



# Annual Report of MITRA

## Samaj

Fiscal Year 2021-2022



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# FROM THE EXECUTIVE DIRECTOR

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**I**t is my immense pleasure to bring forth this Annual Report of MITRA Samaj of the fiscal year 2021-2022.

This year, we designed and conducted a total 11 projects in wide ranging issues, such as public finance management, safe drinking water, CEFM (Child, Early, and Forced Marriage), WASH (Water, Sanitation and Hygiene), emergency preparedness, tuberculosis, HIV and malaria, empowerment of adolescent girls and young women through education, IPV (Intimate Partner Violence), and maternal, neonatal and infant mortality. We adopted various measures to fulfill the objectives of this projects, including research, advocacy, strategy formulation, consultations, etc. with and among high level government functionaries at all levels (federal, provincial and local level), national and international development partners, CSOs (Civil Society Organizations), networks, groups, private sectors, beneficiaries at receiving end, among others.

We are deeply indebted to all the funding organizations, viz, UNICEF, WHH (Welthungerhilfe), Save the Children, WaterAid Nepal, SNV Nepal, WHO (World Health Organization), UNESCO Nepal, EAI (Equal Access International), OHW (One Heart Worldwide) Nepal and ADRA Nepal.

The team at MITRA Samaj regards it an honor and a matter of wisdom to appreciate donors, government functionaries, partner organizations, beneficiaries, and others for supporting us in our endeavors.

We believe the projects have contributed to the attainment of our vision of Touching Lives Positively.



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Mr. Vivek Singh Thakuri  
Executive Director  
MITRA Samaj

# 1. ABOUT MITRA Samaj

**M**ITRA (Measures for Intervention Training Research and Action) Samaj, established in 2006, is a non-government organization with proven distinction in designing and implementing large to larger scales of different types of researches, development programs, communication campaigns, etc. in wider ranging health and non-health sectors. It was registered (Regd. No. 117/063) with the Government of Nepal (GoN) on 26<sup>th</sup> June 2006.

## VISION

Touch lives positively

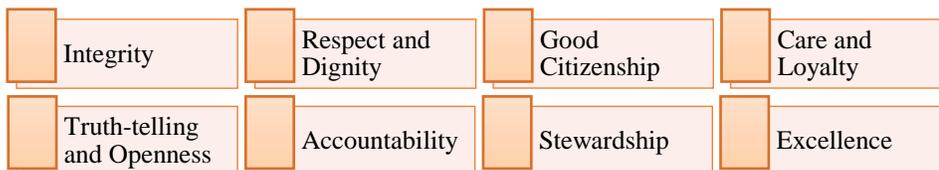
## MISSION

Strive to improve the wellbeing of the communities we serve

## OBJECTIVES

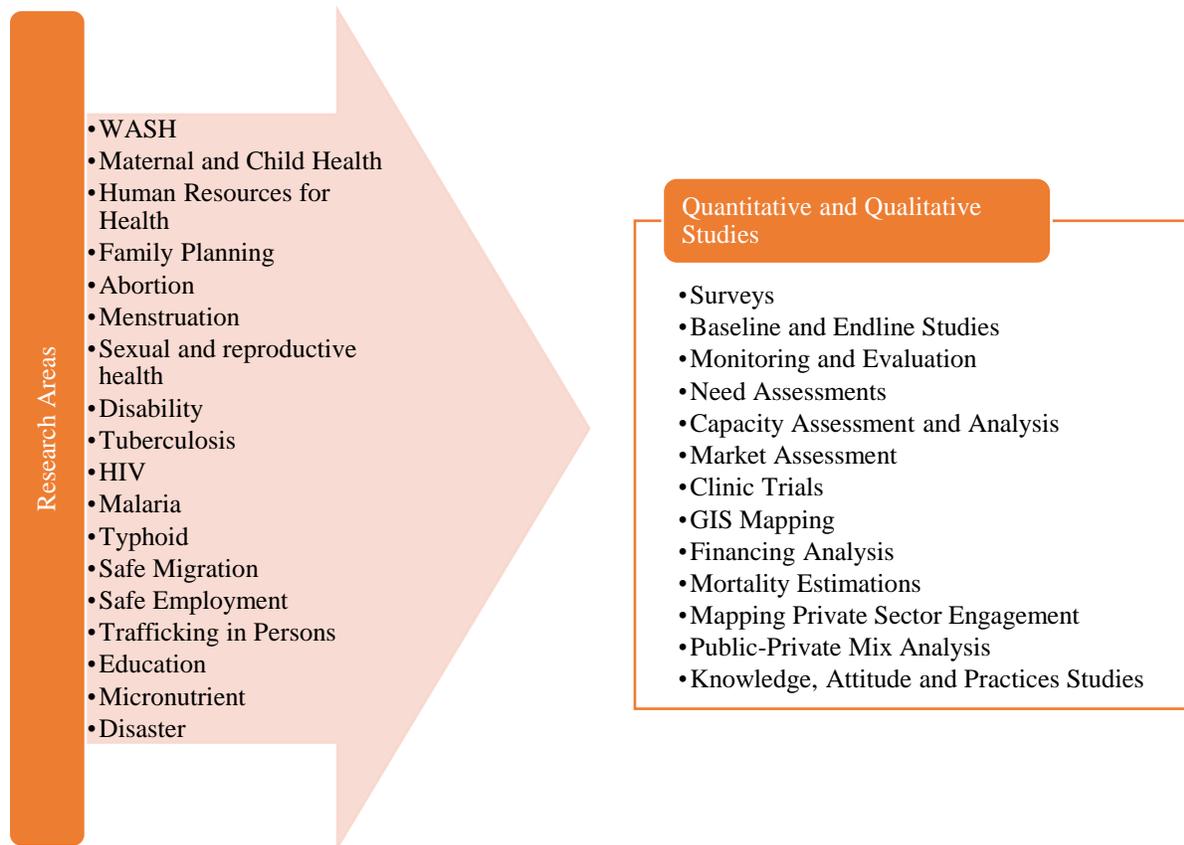
- Implement programs/projects by providing technical assistance (such as capacity building, social marketing, research and management support) to partnering organizations in order to fulfill basic human rights and alleviate poverty.
- Use evidence-based advocacy through research, policies, and other means to empower marginalized communities in the best way possible way.
- Implement programs/projects that benefits society at large through strategic alliances at local and grassroots level.
- Conduct research and provide technical support in order to contribute for improvement in health, education and poverty alleviation
- Implement capacity building and human resource development programs by working with NGOs, CBOs, civil society organizations and other institutions to contribute for developing strong vibrant civil society,
- Develop a wider network and forge partnership to contribute for achieving goals of poverty alleviation and inclusive development in the national and international level.
- Implement Social Marketing and Strategic Behavior Communication campaign to achieve positive behavior change to contribute in improvement of health, education and development of society,
- Implement empowerment programs for disadvantaged women, dalits, and other ethnic groups to increase their access to poverty alleviation initiatives thereby contributing in poverty alleviation.

## CORE VALUES



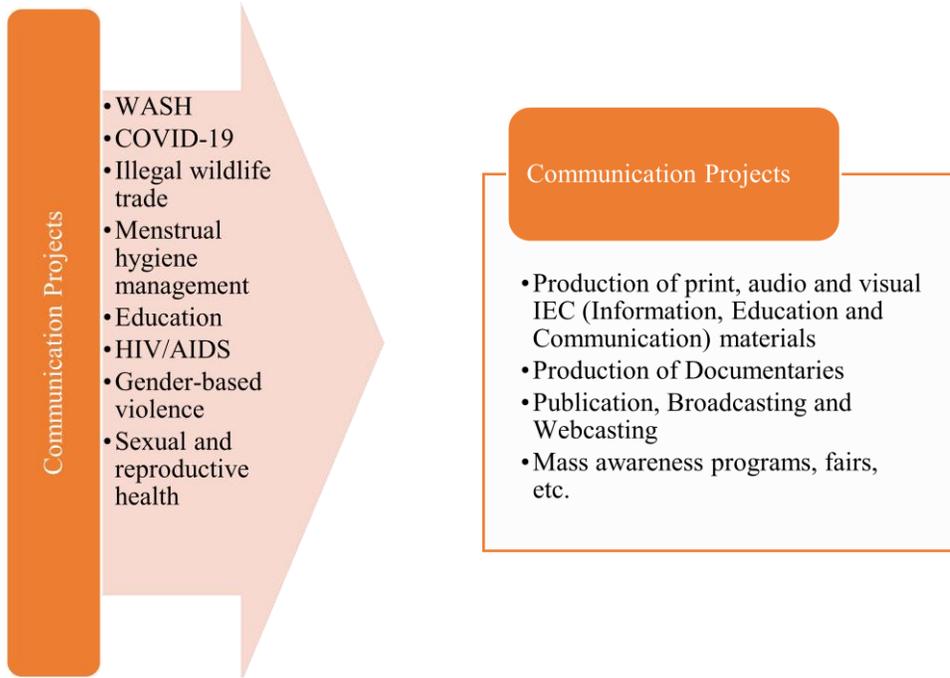
Since 2006, MITRA Samaj has successfully designed and implemented over 3 dozens of large to larger scales of quantitative and qualitative researches in various health and non-health sectors and supported government agencies and international and domestic non-government development partners in making informed and evidence-based decisions in program planning and delivery at local, sub-national and national levels which are instrumental in achieving national targets, sustainable development goals, and other regional and global commitments (Figure 1).

