issues and share personal experiences. One of many new mothers, Anita is savoring new knowledge on maternal and child health, family planning tools, institutional delivery, nutrition, and sanitation.

"The mothers' group is helping me to be more aware of health issues," she said adding that it was here that she learned about timely ANC visits. "As per protocol, we need to come four times for ANC. The Bhagwanpur birthing center is helping her to easily seek permissions from her in-laws and providing access to timely ANC health services to make sure that her first child is born healthy.

We met Anita almost after six months, she had a baby boy on her lap. As Anita was aware about the importance of institutional delivery she delivered the baby at Bhagwanpur health post. She also utilized the waiting room after delivery to take some rest. She is well aware about the importance of exclusive breast feeding and have been paying a lot attention to it.

"Because I had all the ANC visits and was regularly attending the mothers group meeting, I was able to deliver a healthy baby" Says Anita.



Anita Teli with her husband and son

* The practice of going to the groom's home is called Gauna. In Terai, brides stay at their maternal homes for either three, five, seven or nine years before going to the groom's home.

COMPLETED PROJECT

UPAKAR PROJECT EARTHQUAKE SUPPORT... TOWARDS RECOVERY



UPAKAR Project was designed to support District Health Office for the resumption of health services in the selected quake affected areas of Sindhupalchowk district by strengthening health service delivery, and improving health-seeking behavior among the women & children, and persons living with disability. The project covered former 12 rural VDCs (1 Municipality and 2 rural municipalities) of Sindhupalchowk district and is implemented through a local NGO, Mahila Atma Nirbharata Kendra (MANK). The project activities were implemented in close collaboration and coordination with District Health Office and municipalities of the working areas.

The project intended to achieve its envisioned goal through the following objectives:

1. To enable in the 12 identified VDCs of Sindhupalchowk to deliver basic health care services to the communities through strengthening physical and technical capacity of the health facilities/health workers including the Health Management Information System (HMIS) back to function, strengthening surveillance & replenishment of damaged equipment, based on the need assessment of the health facilities.
2. To provide awareness and counselling to the affected families and communities (especially pregnant and lactating women) for healthy pregnancy outcomes and care of new born and children under five years by reverting their need and priority through community mobilization.
3. To promote inclusive health care services, ensuring accessibility to people with disabilities during the recovery period.
4. To support referral systems and strengthen networks for EQ affected communities and families with various supporting organizations (government as well as non-government) who have service provision in reproductive health, psychosocial/ mental health, livelihoods and rehabilitation services.
5. Effective Monitoring of project performance, knowledge management through learning and sharing, documentation of best practices, good examples, publications, and dissemination for show casing the project's contribution and achievements and results at various forums.



Social Mobilizer, Rabindra Bharati demonstrating hand therapy to one of the earthquake victims



Project Name	Towards Recovery - UPAKAR Pariyojana
Duration	3 years (October 2015 to December 2018)
District	Sindhupalchowk
Number of VDCs	12 hard-hit remote VDCs (1 Municipality and 2 Rural Municipalities in the new structure)
Project Cost/Budget	NPR 43591214 (approx. CHF 410413.57)
Project Duration	October 2015- December 2018
Beneficiaries	108 mother's groups, around 2,200 mothers, 14 HFOMCs (98 members), 14 Health Facilities (including 1 PHC), 108 FCHVs, approx. 20,000 Women and Children, approx. 500 Persons with Disability
Targeted Population	43,716 (10,166 households)
Project Team	Project Office (FAIRMED and Partner) based in Melamchi, Sindhupalchowk, implements the activities through a team of 14 staff members of various levels.

MAJOR ACHIEVEMENTS FROM THE PROJECT

Table 3: Major activities and location

SN	Types of activities	Locations of the activities implemented
1	Supported in smooth functioning of Birthing Centers in 7 health facilities	Melamchi PHCC, Banskharka, Lagarchhe, Bhotenamlang, Ichoke, Mahankal, Thangpaldhap
2	Supported to establish new born corner in 2 birthing centers	Lagarche, Banskharka, Bhotenamlang and Dubachour Health Posts/Birthing Centers
3	Supported health facilities/birthing centers/ primary health centers with essential small scale construction, and renovation	At 5 health facilities of working areas (Melamchi PHC, Banskharka, Helambu, Bhotang, and Kot)
4	Supplied essential equipment in birthing centers and Health facilities and furniture	At 15 health facilities
5	Collaborated with Municipalities for the construction of 1 PHC/ORC building and one Health Post building	Patting of Helambu Rural Municipality, and Bhotang of Panch Pokhari Rural Municipality
6	Capacity building of 126 Female Community Health Volunteers (FCHVs)	Project VDCs/ Municipalities
7	Capacity building of 93 health workers with various training	24 Health Facility of 3 Municipality (Melamchi, Helambu and Panch Pokhari Thanpal)
8	Developed health profile of 3 working municipalities	Melamchi Municipality, Helambu Rural Municipality, and Panchpokhari Thangpal Rural Municipality
9	Worked with government agencies in DRR (preparedness and mitigation in working VDCs) including the printing of CB-DRM IEC materials	Palchoke, Dubachaour, Banskharka and Melamci
10	Awareness creation at communities through radio jingles, posters, wall paintings	All project areas
11	Supported Mother's groups by establishing Emergency Obstetric & Neonatal Care fund	126 Mothers' Groups of project areas directly benefitting 3000 mothers of targeted areas.
12	Mapping of persons with disability and assessment of specific needs	Project areas. All together 525 persons with disabilities were identified.
13	Supported to cover the travel cost for follow up treatment to injured people from poorest and marginalized groups	20 persons from the project areas.
14	Supported persons with disabilities for relevant skill training for livelihood	45 persons with disabilities from marginalized communities identified during disability mapping.

SN	Types of activities	Locations of the activities implemented
15	Seed money support to the 115 persons with disabilities to start their own income generation activity	115 persons with disability provided with Nrs 15000 each.
16	Supported disability assistive devices to 63 persons with disability	The support was provided during disability assessment camps and after the camp in coordination with NFDN, YRC
17	Health orientation on planning & budgeting to 3 Rural/Municipalities in collaboration with Ministry of Social Development, Province 3	Melamchi Municipality, Healmbu Rural Municipality and Panch Pokhari Thangpal Rural Municipality
18	Developed different kinds of IEC/ BCC materials	For all project areas



Community Health Officer Srijana Basnet facilitating mothers group meeting at Thangpaldhap.



