

GERUWA



PROGRESS SUMMARY REPORT

2016-17
2016-17

Prepared by: Krishna Jung Shah
Contributors: Ganesh Karki
Yadu K.C.
Kishor Kumar Chaudhary

Photo: GERUWA
© GERUWA, 2017

For Comments and Suggestions
Geruwa Rural Awareness Association
(GERUWA)

Address
Gulariya Municipality-8, Bhansar Road,
Bardiya District, Nepal
Phone: +977 84 420087 (Bardiya)
+977 81-416032 (Nepalgunj)

Email: geruwa.1991@gmail.com

URL: www.geruwa.org.np

It is my pleasure to bring this document in your hand that provides the summarised information on the endeavour GERUWA has made for social transformation. From its establishment in 1993 GERUWA restlessly working especially in community awareness building and empowerment, improving quality and availability of health and education services, reducing the poverty and food insecurity, transforming the conflict, Family planning, and preventing HIV/AIDS, counselling to infected ones and providing treatments to other sexually transmitted infections. As we suffer from loss of valuable documents in the course of conflict, we could not cover all of our efforts in this report. Nevertheless, this report provides information on our most recent efforts associated achievements.

Although GERUWA faced numbers of challenges during the armed conflict in the country as we all directly or indirectly influenced by it, the organization continue its edgy effort to achieve organizations mission i.e. A human society with equality, prosperity, and freedom. In this regards, GERUWA always advocates for end of poverty, assurance of social justice, and practice of democracy at all level for development. Believing local peoples prosperity is the ultimate goal of development, GERUWA ardently acting for it. In this time, GERUWA family inline with all Nepali community is happy with recent political change in the country and hopeful to sustainable peace since peace is the only means of democracy and development. I hope day to come will bring prosperous NEW NEPAL through structural reform of status quo structure and process that prevails in the country from centuries. I hope NEW NEPAL will assure security, identity, participation, recognition and access of each Nepali.

At the time I would like to extend my gratitude for restless effort of Mr. Ganesh Karki, Yadu K.C., Kishor kumar chaudhary to bring this report in this stage. Words of appreciation goes to Sudhansu Prakash Sharma, Laxman Choudhary, for their valuable inputs, comments and assistance while preparing this report. Finally, I would be glad if you could provide specific comments on this report that will be strong feedback to improve the report quality in year to come.

Geruwa Rural Awareness Association (GERUWA) is non-profit making, non-governmental social development organization established in 1993 AD having its central office in Gulariya. GERUWA has been actively working in the field of social mobilization and empowerment, capacity building, community health improvement, HIV/AIDS prevention, popular education, socio-economic development and social justice and peace building with special emphasis to disadvantaged and backward areas and communities through partnership approach. The organization has a longer history of partnership and developed wider and better network and relationship mainly with bilateral and multilateral donors like World Bank, GIZ, DFID, CCO, JICA, SNV, USAID, UN agencies like UNDP, UNICEF, WFP, INGOs like SCF/US SAP-Nepal, IUCN, PLAN international, CCE, PSI, World Education, NGOs like Samuhik Abiyan, FECOFUN, Government Line agency like PAF, DDC, DEO, DAO, RAIDP and local authorities, and line agencies and community-based organization (CBOs), civil society networks. The overall aim of GERUWA is 'securing sustainable development for people of Nepal'. The backward, downtrodden and disadvantaged people in term of human development status are the ultimate beneficiaries of the GERUWA activities. To achieve its objectives and goal, GERUWA has been implementing numbers of projects since its establishment.

Krishna Jung Shah
Chairperson
Geruwa Rural Awareness Association, Bardiya



General Information

Name of NGO :	Geruwa Rural Awareness Association (GERUWA)
Address :	Gulariya Municipality 9, Bhansar Road Gulariya, Bardiya
Telephone :	+977-084-420087
Email :	geruwa.1991@gmail.com
Phone no:	Regional Office Nepalgunj 16 Sub Metropolitan, Banke +977-081-416032\523090
Website:	geruwa.org.np
Registration No. and District	Reg. No. 20 D.A.O. in Bardiya District
Date of last renew:	2074-07-17 Valid up to: 2075-03-30
Established Date :	2049/10/06 since 1993/12/20
PAN No.:	301068969
Regd. No.(SWC)	985 F.Y. 049/050
Contact Person :	Krishna Jung Shah
Position :	Chairperson
Contact No.	Cell No. 9858021421

Acronyms

GERUWA	Geruwa Rural Awareness Association
ANC	Antenatal Care
BCC	Behavior Change Communication
DPAC	District program advisory committee
IPC	Inter Personal Communication
IUCD	Intra-utrine contraceptive device
LM	Lactating mothers
MMA	Mid- Media Activities
PBCC	Provider Behavior Change Communication
RHCC	Reproductive Health Coordination Committee
WRA	Women Reproductive Age
PSI	Population services international
CLTBCHS	Community Led Total Behavior Change in Hygiene and Sanitation
CLTS	Community Led Total Sanitation
R-WASH-CC	Regional Water, Sanitation and Hygiene Coordination Committee
D-WASH-CC Committee	District Water, Sanitation and Hygiene Coordination Committee
M-WASH-CC	Municipality Water, Sanitation and Hygiene Coordination
V-WASH-CC	Village Water, Sanitation and Hygiene Coordination Committee
FCHV	Female Community Health Volunteer
SLTS	School Led Total Sanitation
TBC	Total Behavior Change
ODF	Open Defecations Free
WASH	Water, Sanitation and Hygiene
DWSS	Department of Water Supply and Sewerage
NLS	Natural Leaders
WUSC	Water Users and Sanitation Committee
DDC	District Development Committees
BCC	Behavior Change Communication