**Figure 1: Research Areas and Types of Researches conducted in the past**



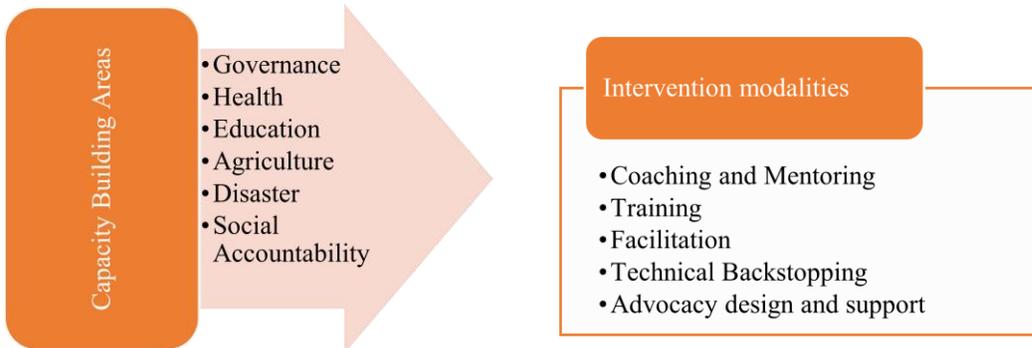
Communication is yet another expertise of MITRA Samaj. Since 2006, MITRA Samaj has not only designed and produced various print, audio and visual IEC (Information, Education and Communication) materials and documentaries on issues like WASH, COVID-19, illegal wildlife trade, menstrual hygiene management, education, HIV/AIDS, gender-based violence, sexual and reproductive health, etc., but has also widely circulated, broadcasted and webcasted through various modern and traditional medium of media, such as television, online portal, radio bands, social networking platforms, etc.

**Figure 2: Communication Projects in the past**



MITRA Samaj has also been designing and implementing projects on Capacity Building. For this, MITRA Samaj has designed and implemented capacity assessments like Organizational Capacity Assessment (OCA), Advocacy Readiness Index (ARI), etc. Recently, MITRA Samaj carried out ‘Human Resources Capacity Assessment of Ministry of Health and Population (MoHP), National Centre for AIDS and STD Control (NCASC), National Tuberculosis Control Center (NTCC) and Epidemiology and Disease Control Division (EDCD) at Federal, Provincial and Palika Level to implement national HIV, TB and Malaria programs’ under Save the Children/Global Fund.

**Figure: Experience in Capacity Building**



## 2. PROJECTS

### 2.1. Menstrual Hygiene Management Study (MENSES)

#### Project 1: The Effects Of Menstrual Hygiene Management (MHM) Education On Girls’ Participation, Self-Efficacy And Stress In Nepal” – A Quasi-Experimental Study

**Funded by:** Save the Children/Sponsorship

**Project Budget:** NPR 999,914.40/-

**Period:** 15<sup>th</sup> Sep 2022 till 30<sup>th</sup> Dec 2022.

The concept of menstrual hygiene management (MHM) is only just over a decade old; many development practitioners know little about the issue, its impact on the human rights of girls and women, or why it is so critical to supporting a girl’s education. With increased attention on girls’ education from the global development community, retention and grade promotion for girls has improved in many countries. There is a body of growing formative research across Asia, Sub-Saharan Africa and Latin America aiming to understand the experiences girls have managing the menstrual cycle in schools. In many low-resource countries, menstruation is not well understood by girls, and in many cultures, it is often stigmatized as a dirty or shameful bodily function (Keith, 2016). Girls report experiencing feelings of stress, fear and shame during their menstrual cycle and often resort to behavioral alterations to cope with a lack of social, informational and tangible resources, ranging from a lack of puberty education, to sanitation facilities, to family support (Bantebya et al., 2013).

Though MHM research is growing, there is a dearth of empirical evidence to quantify the extent of girls’ challenges, examine causal relationships, or measure the effectiveness of program strategies to address MHM in schools (Sommer et al., 2016). There is a global need to build evidence that allows development practitioners to advocate for the integration of MHM within health and education programming. Though many non-governmental organizations (NGOs) have begun to address MHM in their programs, the results and impacts have not been well measured. The few examples of MHM program evaluation have relied on outcome measures such as absenteeism (Hennegan & Montgomery, 2016), an outcome that may not provide a comprehensive picture of the other issue’s girls face related to their menstrual periods. Formative research across several countries suggests that poor menstrual hygiene and puberty education impacts the mental and social health of girls, as well as their participation and concentration in class (Sommer et al., 2014).

Poor management of menstruation is the global public health problem, and especially in low and middle- income countries. The major challenges associated with effective menstrual hygiene management (MHM) are lack of access to clean, effective absorbents; inadequate facilities to change, clean and dispose of absorbents; lack of access to soap and water; and lack of privacy. Additionally, inadequate social support and socio-cultural taboos lead to psychological

consequences of menstruation including shame, fear, anxiety and distraction which affect girl's ability to thrive and succeed within the school environment.

- **Nepal's Context**

Adolescent girls in Nepal face many sexual and reproductive health problems and challenges, amidst gender disparity and other discriminatory social norms in Nepali society. Child marriage is legally prohibited, yet one in four girls is married before the age of 19. The median age at first marriage is 17 years. The adolescent fertility rate is 71 per 1,000 women aged 15-19 years with wider differences in urban and rural settings (33% in urban and 80% in rural). During menstruation, a majority of girls (89%) also experienced some form of restrictions or exclusion. One extreme form of menstrual seclusion practice is called Chhaupadi, a common social tradition in the far and mid-western hills and mountains that requires menstruating women to leave home and live in a *chhau goth* (cowshed or hut). Menstrual restrictions and traditional beliefs vary by ethnicity; for example, Hindu ethnic groups such as Brahmin, Chhetri, and Newar, have more restrictions than Janjatis (ethnic Nepalis).

There exists limited research on menstrual health and hygiene in Nepal, even though studies confirm that adolescent girls lack consistent access to education on sexual and reproductive health and menstrual health. With inadequate education, they lack even a basic understanding of the biological process of menstruation, such as knowing that the menstrual blood flows from the vagina. Poor sanitation facilities and unavailability of water supply has exacerbated poor menstrual hygiene among adolescent girls. Only 28% of public schools in Nepal have separate facilities with toilets for girls. In 2011, 38% of households did not have a toilet while in 2015, only 46% of the population in Nepal had access to improved sanitation facilities.

**Long-Term Outcome:**

Improved learning outcome of girls aged 11-14 due to improved self-efficacy and confidence during their menstruation.

**Medium-Term Outcome:**

Increased girls' participation in schools during menstruation period

**Outcome Indicators:**

1. Increased knowledge and skills on menstrual hygiene management
2. Increased confidence and efficacy among school girls aged 11-14

**Short-Term Outcome:**

Increased attendance of school girls during menstruation

- **Purpose, Objectives and Scope of Study**

The purpose of this assessment was to establish the baseline regarding the girl's knowledge and practices on menstrual hygiene management and their participation in schools during menstruation, and their confidence taking part in discussion in the classes while in periods. The baseline estimation identifies the situation of girls in public schools and helped SCI to design the appropriate interventions.

The objectives of baseline assessment was

- To capture the baseline value on different indicators on girls' efficacy and participation during menstruation period.
- To capture the existing knowledge and practices among girls for menstrual hygiene management.
- To identify the available services (gender friendly toilets, running water, MHM facility etc) in schools

MITRA Samaj worked in close consultation with the SC Technical Manager-Health and Nutrition and MEAL team at CO/FO after the commencement of the assignment.

• **Stakeholders of the Study**

Primary stakeholders of the study were the respondents of the study - school girls studying in grade 5 to grade 8 in secondary level schools

Other Stakeholder	Further information
Project donor	Sponsorship
Implementing organization	Save the Children
Implementing partners	CFWA, RUWA, RRPK, RYC
Government stakeholders	Local Government, Schools

• **Methodology**

This was a quasi-experimental study conducted in intervention and control areas of Mahottari and Sarlahi districts of Nepal which were purposively selected as they were the program districts for Sponsorship project of Save the Children. Interventions and Control areas were identified. Schools were purposively selected and respondents were randomly selected for interviews.

Girls of grade 5-8 (11-14 years of age) were considered as the study population. The sample for the study was 606 (intervention: 303 and control: 303).

## 2.2. Strengthening Public Finance Management

### Project 1: Strengthening Public Finance Management/ Public Finance For Children In Nepal Through Citizens Engagement In Budgetary Processes

**Funded by:** UNICEF Nepal

**Project Budget:** NPR 16,277,500.00

Public engagement in entire budget process and cycle is imperative as it keeps citizens in decision making in ensuring efficient allocation and distribution of resources based on need and fiscal viability which are reflective of people's priorities, are pro-poor and inclusive of budgetary reforms. It not only helps policymakers and administrators to understand development needs and priorities, but also promotes good governance, strengthens positive state-citizen relations and ensure more equitable budgetary allocation and spending. It helps government to demonstrate that it respects and values people's priorities and holds itself accountable to the public. On the other hand, citizen also gets informed about what the government is doing while also help create better public services and promotes social cohesion. However, citizens' participation in Nepal is bleak.