Construction

Disability Friendly Infrastructure-
Ramp construction in Health
Facilities

1

PHC/ORC



9

Renovation Support
Health Facilities



3

Support for the establishment
of New Born Corner in Health
Facilities



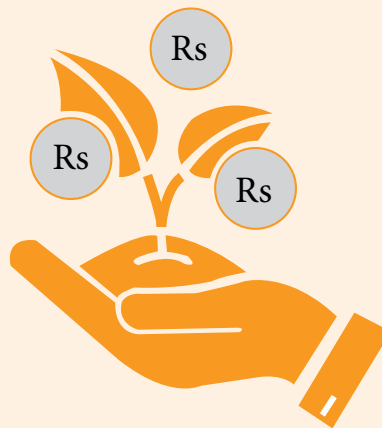
126

Establishment of EONC Fund
Mothers' Group



14

Equipment Support
health facilities



115

Seed Money Support through
cooperatives persons with disability
at the rate of Nrs 15000 each



67

Capacity Building
Health Workers

Disability Inclusive Development



Awareness Raising through
– Street Drama, IEC/BCC,
sensitization to local leaders,
religious leaders



40

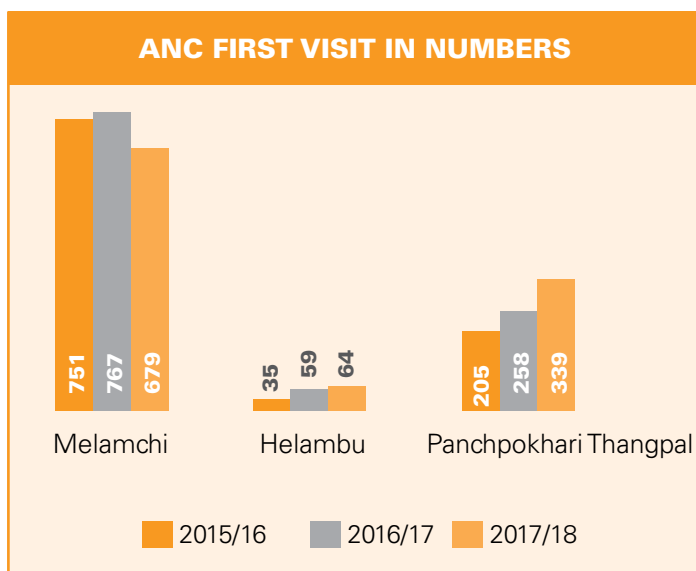
Skill Training for
livelihood persons
with disability



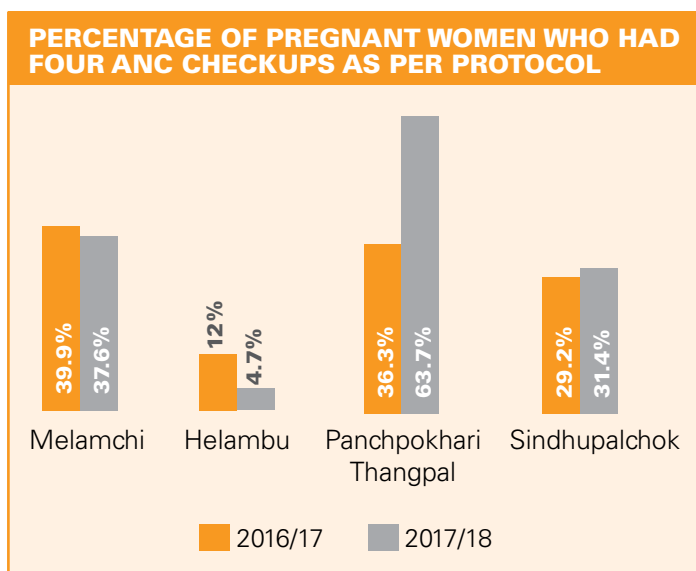
151

Assistive device
support persons
with disability

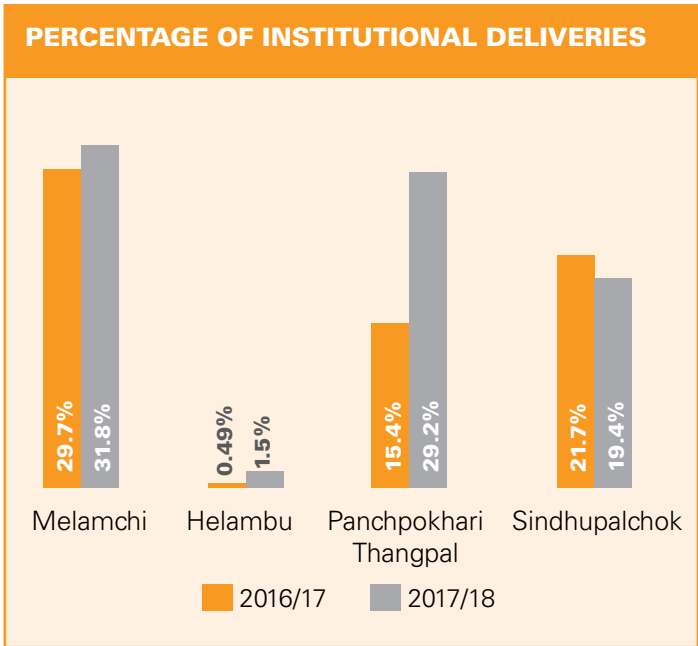
MAJOR CHANGES OBSERVED IN THE UPAKAR WORKING AREAS AS PER DHIS



With the resumption of health services, the service utilization at health facilities appears to be in increasing trend in the UPAKAR working areas. The number of ANC first visit is increasing with each passing year.



One of the major contribution of UPAKAR project is the revitalization of Mothers' Groups. The contribution of Mothers' Group is visible in the increasing trend of ANC checkups as per the protocol. The mothers' group has played a vital role in increasing the ANC checkups as per the protocol.



With the resumption of health services after three years of earthquake and the establishment and well-functioning of Birthing Centers in the nearby health post, the rate of institutional delivery is increasing in the project working areas in comparison to the institutional delivery rate of the entire district.



Community WASH Campaign initiated by Female Community Health Volunteers



Community Health Officer Srijana Basnet demonstrating hand washing techniques to School girl Roji at Bhotang

SUCCESS STORY

SMALL INVESTMENT TO REACH BIG OUTPUT



EOC fund beneficiary with her baby at Lagarche

FAIRMED launched UPAKAR Project in Sindhupalchowk in October 2015, five months after the devastating 7.8 Richter scale earthquake on April 25 that year. UPAKAR aims at improving general access to essential health service by providing need-based support to poorly equipped health facilities and educating communities on wide-ranging health issues. Three years later, as Nepal struggles to rebuild post-earthquake, some success has been achieved – but a lot more needs to be done to ensure the poorest have improved access to health services.

