

*“Community Health at the
Foot of Mt. Everest”*

Supported By:
NORAD



*Final Evaluation Report
December 2013*



Evaluation Conducted by:



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Acknowledgement

The Evaluation team is thankful to Okhaldhunga Community Hospital for providing us the opportunity to undertake the evaluation of “Community Health at the Food of Mt. Everest” supported by NORAD.

Mr. Tuk Bahadur Shreemal (OCH Director), Dr. Erik Bohler (Medical Coordinator), Mrs. Kristin Bohler (Social Service cum Nutrition Advisor), Miss Apsara Shahi Shmundra (Public Health Programme Officer), Okhaldhunga Community Hospital team, Dr. Olak Bahadur Jirel (HSO Director) and Mr. Nirmal Kumar Rai (HSO Liaison & Logistics Officer) respectively helped us by giving a continuous support during the evaluation and acted as resource persons during the whole project evaluation process tirelessly. Mr. Tila Bahadur B.K (Maila Bhai) is highly acknowledged for the safe driving from Rumjatar and in the field.

At VDC level, special mention and thanks should go to the cooperating staff and volunteers at the health posts. Further thanks should be given to the participating Mother Groups, FCHVs, HMCs, School Teachers and Students, Mother Group Networks. You welcomed us warmly into your villages, homes and lives, with sincere hospitality and complete willingness.

Special thanks are also due to the numerous people from the OCH, DHO Mr. Gyan Bahadur Basnet, community - children, women, men, local leaders, VDC Secretary and other service providers and organisations, who not just gave time but also actively participated in the interviews, discussions and various exercises undertaken during the course of the Evaluation.

Last but not least, a heartfelt thanks to the PHU staff Mr. Ram Bahadur Budhathoki (Public Health Trainer), Mr. Khyam Prasad Baral (Public Health Phase Over Coordinator), Miss Bina Rai (Public Health Facilitator - Rawadolu), Miss Ansumala Karkee (Public Health Facilitator - Shreechour), Mr. Seshan Magar (Public Health Facilitator - Khijikatie), Mr. Mohan Baniya (Public Health Facilitator - Khijiphalate); and Ms. Eka Devi Karki (Public health Facilitator –Prapcha) who not only shared, listened and reflected as we facilitated together a remarkable journey but also arranged delicious food and comfortable accommodation in entire field trips.

We hope that the findings of this Evaluation will be useful for further strengthening, planning, development and implementation of its projects in the future.

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Executive Summary

This report describes the findings of the evaluation undertaken between November and December 2013, by an independent evaluation team, on the request of United Mission to Nepal Okhaldhunga Community Hospital Public Health Unit and NORAD. In execution of the evaluation, a number of research methods were utilized in a participatory action framework, allowing for a strong focus on all stakeholders: especially the targeted groups participating from communities in the project period from 2010 to the evaluation date.

The main aim of the project is to strengthen the primary health care available to people in the peripheral parts of the district, especially women and children, in a sustainable way. This is done by working in partnership with the already existing Health and Management Committees of HPs and SHPs through Government of Nepal (GoN)'s administrative bodies, in the local population, mainly Mother's Groups, FCHVs etc.

Key Findings

UMN Okhaldhunga Community Hospital (OCH) has been providing curative and preventive health services for more than five decades. There has been a very good combination having designed with these two services in such a needy remote district to combat with overall health problems of the area. There have been significant impacts in community and individual life from these two services as there have been a good link and a close collaboration between the curative services through Hospital setting and preventive as well as promotive services through Public Health Unit (PHU). This link complements each other's services as one of the major achievements of the project.

The major health services being provided by OCH during this period are: Out Patient services, Diagnostic facilities, Inpatient health services, Emergency health services, operation services etc. The hospital is providing equal services to all patients irrespective of their level of poverty and affordability. The hospital has good quality and competent medical team to provide quality and efficient health services from the hospital as well as public health centers setting. The number of patients visiting to the hospital is in the increasing trend every year. The public health programmes being implemented through PHU are most useful, appropriate, relevant, and have contributed in many ways including improving health status, enhancing capacity of women, increase of women's participation, income generation among women using microfinance system and other community development activities.

OCH has adopted a policy of serving community people and strengthening their capacity and physical infrastructure of hospital as well as public health activities. The main aim of the project is to strengthen the primary health care available to people in the peripheral parts of the district, especially women and children, in a sustainable way and develop OCH as referral center. OCH is general hospital with some additional special services such as training place for medical students and doctors, Nutrition Rehabilitation Centre, running of Maternal Waiting Home, Health Education to outpatients and so on.

FCHVs have been playing pivotal roles in their communities particularly in promoting access to and utilization of MCH services which is reflected in the fact that the vaccination coverage is

100% in each village. There has been reduced number of home delivery and as majority women go to the health institution for delivery. Similarly, Mothers groups found to be instrumental agents for the success of the project for whom the projects have put significant input in their capacity building as an important part of the project VDC package. Over 5000 women are organized into these groups. The groups have been successful in tapping the locally available resources such as VDC funds.

Also, the provision of VDC level network of mothers' groups in each VDC has played significant role to continue coordination among the groups in consolidating and addressing their issues. In some phased out VDCs, the experienced project staff have been employed by VDC itself to continue the activities initiated by PHU during the project period, which is remarkable success of the project towards its institutionalisation and sustainability.

Training on domestic violence, health education, income generation, group management and, so on have been instrumental for women's empowerment in the target VDCs. Discussions in all mothers groups revealed that the numbers of cases of domestic violence have gone down to more extent than in the past as the groups discuss on various women's issues including gender based discrimination and domestic violence incidents.

Positive sense of ownership found in the communities about the HMC in all VDCs. The evaluation team found that HMCs are actively performing their roles in their respective health institutions. Due to regular monitoring by HMCs the services at the health institutions become very regular.

Child to Child (C to C) programmes in the schools have particularly given the opportunities to non-school going children to learn health education and also encouraged them to join in the school for formal education. The radio programme proved to be quite effective in spreading health education and awareness among wider communities. Most households in target VDCs have built toilets. The evaluation team found the local houses and walking paths clean in general due to provision of bamboo baskets for waste disposal.

The project interventions are directly linked with 5 of 8 UN Millennium Development Goals (MDGs) and has contributed in achieving Nepal's MDG achievement targets by year 2015 relating to MDGs 3, 4, 5, 6 and 7. Yet, the MDG links were not clearly spelled out in the project documents.

Of the various training scheduled, about 94% achievements were made against the target in terms of no. of participants (3,006 people participate against the target of 3,196) in the communities. This is certainly a noteworthy achievement.

The OCH PHU has maintained a good relationship, coordination and cooperation with DHO in Okhaldhunga. The DHO was eager to have collaboration with PHU and he suggested that Okhaldhunga Community Hospital can consider upgrading treatment techniques such as blood bank, HTC (HIV testing and counseling) and advanced laboratory diagnosis including blood culture.

The project has a team of 2 to 3 staff members in each VDC. They have rich knowledge and skills with practical experiences as many of them have been working for long period. They gave the

highest score for the work of HP or SHPs and the second highest score for the work of FCHV and Mother Groups followed by the work of HMCs in terms of effectiveness of the project.

The hospital shows an increase in the ANC, NC and PNC check-ups due to community health interventions of the project. Additional capital equipment and adequate power back up will be needed as the existing machines are to be replaced or added to upgrade existing capacity for diagnostic and curative services at the hospital.

A total of 31 different short term and long term courses and trainings were organized for both hospital and PHU staff during three year between 2010 and 2012. Number of PHU staff received various leadership and skills based training particularly pertaining to SBA (skilled birth attendant), participatory learning and action and social mobilization. Selected hospital based staff have completed long term courses and various short term courses. Yet, there seems a need for further long term courses for selected staff to take on lead role and for successor planning.

The financial review revealed that the project received NRs. 42,721,595 from 2010 to 2012. No significant variations was noted between budgeted and actual project expenditure.

General Recommendations

- The patients, stakeholders, targeted groups/committees and community have praised both the Hospital and PHU intervention and delivery of service quality and management and therefore suggested it to continue and extend the project activities to cover whole district.
- Considering the fact that the hospital has been struggling to accommodate growing no. of patients (53 patients against 32 beds, patients were in training hall and corridor) and ongoing extension hospital buildings, it is recommended to seek a formal recognition for a minimum of 50 beds hospital from GoN.
- Given the hospital is being extended, further investment would be needed for adequate power back up, proper management of hospital wastes including the environment, replacement of old equipment and procurement of additional equipment e.g. X-Ray machine, USG machine, Laboratory equipment, etc. for which a detailed review of all capital equipment is to be done as per the standards prescribed by GoN.
- Due to increased health awareness among women and referrals from S/HPs, there is significant increase in pregnant women visiting the hospital for delivery including complicated cases. This has made the existing NRC / delivery waiting space quite congested. Therefore, it is recommend for the expansion of existing waiting room or create a separate and larger waiting room to accommodate the increased no. of the pregnant mothers coming to the hospital for delivery.
- Both short term and long term courses seem to be ongoing needs for updating, refreshing and upgrading the technical skills of relevant staff for rendering PHU and hospital services with greater efficiency.

- Mother group should be equipped with income generation activities and enhancement in their skills in various appropriate as well as feasible areas.
- The role and contribution of expatriate volunteer are highly recognized, this should be continued.
- For effective coordination amongst health partners (HP, SHP and Okhaldhunga Hospital), a health coordinator with minimum bachelor in public health qualification should be placed in DHO. This will strengthen the capacity of the health system in that area.
- Joint dissemination of health education information and materials by DHO and PHU of Okhaldhunga Community Hospital.
- Disability (Inborn and Acquired) issues should be incorporated into the mainstream of the public health sector.
- There is some inclusion of Mental Health issues into the programme. It is recommended to extend such intervention into the health services especially in public health area where as in the hospital it is very good.
- The period of partnership with local health facilities should be 7 years including 5 year active involvement and 2 years support from distance with the provision of continuous links through learning sharing forum once a year.
- Project has been targeting Mother and Child Health, gender issues and women empowerment, environmental sanitation however, it would be good to cover the community based rehabilitation, alcohol-related work, HIV and AIDS programme.
- The mother groups are very active at village level and there is a network of them at VDC level. It would be good to have active network of the mother groups at district level so that the district level network can support the grass-roots level by pooling resources.
- A training need assessment is recommended to identify capacity building needs for the project staff so that an HRD plan could be made for staff motivation as well as for more effective management of the project.
- For sustainability of the project, the plans and activities of the project requires to be internalized in the plan of VDC and DDCs, so that the VDCs and DDCs and DPHO are well aware of the project from the beginning and can take it on board when the project exits.

List of Acronyms

C to C	Child to Child
DDC	District Development Committee
DHO	District Health Office
FCHV	Female Community Health Volunteer
FGDs	Focus Group Discussions
GoN	Government of Nepal
HEC	Hospital Executive Committee
HMC	HP or SHP Management Committee
HP	Health Post
HRD	Human Resource Development
IG	Income Generation
IMC	Internal Management Committee
INGOs	International Non-Government organization
MDG	Millennium Development Goal
MG	Mother Group
MGN	Mothers' Group Network
OCH	Okhaldhunga Community Hospital
OPD	Out Patient Department
PHU	Public Health Unit
SHP	Sub-Health Post
ToR	Term of Reference
VDC	Village Development Committee

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Okhaldhuga Community Hospital “Community Health at the Foot of Mt. Everest” Final Evaluation Report

1. Introduction

1.1 Project Background

The Okhaldhunga health project was started in 1962 as a dispensary in the eastern part of Nepal in Sagarmatha Zone (Mount Everest Zone) which is 390 to 3606 meter altitude above sea level. The dispensary was upgraded to a hospital in 1968. The Primary health care work was started in 1977. In the year 2003 and 2004 Okhaldhunga health project was renamed as Okhaldhunga Community Hospital with Public Health Unit (PHU) which focuses on preventive and primary health care in rural areas. The target group covered is 160,000 people. The Okhaldhunga Community Hospital provides curative services to Okhaldhunga, Khotang, Ramechhap, Solukhumbu, Sindhuli and Udayapur Districts.

The Okhaldhunga Community hospital through its PHU initiated a project entitled “Community Health at the foot of Mount Everest”. The strategy adopted by the hospital was to work alongside other stakeholders and strengthen the health system infrastructure of the Government of Nepal health posts, sub-health posts and their service delivery through technical advice, training and provision of essential equipment in Okhaldhunga District.

1.2 Profile of Partner Organization NORAD

The Norwegian Agency for Development Co-operation, or NORAD, is a directorate under the Ministry of Foreign Affairs, Norway. In 2004 the Norwegian development co-operation administration was re-organized, and the responsibility for long-term government-to-government co-operation with developing countries was transferred from NORAD to the Ministry. NORAD continues to serve as a leading centre for the development and delivery of expertise, and helps ensure the efficient administration of development assistance, including evaluation and quality assurance. NORAD offers know-how in the fight against poverty, and co-operates closely with other national and international experts. It provides expert advice on the implementation of the government’s overall guidelines for combating poverty and the ongoing effort to achieve the Millennium Development Goals. The directorate is also responsible for developing and supplying independent expertise in selected areas. NORAD channels substantial funds through Norwegian non-governmental organizations, which are important partners in Norwegian development co-operation. It also co-operates closely with Norwegian companies, trade unions, research institutions and other civil society organizations. NORAD is organized into a number of departments, each of which deals with a particular area of

expertise: the Department for Environment and Private Sector Development, the Department of Rights, Agents of Change and Civil Society, the Department of Human Development and Service Delivery, the Department of Governance and Macroeconomics, and departments for quality assurance, evaluation, information and administration.

The project Location

Okhaldhunga is the headquarters of Okhaldhunga district which lies in the Sagarmatha zone eastern part of Nepal. It has an altitude of 1561 m (5124 ft). The district gets its name from Okhal, meaning a grinding stone. As if in evidence of the same, a big grinding stone still lies at the district headquarters, which is also named as Okhaldhunga. Okhaldhunga is a part of area traditionally called Wallo Kirat, a home to indigenous ethnic groups Rai, Sunuwar, Tamang and Sherpa. Apart from these indigenous ethnic groups, other ethnics groups and hill castes also live in the district.



