

COMMUNITY DEVELOPMENT AND ENVIRONMENT CONSERVATION
FORUM

Annual Report 2013/14

Integrated Reproductive Health and Micro Finance Project

OCTOBER 2014

Acknowledgement

Firstly, on behalf of Community Development and Environment Conservation Forum, I would like to express a cordial thanks to Medicine Du Monde France for their wise determination in selecting the CDECF as an implementing Partner for the implementation of Integrated Reproductive Health and Micro Finance Project. Furthermore I appreciate their technical and managerial support throughout the project implementation.

The entire governmental and nongovernmental organizations from centre to village level deserve an undying gratitude for their generous support and collaboration. I would like recalled DHO, DDC and DWDO here for their invaluable support in planning, implementation, monitoring and evaluation of the project.

It will be injustice if we failed to remember social workers, political leaders, school teachers and all the community people who have provided an invaluable contribution during project implementation without their support this project would not be here in this stage. We are very grateful to all the FCHVs, local health facility officials, HFoMC members and all other stake holders who have an equal input and contribution in each and every stage of this project period. We also like to acknowledge all the staff member of CDECF and Project team, including Executive Board for their constructive feedback in bringing this project at this level.

Last but not least, I would like to appreciate all the members and executive body of cooperative for their uninterrupted support and collaboration to bring this project at this level.

Mr. Rajesh Gnawali

Project Coordinator

Integrated Reproductive Health and Micro Finance

Community Development and Environmental Conservation Forum, Sindhupalchowk Nepal

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Acronyms

CDECF	Community Development and Environment Conservation Forum
MDM	Médecine Du Monde
CMF	Center For Micro- Finance
VDC	Village Development Committee
DHO	District Health Office
DDC	District Development Committee
HP	Health Post
SHP	Sub Health Post
PHC	Primary Health Care
SWC	Social Welfare Counsel
ANC	Antenatal Checkup
NC	Natal Care
PNC	Postnatal Checkup
FP	Family Planning
OEF	Obstetric Emergency Fund
MMR	Maternal Mortality Rate
FCHV	Female Community Health Volunteer
ANM	Auxiliary Nurse Midwifery
AFO	Admin and Finance Officer
PC	Program Coordinator
MFO	Micro Finance Officer
CF	Community Facilitator
FC	Field Coordinator
CF	Community Facilitator
HFoMC Health	Facility Operation and Management Committee
MOH	Ministry of Health
SRH	Sexual and Reproductive Health
BEOC	Basic Emergency Obstetric Care
SBA	Skilled Birth Attendant

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Executive summary

The overall performance of Integrated Reproductive Health and Micro-finance Project has been found very impressive in last year of this project period. The Project has been implemented by Community Development and Environment Conservation Forum, Sindhupalchowk Nepal and the financial support was provided by Medicine Du Monde France (MdM-F). This project has been running covering with 10 VDC of Sindhupalchowk district from July 2011- 2014. 2014 was the last year of this project period. CDECF and MDM had already completed a similar project in a partnership in to the 12 VDC of Sindhupalchowk district from date 2007 to 2010. It was our great advantage that the CDECF had been selected again as an implementing partner for the second phase of MDM project.

The overall goal of the project is to contribute in reduction of maternal and neonatal mortality of 10 VDC of the district. Project has been carried out various activities this year having major aim with upliftment of the health status and financial capacity of women of 10 VDCs of Sindhupalchowk district. Project is conducting all of its activities in a close coordination with local women cooperative and governmental health facilities. This is an innovating approach to sexual and reproductive health of women in Nepal. It has been running in to Sindhupalchowk district integrating with the component of reproductive health together with the microfinance services first time in Nepal.

Project community facilitator conducts a regular health education classes in to the mother group meeting in a monthly basis. Various classes have been delivering in meeting in to all wards of each VDC. Sessions were more focused on the component of reproductive health having aim with reducing the lack of reproductive health knowledge among the community women. Project aims to improve maternal and neonatal health by providing SBA trained ANM in to each health facility, Equipment for essential obstetric care, Emergency drug, Emergency obstetric Fund (Rs. 60, 000) to go to health facility at a obstetric emergency condition, Stretchers to transport women and neonate and Health facility building construction and renovation as per necessity.

Woman cooperatives have already been established and registered in to each project VDC at project beginning year in 2011. Three cooperatives out of ten were existing old cooperatives and we did collaboration with them for the implementation of project following the contract sign between

cooperative executive board and CDECf. Logic behind integrating the reproductive health and micro finance services is to enhance their economic capacity which has a direct influence in reproductive health service seeking behavior. Likewise the member of cooperatives gets together once a month and discuss about various health topic related to reproductive health and microfinance. Community facilitator facilitates the session together with female community health volunteer. Women cooperative organized different awareness activities in to the community to encourage all the women to be involved and get the membership of cooperative. Empowering of women of reproductive age group and uplifting their economic capacity is crucial in reducing the maternal and neonatal death. Integrated Reproductive Health and Micro Finance Project believe in women empowerment and their economic development prior to bringing a positive result in their overall reproductive health status.

Provision of 4, 00, 000 rupees for each cooperative as a revolving fund for the sustainable development of the cooperatives is a remarkable assistance by the project. Furthermore, Rs. 60, 000 rupees as an Obstetric Emergency Fund in to all target VDCs is another innovative stimulus from project side. Prospect of OEF is to limits the number of maternal and neonatal deaths that has been happening as a result of money problem. On the other hand most of maternal and neonatal death occurs as a result of lack of family interest to go to health facility if a complication arise during pregnancy and post natal period. All the women member of cooperative are eligible to get the OEF services but the service is available only those women who suffer from pregnancy related complication. One should have to be a member of women cooperative to get the OEF service. This is only because to create a motive among women to be involved in to the women cooperatives. Around 15-20 women group have been created in to the catchment areas of each cooperative in each VDC. Monthly women group meeting is organized not only for saving and credit activities but also delivered a various message on reproductive health and microfinance knowledge.

Background

Maternal health is one of the priority programs of government of Nepal. Nepal has been conducting various projects on maternal health over the country with a close collaboration of external development partner. All the efforts are directed towards achieving the goal of MDG 2015. Maternal mortality ratio is still very high in Nepal although a drastic reduction from 539 to 281 has been achieved in the period of 10 years (1996-2006). Much more has to be done to reduce the current maternal mortality ratio from 281 to 134 per hundred thousand live births by the year of 2015.

Major contributing factors behind high maternal and neonatal deaths in Nepal are three delays namely delay in seeking care, delay in reaching care and delay in receiving care. On the other hand Lack of knowledge, lack of access and lack of resource are other major contributing factor to a high maternal and neonatal death of Nepal. These delays and lacks are majorly responsible for taking thousands of life of mother and children in Nepal annually. Integrated Reproductive Health and Micro Finance Project set its mission, vision, goal and strategies specifically towards eliminating those major contributing factors in order to improve the overall status of maternal and neonatal health of 10 VDC of Sindhupalchowk district. Sindhupalchowk has been chosen as a project implementing district since the neonatal death rate and maternal mortality ratio is higher in this district compared to the national ratio. Nepal health sector support program phase II also set target to reduced maternal and neonatal death to 134 and 33 respectively by the end of 2015. It is expected that our project will support in achieving MDG goal 4, 5 and 6 and others national health indicators by the year of 2015.

Project Glimpse

Catchment area and population

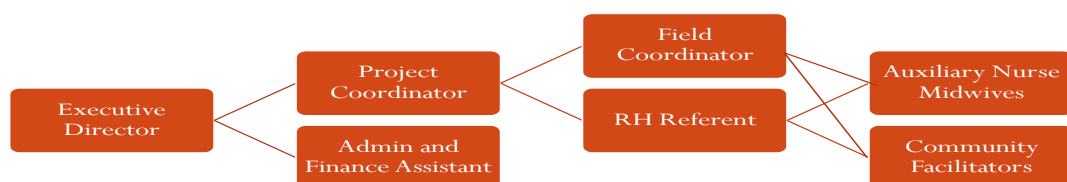
Integrated Reproductive Health and Micro Finance Project has been running in to 10 VDC of Sindhupalchowk district namely Baramchi, Batase, Golche, Lisankhu, Nabalpur, Phulping Dada, Sagachowck, Selang, Sunkhani and Thokarpa. Partner (MdM) is directly intervening in to others two VDC- Melamchi and Jalbire.

Target population

All women of a reproductive age group living in to the VDC are the target population of project since the project goal is to reduce maternal and neonatal mortality rate of the program VDC of Sindhupalchowk district. Equal focus has been given towards family decision makers whose knowledge and decision determine a women reproductive health status in their family.

Project organogram

Organogram of IRHMFP, CDECF



FCHVS, WRA, Neonates, Local health facilities

Capacity building of staffs

10 Community Facilitator, 2 field coordinator, 2 micro finance officers, 1 project coordinators are trained on various aspect of cooperative. Training was given by CDECF/MDM round the year 2014.

Major accomplishment throughout the year 3rd

- Various level training on cooperative has given to cooperative representatives of each cooperative
- Different level of training on cooperative has given to community facilitator
- Organized SBA training to project and government nurses
- Reproductive health education campaign in to all project covered area
- Training to traditional faith healer on reproductive health component
- Various workshop and seminar in to community level

Project objectives:

SO 1 – To empower women of target areas to use SRH services by enhancing both their economic capacity and reproductive health knowledge

SO1 R1 – The financial empowerment of the women is enhanced through micro-finance activities / microfinance education sessions

SO1 R2 – The Sexual and Reproductive Health knowledge of women is improved through health education sessions held in women microfinance groups

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SO1 R3 – Family decision makers (husband / mother in law) awareness on reproductive health and financial access to SRH services issues is enhanced

SO1 R4 – Women in the target area know and use emergency funds [OEF] and MOH incentives to benefit from relevant and timely referrals to SRH services

SO 2 – To improve the availability and access to sexual and reproductive health (SRH) services for rural areas in the target area

SO2 R1 - An operational network of health facilities and health workers [skills and equipment] improves the access to general preventive and curative SRH services

SO2 R2 – An operational network of health facilities and health workers with BEOC skills and equipment improves the access to BEOC

SO2 R3 – Financial access to SRH is strengthened through provision of Micro finance services (including obstetric emergency fund and MOH financial policy implementation)

Target versus Achievement of the project Integrated Reproductive Health and Micro Finance

SN	Indicator	Baseline	Target	End line	Remark
1	ANC1 :	16%	+50% from Baseline	76%	Achieved
2	PNC1:	9%	+50% from Baseline	65%	Achieved
3	Institutionnel Delivery	32%	+50% from Baseline	58%	Achieved
5	% of targeted household (= N of HH in target area with at least 1 WRA) that has increased access to financial services from the cooperatives in program areas	0%	50%	59%	Achieved
8	% of center members trained on financial literacy	0%	90%	73%	Failed to achieved
9	% of center members that has the capacities to handle loans	0%	90%	40%	Failed to achieved
13	% of potential family decision makers (husband / mother in law) aware of the existence of maternal incentives (MIS and free governmental delivery services)	-	80%	56.9%	Fail to achieved

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14	% of potential family decision makers (husband / mother in law) that agrees that a woman should go for at least 4 ANC check ups	45.9% (HB) 38.1% (MiL)	80%	60.9% (HB) 59.9% (MiL)	Failed to achieved
18	Met need for EmOC	0%	80%	20%	Failed to achieved
21	% of ANC consultations performed according to the national protocol	30%	90%	95%	achieved
24	Nb of HF in target area upgraded to BEOC level	2	6	3	Failed to achieved
25	% of VDCs with an available basic transport for referral	20%	100%	100%	achieved
26	% of health facilities in the target area having at least 1 staff trained as SBA	33%	100%	50%	Failed to achieved
28	% of Health Facilities that give MoH incentives for patients coming to deliver	42%	100% of HF with delivery services	50%	Failed to achieved
29	% of VDCs with an obstetric emergency fund (OEF) for pregnant women with obstetric complications	0%	100%	100%	achieved
30	Number of cooperatives with at least one member of 3 different (sub)committees trained by MDM (or partners) on a relevant topic of Cooperative Management (bookkeeping, loan management, health related topics, peer education)	0	10	10	achieved

1. Empower women of target areas to use SRH services by enhancing both their economic capacity and reproductive health knowledge

1.1. Activities carried out:

Major goal of project is to reduce maternal and neonatal death by creating a demand of health services through empowering women of the target VDC. Health education classes regarding the SRH knowledge including ANC, birth preparedness, NC, safe delivery, PNC, and etc was provided successfully throughout the third year of project implementation. Financial classes also have been taken together with the classes of health education. Community facilitator facilitated the classes of health education in to mothers meeting while the guidelines and curriculum of HE class was developed by the project team. TOT was already provided to the community facilitators and ANMs in order to conduct the health and microfinance classes in to the centre meeting. Major areas focused in to the health education session were as followings.

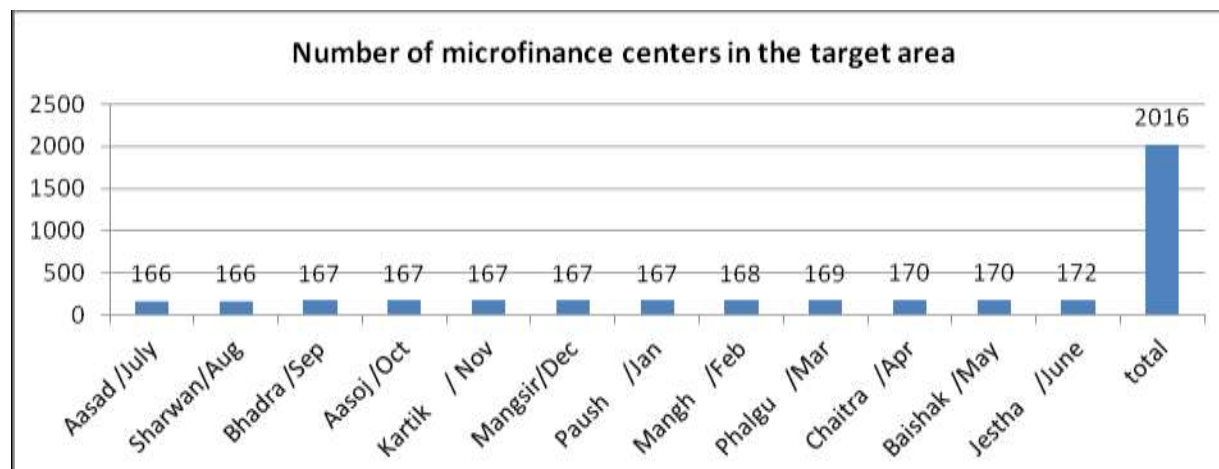
1. Menstruation & Pregnancy and ANC
2. ANC and Nutrition
3. Birth preparedness and Safe Delivery
4. Danger signs of Delivery
5. New Borne Care and Danger Signs of Neonates
6. Postnatal Check Up
7. Immunization
8. Family Planning
9. Uterus Prolapsed
10. HIV and AIDS
11. STD
12. Safe Abortion

Budget allocation for health sector by the government is still very low below then 10% of total national budget. People are fighting for food, clothes and shelters. They are unable to invest a sufficient budget for their own health care purpose because of financial incompetency. Status of women is more serious, almost all of the women in Nepal are completely depended upon their husband even for a small amount of money for their personal business. Similarly, their health service seeking behavior is also depending upon the decision of their husband and family member. Involving of women in to the women cooperatives and providing financial services like saving and credit is project logic. The graphs bellow illustrates the progress in the number of household

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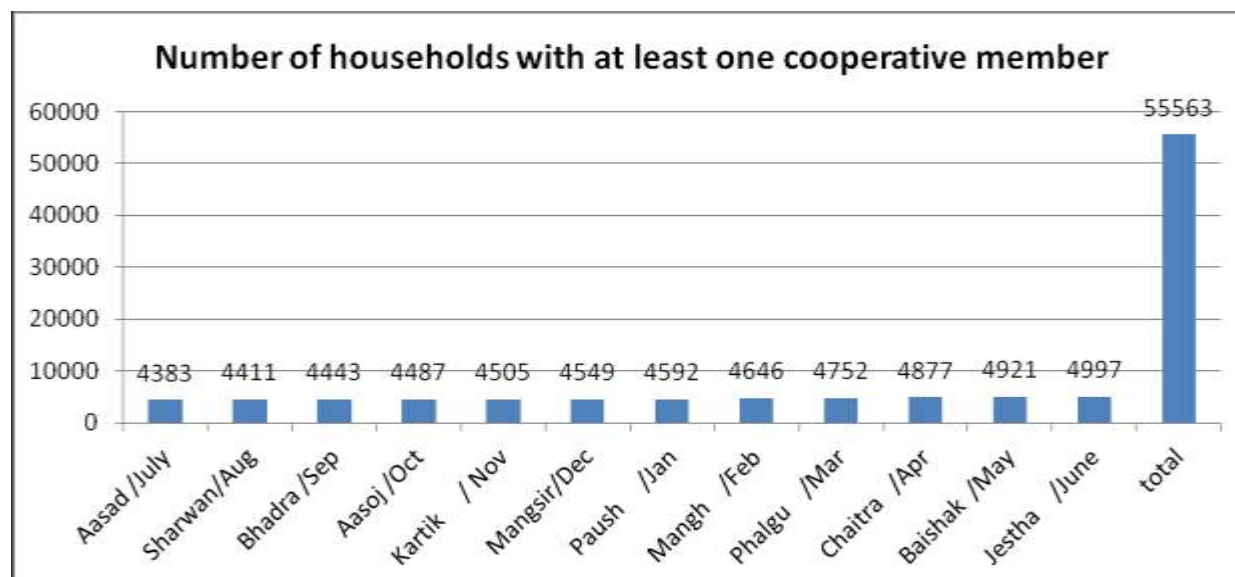
involved in to the women cooperative during third year of project implementation from July to June.