CBO	Community Based Organization
MDG	Millennium Development Goal
TSC	Total Sanitation Campaign
CBIMCHP	Community Based Integrated Mother and Health Project
CHSC	Community Health Service Centre
CSO	Civil Society Organization
MMR	Maternal Mortality Rate
WFP	World Food Program
HSSP	Health Sector Support Programme
PHC	Primary Health Centre
SHP	Sub Health Post
HP	Heal Post
MOU	Memorandum of Understanding
IUCN	International Union for Conservation of Nature
DFID	Department of international Development
PUC	Project Coordination Unit

1. Name of the Project: People Participatory Poverty Alleviation Program.

General Information:

Funded By:	Poverty Alleviation Fund (PAF), Tahachal Kathmandu, Nepal
Name of PO:	Geruwa Rural Awareness Association, Gulariya Bardiya
Name of Project	People Participatory Poverty Alleviation Program
PO's Address:	Gulariya Municipality-8, Bhansar Road, Bardiya
Working District:	Bardiya
Name of VDCs:	<ol style="list-style-type: none"> 1. Baniyabhar 2. Dhadhawar 3. Daudhakala 4. Kalika 5. Mahammadpur 6. Bhimmapur 7. Belwa with Chepang Settlement
Reporting Period:	Fiscal Year 2016 / 2017

Project Background

Bardiya is one of the terai district of Nepal bordered to neighboring country India among 20 Districts, It lies in the mid-western development region of Nepal. It covers an area of 2,025 square kilometers of which 750 square kilometers is used for cultivation, 1,250 square kilometers by forest and rest is by the rivers. There are 31 VDCs and a municipality in the District and the Comprehensive Package for Migrants and their Families project covered all VDCs and municipality. According to source of District Development Committee of Bardiya, 2068 B.S. (CBS 2011) the total population of the district is 426576 among them, female population is 221496 and male population is 205080.

For the alleviation of poverty in disadvantage community, Geruwa Rural Awareness Association Bardiya has been implementing the People Participatory poverty alleviation program in the partnership of Poverty Alleviation Fund (PAF) with close coordination with DDC since March 2009 to till now. Project has been successfully running by GERUWA with coordinating the various stakeholders to achieve the goal and objectives of project. Besides this project has been supporting and contributing to achieve national goal in the sector of Income Generation and Infrastructure based on Community Organization.

There are two types of program Regular program and pocket area development program which is implementing Geruwa Rural Awareness Association, Gulariya Bardiya supported by Poverty Alleviation Fund, Tahachal Kathmandy. Both program details are given below.

- ❖ **Regular program**
 - Social mobilization
 - Capacity building
 - Income generation
 - Small infrastructure development program
 - Innovative program
- ❖ **Pocket area development program**
 - Skill development program
 - Commercial pocket area development program
 - Infrastructure development program

Achievements by indicators:

Indicator	Target for the reporting period	Actual achievement during the reporting period	Cumulative target to date	Cumulative achievement to date
Regular program				
CO formation and agreement between CO and PAF (Income Generation)	7	7	207	207
Infrastructure constructive sub-Projects	2	2	71	71
Fund released to COs for Income Generation from the PAF	7,96,7600	7,96,7600	9,11,09,750	9,11,09,750
Co's Members Contribution for Income Generation	76,976	76,976	63,29,139	63,29,139
Fund released to COs for Infrastructure Projects from the PAF	48,27,987	48,27,987	3,55,92,548	3,55,92,548
Co's Members Contribution for Infrastructure Sub-Projects	9,65,597	9,65,597	1,16,46,199	1,16,46,199
Capacity Building training to COs	2	2	18	18
Capacity Building Training to Pos	1	1	4	4
District level joint monitoring	1	1	5	5
First preliminary Meeting of Co-Operative to Cos	0	0	6	6
1day co-operative orientation to Cos members	0	0	25	25

VDC/Ward level Network Formation	14	14	14	14
Fresh Veg. Pocket area Development Program	2	2	8	8
Pig Product Pocket area development Program	1	1	12	12
Numbers of Community Organization Public Auditing	200	163	200	163
No. of LRPs trained and providing services to COs	14	14	14	14
No. of CO members accessing RF more than two times	1228	1228	1228	1228
Monitoring /Supervision by other stakeholders	1	1	9	9
Monitoring /Supervision by PO board	7	7	18	18
No. of success stories submitted	3	4	15	22
Total CO members (of COs household having agreement)	196	196	4650	4650
Total CO s Populations(of COs Population having agreement)	1274	1274	30591	30591
Pocket area development program				
Shed construction	50	38	50	38
Pig raising	150	83	50	83
Entrepreneur development	50	40	50	40
Shed management training	1	1	1	1
Barsim grass production training	1	1	1	1
Monitoring by PO	13	13	13	13

Problem Encountered in social mobilization

- ❖ Members of Community Organization has not invested loan as their demanding which that have felt difficult to change on community organization's members life level.
- ❖ Mostly members have been uneducated to difficult conducting the accounting system in the community Organization.
- ❖ Pointing problem in the Bank statement, account changing and account management in the community Organization.
- ❖ In Small Community Infrastructure Development Sub projects, Community members are not able to implement sub projects and unknown about legal process.