#### Geographical Coverage of the Project

- **112 wards of 5 Local Levels**
  - Lalitpur Metropolitan City (29 wards), Lalitpur district, Bagmati Province
  - Janakpurdham Sub-metropolitan City (25 wards), Dhanusha District, Madhesh Province
  - Nepalgunj Sub-metropolitan City (23 wards), Banke District, Lumbini Province
  - Birendranagar Municipality (16 wards), Surkhet district, Karnali Province
  - Dhangadhi Sub-metropolitan City (19 wards), Kailali District, Sudurpaschim Province.

#### Population Focus

- Minimum 50% of coverage from each intervention municipalities covering population of approximately 54 wards out of 112 wards.

Though citizen's engagement in Nepal is practiced through various means such as pre- budget consultations, pre-budget survey, seeking community feedback, simplified budget briefs for citizens, there is some reluctance among the government administrators to have defined mechanism for citizen's participation. Therefore, there are often conducted as a checklist without any meaningful consultation with citizens.

On the other hand, there are number of challenges which have impeded meaningful civic engagement and participation, such as lack of information and knowledge about complex

budgetary processes, capacity constraints to effectively engage citizens and lack of skills and civic space to interpret budget.

In March 2022, MITRA Samaj commenced implementing the project titled “Strengthening Public Finance Management/ Public Finance for Children in Nepal through citizens engagement in budgetary processes”

### **Project Outputs**

<b>Project Outputs</b>	
<b>Output 1</b>	Stakeholders such as people (demand), local government (supply) and development partners (catalysts) are mapped in engaging citizens in budgetary processes.
<b>Output 2</b>	Existing participatory budget mechanism is analyzed and way forward to institutionalize citizen's participation is recommended.
<b>Output 3</b>	Pre-budget Consultations with the National Planning Commission, Ministry of Finance, Nepal Rastra Bank, National Natural Resources and Fiscal Commission and other key agencies at federal level as well as Provincial Planning Commission, Social Development Ministries and concerned Ministries at provincial level is ensured
<b>Output 4</b>	Budget analysis briefs of 5 metropolitan/sub- metropolitan Palikas are developed
<b>Output 5</b>	Budget watch groups comprising of women’s group and network including civil society groups, professional associations and academia is formed
<b>Output 6</b>	Citizens participation mechanism is institutionalized in local government
<b>Output 7</b>	Consultations to collect public opinions, concerns and needs of different groups, including women, children, marginalized communities and ethnic minorities is organized at local level.
<b>Output 8</b>	Citizen’s voices into the budget discussions is raised and disseminated through media network
<b>Output 9</b>	Federal and provincial level consultations are organized and debates and interactions with policymakers, parliamentarians, civil society members to integrate citizen voices throughout the budget cycle are televised
<b>Output 10</b>	Advocate and proliferate citizen’s agenda for equitable and participatory budget processes is successfully advocated
<b>Output 11</b>	The selected Palikas are supported in developing a Citizens (People’s) Budget— a document exclusively for the public, and it presents the budget in a simpler, less technical format, to build a better understanding of how public finances are managed and used

GESI (Gender and Social Inclusion) will be mainstreamed at all levels. It will be ensured that the approaches are substantial and meaningful in empowering community based diverse groups and identifying problems as well as devising solution from the local stakeholders.

## 2.3. KAP Study on Safe Drinking Water

### Project 2: Study On Knowledge, Attitude And Practices Regarding Drinking Safe Water, And Effective Tools For Their Sustainable Improvement

**Funded by:** Welthungerhilfe Nepal

**Project Budget:** NPR 1,303,653/-

**Project Period:** 28<sup>th</sup> January 2022 to 14<sup>th</sup> March 2022

The constitution of Nepal explicitly states the right to safe water and sanitation. According to Article 35 (4), “Every citizen shall have the right of access to clean drinking water and sanitation”. To fulfil this fundamental right of citizens of Nepal, government agencies, development partners, private sectors, etc. joined hands as this constitutional guarantee created a remarkable momentum for Nepal to achieve universal WASH coverage by 2030. In fact, on September 30, 2019, Nepal was declared an Open Defecation Free (ODF) country (MoWS, 2020). The declaration was made in recognition of all 753 local units of 77 districts that declared themselves ODF following the construction of thousands of on-site sanitation systems.

There has been significant progress in sanitation. The access to safely managed drinking water decreased from 27% to 18% despite 89% of basic coverage in the country. However, in 2021, the JMP reported that Nepal made a significant progress in sanitation and ranked highest progress country in the list, reaching 49% of the population with access to safely managed sanitation services (WHO/UNICEF, 2021). However, the improvement of drinking water supply services still remains a high priority.

In southern regions of Nepal, most of the population don't have access to piped water supply scheme managed by the concerned municipality, and they fetch water for drinking purposes from shallow tube wells/dug wells fitted with handpumps which are at high risk of contamination due to poor draining and lack of proper operation and maintenance. Every year these water points get contaminated with E-coli during monsoon-induced floods.

Welthungerhilfe (WHH) has been operational in Nepal since 2012 and is currently managing different projects in nine districts under four thematic areas (sectors): food and nutrition security, WASH, Disaster Risk reduction (DRR) and right to food and empowerment.

One of the projects led by Welthungerhilfe (WHH) is “Strengthening Municipal-wide WASH governance for social change in Saptari & Siraha districts”. The 4-year (2018-2022) project is being implemented in six municipalities of Saptari and Siraha Districts; namely, Karjanaha, Kalyanpur, Siraha, Dakneswori, Rajgadh and Bishnupur. The project is being implemented by two local implementing partners: Sabal Nepal and Mahuli Community Development Centre (MCDC).

In 2020, WHH’s implementing partner Sabal Nepal tested the quality of 250 water samples collected from communal, institutional and newly-established handpumps of Siraha district. The results showed the presents of E-coli in 27% of them. The study also found that a significant percentage of households use water fetched at these water points for drinking without adopting any type of treatment, thus leading to the outbreak of water-borne diseases such as diarrhea and typhoid. This has put the health of public at risk.

On the other hand, the study suggested that the people in some communities continue to drink water from shallow tube wells despite having access to treated water supplied through piping system. Some people are found to be reluctant to connect and use piped water at their house.

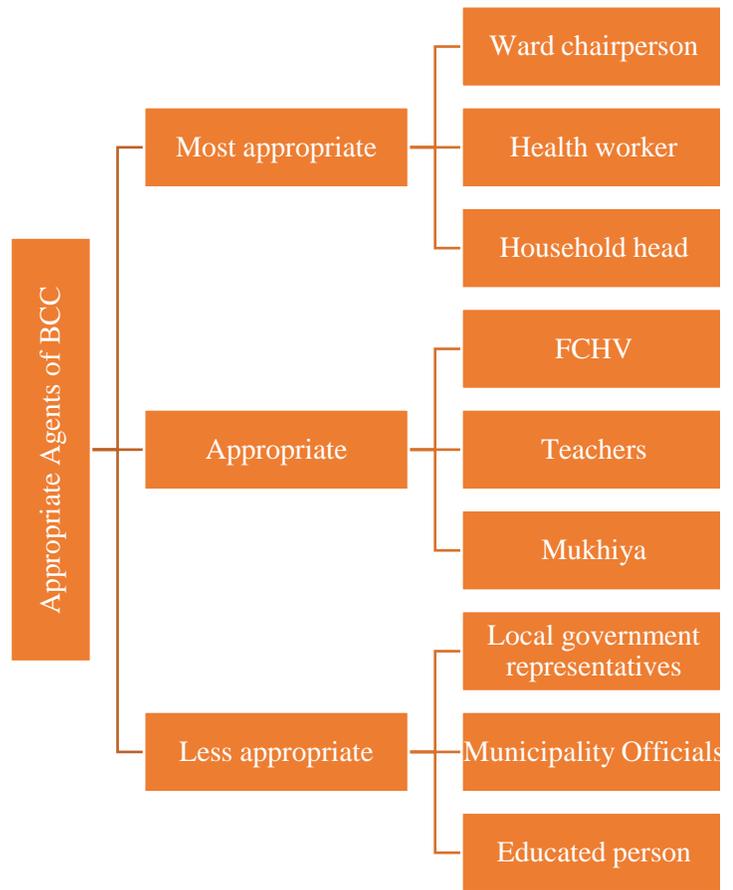
In this background, this formative study titled “Study on knowledge, attitude and practices regarding drinking safe water, and effective tools for their sustainable improvement” has been conducted by MITRA Samaj to identify various aspects necessary for behavior change of people in Saptari and Siraha districts for the use of safe drinking water, i.e. aspects to address the most significant high-risk behaviors using the most effective motivators for change and identifying actions to help overcome barriers—ultimately for desired behavior change in the use of safe drinking water in a sustainable manner, i.e. continuous engagement without donor and project dependency.

### Study Design

This study adopted qualitative approach that used methods like Focus Group Discussions (FGD), In-Depth Interviews (IDIs), Key Informant Interviews (KIIs) among different study population who were purposively selected in consultations with the representatives of local NGOs, viz, Sabal Nepal and Mahuli Community Development Centre (MCDC).