1.2. No of Micro Finance Centre in to the target VDCs



No of micro finance center in total reached to 172 at the end of third year of the project period. Each cooperative have around 15-20 micro finance centre/women group. Health and financial education delivered in to these centre each month by community facilitator together with Female Community Health Volunteer.

1.3. No. of HH in target area with at least 1 WRA that has increased access to financial services from the cooperatives in program areas

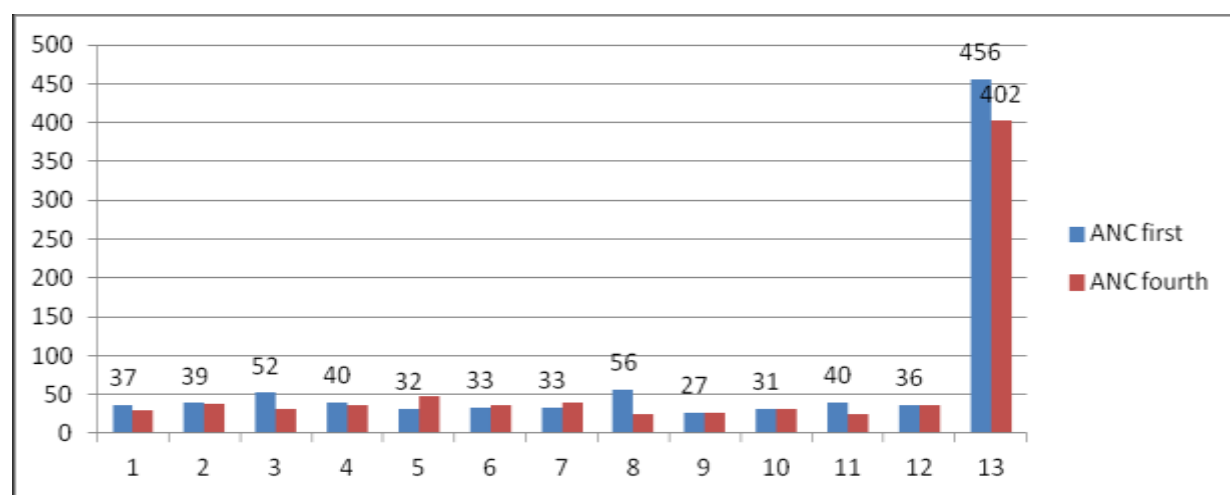


As we expected before the implementation of the project the service seeking behavior of the women in to the target area is improved after establishing of the cooperatives. Most of the women from the target area are involved in to the local women cooperative. Financial access is also improved following its establishment. Despite a highest level of effort; Project has still not been able to bring all targeted household in to the women cooperative. Continuous effort is going on in order to bring the entire household in to the cooperative.

1.4. Attendance rate of SRH services in the target areas

Service seeking behavior among women of reproductive age group found to be very impressive as a result of regular health education session in to the women group. The graphs below describe the attendance of women in to health facility for their ante natal check up.

Figure No 2. Number of women visited the health facility for antenatal check up



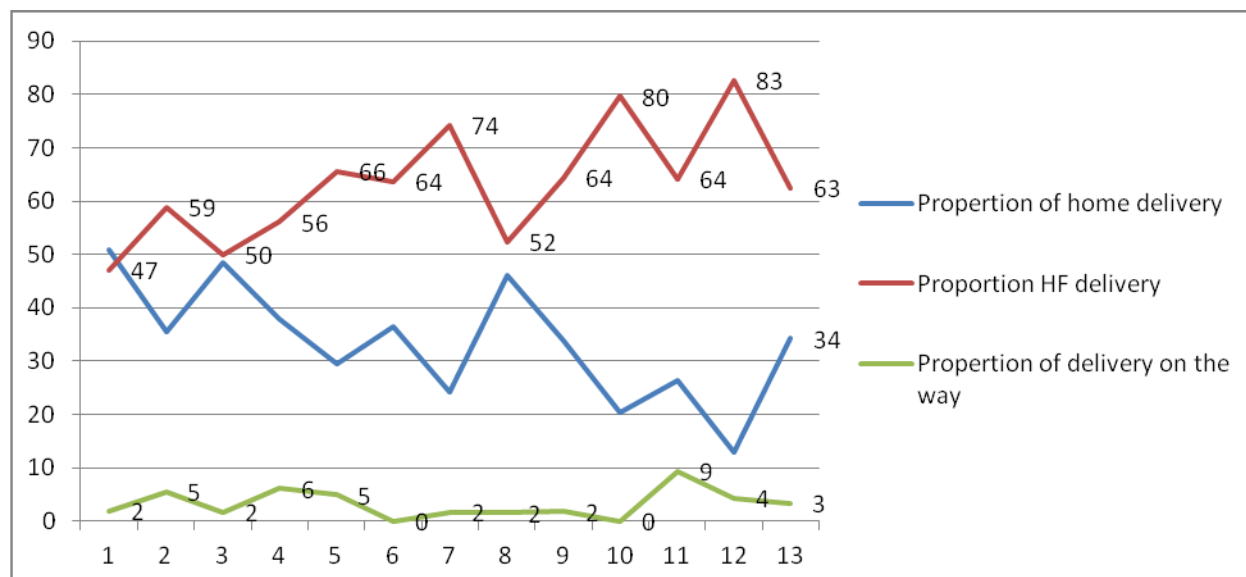
Number 1-12 in the horizontal axis in above graph indicates the months of year from July to June of 2014, while the vertical axis indicates the number of women visited to health facility for ANC. In overall the number of women visited for first and fourth ANC visit is reached to 456 and 402 respectively. Attendance rate for both ANC 1st and 4th is higher than the previous year.

1.5. Delivery practices in to the target VDC

The graph below elucidates the proportion of delivery practices in to the project covered VDC of Sindhupalchowk district during the period of third year. Horizontal axis represents the month of

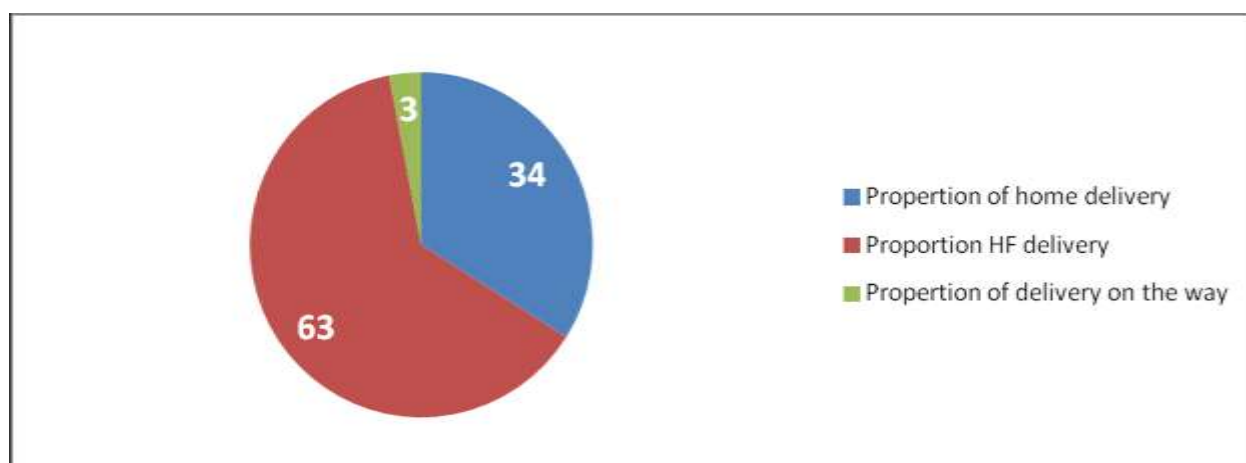
the year from July to June 2014 and the vertical axis represents the percentage for delivery conducted according to place.

Figure No 3. Proportion of delivery practice



Blue, red and green line in above graph represents the proportion of delivery conducted at home, health institution and on way respectively. Proportion of Health facility delivery found to be 63% at the end of third year, likewise 34% delivery at home and other 3% occurred on the way observed in the same period of time. Proportion of institutional delivery is getting rise with some fluctuation. Similarly a downward movement is seen for the proportion of home delivery having some degree of fluctuation. Stable pattern observed between 0-9 for the proportion on the way delivery.

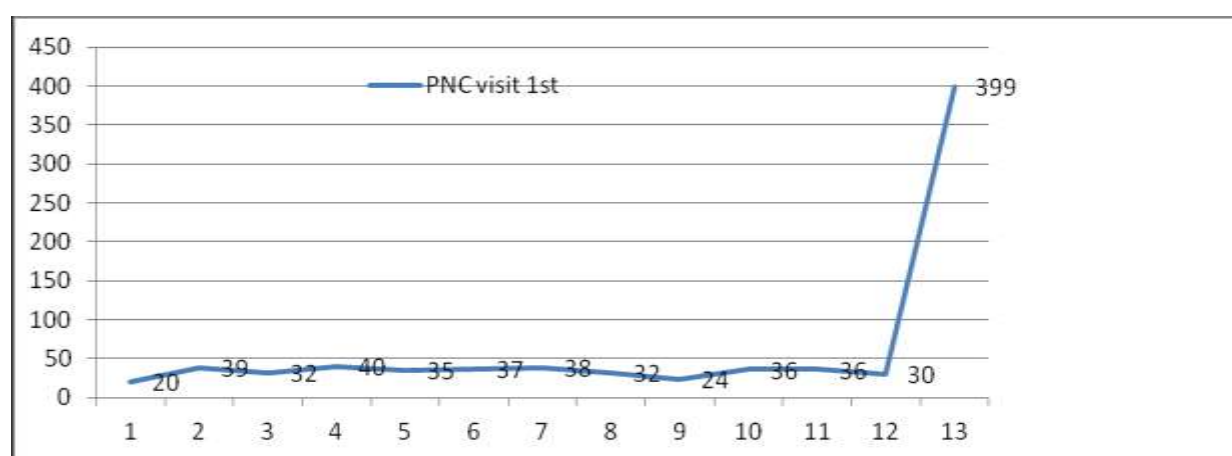
Figure No 4. Proportion of Delivery Practice



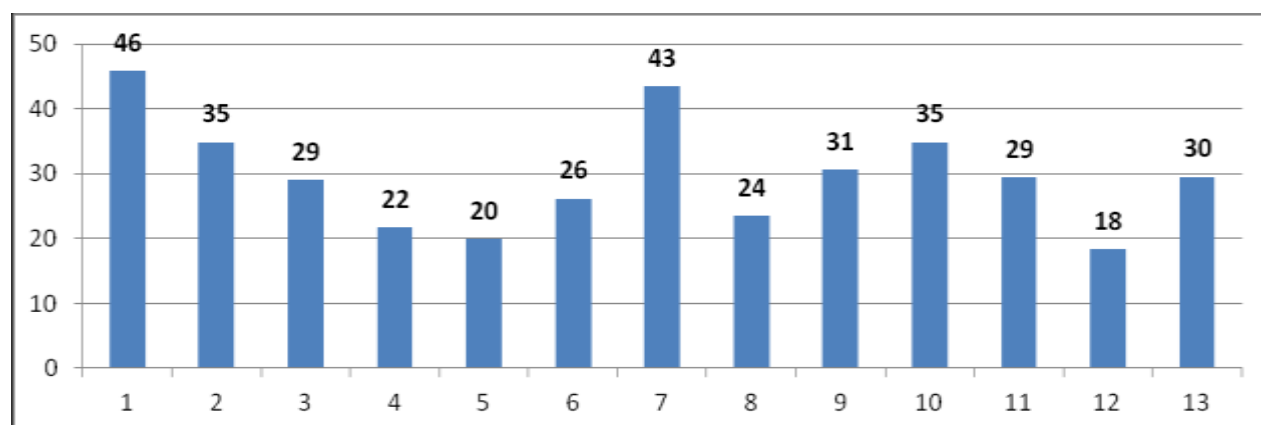
It can be more cleared if we observe the data on pie chart above. The proportion of institutional delivery in to the project area of Sindhupalchowk district is reach to 63% increasing by 5% from the previous 58%. Proportion of home delivery observed decreased to 34 from previous 39% however the proportion for home delivery still taken as very high.

1.6. Postnatal check ups

No of women who had made the 1st PNC visits represents by the followings line graph. A variation in between 20-40 can be observed in the number of women having 1st post natal check up. Total of 399 women have been made their 1st post natal check up this year.



1.7. Proportion of Local health facility delivery among institutional delivery



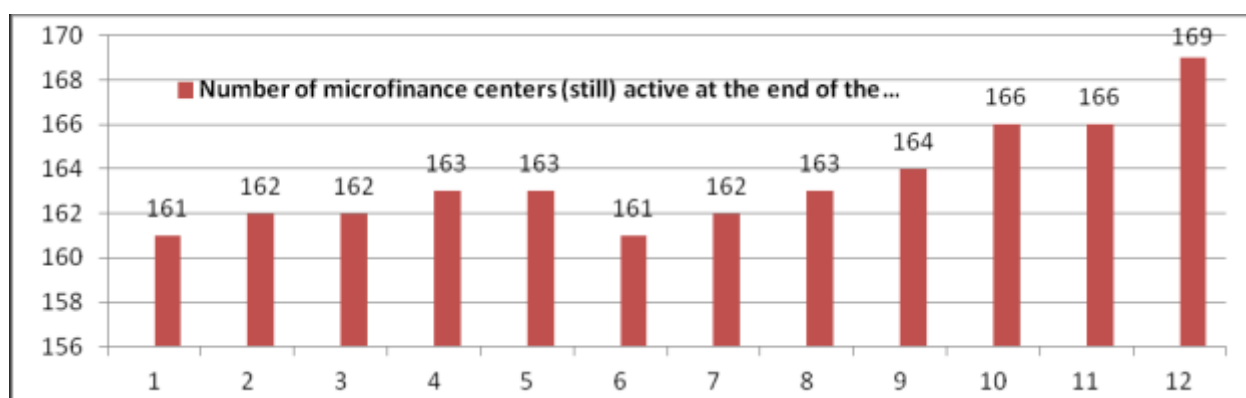
Local health facility delivery is found to be below 50 % in all month of the year. Reason behind low proportion of local health facility delivery is inaccessibility of CEOC services in to the district in case

of emergency. People usually go to the advance centre like Dhulikhel Medical College, Teaching Hospital, Meternity Hospital Thapathali for the delivery service.

2. The financial empowerment of the women is enhanced through micro-finance activities / microfinance education sessions

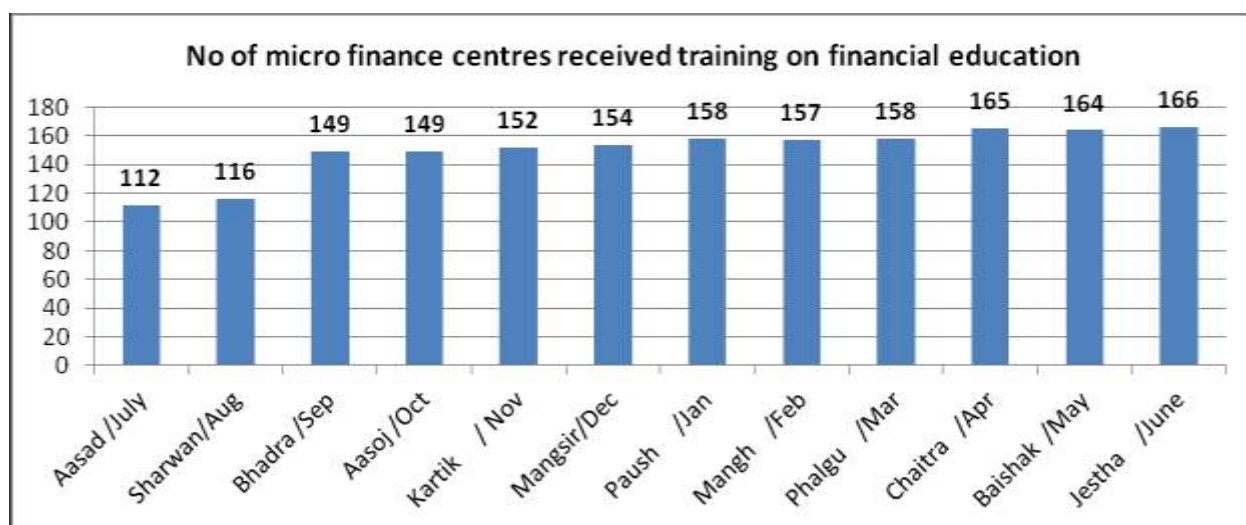
2.1. Sustainability of the micro finance center

Almost all the micro finance centre under the cooperative found to be active still at the end of the third year of project period. All together total number of micro finance centre have been reached to 169, increasing by 8 this year alone.