Lessons Learned working with community

- ❖ Members of Community Organization have got to be an active, interest and curiosity for income generation and infrastructure program if partner organization, Poverty alleviation fund and other stakeholders regular monitoring to the cos.
- ❖ With Strong coordination with VDC wise Network, COs members and other concerning the line agency going in the real field by the supervisor and coordinator of partner organization.
- ❖ Whether Subjective Sub-Committee have formatted in the Community Organization have worked, actively there would have implemented the income generation and Infrastructure effectively in the Every Community Organization level.
- ❖ Farmers have been successes to working in their trading as the business Planning.
- ❖ Make cos plan before Identify member's interest and developing their commodity business plan.

Topic of the story:

"Tailoring business change my life style"

My Name is Punam Chaudhary and I live in previous Baniyabhar VDC ward No.-6, and now Bara Bardiya Municipality ward no. -3, Bangaiphata. we live 4 family members in my family 2 sons including my husband. We have 5 kattha registered land which was contributed by father. Because of small size of land we cannot grow sufficient crops so we are suffering in ultra poor. Before six years ago we formed Laxmi community organization through people participatory poverty alleviation program technical support by Geruwa Rural Awareness Association, Bardiya and orientation about program through staff and i fell well about program. I get chance to be a president of this Cos. Supporting by all cos members we make plan for income generation program, develop business plan individually and we make financial and technical proposal to submit to PAF for Agreement between PAF and CO. I make plan for skill development training of tailoring. After completion this training. I took loan Rs 50000.00 from my Community Organization and start tailoring. Slowly progressed my tailoring business and I success to pay that loan within a year which i take and again i took loan Rs. 60000.00 and I get chance to increase my business. Time was going so on and some friends were proposed me to teach tailoring. I purchased 12 tailoring machine to teach tailoring and i start teaching in two groups. 30 trainees are taking training about tailoring it means 15/15 trainee per groups. I got benefit Rs. 10000.00 to 12000.00 per month. Now i am very happy. I success to sent private school both sons and also success to trained to my husband about house mechanic. I decided to increase my tailoring business. So i would like to thanks to Poverty Alleviation Fund and Geruwa Rural Awareness Association to providing Revolving Fund and technical support. Thank You.

"Tea soap increase my income through Revolving fund"

36 years old Subrani Tharu and her Family Members who are resident on 6 kilometre east far Mohammadpur VDC-8, Bhaisahi Tole from Bardiya district headquarter. She has six Members in her family where includes her husband, father, mother, daughters and a son. First, she had neither any types of an opportunity of employment and farming land nor had knowledge and skills about any occupation. She used to work as a labour where she got 250 rupee as remuneration per day from she and her husbands working. She worried about her family how bring up the children because of she had no any option without this condition. So that her family members had been difficult to mouth to mouth in her daily life by her and her husband's earning resource. Before some yrs ago Geruwa, Bardiya's staff came to implement People participatory Poverty Alleviation Program which is supported by World Bank and PAF. Including my villagers, She had included as a member in the Ganga Community Organization in

the Mohammadpur VDC-8, Bhaisahi of Bardiya district. and i also get opportunity to be a member and skill development training which is technical support by Geruwa, Bardiya. After that i start tea soap with Rs. 18000.00 which was Rs. 15000. 00 was revolving fund loan and Rs. 3000.00 myself. I a lot of struggle and lost more time in this occupation. However, i did not back and working continues. After some years later, My monthly income is Rs. 12000.00 to 15000.00 per month. After paying this loan get chance to take large size of loan and increase my occupation. Now, easy to collect expenditure to daily life and also easy to send private school my both children's. I success to make 4 room RCC Building and a motor bike also. We both family busy in this occupation no need to go to india to earn money so revolving fund change our lifestyle. Thanks to World Bank PAF, Tahachal Kathmandu and Geruwa, Baridya to providing such types of opportunities.

