2024/25

ANNUAL REPORT

PHASE
फेज नेपाल




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Current Funding Partners

Previous Funding Partners

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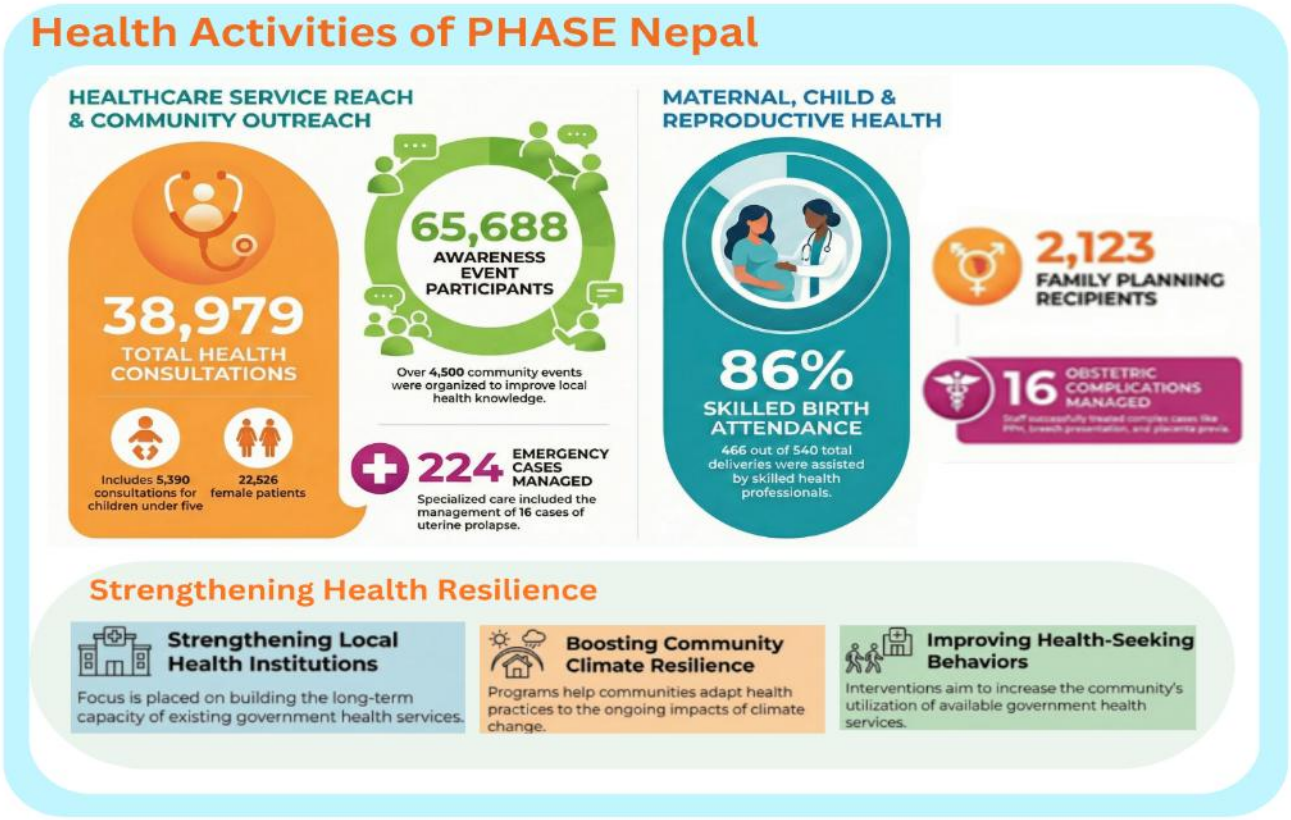
Acronyms