The Snow-capped Jugal Mountain is a captivating sight as our car with a four-wheel drive curves around the bends of a treacherous single lane road uphill. The vehicle leaves blinding dust behind. Our driver is cautious. He knows a tiny mistake or a split-second distraction can cause a fatal fall down, sometimes to the river bank hundreds of meters below.

Driving along the uneven, waterlogged and muddy road is a tough job. For the thousands of locals from northern Sindhupalchowk and communities living in and around the Project site, such risky bus rides are plainly unavoidable. The closest but centrally-located market place – Melamchi Bazaar – is a three-hour drive.

Four of us onboard the car try to keep ourselves calm and composed as we take a bumpy ride to Bhotang (3,500 meters above the sea level). The road to Bhotang is barely 35 kilometers from Melamchi Bazaar but takes us nearly four hours to get there. Bhotang is the remotest location that FAIRMED works to improve access to essential health services to the poorest by enhancing health systems and educating communities on diverse health issues.

Campfires were a common sight as we arrived at Bhotang in Panch pokhari thangpal rural municipality on a chilly December afternoon. Locals were sitting around fires in their warmest gears donning monkey caps and mufflers. Cold has gripped

Bhotang is the remotest location that FAIRMED works to improve access to essential health services to the poorest by enhancing health systems and educating communities on diverse health issues.

Bhotang, but, sadly, for the hundreds still living in makeshift shelters, this is their fourth winter after the 2015 earthquakes that killed 3,500 people – a little over a third of total deaths – and destroyed more than 60,000 homes in Sindhupalchowk.

Road travel to the UPAKAR Project site at Bhotang becomes inaccessible during the monsoon. The residents of Bhotang can only reach the nearest market place in Melamchi on foot. That is about a day's trek down the narrow slippery foot trails. The Tamang constitute a majority of Bhotang population (4,813), 51% of them women. Buddhism is the main religion.

Bhotang is home to around 950 households, the majority of who are from the Tamang community. Three years since UPAKAR Project, FAIRMED's concerted efforts have produced varying degree of success and 42-year-old Yangjin Tamang is one of the



Stalled construction of Bhotang Health Post Building in 2016

many who are reaping the direct benefits.

A resident of Chamgrang-3, Yangjin is a mother of four children who was at the Bhotang Health Post in search of a dental appointment to her daughter. For Yangjin and her family, life was going fairly well until the grounds shook on April 25, 2015. Her three daughters were playing outside. She and her eldest son, Tej Bahadur, were doing household chores when the house collapsed on top of them.

She recalls, "Everything collapsed in front of our eyes. Even this health post collapsed fully. It was very difficult for us to get the services and never imagined that the health post would be in this structure with this short period of time."

The earthquake did not just destroy homes. It also destroyed health posts and other infrastructure. "The earthquake not only damaged the health facilities, it also

destroyed the equipment required to resume health services," Shobharam Bhandari, Team Leader of UPAKAR Project said.

During any natural calamity, access to health facilities is of prime need as it helps prevent potential epidemic outbursts while providing required life-saving medicines and treatment. Through UPAKAR Project, FAIRMED had a pivotal role in resuming critically-needed health services by providing need-based support to health facilities to resume access to essential health care services in 15 health posts, including one at Bhotang where construction had been stalled for three years.

The Health Post of Bhotang was initially providing service from ThuloBhotang until the new building that was completed. Daley Lama, a permanent resident of Thulo Bhotang donated 1,016 square meter of land on a terraced hillside for a new health

post. YangriLarke Drinking water project then provided NPR 140,000 (CHF 12,311) to level the land and initiate the construction.

However, the mega earthquake of 2015 collapsed the building from where the service was being delivered. However, due to the paucity of fund, only pillars were erected for the new health post. A thatched roof house in Yarsa, 20 minutes away from the present health post's location at Thulo Bhotang, served as makeshift health post before the 2015 earthquake.

The health post at Yarsa collapsed on April 25, but managed to provide some service from a tent provided by Canadian Relief for a year. In 2016, the health post was shifted to ThuloBhotang in a temporary structure. Zinc sheets were used to create two rooms from where health services would be provided. The ThuloBhotang health post

bore a dilapidated look and drew only a few visitors daily.

In November 2017, Nepal went for phased local elections in nearly 20 years, electing Tashi Lama as the chief of PanchPokhari-Thangpal rural municipality. TshringTamang was elected as the area head. Shortly after being elected, Lama and Tamang approached the UPAKAR Project to extend a helping hand to complete the health post building so the basic health services could be provided.

UPAKAR Project lacked adequate fund, but engaged with the newly elected leadership. After multiple discussions, it was agreed that UPAKAR would initiate the construction with NPR 480,000 (CHF 4,800).

Soon after the project allocated the budget



Bhotang Health Post after completion of construction in 2018



PHC/ORC building under construction at Pating - Helambu Rural Municipality

and the construction restarted. The rural municipality was able to generate the remaining fund. Some local authorities and two individual donors contributed the fund. A total of NPR 3,700,000 (CHF 37,000) was generated to complete the building from where it now provides better health services. Once the health post was completed, the Nepal Red Cross is building birthing center to improve institutional delivery.

It isn't just at Bhotang that FAIRMED has helped to initiate construction to improve and increase access to essential health services.

For the residents of Pating, commuting to the Helambu Health Post is a two hours uphill hike in the uneven mountain terrains. As a result, majority of the residents have poor access to health services. As a result, at Pating-7 of Helambu rural municipality, FAIRMED helped to construct a PHC/ORC building. The project contributed NPR 365,000 (CHF 3,650) while the rural municipality generated remaining fund of NPR 500,000 to complete the building.

In both the constructions, FAIRMED initiated the process and brought local leaders onboard to mobilize resources and complete the remaining construction. Such effort has helped to increase community ownership and sustainability.

With the availability of proper building, the Helambu Rural Municipality is planning to expand the services of PHC/ORC and upgrading it as a Community Health Unit from where people will be able to get basic comprehensive health services.

FAIRMED did not just help to resume the construction of a stalled health post. "With each changing context, FAIRMED assisted us to resume and smoothen our services through need-based support," Parmananda Bhatta, in-charge of Bhotang Health Post said.

These initiatives are producing remarkable results in the health indicators in the area. The number of patients visiting health posts for treatment is on the rise while reliance on traditional healers is steadily seeing a

decline. In the areas where UPAKAR works, the number of women visiting health posts for regular ante-natal tests increased from zero to 58%, consumption of iron pills from zero to 58% and institutional delivery at the nearby birthing center from zero to 20%. Likewise, immunization increased from as low as 19 percent to 75%; institutional delivery from 0 to 20%, and antenatal checkups from 15% to 60%.