The above map shows the boundary of Okhaldhunga District with VDCs and surrounding districts

The Okhaldhunga health project was started in 1962 as a dispensary and gradually expanded its health services as per the district need. The project described here is a continuation of the project "Community Health at the foot of Mt. Everest" which has been running with NORAD-support with five years agreements, from 2005.

The Okhaldhunga Community Hospital is managed by a committee known as the Internal Management Committee (IMC). This committee comprises of departmental heads of the

hospital and a representative of the staff Association. The IMC works under the guidance and supervision of Hospital Executive Committee of UMN which is based in Kathmandu.

The Okhaldhunga Community Hospital has been providing two types of health services which complement each other, one focusing on curative health and other focusing on prevention side. Okhaldhunga district does not have a government district hospital to provide district level health and medical care.

The area is poverty ridden and most of the people rely on subsistence farming, labour work for daily wages and some also on employment outside the district, and even outside the country. Still people of Okhaldhunga have facing difficulties on transportation, no proper road for vehicles. There is an airport in the district, but flights are irregular once or twice a week.

Okhaldhunga is surrounded by Khotang, Ramechhap, Solukhumbu, Sindhuli and Udayapur districts (please see in the map above). None of the neighbouring five districts have functioning district hospitals, and a considerable proportion of the patients still come from these neighbouring districts for treatment in United Mission to Nepal’s Okhaldhunga Community Hospital.

1.3 Project Goal and Objectives

The main aim of the project is to strengthen the primary health care available to people in the peripheral parts of the district, especially women and children, in a sustainable way.

This is done by working in partnership with the already existing Health and Management Committees of HPs and SHPs through Government of Nepal(GoN)’s administrative bodies , in the local population, mainly Mother’s Groups, FCHVs etc.. A limited strengthening of the district hospital is included in the project, as the primary health care units need access to a secondary referral centre, both in order to function properly and to build their own credibility with the local population.

Objectives

To strengthen the hospital's identity as a community health oriented district hospital that provides health services as the district referral centre. Hereunder to:

- 1.1 Develop and strengthen the Hospital’s Pubic Health Unit (PHU) in order to enable it to run the planned “VDC-Package”
- 1.2 Give priority to essential, acceptable and affordable health care services
- 1.3 Promote and sustain a functional referral system in the district.
- 1.4 Ensure effective use of social services available in the hospital for the marginalized people.

- 1) To improve the hospital's physical capacity for communication with the community.
- 2) To strengthen the hospital's curative services and care, in view of the expected increase in demand.
- 3) To promote those community-based health initiatives for the health of women and children, and that ensure increased access to local health institutions by continuing health education and awareness raising in the communities.
- 4) To develop staff leadership and technical capacity to manage the project.
- 5) To develop a sound financial scheme to ensure project sustainability while continuing quality and cost effective medical care.
- 6) To continue its active involvement and initiatives in exploring the appropriate governance for the hospital.

1.4 Evaluation Objectives

The goal and objectives of this evaluation were to assess:

1. To what extent the aims and objectives outlined in the project document have been achieved.
2. The sustainability of the changes achieved, both in the hospital and the community health work, will be evaluated.
3. The project's impact on women's situation in the area will be evaluated.
4. Which components were most effective?
5. Whether there was a significant unintended impact.

2. Evaluation Methodology

2.1 Evaluation Process and Methods

The approach of the evaluation is multi-disciplined and focused on understanding the challenges, opportunities and outcomes of the initiatives. The evaluation team has endeavoured to create a participatory process throughout the evaluation, around techniques of 'Participatory Learning and Action' (PLA) and also included Participatory Rural Appraisal (PRA) tools. The project staff contributed in workshops, focus groups, and interviews and evaluated themselves through self-reflection and dialogue.

Influenced by appreciative inquiry; an emphasis on capacities built throughout the project and potential for sustainability was realised by reflecting on the skills, knowledge and perspectives gained by participants. Using an extensive mix of evaluation tools, data has been triangulated from a variety of sources, to facilitate validation and reliability of the evaluation talking insights from both qualitative and quantitative approaches. The following tools were used to collect data during the field trip:

2.1.1 Focus group discussion (FGD)

Focus Group Discussion was conducted with Mother Groups, Health Management Committee, MG Network, FCHVs, School Teachers and Students and was carried out in community level. The check list was developed in case of qualitative information collection with Focus Group Discussion and right holders and duty bearers.



Evaluation team meeting with Mother Group at Khijikatie

These tools have been used to find out the problems, measures qualitative issues and dig out the people perceptions, project impact and sustainability of the interventions and system that introduced.

In this method, a group was facilitated around a topic for discussing the issues and aspects, which was relevant and important. Each member of the group encouraged to participate and think about the topic. The facilitator's role was to encourage others especially those who were weak and shy and generally did not speak. The facilitator tried to create space for those voices were generally overlooked and not heard. When the group discussion started it was good for the facilitators to withdraw from the group and observed the proceedings from a distance and let the group do its own talking. It was important for the facilitator to explain to the group the utility of group discussion and how conducted an effective group discussion.



Evaluation team meeting with OCH staff

2.1.2 Timeline

This tool assists with the documenting of the history of the community which helps to identify important past events. It is simple tool and easy to understand and draw list of events and

changes as per the dates. Timeline understand and analyse an actual problem by searching for its roots in the past. This tool was used to know the changes in the community after implementing the project. The event and changes were listed from last ten years and there have lots of changes after the project implementation.

2.1.3 Score ranking

This tool was used in the process and participants were asked to assign a score for each species based on their preference or of importance to them. The participatory score ranking tool was used by involving stakeholders to evaluate the impact of the intervention by themselves.

सामग्रियों का नाम	प्रभाव की मात्रा	राम्मा
तेरवा तागिस	●●●●●●●●	89
हिंका (घरेलु हिंसा)	●●●●●●●●	99
दुमाला आगिवादि	●●●●●●●●	90
धुम्मा तागिस	●●●●●●●●	6
मोटिला आरको (मोमके फुला)	●●●●●●●●	95
हलाउरी तागिस	●●●●●●●●	

2.1.4 "Before" and "After"

This tool was used in the evaluation process as participants were asked to discuss and share that what was the situation in their community and individual life before the project implementation. Participants were discussed and presented their situation and then again allow them to share the situation after the project implementation. This tool shows the clear impact in the community and in their individual life.

अन्वेषण पूर्वक अवस्था	अन्वेषण उपरान्त काम आई	अन्वेषण उपरान्त परिणाम
आस्था और विश्वास	आस्था और विश्वास	आस्था और विश्वास
कर्मचारी प्रमाण	कर्मचारी की शपथ	कर्मचारी की शपथ
आमा समूह	आमा समूह की शपथ	आमा समूह की शपथ
संजाल	संजाल की शपथ	संजाल की शपथ
गोठ प्रा	गोठ प्रा की शपथ	गोठ प्रा की शपथ
म.स.के.	म.स.के. की शपथ	म.स.के. की शपथ
संजाल लाई	संजाल लाई की शपथ	संजाल लाई की शपथ
प्रमाणकारी रनौप	प्रमाणकारी रनौप की शपथ	प्रमाणकारी रनौप की शपथ

2.1.5 Peer ranking

In this tool, the participants from each group were asked to assess and rank each thematic intervention and areas of work to other's intervention and area's performance as well as their activeness and effectiveness. This tool helps us to find out the impact of the work in the community and individual's life and find out which intervention is best.

	HMC	FCHV	MA	MAN	SHP	School health	Coordination	
HMC	—	FCHV	HMC	HMC	SHP	HMC	HMC	4
FCHV	FCHV	—	FCHV	FCHV	SHP	FCHV	FCHV	5
M.G.	HMC	FCHV	—	MA	SHP	School health	M.G.	2
M.G.N	HMC	FCHV	MA	—	SHP	School health	MAN	1
SHP	SHP	SHP	SHP	SHP	—	SHP	SHP	6
School/health	HMC	FCHV	School	School	SHP	—	School	3
Coordination	HMC	FCHV	MA	MAN	SHP	School	—	0

2.1.6 Key informant interviews

Key informant interviews were carried out with VDC secretaries, health institution management committee members, district health officer and key project staff.

2.1.7 Case studies

Case studies were conducted with selected traditional and spiritual healers (Dhami Jhakris), mothers' group members and income generation group members in order to see the specific impact in their work and people's lives due to project interventions.

2.1.8 Review of project literature

All available project documents – project proposal, annual report, project records, previous evaluation reports, existing policies / procedures, financial reports and so on were reviewed to assess the effectiveness of the project.

2.2 Scope and Limitation

Due to widely spread out of working areas, topographic and time constraint The evaluation team was not able to visit all the working VDCs to collect data for the report.

2.3 The Evaluation Team

The evaluation team consisted of three external evaluators from Maitriya Collaboration as Buddhi Bahadur Thapa, Laxmi Byanjankar and Shravan Kumar Mishra.

In addition, four project team members and VDC level staff members were involved in the evaluation work. Both external evaluation team members and project team members were involved in the evaluation process right from field trip planning and preparation to field visits, interviews, discussions, meetings, and debriefing during field visit. The participation of the Project team core members as evaluators in the meetings, group discussion and field visits not only contributed towards building a sense of participation but also gave an opportunity to project staff to know the views of project stakeholders and to explore future avenues of collaboration with them.

2.4 Time Frame and Participants

The time frame of the entire evaluation process was:

- Preparation and planning (mainly communications and preliminary meetings regarding evaluation) : 2 months (one evaluator)
- Orientation, planning and tool development : 2 days (three evaluators)
- Information collection (with field visit) : 11 days (two evaluators)
- Analysis and documentation : 5 Days (three evaluators)
- Presentation and finalization of report : 5 days (two evaluators)

Information was generated from over 200 participants using the qualitative methods and participatory (PRA) tools – time line, score ranking, peer ranking, before and after, in depth interview, case study, FGDs, formal and informal group discussions, observation and meetings. (See Annex II: Detailed Itinerary of Field Trip)

PHU has different types of activities in its working area. Hence the representative respondents as per the activities were selected to gather information as depicted below. The information collection was focused on impact in community, effectiveness, relevance and sustainability of the changed that achieved. Information for this evaluation was collected from a total of 325 informants through their participation in focus group discussion, PRA sessions and Key Informants Interview as follows:

Table 1: Evaluation Tools and No. of Participants

Method of inquiry	Participants	No. of participants
Focus group discussion	<ul style="list-style-type: none"> • Female Community Health Volunteers 15 • Mothers Group 10 • Mothers Group Network 5 • School Teachers 5 • School Students 13 	
Open discussions, observation, interviews, meeting	<ul style="list-style-type: none"> • Health Management Committee 20 • Mother Groups, FCHVs, Community people, teachers, VDC Secretary, staff and others 150 	
Key Informant Interviews, observation, record review and meeting	<ul style="list-style-type: none"> • HMC Members 5 • HP/SHP staff 8 • VDC Chair person 1 • DHO 1 • OCH leadership level staff 6 • PHU Office and field level Staff 20 	
PRA Tools: (Timeline, Score Ranking, Before and After, Peer Ranking)	<ul style="list-style-type: none"> • HMC Members 20 • Mothers Groups 15 • PHU Field Staff 20 • FCHVs 25 	
Case Study: Transformation/success story	<ul style="list-style-type: none"> • Dhami Jhakris 3 • Mother Groups members 1 • IG Members 2 	
	Total	325

**Excluding the Evaluation Team*

3. Findings

3.1 FCHVs (Female Community Health Volunteers)

The number of FCHVs varied depending on topographic situation and spread of population. Some VDCs have 9 FCHVs and some have 14. The evaluation team had 4 FGDs involving 29 FCHVs during the field visit (7 in Shreechaur VDC, 8 in Khijikatie VDC, 5 of in Prapcha VDC and 9 in Mulkharka VDC).

The key purpose of FCHVs in the village is to play an important role in contributing to a variety of key public health programmes, including family planning, maternal care, child health, vitamin A supplementation/de-worming and immunization coverage. They are the foundation of Nepal’s community-based primary health care system and are the key referral link between the health services and communities.



FGD with FCHVs

(WHO Country Office Nepal, *Female Community Health Volunteers*,

<http://www.nep.searo.who.int>).

FCHVs hence make contributions “To save the life of mother & child from untimely death”. In Okhaldhunga also, FCHVs are instrumental in raising awareness and encouraging pregnant women for timely check-up and refer them to the health institution. They provide medicines (Vitamin A, iron tablets, de-worming, and diarrhoea), distribute condoms and contraceptive pills, and give health education to Mother Group. They consider themselves the pillars in their communities for MCH activities. During the FGDs, FCHVs were asked to identify the main areas of their work and the responses were:

- *Pregnant women*– FCHV advises the pregnant women not to carry loads, not to smoke, to eat nutritious food, take vaccinations (tetanus), etc. The mothers do follow their advice. PHU VDC team are very supportive and work closely with HP and SHP staff in each health institution of their target area.
- *Family planning* – This is being done, but only a few have undergone vasectomy. Most of the women are using temporary contraceptive, they distribute condoms but men are still hesitant to do permanent family planning methods.
- *Health education* – FCHVs are engaged in giving health education on diarrhoea, immunization, personal hygiene, etc. But they are not fully satisfied with the impact because some mothers don’t turn up in these sessions. For immunizations, most mothers follow their advice.

- *Medicine distribution (vitamin A, etc.)* – They are able to distribute vitamin A capsules, Iron tablets, de-worming, dehydration powder (Jeevan Jal) effectively.

The compiled annual report of the project showed:

- Total of 94 MCH clinics was conducted, ANC first visit were 385 and fourth visit were 201, among them 342 had PNC visit in Shreechaur VDC. One day Uterus Prolapse screening camp was held in different working area with support of DHO and referred 21 patients in OCH for surgical management.
- Total 12 out of 305 delivery cases were referred to OCH and most of the delivery conducted in health institute by the skilled birth attendants (SBA) trained midwives (ANMs). The total numbers of delivery were 392 in working area among them most of the delivery conducted in health institutions.(Source: Compiled Annual Report 2009-2012)

It is thus clear that FCHVs have been playing pivotal roles in their communities particularly in promoting access to and utilization of MCH services which is reflected in the fact that the vaccination coverage is 100% in each village. Pregnant women made regular visits to HP and SHPs for ANC check up. There has been reduced number of home delivery and as majority women go to the health institution for delivery. FCHVs were also found to be regularly providing report to their respective health institutions and attending the meetings at HP and SHPs.