2.2. Financial literacy education in to cooperative centre or women group

Figure No 6. Number of micro finance centre received training on financial literacy education

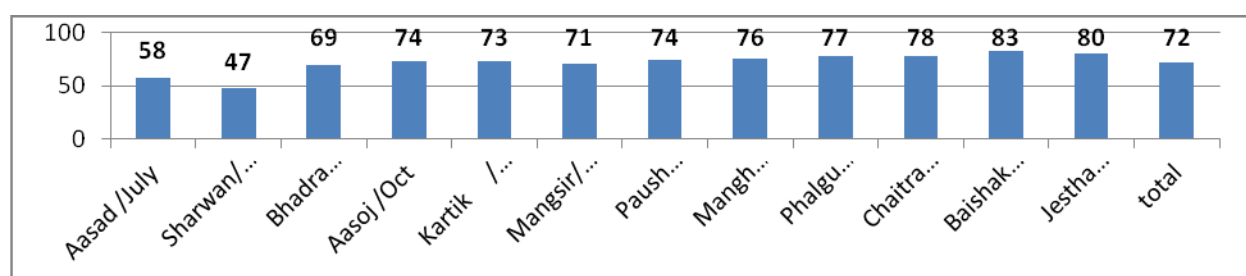


Financial Literacy classes have been delivered almost in to all centers in a monthly basis. Project community facilitators of the respective VDC have conducted regular monthly meeting and delivered financial literacy classes on various module. Module on financial literacy sessions was developed by project team, MdM France, CDECF and CMF Nepal at project beginning year.

2.3. % of center members trained on financial literacy education

The graph given below describes the percentage of member participation in to the centre meeting. Number from 1-12 represents the month of the year from July to June in the horizontal axis and the vertical axis represents the percentage of member participation. In average, 72% member by increasing 64% of the previous year found to be participated in to the financial literacy classes this year in 2014.

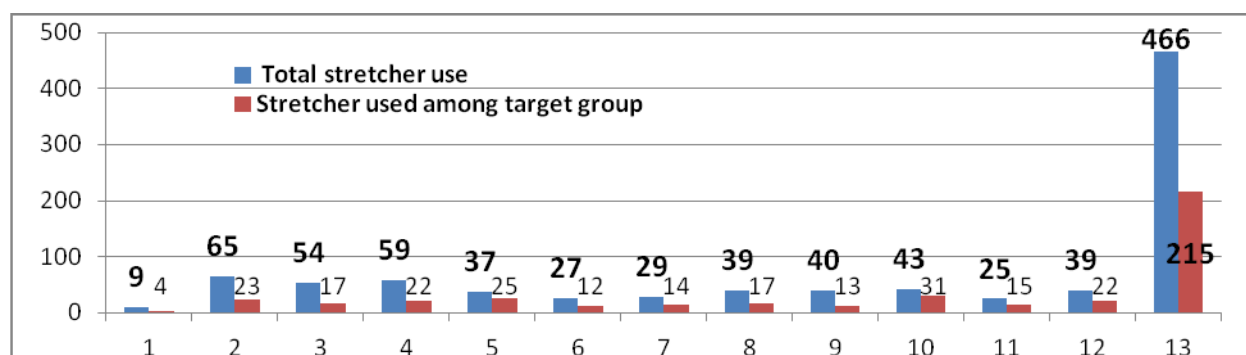
Figure No 7. % member attend in to the financial class



2.3. Use of stretchers

Stretchers have been provided in to all of project VDC having aim of limiting the death of mothers and child that is occurred due to delaying in reaching health care. On the other hand birth preparedness including the preparedness of transportation is also taught in to the centre meeting. The graph given below elucidates the use of stretcher and its purpose.

Figure No 8. Number of Stretcher use

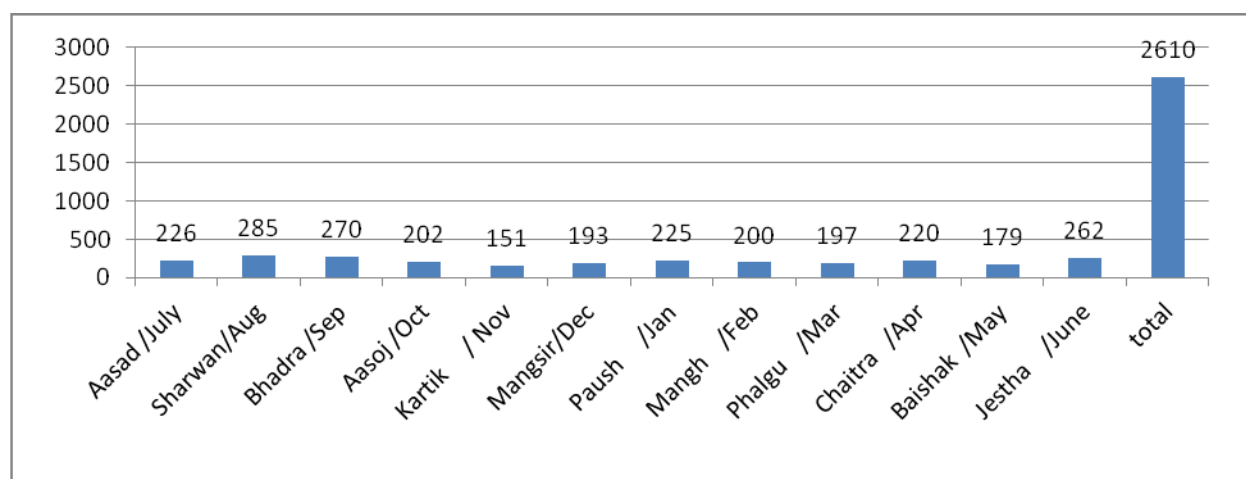


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Blue and red color in the graphs above represents the total no of stretcher used and purpose of used. In overall, stretchers have been found to be used for 466 times, out of which 215 times was used by the target group. Target groups mean pregnant women, post partum mother including with her new born children. The figure was only 433 and 171 for total used and target group used respectively in previous year.

2.5. Saving and credit services

Graph No 10. Number of loan takers



The number of cooperative member benefited from the cooperative can be observed at above graphs. Total of 2610 women have been found to be benefited of loan service from the cooperative this year. Loan was disbursed in diverse purpose such as income generation activities like agricultural, livestock and etc. Loan was also disbursed for the purpose of health care.

2.6. OSS calculation for the cooperative

V D C C O D E	Income and expenditure without CFs salary			Income and expenditure with CFs salary			Income and expenditure with CFs salary in expenditure only		
	Income	Exp	OSS %	Income	Exp	OSS in %	Income	Exp	OSS %
1	239980	175883	136	381644	322083	118	239980	322083	75
2	824158	611884	135	1021858	809584	126	824158	809584	102
3	170112	100563	169	367812	298263	123	170112	298263	57

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4	233344	110355	211	431044	308055	140	233344	308055	76
5	361215	145679	248	558915	343379	163	361215	343379	105
6	415022	310367	134	612722	420994	146	415022	420994	99
7	370361	136293	272	568061	333993	170	370361	333993	111
8	178583	80235	223	376283	277935	135	178583	277935	64
9	301099	158687	190	498799	356387	140	301099	356387	84
10	4000164	3059865	131	4197864	3257565	129	4000164	3257565	123

Table above describes the operational self sufficiency of the cooperatives supported by project in to 10 VDC of Sindhupalchowk district. Table describes the OSS of the cooperative in three different situations. For the first situation the OSS is found to be greater than 100 for all cooperatives if the salary provided to project community facilitators by project is not included in both Income and expenditure of the cooperative. Similarly the OSS of the cooperative is also found to be again above than 100 if the salary for the project community facilitator is added both in to income and expenditure of the cooperative but if the salary for the project community facilitators is added only in to expenditure but not in to income than the OSS of the cooperatives is found below than 100 for all cooperative except in Nabalpur, Batase Sagachowck and Thokarpa VDC. This indicates that the cooperatives are not in a condition to recruit the community facilitators by itself.

2.7. FSS calculation for the cooperative

VDC Code	Income and expenditure without CFs salary			Income and expenditure with CFs salary			Income and expenditure with CFs salary in expenditure only		
	Income	Exp	FSS %	Income	Exp	FSS in %	Income	Exp	FSS %
1	239980	231078	104	381644	377278	101	239980	377278	64
2	824158	726056	114	1021858	923756	111	824158	923756	89
3	170112	155030	110	367812	352730	104	170112	352730	48
4	233344	159815	146	431044	357515	121	233344	357515	65

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5	361215	227481	159	558915	325181	172	361215	325181	111
6	415022	310367	134	612722	508067	121	415022	508067	82
7	370361	224132	165	568061	421832	135	370361	421832	88
8	178583	135293	132	376283	332993	113	178583	332993	54
9	301099	232217	130	498799	429917	116	301099	429917	70
10	4000164	3474183	115	4197864	3671883	114	4000164	3671883	109

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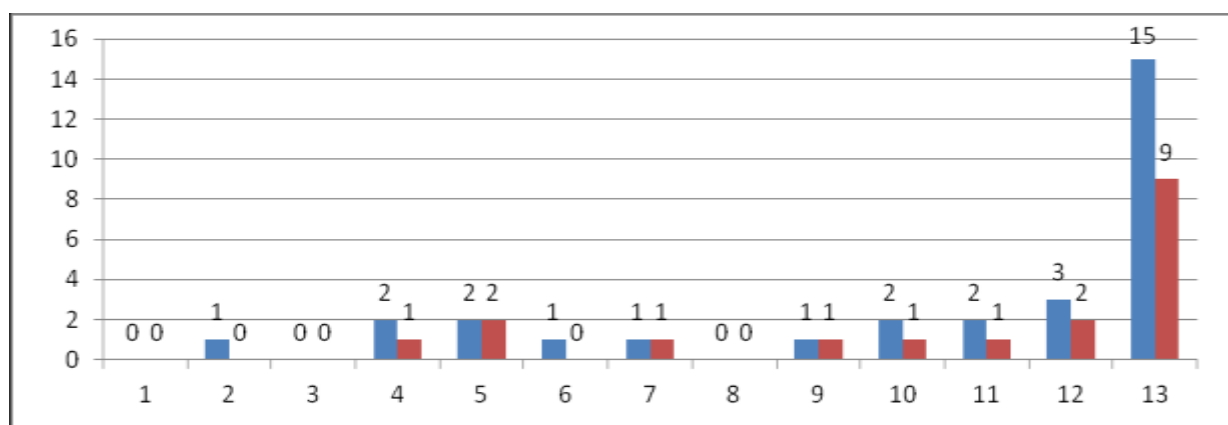
3. (S01 R4) – Women in the target area know and use emergency fund (OEF) and MOH incentives to benefit from relevant and timely referral to SRH services.

3.1. No of women () that uses or has used the obstetric emergency fund (OEF) in the VDCs where it is available**

Obstetric emergency fund has been made available in to all project covered VDC. Rs. 60, 000 rupees has been provided as an obstetric emergency fund for all 10 VDC from the project side. Some of the project VDC found to be allocated an obstetric emergency fund from their own VDC development budget. Total of Rs. 40, 000 rupees has been provided for the purpose for obstetric emergency fund from the VDC development budget in Sagachowck VDC. Obstetric emergency fund is found to be increased also in to Baramchi VDC from the personnel donation. Almost the entire project VDC has been found to be utilized governmental FCHV fund also properly.

The graph below describes the no. of use of governmental FCHV fund for the purpose of maternal and neonatal health care. In overall, governmental FCHV obstetric fund has been come to use for 15 times this year. Out of that only 9 times was used by the target group from the project point of view. The total FCHV fund used in this year is lower than previous year; reason behind the low used of FCHV fund could be the impact of birth preparedness education in to the monthly women group meeting.

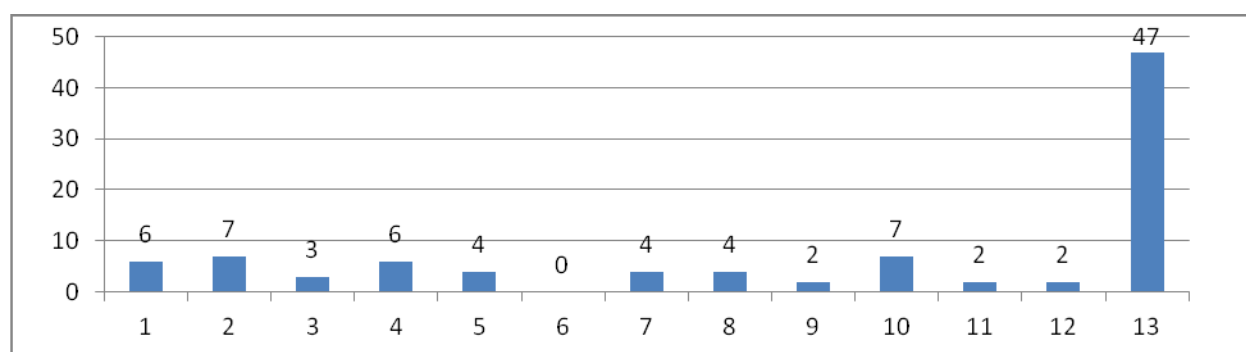
Figure No 11. FCHV fund utilization



3.2. Use of obstetric emergency fund from cooperative

The graph given below illustrates the number of obstetric emergency fund used over the year 2014. The numbers 1-12 in to the horizontal axis in the bar graphs represents month of the year from July to June and the number 13 represents total use of OEF in overall. In overall, OEF has been come to use for only 47 times. This is lower than 14 if we compared with previous year 2013. Reason behind decreased in the number of OEF fund could be same as of lower use of FCHV fund that is the impact of birth preparedness education in women group monthly meeting.

Figure No 12. Number of OEF used



4. Financial access to SRH is strengthened through provision of micro finance services including OEF and MOH financial policy implementation

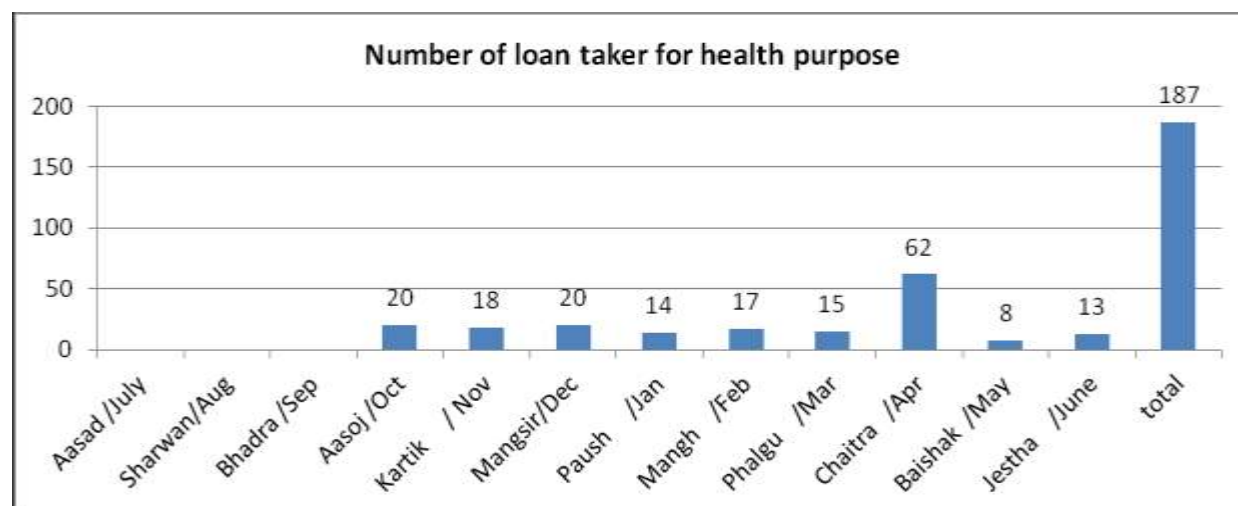
4.1. No. of VDCs with an obstetric emergency fund (OEF) for pregnant women with an obstetric complication

The following table elucidates the number of VDC that have an accessibility of obstetric emergency fund in to the VDC for the purpose of pregnancy and obstetric related complication.