According to the health post incharge, Bhatta, the health post is planning to initiate birthing center facility in new building (under construction) with the support of Nepal Red Cross Society. To provide the birthing center service, the hospital requires infrastructure, equipment and skilled human resource that they cannot manage on their own. Hence, FAIRMED will identify possible resource to provide assistance to the health post expand the services and also will advocate and sensitize the authorities of rural municipality to plan budget for the same.

In its three years of engagement, UPAKAR made significant contribution to improving the general health situation in the communities. Children, women and men in scores of scattered settlements in the Project site now have better access to health services nearby. Yes, there has been some achievement; but plenty more remains to be done. The supply – availability of health services nearby – has created more demand, meaning the need to widen and expand services has become more pronounced.

Like the Bhotang health post, many other health facilities have just resumed the health services. With the resumption and the realization of the local government about the need to invest in health sector, the health facilities will come across high demand with increased services. For this, the health facilities as well as the local authorities require support from the external sources. Thus, FAIRMED will play a role of a supporting hand with the identification of possible interventions and funding opportunities. Until then, FAIRMED will provide guidance whenever approached by the local authorities.



Logistic support (computer, furniture, printer) to Bhotang Health Post to strengthen online recording and reporting system

SUCCESS STORY

AMBULANCE SERVICE **SAVES MOTHERS, NEONATES IN HELAMBU**



After the local elections, UPAKAR organized training on “Health Planning and Health Status of Helambu Rural Municipality” to the local authorities. The orientation helped the local bodies realize the importance of investment in health program.



Gyanendra Sigdel, Health Coordinator of Helambu Rural Municipality

Data at the rural municipality show that around 400 children are born every year in Helambu rural municipality. Last year (2017-18), there were more than 80 stillbirths (seven every month) and five mothers died due to lack of timely access to health facilities, Gyanendra Sigdel, health coordinator at the rural municipality, said.

“We could have saved them if only they had reached the birthing center in time,” Gyanendra said. In June 2018, the rural municipality started “Free Ambulance Service” throughout Helambu rural municipality to increase institutional delivery. From June to December 2018, access to transportation has increased institutional delivery to 21 against 5 in 2017. Likewise, until December 2018, no maternal deaths were recorded.

The Helambu rural municipality also requested UPAKAR Project to help them construct a PHC/ORC which the rural municipality is planning to develop into community health unit in the near future. After multiple rounds of meetings and discussions with the municipal officials, UPAKAR provided NPR 365,000 (CHF 3,209). The rural municipality then generated the remaining fund of NPR 485,000 (CHF 4,264) to build the community health unit. Upon completion it will provide access to basic health care for the rural communities.

NEGLECTED TROPICAL DISEASE



Aarati Kewait, leprosy affected women at Patthardaiya, Kapilvastu

Neglected Tropical Diseases has been the key priority area of FAIRMED's global program. However, in Nepal the implemented projects were focused on Maternal and Neonatal Health with minimal interventions on Neglected Tropical diseases until 2018. As per the global strategy of FAIRMED 2018- 2022, Neglected Tropical Diseases (NTDs) is emphasized to be an entry point for the development of projects in FAIRMED working countries. Hence, to align with the global strategy, FAIRMED Nepal has started its interventions aligning with its global strategy and focusing on priority as per the EDCD/MOHP. The approach in Nepal will be integrated with holistic keeping in view of SDGs strategy of 'Universal health Coverage" and approach of "No one Left behind". The Interventions on NTDs will be based on the disease incidence and issues related to the management of NTDs cases in the project's targeted Municipalities. The Interventions will also be integrated with Maternal Newborn health ensuring the service to the targeted beneficiaries from the same point of delivery. FAIRMED believes by applying such integrated approach will ensure No one left behind. The program will actively engage and coordinate with the local government and relevant NTDs partner organizations.

In the process of building institutional relationship with the government bodies, FAIRMED engaged actively in the process of carrying out MLEC program by the Leprosy Control Division/MOHP in Kapilvastu during the year 2018. It contributed financially and provided intensive technical support during the planning and implementation of MLEC Campaign to help identify hidden cases of leprosy at an early stage and have them treatment at early stage. FAIRMED Nepal organized Mini-Leprosy Elimination Campaign (MLEC) and skin camps in former 9 VDCs and 11 wards of Kapilvastu respectively from December 2017 – January 2018. The camp was organized in close coordination with Leprosy Control Division (LCD), District Health Office, Kapilvastu & peripheral health facilities. This was FAIRMED's first major NTD related activity in Nepal that helped identify 48 new leprosy cases. FAIRMED also supported for the case validation in 14 Health Facilities of the District. The event was jointly planned in coordination with District Health Office, Kapilvastu and was technically assisted by a clinical team of The Leprosy Mission Nepal. Case validation reexamined all the new leprosy cases diagnosed during MLEC and ratify them by technical team before initiating the multi drug treatment. In the process, FAIRMED contribution included following:

1) Capacity Building of Medical Offers

FAIRMED supported two Medical officers from two health facilities of Rupandehi and Kapilvastu to attend Clinical Training on leprosy to Medical Officers organized by Anandaban Training Centre. The training will enable the knowledge and skills of the officers to diagnose manage and control leprosy; and enhance their expertise as resource person in capacity building programmes with skill of supervision/monitoring & establishment of referral linkage for special care to leprosy affected people.

2) Orientation to Health Workers and FCHVs

During the process of implementation of MLEC programme, total 45 health workers from nine different health facilities of Kapilvastu were orientated on active case detection of leprosy and total 125 Female Community Health Volunteers (FCHVs) were orientated on symptoms and treatment of leprosy.

3) Building Networks for greater action and accountability for health of people with disabilities including those affected from NTDs in Kapilvastu District

FAIRMED Nepal has been actively involved to ensure the "right to health" of people with disabilities and has been delivering intervention that amplifies the effort of current functioning networks and Community Support Groups (CSOs). In this process, FAIRMED has aligned with National Federation of Disability Network (NFDN) to identify the issues of persons with disabilities in Nepal and work jointly in its MANASHI & UPAKAR project to address them.

NTD programmes in Nepal has been more focused on scaling up the prevention efforts with Mass Drug Administration but the full range of care with morbidity management and disability prevention components to promote stigma reduction, self-care, mental health care and livelihood initiatives seems to be shadowed. Nevertheless, Nepal's new federal structure has provided opportunity for vulnerable and marginalized groups to advocate for their rights to the local government and ensure their issues and need be addressed in government plans and budgets. FAIRMED capitalized this transition context as an opportunity and supported Disability Uplift Society (DUS) to form one network in each 10 Municipality of Kapilvastu district.