### Study Areas

The study was implemented in two municipalities i.e.: Kalyanpur Municipality (4 wards) of Siraha district and Rajgadh Rural Municipality (2 wards) of Saptari district.



## 2.4. Reducing Child, Early and Forced Marriage

### Project 3: Breakthrough ACTION Nepal – Local Systems Strengthening to Reduce Child, Early and Forced Marriage Project

**Funded by:** Save the Children

**Project Budget:** NPR 659,638/-

**Project Period:** 22<sup>nd</sup> October 2021 to 15<sup>th</sup> April 2022

While the legal age at marriage for men and women in Nepal is 20 years, CEFM (Child, Early, and Forced Marriage) remains a common practice in many regions of Nepal, with 40% of women aged 20–24 married before age 18 (Save the Children, 2021). Nevertheless, there is a range of opportunities to reducing CEFM by strengthening the capacity of the officials at local ward office, municipality, and provincial entities and other community actors to jointly develop and implement programs and institutionalize structures. Thus, *Breakthrough ACTION Nepal: Local Systems Strengthening to Reduce Child, Early, and Forced Marriage (R-CEFM)* was implemented from February 2020 till April 2022 in Province 2 (Mahottari and Rautahat Districts). It was funded by USAID and led by Johns Hopkins - Centre for Communication Programs (JHU-CCP).

#### Objective of Breakthrough ACTION's Nepal Reducing CEFM (Nepal R-CEFM) Project

The overall objective of R-CEFM Project was to strengthen the institutional and technical capacity of the Government of Nepal (GoN) in Province 2 to design, implement, monitor, evaluate, and coordinate effective social and behavior change (SBC) activities and child protection system strengthening for reducing CEFM through a community-based, multi-sectoral, data-driven lens.

With the outbreak of COVID-19 in Nepal in early 2020, new situation eventuated. The COVID-19 pandemic caused schools to close in Nepal on March 19, 2020. After more than nine months of stay-at-home restrictions by GoN, schools started reopening in November 2020. School closures and the resulting loss of educational opportunities increased the vulnerability of adolescents—girls in particular—to dropping out of school permanently and/or to CEFM. Thus, programs that enhance girls' continued education and participation in school deemed important to delay marriage and transform their lives.

In this context and in response to the crisis, USAID Nepal added an education implementation objective to the project's scope of work. The education component aimed at increasing learning outcomes for adolescent girls (with the inclusion of boys) through non-formal interventions. This program, thus, aimed to support adolescent boys and girls to retain in school that ultimately contributed to delaying child marriage.

The intervention was implemented in 83 schools operating in nine local levels<sup>1</sup> of two districts i.e. 48 schools in Mahottari and 35 schools in Rautahat. A total of 10,621 students took the pre-

<sup>1</sup> Jaleswor, Loharpatti, Manara Shiswa, Balawa and Mahottari of Mahottari district, and Rajdevi, Yamunamai, Katahariya and Gaur of Rautahat district.

remedial classes test. Of them, 7,275 underperforming students enrolled in class 6 to 8 were identified and enrolled in the remedial classes. Classes on Nepali, English, Math and Science were conducted at their respective schools before the usual academic hours along with classroom sessions on life skills education.

After the implementation of the remedial activities and other non-formal interventions on education, it was imperative to evaluate the effectiveness of the program. Thus, a qualitative study and documentation of case stories were conducted by MITRA Samaj.

### **Data Collection, Entry and Analysis**

A total of 10,621 students had taken tests (baseline), and all the data were entered. Of them, 7,275 underperforming students were selected and enrolled in the remedial classes. After the remedial classes, an endline assessment was conducted among 7,275. The marks obtained by these selected students in the baseline and endline were assessed. The data were entered in CSPro under the close supervision of Data Quality Assurance Manager (DQAM).

FGDs were conducted among adolescent girls and boys to understand their experiences in attending the remedial classes and participating in other non-formal interventions. KIIs were conducted with the key actors and stakeholders of remedial classes to understand their opinion and perception towards remedial classes. And central character of cases identified as change stories were interviewed to understand how remedial activities helped them improve their learning outcomes.



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**Nisha Kumari Mandal, a grade 8 student in Balba Municipality, Banyari-1 who got more confident and interested in studies after attending remedial classes.**

## 2.5. Hygiene For Health Campaign

### Project 4: Minimum Cost Estimation for WASH in Healthcare Facilities (HCFs)

**Funded by:** WaterAid Nepal

**Project Budget:** NPR 740,715/-

**Project Period:** 15<sup>th</sup> November 2021 to 15<sup>th</sup> February 2022

During the 72<sup>nd</sup> World Health Assembly (WHA) hosted on 20–28 May 2019, the WASH in HCFs resolution was unanimously approved. World Health Organization (WHO) Member States committed to developing national roadmaps, setting and monitoring targets, increasing investments in infrastructure and human resources and strengthening systems to improve and sustain WASH services in HCFs. During the Assembly, representatives from 32 countries highlighted the fundamental role of WASH in HCFs for achieving universal health coverage, improving quality of care and in preventing the spread of antimicrobial resistance (UNWater, 2019).

Likewise in 2021, health ministers during the WHA agreed actions on urgent health issues. From May 24 to June 1, 2021, ministers met virtually to agree on actions on urgent health issues such as reviewing progress on the 2019 resolution on WASH in HCFs, responding to COVID-19, pandemic preparedness, and patient safety (WaterAid, 2021). As one of the members states, Nepal has committed to increasing investments in infrastructure to improve and sustain WASH services in HCFs.

#### The WASH Financing Study

- Identified and presented investments in WASH in HCFs by GoN over 3 years (FY 2075/076, FY 2076/077 and FY 2077/078) to generate evidence to inform and influence the prioritization of hand hygiene and gender responsive, inclusive WASH in HCFs to find adequate actions.

#### The Study

- Estimated minimum cost required to construct WASH commodities in Healthcare facilities (HCFs), especially at health post, as per the WASH Standards in HCFs.

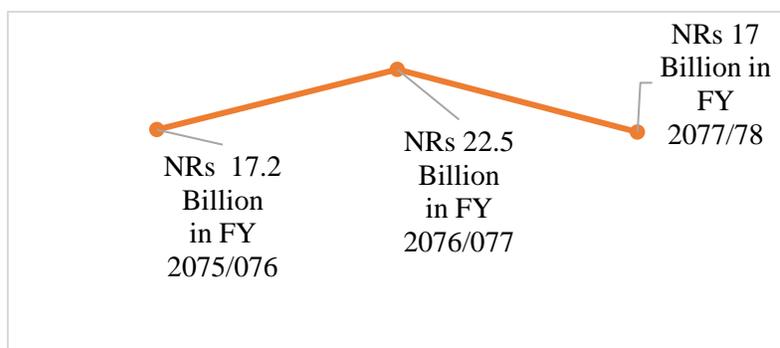
#### Project Methodology

Various acts and guidelines were studied to understand fiscal allocation and transfer modality in the federated context of Nepal.

Consultations were conducted with the relevant officials at Ministry of Health and Population (MoHP), Ministry of Water Supply (MoWS), Management Division under Department of Health Services (DoHS), Department of Water Supply and Sewerage Management (DWSSM), National Planning Commission (NPC), Department of Urban Development and Building Construction (DUDBC) and Kathmandu Metropolitan City to understand the modality of budget allocation and transfer to HCFs and to obtain the financial data required for the study.

MoHP's financial statements of three fiscal years (FY 2075/076, FY 2076/077, and FY 2077/078) were obtained. As 2.92% of national budget was allocated to WASH in 2020/2021 (WaterAid, 2021), the percentage was calculated against the health sector budget to estimate budget release on WASH. The data was disaggregated along type of expenditure (current and capital), level, budget source, type (cash, loan and grant), budget approved and released. A summary of budget and expenditure was prepared for data presentation and analysis.

Furthermore, program and budget plans of DoHS for FY 2077/078 was retrieved from Line Ministry Budget Information System (LMBIS) from the designated official of the department along with the proposed programs and its corresponding budget for all 7 Provinces of Nepal. The was carried along the Provinces.



**Investment in Health by MoHP in the last three fiscal years (FY 2075/076, FY 2076/077 and FY 2077/078)**

Especially, the National Standard on WASH for Healthcare Facilities, 2078 and Health Facility Establishment, Operation and Upgradation Standards Guideline, 2070 were reviewed to understand the WASH standards developed by the GoN.

Consultations were conducted with the relevant officials at Ministry of Health and Population (MoHP), Ministry of Water Supply (MoWS), Management Division under Department of Health Services (DoHS), Department of Water Supply and Sewerage Management (DWSSM), National Planning Commission (NPC), Department of Urban Development and Building Construction (DUDBC) and Kathmandu Metropolitan City to understand the modality of budget allocation and transfer to HCFs and to obtain the financial data required for the study.

The value of existing WASH assets of HCFs operational in 22 municipalities and the projected cost required to fulfil the service standards in HCFs as per the service ladder to meeting the SDG goals were obtained from N-WASH, the Management Information System (MIS) operationalized by DWSSM. The data entered by the municipalities were analyzed as relevant in the back-end of the N-WASH system.