Summary of Bio-data up to date 1st march, 2017 PAF Project

S.N	Name	Position	Education	Work Experience	Field Area	Home Address
1	Kishor Kumar Tharu	Program Coordinator	MA (RD)	8 years	Bardiya District	Badhaiyataal Rural Municipality-6, Bardiya
2	Narayan Pd. Chaudhary	Social Mobilizer	B.ED	11 yers	Mohammadpur VDC	Rajapur Municipality-Baridya
3	Ranjana Dahit	Social Mobilizer	M.ED.	5 years	Rajapur municipality	Rajapur Municipality-Baridya
4	Kanchan Chaudhary	Social Mobilizer	B.B.S.	4 years	Dhadhawar VDC	Rajapur Municipality-Baridya
5	Ratna pandey	Social Mobilizer	I.A.	6 years	Baniyabhar VDC	Bara Bardiya Mucicipality, Bardiya
6	Laxmi Dhamlahawa	Social Mobilizer	I.A	3 years	Deudhakala VDC	Bansgadhi Municipality-
7	Asmita Chaudhary	Social Mobilizer	B ed.	3 years	Kalika VDC	Madhuban Municipality
8	Ram Bahadur Tharu	Social Mobilizer	Bachelor	23 years	Belwa VDC	Bansgadhi Municipality-
9	Kush Bahadur Tharu	Social Mobilizer	I Ed.	3 years	Belwa VDC	Gulariya Mucicipality
10	Krishna Bahadur	VET JTA	I Ed.	3 years	Pig raising pocket area program	Bansgadhi Municipality-
11	Santosh Chaudhary	Market facilitator	B. Ed	3 years	Pig raising pocket area program	Badhaiyataal Rural

Some Activities Photos



Figure 1 Goat raising at previous Deudhakala VDC, Ward No. 3 Mahanpur

Figure 2: Fresh vegetable selling at previous Kalika VDC, Mayurbasti



Figure 3 Irrigation cannel at kalika, Janatanagar

Contraction community Piggery home at Mohanpur

2. Name of the Project: Women's Health Project (WHP)

General Information:

Funded By:	PSI Nepal
Name of PO:	Geruwa Rural Awareness Association, Gulariya Bardiya
Name of Project	Women's Health Project
PO's Address:	Gulariya Municipality-06, Santosi Tole, Bardiya
Working District:	Banke, Bardiya, Dang, Kanchanpur and Kailali
Name of VDCs:	all VDCs and Municipalities of 5 districts
Reporting Period:	Fiscal Year 2016 / 2017

Project Background

Since 2016, GERUWA has been implementing the Women's Health Project (WHP-IV) with the aim to increase access and use of Long Acting Reversible Contraceptives particularly Intra Uterine Contraceptive Device and access to safe medical abortion services.

Collaboration with PSI/Nepal is We are supporting to Government in increasing contraceptive prevalence rate (CPR) and reducing maternal mortality ratio (MMR) in Banke, Bardiya, Kailali, Kanchanpur and Dang. Increase availability of LARC, Government and private sector to increase access to safe abortion services through various programs such as Harm Reduction Orientation and distribution of registered MA drug (Medabon) through private wholesale distributors.

Project focuses on building the skills of existing family planning service providers in the private sector for the provision of IUCD insertion and removal services and, in selected public sector facilities, by providing formal training, startup support and quality monitoring. Likewise, providers are trained on informed choice counseling techniques that enable them to provide a range of FP services to their clients depending on eligibility, preference and need. It has been supports and motivates private sector providers to reach their optimal productivity while maintaining high-quality service standards through mentoring and stringent quality supervision. To achieved its goal and objectives of the project, during this year we have completed many activities which are mentions below:

In WHP, there are 48 OK Pariwar Swastha Sewa Providers enrolled in 5 working districts (Banke, Bardiya, Dang, Kailali and Kanchanpur). Each OK Pariwar Swastha Sewa Provider is connected to network of community mobilizers (known as Didi). Didis are responsible for demand generation at the community level. From 2016, GERUWA is working as a Local Implementing Partners (LIPs) of PSI/Nepal to implement WHP IV(fourth phase) and strengthen OK Pariwar Swastha Sewa Providers and Outlets. Emphasis is placed on improving quality and efficiency versus growing the number of providers in the network.

Goals

This project aims to improve maternal and child health in Nepal by increasing contraceptive prevalence rate, specifically by increasing access to IUCDs and safe medical abortion services.