FAIRMED NEPAL'S CONTRIBUTION **AND ACHIEVEMENTS IN DISABILITY INCLUSIVENESS**



People with disabilities, like any other human being, are entitled to enjoy the opportunities and protection as declared under the Universal Human Rights. Hence, FAIRMED operates within the legal framework of Universal Human Rights Declaration and the Convention of the Rights of people with disabilities (UNCPRD) with a focus on the Right to Basic Health. FAIRMED believes that the issue of disability is common challenge that needs to be addressed by all and the strategic interventions are necessary to address existing gaps between policy provisions and implementation with disability inclusiveness. Raise awareness on disability and their rights, reduce discrimination and build disability friendly infrastructures are some of the key actions to bring people with disability in the forefront of development. FAIRMED applies the approach of Disability Inclusive Development to ensure reaching this important target group.

In order to productively carry out its DID approach and to ascertain optimal results from its projects, FAIRMED has been actively networking and collaborating with national and international organizations, implementing NGO partners, respective government agencies and other relevant stakeholders to exchange learning and expertise and build synergy and solidarity. In the year 2017, FAIRMED in collaboration with National Federation of Disabled Nepal (NFDN), Disability Upliftment Society & Netrahin Samuha conducted a disability mapping survey in ten municipalities and rural municipalities of Kapilvastu district. In the mapping a total of 5095 persons with disabilities were identified. All the basic informations of those persons were collected, compiled and verified with the concerned authorities and in the year 2018 the report was handed over to the respective municipalities for their necessary reference. The data records the information about the total number of disabilities, types and causes of disabilities, persons with disabilities who are not provided with disability identity card etc. The data with all these information that is handed over to respective municipalities has served as a base to the local authorities to plan and budget in the sector of disability. The example of which can be noticed in Banganga Municipality and Bijaynagar Rural Municipality. The local authority has initiated for the disability ID Card distribution in these municipality. This will ensure that the persons with disability who were deprived of their rights and facilities provided by the government can now have access to them.

Similarly, the mapping has also encouraged some of the organizations working in the sectors of disability like Disability Upliftment Society to form a Disability Committee at

the municipality so as to advocate, discuss and mobilize available resource to address their issues. The result of this can be observed in Kapilvastu Municipality. The committee was able to coordinate with the municipality and National Rehabilitation Society for Disabled (NRSD) for the assistive devices- wheelchairs, crutches, toilet seats, tri-cycles. NRSD provided the devices while the cost of devices and the transportation cost was beared by the municipality. Likewise, the Kapilvastu Municipality provided goods worth NPR 5000 for income generation to 10 persons.

People with disabilities, like any other human being, are entitled to enjoy the opportunities and protection as declared under the Universal Human Rights.

Similar disability mapping was also conducted in Sindhupalchowk district in 2016 in which 503 persons with disabilities were identified. Among them, 115 persons with disabilities who belonged to the marginalized community and poor family background were supported with Income Generation (seed money at the rate of Nrs 15000 each & desired vocational training). These persons are now engaged in the income generation activities like poultry farming, bamboo tool (Muda) making, goat farming and making good earnings.

Furthermore, an assessment of disability friendly services was conducted in five health facilities (Shivraj Hospital, Pipara Hospital, Taulihawa Hospital, Maharajgunj PHC, and Harnampur PHC) in Kapilvastu district. After the assessment disability friendly infrastructures like, ramp was

constructed in Maharajgunj PHC, Hardauna HP, Labani HP, Krishnanagar HP and Pakadi HP.

An orientation on disability was also conducted in these health facilities in order to ensure that the service providers are conscious about disability related issues during service delivery. The orientation was also provided to the newly elected members of working municipalities and rural municipalities of Kapilvastu and Sindhupalchowk. The orientation has helped the members to identify the major issues of disability that are to be addressed.

Similarly an orientation program on disability related issues and the provisions about the government was organized for the persons with disabilities. The orientation helped the persons with disabilities identify their major issues that need to be addressed and have access to the facilities provided by the government. In addition to this, a cardboard with the information about the provisions of government was developed and displayed in municipalities, wards and health facility offices in Sindhupalchowk. The aim of this was to aware the people about the provisions of government and increase their access to provided rights and facilities.



Palmo Dong, a woman with physical disability earns her living utilizing the seed money supported by UPAKAR Project

COORDINATION AND NETWORKING

During the year 2018, FAIRMED through its country office, and its project offices carried out several coordination and networking with government bodies, and relevant stakeholders. This has helped FAIRMED Nepal in strengthening and expanding its institutional networks, and coordination and collaboration with the government line agencies, from federal level to the local level. During the year, FAIRMED's active participation was in the policy dialogues between AIN and Social welfare Council, and various line ministries under the Government of Nepal. We also participated in the regular meetings of Disability Working group (DWG), Health Working Group (HWG), Safe Motherhood forum, and various strategic meetings organized by Family Welfare Division (FWD), National Health Training Center (NHTC), Leprosy Control Division, and Epidemiology and Disease Control Division(EDCD), and National federation of Disability Nepal (NFDN). More over FAIRMED also regularly participated in the Swiss NGOs monthly meetings organized by SDC, and shared its learning and achievements from the post disaster support projects in Sindhupalchok.

Event	Date	Outcome
Joint Annual Review Meeting of MoHP	December 17-18, 2018	The participation in JAR Meeting brought the entire development partner, the private sectors and stakeholders together. The platform helped every sector identify their areas of interventions and issues to be addressed.
Knowledge sharing seminar on leprosy and disability	December 19-21, 2018	
Swiss NGO Network		The Network is a forum where the Swiss organizations conceptualize their program interventions basing upon the Swiss working modality and the legal boundaries of Nepal. FAIRMED, a Swiss based NGO is a part of Swiss NGO Network. The network has helped the organization work maintaining a balance between the Swiss working modality and the rules and regulations of Nepal.