AD	Assistive Device
ANC	Antenatal care
BD	Twice a Day
B/M	Beats per minute / Breaths per minute
CB-IMNCI	Community-Based Integrated Management of New-born and Childhood Illnesses
DAO	District Administration Office
DRR	Disaster Risk Reduction
EC	Executive Committee
ECD	Early Childhood Development
ESRC	Economic and Social Research Council
FCDO	Foreign, Commonwealth and Development Office
FCHV	Female Community Health Volunteers
FY	Fiscal Year
GA	General Assembly
GEP	Girls Empowerment Programme
GESI	Gender Equality and Social Inclusion
HDFA	Himalayan Development Foundation Australia
HDI	Human Development Index
IEC	Informative Education and Communication
ILP	Independent Living Program
ILC	Independent Living Center
KII	Key Informant Interview
MAM	Moderate Acute Malnutrition
MPI	Multidimensional Poverty Index
NIHR	National Institute of Health Research
NS	Normal Saline
ORC	Outreach Clinic
OD	Once Daily
PHASE	Practical Help Achieving Self-Empowerment
PNC	Postnatal care
PO	Per Oral
PSA	Public Service Announcement
RL	Ringer's Lactate
RM	Rural Municipality
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SDGs	Sustainable Development Goals
SFS	Schock Familien Stiftung
SSILC	Strengthening and Spreading Independent Living Concept
STAT	“Immediately” or “at Once.’’
SWC	Social Welfare Council
TDS	Three Times a Day
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VG	Vulnerable Groups

Summary of Achievements FY 2024/2025



Education Activities of PHASE Nepal

Three distinct education interventions were continued or initiated this year in PHASE project areas: the TEACH Program, the Girls Empowerment Program (GEP), and the Adult Literacy Program.

TEACH Program

The TEACH Program transformed six schools into Child-Friendly Happy Schools through teacher training, e-learning, and child development

"GEP reached 600 girls and WEP engaged 104 women, supported by 44 trained GEP girl trainers and 8 WEP facilitators."

Adult Literacy Program reached 259 adults with 10 trained facilitators

105 teachers enhanced their pedagogical skills, 13 schools received learning materials, and community engagement was strengthened through 400 SMC/PTA members and active child clubs in 20 schools.

Research Activities of PHASE Nepal

Health systems, policy and politics in federal Nepal

February 2024 to July 2025 | 4 Districts

- **Six participatory dissemination programs**
- **Training of Trainers for HFOMC members**
- **Dissemination Events at Provincial and Federal Levels**

Developing women's role in policy-making processes

July 2024 to December2025 | 2 Districts

- **Policy Narratives and Revews**
- **Partcipatory Action Research**
- **Conduction of photovoice and participatory video**
- **25 Key informant interviews and 34 In-depth interviews**

In addition to ongoing research projects, the team's surveys and monitoring activities have evaluated programs and generated evidence to guide PHASE Nepal's interventions in remote areas.

Relief Activities of PHASE Nepal

Rapid Relief: Humla Fire Response

Following a Devasting Fire in Humla, PHASE Nepal mobilized rapid emergency support for the displaced families

8 houses destroyed; Although, no human or livestock casualties

With local support, PHASE Nepal was able to reach all fire-affected families

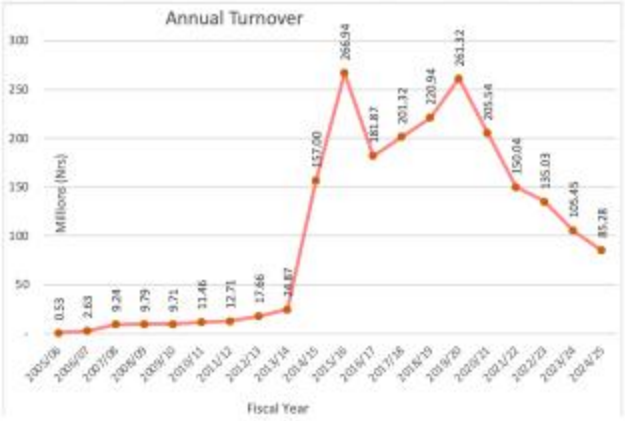
Supported essential food to meet urgent nutritional needs

Staff Capacity Building of PHASE Nepal

154 staff (2081–2082) were trainined in healthcare, midwifery, and disease management to

The GP Mentorship Progam

- A strategic initiative designed to bolster expertise of PHASE Nepal's Health workers
- More than 20 GPs were hosted and posted to health facilities in PHASE Nepal's project site



Introduction

1.1 Background

PHASE (Practical Help Achieving Self-Empowerment) Nepal, a Nepali non-governmental organization, is registered under the Organisation Registration Act 2034 of Nepal with the District Administration Office, Kathmandu (Regd. No. 531/062/063) and is affiliated with the Social Welfare Council under section 13 of the Social Welfare Act, 1992 (SWC No. 19336), beginning from 2006.