Table No 1. Availability of OEF fund

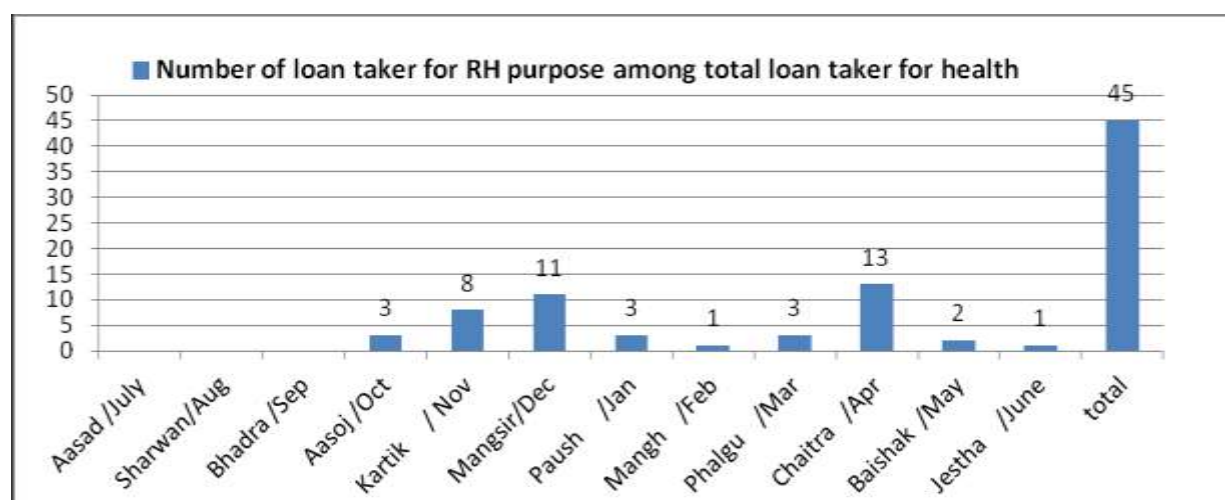
Name of the VDCs	Accessibility
Baramchi	YES
Batase	YES
Golche	YES
Lisankhu	YES
Nabalpur	YES
Phulping Dada	YES
Sagachowck	YES
Selang	YES
Sunkhani	YES
Thokarpa	YES

4.2. Loan for the purpose for health purpose



Community people get loan services from the cooperative that is established in to the VDC. usually the loan is disbursed for the purpose for income generation activities and health care as well. Graphs above describe the number of cooperative member taken loan for the purpose of health care. Total loan disbursed for the purpose of health care is observed 187 this year in 2014.

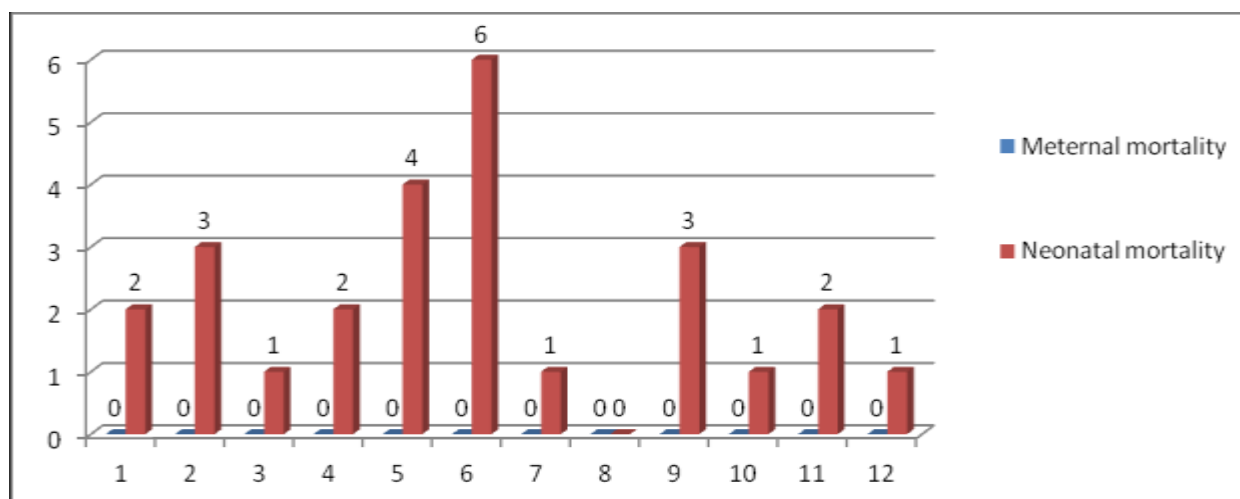
4.3. Loan for the purpose for Reproductive health



Loan for the purpose of reproductive health care is also a matter of concern for project since the project is directed toward improvement of maternal health by decreasing maternal and neonatal death in to the project VDC. Only 45 members got the loan for the purpose of reproductive health out of 187 total loan takers for health purpose.

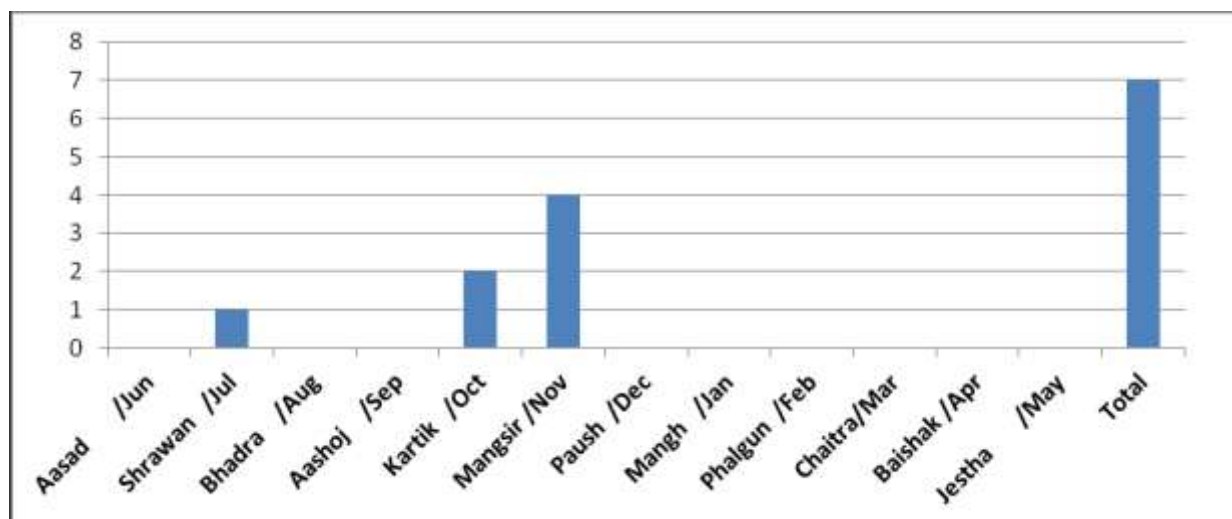
5. Maternal and neonatal death in to the project covered VDC

Maternal and neonatal death is a major concern of this project while the major goal of the project is to improve maternal and neonatal health by reducing maternal and neonatal death in to the project covered VDC of Sindhupalchowk district. Maternal and neonatal death in to the district was higher than the average level of Nepal before the project implementation, but now at the end of the first phase of project implementation a drastic change has been found in the area of maternal health. It's very impressive that 0 maternal deaths have been reported this year from the project covered VDC. Although an impressive improvement achieved in maternal health, the neonatal death is still a major problem even in to the project implementing VDC. 24 neonatal deaths reported this year alone from the project covered 10 VDC.



6. Still birth occurred in to the project VDC

Number of still birth reported only in the month of August, November and December this year from the project implementing VDC. Seven still births in total have been reported this year from the project covered VDC which suggests project to focus its activities more towards preventing the still birth and neonatal death.



6.1. Number of cooperatives with at least one member of 3 different (sub) committees trained by MDM (or partners) on a relevant topic of cooperative management (bookkeeping, loan management, health related topics, peer education)

The table below elucidates the number of member with cooperative committee and subcommittee that are trained in to different aspect of health and micro finance component at the end of project end year 2014. Sign * indicates that the committee does not exist in to the cooperative. Graphs below shows that total of 60 members from all cooperative executive board, 16 members from account committee, 14 members from loan subcommittee and 15 member from OEF advisory board found to be trained on at least one type of health or microfinance training.

Table No 2. Number of cooperative member having training on health and microfinance

Name of VDC	Executive committee	Account committee	Loan Subcommittee	Health subcommittee	Edu. subcommittee	women sub committee	Agri sub committee	OEF advisory Committee
Baramchi	9	3	2	1		*	*	0
Batase	5	1	1	1	0	*	*	0
Golche	2	1	0	1		*	*	0
Lisankhu	6	1	2	0		*	*	0
Nabalpur	6	1	1	0		*	2	0
P. Dada	3	1	0	0		*	*	0
Sagachok	6	2	3	1		*	*	4
Selang	4	2	0	0		*	*	2

Sunkhani	7	1	2	0		*	*	2
Thokarpa	12	3	3	*	4	3	*	7

7. (SO1 R2)- The sexual and reproductive health knowledge of women is improved through health education session held in women micro finance group

7.1. % of women attending microfinance centers with health component in the target area knowing 3 main danger signs of obstetric complications

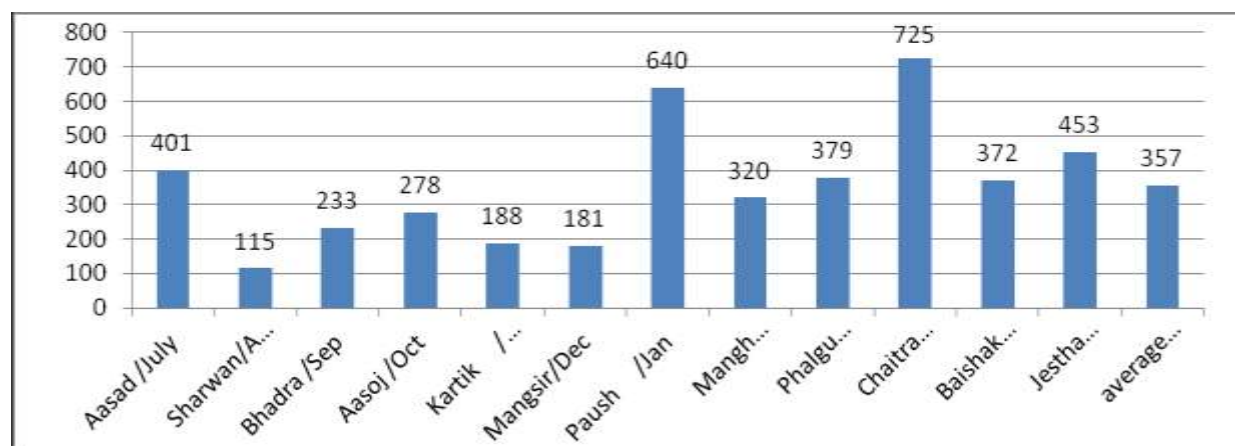
Project end term KAP survey was conducted this year to understand the level of knowledge on various aspect of reproductive health among the women of reproductive age group. KAP survey allowed us to understand the level of knowledge on reproductive health among women of reproductive age group. Findings of end line KAP survey can be compared with the baseline to know the improvement after the project intervention. Findings of end term KAP survey is also attached in below.

8. (SO1 R3) - Family decision makers (husband / mother in law) awareness on reproductive health and financial access to SRH services issues is enhanced

8.1. No. of potential family decision makers (husband / mother in law) attending the health education sessions that know 3 danger signs of obstetric complications

Family decision makers have a vital role in a part of decision making regarding health seeking behavior of his family. Enhancement in the knowledge of reproductive health among family decision maker is mandatory if bringing a positive impact on maternal and neonatal health. In order to enhance the knowledge of family decision maker on reproductive health education; all the family decision makers were invited to attend the women group meeting in every three month. Project community facilitators delivered a reproductive health message in the family decision maker meeting.

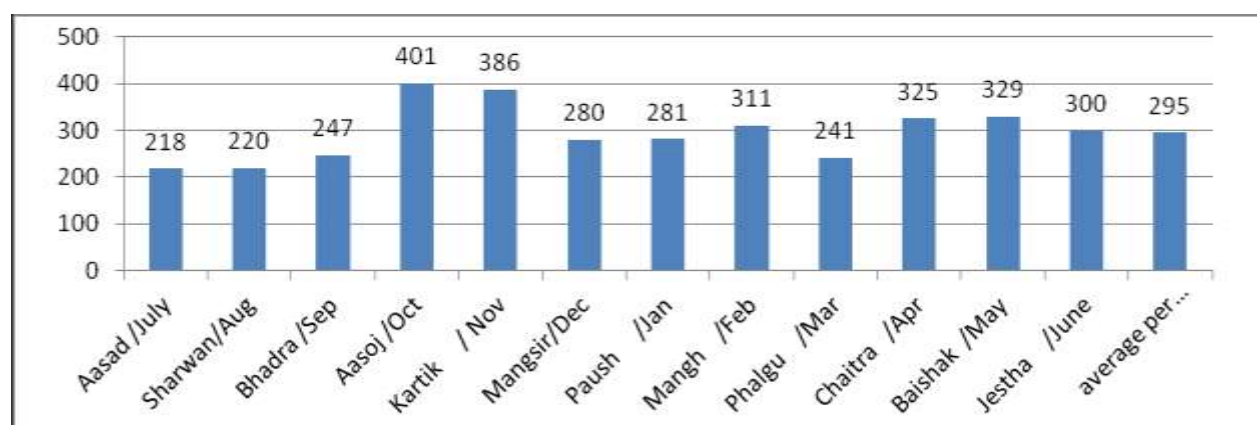
Figure No 13. No. of family decision makers attending the health education session



The graph above elucidates the number of family decision makers participated in to the centre meeting with health component this year. A highest participation 725 decision makers have been observed in the month of April followed by 640 in January. In average around 357 family decision makers took participation in to the centre meeting.

Figure No 14. Other people attending the health education session

Our objective was not to improve the reproductive health knowledge of cooperative member only but it was to improve the knowledge of community people so that all of the community people were openly invited to attend the health education classes whether they are cooperative member or not. Graph below shows that an average 295 other community people other than cooperative member attended the monthly women group meeting this year.



9. Coordination/Participation /Activities at VDC, District and Central level (meetings, workshops, etc.)

9.1.1. Central Project Advisory Meeting Part I

Central Project Advisory Committee (CPAC) meeting was held at International Club, Sanepa Lalitpur in 12th of December, 2013. The meeting was jointly chaired by Mr. Marius Musca, Country Representative from Médecins Du Monde- France and Mr. Madan Prasad Rimal, Director of Social Welfare Council. All together around 18 participants were participated the meeting. LDO and DHO from Sindhupalchowk district were also presented the meeting.

Objective of CPAC meeting:

The objective of this meeting was to share the project achievements and results and receive recommendations from a project advisory committee (PAC) for the further improvement of the project.

Agendas:

1. Share the plan, achievements, results and challenges of the “Integrated Reproductive Health and Microfinance project”.
2. Discussion and receive advices from committee members for the improvement and project sustainability.

Presentation and discussion:

Welcome speech to all participants was delivered by Kamala Adhikari Technical Coordinator on SRH, MdM France. MdM project “Combined services for reproductive health and microfinance” was presented jointly by Program Coordinator, Mr. Sita Ram Wagle and Technical Coordinator MdM France. Project financial report was presented by MdM administrator Mr. Bandip Tamang.

9.1.2. Central Project Advisory Meeting Part II

Central Project Advisory Committee (CPAC) meeting part II was held in 27th Of June 2014 at hotel Greenwich Lalitpur. The meeting was chaired by Mr. Madan Prasad Rimal, Director of Social Welfare Council. All together around 20 participants were participated in the meeting. LDO and DHO from Sindhupalchowk district were also presented the meeting.

Objective of CPAC meeting part II:

The objective of this meeting was to share the project achievements and results and receive recommendations from the project advisory committee members (CPAC) for the further project improvement.

Agendas:

1. Share the plan, achievements, results and challenges of the “Integrated Reproductive Health and Microfinance project”.
2. Discussion and receive advices from committee members for the improvement and project sustainability.

Presentation and discussion:

Welcome speech to all participants was delivered by Rojina Karki Nurse at MdM France. MdM project “Combined services for reproductive health and microfinance” was presented jointly by Country Representative Marious Musca, MdM France and Program Coordinator Mr. Sita Ram Wagle. Mr Wagle also presented the Project financial report.

9.1.3. Performance Appraisal Meeting

Project performance appraisal review meeting for the year 2013 was held on 6th January 2014 in MdM country office, Kupondole. Executive director, Mr. Govinda Prasad Sapkota along with Project coordinator, Mr. Rajesh Gnawali from CDECF were presented in to the meeting. Sitaram Wagle, Kamala Adhikari, Bandeep Tamang and Nised Rijal from MdM were also presented in to the meeting.

9.1.4. Workshop on Appreciative Inquiry

3 days workshop on appreciative inquiry was held in to two VDC of Sindhupalchowk district namely Selang and Sunkhani. It was organized in January 8th -10th of 2014 for Selang and 10th -12th of February for Sunkhani VDC. Workshop was organized by MdM France with the coordination of CDECF Sindhupalchowk. MdM program coordinator Sita Ram Wagle, SRH coordinator Kamala Adhikari and project coordinator Rajesh Gnawali from CDECF had facilitated the work shop session.