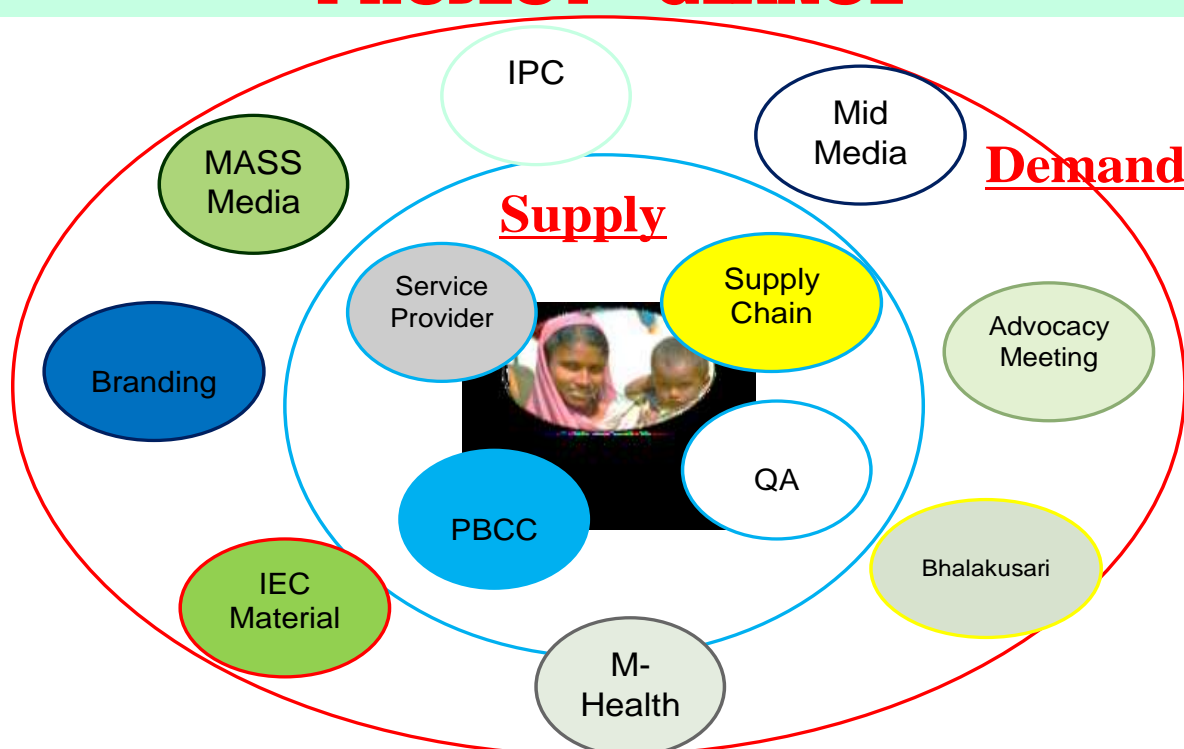
Objectives

The objectives of the project are to:

1. Improve availability of IUCD service in public sector

2. Improve access to IUCD services through PSI/Nepal's OK Pariwar Swastha Sewa network of private providers
3. Improve efficiency and motivation of OK Pariwar Swastha Sewa providers to provide IUCD service
4. Improve quality of services provided by network providers
5. Improve consumer perceptions and demand for IUCDs; and
6. Increase women's access to safe abortion services at government certified safe abortion centers.

PROJECT GLANCE



4. Summary of the completed activities in till 2017

SN	Name of Activities	3 year Annual target	Actual achievement till the 2year	Cumulative Achievement (1year and second year)
1	DHO/DPHO meeting	180	52	107
2	DPAC meeting:	30	6	14
3	Community level advocacy meeting	540	169	349
4	Bhalakusari meetings.	540	188	378
5	Mid-media activities	150	43	93
6	Provider/Owner meetings.	15	5	10

7	Quality Assurance (QA)	210	67	137
8	Special Service campaign	540	155	315
9	Monthly Planning and review meeting with Staffs	36	12	24
10	Monthly Meeting With IPC Agent (DIDI)	160	60	120
11	Meeting with Lactating mothers and spouse	396	140	290
12	Monthly HMIS report submitted to DPHO	180	60	120
13	Coaching section for IPC mobilizers	15	580	1080
14	Learning & Review Meeting with Stakeholders (RHCC Meeting)	15	5	10
15	FP Day celebration	15	5	10
16	Achieve projected number of OK IUCD insertions.	16023	6127	10650
17	Conduct household IPC visits	144203	62229	101406
18	Refer prospective FP clients	48068	18772	31321
19	NO of PBCC coaching by PC to DPCs	2100	672	1262
20	Ensure Client Record Management(CRM) and PBCC Visit	2100	703	1415
21	DPHO/DPAC team Monitoring visit	30	10	20
22	Conduct Board Meeting for Program review	6	2	4
23	Monitoring visit by Focal person	180	60	120
24	Monitoring by Board member	3	1	2
25	No of IPC champion	3	3	-
26	No of Long term didi	51	47	-
3	No of active providers	48	46	-
24	No Of Ok HF facilities	48	46	-

5. Successes

- Increasing trend of positive perception on IUDs
- 46 private providers offering FP services in different places in 5 districts
- Development and roll out of Quality Improvement and Planning Tool for network providers
- Client Record Management (CRM) Smart filing system has been updated for all private health facility and provider.

- Established trend of direct reporting to local Govt. health facility through private providers.

6. Major Challenges

- Numbers of Health facility is increased above than requirement which cause over load of financial and time management of DPCs as well as demand generation activities.
- During the changing owner ist difficulty to coordination with new owner.
- Don't have sufficient room in some clinic for client counseling and waiting purpose.
- Coordination challenge with changing local government (municipality, rural municipality) According to the federal system.

7. Ways Forward:

- Promotional items increasing in field areas
- Additional demand generation activities, provider support and short term didis are required to activate all the new contracted and existing providers.
- Coordination meeting with local health facilities is much more necessary to systematize HMIS reporting system form Private Facility-Local public facility and local level coordination changing local government structure.
- Continuous good coordination with DHO/DPHO and Local government
- Increase PBCC visit and regular follow up to clinics
- Should be follow up with thin 2 month after insertion IUCD
- Should be organized some tactful ideas for demand generation activities.