Recommendations:

- Given the significant role of FCHVs, the incentive they receive is very nominal incentive Rs. 200/month) from the government. The project may consider some additional non-monetary incentives e.g. exposure opportunities, some personal and household usable items such as shoes, umbrella, and torchlight etc. for their motivation.
- Supplying a tin box to FCHVs would be very useful to keep the record files and medicines safely.
- In some health posts FCHVs are quite old and are also not educated which had direct effect on keeping good record of fund in Mother group. Thus, it is recommended for replacing such FCHVs by appointing young mothers as appropriate in coordination with the local health authorities.

3.2 HP/SHP Management Committee (HMC)

The key responsibilities of HMC are management of human resource at HP or SHP and maintenance of facility infrastructure. The specific roles involved monitoring and performance evaluation of the health facility staff, coordination with the mothers' health group, FCHVs and networking with different INGOs and relevant local organizations. HMC members and the staff

have received various trainings on leadership and management, appreciative inquiry and so on. Positive sense of ownership found in the communities about the HMC in each VDC. Due to regular monitoring and evaluation, the progress and growth of the health post has been gradual but found to be consistent.

From the discussions with HMC members at Shreechaur health post, Khijikatie health post, Prapcha health post and Mulkharka health post, the evaluation team found that HMCs actively perform their roles in their respective health institutions. They got better understanding of their roles and responsibilities than before. The committees seemed very supportive to their staff and providing considerable contributions for the improvement of their health institutions. The evaluation team was told that in the past HMCs were not active before, not meeting regularly and had not filling of ownership. From the discussions with HMCs, the following changes were felt because of the project:

- Health Management Committees now meet regularly.
- HMC members received different kind of training from the project relating to leadership and management.
- Committee has got strong sense of ownership toward health post and looking after nicely.
- Committee members have got improved management capacity to manage their health facilities.
- With each HMC, provision has been made for 5 different sub-committees responsible for communication and coordination; medicine; building; FCHVs and mother groups; and health staff management, which has helped HMC to function more effectively than in the past.
- HMCs now are able to receive fund from VDC Office allocated for health services.
- Committee are monitoring the services and activities closely and regularly as a result the health post services become very regular.



Health Post in charge and OCH staff at Shreechaur HP

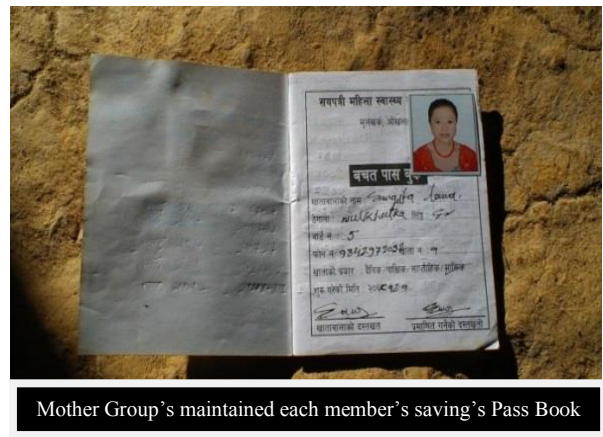
Recommendations:

- Further training on organization management, team building, empowerment and health advocacy would be helpful to HMC members to sharpen their management capacity.
- Since HMCs are becoming active and getting increased sense of ownership, a stepwise phase out strategy is recommended with some support from distance rather than completely stopping the support and leaving the project site for ensuring their sustainability

3.3 Mothers Group and Networking

Each VDC has 9 to 14 mothers’ groups that are actively involved in working for safeguarding the interest of women. OCH PHU has been working closely with the mother groups in each VDC to strengthen their capacity. Mothers’ groups found to be playing significant roles to educate women on sanitation, health, and promoting savings and credit schemes. There is a practice of monthly savings of Rs.5-20 by every member in the group. The collected amount is being loaned to a needy member at the interest of 12%. The members of mother group have been trained in different subjects such as leadership, simple book keeping, and domestic violence. As a result of active involvement of these mothers’ groups, many changes have occurred in the communities and in the lives of individuals. The following achievements were reported to the evaluation team:

- Total 392 mothers’ groups are functioning actively in PHU working areas where 6,068 women are organized as members.
- Essential trainings on basic book keeping, leadership, management and domestic violence were provided to all mother groups.
- Reduced incidents of domestic violence and conflict in community and in households were reported because of training on domestic violence.
- Women are more empowered and realised their importance and increased their participation in the community meetings.
- 12 mother groups have constructed their own shelter for the meeting and some more mother groups are in process of constructing their own meeting shelters.
- Some mother groups have constructed Drinking Water Tank and water supply system in their communities.
- All mother groups were actively involved in social and economic activities, such as income generation, supporting for ORC, MCH and Immunization clinic, and celebrating of national events on various themes, controlling domestic violence events and supporting in health education campaign in communities.
- Most mothers groups have used and maintained account ledgers and pass book for transparent and proper management of their savings and credit funds.



There exists one VDC level network of mothers’ groups in each VDC consisting of equal representation from all mother’s groups within the VDC. The VDC level networks are actively involved in coordination of all mothers groups in their respective VDCs. This has strengthened

unity and solidarity among women in the communities. The network provides the sharing and learning opportunities to the group members within their VDC.

PHU works closely with these networks and provides various capacity building training so that the groups can work independently. The Mothers' Group Networks have received fund from VDC for their programmes to address their health needs. They have special concern on women's health and they encourage

pregnant women for regular check-up at the health post and also motivate them to go to birthing centre for safe delivery. The Networks have an award system of "koseli bhet" (a gift containing clothes and special food for mother) for those mothers who gave birth at the birthing centre.



Evaluation team with mothers' group network at Shreechaur VDC

Recommendations:

- Refresher accounts keeping training would be necessary to selected members of mothers groups as some of the groups found to be weak on keeping the accounts as a result local PHU staff themselves have to do this for the groups.
- Some kind of income generation training e.g. weaving, tailoring, knitting etc. (depending on the market situation) may be useful for the selected group members so the group's funds could be mobilized in productive way.
- The Mothers' Group Networks are effective in coordinating scattered mothers' groups for necessary support; hence there is a need for federating all these networks with some capacity building support to institutionalize their works once the project is phased out.
- It is recommended for refresher training sessions on women rights, skill development and organisation development to women's' groups and their networks.

3.4 Environmental Sanitation and Personal Hygiene

Most households in target VDCs have built toilets. 70% toilets were properly used and the evaluation team found the local houses and walking paths clean in general.

Similarly, the team observed most households with bamboo baskets on the side of houses and along the walking paths. People are disposing the biscuits, noodles, candy and other wraps into these bamboo baskets ("DOKO"). Most houses have got local dryer to dry dishes and cooking

pot. Mother groups, FCHVs, Mother Group Network, and VDC have played an important role to succeed environmental sanitation and personal hygiene programmes.

Only 505 toilets were constructed in 11 VDCs before the project, which is now 4,164 in working area. Similarly, a total 500 sanitary pits were also constructed in the final project year.



Locally made dish dryer

Recommendations:

- Periodic follow up is needed to see whether the bamboo baskets placed for waste disposal is in proper condition. Community groups are to be oriented for proper waste disposal and periodic maintenance of the disposal baskets.
- A system may be developed for VDC office to take on continuing such waste disposal orientation and practice through involvement of various local groups including mothers groups in the communities for the sustainability of environmental sanitation initiatives.



Bamboo basket hanged in front of house

3.5 Child Health and School Health Education (Child to Child)

In Child to Child (C to C) education programme, a teacher, selected by the school, is trained for five days on health, and personal hygiene. One day first aid training is also provided to a teacher at each school and a set of first aid materials is given. The child to child programme has helped keep school, community and personal living place clean. The children and their parents have become aware of personal hygiene and good sanitation as the children who were part of C to C programme share their learning with the parents.

Almost all schools use first aid kit box and regularly report to the local health institution about the use of medicine from the first aid box. A total of 127 health education sessions were conducted in schools where 3,884 students participated. This has led the improvement of personal hygiene and



C to C facilitator Aiti Maya with children at Khijikatie

environmental sanitation. Bamboo baskets were placed inside and outside the school premises. It was reported that over 70 percent students and teacher use safe drinking water in their homes.

The “C to C” training was conducted in 21 community schools and they regularly run C to C sessions in the target areas. 12 secondary schools got the health education sessions relating to reproductive health, the communicable disease including STI which is now being taught regularly in the schools.

Since the C to C classes involved both school going children and non-school going children, it particularly gave the opportunities to non-school going children to learn health education and also encouraged them to join in the school for formal education. At present, C to C classes are being run only at schools which exclude non school going children.

Recommendations:

- Given that one teacher is trained in C to C session and another one received First Aid training separately. If the trained teacher remained absent or left the school, this programme will be halted. Therefore, it is recommended to involve both teachers in both training in order to make a substitution in the case one remains absent or leaves the school.
- Since C to C class gives an opportunity for non school going children to join the school, C to C session may be run before or after school time.

3.6 Radio Programme: Public Health ‘Sandesh’

The project has formed a tripartite collaboration with all 3 local FM radios (Afnai Radio, Ramailo Radio and Sisne Radio) in Okhaldhunga and the District Health Office (DHO) for running public health ‘Sandesh’ (meaning message) in order to raise health awareness (relating to prevention from common diseases, personal hygiene, nutrition, MCH care, etc.) and inform the local communities about various public health activities and services of the hospital. The health information and personal hygiene related radio programmes are aired regularly twice a week. Generally, the radio programmes cover season specific health talks with OCH doctors, information on availability of health camps, interactions with local people including school children about their health issues, and so on. In addition, the project activities and progresses made in the communities that are reported during the quarterly conference of PHU staff are also broadcasted from the radios which has helped inform all the concerned in Okhaldhunga including target communities. The following outcomes were reported during the evaluation:

- Some patients who came to the hospital said they came to hospital for the treatment after learning from the radio programme.
- Increased no. of mothers visiting the hospital, HP and SHPs for immunization.

- Increased no. of positive feedback being received from the radio listeners that the radio programmes have helped them seeking and getting the treatment on time.
- The programmes have helped collecting personal donations for the treatment of poor patients in many instances as people voluntarily show up for donation after they hear the story about needy patients at the hospital.

Recommendation:

- The radio programme proved to be quite effective in spreading health education and awareness among wider communities. Hence, it is recommended to continue and increase the frequency of airing the programme. This could also serve as good communication and marketing tool to inform the patients about specific services that would be available in the hospital.

3.7 Gender Initiatives

Gender based discrimination is considered to be a key aspect of social inequality. Very often in rural Nepal, women are discriminated and deprived of many opportunities as their roles are limited to household chores e.g. cooking, cleaning, taking care of children and cattle, collecting fodders and so on. Women work very hard and for long hours in the house but their work is hardly recognized or given any value. Because of traditional beliefs and lack of their decision making power, women tend to be out of access to necessary health care leading to untimely deaths this is reflected in the fact that maternal mortality ratio is still high in Nepal. Considering this situation, PHU has put prime efforts in mobilizing and strengthening mothers groups in all target VDCs as one of key components of the programme package for sustainable development and strengthening of primary health care.

The project has adequately emphasized on various interventions to uplift the self esteem and status of women in the project target VDCs particularly through formation and capacity building of mothers' groups. Working with and strengthening of Mothers Groups, Female Community Health Volunteers, Mother Group Network have increased participation of women in skills enhancement, education and health development and improved status of women in the society. The training on domestic violence, health education, income generation, group management and, so on, have been instrumental for women's empowerment in the target VDCs. Because of the project interventions (the VDC Package) enrollment of girls has increased in primary and secondary schools. Significant numbers of women members are involved in Health Post Management Committees.

Discussions in all mothers groups revealed that the numbers of cases of domestic violence have gone down to more extent than in the past as the groups discuss on various women's issues including gender based discrimination and domestic violence incidents and that the mothers

groups are now more aware of their rights. Hence the project has promoted the gender equalities in its working areas.

Recommendation:

- Women's rights training along with domestic violence training to mothers groups and FCHVs would be useful to make village women aware on their legal rights provisions given by existing laws.

3.8 Coordination with District Health Office

The OCH PHU has maintained a good relationship, coordination and cooperation with DHO in Okhaldhunga. Since OCH serves as the only referral hospital in Okhaldhunga, a strong collaboration is evident between these two. DHO often involve the PHU community health workers in periodic training on various health issues such as care of new born care. Collaborations were also made for health awareness programmes, immunization and nutrition.

All the health facilities in the district including Primary Health Centre (PHC) which is functioning as district hospital refer the critical cases to Okhaldhunga Community Hospital particularly for caesarian sections and fractures. The common diseases and health complaints are COPD, respiratory diseases, minor ulcers and mental diseases. PHC also supplies medicines to Okhaldhunga Community Hospital including polio drops, TB and leprosy. On average, 15 to 20 patients per month are referred to OCH



Evaluation team meeting with DHO

from various government health facilities across the district. According to Mr. Gyan Bahadur Basnet, Okhaldhunga DHO, ongoing government of Nepal's programme of supplying essential drugs free of charge is good and adequately available in the sub health posts, so no need for additional support. However, periodic training and refresher training to their staff is an ongoing need.

The DHO was eager to have collaboration with PHU and he suggested that Okhaldhunga Community Hospital can consider upgrading treatment techniques such as blood bank, HTC (HIV testing and counseling) and advanced laboratory diagnosis including blood culture. There is also a need for having regular doctors at the hospital.

Recommendations:

- While developing the health education materials it would be good to produced jointly with DHO and disseminate jointly as this will be developed a good relationship and ownership for the both.
- Placement of one public health staff from PHU at Okhaldhunga DHO may further strengthen the cooperation with DHO as the PHU activities are largely and directly related to improvement in service delivery at the government health post and sub health posts.