General Objective:

- To bring about positive change that shares leadership and learning, fully engaging everyone in the community to strengthen the health system at local level.

Specific Objectives:

- To develop commitment among the stakeholders to provide quality services to the community while keeping positive attitude towards their clients.
- To motivate the stakeholders to work in a coordinated way to provide quality health care services in the community
- To encourage local political parties and other organizations in the community to develop good mutual relations to strengthen the local health system.
- To develop positive attitude among the local leaders, social workers and the community people for the attainment of highest level of health care services in the community.

Participants

Participants from different government organizations, local clubs, political parties, local schools, cooperatives from Selang VDC were invited. The targeted participants were Government health facility staffs, Members of HFOMC, FCHV's, Cooperative members, civil society members, Local club representatives and Local school teachers.

9.1.5. Participation on 1st National Midwifery Conference

National Midwifery Conference was held for the first time in Nepal, on 14-15 September 2013 at Shankar Hotel, Kathmandu Nepal. Conference was jointly organized by Ministry of Health and Population Nepal and Midwifery Society of Nepal with slogan - **“Midwifery Education: Policy in to Action, Saving Lives of Women and Newborns”**. Project coordinator from the CDECF, Program Coordinator, RH Technical Coordinator, Nurse Supervisor and Project Assistant from MDM France were also participated in to the Conference. Mrs. Kamala Adhikari, Reproductive Health Coordinator from MDM France has made a presentation on our project “combine service for reproductive health and micro finance”.

Participation

National and International professor, lecturers, health workers, nurses, doctors, public health students and other health personnel were presented in the conference. Altogether about 200

participants had taken participation in to the conference. The conference was cheered by Mrs. Rasmi Raj Bhandari, chairman of midwifery Society of Nepal.

9.1.6. Annual district review meeting

Annual district review meeting Sindhupalchowk was organized in August 2013. District level health organization including with NGOs and INGOs were invited in to the review meeting with their project presentation. The review was organized by district health office of Sindhupalchowk. Project coordinator from CDECF had also participated the meeting and made a presentation on Integrated Reproductive Health and Micro Finance Project. A project success story was shared by project coordinator that the home delivery of Lisankhu VDC was reported 0 for the fiscal year 2013.

9.1.7. DPAC Meting

District Project Advisory Meeting was organized in to the district health office of Sindhupalchowk on, 7th of November 2013. Meeting was chaired by district health officer Dr. Raman Shing. Representatives from district health office, district administration office, district development committee, women development office, district education office and other district level governmental organization were participated in to the meeting. Altogether, 15 participants were participated in to the meeting including community coordinator, SRH technical coordinator and country representative from MdM France. Project coordinator and executive director from CDECF were also attended the meeting. Community coordinator from MdM France made a presentation on a project progress report.

10. Activity completion report, Case studies, Success stories, Narrative notes, Photos etc.

10.1. Reproductive Health Education Campaign Part-5

Reproductive Health Education Campaign was organized with the aim of re-orienting community people of 10 VDCs of Sindhupalchowk district including with women of reproductive age group in relation to the sexual and reproductive and health of newborn as well as the importance of saving and credit activities in a participatory way. The campaign was conducted from 26th of November to 8th of December 2013 in those places which were accessible to most of the people of the VDC. the program was facilitated by ANMs, Community Facilitators, Field Coordinators and Project Coordinator from CDECF and Program Coordinator from MdM-France.

Mass education and awareness was delivered regarding the sexual and reproductive health, STI & HIV/AIDS, importance of birth preparedness, importance of financial savings for both economic empowerment and health emergency, availability of quality health care service in the local health facility, availability of stretchers as a mean of transportation in health emergencies, availability of obstetric emergency fund and its mobilization. Very satisfactory community participation observed in to the health education campaign despite of their busy schedule. Different songs and street drama relating to health and microfinance was presented by cooperative members. A letter of appreciation was also provided to all participants. local youth club “Samudayik Kala Samuha” was hired to present the street drama and folk songs linking with SRH and micro finance activities. Program was also live broadcasted by local FM radio of Sindhupalchowk district. Overall, the health education campaign program was accomplished successfully.

An interaction program was also organized together with the health education campaign. An influential community people like political leaders, teachers, civil society member, FCHVs and cooperative board members were invited to attend the interaction program. Interaction program was conducted in to the similar day following the completion of health education campaign. The program aimed at understanding the perception of community people regarding the project activities and also to explore the ideas for the project sustainability.

10.1.1. Objective of Health Education Campaign

General Objective:

To re-orient the community people of 10 VDCs along with WRA about the sexual and reproductive health as well as health of newborn in a participatory way.

Specific Objectives

1. To sensitize the community about the sexual and reproductive health and health of the newborn as well as importance of saving and credit activities through mass media campaign.
2. To update the community about the project and its activities carried out in each 10 VDC's.
3. To encourage and provide a space to women to deliver the health education message based on what they have learnt in the health and financial education sessions.

10.1.2. Preparation of the Health Education Campaign

The tentative date of the campaign was proposed in project staffs meeting on 8th October, 2013. A Co-ordination meeting with DHO Sindhupalchowk was done in order to organize the campaign in collaboration with the local health facilities of VDC's. DHO prepared the letter for local health facility to collaborate to organize the reproductive health education campaign. Likewise coordination was done also with the local level security office.

DHO supplied necessary posters, pamphlets, flip chart and other IEC materials for the health education campaign. Information on the date and venue of the program was disseminated from two most common FM radio station of Sindhupalchowk district. The notice was also circulated in every women group through the community facilitators, ANMs, nurse supervisor and field coordinator of CDECF along with the help of FCHVs of respective VDCs.

Samudayik Kala Samuha was given the responsibility to prepare the script for street-drama and educative songs linking with sexual and reproductive health. MDM France also put a great effort to bring the script in a final shape. The rehearsal of street-play and the songs were done in to CDECF office before the final presentation in the community level. As an organizer, local health facility wrote an invitation letter to all the influential community stakeholders like political leaders, schools teachers, civil society members and other community organizations. An arrangement for banner sound system, generator and essential educative materials was done through CDECF. Program schedule was also prepared and followed accordingly.

10.1.3. Participants

Local health facility presented as a program organizer while the health facility operation and management committee including with representatives of District Health Office were presented in to the program. Community level organizations and youth club, Local political leader, civil society member, School teachers, FCHV's, Co-operative members , Actors of Samudayik Kala Samuha and staffs from MDM, CMF, CDECF were presented in to the program.

10.1.4. Program Result

- Information on sexual and reproductive health was delivered through the street-play and the songs presentation effectively.

- Around 6100 people got an opportunity to know a right message on sexual and reproductive health including STI & HIV/AIDS, importance of birth preparedness, importance of savings, and availability of quality reproductive health service, stretchers and OEF in the to the VDC.
- Local political representatives and other community stakeholders committed to support in sustaining of project activities.
- Brochures related to the sexual and reproductive health education, birth preparedness, new born health care, nutrition, sanitation and personal hygiene was delivered.
- Program in Baramchi and Nabalpur was live broadcasted from Sunkoshi FM.
- HF management committee has been reformed in Baramchi VDC

Table No. 5. Details of dates and venues

S.N.	Name of the VDC	Date of campaign	Venue of campaign
1	Batase	11 th Mangsir	Dhungana Dada
2	Selang	12 th Mangsir	Selang Health Post
3	Golche	13 th Mangsir	Health Post, Yurung
4	Baramchi	14 th Mangsir	Health post
5	Phulpingdanda	16 th Mangsir	Aal Dada
6	Sunkhani	17 th Mangsir	VDC office yard
7	Thokarpa	18 th Mangsir	Health Post Yard
8	Lisankhu	20 th Mangsir	Chipley Bhanjyang
9	Sangachock	22 th Mangsir	Bhanjyng, Sagachock
10	Nabalpur	23 rd Mangsir	VDC office yard

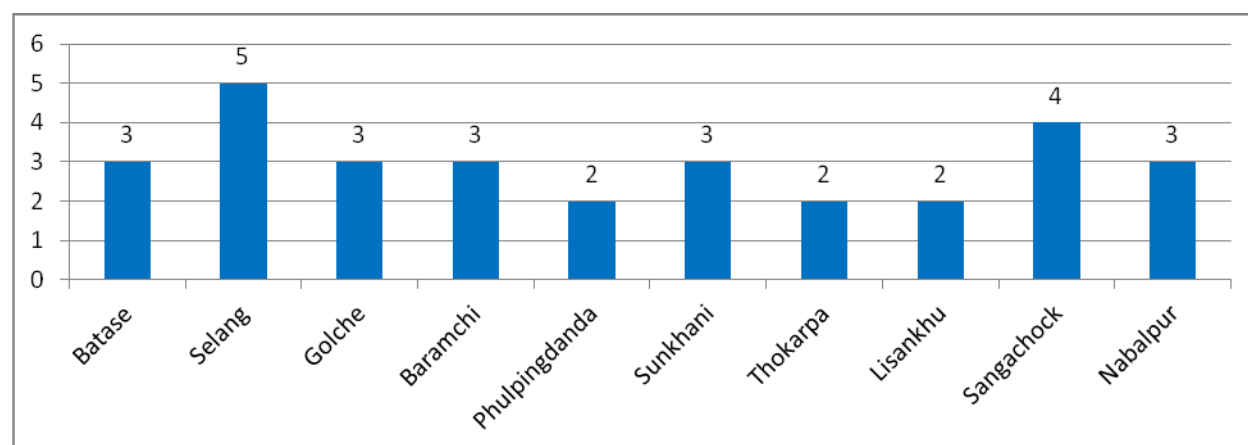
Table No. 6. Agenda for Interaction Program:

S.N	Activities
1	Sharing perception of the project activities and ideas for better result
2	Updating of the Project
3	Hurdles that are encountered during programs in community
4	Sharing Possible solution to overcome the hurdles in health post
5	Ideas sharing for better results and their support to solve the problems during the

	program activities
7	Sharing Possible solution to overcome the problems that are encountered in to health post. suggestion and possible support from DHO

Table No. 7 List of the actors for street drama and song presentation

S.N	Name	Specialization
1	Mr. Nabaraj Sapkota	Singing & Acting
2	Mr. Surya Mani Acharya	Singing & Acting
3	Mr. Ishwari Adhikari	Singing & Acting
4	Mr. Krishna Pd. Dhital	Singing & Acting
5	Ms. Samjhana Acharya	Singing & Acting
7	Ms. San Nani Acharya	Singing & Acting
8	Ms. Devi Aale	Singing & Acting
9	Mr. Rohit Karki	Singing & Acting
10	Mr. Nabraj Gajurel	Singing & Acting

Figure No 15. Number of team took participation with their drama and songs from the community level in to the health education campaign**Figure No 16. VDC wise estimated number of Audiences in to the program**

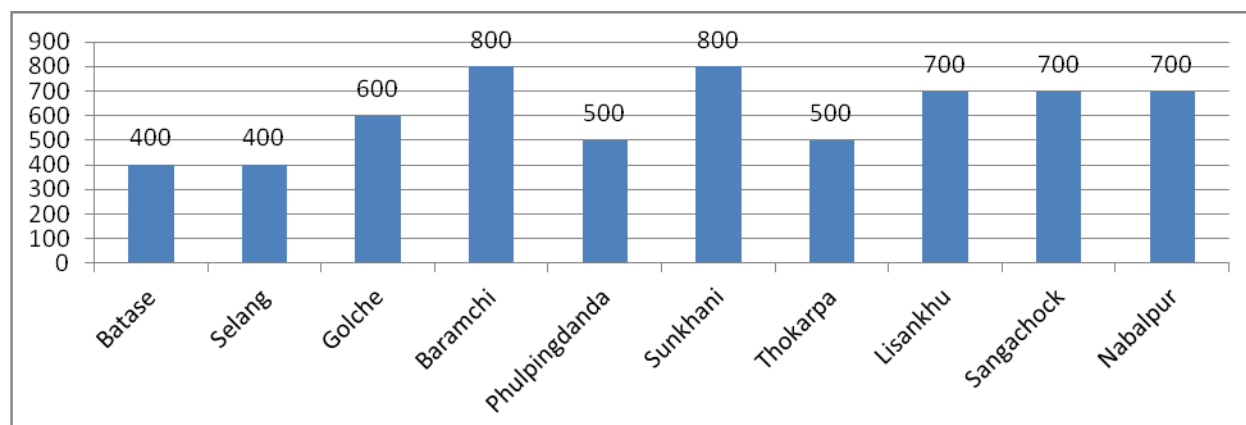
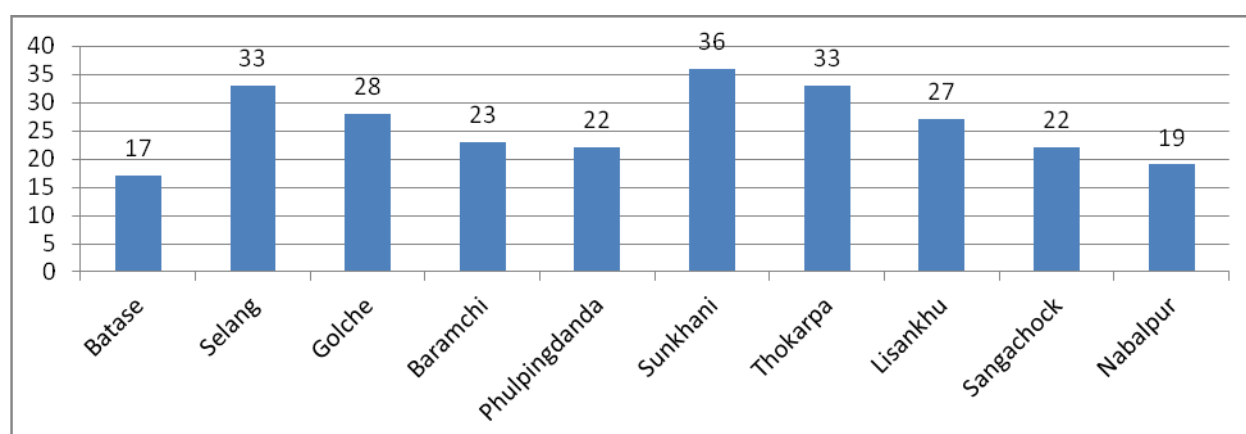


Figure No 17. No of people participation in to the Interaction Program



11. Training to Traditional Faith Healers

Two days traditional faith healer training was organized in to all project VDC having aim with increase in the level of knowledge among traditional faith healers regarding sexual and reproductive health. Traditional faith healers have been serving as a village doctor for ages in to remote village of Nepal. Most of the people living in village areas are still used to go to the traditional faith healer with their health problem and trust them and follow their advice easily. The training to traditional faith healers was also expected a vital role in improving the maternal and neonatal health status of community people and achieving the ultimate goal of project by reducing neonatal and maternal death in the area of project intervening VDC.

Two days traditional faith healers training program was conducted in to all 10 project covered VDC of Sindhupalchowk district. The training was started from Lisankhu VDC in Shrawan 30th and ended in Bhadra 9th in Batase. Total of 101 TFHs were trained on various component of reproductive health. Field coordinators, ANMs, community facilitator and project coordinator from CDECF together with MDM nurse supervisor facilitated the training session. Training guideline was already developed by MDM/CDECF team and orientation on TFHs training was given to all training facilitator in CDECF office. Trainer followed the training guideline thoroughly during the real training session. Training was conducted very interactively with the use of IEC materials like Poster, Pamphlet, Flip Charts and others handmade training materials.

11.1. Objectives of the training

The main objective of the training is to increase in the knowledge among traditional faith healers regarding sexual and reproductive health and advice them to refer the people to health facilities with sexual and reproductive health problems. Specific objectives behind of the training were mainly relate the menstruation cycle with pregnancy, timing for antenatal check up, causes of maternal and neonatal death and preventive measures, health facility delivery and its benefits, danger signs of pregnancy, danger signs of labor, birth preparedness, danger signs of post natal period, danger signs of newborn, newborn care, family planning services and contraceptive device, advantages and disadvantages, HIV/AIDS and STI and uterus prolapsed.

11.2. Preparation for the training

Firstly the Training guideline was developed by MDM/CDECF with coordination of DHO Sindhupalchowk and it was circulated to all community staffs of CDECF including nurse supervisor from MDM. Necessary IEC materials for the training was provided by DHO Sindhupalchowk. Coordination and discussion with the DHO, LDO was done before finalized the date and venue of the training. List of all the traditional faith healers from the VDCs was collected with the support of community facilitator and FCHVs. Finally a list was prepared with 10 proficient traditional faith healers from each VDC to provide the training. Training was started as planned from the Lisankhu VDC in Aasad 30th. All trainers have followed the trainer guideline and used massive IEC material to make the training more effective and interactive.

11.3. Participants

Traditional faith healers, community facilitators, Nurse Supervisor, ANM, Health Post staffs, field coordinator and program coordinator from CDECF were participated in to the training program.