Development Dialogue between Province 5 and AIN	August 2018	The Country Coordinator participated and shared about FAIRMED work in the ‘development dialogue’ organized by the Province 5 Social development Ministry. The dialogue helped build coordination between the provincial government and the development actors of province 5. The dialogue has created a platform to have strong collaboration and coordination between the government and the non-government agencies working in the Province.
Participation in humanitarian day celebration organized by AIN	December 2018	AIN communication working group organized an interaction program “Better Response to Crisis” to mark World Humanitarian Day. The objective of the program was to encourage productive discussion among Government of Nepal (GoN), AIN and media to better respond to crises in Nepal.
Monitoring Visit of MoHP and NRA	May 2018	CO facilitated a joint monitoring visit to UPAKAR working areas in Sindhupalchok. The suggestions and recommendations received were crucial to enhance the project interventions and plan for better implementation of the project in the remaining period.
Essential Health Project planning meeting with local level representatives	July 10-15, 2018	Selected representatives from local authorities and relevant stakeholders of Kapilvastu, Rupandehi, and Nawalparasi districts attended the planning meeting in Taulihawa. The participants provided important feedback and recommendations to FAIRMED’s plan to integrated NTDs and MNH program. Besides, they also showed interest to collaborate with FAIRMED on NTDs and disability. The meeting has further helped to enhance the profile of FAIRMED.
Participated in final review meeting of MANASHI and UPAKAR Project	September & December 2018	The participation in the review meeting provided the insight about the continuing gaps that are to be addressed in the future projects and helped to identify possible areas of intervention for FAIRMED’s future projects.

VOICES OF COMMUNITY/SOCIAL MOBILIZERS



Maite Dong Tamang (Community Mobilizer, UPAKAR Project)

Working with UPAKAR project was full of learnings. The project has not only brought changes in the community but also has capacitate its human resources like me. At the time I joined the project, I belonged to non- health background. However, after 3 years, I have gained a lot of knowledge on health issues. As a result, the elected member of my residence seeks my advice during the planning and budgeting of health programs. Moreover, I used to be a very silent person but after I started working in the community, I gained a lot of confidence; I can now speak in front of 100 people.

I am not interested for foreign employment rather want to serve my own community.

Hence, to continue my efforts when I was a part of the project, I have displayed some of the IEC/BCC materials at my home so that I can provide information to those people who approach me for my advice. I have also been attending the HFOMC meeting regularly so that I can ensure the major health issues of health are addressed.

I have a small suggestion to the organization - Not only Sindhupalchowk but also most of the hilly regions in Nepal have difficult geographical terrains. Hence, in the upcoming projects, FAIRMED should have good study of geographical structure before setting the provision of human resources at the community level.



Ganesh B.K (Community Mobilizer, UPAKAR Project)

Although I had some experiences on community mobilization but working in the health sector was a different experience. At the beginning, it took me 3-4 months to understand my responsibilities. After various rounds of orientation and trainings provided by the organization, I was able to understand what I was expected to do. I was engaged with the project for 19 months only. However, I have been continuing my role of advocacy and community awareness. Association with the project has provided me better understanding of my community and has provided me a social prestige.

Suggestion to the organization - We completed the equipment handover support in health facilities. The outcome of this particular activity is yet to be observed. Hence, I feel FAIRMED should plan for longer duration projects to observe the impact of such activities.

Syamkala B.K (Social Mobilizer, MANASHI Project)

Working with MANASHI project helped me learning many things by doing. Initially, mobilization of FCHVs was a great challenge for me as they were least educated and were less aware about their roles and responsibilities. I tried many different approaches to make them understand their responsibilities. Sometimes I briefed them examples of good functioning FCHVs, while the next time, I took them for the exposure visit within my working area. Now, I can see the FCHVs are highly capacitate and can work independently. For me, I have built up lot of confidence in my work. I am competent in my job task. Due to my competencies, I gained during the engagement with MANASHI project, I have been now appointed as ANM in Labani Health Post of Suddodhan Rural Municipality, Kapilvastu.

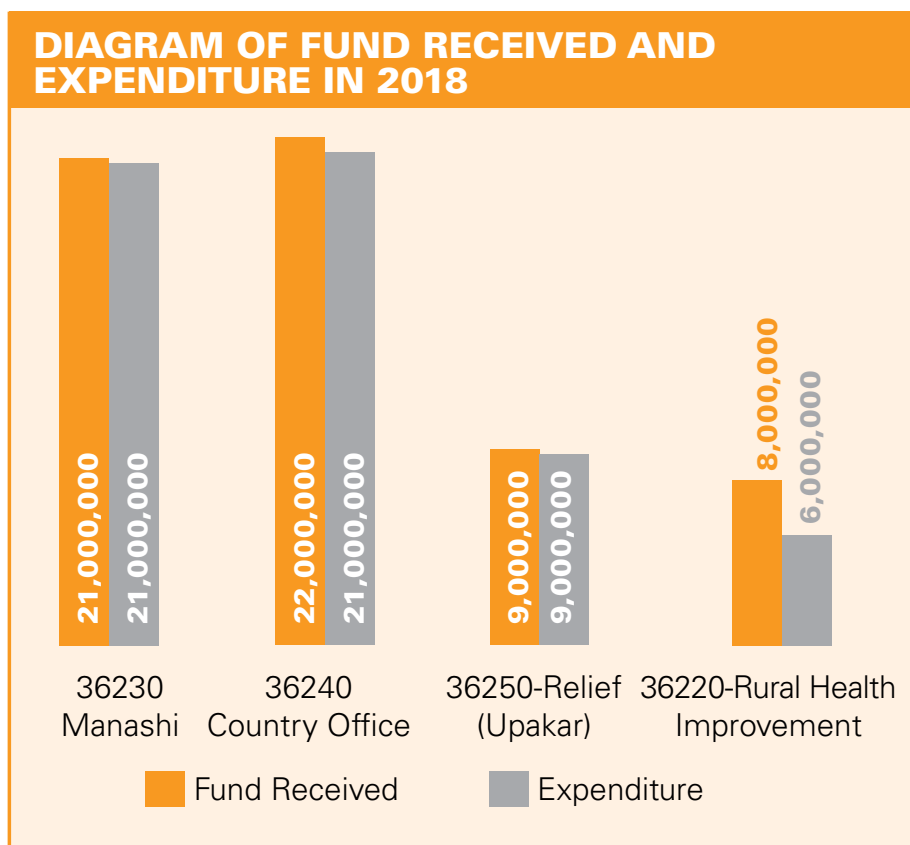


FINANCIAL OVERVIEW

FAIRMED Foundation Nepal had received NPR 58,597,684 for Country Office Operation, MANASHI Project, UPAKAR Project and RHIP Project in 2018. All funds received from FAIRMED Head Office, Switzerland.