3.9 Align with Millennium Development Goals (MDGs)

The project interventions are directly linked with 5 of 8 UN Millennium Development Goals (MDGs). They have contributed in achieving Nepal's MDG achievement targets by year 2015 as follows:

MDG 3: Promote Gender Equality and Empower Women

MDG 4: Reduce Child Mortality

MDG 5: Improve Maternal Health

MDG 6: Combat HIV AIDS, malaria and other diseases

MDG 7: Ensure Environmental Sustainability

The project contributed to promoting gender equality and women's empowerment by putting emphasis on working with Mother Groups, FCHVs and Mother Group Networks to raise awareness on their rights, reduce domestic violence and increase their participation in decision making forums such as HMCs. Through mobilization and strengthening of mothers groups, FCHVs and HMCs the project strongly contributed to improve service delivery at the health post and sub-health posts and supported to establish birthing centers in the target VDCs which have contributed to achieve Nepal's MDGs of 4, 5 and 6. Mother Groups and FCHVs are playing active role to encourage and send the pregnant women for regular ANC checkup and for delivery in health institution . As a result, child mortality rates have decreased in the targeted VDCs and maternal health has improved. Similarly, through working with schools and working in the community it has promoted and personal hygiene and sanitation which is linked with MDG 7. Yet, the MDG links were not clearly spelled out in the project documents.

Recommendation:

- It is recommended to clearly show the link between project interventions and Nepal's MDG targets more precisely in reducing child mortality, improving maternal health and combating HIV AIDS, malaria and other diseases, so that national report would recognize the contributions.

3.10 Capacity Building Training

Of the various training scheduled, about 94% achievements were made against the target in terms of no. of participants (3,006 people participate against the target of 3,196). This is certainly a noteworthy achievement. The following table shows a comparison between targets vs. achievement in different training sessions:

Table 2: Project Achievement Vs. Target

S. No.	Descriptions (Topic of the Training)	Target no. of Participants	Actual no. of Participants	Coverage VDCs
1	Group management to mother groups	91	86	Bhusinga, Patle, Prapcha, Rangadip, Rawadolu, Shreechaur
2	FCHVS workshop	308	304	Bhusinga, Chandeshori, Kati, Patle, Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
3	PLA training to HSM Members	10	9	Chandeshori, Kati, Patle, Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
4	Report writing Training to HSM Members	10	9	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu
5	First aid Training to teacher	57	57	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rawadolu, Shreechaur
6	ORC MC Training	102	99	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
7	HP HMC Training	115	105	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
8	Account Training to MG	189	178	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
9	Domestic violence Training MG	635	591	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
10	Domestic violence Training to VDC leaders	136	126	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
11	Health education and referral Training to Dhami-Jhakri	77	70	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
12	Pregnant pear education Train.	81	69	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
13	Adolescence Training to Students	107	107	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur

S. No.	Descriptions (Topic of the Training)	Target no. of Participants	Actual no. of Participants	Coverage VDCs
14	Local NGOs and CBOs Network Tr.	28	36	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
15	C to C class Training for teacher / other facilitators	31	31	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
16	Proposal writing training to HMC members	12	12	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
17	Co-operative management training in MGN	115	106	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
18	Cooperative account training	20	20	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
19	Environmental sanitation training	366	345	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
20	Safe mother hood training MG	702	642	Bhusinga, Chandeshori, Kati, Patle Phalate, Prapcha, Ragani, Rangadip, Rawadolu, Shreechaur
21	IG Training	4	4	Ragani
22	Inter VDC observation tour	126	126	Members of MGN, HMC of 7 VDCs and staff.
Total		3,222	3,132	

Similarly, a total of 5,656 people mostly women from 15 VDCs have been directly affected by the project through their involvement in various groups as presented in the following table:

Table 3: No. of Group Participants

S. No	Total No. of Groups	Total Number	Name of VDCs	
1	Mother Groups	169	5,064	Bhusinga, Chandeshwori, Chyanam, Harkapur, Katunje, Khijikatie, Khijiphalate, Mulkharka, Patle, Phediguth, Prapcha, Ragini, Rangadip, Shreechaur
2	FCHV	9 to 15 FCHVs in a VDC	156	Bhusinga, Chandeshwori, Chyanam, Harkapur, Katunje, Khijikatie, Khijiphalate, Mulkharka, Patle, Phediguth, Prapcha, Ragini, Rangadip, Shreechaur
3	HMC	1 Committee in each VDC	184	Bhusinga, Chandeshwori, Chyanam, Harkapur, Katunje, Khijikatie, Khijiphalate, Mulkharka, Patle, Phediguth, Prapcha, Ragini, Rangadip, Shreechaur
4	MGN	1 Committee in each VDC	252	Bhusinga, Chandeshwori, Chyanam, Harkapur, Katunje, Khijikatie, Khijiphalate, Mulkharka, Patle, Phediguth, Prapcha, Ragini, Rangadip, Shreechaur
	Total		5,656	

3.11 Strategy and Management Structure

The project activities have been planned and implemented in consultation with local authorities such as District Health Office (DHO), the District Development Committee (DDC), Village Development Committee (DDC), community leaders, and the national agencies responsible for the activities, notably the Ministry of Health. In addition, the local Health Management Committees, Mother Groups, Networks, local community or relevant beneficiaries and other NGOs and institutions doing similar work in the area were involved in the development of activities and in monitoring and review. The following management structure or committees is currently in place at OCH to deal and tackle with the issues and situation as appropriate:

Table 4: Project Decision Making Committees

S. N.	Committee	Membership	Key Purpose
1	Building Committee (B.Com.)	Hospital Director - Chairperson Medical Coordinator - Member Business Manager - Member Public Relations Officer - Member HEP Manager - Member Secretary Committee shall co-opt other member/s as required.	<ul style="list-style-type: none"> To accomplish the project as planned with integrity and in a transparent manner in a stipulated time frame. To make sure that sufficient fund is available and used efficiently. To deal all the issues arising at the local level diligently during the entire project period.
2	Public Health Unit Conference (PHUC)	Hospital Director / PHU Programme Officer - Chairperson PHU Field Coordinator - Member Secretary PHU Trainer - Member PHU Phase Over Coordinator - Member PHU Facilitators (3 CMAs) - Member PHU Facilitators (5 ANMs) - Member PHU Facilitators (2 VHWs) - Member Office Assistant - Member Medical Co-coordinator - Invited Member Business Manager - Invited Member Co-option: Other professionals/staff may be co-opted for sections of or entire meeting at the discretion of the chairperson	<ul style="list-style-type: none"> To do recommendation of significant changes of standards and policies in (S) HPs/HPs/PHU to OCH IMC. To develop and approve OCH PHU standards and policies. To select new VDCs in the district. To approve plans and budget submitted by (S) HPs/HPs, HMCs and MGs. & FCHCGs up to the maximum figure set by IMC. To receive work and financial progress report from (S) HPs/HPs, HMCs and MGs. & FCHVs monthly/quarterly and annually. To strengthen & support community based health institutions including finance approval (once off support). To monitor (S) HPs/HPs, HMCs and MGs. & FCHCGs.

S. N.	Committee	Membership	Key Purpose
3	Internal Management Committee (IMC)	<p><i>Executive Members</i> Hospital Director - Chairperson Medical Co-coordinator - Member PHU Programme Officer - Member Nursing Superintendent - Member Business Manager - Member Public Relations Officer - Member Social Service and NRC Advisor - Member</p> <p><i>Co-opted member:</i> Relevant unit heads or persons other than those detailed above may be invited by the Chairperson, after consultation with the HSD, for part or all of any meeting if needed and nominated IMC issue wise Persons. But they have no voting rights.</p> <p><i>Staff Representative – Appointed Member</i></p>	<ul style="list-style-type: none"> To establish technical, managerial and administrative values, policies, strategies and structures for the OCH, within guidelines agreed with the HEC and to recommend major changes in OCH policy, strategy or structure to the HEC. To undertake overall technical and managerial programme planning and development. To recommend annual and long term plans and budgets including supplementary one if it is needed for approval to HEC. To act as a technical advisory panel for the OCH HD.
4	Hospitals Executive Committee (HEC)	UMN Representative - Chairperson UMHT Director - Member OCH Director - Member UMN or HEC nominee - Member HSO Director - Secretary	<ul style="list-style-type: none"> To govern the two hospitals to ensure that they are fulfilling their overall mission. To provide oversight and guidance to the HSO Director in running the HSO.

The following policies, procedures and guidelines are currently in use at OCH for smooth operation which have been approved at appropriate level in line with good governance practices:

Table 5: List of Policy Documents in Use

S. No.	Descriptions (Name of policies, procedure and guidelines)	Approving committee and date
1	OCH Policy of Employment	Approved by: UMN HEC on 16 August 2011
2	OCH Vehicle Policy	Approved by: OCH IMC on 23 June 2010
3	OCH purchasing Policy	Approved by: OCH IMC on 28 July 2011
4	OCH Recruitment Policy Guidelines	Approved by: UMN HEC on 8 January 2013
5	OCH Financial Policy Guidelines	Approved by: UMN HEC on 8 January 2013
6	OCH Anticorruption Policy	Approved by: UMN HEC on 23 June 2010
7	OCH Reserve Policy (Draft)	
8	Social Service (Charity) Manual	Approved by: OCH IMC on 22 November 2011

3.12 Project Staff in the Field

The project has a team of 2 to 3 staff members in each VDC. They have rich knowledge and skills with practical experiences as many of them have been working for long period. Their level of confidence is high enough to cope with any unwanted situation at the field level. The field staff found to be meticulous, committed and friendly to local people. There is no separate project office in the field as staff are based at government HP or SHP and work closely with the government health staff. They have demonstrated a good role model and are respected by the local communities. However, the local facilitators do not seem to have similar status that of the staff came from other areas and VDCs.



Meeting with field based PHU staff



Regarding the effectiveness of the project, in the discussions the staff gave the highest score for the work of HP or SHPs and the second highest score for the work of FCHV and Mother Groups followed by the work of HMCs. In general the field based project staff were happy and satisfied with their work.

Some staff are trainers of the trainings. In general, the field staff did not seem to have adequate report writing skills (both quantitative and qualitative data).

Recommendations:

- Annual review meeting of PHU work is organized in every VDC by inviting all local stakeholders which is very good. It would be better to conduct a social audit in each VDC as sought by Nepal Information Act 2065 that all NGOs for promoting good governance and transparency.
- It would be useful to put citizen charter ("*Nagarik Badapatra*") in an appropriate place at the hospital so that every client can see the available services and the processes.
- The field based project staff have rich skills and knowledge from the experience and it is recommended to create a forum for sharing and exchanging the skills among the staff members so that they can learn from each other.

3.13 Hospital as the District Referral Centre

The records show increase in the ANC, NC and PNC check-ups due to community health interventions of the project. There was increase in the numbers of check-ups for pregnancy, as well as others diseases and conditions. The total of 94 MCH clinics were conducted, ANC first visit were 385 and fourth visit were 201, among them 342 had PNC visit. One day uterus prolapse screening camp was held in different working areas with support of DHO and referred 21 patients in OCH for surgical management. Total 12 of 305 delivery cases were referred to OCH and most of the delivery conducted in local health institution by the SBA trained ANMs.

It is evident that the demand for seeking health services has significantly increased which is also reflected in the fact that the no. of in patients has reached nearly 60 making the hospital extremely difficult to accommodate them and provide proper care through its existing 32 beds. As the referral system got improved because of the project support at the HPs and SHPs, the referral cases particularly relating to complicated childhood illness and abnormal deliveries are being increasingly referred to the hospital. This is certainly a good sign in reducing untimely deaths of mother and children. Two new large buildings are being constructed in order to address the growing demand for health care services at the hospital. In the mean time, a clear gap can be foreseen in two areas as follows:

3.13.1 Provision of capital equipment

Almost all the capital items were procured and used as planned (See also Section 5.3 of this report for assessment of fixed assets). As the hospital’s building extension project is being completed shortly, additional capital equipment e.g. x-ray machine, ultra sound machine and adequate power back up will be needed as the existing machines are to be replaced or added to upgrade existing capacity for diagnostic and curative services at the hospital to satisfy the growing demands for services as the only district referral hospital in Okhaldhunga.

3.13.2 Human resource development

The project records also showed that the proposed human resource development plans were accomplished within the project period between 2010 and 2012 (See Annex VI Details of Short Term and Long Term Courses). In total 31 different short term or long term training including group trainings were organized. Number of PHU staff received various leadership and skills based training particularly pertaining to SBA (skilled birth attendant), participatory learning and action and social mobilization. Selected hospital based staff have completed long term courses that included post graduate in hospital administration / management, MDGP Course, and Diploma in laboratory science.

Similarly, a number of hospital staff attended various short term courses which included basic and refresher training on anesthesia, family planning; USG, X-Ray, rehabilitation & counseling training, etc. The hospital is currently led by a competent director with strong dedication and commitment to

the hospital. Yet, there seems a need for further long term courses for selected staff to take on lead role and for successor planning.

Recommendations:

- Considering the growing no. of patients and ongoing extension hospital buildings, and that the hospital has already been struggling to accommodate over 50 in patients from existing 32 beds, it would be reasonable to seek a formal recognition for a minimum of 50 beds hospital from GoN.
- As the hospital is being extended, further investment would be needed for adequate power back up, proper management of hospital wastes including the environment, replacement of old equipment and procurement of additional equipment e.g. X-Ray machine, USG machine, Laboratory equipment, etc. for which a detailed review of all capital equipment is to be done as per the standards prescribed by GoN.
- Both short term and long term courses seem to be ongoing needs for updating, refreshing and upgrading the technical skills of relevant staff for rendering PHU and hospital services with greater efficiency.

3.14 Transformation Stories

In general, the evaluation found that the project interventions were effective in achieving the objectives as planned, though there were some areas for improvement and further strengthening. The success and the impact of the project are clearly reflected in the following case stories:



Nar Bahadur Sunuwar (Latte Dhami), Age 68, Lindada-4, Khijikati VDC.

Story 1 : At the age of 20, Nar Bahadur became dhami (traditional and spiritual healer) and started practicing traditional healing. Working with and learning from the project, now he is a popular dhami in his area. He is consulted by the people even from nearby districts e.g. Ramechhap. He is not only dhami but also a traditional healer giving locally available herbal medicines. He says "I never went any kind of training, but at the age of 65, I got Health Training from Mission PHU. After the training PHU provided us a referral slip and told that whoever refers more clients will be rewarded. In this area, I got reward from Health Post".