## 2.6. SBCC Strategy and Campaigns

### Project 5: Social And Behavior Change Strategies And Campaigns On Urban Sanitation And Hygiene With A Focus On Fecal Sludge Management In Four Cities

**Funded by:** SNV Nepal

**Project Budget:** NPR 8,194,210.07

**Project Period:** 1<sup>st</sup> November 2021 to 30<sup>th</sup> September 2022

**O**n September 30, 2019, Nepal was declared an Open-Defecation Free (ODF) country. The declaration was made in recognition of all 753 local units of 77 districts that declared themselves ODF following the construction of thousands of on-site sanitation systems.

With the ODF status, Nepal moved forward with the aspirations for Fecal Sludge Management (FSM). But though the government and development partners devoted their attention towards FSM, it remained a development challenge, especially because of inadequate and ad hoc investments, lack of ideas for viable FSM business plans and pathways of repayable funding, non-involvement of private sectors, etc.

Detecting these gaps, SNV launched WASH SDG programme in four cities of Nepal, viz, Khadak, Nepalgunj, Chandannath and Birendranagar to work with the local authorities to devise and implement FSM business plans with the involvement of private sectors and proper pathways for repayable funding in order to improve health and quality of life of men and women through access to sustainable, inclusive, safe sanitation and improved hygiene practices. Since the inception of WASH SDG Programme, SNV also focused to frame solutions with a ‘citywide service chain approach’ and, define and promote viable options for business models for FSM services.



मेरो खडक, मेरो पहिचान

Sample of Campaign Logo

However, users' demand is pivotal in any development project. If explained clearly and loudly, the demand for FSM can come from anyone—from municipal authorities, general population, women and youth groups and persons living with disabilities to dalits and ethnic groups, low-income community, service providers, educational institutions (School, College, University, etc.), etc.

Thus, tagging these population as the target groups, SNV has launched the sub-project titled 'Social and Behavior Change Strategies and Campaigns on Urban Sanitation, fecal Sludge Management (FSM) and Hygiene' in these cities to understand the demand side and develop appropriate SBCC strategies and campaigns to develop demand for FSM.

MITRA Samaj has been implementing the project to work with the local authorities from scratch to success by providing technical support in designing, developing and disseminating SBCC materials and tools on WASH and FSM.

A series of meetings, consultations and workshops were organized and facilitated so that the concerned local authorities, stakeholders and target groups take lead in formulating city-specific SBCC strategy, comprehensive work plan/implementation plan and packages for planning and rolling out the campaign under the ownership of local stakeholders for community sensitization and awareness on FSM and WASH.

Each strategy of the campaign and its corresponding implementation modality was based on evidence. Thus, the campaign triggered behavior change to positively support city sanitation plans, development of SBCC tools tailored to the local context, and linking it to the city sanitation plans and overall municipal plans.

Taking the SBCC strategy as the blueprint of the campaign, various SBCC campaigns were designed and rolled out.



**Figure 1: Snapshot of strategy plan formulation workshop**



Figure 3: Community Cleaning Campaign



Figure 2: Community Awareness Program



“ चन्दननाथ नगरलाई सफा, स्वच्छ र सुन्दर बनाउन हामी प्रतिबद्ध छौं र तपाईंहरूको साथको अपेक्षा गर्दछौं ”



राजु सिंह कठायत  
नगर प्रमुख



रामदेवी खड्का  
उप-प्रमुख



Pledge from Mayor and Deputy Mayor of Chandannath Municipality

## 2.7. SoP of HEOC/PHEOC and EMDT

**Project 6: Support to finalize standard operating procedures (SOPs) for HEOC/SOP template for PHEOCs and SOP for emergency medical deployment teams (EMDTs)**

**Funded by:** World Health Organization (WHO) Nepal

**Project Budget:** NPR 1,117,525

**Project Period:** 18<sup>th</sup> November 2021 to 31<sup>st</sup> December 2021

Nepal has diverse topography, complex geology and highly varying climatic conditions. Thus, Nepal is one of the most disaster-prone countries in the world, and has frequently experienced wider range of hazards such as earthquakes, floods, landslides, lightning, avalanches, thunderbolts, disease outbreaks. Some of the disasters in the past that impacted thousands of human lives include 1990 and 2015 mega earthquakes, floods [in Sunsari-2008, Melamchi-2021, Myagdi-2021 and other parts of Nepal], Bara-Parsa windstorm in 2018, etc. Thus, Nepal ranks 10th in the list of countries most affected by extreme weather events that induce high fatalities and property losses (Global Climate Risk Index 2021) and stands 34th in the list of countries with higher risk of humanitarian crisis and disasters (INFORM, 2021).

To manage response during disasters, Ministry of Home Affairs (MoHA), Government of Nepal (GoN) is the main responsible body as per the Disaster Risk Reduction and Management Act (DRRM Act), 2074. Thus, in 2010, National Emergency Operation Centre (NEOC) under MoHA was established as a coordination, communication and information management center for disasters across Nepal. (For more details on NEOC: <http://www.neoc.gov.np/en/>).

However, the disasters also affect human lives. Thus, Nepal is also prone to public health emergencies. Some of the major public health emergencies experienced by Nepal include Cholera outbreak in Jajarkot, influenza, Japanese encephalitis, COVID-19, etc.

Not only to manage the disasters, but it is the responsibility of the GoN also to ensure that every citizen has the right to free basic health services and no one in the country is deprived of emergency health services as guaranteed by the constitution. To ensure the constitutional provision especially at time of disaster and public health emergency, Nepal has adopted a policy “to make advance warning, preparedness, rescue, relief and rehabilitation in order to mitigate risks from natural disasters”.

Alongside the constitutional and legal frameworks, Nepal learned various lessons from response to different disasters. Thus, the GoN felt the need of a dedicated operation center to coordinate different stakeholders for health-related emergency preparedness, response readiness and disaster management. As a result, The Health and Emergency Operation Centre (HEOC) was

conceptualized in 2012, and in 2014, it was established with the support of WHO at the premises of MoHP.

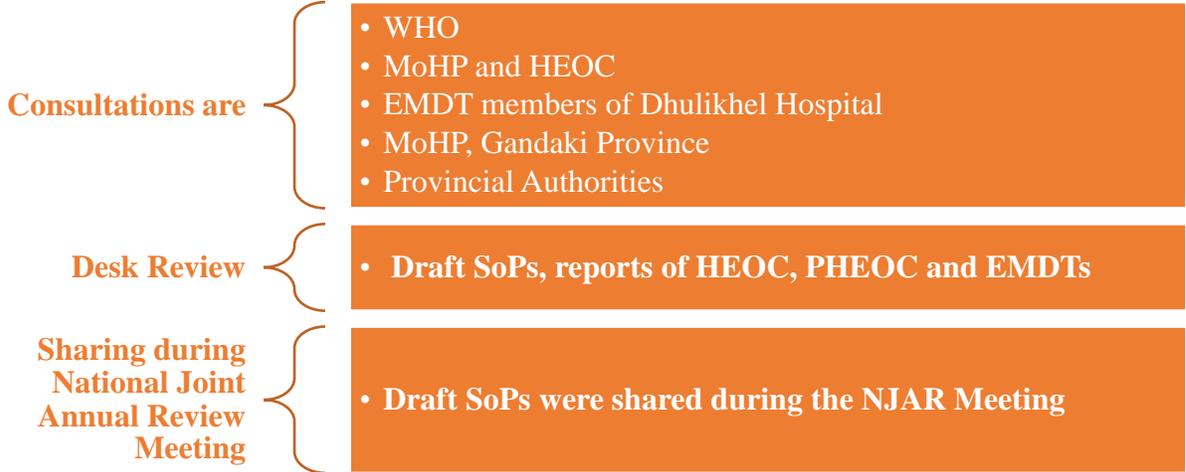
Since the formation of HEOC, the center responded to various disasters, including 2015 Gorkha Earthquake. When responding the 2015 mega disaster and other events, such as during floods in the terai belt, landslides in the hills, tornado in Bara and Parsa and the ongoing COVID-19 pandemic, MoHP realized the significance role of HEOC in providing emergency health services. Thus in 2018, HEOC was brought under Health Emergency and Disaster Management Unit (HEDMU), a unit functional directly under the Secretary of MoHP.

Following the success of the effective response by the HEOC during the Nepal Earthquake 2015, the need was felt also for the establishment of Provincial HEOCs (PHEOCs) for decentralized preparedness and response coordination in the health sector. Thus, the then Hon. Health Minister requested WHO, during his participation in the 68th session of World Health Assembly (WHA), for establishing such HEOCs in each of the then five development regions. However, following federalization, these sub-national HEOCs had to be established at all seven provinces. Thus, either permanent or temporary PHEOCs have been established in all the 7 Provinces with the support from WHO.

Formation of these federal and provincial level EOCs is not enough. The Public Health Service Act, 2075 (2018) and its corresponding Public Health Service Regulations, 2020 have the provisions of deploying Rapid Response Team (RRT) and National Emergency Medical Team (EMT) in order to provide quality health services immediately during emergencies. Thus, EMDTs have been formed who represent various hub and satellite hospitals and provide quick response during emergencies. As of now, there are 25 hub hospitals across the nation, and satellite hospitals are operational under its jurisdiction. These hub and satellite hospitals are activated during disaster and health emergencies.