Figure No 18. number of Participated TFH

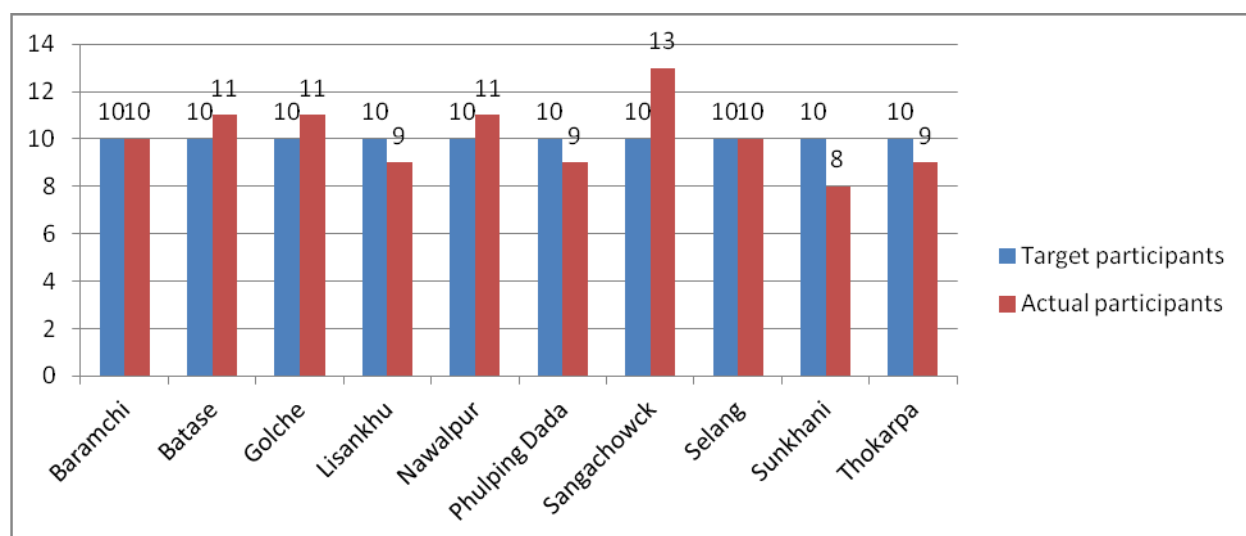


Figure No 19. Sex wise distribution of TFHs

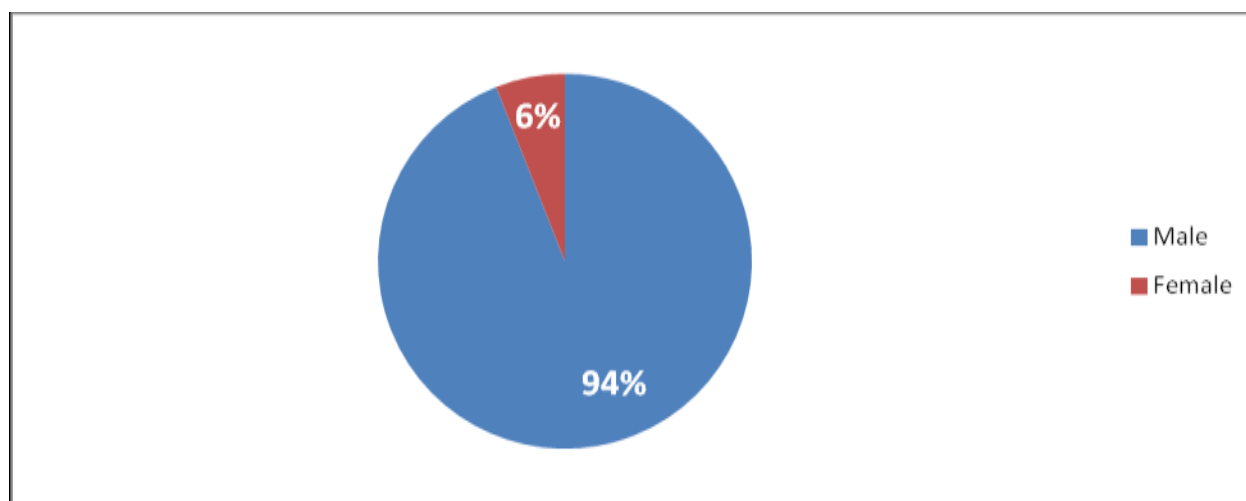
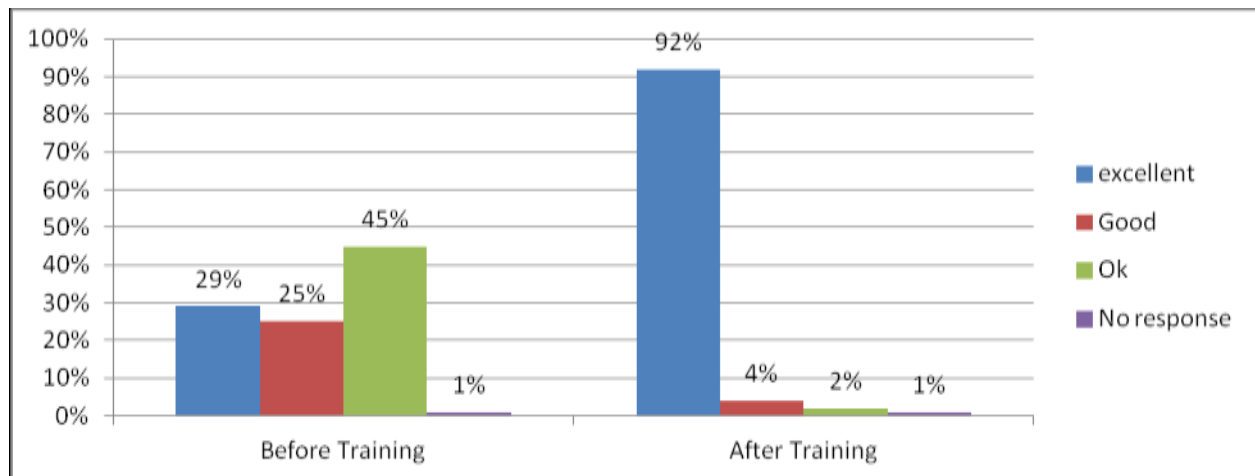


Figure No 20. Level of knowledge among TFHs regarding antenatal check up



Given graphs above elucidates the level of knowledge among traditional faith healers regarding a question; why ANC is important? Before the training the answer on the question was found to be excellent only in 29% of TFHs while it rose up to 92% at the end of training.

Figure No 21. Knowledge on the danger signs of pregnancy

Graph below described the level of knowledge among traditional faith healer regarding the danger sign of pregnancy. 40% traditional faith healers having an excellent answer on danger sign of pregnancy in pretest found to be rose up to 81% in post test.

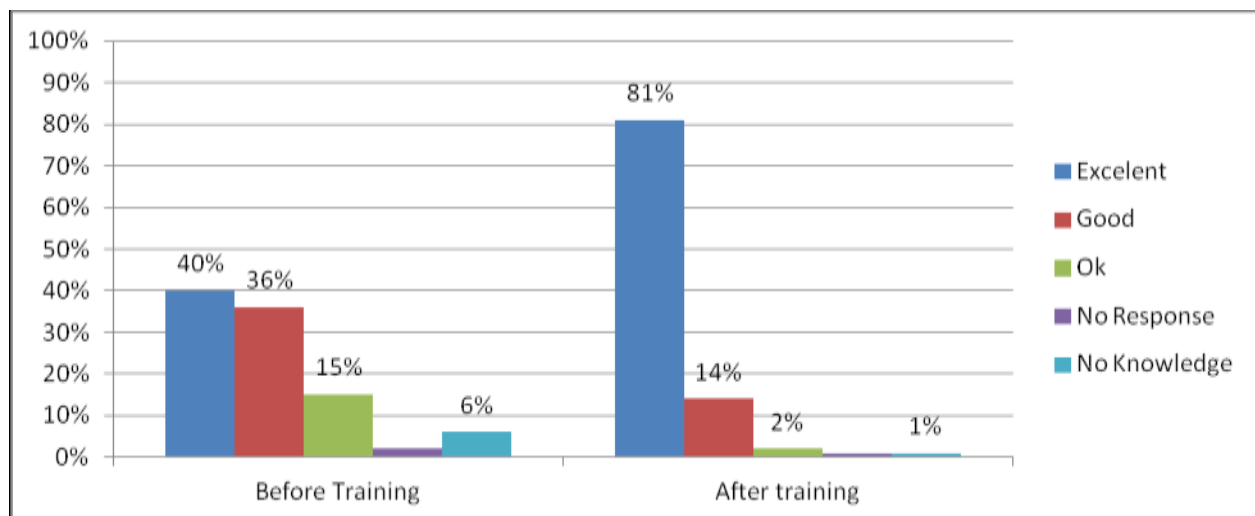
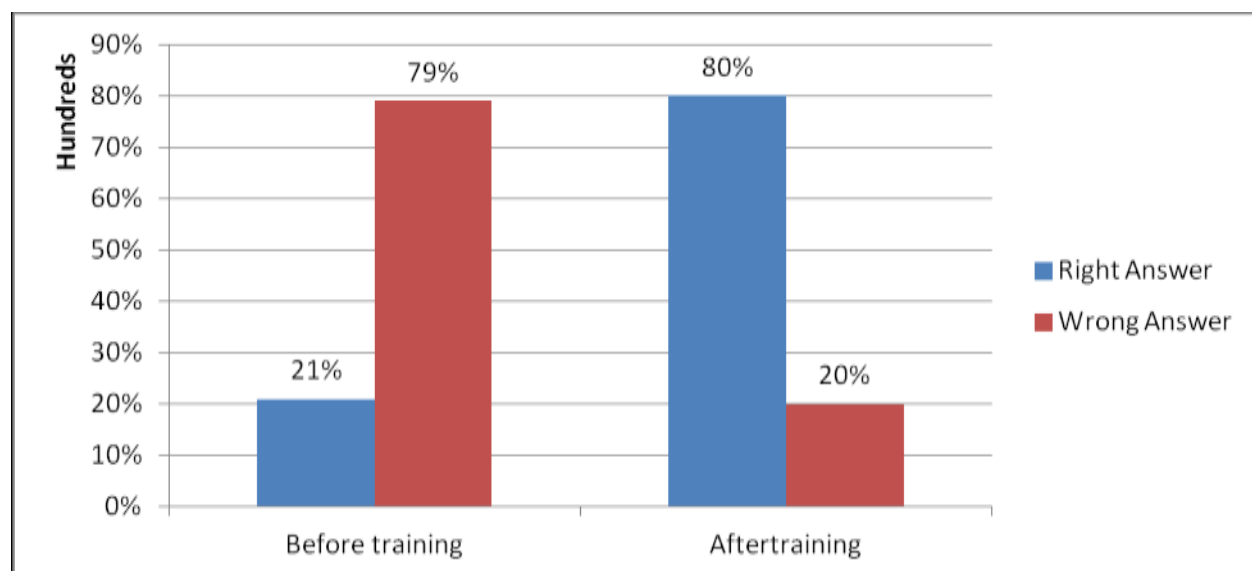
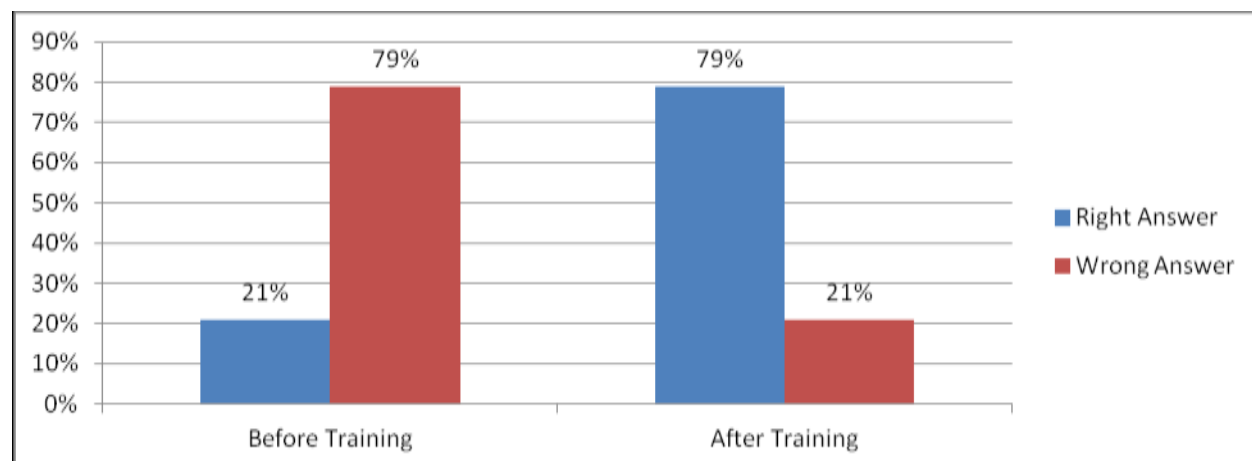


Figure No 22. Level of Knowledge among TFHs regarding the timing of ANC visit



The graph given above elucidates the knowledge of traditional faith healers regarding the right time for 1st ANC visit. The graphs given above revealed an interesting finding that the result from the post test found to be exactly opposite that of pretest result. 80% of traditional faith healers responded a right answer regarding the right time of 1st ANC in post test was recorded only 21 % in pretest. Similarly the 79% of faith healers answered wrong at the pre test down to 20% in post test.

Figure No 23. Knowledge of TFH regarding the new born care

Finding the result of knowledge among of traditional faith healer regarding the new borne care has been revealed as similar as the findings of timing of 1st ANC visit. Only 21%, those given a right answer on aspect of new borne care in pretest found to be recorded 79% for post test. Similarly the 79% of those who had responded wrong regarding the aspect of new borne care in pretest found to be decreased to 21% in post test.

Table No. 8 Schedule of the training

S.N.	Name of the VDC	Date of Training	Venue of Training
1	Baramchi	Shrawan 18 th and 19 th	Baramchi sub health post
2	Batase	Bhadra 8 th and 9 th	Batase sub health post
3	Golche	Shrawan 20 th and 21 th	Golche sub health post
4	Lisankhu	Aasad 30 th and 31 th	Lisankhu health post
5	Nawalpur	Bhadra 6 th and 7 th	Nawalpur health post
6	Phulping Dada	Shrawan 4 th and 5 th	Pulping dada health post
7	Sangachowck	Bhadra 2 nd and 3 rd	Sangachowk VDC office
8	Selang	Shrawan 24 th and 25 th	Selang health post
9	Sunkhani	Shrawan 1 st and 2 nd	Devi tan health post
10	Thokarpa	Shrawan 17 th and 18 th	Bag Bhairab Higher secondary school

12. Financial management training:

A five days long training on “Financial Management” was conducted in 2013 at Hotel Melamchi Guest House from 12 to 16 of August. The overall objective of the training was to impart knowledge on financial management to the staffs of partner organization and cooperative representatives of Sindhupalchowk district under the "Integrated Reproductive Health and Microfinance Project". The training was organized by CDECF with the financial support from MDM France.

12.1. Objective of the training

The core objective of the training was to equip the participants with necessary knowledge, skills and attitude to consolidate the current financial analysis tools and transform knowledge, skills and attitude so as the participants can able to analyze financial statements, financial analysis through various tools and decision making for further improvements and understanding the basic facts of financial management. Major specific objective of the training was to provide knowledge on concept and functions of financial management, to provide knowledge on financial statements and structure, to provide knowledge on financial analysis tools, to provide knowledge on interest rate setting, to provide knowledge on financial plan and budgeting, to provide knowledge on portfolio quality and to provide practical skills required for effective financial management of cooperatives.

12.2. Training outcome

The major outcome of financial management training were as followings

- Participants knew about the financial tools
- They developed their skill about the interest rate settings as well as portfolio quality
- They gained knowledge in terms of effective financial management of cooperative
- They realized about the sustainability of the cooperative

12.3. Participants

Altogether 34 participants including with community facilitator and representatives of all Cooperatives were participated the training. Mr. Ganesh Bista, consultant of CMF, Nepal together with Ms. Rekha Bhandari a microfinance expert from CMF Nepal facilitated the training. Field coordinators and along with ED and PC from the CDECF were also attend the training.

13. Risk and delinquency management training:

A five days long training on “**Risk and delinquency management**” was conducted at CDEC training hall at Chautara Sindhupalchowk from 18 to 22 of September 2013. The overall objective of the training was to impart knowledge on risk management to the staffs of partner organization and cooperative representatives of Sindhupalchowk district under the Project. The training was organized by CDEC with the financial support from MDM France. Altogether 34 participants including the representatives of 10 Savings and Credit Cooperatives were participated in to the training. Mr. Ganesh Bista, consultant of CMF, Nepal together with Ms. Rekha Bhandari a microfinance expert from CMF Nepal facilitated the training sessions.

