



स्नोल्याण्ड एकिकृत विकास केन्द्र, नेपाल

Snowland Integrated Development Center [SIDC-Nepal]

Established 1992

Simkot, Humla

Tel 977-087-680059, Fax 977-087-6800059

Implementing Partner

ANNUAL PROGRESS REPORT

General Information of PO			
Name of Implementing Partner	Snowland Integrated Development Center, Nepal		
Project District	Humla		
Name of Implementing Project	Strengthening Maternal and Neonatal Health Services in partnership with Local Government (SMNHS)		
Project's Theme (✓)	Livelihood	√	Education
	Health & WASH	√	Sponsorship & CP
Project RM	Namkha, Simkot, Kharpunath, Sarkegad, Chankheli, Adanchuli & Tanjakot RM		
Reporting Period (MMDDYY)	1 st January- 31 st December, 2025		
Submission Date	January 11, 2026		
Submitted by (Name/Designation)	Anu Rokaya (Project Coordinator)		

Contents

List of Acronyms:	5
1. Background:.....	7
2. Project Summary:	9
3. Completed activities (Summary):	10
4. Activities in details:.....	16
Activity: 1.1.1.1 TOT on HFOMC at district/provincial level:	16
Activity 1.1.1.3 HFOMC Training at HF Level:.....	17
Activity 1.2.1.1: Develop/Update Comprehensive Health Profile at Palika Level:.....	18
Activity 1.2.2.1 Technical Assistance at Palika level for annual planning and budgeting of health services (Phase 3):	18
Activity 1.2.2.2 Health Planning and Budget workshop (Phase 2):.....	20
Activity 1.3.1.1: Consultation Meetings with Local Government on CHSB:.....	22
Activity 1.3.1.2 One-day orientation to the local government representative, HFOMC and FCHVs on CHSB:	22
Activity 1.3.1.3 Conduction of health mother's group meetings using self-applied tool for quality health (SATH):.....	24
Activity 1.3.1.4 Interface meeting involving HFOMC members, health workers, service users, FCHVs, representatives from CBOs, local influential leaders, and representative from local government:.....	26
Activity 1.3.1.5 Interface Review meeting-every six month:	27
Activity 2.1.1.1 Orientation and mobilization of 'student champion' on MNH focusing on the local barriers of MNH service utilization:.....	28
Activity 2.1.2.1 Interaction program with pregnant, recently delivered women, caretakers, and family members to increase health-seeking behavior:	29
Activity 2.1.3.1 Celebration of days related to maternal, neonatal and child health at the local level:	31
Activity 2.1.4.1 MNH message broadcasting via radio/FM:	32
Activity 2.2.1.1: TOT on BPP/MISO at District/Palika Level:	33
Activity 2.2.1.2 BPP/MISO Refresher Training to FCHVS and Health workers at HF:.....	33
Activity 3.1.5.1 MNH Helpline and Nurses with PW/RDW:	35
Activity 3.1.5.3 Support to Introduce and Continue Teleconsultation Services for PW/RDW:.....	36

Activity 4.1.1.1 SBA/SHP:	38
Activity 4.1.1.3 ROUSG:	38
Activity 4.1.1.5 Implant:	39
Activity 4.1.6.17 Program Consultative and Planning meeting at district level with respective stakeholders (Hub and Spoke site mapping):	39
Activity 4.1.6.18 Conduct Mentor Development Training (Nursing & Medical Doctors):.....	40
Activity 4.1.6.19 Establishment of Simulation Room and Program Orientation:.....	40
Activity 4.1.6.20 Pre and Post Assessment at Hub site:	42
Activity 4.1.6.21 Monthly Session at Hub site:	43
Activity 4.1.6.22 Conduct a weekly/bi-monthly drill at hub site:.....	44
Activity 4.1.6.25 Establish a newborn resuscitation corner at each spoke site:.....	46
Activity 4.1.6.26 Simulation based onsite coaching and mentoring at spoke site:	46
Activity 4.1.6.27 Weekly/bimonthly drill at Spoke site:	48
Activity: 4.1.6.28 Post Assessment at Spoke site:	51
Activity 4.2.1.1 Support essential equipment to BC/BEONC/CEONC/referral hospital/training site (first time):	52
Activity 4.2.5.1 Review/follow up of RUSG service:.....	54
Activity 5.1.2.1 First time MSS/QIP for health facilities:	55
Activity 5.1.3.1 First time MSS/QIP for health facilities follow up:	57
Activity 5.1.4.1 Tracking of maternal deaths, validation and reporting to concerned health facilities and Palika:	58
Activity 6.1.1.1 Support to Conduct Annual Review and Planning Meeting at Palika Level: .	58
Activity: 6.1.2.1 Support to conduct annual review and planning meeting at district level (involving all Palikas):	60
Activity: 6.1.5.1. Joint Supportive Supervision and Monitoring Visits with Local Municipality Representatives:	61
Activity: 6.3.5.1 Integrated Monitoring/Meetings with Health Facilities/Districts/Province:..	62
Activity: 6.3.7.1 DPAC/LPAC:.....	63
6.3.11.1 Community perception collection and analysis:	63
6.3.15.1 OHW plan/progress sharing to municipality:.....	65
6.3.16.1 OHW plan/progress sharing with DHO/DCC:.....	67
5. Financial Delivery:	69

6. Partnership Highlights	72
7. Results:	72
8. Challenges/Barriers/Lessons learnt:	73

List of Acronyms:

ANC: Antenatal Care

ASRH: Adolescent Sexual and Reproductive Health

BAB: Breathing After Birth

BC: Basic Care

BEONC: Basic Emergency Obstetric and Newborn Care

BHSC: Basic Health Service Center

BM: Board Member

BPP: Birth Preparedness Plan

CEONC: Comprehensive Emergency Obstetric and Newborn Care

CGDs: Community Group Discussions

CHSB: Community Health Score Board

CHU: Community Health Unit

CP: Community Perception

DCC: District Coordination Committee

DHO: District Health Office

DIP: Detailed Implementation Plan

DPAC: District Project Advisory Committee

ECLB: Every Child Learns to Breastfeed

HBB: Helping Babies Breathe

HFOMC: Health Facility Operation Management Committee

HP: Health Post

HPBW: Health Planning Budgeting Workshop

HSO: Health Service Office

HWs: Health Workers

INGO: International Non-Governmental Organization

KMC: Kangaroo Mother Care

LPAC: Local Project Advisory Committee

MISO: Misoprostol

MNH: Maternal and Neonatal Health

MNCH: Maternal, Newborn and Child Health

MSS: Minimum Service Standards

NGO: Non-Governmental Organization

OHW: One Heart Worldwide

PNC: Postnatal Care

PPH: Postpartum Hemorrhage

PW: Pregnant Women

QIP: Quality Improvement Plan

RDW: Recently Delivered Women

RM: Rural Municipality

RoUSG: Rural Ultrasonography

SATH: Self-Assessment Tool for Hospitals

SBA: Skilled Birth Attendant

SBMP: Simulation Based Mentorship Program

SHP: Skilled Health Personnel

SIDC: Snowland Integrated Development Center

SMNHS: Strengthening Maternal and Neonatal Health Services in Partnership with Local Government

1. Background:

Snowland Integrated Development Center (SIDC) is a leading non-profit, non-governmental, autonomous social development organization established in 1992 and based in Humla. The organization was founded by locally educated and qualified residents with strong commitment and extensive experience in various development sectors. SIDC follows a democratic governance system, with executive body representatives elected by the general members every two years. The Board consists of nine executive members, led by a female Chairperson, with at least 33 percent women's representation. SIDC was registered with the District Administration Office in 1992 and is affiliated with the Social Welfare Council and the NGO Federation of Nepal.

In the past, several development initiatives were implemented in the Karnali region by different organizations. However, these efforts were often insufficient to achieve the intended outcomes due to limited coordination and inadequate understanding of the region's geography, culture, and people. Recognizing these gaps, SIDC was established to address development needs in a more inclusive and coordinated manner. The organization aims to serve as a bridge among stakeholders, fostering cooperation, coordination, and collaboration with government offices, national and international organizations, and other relevant agencies to ensure effective and people-centered development interventions.

SIDC's constitution clearly defines its vision, mission, goals, and objectives, with a strong focus on equitable development and the upliftment of poor, Dalit, ethnic, and other marginalized communities. Learning from past development experiences, SIDC emphasizes the identification of community needs and priorities and the effective utilization of local human resources. The organization is committed to sustainable development in Karnali through strong partnerships with local, district, and national stakeholders, as well as civil society organizations, NGOs, INGOs, and federations. SIDC strives to promote empowerment, participation, and harmonious relationships among community members across all development sectors.

Since its inception, SIDC has been working closely with poor and marginalized populations in rural Humla to support them in meeting basic needs, improving livelihoods, and enhancing their

socio-economic status. Gender equality and social inclusion remain central to all its programs. SIDC has successfully built strong relationships with communities and institutions, contributing to progress in areas such as income generation, infrastructure development, social mobilization, education, health and awareness, agriculture and livestock, forestry, knowledge management, and skill development. In addition to grassroots development activities, SIDC is also actively involved in communication, advocacy, lobbying, networking, and awareness-raising at both local and national levels to promote human rights and social justice.

In accordance with the Social Welfare Act, One Heart Worldwide (OHW) Nepal has signed a Project Agreement and General Agreement with the Social Welfare Council and partnered with Snowland Integrated Development Center, Humla, to implement the Strengthening Maternal and Neonatal Health Services in Partnership with Local Government (SMNHS) project. SIDC is a well-reputed organization with extensive experience across sectors including education, water and sanitation, health, livelihoods, human rights, life skills, and climate change, and has earned strong trust from communities. SIDC and One Heart Worldwide entered into their first one-year partnership agreement in 2025.

Currently, the SMNHS project is being implemented in all seven Rural Municipalities of Humla District, Namkha, Simkot, Kharpunath, Chankheli, Sarkegad, Adanchuli, and Tanjakot. The project primarily focuses on Maternal and Neonatal Health (MNH). The following activities were completed from January to December 2025 under the respective thematic areas.

2. Project Summary:

Snowland Integrated Development Centre (SIDC) has been working since 1993. In January 2025, SIDC, with technical and financial support from One Heart Worldwide (OHW), launched the project "Strengthening Maternal and Neonatal Health Services in Partnership with the Local Government" in Humla district.

Mission: "Save the lives & well beings of mothers & newborns in underserved areas of Rural Nepal."