Ganga Bahadur Tamang, Age 30, Shreechaur VDC-5.

Story 2 : Ganga Bahadure has been working as a dhami jhankri (traditional and spiritual healer) since the age of 13. When people got sick, they used to visit him. He never referred his clients to health institutions for further check up. After receiving health training from PHU, he came to realize that he had been doing wrong not referring his patients to the health institutions for treatment that he could not do. Since then began referring to health institutions and he feels happy doing this for saving lives.



Story 3

I am Kewal Maya Sunuwar. I am 64 year old and live in Peepaldada -6, Kijikatie VDC. I have no children. My husband left me, so , I am alone. I have no property and land. Two years ago, I became sick. Mission Public Health people came to my house and took me to the hospital and provided the treatment for free of cost. They brought me back to home. Health post staff, mission sstaff and mother

group members helped me a lot by providing food, clothes cooking utensils. They repaired my house and built a new toilet for me. Mothers group provided me a loan of NRs 500 to buy chicken. I bought chicken, reared them and was able to return the loan and still I have two cocks and a hen. My neighbour have given me a goat and a cow. I am looking after chicken, goat and cow. I am happy now that I can earn my own income. So am thankful to mission staff for building my capacity.

Story 4

Gori Maya Sunuwar 37 years old, lives in ward no. 3, Khijipalate VDC. She is a widow with 4 daughters. Her husband died 8 months ago. Her husband used to run a veterinary store. Now with the support from the project she is able to run the store on her own. This is the only income source for her family. She wants training to run this shop properly so that she could have some technical knowledge. She is hopeful about this and thankful to the OCH Public Health Unit.



Story 5

Shamans as change agents: Health education to different groups is crucial to raise health awareness in the communities. In most cases, people go to a shaman (*the spiritual healers by tradition*) first when they get sick before going to hospital. Therefore the shamans are important part of who can contribute in making difference in the society. The project designed a special training course that helps them understanding the type and situation of patients to be referred to the hospital immediately. The course also educates them about general knowledge of health and disease.



A shaman during the training, performing dancing and chanting about which patients must be referred to hospital!

A 2-years old boy was brought to the hospital after having been sent to different shamans for almost two years. The last one told the parents that "this child must have some kind of a heart problem, take him to hospital!" and the parents took the boy to the hospital where he recovered well as it was not too late to save his life.

Story 6

Village leaders becoming active against domestic violence: The women's group discussions not only focus on behavior change regarding pregnancy, delivery and the postpartum period, but also focus on domestic violence cases in the communities. They have been able to influence even men to step up against such ill social cases. All the village leaders have been through an orientation course designed to increase understanding about and reduce the domestic violence incidents in the communities using the local lawyer. Women's groups are however more active in this matter as they are responsible for handling cases. The government has a special committee in each VDC that is responsible for handling the cases related to domestic violence.



A local leader in Harkapur addressing the crowd against domestic violence stating that "until four years ago wife beating was socially accepted, today it is not!"

4 Sustainability

There exist 169 active mother groups in all VDCs and one VDC level mothers' group network in each VDC. These groups are instrumental agents for the success of the project for whom the projects have put significant input in their capacity building as an important part of VDC package. Over 5000 women are organized into these groups. The groups have been successful in tapping the locally available resources such as VDC funds.

The provision of VDC level network of mothers' groups in each VDC has played significant role to continue coordination among the groups in consolidating and addressing their issues. This mechanism has created a platform to institutionalise ongoing roles of mothers groups in the communities. This also helps the groups to make their own rules, policies, guidelines, procedures, codes etc. and made their leaders accountable.

The VDC level mothers' groups networks have established a good coordination and linkages with VDC officials, district level line agencies and other institutions with regards to needs of local communities. In some phased out VDCs, the experienced project staff have been employed by VDC itself to continue the activities initiated by PHU during the project period, which is remarkable success of the project towards its institutionalisation and sustainability. It is therefore crucial to strengthen and replicate this mechanism in other places.

The following points can ensure the sustainability of the ongoing programmes after phasing out the project interventions in the target VDCs:

- Most HPs and SHPs have their own land and infrastructure with birthing centre and their staff have been trained.
- HMCs are involved in preparing the plans and sending to relevant organizations. Some of the HMCs have been able to maintain a good coordination with external and internal support organization.
- HMCs are heavily involved monitoring of their service delivery and are eager to continue health promotional activities.
- Most of the phased out VDCs have employed the local staff previously trained by the project for promotional health activities.
- VDCs started allocating the resources from local government fund for promotional health activities in the communities.
- Nepal government providing the basic medicine and equipments to all health institutions and providing the managerial training for basic health staff.
- Most people in the communities are aware of various health issues and seek proper health care.

- Almost Mother groups have got a maternal and child health fund in their communities and local government is also contributing some amount to the fund for maternal and child health promotional activities.
- Nepal government have the policies to upgrade the local health organization i.e. SHP to HP and PHC.

5. Financial Analysis

5.1. Efficiency of the Project and Cost effectiveness

The review of actual and budgeted cost of the project for the period covering 2010 to 2012 was done in order see the efficiency and cost effectiveness of the project. Comparison of programme and administrative cost is made based on project documents and audited financial statements (statements were restated to resemble the activities of the project). Table below indicates the budget vs. actual amount of income and expenditure including administrative, human resource development (HRD) and capital expenditures.

Table 6: Income and Expenditure details from 2010 to 2012 (in Nepali Rupees)

Description	Budget	Actual	Variance %	% of total actual cost
Total Income -NORAD	45,845,000	42,721,595	(7)	N/A
Total Program Expenditure	27,478,000	25,236,813	8	60
Total Administration Cost	5,449,000	5,771,608	(6)	14
Total HRD Cost	5,858,000	4,084,166	30	10
Total cost of Capital Items	7,060,000	7,159,933	(1)	16
Gross Total Expenditure	45,845,000	42,252,520	7%	

- During the period of 2010 to 2012 (three years) total budgeted income was Rs. 45,845,000 in which 93% income of Rs. 42,721,595 was received. It shows actual income was received 7% less than budgeted.
- Likewise, Programme cost was budgeted as Rs. 27,478,000 and expended 92% i.e. Rs. 25,236,813 which means 8% programme budget was not used.
- Administration cost was budgeted as Rs. 5,449,000 and expended Rs. 5,771,608 which is 6% more than the budgeted cost.
- In regard to Capital cost, Rs. 7,159,933 was expended which is 1% more than the budgeted cost of Rs. 7,060,000.

- In overall inspections, all of the incomes received were found to be utilized an efficient way as budgeted.
- Likewise, Programme cost is 60% of the total cost. Administration cost is 14% of total cost and HRD and Cost of capital items are 10% and 16% of the total cost respectively.

5.2. Financial Reporting & Internal Control System

The evaluation team has observed the accounting policies and procedures and related financial control system as follows:

- OCH PHU has its own Financial Procedure Manual and Personnel Policies to ensure accountability and transparency in the financial and administrative activities of the organization.
- All financial information related with project are prepared and reported to the management periodically and systematically.
- It is found that the consumables and inventories are recorded and maintained properly.
- The Income and Expenditure Account is audited by chartered accountants annually time for completion of audit is within the time frame as required.
- There exists a proper system of internal control. The financial procedure and the recording of financial transaction are set by the management and these procedures are reviewed periodically.
- It was observed that all meeting are held regularly as planned.

5.3. Fixed Assets

OCH PHU has maintained fixed assets record. There is proper system of purchase of fixed assets and also for the disposal of fixed assets which is clearly mentioned in the financial procedure.

Fixed assets are recorded at cost and reported in the financial statements in written-down value. Fixed assets which have a purchase cost more than NRs. 50,000 are capitalized and stated at cost less accumulated depreciation and which have a purchased less than NRs. 50,000 are treated as expenditure. Periodical physical verification of fixed assets is carried out on timely basis. Assets register is maintained for the fixed assets in use. All the fixed assets are coded. (See Annex V for detail list of fixed assets)

5.4. Summary Findings of Financial Analysis:

- Total fund received from 2010 to 2012 NRs. 42,721,595
- Total expenses of these periods NRs. 42,252,520

- There are no significant variations between budgeted and actual cost.
- Comparing with total expenditure the Programme cost is 60%.
- Comparing with total expenditure the Administration cost is 14%.
- Good system of financial management, reporting and controlling.

Recommendations from Financial Analysis:

- It is good that project has been supported by one long term donor. However, dependency on one donor often poses risks of putting the project in jeopardy if the donor decided to withdraw their contribution for some reasons. Therefore, it is recommended to develop a fund raising and financial strategy for diversification of funding sources.
- It is recommended to have a periodic internal audit system
- It is recommended to prepare back up of finance person to take financial and accounting responsibilities in absence of key finance person i.e. Finance Officer. That person may be subordinate or line manager of the key finance person.

6. Conclusion and Recommendations

6.1 Conclusion

This project is being implemented in one of the poorest and remote districts of Sagarmatha Zone in the eastern part of Nepal. The Public Health Unit of the Okhaldhunga Community Hospital has been successful in reaching out to the grassroots and in providing public health services through local health facilities. The public health interventions on each of the targeted groups have been found effective. HMCs have been empowered and working in effectively. All the Health Post and Sub-Health Posts have been equipped with necessary equipment and their staff are actively providing services regularly for OPD services, safe motherhood programme, vaccination, outreach clinics and so on. Mulkharka Sub- health post has even opened its sub-health unit in Dada Gaun for easy health services to its population of 4 wards.

FCHVs are very much efficient in extending their services in the communities. Mother Groups are very active and each VDC has Mothers Group Networks are actively working for the betterment of mothers and women's rights in their communities. These groups have been able to tap the resources from VDC fund to use in the activities relating to mother health and welfare work in their communities. School health education programme is also playing a good role in school and its community.

Training to Dhami Jhakri is another success of the intervention Dhami Jhakris have realised and understood the importance of modern health services for health of community as a result, they are regularly referring their clients to health facilities. Training to other groups was also effective and due to the domestic violence training quarrelling and dispute at home and communities have been reduced. Over all the public health unit work is very good and has a good impact into the lives of the targeted population. Some success stories on community people, dhami jhakri, mental patients were the best examples to motivate for healthy life styles and behaviour change in the community.

6.2 General Recommendations:

- The patients, stakeholders, targeted groups/committees and community have praised both the Hospital and PHU intervention and delivery of service quality and management and therefore suggested it to continue and extend the project activities to cover whole district.
- Considering the fact that the hospital has been struggling to accommodate growing no. of patients (53 patients against 32 beds, patients were in training hall and corridor) and ongoing extension hospital buildings, it is recommended to seek a formal recognition for a minimum of 50 beds hospital from GoN.
- Given the hospital is being extended, further investment would be needed for adequate power back up, proper management of hospital wastes including the environment, replacement of old equipment and procurement of additional equipment e.g. X-Ray machine, USG machine, Laboratory equipment, etc. for which a detailed review of all capital equipment is to be done as per the standards prescribed by GoN.

- Due to increased health awareness among women and referrals from S/HPs, there is significant increase in pregnant women visiting the hospital for delivery including complicated cases. This has made the existing NRC / delivery waiting space quite congested. Therefore, it is recommend for the expansion of existing waiting room or create a separate and larger waiting room to accommodate the increased no. of the pregnant mothers coming to the hospital for delivery.
- Both short term and long term courses seem to be ongoing needs for updating, refreshing and upgrading the technical skills of relevant staff for rendering PHU and hospital services with greater efficiency.
- Mother group should be equipped with income generation activities and enhancement in their skills in various appropriate as well as feasible areas.
- The role and contribution of expatriate volunteer are highly recognized, this should be continued.
- For effective coordination amongst health partners (HP, SHP and Okhaldhunga Hospital), a health coordinator with minimum bachelor in public health qualification should be placed in DHO. This will strengthen the capacity of the health system in that area.
- Joint dissemination of health education information and materials by DHO and PHU of Okhaldhunga Community Hospital.
- Disability (Inborn and Acquired) issues should be incorporated into the mainstream of the public health sector.
- There is some inclusion of Mental Health issues into the programme. It is recommended to extend such intervention into the health services especially in public health area where as in the hospital it is very good.
- The period of partnership with local health facilities should be 7 years including 5 year active involvement and 2 years support from distance with the provision of continuous links through learning sharing forum once a year.
- Project has been targeting Mother and Child Health, gender issues and women empowerment, environmental sanitation however, it would be good to cover the community based rehabilitation, alcohol-related work, HIV and AIDS programme.
- The mother groups are very active at village level and there is a network of them at VDC level. It would be good to have active network of the mother groups at district level so that the district level network can support the grass-roots level by pooling resources.
- A training need assessment is recommended to identify capacity building needs for the project staff so that an HRD plan could be made for staff motivation as well as for more effective management of the project.
- For sustainability of the project, the plans and activities of the project requires to be internalized in the plan of VDC and DDCs, so that the VDCs and DDCs and DPHO are well aware of the project from the beginning and can take it on board when the project exits.

ANNEXES

Annex I Terms of Reference for Evaluation For evaluation of the NORAD-funded project: "Community Health at the foot of Mt. Everest"

1. Introduction:

The main component of this project is a "Programme package for Sustainable Development and Strengthening of Primary Health Care in the Village Development Committees (VDCs)". It is a comprehensive package, the main contents of which are listed in Annexure 1. The project also includes an upgrading of some functions of Okhaldhunga Community Hospital (OCH).

The problems which the project focus on:

A major weakness of the Health Posts (HPs) and Sub Health Posts (SHPs) has been that both their staff and the population in the surrounding area have tended to regard these health posts as "belonging to the Government". The population has not had a sense of ownership or control. The project therefore focuses on building structures and activities that can strengthen local control and ownership of the health activities.

All Primary Health Care Programmes will face the problem of credibility in the population. If the primary health care units are not closely linked with a hospital where high quality secondary curative services are available, and to where HPs and SHPs can refer their difficult patients, they will not be credible to the population. A consolidation of Okhaldhunga Community Hospital (OCH), which is the only hospital in the district, is therefore included in the project.

2. Background Information

For details, please refer to the Project Document from 2009.