Program Support Staffs

SN	Name of Staff	Title of current position	Location (District)
1	Yadu Kumar K.C.	Program Manager	Neplagunj, Banke
2	Laxmi Kumari Bhandari	Admin& Finance Officer	Neplagunj, Banke
3	Ashok Chaudhary	District Project Coordinator	Dang
4	Narayan Lamsal	District Project Coordinator	Bardiya
5	Yagya Raj Bhatt	District Project Coordinator	Kanchanpur
6	Mahendra Bam	District Project Coordinator	Kailali
7	Anju Gurung	District Project Coordinator	Banke
8	Angila Bhandari	M&E Officer/Assistant	Neplagunj, Banke
9	Dhana Mahara	IPC Champion	Banke
10	Renuka Chaudhary	IPC Champion	Dang
11	Santoshi thapa	IPC Champion	Kailali
12	Maya Chaudhari	Support staff	Banke

Case Study

“ Ok Made My Life Ok”

This is the story of Parvati Rawat of age 30 residents of Kohalpur-8 Banke. She got married at the age of 18 and She has two sons of age 11 and 9. After the birth of first child at the age of 19 and second child at the age of 22 Parvati and her husband decided to make limit family.

Parvati started using Pills contraceptives for birth Limit. She was shocked when she came to know that she was pregnant of 3 month fetus after also continuation of pills. They decided to abort in hospital. After abortion she wanted to take any contraceptives device which is safe and effective. One day FCHV counseled her about the FP methods and after she received IUCD at a FP camp. After IUCD she felt cramping inside uterus and spotting bleeding last for 3 months. She finally decided to remove IUCD and came to hospital for remove.

Parvati got frustrated on FP methods and their side effects and decided to change the method. She Used 3 month injection (Depo) and got satisfied fort 2 months. Suddenly, she came to know that she is pregnant again. She was panic again because of the failed of FP methods. She did abortion for second time and got depressed.

In April 2016 during the Household Visit, IPC agent (Didi) Bhoj Kumari got chance to talk her. IPC agent communicated her about the FP methods and their side effects and it's important. She told her detail story of IUD and abortion. Didi told her about IUCD and its uses in detail. Parvati told her that she will go to Ok clinic if her discussion with her husband. After a month later she called Didi to make clear about IUCD in family. Parvati and her husband became clear about FP method and selected OK IUCD from OK Clinic. She took Ok IUCD services from Jeevan Jyoti Medical Hall .Provider counseled her about FP methods, post check up and possible side effects.

Now she is satisfied with IUCD and says “Ok made my life Ok, I refer my friends and relatives to the Clinic and my husband is so glad, I got the IUCD, but nothing bad happened since then”. She is thanking to IPC agent and Provider.

Note: This Success Story Collected by Nirmal Khatri, DPC-Banke with support of Bhoj Kumari Khatri (didi)

1. Didi meeting Kailali



2. Advocacy Meeting Dang



3. MMA Bardiya



4. Provider facilitated advocacy meeting Bardiya



Name of the Project: Water, Sanitation and Hygiene (WASH)

Funded By:	Plan International, Nepalgunj, Nepal
Name of PO:	Geruwa Rural Awareness Association, Gulariya Bardiya
Name of Project	Water Sanitation and Hygiene (WASH)
PO's Address:	Nepalgunj Sub-metropolitan -Koriyanpur, Nepalgunj, Banke
Working District:	Banke
Name of VDCs:	1. Kamdi, 2.Bankatti, 3. Belbhar, 4. Bethani and 5. Nepalgunj Sub-Metropolitan Basudevpur-25, Manikapur-26, Puraina-27
Reporting Period:	Fiscal Year 2016 / 2017

Project Background

In much of the country in the world, women and girls are traditionally responsible for domestic water supply and sanitation, and maintaining a hygienic home environment. As managers at the household level, women also have a higher stake in the improvement of water and sanitation services and in sustaining facilities.

Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and feces. The word 'sanitation' also refers to the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal. (*Who*)

The overall purposes of sanitation are to provide a healthy living environment for everyone, to protect the natural resources (such as surface water, groundwater, soil), and to provide safety, security and dignity for people when they defecate or urinate. We also have a human right to sanitation. For any social and economic development, adequate sanitation in conjunction with good hygiene and safe water are essential to good health. Lack of proper sanitation causes diseases. Most of the diseases resulting from sanitation have a direct relation to poverty. The lack of clean water and poor sanitation causes many diseases and the spread of diseases. Diarrhea, Anemia, malnutrition, Ascariasis (a type of intestinal worm infection), Campylobacteriosis, Cholera, Cyanobacteria toxins, Dengue, Hepatitis, Japanese encephalitis (JE), Leptospirosis, Malaria, Ringworm or Tinea (a type of intestinal worm infection), Scabies, Schistosomiasis, Trachoma, Typhoid and paratyphoid enteric fevers, Polio is another disease which is related to improper sanitation and hygiene.

Water and sanitation are at the very core of sustainable development, critical to the survival of people and the planet. Goal 6 of SDG not only addresses the issues relating to drinking water, sanitation and hygiene, but also the quality and sustainability of water resources worldwide. In 2015, 4.9 billion people globally used an improved sanitation facility; 2.4 billion did not. Among those lacking adequate sanitation were 946 million people without any facilities at all, who continued to practice open defecation. In 2015, 68 per cent of the global population was using improved sanitation facilities compared to 59 per cent in 2000. Nevertheless, the unsafe management of fecal waste and wastewater continues to present a major risk to public health and the environment.