Vision: "A locally led health system providing equitable access of quality care for all mothers and newborns"

Our priority: "Mothers and Newborns are the heart of our Network of Safety"



SMNHS project (Objectives)



1. Strengthen health system through capacity building of local government
2. Increase MNH service demand
3. Increase MNH service delivery
4. Capacity enhancement of MNH service providers
5. Improve quality of MNH services
6. Coordination, monitoring, evaluation, research and learning



3. Completed activities (Summary):

Code	Activities Name	Annual Targets	Completed targets	Remaining targets	Remarks
Objective 1. Strengthen health system through capacity building of local government					
1.1.1.1	TOT on HFOMC at district/provincial level	1	1	0	
1.1.1.3	HFOMC training at HF level	15	15	0	
1.2.1.1	Develop/update comprehensive health profiles at Palika level	7	7	0	
1.2.2.1	Technical assistance at Palika level for annual planning and budgeting of health services (Phase 3)	16	16	0	

1.2.2.2	Health planning and budgeting workshop (phase 2)	4	4	0	
1.3.1.1	Consultation meeting with local government	3	3	0	
1.3.1.2	One day orientation to the local government representative, HFOMC and FCHVs on CHSB	6	6	0	
1.3.1.3	Conduction of health mother's group meetings using self-applied tool for quality health (SATH)	24	24	0	
1.3.1.4	Interface meeting involving HFOMC members, health workers, service users, FCHVs, representatives from CBOs, local influential leaders, and representative from local government	6	6	0	
1.3.1.5	Review of interface meeting	2	2	0	

Objective 2: Increase MNH service demand

2.1.1.1	Orientation and mobilization of 'student champion' on MNH focusing on the local barriers of MNH service utilization	5	5	0	
2.1.2.1	Interaction program with pregnant, recently delivered women, caretakers, and family	20	20	0	

	members to increase health-seeking behavior				
2.1.3.1	Celebration of days related to maternal, neonatal, and child health at the local level	3	3	0	
2.1.4.1	MNH message broadcasting via radio/FM	9	8	1	Started from May month
2.2.1.1	TOT on BPP/MISO at district/Palika level	1	1	0	
2.2.1.2	BPP/MISO refresher training to FCHVs and Health workers at HF	19	19	0	
Objective 3: Increase MNH service delivery					
3.1.5.1	MNH helpline and Nurses with PW/RDW	110	137	-27	
Objective 4 : Capacity enhancement of MNH service providers					
4.1.1.1.	SBA/SHP	3	3	0	
4.1.1.3.	ROUSG	2	3	-1	Total 3 Nursing staff trained
4.1.1.5	Implant	2	2	0	
4.1.6.17	Program consultative and planning meeting at district level with respective stakeholders (Hub and spoke site mapping)	1	1	0	

4.1.6.18	Conduct a mentor development training (Nursing & Medical doctor)	6	7	-1	One overachieved in 2025
4.1.6.19	Establishment of simulation room and SBMP program orientation	3	3	0	
4.1.6.20	Conduct a pre and post assessment at Hub site	3	3	0	
4.1.6.21	Conduct a monthly session at hub site	9	7	2	Unable to achieve the targets due to high targets within a limited timeframe and the late initiation of SBMP activities.
4.1.6.22	Conduct a weekly/bimonthly drill at hub site	36	15	21	Unable to achieve the targets due to high targets within a limited timeframe, a busy schedule, unavailability of nursing staff, and the late initiation of SBMP activities.
4.1.6.25	Establish new born resuscitation at spoke site	6	6	0	
4.1.6.26	Simulation based onsite coaching and mentoring at spoke site	18	14	4	Unable to achieve the targets due to high targets within a limited timeframe, a busy schedule, unavailability of

					nursing staff, and the late start of SBMP activities.
4.1.6.27	Weekly/bimonthly drill at Spoke site	72	34	38	Unable to achieve the targets due to high targets within a limited timeframe, a busy schedule, unavailability of nursing staff, and the late initiation of SBMP activities.
4.1.6.28	Post assessment at Spoke site	3	4	-1	One overachieved in 2025
4.2.1.1	Support essential equipment to BC/BEONC/CEONC/referral hospital/training site (first time):-	3	8	-5	BC equipment supported to 8 BCs in 2025
4.2.5.1	Review/follow up of RUSG service	1	1	0	
Objective 5: Improve quality of MNH services					
5.1.2.1	First time MSS/QIP for health facilities	16	16	0	
5.1.3.1	HP MSS follow up	5	5	0	
5.1.4.1	Tracking of maternal deaths, validation and reporting to	12	12	0	

	concerned health facilities and Palika				
5.1.4.2	Review of maternal deaths along with local stakeholders	2	0	2	We could not complete this activity
Objective 6: Coordination, Monitoring, evaluation, research and learning					
6.1.1.1	Support to conduct annual review and planning meeting at Palika level	7	5	2	
6.1.2.1	Support to conduct annual review and planning meeting at district level	1	1	0	
6.1.5.1	Joint supportive supervision and monitoring visits with representatives from local municipalities,	1	1	0	
6.3.5.1	Integrated monitoring/meetings with health facilities/Districts/Province	13	13	0	
6.3.7.1	DPAC/LPAC	1	1	0	
6.3.11.1	Community perception collection and analysis	8	8	0	
6.3.15.1	OHW plan/progress sharing to municipality	7	7	0	
6.3.16.1	OHW plan/progress sharing with DHO/DCC	3	3	0	

4. Activities in details:

Activity: 1.1.1.1 TOT on HFOMC at district/provincial level:

In coordination with the Health Service Office, Humla, a three-day Training of Trainers (ToT) on HFOMC was successfully conducted at the district level. The participants included Rural Municipality health coordinators, sub-health coordinators, and district supervisors.

The details are provided below:

Name of Rural Municipality	Venue	Total Participants		
		Female	Male	Total
Simkot Rural Municipality	Manasharawor Hotel	4	7	11



Figure 1, Introduction part during HFOMC ToT at District level



Figure 2, Group work during HFOMC ToT at District Level



Figure 3, Group work during HFOMC ToT at District Level



Figure 4, Group photo of HFOMC ToT at District level

Activity 1.1.1.3 HFOMC Training at HF Level:

In close coordination with the Palika Health Section and health facilities, a two-day Health Facility Operation and Management Committee (HFOMC) training was successfully conducted at 15 health posts. The training aimed to strengthen the governance, leadership, and management capacities of HFOMC members to ensure effective oversight of health facility operations and improve the quality of maternal and neonatal health (MNH) services. The participants included HFOMC members and nursing focal persons.

The details are provided below:

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants		
			Female	Male	Total
1	Sarkegad Rural Municipality	Gothi HP	3	3	6
2	Sarkegad Rural Municipality	Sarkeedu (Ripa) HP	4	3	7
3	Tanjakot Rural Municipality	Madana HP	4	3	7
4	Tanjakot Rural Municipality	Maila HP	6	1	7
5	Chankheli Rural Municipality	Melchham HP	4	2	6

6	Kharpunath Rural Municipality	Lali HP	3	3	6
7	Adanchuli Rural Municipality	Shreenagar HP	2	3	5
8	Adanchuli Rural Municipality	Kalika Lauthi HP	4	3	7
9	Sarkegad Rural Municipality	Barai HP	4	2	6
10	Simkot Rural Municipality	Thehe HP	5	3	8
11	Namkha Rural Municipality	Khagalgaun HP	5	3	8
12	Kharpunath Rural Municipality	Raya HP	2	6	8
13	Namkha Rural Municipality	Muchu HP	4	3	7
14	Chankheli Rural Municipality	Darma HP	5	4	9
15	Simkot Rural Municipality	Dandafaya HP	5	4	9

Activity 1.2.1.1: Develop/Update Comprehensive Health Profile at Palika Level:

A total of seven comprehensive health profiles of Rural Municipalities were developed. This was done in close coordination with respective Palika Health Coordinators and relevant stakeholders to collect, review, and validate information on demographic characteristics, health infrastructure, human resources, service utilization, and key maternal and child health indicators. The updated health profiles provide a clear picture of the current health status, existing gaps, and priority needs of each Palika. These profiles serve as an important reference for local governments to support evidence-based planning, improve service delivery, and guide targeted interventions to enhance maternal, newborn, and child health outcomes at the Palika level.

Activity 1.2.2.1 Technical Assistance at Palika level for annual planning and budgeting of health services (Phase 3):

Total 16 TA activities were conducted this year. It is important to strengthen the integration of Maternal and Newborn Health (MNH) services into annual health plan and budget. Focused coordination meetings were conducted following the Health Planning and Budgeting Workshop engaging Palika representatives, health coordinators, health facility In-charges. The sessions emphasized evidence based planning through the use of local MNH data to identify service gaps and prioritize key interventions such as Antenatal Care (ANC), Institutional Delivery, Postnatal Care (PNC).

The details are provided below:

S.N	Name of Rural Municipality	Total Participants		
		Female	Male	Total
1	Simkot Rural Municipality	1	10	11
2	Simkot Rural Municipality	4	13	17
3	Adanchuli Rural Municipality	0	10	10
4	Chankheli Rural Municipality	2	2	4
5	Kharpunath Rural Municipality	1	10	11
6	Sarkegad Rural Municipality	2	3	5
7	Simkot Rural Municipality	2	0	2
8	Simkot Rural Municipality	1	1	2
9	Simkot Rural Municipality	0	4	4
10	Sarkegad Rural Municipality	14	6	20
11	Chankheli Rural Municipality			0
12	Sarkegad Rural Municipality	3	9	12
13	Kharpunath Rural Municipality	3	12	15
14	Sarkegad Rural Municipality	1	3	4
15	Sarkegad Rural Municipality	3	4	7
16	Simkot Rural Municipality	1		1



Figure 5, Technical assistance on HBPW at Chankheli RM



Figure 6, Group photo of Technical assistance on HBPW at Adanchuli RM



Figure 7, Technical assistance on HBPW at Kharpunath RM



Figure 8, Technical assistance on HBPW at Sarkegad RM

Activity 1.2.2.2 Health Planning and Budget workshop (Phase 2):

In coordination with the Palika Health Section, four Palika-level health planning and budgeting workshops were successfully conducted over two days. The workshops focused on identifying gaps and prioritizing interventions in maternal and newborn health services and developing evidence-based health plans. Participants included Health Coordinators, Sub-Health Coordinators, nursing focal persons, health facility in-charges (excluding Community Health Units), account officers, and planning officers on both days, while ward Chairpersons and Social Development Sector focal persons participated on the second day only. **The details are provided below:**

S.N	Name of Rural Municipality	Total Participants
-----	----------------------------	--------------------

		Female	Male	Total
1	Namkha Rural Municipality	3	7	10
2	Simkot Rural Municipality	3	16	19
3	Tanjakot Rural Municipality	1	13	14
4	Sarkegad Rural Municipality	5	16	21



Figure 9, Group photo of HBPW at Simkor RM



Figure 10, Group photo of HBPW at Namkha RM



Figure 11, Group photo of HBPW at Sarkegad RM



Figure 12, Group photos of HBPW at Tanjakot RM

Activity 1.3.1.1: Consultation Meetings with Local Government on CHSB:

A total of three consultative meetings on CHSB were conducted in three Rural Municipalities with key municipal stakeholders, including the Rural Municipality chair/deputy chair, health coordinator, sub-health coordinator, and social development officer, prior to the start of the CHSB program at health facility and community levels. These meetings were integrated with the OHW plan/progress meetings at the Rural Municipality level.