13.1. Objective of the training

The core objective of the training was to equip the participants with necessary knowledge, skills and attitude to improve the quality of risk management in Savings and Credit Cooperatives and transform knowledge, skills and attitude so as the participants can able to identify current and future vulnerabilities, design and implement controls to mitigate risks, and monitor effectiveness of controls. Specific objective of the training were

- Define risk management as it applies specifically to SACCOs
- Identify risk areas (areas of vulnerability) for SACCOs
- Educate participants on the importance of risk management strategy
- Define and develop internal controls
- Importance of internal audit in the internal control system for effective monitoring
- Ensure that information systems play a critical role in the risk management system

13.2. Contents of training

The training session were more focused on an overview of risk management, Risk management process, Functional responsibilities and effective structure and process of Board of Directors, Risk Category, steps & cycle of risk management, Risk measurement system and grading, Internal control for risk management, Mitigating risks and implementing corrective controls

14. Preparation workshop on cooperative business plan

With the aim to run the Micro-Finance program in sustainable and viable manner and enhancing the planning skill of the CDECF staffs and cooperative BoDs in preparation of detail periodic Plan, a 5 days '**Business Plan Preparation Training for cooperatives**' was organized by the CDECF on 13-17 January, 2014 at CDECF training hall, Chautara Sindhupalchowk.

14.1. Objective of the Training

- Know about the rational and importance of periodic plan for a Cooperative.
- Understand about the role of savings and its diversification and well-managed portfolio.
- Assess and examine their cooperative in social and financial aspect.
- Formulate strategies and set the annual goal and activities.
- Prepare annual plan and budget.

14.2. Participation

The training was planned to conduct especially for two representatives of each cooperatives of 10 program VDCs and 10 Community Facilitators as well as five more supervisory level staffs from CDECF. But only one representative from the cooperative of Sangachowk and Thokarpa has participated in the training.

14.3. Evaluation

The training evaluation is carried out by three different ways. The day to day evaluation team evaluated every day's sessions. The followings were the view of the evaluators for the whole training program.

- The contents of the training found more practical and useful.
- The message delivery technique of the facilitator is so good and so simple.
- Practical Cases used during training are practical and useful in future.
- Mobile phone often disturbed the session even the rule was set to put the mobile phone in silent mode or switch-off.

Another way to evaluate the training program aims to test their knowledge and capacity before and after training. A 36-option test questionnaire was designed and executed for both pre and post purpose. The table below clarifies on the test results.

Table No. 12 Result of Pre test and Post test of the training

Test	<10	10-15	15-20	20-25	25-30	>30
Pre	0	4	4	9	8	7
Post	0	0	0	2	8	21

The above table clearly indicates that 32 out of 33 participants have been participated in pre-test process but only 31 participants participated in post test process and the knowledge of the participants in the contents of the training is increased.

15. Project end term stake holders meeting

Project end term stakeholder meeting was a meeting organized at the end of this phase of project and the participants were stakeholders from community to district level such as community leaders, civil society members, political leaders, teachers, members from health facility operation and management committee, member from cooperative executive board, FCHVs, health facility staffs and other people. Representatives from the DHO also have participated in to the meeting. It was organized in to all project implementing VDCs. One day stakeholder meeting was organized in the most accessible area of VDCs which was started from Sunkhani in June 4th and ended from Selang in June 15th. The meeting was chaired by chairman from local health facility operation and management committee. Modality of the program was similar in to all VDC except in Thokarpa while a newly constructed health facility building was inaugurated by DHO Sindhupalchowk Dr. Sagar Kumar Raj Bhandari. Financial support for the building construction was provided by CDECF.

Objectives

The overall objective behind organized a project end term stakeholders meeting was to inform the community stakeholders regarding the completion of first phase of “Integrated Reproductive Health and Micro Finance Project”. It also aims to sensitize the community people in taking of responsibilities to run all the project activities in a sustainable way by the community people.

Specific Objectives

- Sharing of project detail including objectives, goal, activities, Changes, outcome and challenges.
- Acknowledge the community people and stakeholder

- Planning for the sustainability of this project

Preparation and Coordination for the meeting:

Firstly, we have received a date and venue proposed by the community staffs and stakeholders to organized the phase out meeting and then the proposed date was again purposed to DHO whether they are available or not to attend the meeting. DHO agreed to the date and then the date was finalized and circulated to the field staffs and community people. Letter was dispatched to the stakeholders by local health facility on its letter head. It was organized in a close coordination with VDCs and women cooperatives. Media persons were also invited to attend the meeting aims with increase in the media coverage of community.

Participants

Health Facility Operation and Management Committee members, Cooperative executive board members, VDC secretary, Female community health volunteers, Political party representatives and journalist were invited to attend the end term stake holders meeting. Program coordinator, Project Assistant and Nurse Supervisor from MDM France, Project Coordinator, Micro Finance Officer, Field Coordinator, ANM and CF from CDECF were also presented at the program. The meeting for the Thokarpa VDC was organized in a different modality than in other VDC. All of the community people were invited in to the meeting in Thokarpa VDC. Around 1000 people were presented in to the meeting in Thokarpa VDC but for other VDC; only 20 influential community stakeholders were invited.

Facilitators

Field Coordinator and Project Coordinator from CDECF, Program Coordinator, Project Assistant, and Nurse Supervisor from MDM France provided a support in the facilitation of the stakeholders meeting.

Activities

The meeting was started with the formal identification of chairperson, chief guest and other guests of the meeting followed by introductory session among the participants. Project Coordinator from CDECF has given a speech on the project overview including the project objectives, goal, activities and purpose behind organized the phase out meeting. In charge from the Local health facility has presented the three years data on reproductive health service utilization including with its baseline data. The data were presented year wise in graphs to make easy to understand to the community

people. The trend of reproductive health service utilization such as institutional delivery in local health facility and outside health facility, ANC, PNC, family planning services, OEF and FCHV fund utilization was also presented by health facility staffs. Cooperative manager from the women cooperative also presented annual progress report of the cooperative.

A group work session was run in order to generate the ideas and plan from the community people to run the project in a sustainable. Participants were divided in to three groups and given a group task to generate and make presentation on innovative ideas to run the project in a sustainable manner by community people. Project end term KAP survey and post test result was also presented in the meeting by project staffs.

Expectation collection

Expectation collection was also done in to the project end term stakeholders meetings. The followings were the community people expectation from the future project.

- Modality of the project should not be changed
- Provision of ANM from CDECF/MDM
- Provision of Coop manager from project
- Logistics support to the cooperative
- Training to cooperative board members
- Cooperative training to the centre member.
- Support in health facility building construction and renovation
- Support in cooperative building construction from project side

Program Strengths

- Program was well managed in a short period of time
- People participation was satisfactory in all VDC
- Media coverage of the program was also good

Program Weakness

People participation should have to be large as much as possible but we were compelled to invite limited participants due to the budget constrain.

Feedback and recommendation from community people for future project

1. Modality of the project should not be changed

2. Continuity should be given for ANMs and CFs
3. Training to the cooperative member and FCHVs
4. Integration of VDC and health facility for the better outcome
5. Address to the teacher and student in coming project

Details of dates and venues

S.N.	Name of the VDC	Date of Meeting	Nepali	Venue of Meeting
1	Sunkhani	4 th of June	21	Health Post Office
2	Lisankhu	5 th of June	22	Health Post Office
3	Thokarpa	6 th of June	23	Resource Centre
	Break	7 th of June	24	
4	Sagachowck	8 th of June	25	VDC Office
5	Nabalpur	9 th of June	26	VDC Office
6	Golche	10 th of June	27	Health Post Office
7	Baramchi	11 th of June	28	Health Post Office
	Break	12 th of June	29	
8	Phulpingdanda	13 th of June	30	Health Post Office
9	Batase	14 th of June	31	School/Dhunganadada
10	Selang	15 th of June	1	Health Post Office

Participants

SN	Title	Number
1	Cooperative executive board members	5
2	HFoMC members	11 (VDC secretary, school head teacher, HFI, FCHVs-2)
3	DHO Representative	1
4	Health Facility staffs	2
5	VDC Assistant Secretary	1
6	Civil society members	4
7	FCHV	7
8	Journalist	1
Total		32

16. Project end line KAP survey

In 2011 the beginning year of the current project, a baseline KAP survey was taken in to ten VDCs so as to determine the status of the Knowledge, Attitude and Practice among the target population and to set a baseline to the indicators of the program. Now (after 3 years) in May 2014, a similar survey has been done as end line KAP to determine the effectiveness and contribution of the project. This end line KAP survey has been conducted with the general objective to make a comparative study to the baseline KAP survey with the aim to know the impact of the project among the target population. The survey was conducted jointly by CDECF Sindhupalchowk and MDM France.

Results

In end line survey, a total of 704 respondents (including 398 recently delivered women of reproductive age, 136 husbands and 170 mothers-in-law) were successfully interviewed, which is less than the baseline number where in a total of 762 respondents (including 383 recently delivered women of reproductive age, 174 husbands and 205 mothers-in-law) were interviewed. Like in baseline survey, a majority of the respondents belongs to the Janajati group (indigenous populations) followed by Chhetris and Brahmins respectively. The VDCs situated in the northern mountainous parts of Sindupalchowk generally have a higher percentage of Janajati (except for Lisankhu), while Brahmin and Chhetri are more common in the hilly southern parts. However Lisankhu is exception on this where 90% are Janajatis. The fact that higher ranked castes live in geographically more accessible areas (the lower hill areas) influences their proximity to health facilities and therefore might be one of the explaining factors for more frequent use of health services. The level of literacy has seemingly increased than in baseline where in the total illiteracy rate has fallen by 15 % in total. Still the percentage of the literacy is low, representing mainly the mothers-in-law, followed by the women. More than half of the male population interviewed is literate. Resembling to baseline the literacy level is higher among the upper caste that is Brahmins and Chhetris than others. There seems to be an association between the level of literacy and the caste, possibly influencing the utilization of health services. In average, the interviewed women in the endline KAP had been pregnant 2.3 times which was 2.5 time during the baseline study. Among Janajati women the birth rate seems to be higher in comparison to that of other castes same as the baseline results.

In the end line 92% of the respondent thought that a woman should deliver at the health facility where husbands and RDW have similar percentage of preference to institutional deliveries whereas the mother in law preference is still low. The result also shows that people have understood the necessity of delivering in the health facility even though there is exist topographically challenged like Golche VDC. While in practice, more than half of the respondent actually delivered in the health facility. Most of the health facility delivery took place outside the VDC. Comparatively low percentage of woman reported the danger signs during the endline survey most of which were also found reported to the nearby health facility.

In the endline, more than 90 % of the respondents were of the opinion that a woman should go for the postnatal check up. The level of knowledge has been far higher than baseline where the data demonstrates husbands and RDW have shown almost the same level of knowledge where as there is still the evidence of a bit low importance of postnatal check up among MIL among all type of respondents. The knowledge regarding the danger signs have been improved over the time where half of respondents recognised the danger signs after delivery which was marginally low during the baseline. Also in practice half of the RDW received the first PNC check up within the 24 hours of delivery. Alike to baseline results, husbands were found to be regarded the single most important decision maker on maternal health care (51.2%) as well as on neonatal health care (44.4%).

During the baseline, few persons interviewed knew about the existence of an Obstetric Emergency Fund in their VDC. More than 60% did know about the availability of free delivery services in government HF and 70% knew about the maternal incentive programme for transportation to birthing centres. While the endline results clearly shows that two third (62.1%) of the interviewed persons know about the existence of Obstetric Emergency Fund in their VDC. Similarly the percentage of respondents knowing about the availability of the free delivery services in the health facility and the government maternal incentive programme lies in the range of (85-90%) with not much gap between these two. In both survey about half of the respondents (47.7% in baseline) and (52.1% in baseline) thought that husbands were the most influential decision makers in the family when it comes to maternal health care. Husbands were most commonly recognized as having the final say on new born health care in the family (40.6%in baseline) and(44.4% in endline)

During the baseline more than one third of recently delivered women reported that they or their husbands were currently using a family planning method which is almost same in the endline results too.

At last, regarding the utilization rate of reproductive health services, it seems that higher ranked castes frequent the health facilities more often for institutional deliveries and for regular ANC and PNC but not for family planning services which was the similar trend during baseline too. In addition, there is drastic rise in percentage utilization of the SRH services in all caste in all the type of services except on family planning.

Conclusions

End line KAP has been efficiently conducted in all the VDCs we are currently intervening on. A comparison has been made between the baseline and end line results measure the impact of the project activities on the attitudes, knowledge and practices of the project beneficiaries. A range of observation has been done to know the pattern of change in the knowledge, attitude and actual practice. The knowledge among all type of respondent has actually been increased. However there still remains the gap between change in attitudes and practice which has been in progression than in baseline. The knowledge has been widely dispersed regarding the availability of OEF which was minimal during the baseline. Similarly the distribution of stretchers (9 stretchers in each VDC) and creating a way of sustainability in use of it has definitely shortened the delay in transportation and referral. In general, there has been a bridging gap between the knowledge and actual practice. There still exists some constraints mainly geographical and socio cultural. Also the financial and the literacy constraint exists, a part of this has been covered in our interventions. As husbands are remained the most important household decision makers on maternal and newborn health in the intervention area, they should be targeted aiming to create a change to them to handover the decision making power to their wives on maternal and newborn health through their behavior change and empowering women in terms of access to finance and health knowledge and attitude. There is a discrepancy between knowledge and actual practice in regards to antenatal care and delivery, which suggests that information alone, might not be enough to change behaviour. Other interventions hence than raising awareness through education sessions and easy financial access seem to be needed. The OEF could take away at least one of additional barriers to access health services, namely the financial one. The procedure for accessing the OEF should be simplified and should be make accessible to all. Differences in attitudes, knowledge and practice in regards to SRH in the ten VDCs suggest that there is more need of intervention in certain settings. The reasons for that are variable and often multiple: distance to health posts, education and awareness, economical resources, habits and position in society, etcetera. Many of these variables are interlinked, and possibly the socio-economical group one belongs to is a variable influencing several others.

16.1. Case study/Success Story

16.1.1. How I am healthy now?

My name is Tej Kumari Nepal and I live in Phulping Dada VDC, ward no. 8. I am 24 years old now. I got married when I was only 16 years old. I got pregnant just after the few months of marriage and thus gave birth to son by 17 years old. During the post partum period I suffered from serious illness. I used to be unconscious along with convulsion. My family took me to the Jhakri, the traditional faith healers of our village. I even carried heavy loads during pregnancy and after delivery. I didn't receive proper care and nutrition. And after few months I began feeling uncomfortable within my reproductive system. I started urinating repeatedly in very short duration. But I did not disclose it to anyone. I did not go to hospital as I used to feel shy of talking about those problems. Not even completing 2 years of first pregnancy, I again got pregnant. The same behavior of the family repeated to me. This time I felt more uncomfortable.

One day, in the earlier month of 2069, I came to know that there is a saving group of the women of our area. When I went there, I explored that integrated reproductive health and microfinance project had started to help women saving by giving financial literacy including the importance of saving. Reproductive health education was also disseminated in that session. I eagerly joined the education session. There was community facilitator who facilitated the session. I got lot of information about reproductive health problems including mine. I shared my problem with her. She suggested me to go to the Sub-health post of our VDC where there was the project ANM too. In the health facility, the ANM counseled me clearly and calmly. I found that I had uterine prolapsed and it was not too late. She immediately suggested me to go to the hospital. There my problem was addressed by inserting ring and also I was given some medicine.

I feel good and comfortable now. I am very thankful to this health project. In this awareness session, I found that we should not hide the problems, talk openly about our problems and most importantly the ways of prevention to those problems.

16.1.2. This project has empowered women of our village

My name is Mangaladevi Thami and I reside in Sunkhani VDC, ward no. 3. I am a farmer and my husband is out of village for employment. I have 4 children.

In Sunkhani, majority of the people are from Ethnic group and they are not aware of much thing. Women are more illiterate and less aware about everything except their household and agricultural works. Women were not aware of the cooperative in our village and they used to go to the cooperative of adjacent VDC if they want to save from their income. I was also the part of same.

One day, around the mid months of 2068, we came to know that Integrated Reproductive Health and Microfinance Project is going to be implemented in our VDC. Community facilitator, ANM along with supervisors of the project came for women group formation. I thought, its good and I also involved from the very beginning. 11 member group was formed in our area. The group had to conduct meeting once in month. In the meeting we decided to save NPR 20 from each member. In the meeting, the CF used to facilitate and disseminate financial literacy and reproductive health education. I was very impressed. I actively involved in the group. Later this project helped to register the cooperative formed from women groups within the project of our VDC similar to our group. We actively played role in registering. Members of the cooperative proposed me to act as a chairperson of the cooperative. With lots of anxiety regarding my capability of running such an organization, I accepted. Men in our VDCs did not believe that we can run cooperative and gossiped a lot about our work and capacity. But we did not lose our courage to properly run it.