#### MITRA Samaj

- Reviewed and finalized the draft Standard Operating Procedures (SOPs) of Health Emergency Operation Centre (HEOC)
- Developed the SOP template for Provincial Health Emergency Operation Centers (PHEOCs)
- Reviewed and finalized the draft SOP for Emergency Medical Deployment Team (EMDT)



A consultation on SOPs held at MoHP



A consultation on SOPs held at HEOC

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“The constitution has provided the rights to MoHP to formulate guidelines, standards, SOPs, etc. Thus, I don’t think it will be necessary to endorse the SOP of HEOC, PHEOC and EMDT from the Cabinet. Besides, we have been carrying out many activities by issuing circulars, but if the SOPs are clear, we don’t need to issue the circulars. Thus, the SOP should ensure functional clarity.”—Tara Pokharel, Chief Specialist, MoHP.

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A snapshot of consultation organized at conference hall, MoHP on December 29, 2021.

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“MoHP has been entrusted with the mandate to develop guidelines, directives, SOPs, etc. Thus, the endorsement of SOP from the Cabinet is not necessary. Regarding the Steering Committee, I believe it should comprise of officials from within the ministry only because it is the steering committee to steer the tasks mandated to MoHP. Including many representatives will invite complex discuss. They can be invited as invitees. On the other hand, let’s not focus on pleasing everyone when developing the structure of ICS.”—Dr Pradeep Vaidya, Administrative Dean, IOM.

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“During NJAR, an action plan has been developed and approved to upgrade HEDMU from a unit to a division. This also includes changing and upgrading its structure. It will be tasked to carry out inter ministerial coordination as well. This has to be included in the SOP. I believe the SOP has to be approved from the Cabinet., “—Dr Rudra Marasaini



Meeting with Honorable Minister of Health and Population, Gandaki Province Ms Madhu Adhikari Gurung, Provincial Health Director Dr Khim Bahadur Khadka, Dr Rajeeb Lalchan (WHO) and Navaraj Sharma, PHEOC Focal Person.

## 2.8. Migrants and TB, HIV and Malaria

### Project 7: Assessment Of HIV, TB And Malaria Related Services For Migrants And Their Families And Designing Integrated Intervention Package

**Funded by:** Save the Children, Global Fund

**Project Budget:** NPR 3,477,807/-

**Project Period:** 1<sup>st</sup> November 2021 to 31<sup>st</sup> May 2022.

Nepal has committed to end AIDS by 2030; make Nepal malaria-free by 2026; and have envisioned for a TB-Free Nepal. Hence, various strategies, interventions and approaches have been designed and implemented.

However, challenges persist. HIV epidemic in Nepal remains concentrated in five key populations, including male labor migrants and their spouses. Of 40,341 HIV cases ever reported in Nepal, migrant workers accounted 11.3% (NCASC, 2020). Likewise, migrants and mobile populations remain one of the key populations for the TB program because migrants are at a higher risk of acquiring and transmitting TB, and it is difficult to retain them in treatment because of their frequent movement in source and destination. Similarly, imported malaria cases contribute to 91.8% percent of the total malaria cases (n=391 in 2021) reported in the country (EDCD, 2021).

Save the Children, the Principal Recipient (PR) of Global Fund grants for HIV, TB and malaria in Nepal has allocated some resources for different services for migrants in TB, HIV and malaria under its New Funding Model (NFM3) (2021-2024). To design and implement better programming for migrants and their families, this assessment was conducted with the general objective to assess the current situation of migrants and their characteristics in relation to HIV, TB and malaria; to assess the gaps in existing services for migrants and their families, including testing and treatment; and to identify the opportunities for structuring, integration and systematization of the services of TB, HIV and malaria among migrants and their families.

MITRA Samaj **Assessed the current situation of migrants and their characteristics in relation to HIV, TB and malaria; to assess the gaps in existing services for migrants and their families, including testing and treatment; and to identify the opportunities for structuring, integration and systematization of the services of TB, HIV and malaria among migrants and their families.**

#### The survey

- Conducted comprehensive assessment of existing service packages across HIV, TB and malaria components among migrants and their families, identified the service gaps and the opportunities for integration, structuring and systematization;
- Conducted comprehensive assessment of the current situation of migrants and their characteristics (disease-specific dynamics including behaviour and movement patterns) at source, transit and destination in relation to HIV, TB, and malaria;

- Assessed the coverage and quality of currently available HIV, TB and malaria services including testing and treatment for HIV, TB and malaria for migrants and their families;
- Recommended the feasible, comprehensive, evidence-based, gender sensitive and integrated intervention package throughout the continuum of care of HIV, TB, and malaria, encompassing both the source and destination of the migrants;
- Assessed the cross-border dimension of HIV, TB and Malaria including service needs and recommend the cross-border strategy and interventions for the migrants.

### Study Methodology and Areas

The assessment adopted mixed method with household interviews with 940 samples (returnee migrants: 840 (one: refusal) and imported malaria cases=100) for quantitative strand and 126 interviews with migrants affected with TB, HIV and malaria, their spouses, and 84 in-depth interviews and 35 key informant interviews for qualitative strand service providers (ART center, DOTS center, health posts, Sub-Recipients of Global Fund grants, and border health desks), along with consultations with the officials of EDCD, NTCC and NCASC. The assessment was conducted in 17 districts of 7 Provinces of Nepal.



## 2.9. Empowering Adolescent Girls and Young Women

### Project 8: Media Engagement Activities to advocate for girl's education and support around the International Day of the Girl Child 2021

**Funded by:** UNESCO Nepal

**Project Budget:** NPR 5,324,000/-

**Project Period:** 1 August, 2021 to 31<sup>st</sup> October, 2021

The COVID-19 pandemic has affected more than 90 percent of the global student population, causing one of the largest disruptions in the history of formal education. Education in Nepal has been no exception to this trend. While Nepal struggles handling the pandemic's impact on education, more girls are likely to be at risk of dropping out of school for economic reasons and to support their families increased domestic, health and economic needs. It is in this regard that UNESCO contracted MITRA Samaj to develop a suite of media engagement activities to advocate for girls' education and mobilize support around the International Day of the Girl Child 2021.

- **Influencer Strategy**

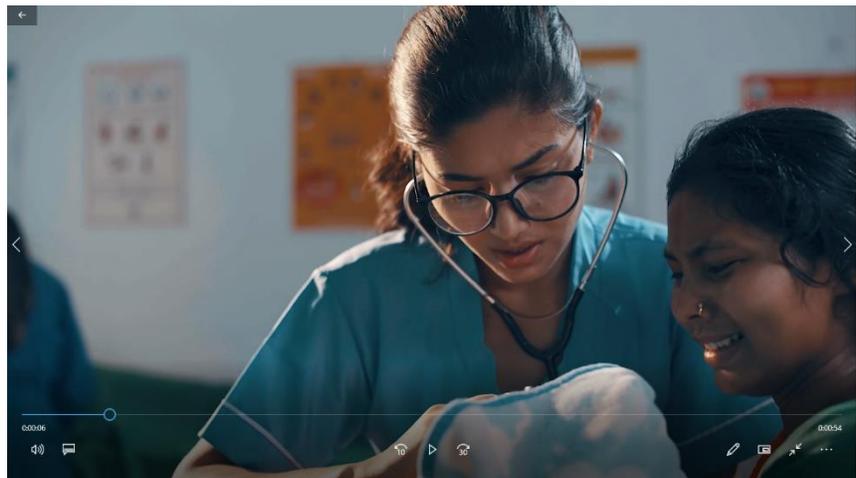
The project team developed social media inserts for the influencers to post in their personal social media handle. In addition to the social media posts, Malvika Subba also moderated a panel discussion to mark the International Day of the Girl Child which was aired through Image Channel HD at 8:00 PM on 11<sup>th</sup> October, 2021.

- **Television PSAs**

The television PSA were produced and aired from the state-owned national television Nepal Television from 1st October, 2021 for 18 days for 14 times a day before news bulletin.

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Screenshot of television  
PSA



- **Training of Journalists**

Training titled “Training on Gender Sensitive Reporting for Girls’ Education in COVID-19 and Beyond” was conducted from 8<sup>th</sup> October, 2021 to 10<sup>th</sup> October, 2021 to provide journalists with the knowledge and skills in gender sensitivity and importance/need for continuation of girls’ education, and to investigate and publish stories, articles, reports that can appeal and influence the target audience. Twenty journalists participated in the training.

- **Audio-visual engagement**

Radio PSAs were produced and aired from radios stations in Achham, Bajura, Rautahat, Sarlahi, Sunsari districts for 45 days in various languages, such as Nepali, Doteli, Maithali and Bhojपुरi to cater to the population in the project intervention areas.

- **Celebrating the International Day of Girl Child 2021**

The produced visual adaptation and panel discussion were developed and aired through Nepal Television and Image Channel HD. The influencers/changemakers had also promoted the TV programs through their personal social media handles.