The details are provided below:

S.N	Name of Rural Municipality	Venue	Total Participants		
			Female	Male	Total
1	Kharpunath Rural Municipality	Yanchu village	0	8	8
2	Chankheli Rural Municipality	Piplang	2	2	4
3	Sarkegad Rural Municipality	Health section office, Sarkegard RM	3	2	5



Figure 13, Consultative meeting on CHSB at Kharpunath RM



Figure 14, Consultative meeting on CHSB at Chankheli RM

Activity 1.3.1.2 One-day orientation to the local government representative, HFOMC and FCHVs on CHSB:

A total of six events were successfully conducted to strengthen community participation, accountability, and quality improvement in health service delivery at the local level. These were one-day orientations on the Community Health Score Board (CHSB), organized in close coordination with the Palika Health Section and respective health facility in-charges. The participants included HFOMC members, health workers (HWs), and Female Community Health Volunteers (FCHVs) from the respective health facilities.

The details are provided below:

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants		
			Female	Male	Total
1	Kharpunath Rural Municipality	Lali HP	6	4	10
2	Kharpunath Rural Municipality	Chhipra HP	8	6	14
3	Chankheli Rural Municipality	Shreemastha HP	3	5	8
4	Chankheli Rural Municipality	Melchham HP	5	5	10
5	Sarkegad Rural Municipality	Barai HP	3	5	8
6	Sarkegad Rural Municipality	Rodikot HP	5	4	9



Figure 15, During one day orientation on CHSB at Chhipra HP, Kharpunath RM



Figure 16, Group photo of one day orientation on CHSB at Shreemastha HP, Chankheli RM

Activity 1.3.1.3 Conduction of health mother's group meetings using self-applied tool for quality health (SATH):

After coordination with the Palika Health Section and respective health facility in-charges, Community Group Discussions (CGDs) were successfully conducted with Health Mothers' Groups (HMG) using the SATH tool. The activity aimed to empower community mothers to analyze their own health practices, identify barriers, and collectively take actions to improve maternal and neonatal health (MNH) outcomes. The participants included PW/RDW, their care takers and local leaders.

The details are provided below:

S.N	Name of Rural Municipality	Venue	Total Participants		
			Female	Male	Total
1	Kharpunath Rural Municipality	Gopka Village	18	2	20
2	Kharpunath Rural Municipality	Lali Village	19	1	20
3	Kharpunath Rural Municipality	Pyusa Village	18	4	22
4	Kharpunath Rural Municipality	Maja village	19	3	22
5	Kharpunath Rural Municipality	Lakha	14	2	16
6	Kharpunath Rural Municipality	Chhipra village	13	1	14
7	Chankheli Rural Municipality	Mathilo pali	13	3	16
8	Chankheli Rural Municipality	Talo pali	14	3	17
9	Chankheli Rural Municipality	Piplang	12	1	13
10	Chankheli Rural Municipality	Puma Village	15	0	15
11	Chankheli Rural Municipality	Korka Village, Melcham	15	0	15
12	Chankheli Rural Municipality	Charigaun Village	15	0	15
13	Sarkegad Rural Municipality	Barai Village	16		16
14	Sarkegad Rural Municipality	Chyagi Village	17		17
15	Sarkegad Rural Municipality	Gyushi Village	16		16

16	Sarkegad Rural Municipality	Karkibada Tole	14	3	17
17	Sarkegad Rural Municipality	Panimul village	18	1	19
18	Sarkegad Rural Municipality	Thulo Gau	20	0	20
19	Sarkegad Rural Municipality	Barai Village	16	1	17
20	Sarkegad Rural Municipality	Chyaghi village	16	1	17
21	Sarkegad Rural Municipality	Gyushi Village	12	5	17
22	Sarkegad Rural Municipality	Thulo gau	22	0	22
23	Sarkegad Rural Municipality	Karkibada Tole	21	2	23
24	Sarkegad Rural Municipality	Panimul village	16	1	17



Figure 17, CGD at Majha village, Kharpunath RM



Figure 18, CGD at Gopka village, Kharpunath RM



Figure 19, CGD at Thulagaun, Rodikot, Sarkegad RM



Figure 20, CGD at Gyushi Village, Sarkegad RM

Activity 1.3.1.4 Interface meeting involving HFOMC members, health workers, service users, FCHVs, representatives from CBOs, local influential leaders, and representative from local government:

After conducting Community Group Discussions (CGDs) at the community level, six interface meetings were successfully held in coordination with the Palika Health Section and health facility in-charges. The meetings brought together HFOMC members, health workers, service users, FCHVs, representatives from CBOs, local political leaders, and local body representatives to discuss the identified MNH indicators and prepare a six-month action plan.

The details are provided below:

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants		
			Female	Male	Total
1	Kharpunath Rural Municipality	Lali HP	28	4	32
2	Kharpunath Rural Municipality	Chhipra HP	40	5	45
3	Chankheli Rural Municipality	Melchham HP	24	6	30
4	Chankheli Rural Municipality	Shreemastha HP	22	8	30
5	Sarkegad Rural Municipality	Barai HP	31	6	37
6	Sarkegad Rural Municipality	Rodikot HP	31	3	34



Figure 21, Interface meeting on CHSB at Lali HP, Kharpunath RM



Figure 22, Interface meeting on CHSB at Barai HP, Sarkegad RM



Figure 23, Interface meeting on CHSB at Melchham HP, Chankheli RM



Figure 24, Interface meeting on CHSB at Shreemastha HP, Chankheli RM

Activity 1.3.1.5 Interface Review meeting-every six month:

Total two interface review meeting were successfully completed this year. An interface review meeting is held every six months following the initial interface meeting. Participants of this meeting were same as first interface meeting. Before the review, discussions are conducted with HFOMC members and health workers to assess the progress of the indicators and review the findings from the SATH follow-up in three different communities. Based on this discussion, the interface review meeting is organized, where each indicator is reviewed, discussed, updated with a new score and prepared action plan.

The details are provided below:

S.N	Name of Rural Municipality	Venue	Total Participants		
			Female	Male	Total
1	Sarkegad Rural Municipality	Ward 6 office Barai	22	7	29
2	Sarkegad Rural Municipality	Rodikot HP	41	2	43



Figure 25, Interface review meeting at Barai HP, Sarkegad RM



Figure 26, Interface review meeting at Rodikot HP, Sarkegad RM

Activity 2.1.1.1 Orientation and mobilization of 'student champion' on MNH focusing on the local barriers of MNH service utilization:

A total of five SHP were completed this year in coordination with the Palika Health Section, Palika Education Section Chief, respective school head teachers, and health education teachers, with the participation of students from class 7 and above. Five events were successfully conducted to build the knowledge and mobilization skills of selected “Student Champions.” The sessions aimed to raise awareness among adolescents on key components of adolescent sexual and reproductive health (ASRH) and maternal and neonatal health (MNH), while addressing local barriers that hinder timely service utilization.

The details are provided below:

S.N	Name of Rural Municipality	Name of School	Total Participants		
			Female	Male	Total
1	Chankheli Rural Municipality	Shree Himalaya Secondary School	19	15	34
2	Tanjakot Rural Municipality	Shree Chandraprakash Secondary school	16	20	36
3	Sarkegad Rural Municipality	Shree Himjyoti Model Secondary School	21	19	40
4	Sarkegad Rural Municipality	Shree Laliguras higher secondary school	21	19	40

5	Kharpunath Rural Municipality	Sita Model Secondary School	38	32	70
---	-------------------------------	-----------------------------	----	----	----

Activity 2.1.2.1 Interaction program with pregnant, recently delivered women, caretakers, and family members to increase health-seeking behavior:

In coordination with health post in charge, nursing staff and FCHV total 20 events were successfully conducted with PW/RDW, their care takers and local leaders to ensure every woman receives quality care, it is crucial to assess, improve, and monitor healthcare services. The session provided valuable insights into the community's challenges and highlighted areas needing improvement.

Details are provided below:

S.N	Name of the Rural Municipality	Ward	PW	RDW	Care takers and local leaders	Total Participants
1	Sarkegad Rural Municipality	4	1	2	18	21
2	Simkot Rural Municipality	8	8	2	5	15
3	Kharpunath Rural Municipality	4	4	11	5	20
4	Kharpunath Rural Municipality	4	1	6	5	12
5	Chankheli Rural Municipality	4	4	4	6	14
6	Kharpunath Rural Municipality	5	7	8	5	20
7	Simkot Rural Municipality	7	9	8	6	23
8	Sarkegad Rural Municipality	5	4	9	8	21
9	Tanjakot Rural Municipality	3	1	14	5	20
10	Sarkegad Rural Municipality	3	2	10	4	16
11	Tanjakot Rural Municipality	5	4	4	8	16
12	Adanchuli Rural Municipality	2	2	11	9	22

13	Kharpunath Rural Municipality	3	6	13	3	22
14	Adanchuli Rural Municipality	5	8	9	0	17
15	Kharpunath Rural Municipality	2	5	13	4	22
16	Simkot Rural Municipality	2	4	13	5	22
17	Namkha Rural Municipality	5	3	6	11	20
18	Namkha Rural Municipality	4	1	8	8	17
19	Tanjakot Rural Municipality	4	5	5	9	19
20	Simkot Rural Municipality	7	2	11	9	22



Figure 27, Interaction program at Dulli village, Sarkegad RM



Figure 28, Interaction program at Raya village, Kharpunath RM



Figure 29, Interaction program at Piplang Village, Chankheli RM



Figure 30, Interaction program at Chhipra Village, Kharpunath RM

Activity 2.1.3.1 Celebration of days related to maternal, neonatal and child health at the local level:

In close coordination and collaboration with Health Section Office (HSO), district hospital and health coordinator of Palika total 3 events were successfully celebrated of days related to maternal, neonatal and child health at the local level. The primary objective of celebrating these days was to raise awareness on critical MNCH issues among various community stakeholders, including health workers, local leaders, families, and especially pregnant and postpartum women.