The program has been implemented for the improvement of the sanitation and Hygiene condition of the district and improves the health status. As a working strategy program Creates awareness for safe drinking water and focus on declaration of open defecation free (ODF) Districts. Geruwa Rural Awareness Association Bardiya has been implementing the WASH program in the partnership of Plan-International Nepal with close coordination with D-WASH-CC, DDC, SSDO, DPHO/DHO since October 2011 to till now

Achievements by indicators

Indicator	Target for the reporting period	Actual achievement during the reporting period	Cumulative target to date	Cumulative achievement to date
V-WASH-CC Monitoring	31	31	31	31
V-WASH-CC Meeting	47	47	47	47
D-Taskforce Mobilization	16	16	16	16
Focus Group Discussion	6	6	6	6
Door to Door Program	34	34	34	34
CLTS Refresher Training	1	1	1	1
D-WASH-CC Monitoring	7	7	7	7
D-Taskforce Mobilization	4	4	4	4
Day Celebration	10	10	10	10
D-WASH-CC Meeting	5	5	5	5
Ignition PRA	3	3	3	3
Child Club Mobilization	5	5	5	5
Total	169	169	169	169

Success Story

"Single women's allowances money used for Toilet constructed"

A thirty two years single women Ms. Farida kori, residence of Nepalgunj sub-metropolitan ward no 19 surji village has constructed toilet by collecting the allowances money provided for single women. Ms Kori – ethnic minority, a single mother of a 17 year's son who has mental disability has become example for the marginalized community who has constructed the toilet and used. After the construction of toilet, with satisfaction she said, "I don't have to run towards fields in early mornings and evenings, it's safe and secure as well."

She share her story, husband died three years before and son unable to make income due to disability, so it became her responsibility to manage the home and expenses. At present, she works as house maid in few higher class houses on which she does washing, cleaning and other house hold activities for landlord. The income is enough for morning and evening meals so the concept of toilet was unachievable for her.

After sanitation program implemented in her village, Volunteers of Geruwa and Plan International suggested to make toilet and shown the drawbacks and benefits of making toilets. She understood the severity and need but there was no way out to manage the cost for the construction of toilet. She said, "volunteers said that it was the national program and need to implemented by every citizen, I had fear too how should be done." She said that for few months the ignored these thoughts but expected helps form the government, politician and rich people of the community but it went on vain. After few months, on the meeting with non-toilet household she expressed her dissatisfaction and came to know that there will not be any help for construction of the toilet. Then she made her mind as well as, a plan for constructing toilet.

According to plan, she started little saving on every month's single women's allowances and finally she was successes and became example in her community. She told that, the program has benefited more; it was one time investment but has felt a lot of comfort. She also expressed that community is changing in its own speed but these kind of programs will support to convince people like us.

Program Support Staffs
Water, Sanitation and Hygiene (WASH) Pregnant Women Group (PWG)

SN	Name	Gender	Qualification	Position	Year of experience
1	Ganesh Karki	M	MPH	Team Leader (WASH & Health)	5 Yrs.
2	Ramrup Kaushal	M	BA	WASH Project Officer	7 Yrs
3	Bidhayak KC	M	BPH	Health project officer	3 Yrs
4	Pawan Chaudhary	M	B.com	Account & Admin Officer (WASH & Health)	3 Yrs
5	Birawan Shekh	M	Intermediate	WASH Facilitator	2 Yrs.
6	Anu Chaudhary	F	Nursing	Health Facilitator	3 Yrs
7	Pronita Chaudhary	F	ANM	Health Facilitator	2 Yrs
8	Purna Kala Sunam	F	Nursing	Health Facilitator	3 Yrs
9	Bhisma Pd. Lodh	M	Intermediate	School WASH Facilitator	4 Yrs
10	Sushma KC	F	ANM	PE Facilitator	4 Yrs
11	Urmila Chaudhary	F	Intermediate	PE Facilitator	2 Yrs
12	Sabita Tharu	F	Intermediate	PE Faciliator	2 Yrs

Some Activities Photos



ODF Declare Nepalgunj Sub-metropolitan #26, by Local development officer, Mr. Hari Pyakurel.



Put Own opinion about ODF declaration ceremony in Kamdi VDC



Orientation on World Water day in community level women



D-WASH-CC level monitoring to pressure for declaration very soon in kamdi VDC

3. Name of the Project: Pregnant Women Group (PWG)

Funded By:	Plan International, Nepalgunj, Nepal
Name of PO:	Geruwa Rural Awareness Association, Gulariya Bardiya
Name of Project	Pregnant Women Group
PO's Address:	Nepalgunj Sub-metropolitan -Koriyanpur, Nepalgunj, Banke
Working District:	Banke and Bardiya
Name of VDCs:	1. Holiya 2.Bankatti, 3.Bethani, 4. Puraini , 5. Badalpur and 6.Pasupatinagar
Reporting Period:	Fiscal Year 2016 / 2017

Project Background

Mother and children constitute a large group and also are vulnerable or special- risk group. The risk is connected with childbearing in the case of women and growth, development and survival in the case of infant and children.