Since its inception in 2006, PHASE Nepal has been dedicated to the holistic development of disadvantaged and vulnerable communities across Nepal. PHASE Nepal's integrated development projects incorporate healthcare, education, livelihood support, disaster risk reduction (DRR), and research in order to uplift the health, education, and livelihood of deprived communities. With support from various national and international donors, PHASE Nepal has longstanding experience working in extremely remote areas with scant resources, harsh climates, difficult terrains, and limited or no access to basic services. PHASE Nepal played a crucial role in the relief, recovery, and reconstruction efforts following the major earthquake in April 2015. Additionally, PHASE Nepal provides immediate assistance to communities affected by smaller-scale disasters and has undertaken risk mitigation initiatives, including the construction of disaster-resilient community infrastructure.

Since 2017, PHASE Nepal has expanded and initiated research activities into different areas, including health, nutrition, and resilience against pandemics and disasters. During the COVID-19 pandemic, PHASE Nepal continued to offer essential services to underserved communities in Mugu, Humla, Bajura, Gorkha, and Sindhupalchok. In addition, PHASE Nepal supported persons with disabilities in the regions of Morang, Makwanpur, Kailali, Mugu, and Lalitpur.

1.2 Vision

A SELF-EMPOWERED AND SELF-SUSTAINED SOCIETY; WHERE ALL KINDS OF DISCRIMINATION ARE ABSENT

The PHASE Nepal team, with the generous support of funding partners and individuals, is working diligently to achieve its vision of a self-empowered and self-sustained society where all kinds of discrimination are absent. Furthermore, PHASE Nepal is committed to achieving this mission by improving the quality of life of rural people by providing immediate support through health care and education services, creating opportunities for livelihoods and self-empowerment, and enhancing risk reduction and better preparedness for shocks and disasters.

1.3 Objectives

- To improve access to and quality of education services for children and adults in deprived rural communities.

- To provide education on better health and hygiene practices and support high-quality primary health care services.
- To support people's livelihoods, particularly through access to improved agricultural techniques.
- To support communities in developing disaster-resilient, safer, and more sustainable community infrastructures, education, WASH, and other facilities.
- To help with the refurbishment of community infrastructures with due consideration of disaster resilience and universal design.
- To assist disaster-affected communities with immediate relief, recovery, and rebuilding with build back safer principles and enhanced readiness for possible future shocks.
- To work with national and international academic institutions, foundations, trusts NGOs and government institutions to support research/implementation research and knowledge sharing and to ensure risk-resilient development. This contributes towards achieving national, regional and global targets of development.
- To assist the local authorities in the planning and delivery of improved health and education services, risk-resilient local development, environmental protection, and climate change adaptation, and enhance resilience.
- To conduct research that evaluates current circumstances and looks for development alternatives that benefit disadvantaged groups and vulnerable people.

1.4 Core Values

The following core values guide the PHASE Nepal team as they conduct programmatic development, activity, and implementation.

Core Values	Depiction of Core Values
Integrity	We bring the highest ethical standards to all our decisions and actions.
GESI	PN works with vulnerable people across resource-poor, remote communities. Our programs focus on supporting women, children, and the most underprivileged groups, including people with disabilities, single women, and elderly persons.
Human Rights	PN is guided by its policies that actively nurture all aspects of human rights from within our programmes.
HDI/MPI & Cluster	When selecting project areas, PN analyzes available information about the geographical cluster based on the Human Development Index and Multidimensional Poverty Index. PN also collects baseline information to identify and establish key indicators before any programme intervention.
Ownership & Sharing	In PN projects, local stakeholders are involved in the decision-making process, and community activities are carried out with local participation. Efficient community participation, cost-sharing, and collaboration with central, provincial, and local governments create accountability and ownership of the intervention.
Bottom-up	PN ensures that local actors participate in selecting the priorities in their local areas and in decision-making about the strategy. By involving, combining, and interacting with local communities, we achieve better overall results.
Sustainability	To the greatest extent possible, PN strives to ensure that the benefits realized from organizational and community-based activities supported through community development projects continue beyond the project's completion.