The details are given below:

S.N	Name of Rural Municipality	Celebration of Day	Venue	Date
1	Simkot RM	Safemotherhood month (May month)	Mathillo Gaun BHSC	5/30/2025
2	Simkot RM	Breastfeeding week (1-7 August)	DH and HSO humla	8/2/2025
3	Simkot RM	FCHV Day (5th December)	District hospital	12/5/2025



Figure 31, Safemotherhood month celebrated at Mathillogaun BHSC, Simkot RM



Figure 32, Breastfeeding week celebrated at HSO, DH, Simkot RM



Figure 33, Group photo of FCHV during FCHV day Celebration at HSO, DH, Simkot RM



Figure 34, FCHV day celebration at HSO, DH, Simkot RM

Activity 2.1.4.1 MNH message broadcasting via radio/FM:

Maternal and Neonatal Health (MNH) messaging through local FM broadcasts is a key strategy to raise awareness and educate communities on essential health issues. The programs cover topics such as prenatal care, safe childbirth, newborn care, and family planning, ensuring critical information reaches broad and often remote audiences with limited access to healthcare services. The goal is to empower individuals with the knowledge and tools to improve maternal and child health outcomes in the community. This activity began in May 2025 and is being conducted regularly across four Rural Municipalities: Namkha, Simkot, Sarkegad, and Chankhel.

Activity 2.2.1.1: TOT on BPP/MISO at District/Palika Level:

In coordination with the Health Service Office, Humla, a one-day TOT on BPP/MISO was conducted at the District/Palika level with 7 Rural Municipality Health Coordinators, Sub-Health Coordinators, and District Supervisors. The Birth Preparedness Package (BPP) is a demand-creation initiative under the Safe Motherhood Program.

The details are given below:

S.N	Name of Rural Municipality	Venue	Participants		
			Female	Male	Total
1	Simkot Rural Municipality	Manasarawor Hotel	7	8	15



Figure 35, BPP/MISO ToT at District level



Figure 36. BPP/MISO ToT and Consultative and planning meeting at district level (Hub and spoke site mapping).

Activity 2.2.1.2 BPP/MISO Refresher Training to FCHVS and Health workers at HF:

Under Safe Motherhood Program, BPP serves as critical strategy to enhance maternal and neonatal health outcomes by improving community awareness on pregnancy related danger signs, emergency preparedness and essential care practices. As part of strengthening community based Maternal and MNH services, refresher training sessions were organized to update Female Community Health Volunteers and Health Workers on key

BPP components and the proper use of Misoprostol- a lifesaving medications used to prevent postpartum hemorrhage (PPH) which remains a major cause of maternal mortality in Nepal.

In close coordination and collaboration with the Palika and health facilities, total 19 BPP/MISO refresher training events were successfully conducted. The main objective of these sessions was to reinforce knowledge, skills and standardized practices among frontline service providers responsible for reaching pregnant women at the household and community levels.

The details are given below:

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants		
			Female	Male	Total
1	Sarkegad Rural Municipality	Saya (Sarkegad) HP	9	1	10
2	Simkot Rural Municipality	Syada HP	11	3	14
3	Kharpunath Rural Municipality	Chhipra HP	13	4	17
4	Chankheli Rural Municipality	Darma HP	12	2	14
5	Namkha Rural Municipality	Hepka HP	8	0	8
6	Sarkegad Rural Municipality	Sarkeedeu (Ripa) HP	8	2	10
7	Sarkegad Rural Municipality	Gothi HP	8	0	8
8	Sarkegad Rural Municipality	Jair HP	14	2	16
9	Chankheli Rural Municipality	Melchham HP	11	2	13
10	Chankheli Rural Municipality	Mimi HP	10	2	12
11	Sarkegad Rural Municipality	Rodikot HP	13	1	14
12	Adanchuli Rural Municipality	Shreenagar HP	13	4	17
13	Kharpunath Rural Municipality	Lali HP	10	2	12
14	Adanchuli Rural Municipality	Kalika Lauthi HP	10	4	14
15	Sarkegad Rural Municipality	Barai HP	12	4	16
16	Kharpunath Rural Municipality	Raya HP	12	1	13
17	Tanjakot Rural Municipality	Madana HP	11	3	14

18	Tanjakot Rural Municipality	Maila HP	15	5	20
19	Kharpunath Rural Municipality	Kharpunath HP	12	1	13



Figure 37, BPP/MISO refresher training at Saya HP, Sarkegad RM



Figure 38, BPP/MISO refresher training at Kalikalauthi HP, Adanchuli RM



Figure 39, BPP/MISO refresher meeting at Darma HP, Chankheli RM



Figure 40, BPP/MISO refresher training at Gothi HP, Sarkegad RM

Activity 3.1.5.1 MNH Helpline and Nurses with PW/RDW:

This program promotes increased ANC visits, institutional deliveries, and PNC visits, enhances communication between providers and clients, and ensures proper case management with timely referrals. The program started in May. Mobile top-ups were provided to 18 BCs in the first month, 17 BCs in the following six months, and 16

BCs in December due to irregular report submission in 2–3 months.

The details are given below:

S.N	Name of Rural Municipality	Name of Health Facility	# Mobile top ups
1	Simkot Rural Municipality	Syada HP	8
2	Simkot Rural Municipality	Dandaphaya HP	8
3	Simkot Rural Municipality	Thehe HP	8
4	Namkha Rural Municipality	Hepka HP	7
5	Kharpunath Rural Municipality	Chhipra HP	3
6	Kharpunath Rural Municipality	Lali HP	8
7	Sarkegad Rural Municipality	Saya HP	8
8	Sarkegad Rural Municipality	Jaira HP	8
9	Sarkegad Rural Municipality	Ripa HP	8
10	Sarkegad Rural Municipality	Gothi HP	8
11	Sarkegad Rural Municipality	Rodikot HP	8
12	Chankheli Rural Municipality	Darma HP	8
13	Chankheli Rural Municipality	Melchham HP	8
14	Chankheli Rural Municipality	Piplang HP	2
15	Chankheli Rural Municipality	Mimi HP	8
16	Adanchuli Rural Municipality	Shreenagar HP	8
17	Tanjakot Rural Municipality	Maila HP	8
18	Tanjakot Rural Municipality	Madana HP	8
19	Sarkegad Rural Municipality	Barai HP	5

Activity 3.1.5.3 Support to Introduce and Continue Teleconsultation Services for PW/RDW:

This program effectively shares MNH-related information with pregnant women and recently delivered mothers.

It also bridges the gap between service providers and consumers, especially for managing complications. The activity helps overcome geographical barriers, providing reminders for ANC, delivery, and PNC, and conveying messages related to pregnancy and post-delivery care. It improves timely referrals and overall MNH outcomes, while increasing the confidence of service providers to manage cases locally through expert telephone consultations. The MNH helpline offers real-time clinical advice to maternal and neonatal service providers during emergencies or complications. This year, we conducted MNH helpline and Nurses with PW/RDW orientation programs at 25 health facilities.

Nurse with PW and RDW:

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants		
			Female	Male	Total
1	Sarkegad Rural Municipality	Saya (Sarkegad) HP	2	1	3
2	Adanchuli Rural Municipality	Shreenagar HP	4	4	8
3	Simkot Rural Municipality	Dandafaya HP	3	1	4
4	Simkot Rural Municipality	Syada HP	1	2	3
5	Simkot Rural Municipality	Thehe HP	1	2	3
6	Kharpunath Rural Municipality	Lali HP	2	2	4
7	Kharpunath Rural Municipality	Chhipra HP	2	3	5
8	Chankheli Rural Municipality	Darma HP	3	2	5
9	Chankheli Rural Municipality	Melchham HP	2	1	3
10	Chankheli Rural Municipality	Piplang BC	1	1	2
11	Namkha Rural Municipality	Hepka HP	2	0	2
12	Sarkegad Rural Municipality	Jair HP	2	1	3
13	Sarkegad Rural Municipality	Sarkeedeu (Ripa) HP	1	2	3
14	Sarkegad Rural Municipality	Gothi HP	1	0	1
15	Chankheli Rural Municipality	Mimi HP	2	1	3
16	Sarkegad Rural Municipality	Rodikot HP	3	0	3

17	Tanjakot Rural Municipality	Madana HP	1	1	2
18	Tanjakot Rural Municipality	Maila HP	2		2
19	Kharpunath Rural Municipality	Raya HP	2	1	3
20	Sarkegad Rural Municipality	Barai HP	2	3	5
21	Adanchuli Rural Municipality	Kalika Lauthi HP	2	1	3
22	Kharpunath Rural Municipality	Thali BHSC	1	1	2
23	Namkha Rural Municipality	Khagalgaun HP	1	1	2
24	Namkha Rural Municipality	Kermi BHSC	1		1
25	Kharpunath Rural Municipality	Kharpunath HP	3	0	3

Activity 4.1.1.1 SBA/SHP:

SBA training provides competency-based knowledge and skills over a 36-day period. It aims to develop the required competencies healthcare providers (Midwives, Doctors, and Nurses) to deliver quality MNH services. The training ensures that an adequate number of SBAs/SHPs are trained and deployed across health facilities. It also strengthens referral services for safe motherhood and newborn care, particularly at first referral level (District Hospital), equips providers to manage well-functioning birthing centers, and ensures readiness of equipment and medicines. The main purpose is to ensure safe deliveries at health facilities, especially where there is a high risk of childbirth being handled by non-SBA staff.

The details are given below:

S.N	Name of Rural Municipality	Name of Health Facility	Participant's Name
1	Namkha RM	Gauri Bohora	Yalbang CHU
2	Sarkegad RM	Prem laxmi Shahi	Saya HP
3	Chankheli RM	Kabita Tamang	Melchham HP

Activity 4.1.1.3 ROUSG:

Ultrasonography (USG), also known as video x-ray in Nepal, is an important technology for antenatal care, but many women in rural areas lack access to it. This training aims to produce USG-trained SBAs in rural birthing

centers who can identify pregnancy-related complications and refer cases to higher-level facilities for further management. Health facilities were selected for this training based on high need, high utilization, and lack of trained staff, even if the machine was available.