Statement of Fund Received and Expenditure

Projects	Fund Received	Expenditure
36230-MANASHI	20,383,457	20,220,010
36240- Country Office	20,919,503	20,470,464
36250- Relief (UPAKAR Project)	9,149,540	9,149,259
36220-Rural Health Improvement Project (RHIP)	8,145,184	5,456,699
Total Fund Received	58,597,684	55,296,432



AUDIT REPORT

FAIRMED FOUNDATION NEPAL
SANEPA, LALITPUR
BALANCE SHEET
As on 16 July 2018

Particulars	SCH	Current Year	Previous Year
		NPR	NPR
Assets			
Bank	1	9,581,713	6,835,822
Petty Cash		15,000	857
Bank- Gratuity Account		2,327,836	936,171
Project Advance		2,108,650	6,117,986
<i>INF (MANASHI project)</i>		<i>704,680</i>	
<i>MANK (UPAKAR Project)</i>		<i>903,970</i>	
<i>BYC (RHIP Project)</i>		<i>500,000</i>	
Staff advance	2	1,359,610	317,900
Account Receivables			39,371
House Rent Advance		122,500	114,815
Security Deposit-Wlink		1,000	1,000
Total		15,516,309	14,363,923
Project Fund Balance and Liabilities			
Project Fund Liabilities		12,040,555	12,993,699
<i>Previous year</i>		<i>12,993,699</i>	
<i>Current year</i>		<i>(953,143)</i>	
Gratuity Liability		2,278,128	1,328,105
CIT Payable		5,292	-
Payables	3	1,185,123	38,450
Withholding tax	4	7,211	3,669
Total		15,516,309	14,363,923

Significant accounting policies and notes to account

10

As per our report of even date

RBSH
Raju Bikram Shah
Finance and Administration Manager
FAIRMED Foundation Nepal

N Sharma
Nirmala Sharma
Country Coordinator
FAIRMED Foundation Nepal

Jitendra
Jitendra Kumar Mishra
Partner
CSC & Co.
Chartered Accountants



Date: 24 September 2018
Place: Lalitpur, Nepal

FAIR MED
Health for the Poorest
NEPAL COUNTRY PROGRAM

FAIRMED FOUNDATION NEPAL
SANEPALALITPUR
INCOME AND EXPENDITURE STATEMENT
For the period 16 July 2017 to 16 July 2018

Particular	Sch	Current Year	Previous Year
		NPR	NPR
Income			
Fund Received -Country Office		21,736,337	12,619,341
Fund Received -Leprosy		2,302,373	1,100,000
Fund Received -MANASHI Project		31,947,383	32,512,325
Fund Received -UPAKAR Project		15,683,205	15,450,028
Interest Earned		35,702	14,006
Total		71,705,000	61,695,700
Expenditure			
Expenses- Country Office	5	19,084,097	9,876,712
Expenses- Leprosy	6	3,236,618	38,450
Expenses- MANASHI	7	33,420,473	27,363,881
Expenses- UPAKAR	8	16,361,525	14,535,115
Expenses- RHIP	9	555,430	-
Total		72,658,144	51,814,158
Surplus/Less of Fund over expenditure		(953,143)	9,881,542

Significant accounting policies and notes to account

10

As per our report of even date

RBSL
.....
Raju Bikram Shah
Finance and Administration Manager
FAIRMED Foundation Nepal

NSharma
.....
Nirmala Sharma
Country Coordinator
FAIRMED Foundation Nepal

Jitendra
.....
Jitendra Kumar Mishra
Partner
CSC & Co.



Date: 24 September 2018
Place: Lalitpur, Nepal

FAIR MED
Health for the Poorest
NEPAL COUNTRY PROGRAM

FAIRMED IN MEDIA



Kartik 18, 2075, **Nagarik Dainik**

Asoj 13, 2075, **Mechikali**

तमानखोलाको बोडगादोभान स्वास्थ्य चौकीमा ल्याब सेवाको शुभारम्भ !

प्रकाशित मिति: ०७ मंसिर २०७५, शुक्रवार ०७:४४



छत्रिलाल पाण्डे, बुर्तिवाङ २०७५ मंसिर ७ । तमानखोला गाउँपालिकामा रहेको बोडगादोभान स्वास्थ्य चौकीमा बिहीबार ल्याब सेवाका शुभारम्भ गरिएको छ ।

गाउँपालिकाका नागरिकको स्वास्थ्य परीक्षण गाउँपालिका बाटै गर्ने उद्देश्य सहित फेयर मेन संस्थाको सहयोगमा ल्याब मेसिन प्राप्त भएसँगै बिहीबार देखि औपचारिक कार्यक्रम गरेर ल्याब सेवा सञ्चालनमा ल्याईएको बोडगादोभान स्वास्थ्य चौकीका प्रमुख राजनकुमार थापाले ईवागलुडलाई बताए ।

तमानखोला गाउँपालिका अध्यक्ष जोकलाल बुढाले अध्यक्षता रहेको कार्यक्रममा जिल्ला समन्वय समिती बागलुङका संयोजक राजेन्द्र ढुङ्गानाको प्रमुख आतिथ्यता रहेको थियो ।

कार्यक्रममा प्रमुख अतिथी ढुङ्गानाले बोल्दै स-साना स्वास्थ्य समस्याको निदान र चेकजाँचको निम्ती ग्रामिण क्षेत्रका नागरिकले सास्ती खेपिरहेको अवस्थामा गाउँपालिकाकै केन्द्रमा रहेको स्वास्थ्य संस्थामा सुचारु गरीएको ल्याब सेवाले धेरै राहत पुग्ने बताएका थिए । यस्तो रचनात्मक कार्यलाई विकट गाउँसम्म पुर्याउन जरुरी रहेको उनको भनाई थियो ।

त्यस्तै कार्यक्रमका अध्यक्ष जोकलाल बुढाले आफुहरुले आफनो गाउँपालिकाका नागरिकको जीवनस्तर उकास्न विकासका पूर्वाधार र चेतना वृद्धि सँगै समुन्नत समाज रुपान्तरणका निम्ती निरन्तर सक्रिय रहने बताए । स्वास्थ्य सेवा जस्तो सम्बेदनशील क्षेत्रबाट गाउँपालिकाका नागरिक टाढा भईराखेको अवस्थामा पछिल्लो समय त्यस्ता समस्याको धेरै निकारण भईसकेको उनको भनाई थियो ।