In Nepal MMR is estimated to be 170 per 100,000 live births (Demographic profile-014), and only 96 percent of mothers received antenatal care(ANC) at least once for the last live birth but percentage of pregnant women attending at least four ANC visit is 52% from a doctor or nurse/midwife for their most recent birth, only 51 percent of babies are delivered by skill birth attendant., Overwhelmingly, half of the of Nepali women (43%) gives birth at home under unhygienic conditions, with untrained attendants. Postpartum women received PNC check up within 24 hours is 48 and women who had 3 PNC check up according to protocol is 20% (DoHS).Infant mortality rate 46 and under five mortality rate 54 per thousand respectively. A full-immunized child is 87/88. The contraceptive prevalence rate (CPR) for modern family planning method is 43% at national level in fiscal year 2071/72. Project started with coordination meeting between Plan/GERUWA, DPHO and HP charge of working VDC. Briefing of project implementation plan, strategy and activities to Health Officer, Health facilitator and FCHVs. Pregnant Women Group (PWG) formed in each ward of the VDC in active participation of FCHV and Health Facilitator. Monthly meeting conducted by Health Facilitator in presence of FCHV and discuss on Promoting birth preparedness, complication readiness, awareness raising, Birth Preparedness Package (Jeevan Suraksha Flip Chart and Jeevan Suraksha Card), ANC/PNC services (Iron, TT, Albendazole, etc), self care (food, rest, no smoking and no drinking alcohol, including pregnancy and postpartum period), essential new born care, identification and prompt care seeking for danger signs during pregnancy, delivery, postpartum and newborn period. Along with these, they informed pregnant women group about services and benefit of the government.

In the meeting phage wise they also informed about immunization, benefits and important of breastfeeding, balance diet, available foods and nutrition status, available contraceptive methods and many more. The facilitator and FCHVs also provide awareness to the husband and mother in-laws. While implementing the program Plan/GERUWA, government, Health facilities, FCHVs, Community and Family have specified role and responsibilities. In regular basis the stakeholders, board members, Plan / GERUWA team did monitoring. Health Officer and coordinator had frequent visit in the field.

Achievements by indicators

s.n	Indicators	Target for the reporting period	Actual achievement during the reporting period	Cumulative target to date	Cumulative achievement to date
1	District level orientation - 1day	1	1	1	1
2	PWG training to health facilitator, HF in-charge & PHC/ORC. -2days	1	1	1	1
3	PWG orientation to HF staffs and HFOMC (new) – 1days	6	6	6	6
4	PWG Training to FCHV of New HF coverage area (VDC)-2days	6	6	6	6
5	PWG Refresher training to FCHV in PWG implemented VDCs	6	6	6	6
6	Revitalization of Pregnant Women Group	73	73	73	73
7	Formation of PWG in new VDC	72 (tentative)	72 (tentative)	72 (tentative)	72 (tentative)
8	Monthly meeting with PWG	1740	1740	1740	1740
9	Half yearly joint supportive supervision and Monitoring visit by Plan/GERUWA & Stakeholders	4	4	4	4
10	Community level monitoring	4	4	4	4
11	Supervision and monitoring by Board Members	10	10	10	10
12	Health Education to Husband and Mother in-law	145	145	145	145
13	BCC material printing	1	1	1	1
14	Advocacy Radio Jingle	1200	1200	1200	1200
15	National/ International Day Celebration	5	5	5	5
16	Monthly meeting of health staffs	11	11	11	11
17	PWG set up (printing & stationery)	1	1	1	1
18	FCHV quarterly review meeting	3	3	3	3
19	Support to strengthen BC/PHC/ORC	1	1	1	1
20	Support to HF in VDC level Planning	12	12	12	12
21	Motivational activity to FCHV	1	1	1	1

Success story:

Change in Life

Puja Barma of age 22 is resident of Basudevpur VDC ward # 2. Wife of Rajesh Barma and Mother In-law Rekha Barma.

Before the implementation of our program FCHV of that VDC calls pregnant mothers to gives information on MCH especially on ANC, NC and PNC. But Puja Barma said she was not interested to attain in that meeting only sometimes she goes there for receiving information, maximum times she ignores because she told that information given by FCHV was not good and incomplete.

One day when our Geruwa field staff conducting the pregnant mother meeting in her ward she also came in that meeting and observed and hear all the messages delivered by our staff. At the end of the meeting she told to our staff that she was impressed by our programme and important message given by her. At the same time she promised to attain all the meeting conducted by Geruwa Staffs. Fortunately she came in others meetings and also carried her mother in-law in meetings.

She told that previously she had no knowledge on ANC, NC and PNC. After attaining few meetings of Geruwa she is aware about all these things related to ANC, NC and PNC and danger sign and symptoms of pregnancy. Later on she regularly visit health facility for ANC check up, TT vaccination, Albendazole tablet, and Iron tablet. She was also aware about importance of iodine salt and child vaccination.

Few months after her hands and feet get swelling then she immediately know that this is the danger sign of pregnancy as told by our field staff, so she quickly visit the hospital to prevent from complication.

At the time of delivery some complication seems her mother-in-law told her to go hospital for delivery. Delivery is conducted in hospital in 2066/02/05 and daughter is borned. Now both mother and daughter were safe and healthy.





Dr. Keshav Basyal briefing about Importance of PWG for the community.



Stakeholders and participates in the PWG meeting



Donation of Baby Incubator by Geruwa president Mr. krishana jung shah to Bhari Zonal hospital (Received by Dr. Birndra chand and Dr. Usha Shah)



Putting Tikuli on Social map by Pregnant women with help of Facilitator.