The details are given below:

S.N	Name of Rural Municipality	Name of Health Facility	Participant's Name
1	Namkha RM	Karma Diki Lama	Muchu HP
2	Simkot RM	Basanti Rawat	Thehe HP
3	Sarkegad RM	Durga Kumari Shahi	Rodikot HP

Activity 4.1.1.5 Implant:

Implant service is a long-acting temporary family planning method included in the basic health care package. This activity supports the government in ensuring the availability of implant services and FP counselling at community-level health care points. Training was provided to health facilities with high service demand but no trained staff, to ensure quality services and increase utilization.

The details are given below:

S.N	Name of Rural Municipality	Name of Health Facility	Participant's Name
1	Kharpunath RM	Jhulaphi Shahi	Lali HP
2	Chankheli RM	Sunita Jaishi	Piplang BC

Activity 4.1.6.17 Program Consultative and Planning meeting at district level with respective stakeholders (Hub and Spoke site mapping):

A district level program consultative and planning meeting was successfully conducted at the Manasharawor Hotel of in close coordination with Chief of Health Service Office. The meeting brought together key stakeholders including representatives from Health Service Office, Palika Health Sections with the objective of strengthening coordination and planning for Hub and Spoke service delivery and capacity building approach. The primary aim of the meeting was to establish shared understanding of the Hub and Spoke model and to identify appropriate health facilities that could functions as hub site for practical learning, mentorship and skills

enhancement.

The details are given below:

S.N	Name of Rural Municipality	Venue	Total Participants		
			Female	Male	Total
1	Simkot Rural Municipality	Manasarawor Hotel	7	10	17



Figure 41, Consultative planning meeting at District level



Figure 42, Consultative planning meeting at District level (Hub & Spoke site mapping)

Activity 4.1.6.18 Conduct Mentor Development Training (Nursing & Medical Doctors):

Seven nursing staff from Yalbang CHU, DH, Dandafaya HP, Thehe HP, Kharpunath BH, Darma HP, and Shreenagar HP participated in the mentor development training. Proposed mentors must complete a pre-training knowledge and skill assessment. Clinical mentors will provide mentoring at hub and spoke sites, while management mentors will offer support, guidance, monitoring, and overall program management.

Activity 4.1.6.19 Establishment of Simulation Room and Program Orientation:

Three Simulation room were successfully established at selected Hub sites to strengthen hands-on clinical learning and improve the quality of maternal and newborn health services. The simulation rooms were set up at District Hospital (Simkot RM ward 5), Darma HP (Chankheli RM, ward 2) and Shreenagar HP (Adanchuli RM, ward 3). The primary objectives of establishing these simulation rooms was to create rich and supportive learning

environments where nursing staffs can enhance their clinical competencies and decision making skills through practice based learning.

The details are given below:

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants		
			Female	Male	Total
1	Simkot Rural Municipality	Simikot District Hospital	11	8	19
2	Chankheli Rural Municipality	Darma HP	7	4	11
3	Adanchuli Rural Municipality	Shreenagar HP	7	11	18



Figure 43, During observation of Simulation Room at District Hospital



Figure 44, Group of Establishment of Simulation Room and Program Orientation at District Hospital



Figure 47, Post assessment at District Hospital (Hub site)



Figure 48, Post assessment at Shreenagar HP (Hub site)

Activity 4.1.6.21 Monthly Session at Hub site:

In year, total 7 monthly sessions at Hub sites were successfully conducted at (Darma HP-3 events, DH-2 events and Shreengar HP-2 events). These sessions are an integral part of the capacity building approach designed to strengthen the clinical skills and confidence of nursing staff working at hub site. By offering structured, real scenario based learning opportunities, the monthly session ensures continuous skills development and improved quality of care at service delivery point.

The details are given below:

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants	Remarks
1	Simkot RM	DH	9 Mentee and 1 Mentor	
2	Chankheli RM	Darma HP	4 Mentee and 1 mentor	
3	Adanchuli RM	Shreenagar HP	2 Mentee and 1 mentor	

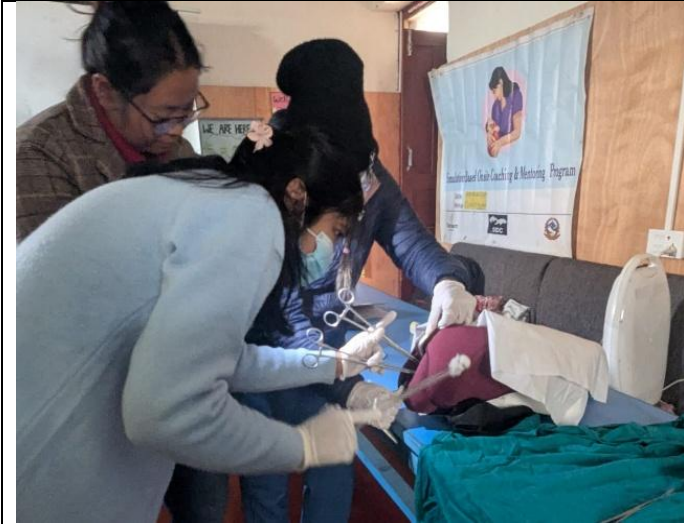


Figure 49, During monthly session at District Hospital



Figure 50, Group photo of monthly session at District Hospital



Figure 51, Monthly session at Darma HP, Chankheli RM



Figure 52, Monthly session at Shreenagar HP, Adanchuli RM

Activity 4.1.6.22 Conduct a weekly/bi-monthly drill at hub site:

Total 15 drill sessions were conducted this year. During this reporting period, regular weekly/bimonthly clinical drills were conducted at Hub Site to strengthen the capacity of nursing staff in managing maternal and newborn emergencies. These simulations based drills provided structured platform for continuous practice, skill reinforcement and real-based performance assessment.

The details are given below: -

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants	Remarks
-----	----------------------------	-------------------------	--------------------	---------

1	Chankheli RM	Darma HP	2	IP_Drill_1
2	Chankheli RM	Darma HP	3	Eclampsia_Drill_1
3	Chankheli RM	Darma HP	3	ECLB_Drill_1
4	Simkot RM	District Hospital	4	Eclampsia_Drill_2
5	Simkot RM	District Hospital	4	ECLB_Drill_2
6	Chankheli RM	Darma HP	4	Eclampsia_Drill_2
7	Chankheli RM	Darma HP	4	ECLB_Drill_3
8	Chankheli RM	Darma HP	2	Eclampsia_Drill_2
9	Adanchuli RM	Shreenagar HP	4	IP_Drill_2
10	Adanchuli RM	Shreenagar HP	3	ECLB_Drill_4
11	Adanchuli RM	Shreenagar HP	3	HBB_KMC_Drill_1
12	Adanchuli RM	Shreenagar HP	3	HBB_KMC_Drill_2
13	Adanchuli RM	Shreenagar HP	3	BAB_Drill_1
14	Chankheli RM	Darma HP	3	PPFP,Others_Drill-1
15	Chankheli RM	Darma HP	4	PPFP,Others_Drill-2



Figure 53, Drill session at Darma HP, Chankheli RM



Figure 54, Drill session at Shreenagar HP, Adanchuli RM

Activity 4.1.6.25 Establish a newborn resuscitation corner at each spoke site:

Birth asphyxia remains one of the leading causes of neonatal morbidity and mortality particularly in spoke site health facilities where timely and effective newborn resuscitation services are often limited. Establishing functional newborn resuscitation corners within birthing centers is essential to ensure immediate life-saving care for newborns at birth. During this reporting period, 4 newborn resuscitation corner were successfully established at following spoke at the following spoke site health facilities:

- Rodikot Health Post
- Jair Health Post
- Chhipra Health Post
- Madana Health Post
- Maila Health Post
- Saya Health Post



Figure 55, New born resuscitation corner at Madana HP, Tanjakot RM

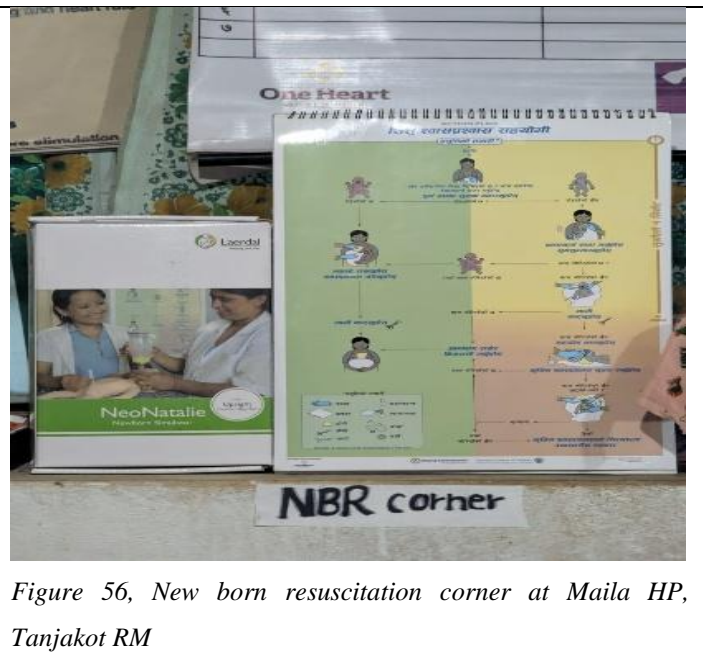


Figure 56, New born resuscitation corner at Maila HP, Tanjakot RM

Activity 4.1.6.26 Simulation based onsite coaching and mentoring at spoke site:

During this year, total 14 simulation based onsite coaching and mentoring session were successfully conducted at 10 HP spoke site. These activities were designed to strengthen the clinical capacity of nursing staff by providing practical, hands on learning opportunities directly at their workplace.