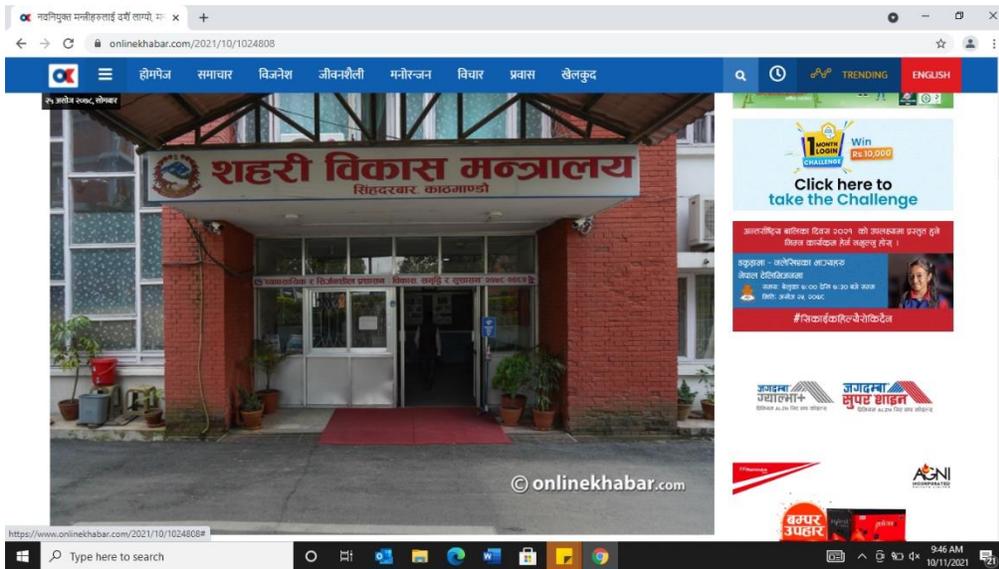
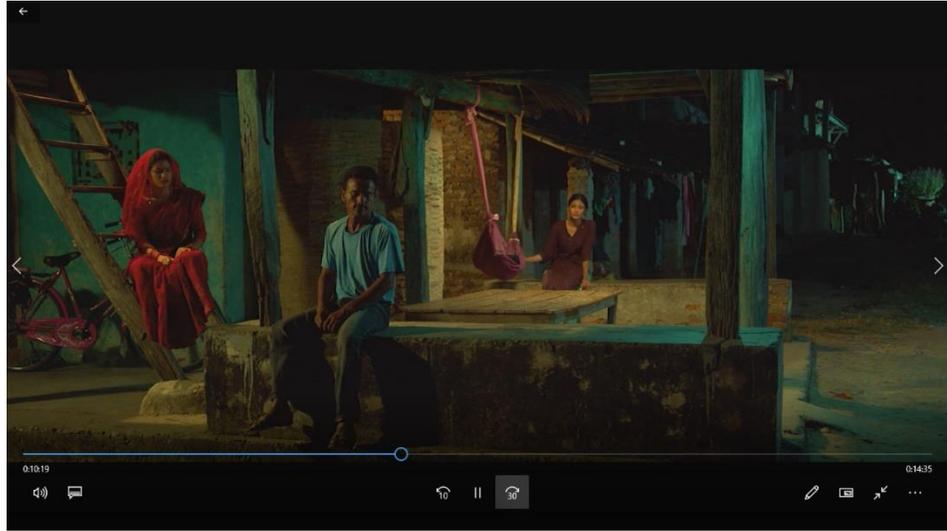
The visual adaptation of the radio drama “Nalekhiyeka Bhagyaharu” (Unwritten Destinies) was aired through state owned national TV channel, Nepal Television. Similarly, panel discussion titled “A Special Talk Program to Mark the International Day of the Girl Child (IDGC), 2021” moderated by Malvika Subba was aired through Image Channel HD. These TV programs were also released on different social media platforms of MITRA Samaj and shared in UNESCO social media sites for wider reach. This released was scheduled at the same time as airing of the programs on TV. The TV PSA being aired from Nepal Television was also released through different digital platforms on the International Day of the Girl Child.



Panel discussion on IDGC 2021 moderated by Malvika Subba

Articles in English and Nepali languages by the influencers on importance of girls’ education and girls’ access to education during COVID-19 pandemic and ensuring girls’ return to the schools after they open.

Docudrama  
“Nalekhiyeka  
Bhagyaharu”-  
visual adaptation  
of the radio  
drama- Let me  
Read. Let me  
Grow.



Advert placed  
on  
Onlinekhabar  
.com with  
information  
on TV  
programs  
being  
broadcasted  
marking the  
IDGC

## 2.10. Organized Diffusion for Intimate Partner Violence Prevention

### Project 9: Support in Data Collection for the Baseline Study for the Change Project

**Funded by:** Equal Access International

**Project Budget:** NPR 1,097,435/-

**Project Period:** August 15, 2021 to October 30, 2021

The **Change Starts at Home** project was designed to address identified gaps in primary prevention programming and research for Intimate Partner Violence (IPV) in Nepal through testing of the BIG Change model with an explicit focus on organized diffusion and social networks as a strategy for movement building around social norms change.

The original Change intervention was multi-component Social Behavior Change Communication (SBCC) program combining media and outreach mobilization. It was delivered through a 40-week group listening and interaction focused curriculum targeting married couples in three districts of Nepal. A randomized controlled trial (RCT) was conducted in 36 Village Development Committees (VDCs) among 1,800 individuals in three districts of Nepal, to assess the impact of the Change intervention and test whether the media and community engagement strategy resulted in a greater reduction in IPV compared to a media program alone. A second pilot which included developing and testing a curriculum booster of 12 sessions focused on diffusion was launched, to better understand organized diffusion tactics in one of the original Change intervention sites.

This phase involved rolling out of Change intervention, in selected communities of Nepal, and then using organized diffusion, social movement and community outreach strategies to encourage further uptake and impact in the project targeted and neighboring communities.

#### Project Objectives

The objectives of the study were:

- Implementation and assessment of a complete Change intervention, supporting movement building against IPV in the communities
- Generate novel evidence and insights to inform and refine implementation strategies, intervention design and research tools for a more scalable and sustainable social norms programming
- Examine whether couples engaged in the core communities adopt positive changes in gender norms and behaviors and report a reduction in IPV in their relationship.
- Examine diffusion of intervention uptake and impact (on attitudes, norms and IPV practices) within the core and neighboring communities
- Integration of programming approach with the government's local gender-based violence watch groups, including local budgetary support and inclusion of intervention uptake in government work plans

## Study Sites

Ten sites located in two rural municipalities- Hupsekot and Binayi Tribeni rural municipalities— were selected. Four sites were located in Hupsekot rural municipality while six sites were located in Binayi Tribeni rural municipality. The sites within these municipalities were selected purposefully where the intervention and the research were considered to be the most feasible and meeting the basic criteria set for the study.

## Activities

MITRA Samaj carried out the data collection activity by supporting EA in three key phases: pre-fieldwork, fieldwork and post-fieldwork.

The pre-fieldwork support was centralized to providing feedback on the study tools to ensure clarity and contextualization on the tools provided by EA; recruiting trained and experienced Research Assistants; co-facilitating the training to research assistants; testing the data entry software; and working with EA and incorporating reasonable changes to the questionnaires or interviewing process and communicating with the team.

During the fieldwork, MITRA Samaj managed the logistics, scheduled interviews, obtained approval from the local authorities where necessary. MITRA Samaj also planned and coordinated the field movements of the field team and conducted data collection. The senior team members supervised the entire processes to ensure that the protocol is followed, provided weekly reports on fieldwork process and monitoring activity. Any issue that could affect the data quality was informed to EA on time and provided timely follow-up to data queries to resolve them throughout the fieldwork progress.

In the post-fieldwork period, MITRA Samaj provided details on errors identified during the data cleaning process, and submitted the field completion report.



**Training and pre-test before data collection**

## 2.11. Network of Safety Program Endline Survey

### Project 10: Status and Determinants of Maternal, Neonatal and Infant Deaths and Knowledge, Practice and Utilization of Maternal Health Services in Dhading District of Nepal

**Funded by:** One Heart Worldwide Nepal (OHW)

**Project Budget:** NPR 3,329,942/-

**Project Period:** January to March 2022

Since 2010, One Heart Worldwide (OHW) adopted ‘Network of Safety’ model that centralizes on enhancing women’s access to safe delivery in the healthcare facility, particularly in the remote and rural areas around the world. The implementation of this model addresses the barriers that limit to quality maternal and neonatal services at all levels.

In Nepal as well, OHW follows the same model and concentrates on health facilities, service providers, governments and communities in order to save the lives of mothers and newborns. OHW does not intervene to establish a parallel healthcare system but strives to strengthen existing government-owned facilities by enhancing the local capacity. For this, OHW aligns the model’s efforts with local government priorities and policies.

The program upgrades both first-level of healthcare facilities (health posts, especially with the birthing wings/facility of the health post) and referral hospitals by supporting or providing necessary medical equipment and infrastructure and basic skills. OHW program also provides support for long-term training to nurses on obstetrics and immediate neonatal care. This way, OHW creates a network of well-equipped functioning healthcare facilities operated by trained service providers/healthcare providers to ensure quality maternal and newborn healthcare services.