कार्यक्रममा तमानखोला गाउँपालिका उपाध्यक्ष मानसरी शेरचन, जिल्ला जनस्वास्थ्य कार्यालय बागलुङका बरिष्ठ जनस्वास्थ्य प्रशासक दिपक प्रसाद तिवारी, फेयर फाउन्डेसन संस्थाका राष्ट्रिय निर्देशक निर्मला शर्मा, तमानखोला गाउँपालिका प्रमुख प्रशासकिय अधिकृत कमल गौतम, ६ वटै वडाका अध्यक्ष, विभिन्न कार्यालयका प्रमुख लगाएतको आतिथ्यता रहेको थियो । कार्यक्रम स्वास्थ्य चौकी प्रमुख राजनकुमार थापाले सञ्चालन गरेका थिए । ल्याब र आवश्यक सामग्री सहित फेयर मेन संस्थाको सहयोग रहेको छ ।

Mangsir 07, 2075, ebaglung.com

सुविधा बढाउँदै तौलिहवा अस्पताल

कास्तिबस्तु पुस १३ (नागरिक)-तौलिहवा अस्पतालले सेवा सुविधा बढाउँदै लगेको छ । यसैगरी तौलिहवा अस्पतालको भौतिक र विसर्मीको उपचार सेवाहरुमा उल्लेखनीयरूपमा सुधार आएको छ । २०२८ मा स्थापित तौलिहवा अस्पतालले अहिले भौतिक, मानवीय श्रोत, साधन र सेवाका पक्षको मजबूती छ । अस्पतालमा फेयरमेड संस्थाको सहयोगमा नवजात शिशुका लागि सधन कक्ष सञ्चालनको तयारी गरिएको अस्पतालका अध्यक्ष विजय जैसवालले बताए । एक महिनाभित्र सो सेवा सुरु हुने उनको भनाई छ । जन्म, जाँडिम, सामको पढ्कन बढ्नेलगायतका समसामयिक इससि नवजात शिशुको कक्ष निर्माणपछि उपचारमा सहजता आउने अस्पतालका मेसु किशोर बन्जारेले बताए । यसअघि सो सेवाका लागि भैरहवासंगतवका स्थानमा रेफर गर्दै आएको उनले बताए ।

फाउन्डर खसनेसम्बन्धी अखेर सेवासमेत सुचारु

गरिएको छ । यस्तै हाइड्रोसिल, हार्निबा, ऐपेन्डिसाइटिस, ल्याङ्गोकोरी सेवासमेत यसअघि सञ्चालनमा आइसकेको छ । १२ कठोरको लागतमा निर्माणधीन ५० शैयाको सुविधा सम्पन्न भवन अगामी असारभित्रै निर्माण हुने अस्पताल प्रशासनले जनाएको छ ।

भवन निर्माणपछि कास्तिबस्तु कै सबैभन्दा सुविधासम्पन्न अस्पताल हुने अस्पताल विकास समिती अध्यक्ष जैसवालले बताए । अस्पतालमा दुईजना एमडी र चारजना मेडिकल अधिकृत कार्यरत छन् । ल्याब टेक्निसियन, फार्मसी सेवासमेत सञ्चालन छ । क्षयरोगका लागि जीन एस्पर्ट मेडिसिनसमेत सञ्चालनमा आएको छ । यो मेडिसिनले जटिलछाले क्षयरोगलाईसमेत सजिलै पत्ता लगाउने जिल्ला स्वास्थ्य कार्यालयका क्षयरोग अधिकृत मोहम्मद इफ्फाले बताए ।

एचआइभी संक्रांतका लागि पनि सिईडको काउन्ट मेसिन सञ्चालनमा आइसकेको छ । सो सेवा

सुचारु भएपछि कुटुमल भैरहवा, चितवन र दाङमा उपचार सेवा लिने जानुपर्ने बाध्य हुनेको छ ।

जिल्ला स्वास्थ्य कार्यालयका वरिष्ठ जनस्वास्थ्य अधिकृत योगेन्द्र भगतले जिल्ला सरसमुकाममा रहेको तौलिहवा अस्पताललाई नमुना बनाउने तयारी गरिएको उनले बताए । 'अहिले अस्पतालको अवस्थामा धेरै सुधार आइसकेको छ' उनले भने, 'बिरामीले चहोबाट छुट्टे सेवा पाउने गरेका छन् ।'

पहिला अधिकारकर्मी माथुरी श्रेष्ठले अहिले अस्पतालको अवस्थामा धेरै सुधार आएको बताइन् ।

अस्पतालमा प्रसूति, भिडियो एक्सरे सेवासमेत उपलब्ध छन् । स्वानीयतबाट औषधि खरिद गर्ने अधिकार दिइएपछि अस्पतालमा औषधिको अभाव भएको मेसु बन्जारेले बताए । औषधि अभाव, स्टफ नर्स र अर्दीको अभावले काममा बाधा आएको उनले गुनासो गरे ।

Poush 3, 2075, Ngarik

पाँचपोखरी थाङपाल गाउँपालिकालाई स्वास्थ्य सामग्री हस्तान्तरण

प्रकाशित मिति: २४ आश्विन २०७५, बुधवार १५:२५



कपन अनलाइन

सिन्धुपाल्चोक, असोज २४। महिला आत्मनिर्भरता केन्द्र र फेयरमेड फाउन्डेसन नेपालको साभेदारीमा उपजार परियोजनाले पाँचपोखरी थाङपाल गाउँपालिकाका आठ स्वास्थ्य संस्थामा, कम्प्युटर, प्रिन्टर, फर्निचर तथा स्वास्थ्य सामग्री केन्द्रकी अध्यक्ष डोल्मा तामांगले गाउँपालिकाका अध्यक्ष टाशी लामालाई हस्तान्तरण गरेकी थिइन् ।

उक्त कार्यक्रममा मांको अध्यक्ष डोल्मा तामांग, प्रोजेक्ट संयोजक सदिका महर्जन र फेयरमेड बाट शिर्जना बस्नेत, तथा थान्कपालघाप गाउँपालिकाका अध्यक्ष टाशी लामा, उक्त गाउँपालिकाको स्वास्थ्य संयोजक आत्माराम धितालका साथै आठ वटा स्वास्थ्य संस्थाका इन्चार्जहरुको सहभागिता रहेको थियो ।

गाउँपालिकाका आठ स्वास्थ्य संस्थामा, कम्प्युटर, प्रिन्टर, फर्निचर तथा स्वास्थ्य सामग्रीहरु हस्तान्तरण गर्नको मुख्य उद्देश्य भनेको गाउँपालिकामा कम्प्युटर पढ्तीबाट कार्य संचालन गर्न सकियोस भन्ने रहेको गाउँपालिकाले जनाएको छ । त्यस्तै यस स्वास्थ्य संस्थाका तथ्यांकहरु कम्प्युटर पढ्तीबाट संचालन गर्न सकियोस भन्ने रहेको सहयोगी संस्थाले बताएको छ ।

Asoj 25, 2075, Kapan Online.com