The details are provided below:

S. N	Name of Rural Municipality	Name of Health Facility	#Times conducted	Total Participants	Remarks
1	Kharpunath Rural Municipality	Chhipra HP	1	2 Mentee and 1 Mentor	Total 4 mentors mobilized in all 10 HFs
2	Simkot Rural Municipality	Thehe HP	1	1 Mentee and 1 Mentor	
3	Tanjakot Rural Municipality	Madana HP	2	2 Mentee and 1 Mentor	
4	Tanjakot Rural Municipality	Maila HP	2	2 Mentee and 1 Mentor	
5	Sarkegad Rural Municipality	Jair HP	2	2 Mentee and 1 Mentor	
6	Sarkegad Rural Municipality	Rodikot HP	2	3 Mentee and 1 Mentor	
7	Simkot Rural Municipality	Dandafaya HP	1	1 Mentee and 1 Mentor	
8	Simkot Rural Municipality	Syada HP	1	3 Mentee and 1 Mentor	
9	Sarkegad Rural Municipality	Saya (Sarkegad) HP	1	3 Mentee and 1 Mentor	
11	Sarkegad Rural Municipality	Gothi HP	1	2 Mentee and 1 Mentor	



Figure 57, SB onsite coaching and mentoring (Phase II)at Maila HP, Tanjakot RM



Figure 58, SB onsite coaching and mentoring program (Phase I) at Gothi HP, Sarkegad RM



Figure 59, SB onsite coaching and mentoring program (Phase I), at Thehe HP, Simkot RM



Figure 60, SB onsite and mentoring program (Phase II)at Rodikot HP, Sarkegad RM

Activity 4.1.6.27 Weekly/bimonthly drill at Spoke site:

During this year, a total of 34 weekly/bimonthly clinical drills were successfully conducted across the spoke sites. These drills were designed to provide regular, hands on practice for nursing staff, enabling them to strengthen their clinical competencies through simulation based learning that mirrors real life obstetric and newborn care situations. Each drill focused on reinforcing critical skills needed to manage maternal and neonatal emergencies such as postpartum hemorrhage (PPH), pre-eclampsia/eclampsia management, neonatal resuscitation and addressing birth asphyxia. Conducting these sessions directly at Spoke Sites ensured that

nursing staff could practice within their actual work environment making the training more practical and effective.

The details are given below:

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants	Remarks
1	Kharpunath RM	Chhipra HP	2	IP_Drill_1
2	Simkot RM	Thehe HP	2	Eclampsia_Drill_1
3	Tanjakot RM	Maila HP	2	Eclampsia_Drill_1
4	Tanjakot RM	Maila HP	3	IP_Drill_1
5	Tanjakot RM	Maila HP	2	ECLB_Drill_1
6	Sarkegad RM	Rodikot HP	3	IP_Drill_1
7	Sarkegad RM	Rodikot HP	3	Eclampsia_Drill_1
8	Sarkegad RM	Jaira HP	3	IP_Drill_1
9	Sarkegad RM	Jaira HP	2	ECLB_Drill_1
10	Sarkegad RM	Jaira HP	3	Eclampsia_Drill_1
11	Sarkegad RM	Jaira HP	3	ECLB_Drill_2
12	Simkot RM	Thehe HP	2	IP_Drill_1
13	Simkot RM	Thehe HP	2	ECLB_Drill_1
14	Simkot RM	Thehe HP	2	Eclampsia_Drill_2
15	Sarkegad RM	Rodikot HP	3	ECLB_Drill_1
16	Simkot RM	Dandaphaya HP	3	Eclampsia_Drill_2
17	Simkot RM	Dandaphaya HP	2	Eclampsia_Drill_1
18	Sarkegad RM	Saya HP	4	IP_Drill_1

19	Sarkegad RM	Saya HP	3	ECLB_Drill_1
20	Sarkegad RM	Saya HP	3	Eclampsia_Drill_1
21	Sarkegad RM	Gothi HP	3	IP_Drill_1
22	Sarkegad RM	Gothi HP	2	Eclampsia_Drill_1
23	Sarkegad RM	Gothi HP	2	Eclampsia_Drill_2
24	Sarkegad RM	Gothi HP	2	ECLB_Drill_1
25	Sarkegad RM	Rodikot HP	2	HBB_KMC_Drill_1
26	Sarkegad RM	Rodikot HP	2	HBB_KMC_Drill_2
27	Sarkegad RM	Rodikot HP	2	BAB_Drill_1
28	Sarkegad RM	Rodikot HP	2	BAB_Drill_2
29	Tanjakot RM	Maila HP	2	HBB_KMC_Drill_1
30	Tanjakot RM	Maila HP	2	BAB_Drill_1
31	Tanjakot RM	Madana HP	2	HBB_KMC_Drill_1
32	Tanjakot RM	Madana HP	2	BAB_Drill_1
33	Simkot RM	Dandaphaya HP	2	Eclampsia_Drill_2
34	Simkot RM	Dandaphaya HP	2	ECLB_Drill_2



Figure 61, Drill session at Madana HP, Tanjakot RM



Figure 62, Drill at Maila HP, Tanjakot RM

Activity: 4.1.6.28 Post Assessment at Spoke site:

Total 4 post assessment events were successfully conducted at Jaira, Rodikot, Madana and Maila HP (Spoke site). These sessions aimed to provide hands-on training and support to nursing staff at the spoke sites, enhancing their skills in real life scenarios.

The details are given below:

S.N	Name of Rural Municipality	Name of Health Facility	Total Participants	Remarks
1	Sarkegad RM	Jaira HP	2 Mentee and 1 Mentor	Total 2 Mentor mobilized for this activity
2	Sarkegad RM	Rodikot HP	3 Mentee and 1 mentor	
3	Tanjakot RM	Madana HP	2 Mentee and 1 Mentor	
4	Tanjakot RM	Maila HP	2 Mentee and 1 Mentor	



Figure 63, Post assessment at Maila HP, Tanjakot RM



Figure 64, Post assessment at Jaira HP, Sarkegad RM

Activity 4.2.1.1 Support essential equipment to BC/BEONC/CEONC/referral hospital/training site (first time):

This year, essential equipment was provided to 8 BCs based on need assessments conducted during HP MSS and QIP activities to improve the readiness of health facilities for quality health service delivery. Although the DIP target for this year was three facilities, the need assessment identified that 8 BCs had a high requirement for equipment to ensure readiness and provide quality health services.

The details are given below:

Name of equipment supported Health Facility	Quantity of Equipment	Equipment amount (including VAT)
Saya (Sarkegad) HP	45	Nrs 125, 364.60
Kalika Lauthi HP	47	Nrs 232,083.69
Maila HP	51	Nrs 178,369.60
Darma HP	51	Nrs 249,667.60
Jair HP	47	Nrs 189409.29
Kharpunath Community Hospital	49	Nrs 267,247.89
Dandafaya HP	47	Nrs 189,837.9



Figure 65, BC equipment handover at District Hospital



Figure 66, BC equipment handover at Darma HP, Chankheli RM



Figure 67, BC equipment handover at Saya HP, Sarkegad RM



Figure 68, BC equipment handover at Kharpunath BH, Kharpunath RM



Figure 69, During BC equipment setup at Jaira HP, Sarkegad RM



Figure 70, BC equipment handover at Kalikalauthi HP, Adanchuli RM



Figure 71, BC equipment handover at Maila HP, Tanjakot RM



Figure 72, BC equipment handover at Dandafaya HP, Simkot RM

Activity 4.2.5.1 Review/follow up of RUSG service:

A one-time review and follow-up of RoUSG services was conducted at Sarkegad RM, covering four Palikas: Sarkegad, Chankheli, Adanchuli, and Tanjakot with HC and service providers. This annual activity aimed to review and assess the status of RoUSG service utilization. The review was organized at Sarkegad RM due to the rainy season and its central location, which made easier travel for participants. These four Palikas were prioritized because of poor reporting and low RoUSG service utilization.

The details are given below:

S.N	Name of Rural Municipality	Health Coordinator	Service provider nursing focal	Total Participants			Remarks
				Female	Male	Total	
1	Sarkegad Rural Municipality	Yes	Yes	1	1	2	
2	Chankheli Rural Municipality	Yes	No	0	1	1	
3	Adanchuli Rural Municipality	Yes	Yes	1	1	2	
4	Tanjakot Rural Municipality	Yes	Yes	1	1	2	



Figure 73, RoUSG review/followup at Sarkegad RM



Figure 74, RoUSG service review/followup at Sarkegad RM

Activity 5.1.2.1 First time MSS/QIP for health facilities:

Total 16 the First Time Minimum Service Standards (MSS)/Quality Improvement Plan(QIP) assessment were successfully conducted at Health Facilities (Birthing Centers) in close coordination with Health Coordinator of respective Palikas. The activity aimed to ensure that every woman receive safe, respectful and quality maternal and newborn health services throughout pregnancy, childbirth and immediate postnatal period. The participants of this program are HFOMC member and HWs of respective health facility. The MSS/QIP assessment focused

on systematically assessing the quality of care, service readiness and compliance with national MSS standards. The details are provided below:

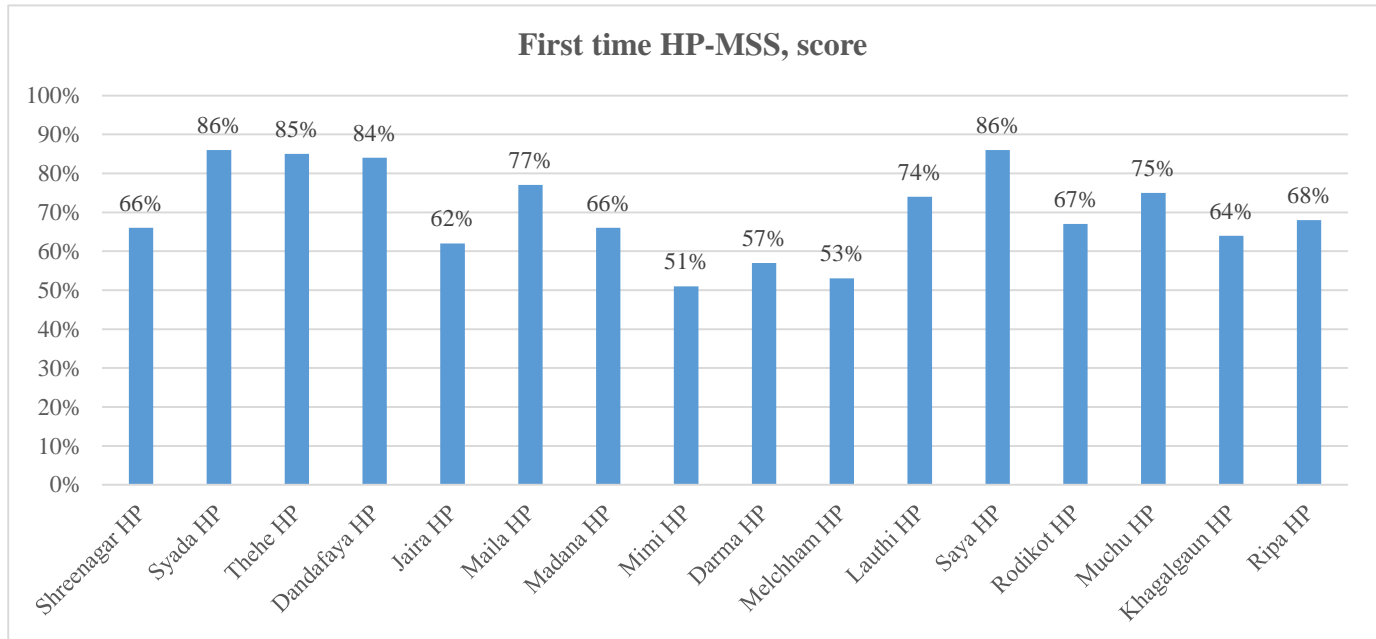


Figure 75, HP MSS at Muchu HP, Namkha RM



Figure 76, HP MSS follow up at Jaira HP, Sarkegad RM



Figure 77, HP MSS at Saya HP, Simkot RM



Figure 78, HP MSS at Mimi HP, Chankheli RM

Activity 5.1.3.1 First time MSS/QIP for health facilities follow up:

During this month, five follow up events under Minimum Service Standard (MSS)/Quality Improvement Process (QIP) were successfully conducted across various Health Facilities (Birthing Centers). These follow up visits were organized in close coordination with Health Coordinator and Health Facility in charge of each Palika ensuring that the process was aligned with local health system priorities and implementation plans. The overall aim of these visits was to ensure that all pregnant women receive safe, respectful and high quality care during pregnancy, childbirth and postnatal period. Through MSS/QIP approach, the quality of service is systematically assessed, improved and continuously monitored.