Various types of community-based programs are key interventions under the model, whereby, OHW integrates community and grassroots-level entrepreneurs to design, implement and sustain the program through community engagement activities such as interaction with women and her family member, collaboration with women’s groups and religious leaders, etc. The program teaches families on how to support pregnancies, prepare for recognizing danger signs, responding appropriately to potential pregnancy-related problems, and other important aspects. OHW supports to train Female Community Health Volunteers (FCHVs) to directly reach out to the community women and their families, including women enrolled in prenatal care, and teach them to recognize and respond to pregnancy-related danger signs, referring expecting mothers to trained health personnel or healthcare facilities, etc.

OHW Nepal had implemented its ‘Network for Safety’ model in Dhading from 2015 to 2020 to reduce the burden of maternal and neonatal morbidity and mortality. Major support of OHW in Dhading were as follows:

- Immediate support to make health facilities functional after the earthquake 2015
- Implemented the CBIMNCI and Birth Preparedness Package (BPP)/MISO refresher training program

- Assisted the government in the Skilled Birth Attendant (SBA) training program in cooperation with the national health training center and SBA training sites
- Assisted the government in upgrading birthing centers to provide quality MNH services
- Assisted health facilities to improve quality MNH service
- Implemented m-health program

OHW actively implemented its interventions for a four-year period and handed over its activities to the local health facilities under the leadership of district health offices. The program was implemented from 2015 to 2018 and a transition was effectuated from 2019 to 2020. During the transition phase, very limited support was provided, especially in terms of capacity building through training and onsite coaching and follow-up of quality care. Regular monitoring was done in the transition period.

It is in this regard, MITRA Samaj was commissioned by OHW to carry out the endline survey to analyze the results of OHW's implementation of the Network of Safety model in Dhading district.

### **MITRA Samaj performed the followings**

Analyzed the results of OHW's implementation of the Network of Safety model in Dhading district.

In details

- i. Estimated neonatal mortality rate in the last three years (FY 2075/2076 to 77/78)
- ii. Counted maternal deaths in the last three years (FY 2075/2076 to 77/78)
- iii. Measured Maternal and Neonatal Health (MNH) related service coverage (4 Antenatal visits, institutional delivery, Skilled Birth Attendant delivery, Post Natal Check-up)
- iv. Assessed the level of knowledge about danger signs during pregnancy, childbirth and post-partum period among recently delivered women
- v. Evaluated the practice and knowledge regarding birth preparedness and complication readiness among recently delivered women
- vi. Measured readiness of the health facilities and PHC/ORC (OHW supported only) to provide MNH care
- vii. Evaluated the knowledge and skills of MNH service providers



**Death Case verification with FCHVs in Pida HP, Gajuri rural municipality**

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**Field team  
birth listing  
live in  
Salyantar  
PHC,  
Tripurasundari  
rural  
municipality**



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**Listing of live  
birth in  
Jogimara HP,  
Benighat  
Rorang rural  
municipality  
Tripurasundari  
rural  
municipality**

## 2.12. Maternal Mortality Study 2021

### Project 11: Maternal Mortality Study Following the Census (MMSC) 2021

**Funded by:** ADRA Nepal

**Project Budget:** NPR Rs 2,042,610/-

**Project Period:** 1<sup>st</sup> September 2021 till 30<sup>th</sup> June 2022

The Government of Nepal (GoN) conducted the Nepal Housing and Population Census 2021 that reported the deaths of women aged 15 to 49 years and the pregnancy stage of the deceased (pregnancy, delivery or post-partum period—including the post abortion/miscarriage) that took place in the last 12 months preceding the Census 2021. This was for the second time in Nepal. However, a strong methodology to validate the reported maternal deaths and obtain a precise MMR for Nepal was felt required which was suggested by the findings of Census 2011 as well.

The World Health Organization (WHO) recommends the use of verbal autopsy (VA) methods to measure maternal mortality in countries without adequate medical certification of the cause of death. This recommendation implies that procedures for the collection of VAs are in place to ensure the completeness of reporting of maternal deaths and that sufficient information about the cause of each maternal death from these sources is available to guide policy responses. Thus, GoN's conducted Nepal Maternal Mortality Study 2021—verbal autopsy being key method—following the Census 2021 with the primary objective to identify programmatically-useful information to inform investment and interventions directed towards improvement of maternal health in Nepal.

The study was designed and implemented under the aegis of the Ministry of Health and Population (MoHP) with support from Nepal Health Research Council (NHRC), United States Agency for International Development (USAID), the British Embassy Kathmandu, United Nations Population Fund (UNFPA), and GIZ. The Census 2021 was managed by the Central Bureau of Statistics (CBS) of Nepal, and the MoHP had signed Memorandum of Understanding (MoU) with CBS to carry out a verbal autopsy of all the maternal/pregnancy related deaths reported in the Census 2021. The development partners mentioned above supported the MoHP to design and implement the verbal autopsy along with other required activities. While USAID oversaw training components, other development partners led other activities. ADRA Nepal, as the implementing lead, provided services as the study implementing partner to accomplish specific tasks related to implementation of the Nepal Maternal Mortality Study following Census 2021 (MMSC 2021).

ADRA Nepal took the overall responsibility of leadership and management in this study (grant management, coordination with donors, government and partners, managing monitoring and supervision visit from MoHP and Province, quality control of whole operations, reporting as per donors' requirement and audit). KHN was engaged in operations aspects (training, logistics, printing, VA execution, coordination at provincial and local level) whereas **MITRA Samaj was involved in data entry and management (Development of data entry software, orientation to data entry operators, double data entry, data cleaning & quality assurance of data, data generation and Technical support in whole operations).**

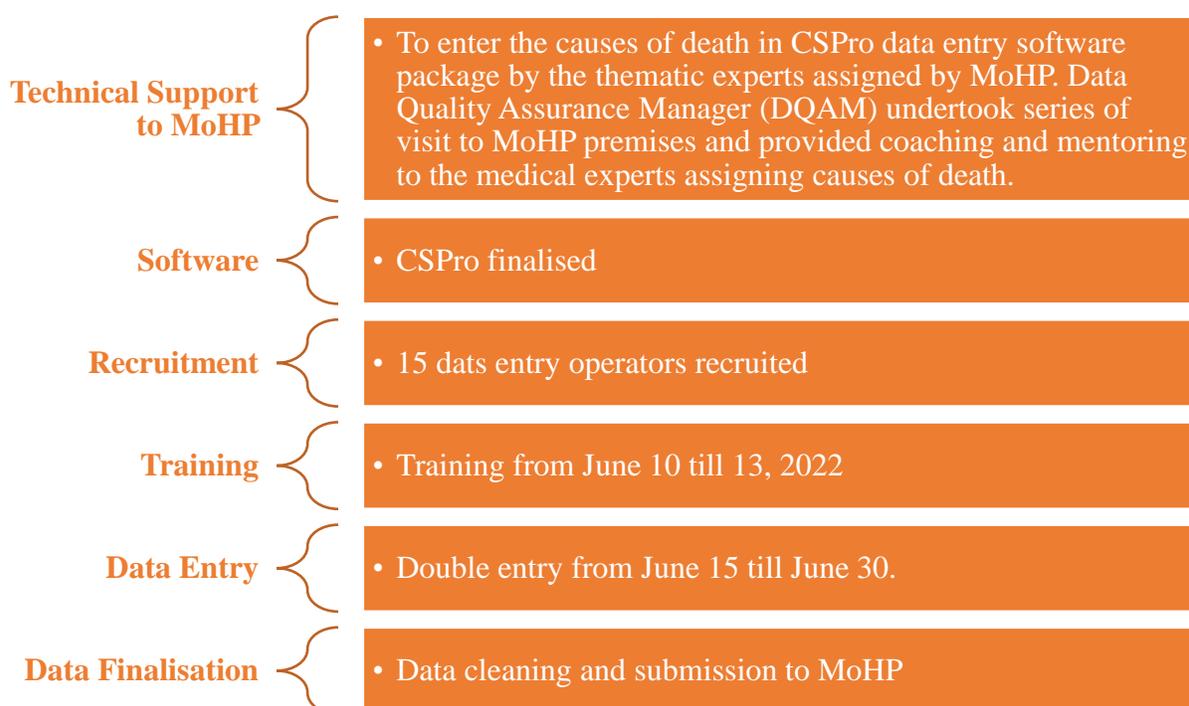
## Objective of the Study

The primary objective of this study was to identify programmatically useful information to inform investment and interventions directed towards improvement of maternal health in Nepal. The specific objectives include:

- To increase the evidence base available on maternal mortality in Nepal by generating robust estimates of current levels of maternal mortality at national and sub national levels, for the first time in Nepal.
- To gain a better understanding of why women are dying during pregnancy, childbirth, and the postpartum period, and the social and clinical determinants.
- To provide information to the policy makers and programme managers at the national and sub national levels to identify and plan the targeted interventions that are successful in reducing maternal mortality and morbidity

## Activities

- Desk Review of documents related to MMR Study 2021
- Preparation Meeting with ADRA Nepal and consortium partner Kamana Health
- Participation at MTOT for developing understanding.
- Development of Data Entry Software
- Meeting/Presentation of Data Entry Software at MoHP
- Meeting to Finalise Data Entry Software





*For further information on MITRA Samaj*

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**MEASURES FOR INTERVENTION TRAINING RESEARCH AND ACTION SAMAJ**