Country:

The political situation has been uncertain throughout the project period. Until 2006 there was a civil war between a Maoist insurgency movement and the Government. After this was ended in 2006 there has been peace, but the National Constitutional Assembly did not succeed in agreeing on a proposal for new constitution for the country. The Constitutional Assembly is now dissolved, and the country is lead by an interim government. This has put the country into a kind of political limbo where decisions and guidelines on a national scale in many areas are non-existent, which hampers developmental work. The political situation is very fragile.

Project Area:

Okhaldhunga is a district in the eastern hills of Nepal. It is situated far from any national or regional centre, and communication problems, both within the district and with the outside world, are always central to any developmental project in the area. (See the Project Document for details). The population of Okhaldhunga District is 186,000 (2011). This is the target population for the Public Health Unit (PHU), and thus for the Project.

However, OCH also serves a large proportion of the population of the five neighbouring districts. Each of the neighbouring districts has about the same population as Okhaldhunga, and an estimated 20 % of the people from these districts come here for health services. Okhaldhunga district does not have a government-run district hospital, so OCH is the only hospital in the district. It is run by United Mission to Nepal since 1964.

3. Project Aims and Objectives:

Aim:

The main aim of the project is to strengthen the primary health care available to people in the peripheral parts of Okhaldhunga District, especially women and children, in a sustainable way.

This is done by working through the already existing HPs and SHP, and in partnership with the local population, mainly in the form of Management Committees and Women's Groups, and with administrative bodies of the Government of Nepal (GoN).

A limited strengthening of OCH is included in the project.

Objectives:

Again: More details on each objective are given in the Project Document.

Objectives:

To strengthen the hospital's identity as a community health oriented district hospital that provides hospital services as the district referral centre. Hereunder to:

1.1 Develop and strengthen the Hospital's Public Health Unit (PHU) in order to enable it to run the planned "VDC-Package" (Annexure 1).

1.2 Give priority to essential, acceptable and affordable health care services

1.3 Promote and sustain a functional referral system in the district.

1.4 Ensure effective use of social services available in the hospital for the marginalized people.

To improve the hospital's physical capacity for communication with the community.

To strengthen the hospital's curative services and care, in view of the expected increase in demand.

To promote those community-based health initiatives for the health of women and children, and that ensure increased access to local health facilities by continuing health education and awareness raising in the communities.

To develop staff leadership and technical capacity to manage the project.

To develop a sound financial scheme to ensure project sustainability while continuing quality and cost effective medical care.

To continue its active involvement and initiatives in exploring the appropriate governance for the hospital.

4. Evaluation:

4.1 Objectives of the evaluation:

- The evaluation will focus on to what extent the aims and objectives outlined in the project document have been achieved.
- The sustainability of the changes achieved, both in the hospital and the community health work, will be evaluated.
- The project's impact on women's situation in the area will be evaluated.
- Which components were most effective?
- Whether there was a significant unintended impact.

The information generated by this evaluation will be used by

- a) The donor
- b) Nor Mission
- c) Okhaldhunga Community Hospital with its PHU

4.2 Evaluators:

The evaluation will be carried out by a team from Maitriya Collaboration, Lalitpur, consisting of Mr. Buddhi Bahadur Thapa, Ms. Laxmi Byanjankar and Mr. Shrawan Kumar Mishra

4.3 Schedule and fees:

The field-part of the evaluation will be done for about ten days starting from the last week of November. Time usage for the evaluation will be as outlined in Maitriya Collaboration's EoI dated September 2013.

The results of the evaluation will be made available to the stakeholders at the latest by mid-January 2014.

Consultancy fees for the evaluation will be as outlined in Maitriya Collaboration's EoI dated September 2013, with adjustment as per email from Mr. Prem Singh dated 21th September 2013.

4.4 Evaluation Methodology:

The team will design and develop its own methodology. It is suggested that both qualitative and quantitative methods be used.

Previous phases of the project have been evaluated:

- In 2002 by K Jeddere-Fisher and KM Shakya. Their report "Final evaluation of the CHS activities in Betini, Bhadoure, Ketuke and Umbu VDCs from July 1996 – May 2002" is available with the Project.
- In 2009 by Sr. Mariam Varghese, Mrs. Priya Ashvita Raj Kumar and Dr. Raj Kumar from "Rainbow Christian Academy Ltd". Their report "Community Health at the foot of Mount Everest" is also available with the Project.

The following records and reviews to be viewed:

- The Project Document from 2009
- The Project's Annual Plans and Reports (Calendar years)
- The Project's Annual Budgets and Financial Reports (Calendar years)
- The Annual Plans and Reports of OCH, including its PHU (Nepali fiscal years, i.e. starting from each 1st Shrawan, i.e. about 15th July)

4.5 Suggested evaluation indicators:

- Hospital services

- All curative services, for inpatients and outpatients;
 - Utilisation, i.e. quantity
 - Quality
- Relationship to PHU
- Relationship to (S)HPs (trainings, referrals, communication)
- For the following both comparing “before-and-after” the project in single VDCs, and comparing with VDCs which have not yet been included in the project could be considered:
 - Utilisation of services, i.e. quantity
 - Regularity of Outreach Clinics run by the (S)HPs (MCH, Immunisation, etc.)
 - Sanitation conditions.
 - Customer satisfaction
 - Sense of ownership to the health facilities by the population
 - School Health activities
 - Child-To-Child Classes
 - Non-Formal Education activities
 - Family Planning activities
 - Domestic violence initiative
- Female Community Health Volunteers (FCHVs)
 - Number
 - Training received, both basic and follow-up
 - Level of relevant knowledge
 - Involvement in MCH Clinics
 - Involvement in other activities with the (S)HP, such as developing local Action Plan, etc.
 - Role in community
 - Relationship to local Women’s Group
- Women’s Groups
 - Involvement in MCH Clinics
 - Involvement in other activities with the (S)HP, such as developing local Action Plan, etc.
 - Regularity of meetings
 - Role in community
 - Activities
 - No of groups
 - No of participants
 - Member satisfaction / expectations
 - Function as Money Saving Groups
 - Women’s partaking in local decision making
- (S)HP Management Committees
 - Regularity of meetings
 - Follow-up of decisions made in previous meetings
 - Transparency of accounting

- Relationship to staff of (S)HP
- General level of functioning

4.6 Recommendations:

As outlined in the Project Document, an extension of the activities within the project for another (two) five-year(s)' periods has been envisaged. The findings of this evaluation will be major factors to be considered when this extension is being planned. Any recommendations regarding future adjustments / changes will therefore be of direct practical importance.

4.7 Reporting:

Though all the evaluation team members would report their findings and suggestions, the leader of the evaluation team is responsible for editing and preparing the final report.

ANNEXURE 1

“The programme package for Sustainable Development and Strengthening of Primary Health Care in the VDCs” (= “The VDC package”) comprises of the following components:

- i. Organization and strengthening of local health institutions Management Committees
- ii. Carrying out baseline surveys.
- iii. Community Drug Programme (a community drug cost sharing scheme by combining government supplied drugs, VDCs health budget and partner Programme fund).
- iv. Non-formal education (child-to-child & adult classes (community managed)).
- v. Women empowerment by forming and organizing groups.
- vi. MCH/FP clinic services (managed by women group).
- vii. School Health Programme (with health teachers' participation).
- viii. Environment Sanitation Programme.
- ix. Community Health Education.
- x. Training Programme for health volunteers such as Traditional Birth Attendants (TBAs) and Female Child Health Volunteers (FCHVs)
- xi. Training Programme for committee members, women group members and school health teachers.
- xii. Training Programme for HP-/ and SHP – staff.
- xiii. Management training among Management Committees members and community leaders.
- xiv. Carry out RRA and PRA.
- xv. Develop community organization skills
- xvi. Domestic violence initiative

Annex II: Detailed Itinerary of Field Trip

Name of VDC: Shreechaur, Khijikatie , Prapcha, Khijiphalate and Mulkharka
 Date: 28 November to 9 December 2013
 Duration of Visit: 12 Days
 Name of Evaluator's Team: Shravan Kumar Mishra, Buddhi Bahadur Thapa and Laxmi Byanjankar
 Name of IMC Member: Tuk Bahadur Shreemal, Dr. Erik Bohler, Kristin Bohler, and Apsara Shahi Shamundra

Date	Place	Activities
13 Mangsir 2070 Thursday 28 November 2013	Arrival in Okhaldhunga, field visit plan and observation of NRC/ Hospital	Okhaldhunga Community Hospital
14 Mangsir 2070 Friday 29 November 2013	Continue Hospital observation and Travel to Shreechaur	Okhaldhunga Community Hospital & arrival Shreechaur
15 Mangsir 2070 Saturday 30 November 2013	Work at Shreechaur VDC and meeting with PHU Staff	Visit MG group, SHP, home visit, HMC, MG Network, Observation of environment sanitation initiatives,
16 Mangsir 2070 Sunday 1 December 2013	Work at Shreechaur VDC; meeting with various groups	School health education programme, meeting with MG and FCHV.
17 Mangsir 2070 Monday 2 December 2013	Travel to Khijikatie	Arrival in Khijikatie Health Post
18 Mangsir 2070 Tuesday 3 December 2013	Work at Khijikatie VDC; meeting with various groups	Visit MG group, HP, home visit, FCHV, HMC, MG network group, and meeting with PHU staff.
19 Mangsir 2070 Wednesday 4 December 2013	Work at Khijikatie VDC; meeting with various groups	Meeting with VDC team, HP staff and School health programme and Child to child programme.
20 Mangsir 2070 Thursday 5 December 2013	Travel to Shreechaur	While travel back to Shreechaur meeting with PHU field staff at Khijiphalate.
21 Mangsir 2070 Friday 6 December 2013	Travel to Prapcha, work at Prapcha HP and arrival Okhaldhunga	Meeting with HMC, HP staff, and PHU Field staff.
22 Mangsir 2070 Saturday 7 December 2013	Travel to Mulkharka and work at Mulkharka	Meeting with MG group, MHC and SHP staff
23 Mangsir 2070 Sunday 8 December 2013	Work at Mulkharka and travel to Okhaldhunga	Meeting with MG Network and FCHV
24 Mangsir 2070 Monday 9 December 2013	Travel to Kathmandu	

Annex III: List of people participated in the discussions, meetings and interviews

Meeting at Office: Meeting with Mr. Tuk Bahadur Shreemal (Hospital Director) , Dr. Erik Bohler (Medical Coordinator), Khristin Bohler (Social Service cum NRC Advisor), Mrs. Chhochara Kumari Shrestha (Maskey), Mr. Ram Bahadur Budhathoki (Public Health Trainer) and Khyam Prasad Baral (Public Health Phase Over Coordinator), Ms. Binu Rai, Afno FM Radio

Shreechaur VDC:

PHU Staff: Meeting with Okhaldhunga Community Hospital, Public Health Unit staff; following staffs were participated in the discussion at Shreechaur VDC.

- 1) Ansumala Karkee – Public Health Facilitator for Shreechaur VDC
- 2) Bina Kumari Rai – Public Health Facilitator for Rawadolu VDC Previously for Shreechaur VDC)
- 3) Rabin Thapa - Local Health and Social Mobiliser for Shreechaur VDC

HMC: Meeting with HMC at Shreechaur Health Post, Shreechaur VDC, Okhaldhunga; following members were participated in the discussion.

- | | |
|--------------------------|--------------------------------|
| 1) Dirgha Raj Katwal | Acting chairperson |
| 2) Pushpa Raj Thakur | HP In charge, Member secretary |
| 3) Anjula Ghising | Member |
| 4) Gopa Thapa | Member |
| 5) Ganga Maya Tamang | Member |
| 6) Nar Bahadur Tamang | Member |
| 7) Eka Bahadur Thapa | Member |
| 8) Devi Nepal | Member |
| 9) Seeta Devi Nepal | Member |
| 10) Ganga Bahadur Tamang | Advisor |

MGN: Meeting with Parikalpana Swasthye Ama Samuha Sanjal (MGN), Shreechaur; following members were participated in the discussion.

- | | |
|------------------------|---------------|
| 1) Anjula Ghising | Chairperson |
| 2) Sunita Tamang | Secretary |
| 3) Sang Dolma Tamang | Vic-Secretary |
| 4) Dhana Sari i Tamang | Member |
| 5) Gopa Thapa | Member |
| 6) Seeta Devi Nepal | Member |
| 7) Devi Nepal | Member |
| 8) Dil Kumari B. K. | Member |

HP: Meeting with Health Post staff at Shreechaur Health Post, Shreechaur, Okhaldhunga; following staffs were participated in the discussion.

- | | |
|----------------------|-----------------------|
| 1) Pushpa Raj Thakur | Health Post In charge |
|----------------------|-----------------------|

- | | |
|----------------------------|---------------|
| 2) Jeevan Kumar Budhathoki | CMA |
| 3) Sangita Budhathoki | ANM |
| 4) Jambu Sherpa | Office Helper |

School: Meeting with School Teacher at Shree Sahid Peshal Primary School, Yanda 4, Shreechaur; following teachers were participated in the discussion.

- 1) Keshav Prasad Dahal
- 2) Dhana Maya Tamang (trained for Child to Child training)
- 3) Sharmila K. C.
- 4) Panju Thapa
- 5) Hira Katwal (trained for Frist Aid health training)

FCHV: Meeting with FCHV at Shreechaur; following FCHVs were participated in the discussion.

- | | |
|----------------------|-----------------------------------|
| 1) Tom Maya Tamang | FCHV of Shreechaur, Ward Number 3 |
| 2) Bhima Khatri | FCHV of Shreechaur, Ward Number 4 |
| 3) Dhana Jyoti | FCHV of Shreechaur, Ward Number 5 |
| 4) Chuni Maya Tamang | FCHV of Shreechaur, Ward Number 6 |
| 5) Tara Kharti | FCHV of Shreechaur, Ward Number 7 |
| 6) Bishnu Tamang | FCHV of Shreechaur, Ward Number 8 |

MG: Meeting with Mother Group at Shreechaur VDC, following members were participated in the discussion.