The details are provided below:

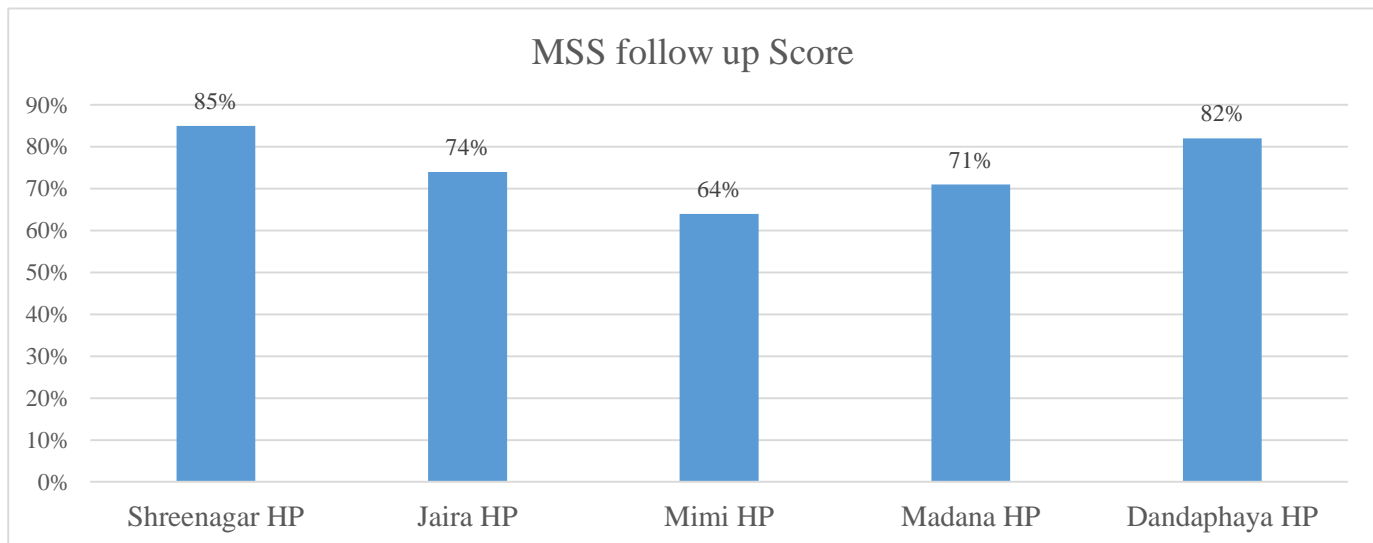




Figure 79, HP MSS followup at Jaira HP, Sarkegad RM



Figure 80, HP MSS followup at Mimi HP, Chankheli RM

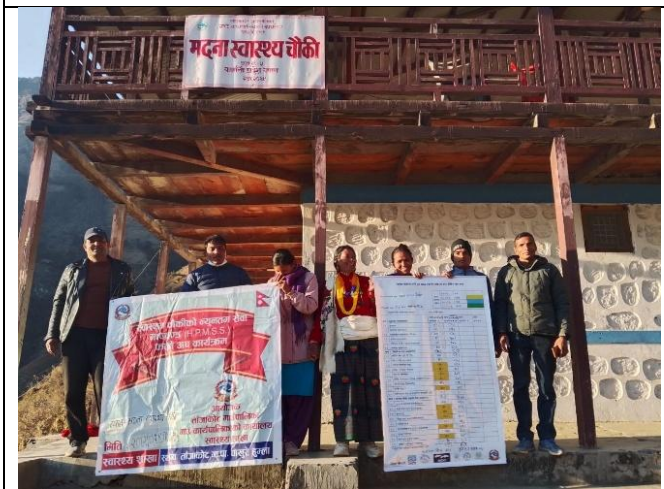


Figure 81, HP MSS follow up at Madana HP



Figure 82, HP MSS follow up at Dandafaya HP, Simkot RM

Activity 5.1.4.1 Tracking of maternal deaths, validation and reporting to concerned health facilities and Palika:

Maternal deaths were tracked, validated, and reported on monthly basis. We asked Female community health volunteers (FCHVs) and health workers (HWs) about maternal deaths in their catchment area in every meeting. We shared our contact number to all FCHVs and HWs asked FCHV of the death of women aged 12-55 years. Once notified, district team then we notify the cluster team immediately via call, message and email.

Activity 6.1.1.1 Support to Conduct Annual Review and Planning Meeting at Palika Level:

In coordination with the respective Palikas, a total of 5 events were conducted at Namkha, Simkot, Kharpunath, Sarkegad, and Chankheli RM to support annual review and planning meetings. The meetings aimed to promote

evidence-based planning and strengthen local ownership of health programs by involving municipal leadership, health facility staff, and other stakeholders. Technical support was provided to Health Facility In-charges and Health Coordinators in preparing, organizing, and presenting progress reports for the fiscal year. This included guidance on data compilation, key indicator analysis, gap identification, and preparation of priority actions for the next planning cycle.

The details are provided below:

S.N	Name of Rural Municipality	Venue	Total Participants		
			Female	Male	Total
1	Simkot Rural Municipality	Manasarawor Hotel	8	26	34
2	Chankheli Rural Municipality	Health Section Hall	8	15	23
3	Kharpunath Rural Municipality	Yanchu	6	16	22
4	Sarkegad Rural Municipality	RM Health section, Hall	20	30	50
5	Namkha Rural Municipality	Health Section's meeting hall	5	10	15



Figure 83, Annual review of Simkot RM



Figure 84, Annual review of Namkha RM



Figure 85, Annual review of Chankheli RM

Activity: 6.1.2.1 Support to conduct annual review and planning meeting at district level (involving all Palikas):

In coordination with respective Health Service Office (HSO), one district level annual review and planning meetings with participation of all Palikas. The event aimed to promote evidence based planning, ensure informed decision making and strengthen local ownership of health programs by actively involving Health Coordinators and other relevant stakeholders.

The district level review and planning meeting served as an important platform for shared learning, collaborative problem solving and strengthening commitment toward improving health outcomes across all Palikas.

The details are provided below:

S.N	Name of Rural Municipality	Venue	Total Participants		
			Female	Male	Total
1	Simkot Rural Municipality	Hotel Alice	6	34	40



Figure 86, District level annual review



Figure 87, Group photo of district level annual review

Activity: 6.1.5.1. Joint Supportive Supervision and Monitoring Visits with Local Municipality

Representatives:

A joint supportive supervision and monitoring visit was conducted at Dandafaya Health Post, Simkot Rural Municipality. The visit was carried out in coordination with HSO, DCC, Simkot RM, and SIDC BM, and involved core participants including HSO Chief, HSO PHN, DCC Acting Chief, RM CM, HFOMC CM, HFOMC members, health facility staff, SIDC BM, and DC of OHW. The main objectives were to assess overall health service delivery, institutional management, and compliance with national standards, with a particular focus on Maternal and Newborn Health (MNH) services.



Figure 88, During joint monitoring & supervision at Dandafaya HP, Simkot RM



Figure 89, Group photo after completed joint supportive monitoring and supervision at Dandafay HP, Simkot RM

Activity: 6.3.5.1 Integrated Monitoring/Meetings with Health Facilities/Districts/Province:

A total of 13 monitoring visits were conducted this year at Sayda, Shreenagar, Saya, Chhipra, Thehe, Raya, Hepka, Maila, Jiara, Melchham, Darma, and Khagalgaun Health Posts. These visits were carried out in close coordination with the respective health facilities to assess their overall performance in delivering Maternal and Newborn Health (MNH) services. Information was systematically collected using standardized integrated monitoring tools, and additional data was gathered through field observations and interactions using thematic monitoring checklists. Discussions were held with Health Facility In-charges, health workers, Female Community Health Volunteers (FCHVs), and service users to review key MNH indicators. These engagements helped analyze service delivery patterns, identify gaps, and strengthen accountability among service providers.

S.N	Name of Rural Municipality	Ward No	Name of Health Facility
1	Adanchuli Rural Municipality	3	Shreenagar HP
2	Sarkegad Rural Municipality	4	Saya (Sarkegad) HP
3	Kharpunath Rural Municipality	4	Chhipra HP
4	Simkot Rural Municipality	2	Thehe HP
5	Kharpunath Rural Municipality	3	Raya HP
6	Namkha Rural Municipality	1	Hepka HP
7	Tanjakot Rural Municipality	2	Maila HP
8	Sarkegad Rural Municipality	1	Jair HP
9	Chankheli Rural Municipality	6	Melchham HP
10	Chankheli Rural Municipality	2	Darma HP
11	Namkha Rural Municipality	3	Khagalgaun HP



Figure 90, Integrated monitoring at Syaa HP, Sarkegad RM



Figure 91, Integrated monitoring at Chhipra HP, Kharpunath RM

Activity: 6.3.7.1 DPAC/LPAC:

A DPAC meeting was held once this year at the start of the project with district-level stakeholders. The meeting highlighted program activities and opportunities for collaboration with the government and other NGOs/INGOs to avoid duplication and promote joint support. It helped identify gaps in the Maternal and Neonatal Health (MNH) program and fostered a supportive working environment in the district, securing commitment from the local government. Ideas, suggestions, and feedback from participants were also acknowledged.