By now, we are already 416 members and the number is iscreasing. I go to the women groups, share my experiences, try to convince about the importance of the health and savings too. I give the examples of mine of how I am managing my household and agricultural works to involve in the education session and give time to cooperative development. Women give attention in the meeting. They are much more aware of their health than before. They can talk openly regarding their health problems like uterine prolapsed, sexually transmitted disease and also about their pregnancy. Women go to health post for ANC. Institutional delivery is increasing. Women are getting loan from their own cooperative in low interest rate.

I am very pleased. Women are empowered a lot including me. I am selected as the chairperson of the health post operation management committee too. Nowadays, I frequently involve as a representative in the development programs. Most of the time of mine is spent on social work.

16.2. Voices of the people

16.2.1. "Integrated Reproductive Health and Microfinance Project" has benefited this VDC in many ways. We appreciate this project and are ready to contribute from our side for its success. The only problem is that the ambulance service is still not

functioning properly because of the inadequate budget to pay for the driver. The community would highly appreciate if the organization coordinates to raise the fund for it."

- **President, Health Facility Management Committee, Lisankhu**

16.2.2. "This is the first time I have seen the officer of District Health Office coming for supervision of health facility in my 23 years of career. It happened only after this project is launched in our VDC."

- **ANM, Sub Health-post, Golche**

16.2.3. "It is good that the decision of constructing new building of health facility has been made rather than repairing the existing old one. We, all the community people, will help to complete the building in time and start the services as soon as possible."

- **Community People, Golche**

17. ANNEXES

ANNEX A: PHOTOS



Program Coordinator MDM France at AI workshop in Selang



Participation at National Midwifery Conference at KTM



Micro Finance Training to cooperative manager and cooperative BoDs



Interaction and orientation program in Nampha Gaun of Golche VDC



**Health Education Campaign part 5 at Baramchi
VDC**



Health Education Campaign in Golche



FCHVs at Nabalpur

VDC



Project nurses and new borne baby



Traditional faith healer training at Nabalpur



Training to traditional faith healers, Facilitated by project staffs-FC and ANM



Contraceptive Method prioritization by traditional faith healers during training



Project staffs with traditional faith healer in Nabalpur VDC



Book keeping training to project community facilitator and cooperative

representatives



Project team in Sunkhani VDC during AI workshop



Cooperative management training to CDECF/MDM staffs



Group



Cooperative management training to MDM/CDECF project team at WTC KTM



Community coordinator speech in P. dada cooperative general assembly



Health facility building inauguration at Thokarpa VDC



Health facility building inauguration ceremony at Thokarpa VDC



Project end term stakeholders meeting at Thokarpa VDC

ANNEX

B: Media Coverage



विकट गाविसका महिलाहरू सुत्केरी हुन स्वास्थ्य संस्थामा



● प्रवाह सञ्चालन/निर्माण

विशाल गाउँ विकास समिति-३ को चौकीका विकटले पहिलो सन्तान घरमा नै जन्माएकी थिइन् । घरमा नै सुत्केरी हुँदा जन्मलाई धेरै पीडा भएको बताउँछिन् । दोस्रो सन्तान जन्मेले कोही महिला अघि स्वास्थ्य संस्थाको भन्दा धेरै सजिलो भएको अनुभव सुन्नुभयो ।

विशाल-३ को प्रमिला विभिन्नस्थानले पनि पहिलो सन्तान घरमा नै जन्माए पनि दोस्रो सन्तान भने स्वास्थ्य संस्थामा गएर जन्माउँदा कति पनि पीडा भएकी बताइन् ।

जिज्ज्याको विकट, गाविस विमलसुम्न सी वर्ष सात प्रतिशत गर्भवती महिलाहरू स्वास्थ्य संस्थामा नै गएर शिशु जन्माएका छन् । गाउँघर भन्दा घरमा जन्मेको भन्दा राम्रो स्वास्थ्य संस्थाको विकास भएकाले विकट ५२ गाविसमा प्रहेनन स्वास्थ्य संस्था लागू गिला कार्यक्रम सञ्चालन गर्दाकै प्रमिला भएकी महिलाहरू सुत्केरी हुदा स्वास्थ्य संस्थामा जान लागेकी हुन् ।

एक वर्षमा विशालमा ५० भन्दा बढी महिलाहरू सुत्केरी हुने स्वास्थ्य संस्थामा जाने गरेको कार्यक्रम संयोजक राजेश झाकरीले जानकारी दिए । पहिले वर्ष संस्थाले यो कार्यक्रम ५० गाविसमा सञ्चालन गरेको थियो । कार्यक्रमको प्रभावकारीता बढ्दै गएपछि सात वर्षदेखि विकट ५२ गाविसमा यो कार्यक्रम सञ्चालन भइरहेको छनले बताए ।

असुखीत रुपमा गाउँ घरमा नै सुत्केरी गरदा शिशु र जन्मा दुवैको मृत्यु हुने काम बढेपछि प्रमिला सरकारको सहयोगमा जिज्ज्या यो कार्यक्रम सञ्चालन भएपछि महिलाहरूमा जनचेतना बढेको झाकरीले बताए ।

आर्थिक अभावमा गर्भवती महिलाहरू सुत्केरी हुदा स्वास्थ्य संस्थामा जान नसक्ने भएपछि कार्यक्रमले सबै गाउँमा सहकारी समित स्थापना गरेको छ । समितिले प्रायक सहकारीलाई ५ लाख सहयोग राखी, महिलाहरूले मासिक भन्दा गर्भजन्तु जायतीले भने-सहकारीबाट आउने मुनाफा गर्भवतीको उपचारको लागि खर्चे गर्दछ ।

महिलाहरूलाई सुत्केरी गर्नका लागि वर्षे लाग्ने भयो भने सहकारीले तत्काल ५५ हजार दिने व्याज उपचार समेत गराउने गरेको छ । कार्यक्रममा भागीत संस्थाले गाउँमा जनचेतनामूलक कार्यक्रम जस्तै नाटक लगायतका कार्यक्रमबाट महिलाहरूमा पैसा बढेको जानकारीको भन्दा थियो ।

संस्थाको सहयोगमा कार्यक्रम सञ्चालन भएको पाउँदा जिज्ज्याको चौकी र करान्नी गाविसमा तीन कोठाको एकको स्वास्थ्य संस्थाको समेत निर्माण गरेको भएको जानकारी दिए ।

संस्थाले शिशु र नवजन्म भन्ने पुराने भवनलाई समेत मर्मत गरिदिएको छ । उपचारमा भने यस घटक स्वास्थ्य संस्था निर्माणको लागि ५५ लाख सहयोग दिएको सापकोटाले जानकारी दिए ।

कार्यक्रम लागू भएपछि जिज्ज्याको ५० गाविसको ५ हजार ६ सय ५५ महिलाहरू सहकारीमा आवद्ध भएका छन् भने २६ लाख व्याज सञ्चालन भएको छ ।

कार्यक्रम सञ्चालन भएकाले प्रत्येक गाविसमा महिलाहरू एक घण्टा सामाजिक परिचालनलाई सुन्ने जन्म स्वास्थ्य र लक्ष्मी वित्तको दिवसमा महिलाहरूलाई जानकारी समेत गराउने गरिएको संस्थाले जानकारी दिएका छ । महिलाहरूमा जनचेतना बढेपछि ५० गाविसको सबै महिलाहरू सुत्केरी हुन स्वास्थ्य संस्थामा पुग्ने गरेको सामाजिक परिचालन विभागीय जायतीले बताइन् ।

सातविरुद्ध मुद्दा...

सामुदायिक समुन्नतिमा समर्पित
सिन्धुप्रवाह
Sindhu Prabaha Weekly साप्ताहिक

Sindhu Prabaha Weekly

साप्ताहिक

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नयाँ वर्षको शुभ विहानीसँगै हामी
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 लागि । जिल्लाको लोकप्रिय पत्रिका
 सिन्धुप्रवाह अब

इ-पेपर

मार्फत पनि हेर्न सकिनेछ ।

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नेपाल संवत् १९३४

16 April 2014

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मूल्य रु. ५।-

सुनखानी देशकै नमुना गाविस

सहकारीमा एक घर, एक महिला शेयर सदस्य



● नारीराम नेपाल/सुनखानी

नहिताहस एकजुट मगर
जगभरि सहकारी आन्दोलन सुनखनी
देहके अगुवा गाउँ विकास समिति बन्ने
सफल भएको छ ।

गविसका प्रायद्व धरपुरीबा-
कम्पिमा एक जना महिलालाई समेट्न सफल
सुनखानीस्थित उन्नीतिशाल महिला बचत
तथा ऋण सहकारी संघासँगै सुनखानीलाई

तमैदन तपल भएकी छ ।

दुई वर्षकवि स्थापित उन्नीसीस
महिला बचत तथा ऋण सहाकाय संस्थाले
छोटो अवधिमा नै गविसका प्रत्येक घरघुरीबाट
एक महिलालाई रोजेर तदस्य बनाउन सफल
भएको हो ।

समाजिय महिलासंस्कारो खुगुसुद्धाम
दुई वर्षअघि स्थापित उन्नीतिशाल महिला
कमल तथा श्रम सहकारी संस्था सिमेटेडना
सुविधाका सुलु ६ सय ४८ घरवुकी ६
सय ८४ महिला आबद्ध रहेको संस्थाको
सचिव हिनालपन मण्डारीले जानकारी
दिए । अझको दुई वर्षभित्र सुनखानीका
सय महिलासहित संस्थाकोमा आबद्ध भएउने
समेत उनले बताइने ।

कार्पसमलाई सम्बन्धन गर्दै बजार तथा खान सहकारी संघलेसमुदायका केन्द्रीय सदस्य नानीकाजी शास्त्रले गाविसका प्रत्येक घरघुडीबाट सहकारीमा महिलालाई समेट्ने सुनखानी देशकै पहिलो गाविस रहेको

बैंकी पठ : मा

सुनखानी देशकै...

बताए। कार्यक्रममा महिला विकास कार्यलयकी प्रमुख कञ्चु बुढाना, जिल्लाका राजेन्द्रप्रसाद प्याकुर्ते, सिटिडामिएफका मेडिकल सफ्टवेयरकावाता सुन्तानीस एक घर एक महिला सेपर सदस्य अञ्चल भएउन सफल उन्नतिहोत महिला सहकारीको उन्नतिका लागि शुभकामना व्यक्त गरेका थिए।

महिलाहरूको सक्रियतामा
गठितमा सहकारी स्थापना भएपछि सहकारी
भवन निर्माणका लागि गठितले यो वर्षको

सबै बिकास बजेट भवनको लागि विनियोजन समेत गरेको गरिस सचिव मन्त्रालय सिम्रदले जानकारी दिए । सबै महिलाहरु एकजुट भएर कार्यपत्रि सबैको सहमतिमा भवन निर्माणको लागि बजेट विनियोजन गरेका हुन् सिम्रदले भने ।

महिलाहरूको भवन निर्माणको अभियानलाई सहयोग पुऱ्याउने उद्देश्यले सामुदायिक शिक्षा तथा वातावरण संरक्षण मन्त्राले पनि भवन निर्माणका लागि सहयोग गरेको छ ।



कैलाश पर्यटन घाम, खैलासो बगलमा सार्थ मानिसहरू। भौतिक
इपलामा बजारदेखि भन्ने देख्नसकिने छ। तारा कुनै पछि नगर्ने छ कतै।
अर्कातिर पञ्चरात्रमा खुसियालीको स्वर सुन्नेहरूको थियो। कतैको विगत
गर्दैछ, यन्त्रामाको साधनको लक्ष्य।

बौली पाठ ८ भा

प्रजनन स्वास्थ्य सेवा लिने तेब्वर बढे

तीन वर्षे कार्यक्रम पूरा हुन लाग्दा नवलपुर स्वास्थ्य चौकीले संकलन गरेको तथ्यांकअनुसार परियोजना लागू हुनुपूर्व स्वास्थ्य संस्थामा गई पहिलो गर्भ जाँच गराउनेको संख्या १ सय १० रहेकोमा अन्तिम वर्ष ३ सय ७ पुगेको छ ।

ओखरेनी/नवलपुर

पछिल्लो तीन वर्षमा नवलपुरमा प्रजनन स्वास्थ्य सेवा लिनेको संख्या तेब्वरले बृद्धि भएको छ । प्रजनन स्वास्थ्य तथा लघु बित्त एकीकृत परियोजना लागू भएपछि छोटो समयमा यो सुधार आएको हो ।

मेडसा डु मोन्ड (एमडीएम) फ्रान्सको आर्थिक सहयोगमा सामुदायिक विकास तथा वातावरण संरक्षण मञ्च (सीडीइसीएफ) द्वारा सञ्चालित परियोजनापछि स्वास्थ्य संस्थामा नियमित गर्भवती जाँच गराउने, स्वास्थ्य संस्थामै सुरक्षित सुत्केरी हुने, सुत्केरीपछि आमा र शिशुको स्वास्थ्य जाँच गराउनेको संख्या तीन गुणले बढेको हो ।

तीन वर्षे कार्यक्रम पूरा हुन लाग्दा नवलपुर स्वास्थ्य चौकीले संकलन गरेको तथ्यांकअनुसार परियोजना लागू हुनुपूर्व स्वास्थ्य संस्थामा गई पहिलो गर्भ जाँच गराउनेको संख्या १ सय १० रहेकोमा अन्तिम वर्ष ३ सय ७ पुगेको छ । १० जनाले चौथो पटकको जाँच गराउने गरेकोमा अहिले ६ गुणा बृद्धि भई ६५ पुगेको परियोजना संयोजक राजेश ज्ञवालीले बताए ।

कार्यक्रम सुरु हुनुपूर्व स्वास्थ्य

संस्थामा गई सुरक्षित सुत्केरी गराउनेको संख्या २१ थियो । परियोजना सञ्चालनपछि यो वर्ष ५८ पुगेको ज्ञवालीले जनाए । 'परियोजना सञ्चालन पूर्वघरमै सुत्केरी गराउनेको संख्या बढी थियो । 'कार्यक्रमले यसलाई हवातै घटाएको छ,' संयोजक ज्ञवालीले भने । उनका अनुसार परियोजना सञ्चालनपूर्व स्वास्थ्य संस्थामा नगई घरमै सुत्केरी गराउनेको संख्या ३७ थियो । अहिले यो संख्या घटेर १२ मा झरेको छ ।

परियोजनाले आमा र शिशु दुबैको सुरक्षाका लागि आकस्मिक प्रसूती सेवा कोषसमेत सञ्चालनमा ल्याएको छ । सबैलाई पायक पर्ने चार स्थानमा ६० हजार रुपैयाँको कोष छ । यो कोषको रकमले गर्भ रहेको बेलादेखि सुत्केरी अवस्थासम्म बच्चा र आमाको स्वास्थ्यमा खतरा देखिए १५ हजार रुपैयाँसम्म निब्याजी लगानी गरिंदै आएको छ ।

जिल्ला स्वास्थ्य कार्यालयको समन्वयमा सन् २०११ बाट लागू पहिलो चरणको यो परियोजना यसै-वर्षको जूनमा सकिदै छ । यही मोडेलमा दुई वर्षको लागि परियोजना थप हुने सीडीइसीएफका कार्यकारी निर्देशक गोविन्द सापकोटाले बताए । परियोजनाले स्वास्थ्य सचेतना बढाउन, यस सम्बन्धी पूर्वाधार निर्माण गर्न र जनशक्ति

उत्पादन गर्न बचत तथा ऋण सहकारीसमेत सञ्चालनमा ल्याएको छ । नौलीमहादेव महिला बचत तथा ऋण सहकारी संस्थामा ५ सय १७ सेयर सदस्य छन् । परियोजनाले सहकारीलाई ४ लाख रुपैयाँ बीऊ पूँजी उपलब्ध गराएको छ । गर्भ आएको थाहा हुनासाथ त्यस्ता महिलालाई संस्थाको सदस्य बनाई बचत गर्न प्रेरित गरिन्छ । सुत्केरी खर्च जुटाउन उनीहरूले चाहेको रकम एकमुष्ट बचत गर्न पाउँछन् । तीन वर्षमा सहकारीले २२ लाख ३८ हजार रुपैयाँका कारोबार गरिसकेको संस्थाकी अध्यक्ष सानुकान्छी रानाले बताइन् । उनका अनुसार असारीभित्र सहकारीमा एक घर, एक महिला आवद्ध गराइनेछ ।

सीडीइसीएफले नै लागू गरेको यसै परियोजनाअन्तर्गत सुनखानी गाविसमा स्थापित उन्नतिशील सहकारीमा एक घर, एक महिला सदस्य आवद्ध भएका छन् । महिला मात्र आवद्ध यो सहकारी जिल्लाको पहिलो र मुलुकको दोस्रो हो । नवलपुरलाई पनि एक महिनाभित्र एक घर, एक महिला सहकारीमा समेटिएको गाविस घोषणा गरिने कार्यक्रम रहेको परियोजना संयोजक ज्ञवालीले जनाए । मातृ तथा नव-शिशु मृत्युदर घटाउने उद्देश्यसाथ सीडीइसीएफले जिल्लाका १० गाविसमा यो परियोजना लागू गरेको छ ।

ANNEX C: Participation on conference



THANK YOU

THE END