- | | |
|------------------------|---------------------------|
| 1) Juna Maya B. K. | Shreechaur, ward number 3 |
| 2) Tirth Maya Tamang | Shreechaur, ward number 3 |
| 3) Gita B. K. | Shreechaur, ward number 4 |
| 4) Man Kumari B. K. | Shreechaur, ward number 4 |
| 5) Manmaya B. K. | Shreechaur, ward number 4 |
| 6) Nir Mana Tamang | Shreechaur, ward number 4 |
| 7) Sabitri B. K. | Shreechaur, ward number 4 |
| 8) Champuri B. K. | Shreechaur, ward number 4 |
| 9) Chandra Maya Kharti | Shreechaur, ward number 4 |
| 10) Kamala Khatri | Shreechaur, ward number 4 |
| 11) Yam Maya Tamang | Shreechaur, ward number 5 |
| 12) Sanchi Maya Tamang | Shreechaur, ward number 5 |
| 13) Tanki Maya Tamang | Shreechaur, ward number 5 |
| 14) Tulasa Paudel | Shreechaur, ward number 5 |
| 15) Purna Maya B. K. | Shreechaur, ward number 5 |
| 16) Nir Maya Tamang | Shreechaur, ward number 5 |
| 17) Dut Maya Tamang | Shreechaur, ward number 5 |
| 18) Nar Maya Tamang | Shreechaur, ward number 5 |
| 19) Bishnu Maya Tamang | Shreechaur, ward number 5 |
| 20) Phul Maya Tamang | Shreechaur, ward number 6 |
| 21) Sabina Tamang | Shreechaur, ward number 6 |

22) Mina Maya Tamang	Shreechaur, ward number 6
23) Indra Maya Tamang	Shreechaur, ward number 6
24) Kali Maya Tamang	Shreechaur, ward number 6
25) Sani Maya Tamang	Shreechaur, ward number 6
26) Khim Maya Tamang	Shreechaur, ward number 6
27) Shri Maya Tamang	Shreechaur, ward number 6
28) Kopila Khatri	Shreechaur, ward number 6
29) Parbata Khatri	Shreechaur, ward number 6
30) Harka Maya Tamang	Shreechaur, ward number 6
31) Tanka Maya Tamang	Shreechaur, ward number 6
32) Jayamala Tamang	Shreechaur, ward number 6
33) Lal Maya Tamang	Shreechaur, ward number 6
34) Man Maya Tamang	Shreechaur, ward number 6
35) Bina Tamang	Shreechaur, ward number 8
36) Lali Maya Tamang	Shreechaur, ward number 8
37) Nir Maya Tamang	Shreechaur, ward number 8
38) Dil Maya Tamang	Shreechaur, ward number 8
39) Bishnu Maya Tamang	Shreechaur, ward number 8
40) Guni Maya Tamang	Shreechaur, ward number 8
41) Sun Maya Tamang	Shreechaur, ward number 8
42) Dolma Tamang	Shreechaur, ward number 8
43) Eka Maya Tamang	Shreechaur, ward number 8
44) Kamala Tamang	Shreechaur, ward number 8
45) Santa Maya Tamang	Shreechaur, ward number 8
46) Bina Tamang	Shreechaur, ward number 8

Meeting with Dhimi Jhakri: Ganga Bahadur Tamang – Shreechaur VDC 5

Khijikatie VDC:

MG: Meeting with “Pragatishil Mother Group” at Khijikatie VDC ward No. 4, following members were participated in the discussion.

1) Jit Maya Sunuwar	Khijikatie , ward number 4
2) Binisa Sunuwar	Khijikatie , ward number 4
3) Man Kumari Sunuwar	Khijikatie , ward number 4
4) Santa Kumari Sunuwar	Khijikatie , ward number 4
5) Padam Maya Sunuwar	Khijikatie , ward number 4
6) Bhim Kumari Sunuwar	Khijikatie , ward number 4
7) Samati Tamang	Khijikatie , ward number 4
8) Khadga Kumari Khatri	Khijikatie , ward number 4
9) Manamaya Neupane	Khijikatie , ward number 4
10) Manjari Ghimire	Khijikatie , ward number 4
11) Sabina Sunuwar	Khijikatie , ward number 4
12) Dil Maya Sunuwar	Khijikatie , ward number 4
13) Saraswati Khatri	Khijikatie , ward number 4

14) Indra Maya Bhujel	Khijikatie , ward number 4
15) Tara Maya Sunuwar	Khijikatie , ward number 4
16) Keshari Bhujel	Khijikatie , ward number 4
17) Jhapat Bhujel	Khijikatie , ward number 4
18) Bal Kumari Ghimire	Khijikatie , ward number 4
19) B Maya Tamang	Khijikatie , ward number 6
20) Sanja Maya Tamang	Khijikatie , ward number 6
21) Sumita Tamang	Khijikatie , ward number 6

FCHV: Meeting with FCHV in Khijikatie VDC, following FCHVs were participated in the discussion.

1) Pasi Sherpa	Khijikatie , ward number 1
2) Yan Sherpa	Khijikatie , ward number 2
3) Gita Sunuwar	Khijikatie , ward number 3
4) Binisa Sunuwar	Khijikatie , ward number 4
5) Nil Kumari Basnet	Khijikatie , ward number 5
6) Indra Kumari Neupane	Khijikatie , ward number 6
7) Kamal Kumari Sunuwar	Khijikatie , ward number 7
8) Krishna Maya Khatri	Khijikatie , ward number 8

MGN: Meeting with Phulbari Swasthe Ama Samuha Sanjal, Khijikatie VDC; following members were participated in the discussion.

1) Jit Maya Sunuwar	Secretary
2) Suk Maya Tamang	Member
3) Yesodha Ghimire	Member
4) Chanpad Devi Sunuwar	Member
5) Kalpana Nepali	Member
6) Ratna Maya Basnet	Member
7) Kamal Kumari Sunuwar	Member
8) Nil Kumari Basnet	Member

HMC: Meeting with Health Management Committee (HMC) in Khijikatie VDC; following members were participated in the discussion.

1) Jit Maya Sunuwar	Member, HMC Khijikatie
2) Hem Kmari B. K.	Member, HMC Khijikatie
3) Nirmala Neupane	Member, HMC Khijikatie
4) Barnabas Sunuwar	Member, HMC Khijikatie
5) Kul Bahadur Sunuwar	Member, HMC Khijikatie
6) Rekha Nath Neupane	Member, HMC Khijikatie
7) Dal Kumar Sunuwar	Member, HMC Khijikatie
8) Mahalati Sunuwar	Member, HMC Khijikatie (Act HP In charge)
9) Narayan Prasad Dahal	Member, HMC Khijikatie
10) Santa Bahadur Sunuwar	

School Teacher: Meeting with school teacher at Saraswati Primary School, Pipaldanda 4 Khijikatie

Mr. Umesh Kumar Sunuwar, Teacher – trained for Child to Child course from PHU

Meeting with Dharmi Jhakri: Nar Bahadur Sunuwar, Lindada 4, Khijikatie

HP Staff: Meeting with Sub-Health Post Khijikatie , Okhaldhunga, following staffs were participated in the discussion.

- | | |
|-------------------------|------------------|
| 1) Mahalati Sunuwar | Acting In charge |
| 2) Dal Kumari Sunuwar | ANM |
| 3) Amar Bahadur Sunuwar | Helper |

PHU Staff: Meeting with Okhaldhunga Community Hospital, Public Health Unit staff; following staffs were participated in the discussion at Khijikatie VDC.

- 4) Shesan Magar – Public Health Facilitator for Khijikatie VDC
- 5) Chandra Kumari Sunuwar – Local Health Facilitator for Khijikatie VDC
- 6) Jit Bahadur Karki – VDC Coordinator for Khiji Chandeswari VDC
- 7) Anjan Sunuwar - Local Health Facilitator for Khiji Chandeswari VDC

School: Meeting with students at Shree Mahadev Primari School; following students were participated in the discussion from class 3 to 5.

- | | |
|-----------------------|---------|
| 1) Pem Dolma Sanbu | Class 3 |
| 2) Niruta Yenjan | Class 3 |
| 3) Sabita Yonjan | Class 4 |
| 4) Bibek Yonjan | Class 4 |
| 5) Santalal Pakhrin | Class 4 |
| 6) Dhawa Yonjan | Class 4 |
| 7) Gyelmu Sherpa | Class 4 |
| 8) Yendi Sherpa | Class 4 |
| 9) Kanchhima Sherpa | Class 4 |
| 10) Buddhi Raj Yonjan | Class 5 |
| 11) Manjali Senbu | Class 5 |
| 12) Sanju Yonjan | Class 5 |
| 13) Budh Maya Yonjan | Class 5 |

School: Meeting with teacher at Shree Mahadev Primari School;; following teachers were participated in the discussion in this school.

- | | |
|------------------------|------------------------------|
| 1) Prem Bahadur Tamang | - Teacher |
| 2) Suk Laxmi Tamang | – Teacher (Bal Bikas Kendra) |
| 3) Suk Man Tamang | – Helper |

Former Child to Child class teacher – Aiti Maya Tamang – (She was old “C” to “C” teacher in this place)

PHU Staff: Meeting with Okhaldhunga Community Hospital, Public Health Unit staff; following staffs were participated in the discussion at Khjiphalate VDC.

1. Mohan Baniya – Public Health Facilitator for Khjiphalate VDC
2. Ganesh Bahadur Sunuwar – Local Health and Social Mobiliser for Khjiphalate VDC
3. Dilli Bahadur Karki – Public Health Facilitator for Ragani VDC
4. Deepak Khatri – Local Health and Social Mobiliser for Ragani VDC
5. Kumar Bahadur Khatri – Public Health Facilitator for Bhusunga

Prapcha VDC:

HMC: Meeting with HMC at Prapcha Health Post, Prapcha VDC, Okhaldhunga; following members were participated in the discussion.

- | | |
|--------------------------|---|
| 1) Chandika Phuyal | HMC Member, Prapcha Health Post Prapcha |
| 2) Bishnu Adhikari | HMC Member, Prapcha Health Post Prapcha |
| 3) Seeta Nepali | HMC Member, Prapcha Health Post Prapcha |
| 4) Nanda Dahal | HMC Member, Prapcha Health Post Prapcha |
| 5) Krishna Maya Pokharel | HMC Member, Prapcha Health Post Prapcha |
| 6) Seeta Phuyal | HMC Member, Prapcha Health Post Prapcha |
| 7) Reeta Phuyal | HMC Member, Prapcha Health Post Prapcha |
| 8) Lila Phuyal | HMC Member, Prapcha Health Post Prapcha |
| 9) Iswari Phuyal | HMC Member, Prapcha Health Post Prapcha |
| 10) Rita Dhakal | ANM, Prapcha Health Post Prapcha |
| 11) Sabita Dhakal | ANM, Prapcha Health Post Prapcha |
| 12) Mahima B. K. | ANM, Prapcha Health Post Prapcha |
| 13) Bimala Phuyal | Member of Mother Group |
| 14) Durga Maya | Member of Mother Group |
| 15) Nanda Maya Dahal | Member of Mother Group |

PHU Staff: Meeting with Okhaldhunga Community Hospital, Public Health Unit staff ; following staffs were participated in the discussion at Prapcha VDC.

- | | |
|-----------------------|--|
| 1) Menuka Rai | Public Health Facilitator for Rangadip VDC |
| 2) Renuka Gurung | Local Health and Social Mobiliser for Rangadip VDC |
| 3) Jaisari Rai | Public Health Facilitator for Patle VDC |
| 4) Bibek Tamang | Local Health and Social Mobiliser for Patle VDC |
| 5) Eka Devi Karki | Public Health Facilitator for Prapcha VDC |
| 6) Deepa Nepal | Local Health and Social Mobiliser for Prapcha VDC |
| 7) Khyam Prasad Baral | Public Health Phase Over Coordinator |

Mulkharka VDC:

HMC: Meeting with HMC at Mulkharka Sub-Health Post, Mulkharka VDC, Okhaldhunga; following members were participated in the discussion.

- | | |
|--------------------|-------------------------------------|
| 1. Ram Kukar Karki | HMC Chairperson and VDC Chairperson |
| 2. Devendra Sharma | Member Secretary, SHP In Charge |
| 3. Mamal Katwal | Member, School Teacher |
| 4. Tika Ram Ale | Member |

- | | |
|---------------------------|-----------|
| 5. Dammar Bahadur Tamang | Member |
| 6. Padam Bahadur Karki | Member |
| 7. Nirmaya Tamang | Member |
| 8. Tika Maya B. K. | Member |
| 9. Bir Bahadur Tamang | Member |
| 10. Hari Bahadur Bhujel | Member |
| 11. Manish Tamang | Member |
| 12. Pancha Bahadur Tamang | Ex Member |

MG: Meeting with "Sunaulo" and "Buddha" Mother Group" at Mulkharka VDC ward No. 4 & 5, following members were participated in the discussion.

- | | |
|-----------------------|-------------|
| 1. Panchi Maya Tamang | Chairperson |
| 2. Sangita Tamang | Secretary |
| 3. Buddhi Maya Tamang | Member |
| 4. Sunsari Tamang | Member |
| 5. Sharmila Tamang | Member |
| 6. Ashali Tamang | Member |
| 7. Kabita Tamang | Member |
| 8. Chameli Tamang | Member |
| 9. Jana Tamang | Member |
| 10. Nir Maya Tamang | Member |
| 11. Dil Kumari Tamang | Member |
| 12. Ashmila Tamang | Member |
| 13. Nathi Maya Tamang | Member |

MGN: Meeting with "Sayapari Swasthy Aama Samuha Sanjal" at Mulkharka VDC, following members were participated in the discussion.