The details are provided below:

S.N	Name of Rural Municipality	Venue	Total Participants		
			Female	Male	Total
1	Simkot Rural Municipality	Manasarawor Hotel	5	13	18

6.3.11.1 Community perception collection and analysis:

Community perceptions on Maternal and Newborn Health (MNH) services were systematically collected and analyzed to understand community awareness, service utilization patterns, perceived quality of care, and existing gaps in MNH service delivery. Information was gathered using standardized tools covering key areas such as access to MNH services, antenatal and postnatal care practices, institutional delivery, newborn care, referral

mechanisms, and client satisfaction. The activity included diverse community members, including pregnant women, recently delivered mothers, caregivers, and community representatives, to capture a comprehensive understanding of local perceptions and experiences. A total of eight Community Perception (CP) program were conducted this year as per DIP targets.

The details are provided below:

S.N	Name of the Rural Municipality	Ward	PW	RDW	Family members	Total Participants
1	Adanchuli Rural Municipality	3	2	3	5	10
2	Simkot Rural Municipality	8	4	1	4	9
3	Chankheli Rural Municipality	2	4	4	3	11
4	Namkha Rural Municipality	1	1	4	3	8
5	Sarkegad Rural Municipality	2	1	5	1	7
6	Tanjakot Rural Municipality	2	4	1	3	8
7	Kharpunath Rural Municipality	3	1	5	2	8
8	Namkha Rural Municipality	2	2	3	3	8



Figure 92, CP at Karunga Village



Figure 93, CP with PW/RDW at Rokaya tole, Adanchuli RM

6.3.15.1 OHW plan/progress sharing to municipality:

A total of seven events were successfully conducted in coordination with the respective municipalities. The events were attended by key municipal stakeholders, including Mayor/Deputy Mayor, Chief Administrative Officer, Health Section Chief, Municipal planning and finance staff. These events played crucial role in identifying gaps in Maternal, Newborn, and Child Health (MNCH) services, exploring effective strategies to address these challenges, and developing both short-term and long-term work plans to strengthen MNCH services within the respective municipalities. Overall plan/progress sharing events significantly strengthened coordination, transparency and accountability at municipal level.

The details are provided below:

S.N	Name of Rural Municipality	Venue	Total Participants		
			Female	Male	Total
1	Chankheli Rural Municipality	Health section Office hall	1	5	6
2	Kharpunath Rural Municipality	Yanchu village	0	8	8
3	Namkha Rural Municipality	Namkha RM hall	0	1	1
4	Simkot Rural Municipality	Manasarawor hotel	1	6	7

5	Tanjakot Rural Municipality	Hall of Tanjakot RM	1	6	7
6	Sarkegad Rural Municipality	Sarkeghad RM meeting hall	2	4	6
7	Adanchuli Rural Municipality	RM meeting hall	0	4	4



Figure 94, OHW Plan/Progress sharing meeting at Kharpunath RM



Figure 95, OHW Plan/Progress sharing meeting at Chankheli RM



Figure 96, OHW Plan/Progress sharing meeting at Adanchuli RM



Figure 97, OHW Plan/Progress sharing meeting at Simkot RM



Figure 98, OHW Plan/Progress sharing meeting at Sarkegad RM



Figure 99, OHW Plan/Progress sharing meeting at Kharpunath RM

6.3.16.1 OHW plan/progress sharing with DHO/DCC:

A total of three OHW plan/progress meetings were successfully conducted in coordination with HSO Humla, DCC, and DH, involving the Chief of the Health Office, Public Health Officer, Safe Motherhood Focal Person, Family Planning Supervisor, Child Health Focal Person, Statistician, OHW staff, and PO staff. Participants from the DCC and CDO offices were to be finalized in discussion while scheduling the meetings. These events served as important platforms to share the project's planned activities, implementation progress, achievements, and challenges. Through structured discussions and joint review, the meetings played a key role in identifying critical gaps in MNCH service delivery, including issues related to service coverage, quality of care, human resources, logistics, referral mechanisms, and data use for decision-making.

The details are provided below:

S.N	Name of Rural Municipality	Venue	Total Participants		
			Female	Male	Total
1	Simkot Rural Municipality	Humla , District Hospital	5	8	13
2	Simkot Rural Municipality	Simikot District Hospital	3	4	7
3	Simkot Rural Municipality	HSO meeting hall, Humla	5	1	6



Figure 100, OHW Plan/Progress sharing meeting with DCC/HSO



Figure 101, Group photo of OHW Plan/Progress sharing meeting with DCC,HSO

5. Financial Delivery:

Give details about the financial status of project in the table.

S.N	Major activities	Budget (NRs)		Remarks
		Planned Budget	Expenditure	
Objective 1. Strengthen health system through capacity building of local government				
1	TOT on HFOMC at district/provincial level	106478	152886	
2	HFOMC training at HF level	381750	401480	
3	Technical assistance at Palika level for annual planning and budgeting of health services (Phase 3)	76800	29800	
4	Health planning and budgeting workshop (Phase 2)	333808	328122	
5	One day orientation to the local government representative, HFOMC and FCHVs on CHSB	53400	55350	
6	Conduction of health mother's group meetings using self-applied tool for quality health (SATH)	147600	160440	
7	Interface meeting involving HFOMC members, health workers, service users, FCHVs, representatives from CBOs, local influential leaders, and representative from local government	179400	216345	
8	Review meeting-every six month	59800	72160	
Objective 2: Increase MNH service demand				
9	Orientation and mobilization of 'student champion' on MNH focusing on the local barriers of MNH service utilization	51000	42300	
10	Interaction program with pregnant, recently delivered women, caretakers, and family members to increase health-seeking behavior	104000	137090	

11	Celebration of days related to maternal, neonatal, and child health at the local level	29400	16000	
12	MNH message broadcasting via radio/FM	72000	64000	
13	TOT on BPP/MISO at district/Palika level	64926	55711	
14	BPP/MISO refresher training to FCHVs and Health workers at HF	574037.5	591360	
Objective 3: Increase MNH service delivery				
15	MNH helpline and Nurses with PW/RDW	22000	27400	
Objective 4 : Capacity enhancement of MNH service				
16	SBA	109200	90564	
17	ROUSG	82400	98861	
18	Implant	35200	71127.06	
19	Program consultative and planning meeting at district level with respective stakeholders (Hub and spoke site mapping)	84952	47616	
20	Conduct a mentor development training (Nursing & Medical doctor)	100200	213812.55	
21	Establishment of simulation room and SBMP program orientation	45600	42525	
22	Conduct a pre and post assessment at Hub site	45678	52504	
23	Conduct a monthly session at hub site	166962	137339	
24	Conduct a weekly/bimontly drill at hub site	8400	8000	
25	Program orientation at Spoke site including remaining BC of district – virtual	2200	650	
26	Simulation based onsite coaching and mentoring at spoke site	162918	329399	
27	Weekly/bimonthly drill at Spoke site	19200	11900	
28	Post assessment at spoke site	25878	35673	
29	Equipment deployment cost	45750	110800	
30	Review/follow up of RoUSG service	41126	76855	

Objective 5: Improve quality of MNH services				
32	First time MSS/QIP for health facilities	574400	474340	
33	MSS/QIP for health facilities follow up	60000	104330	
Objective 6: Coordination, Monitoring, evaluation, research and learning				
34	Support to conduct annual review and planning meeting at Palika level	37800	17100	
35	Support to conduct annual review and planning meeting at district level (involving all Palikas)	15000	14972.5	
36	Joint supportive supervision and monitoring visits with representatives from local municipalities,	29408	31632	
37	Integrated monitoring/meetings with health facilities/Districts/Province	62400	48150	
38	DPAC/LPAC	39850	50432	
39	Community perception collection and analysis	32000	25505	
40	OHW plan/progress sharing to municipality	30800	30900	
41	OHW plan/progress sharing with DHO/DCC	9000	7100	
	TOTAL	4197621.50	4482531.11	

6. Partnership Highlights

- a. Planning and identification of needs at the local level with active involvement of local stakeholder
- b. Cost-sharing and provision of technical support
- c. Strong leadership and ownership by local levels in program implementation, coordination, and participation
- d. Multisector collaboration: Local governments leading implementation and decision-making; provincial and federal governments supporting training; other partners contributing to resource mobilization, research, and M&E
- e. Effective coordination and clear communication among all stakeholders
- f. Ongoing capacity building and active community participation, which enhanced overall program effectiveness
- g. A key learning from this phase was the value of understanding the local context, empowering local stakeholders on decision-making to ensure sustainable impact

7. Results:

a) What are the outcomes of your intervention? Elaborate.

- The overall quality of maternal and newborn health services has improved, supported by capacity building of local stakeholders, allocation of MNH budgets at the RM and ward levels, and targeted training and mentorship for nursing staff. Birthing centers are now better equipped following the handover of essential equipment, strengthening service readiness. Field visits also showed positive behavioral changes among pregnant women, recently delivered women, and their families, reflecting increased awareness and adoption of recommended maternal and newborn care practices. Together, these outcomes indicate improved service delivery, stronger facility readiness, and a positive impact at the community level.

b) How were the activities assessed/followed up during this period?

- Activities under the "Strengthening Maternal and Newborn Health Services in Partnership with Local Government" initiative were regularly followed up according to the 2025 Program Implementation Guidelines (PIG) endorsed by OHW.

8. Challenges/Barriers/Lessons learnt:

Challenges/Barriers

- Difficult to time management by nursing staff during SBMP monthly session and drill sessions.
- Less priority given to health sectors by local stakeholders and RM representatives.
- Sometimes, planned activities were difficult to conduct due to the unavailability of core participants.

Lessons Learnt

- Learned the importance of regular communication with RM representatives, especially for effective cost sharing.
- Timely communication and coordination with relevant stakeholders are essential for implementing planned activities and addressing identified issues and gaps.
- Continuous support from local levels is necessary to strengthen MNH program implementation, improve service quality, and ensure the sustainability of maternal and newborn health interventions.
- Regular field follow-ups and review visits are needed to closely track progress, identify implementation gaps, and provide on-site technical support for ongoing service improvement.
- Ongoing supportive supervision and monitoring by local stakeholders are crucial to maintain program effectiveness, quality, and long-term impact.