



Subsequent Management of Improving Maternal and Child Health Care (MCH Project) in Mugu 2022 - 2024

Mugu, one of the most deprived districts of Nepal with low access to basic health services, is located in the mid-western mountain area of Karnali Province. The district is constituted of one municipality and three rural municipalities. Overall, the maternal, newborn, and child health service utilization in Mugu District is significantly low. Recognizing the need to address the issue, GNI Nepal has been implementing the MCH Project in Mugu in partnership with KIRDARC with the financial support of KOICA since 2022. Aiming to improve the accessibility of maternal and child health care services in the district, the project focuses on strengthening maternal and child health care by improving basic infrastructure, ensuring essential equipment, and enhancing capacity of health workers. Additionally, it engages health mothers' group members, fathers' group members, female community health volunteers (FCHVs) and traditional healers, to promote positive maternal and child health behavior and practices in the community.

Budget



USD
1.3 Million

Project Location

4 local governments encompassing **22** wards with **11** health facilities



Mugu District

Project Reach



9,360 households including **12,013** women of reproductive age, **10** health posts & **1** district hospital

Behavior and Practice Improvement

Awareness Raising through Community Engagement



78 mother groups functionalized, and 1,709 meetings conducted



22 father groups functionalized, and 543 meetings conducted



78 FCHVs reached 38,175 community members through regular home visits



530 traditional healers and **91** traditional birth attendants were oriented on their role in promoting MCH and acting as referral agents



35 events of *Deuda* (local dance and song) to promote MCH engaging 10,424 spectators

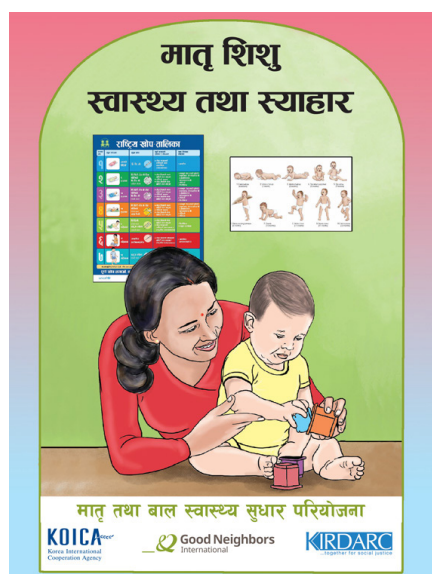


22 events of street drama with 8,975 spectators



Our Efforts and Results

Behavior Change Communication



14,578 immunization brochures disseminated

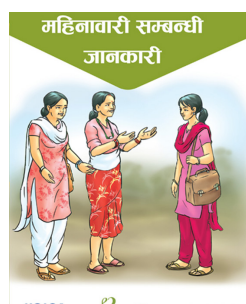
14,578 MHM brochures disseminated

9,227 calendars with MCH message disseminated

18 wall paintings in public space

78 female health workers received promotional items

9,678 MCH Handbooks disseminated



Achievements

25%

Increase in the number of women attending at least four antenatal care (ANC) visits (baseline 72% and end-line 97%)

4%

Rise in the number of women visiting health facilities for PNC service within 24 hours following delivery (baseline 74% and end-line 78%)

12%

Enhancement in mothers' understanding of neonatal danger signs (baseline 52% and end-line 64%)

18%

Increase in partners' involvement in ANC visits (baseline 46% and end-line 64%)

Service Access Enhancement

Construction, Maintenance and Equipment Support

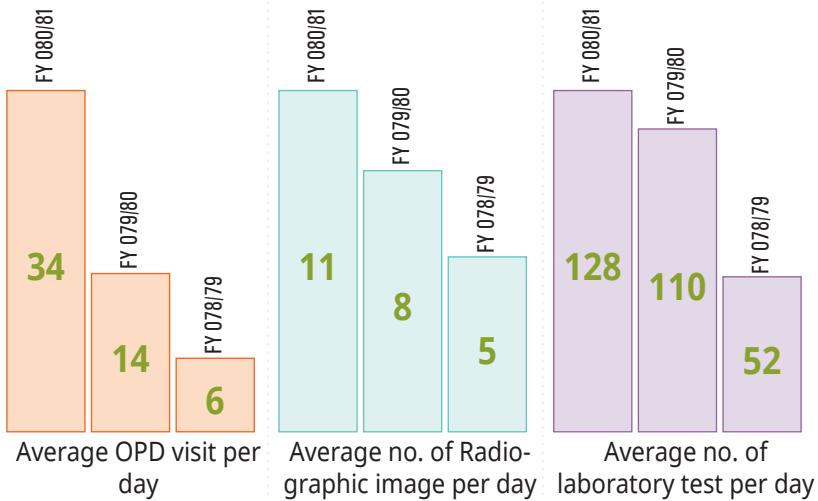


3 birthing centers were constructed in Bama, Rowa, Kotila of Mugu



Equipment and basic utility were supported to 3 birthing centers

District Hospital Service Utilization Status



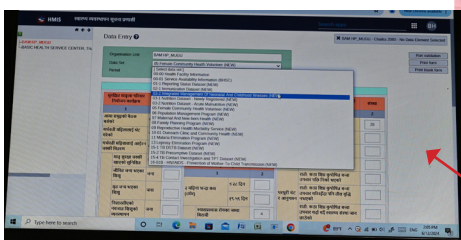
Construction and maintenance support to District Hospital

Birthing Center Service Utilization Status

Center	Institutional Delivery
BAMA	52
KOTILA	12
ROWA	12

Our Efforts and Results

Digitalized Data Management Support



10 Health posts and **1** district hospital were supported with availability of internet services for timely reporting



Achievements

4%

Rise in institutional deliveries (baseline 85% and end-line 89%)

Service Quality Enhancement

Capacity Development



24 Female health workers were trained on 'Skilled Birth Attendant'

6 Staff of the District Hospital were provided with 'Biomedical Equipment Training'

78 FCHVs were trained on 'Maternal Health Care'

64 Health Facility Operation and Management Committee members were orientated on their role in promoting maternal and childcare health

31 Female health workers were provided with 'Implant Training'

20 Individuals (11 Hospital Development Committee and 9 hospital staff) were trained on hospital management and functionality

Functional Hospital Development Committee (HDC)



Three guiding documents of district hospital namely; Administrative Management Standard Operating Procedure, Clinic Governance Standard Operating Procedure and Referral Management Standard Operating Procedure were developed



Hospital Development Committee meetings were regularized

Achievements

20%

Increment in deliveries by skilled birth attendants (baseline 72% and end-line 92%)

Conclusion

The improved results demonstrate the project's significant success in improving access to maternal and child health services and practices within the community and enhancing the quality of services at health facilities. Our strategic approaches—organizing community male members into fathers' groups and conducting regular meetings of both fathers' and mothers' groups have been pivotal in driving meaningful behavioral changes. Moreover, Sensitizing and mobilizing key community influencers such as traditional healers and birth attendants, and leveraging cultural events like *Deuda* performances to raise awareness, have been instrumental in securing active community engagement and driving the intended transformation.

Additionally, strengthening institutional service delivery through infrastructural upgrades, capacity-building efforts, and revitalizing mechanisms like the Health Development Committee and Health Facility Operation and Management Committee with regular meetings and orientations has been crucial in ensuring regular and reliable maternal and child health services.