- | | |
|-----------------------|---|
| 1. Laxmi Basnet | Chairperson, Mulkharka, ward number 1 |
| 2. Prava Gautam | Vice Chairperson, Mulkharka ward number 8 |
| 3. Sangita Tamang | Treasurer, Mulkharka, ward number 5 |
| 4. Sushila Karki | Member, Mulkharka ward number 2 |
| 5. Semi Tamang | Vice Secretary, Mulkharka, ward number 3 |
| 6. Bishnu Maya Tamang | Member, Mulkharka ward number 2 |
| 7. Buddhi Maya Tamang | Member, Mulkharka ward number 4 |
| 8. Panchi Maya Tamang | Member, Mulkharka ward number 4 |
| 9. Ram Sali Tamang | Member, Mulkharka ward number 4 |
| 10. Ram Maya Tamang | Member, Mulkharka ward number 4 |
| 11. Ashali Tamang | Member, Mulkharka ward number 5 |
| 12. Nir Maya Tamang | Member, Mulkharka ward number 4 |
| 13. Man Sari Tamang | Member, Mulkharka ward number 1 |
| 14. Dhanjali Tamang | Member, Mulkharka ward number 4 |
| 15. Kumari Tamang | Member, Mulkharka ward number 5 |
| 16. Seeta Tamang | Member, Mulkharka ward number 2 |
| 17. Man Maya Tamang | Member, Mulkharka ward number 8 |

18. Khina Maya Basnet	Member, Mulkharka ward number 1
19. Laxmi Karki	Member, Mulkharka ward number 1
20. Lila Maya Tamang	Member, Mulkharka ward number 1
21. Yesodha Gautam	Member, Mulkharka ward number 8
22. Chini Maya Tamang	Member, Mulkharka ward number 2
23. Seeta Maya Magar	Member, Mulkharka ward number 9
24. Dil Maya Thapa Magar	Member, Mulkharka ward number 9
25. Pudki Maya Thapa Magar	Member, Mulkharka ward number 6
26. Manisha Tamang	Member, Mulkharka ward number 8
27. Bishnu Maya Gautam	Member, Mulkharka ward number 8
28. Mina Gautam	Member, Mulkharka ward number 8

SHP Staff: Meeting with Sub-Health Post Mulkharka, Okhaldhunga, following staffs were participated in the discussion.

1. Devendra Sharma	SHP In Charge
2. Bimala Tamang	ANM
3. Indira Karki	ANM
4. Lasang Tamang	ANM
5. Dammar Tamang	CMA

Annex IV: Questionnaire Check list for evaluation

Health Post Management Committee and health institution staff:

- When this committee was formed?
- How many members do you have in this committee?
- What are the main purpose, responsibility and role of this committee?
- How the committee supporting to HP/SHP staff for smooth running of the services?
- Are there any sub-committees to delegate the responsibilities for effectiveness of HP/SHP?
- Are there sufficient medicines in the health institution for all the time each year?
- Are there sufficient staffs in your health institution? And are they regularly present in S/HP?
- Do you have good co-ordination and cooperation between staff and committee?
- What types of service are provided from this HP/SHP?
- When did you start ANC and MCH services in this HP/SHP?
- Do all the pregnant women come for check- up in all stages?
- Do you run vaccination clinics regularly?
- When people became sick where they go first? To Dhama Jhakri or to HP/SHP?
- How often the committee meet and discuss? Are they meeting regularly?
- What kinds of support are you getting from Mission PHU?
- Have the committee members and HP/SHP staff received any training from Mission PHU? If you have what type of training have you received?
- Which intervention was most effective and constructive to you?
- Have you received any equipment or furniture support in the HP/SHP from Mission PHU?
- How do you see the Mission PHU support? Is it very supportive, appropriate, relevant, and effective?
- Has there any agreement made between two parties, PHU and Health Management Committee?
- Are both following the agreement?
- Are there any things that have been missing out by Mission PHU and would be good to include in their intervention?
- Do you think the committee will be equally active as it is now after the phase out of Mission PHU intervention?

FCHVs:

- How many FCHVs in this VDC?
- What is the main role and responsibilities of FCHVs?
- How often do you provide your report to HP/SHP in charge?
- Are there regular meeting for FCHVs with health staff?
- Do you facilitate Mother Group regularly? How often?
- What you discuss in Mother Group?
- Do FCHVs do home visit and encourage pregnant women to go to HP/SHP?
- Do people respect FCHVs? If yes why they respect FCHVs?
- Are you happy for this role?
- Is Mission PHU involving and supporting FCHVs? If yes can you tell us what way?
- What kind of training have you received from Mission PHU?
- Is Mission PHU work beneficial for you?

Mothers' Groups:

- When did you form this mother group?
- How many mother groups in this VDC?
- How many members in a mother group?
- What is the importance of mother group?
- What kind of activities are you doing through mother groups?
- Do you do savings and credit activities in your mother group?
- What is the rule of savings and credit per member per month?
- How much money does a member saves by each member each month?
- How do you mobilise the collected fund among the members?
- Are there any rules, guideline for mobilising the collected fund in mother group?
- In what way does Mission PHU support in mother groups?

Mothers' Group Network:

- When did this network form?
- How many members in this network?
- What is the main purpose and goal of this network?
- How this network has been supporting to mother group?
- What kind of activities are doing from network for the betterment of women?
- Is the network registered with the government?
- In what way does Mission PHU supporting to network to develop their capacity and empowerment?
- Is the Mission PHU support effective and beneficial to you?

School Health Programme: teachers and students

- Do Mission PHU has been supporting in this school?
- What kind of support has been providing by the Mission PHU?
- Do PHU support for first aid?
- How does? Have you got any training and first aid kits?
- Do you apply child to child programme in your school?
- Do you think this is helpful? If yes how and why is this beneficial?
- Have the teacher got training to do this activity? How many teachers got the training?
- Are their support effecting and constructive?
- Is the Mission PHU intervention be sustainable once they withdrawn their support? How it will be sustainable?

Others:

- Do the Mission PHU providing health training to Dhami Jhakri?
- Do you think, the health training to Dhami Jhakri is beneficial to them?
- How many Dhami Jhakri are there in this VDC?
- Have all the Dhami Jhakri got this health training?
- Have Dhmi jhakri been referring their clients to HP/SHP after this training?
- What is the perception of Dhami Jhakri for this kind of activities?

**Annex V: Fixed Assets List
Okhaldhunga Community Hospital
NORAD Funded Project**

Fixed Assets List as on 31st December 2012

Year	S.No.	Date of Purchase	Item	Quantity	Price at Date of Purchase	Estimate Value on 31st Dec. 2012	Location
2010	1	4/23/2010	Solar System for Light of NRC	1	62,000.00	35,712.00	NRC Building
	2	5/24/2010	Defibrillator AED	1	310,750.00	173,025.00	Operation Theater
	3	5/28/2010	Delta 3KVA Online UPS for power back up system	1	78,000.00	43,430.00	Admin. Office
	4	7/1/2010	Major Hydraulic OT Table	1	457,650.00	259,212.00	Operation Theater
	5	6/29/2010	Dell Opt.38 Desk Top Computer for Billing System	1	58,760.00	33,282.00	Admin. Office
	6	4/18/2010	Kirloskar Green Generator 50 KVA Capacity	1	1,078,360.00	647,016.00	Generator Room
	7	10/5/2010	Vista Dagger Patient Monitor	1	425,000.00	260,100.00	Operation Theater
			Total 2010		2,408,520.00		
	1	5/8/2011	X-ray Lead Apron	1	14,500.00	11,600.00	X-ray Room
	2	5/8/2011	X-ray Cassette with Screen 3 (14x17)	3	33,300.00	26,640.00	X-ray Room
	3	5/8/2011	X-ray Hanger 14x17-6PCS	6	2,100.00	1,680.00	X-ray Room
	5	5/18/2012	Hematocrite Machine	1	152,239.00	107,582.00	Laboratory
	4	8/22/2011	Volt Guard 1 KVA-16 3KVA-2 PCS and UPS	16	32,990.00	26,392.00	Hospital
	5	10/23/2011	Laptop Power Adpoter-3 PCS	3	33,920.00	27,136.00	Social/Hospital
	6	10/24/2011	Hilux Parts Replace	1	124,492.00	99,594.00	Hilux
	3	11/29/2011	Oxygen Regulator Hose (KIMURA)	1	50,000.00	40,000.00	Operation Theater
	6	12/16/2011	IDS Power Supply for Vista Patient Monitor	1	35,000.00	28,000.00	Operation Theater
2011	1	12/16/2011	Siemens Multimobile 2.5 X-ray Machine (Serial No.033434)	1	675,000.00	540,000.00	X-ray Room with Lab
	2	12/30/2011	Electric Colorimeter ERMA AE-11D	1	59,325.00	47,460.00	Laboratory
	3	12/30/2011	Dell T110 Computer Server	1	100,000.00	80,000.00	Business Office
			Total 2011		1,312,866.00		
2012	1	11/20/2012	Airsep corporation VisionAire Oxygen concentrator	4	492,000.00	460,000.00	Ward/Store
	2	11/4/2012	Biological Binocular Miscroscope CX22LED	2	268,149.00	268,149.00	Laboratory/Store
	3	12/2/2012	Autoclave Machine(Nat Steel India) 227 LTR capacity	1	1,282,000.00	1,282,000.00	CSSD
	4	12/5/2012	OT Light-HyLite6500	1	607,490.00	595,490.00	Operation Theater
	5	12/3/2012	ESCHMANN VP35 General Purpose Mobile Suction	1	300,401.00	300,401.00	Operation Theater
	6	12/23/2012	Laptop Dell Vostro 3450 i5	1	66,500.00	66,500.00	PHU Office
	7	12/18/2012	X-ray Board (PCB)	1	65,855.00	65,855.00	X-ray Room
			Total 2012		3,082,395.00		
			Total for 3 Year		6803781.00		

**Annex VI: Details of Short Term and Long Term Courses
Okhaldhunga Community Hospital
NORAD Funded HRD Details from 2010 to 2012**

Year	S.No	Course	Name of Participant	Post	Place	Institute	Duration
2010	1	Pharmacy Training	Anu Karki	Store Assistant	Kathmandu	MSMT	3 days
	2	Mental Health training	Shanta All Shrestha	OPD CMA	Kathmandu	CMC	2 weeks
	3	USG refresher training	Khagendra Shrestha	USG assistant /CMA	Tasnen	UMHT	2 weeks
	4	NCHA annul workshop	Tuk Bahadur Harijan	Hospital Director	Kathmandu	NCHA	1 weeks
			Shanti Ram Rai	Public Relation officer	Kathmandu		
			Neeru Karki	PHU program officer	Kathmandu		
	5	Skill Bearth Attendance (SBA)	Champa Baniya	ANM	Tasnen	UMHT	2 months
			Bandana Basnet	ANM	Tasnen	UMHT	2 months
	6	Advance SBA for doctor's	Dr.Shreya Thapa	Medical Officer	Kathmandu	Maternity hospital	10 weeks
	7	NRC Annual workshop	Normal Shrestha	NRC Supervisor	Kathmandu	NPCS	7 days
	8	Pediatric Nursing course	Pabita Rai	Staff Nurse	Tasnen	UMHT	2 months
			Radha Rai	ANM	Tasnen	UMHT	2 months
	9	Community mobilization training	Public health unit staff	N/A	Okhaldhunga	NEST	
	10	Financial management training	Buddha Shrestha	Business Manager	UK, London	Mango	4 weeks
	11	Nursing annual workshop	Radha Rai	ANM	Lamjung hospital	Hospital network	1 weeks
			Chitra Rai	ANM	Lamjung hospital	Hospital network	1 weeks
	12	Diploma in Pharmacy	Phanindara Dani	CMA/Store in charge	Kathmandu	ALLNIMS	2 years
2011	1	Advance SBA for doctor's	Dr.Vijaya Shah	Medical Officer	Kathmandu	Maternity hospital	10 weeks
	2	Pediatric Nursing course	Radha Rai	ANM	Tasnen	UMHT	2 months
			Pabita Rai	Staff Nurse	Tasnen	UMHT	2 months
	3	Hospital Christian fellowship (HCF)	Bishnu Sunuwar	Staff Nurse	Anandaban Leprosy Hospital	NCHA	3 days
			Sabita B.K.	ANM	Anandaban Leprosy	NCHA	3 days

Year	S.No	Course	Name of Participant	Post	Place	Institute	Duration
					Hospital		
	4	X-ray assistant training	Dudu All Rai	X-ray Assistant	Tasnen	UMHT	6 months
	5	IUD Training	Chochara Maskey	Nursing Superintendent	Kathmandu	Department of Health	1 weeks
	6	Mental Health training	OCH Staff	N/A	Okhaldhunga	CMC	1 weeks
	7	NRC Annual workshop	Nirmal Shrestha	NRC Supervisor	Kathmandu	NPCS	7 days
			Eka Devi Karki	PHU Team Leader	Kathmandu	NPCS	7 days
	8	Money works software training	Buddha Shrestha	Business Manager	Kathmandu	Sustainable Solution	2 days
			Kul Giri	Public Relation officer	Kathmandu	Sustainable Solution	2 days
	9	Diploma in Pharmacy	Phanindara Dani	CMA/Store in charge	Kathmandu	ALLNIMS	1 years
2012	1	Hospital Christian fellowship (HCF)	Jangi Rai	Social service worker	Anandaban Leprosy hospital	NCHA	1 weeks
			Dudu All Rai	X-ray Assistant	Anandaban Leprosy hospital	NCHA	1 weeks
	2	Skill Bearth Attendance (SBA)	Radha Rai	ANM	Pokhara	Regional hospital	2 months
			Jog Maya Rai	ANM	Pokhara	Regional hospital	2 months
	3	Diabetic Training	Dr.Niresh Thapa	MDGP Doctor	Vellore, India	CMC, Vellore	2 weeks
	4	PLA Training	PHU Staff	N/A	Okhaldhunga	NEST	1 weeks
	5	Co-operative Training	PHU staff/women's network	N/A	Okhaldhunga	Co-operative office, Udayapur	1 weeks
	6	Mental Health training	OCH Staff	N/A	Okhaldhunga	CMC	1 weeks
	7	USG training	Kumar Katwal	OPD CMA	Resunga Hospital,	Gulmi	2 months
	8	UMN Values workshop	OCH Staff	N/A	Okhaldhunga	OCH	1 day
	9	Nursing staff skill upgrade course	OCH nursing staff	N/A	Okhaldhunga	Muna Maharjan	1 Month
	10	NRC Annual workshop	Nirmal Shrestha	NRC Supervisor	Kathmandu	NPCS	7 days
			Eka Devi Karki	PHU Team Leader	Kathmandu	NPCS	7 days

Annex VII: List of Documents Reviewed

1. Annual report 2004-2005
2. Official webpage of NORAD
3. Project Annual Report 2010 – 2011
4. Project Annual Report 2011 – 2012
5. Project Annual Report 2012 – 2013
6. Project Proposal document
7. Project evaluation report 2009