Figure 1: PHASE Nepal Core Values

1.5 Approach and Strategy

PHASE Nepal's approach and strategy are guided by five interconnected principles that shape the organization's programs and interventions. People-centered programming ensures that interventions respond to their needs and priorities. Participatory approaches promote the active involvement of project beneficiaries throughout the project cycle, from planning and implementation to monitoring and evaluation.

PHASE Nepal also emphasizes support to underserved communities, prioritizing areas and populations with the greatest needs and limited access to services and opportunities. Coordination and collaboration are promoted through partnerships with communities, government institutions, I/NGOs, academic institutions, and other stakeholders at local, national, and international levels. Finally, accountability and transparency guides PHASE Nepal's implementation and resource allocation, with information made accessible to stakeholders when required. Together, these strategies support inclusive, responsive, transparent, and sustainable development interventions.

Figure 2: PHASE Nepal's Approach and Strategy

1.6 Theory of Change

PHASE Nepal believes that poor health, low educational levels, and poverty are interconnected aspects of the same problem, creating a loop that prevents people from taking control of their own future. Therefore, integrated efforts that address health/sanitation, education, and livelihood collectively are required to tackle these challenges.

PHASE Nepal believes that only through the effective integration of activities/projects addressing health, education, and livelihood can communities be empowered, helping to break the cycle of poverty and improve their future. PHASE Nepal addresses these aspects simultaneously through integrated Community Development Programs to empower individuals and communities. For success and sustainability, PHASE Nepal closely works with the Central, Provincial, and Local Governments of Nepal. The theory of change guiding PHASE Nepal's projects/programs is depicted below.

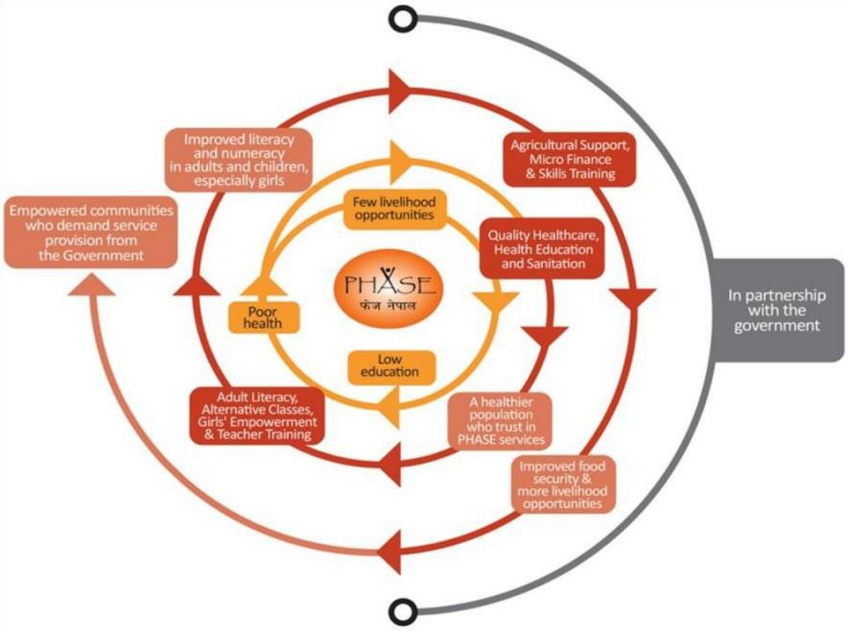


Figure 3: PHASE Nepal Theory of Change

1.7 Organization Structure

The General Assembly (GA), composed of the general members, is the apex body of PHASE Nepal. The GA of the organization is usually held annually, which provides the policy directions and approval on plans, budgets, and programs. The GA elects a seven-member Executive Committee (EC) once every two years. EC is the main decision-making body of PHASE Nepal. Dr. Rashila Pradhan, a general physician with extensive experience in the Nepali medical sector, currently serves as the chair of the GA. She has been leading the organization since September 2023 and has primarily contributed to health program development by providing guidance to health workers through training and remote consultation. Dr. Jiban Karki, PhD (Public Health), leads the organization as the Executive Director (ED). The organizational chart below outlines PHASE Nepal's organization and projects, along with details of key persons related to the projects.

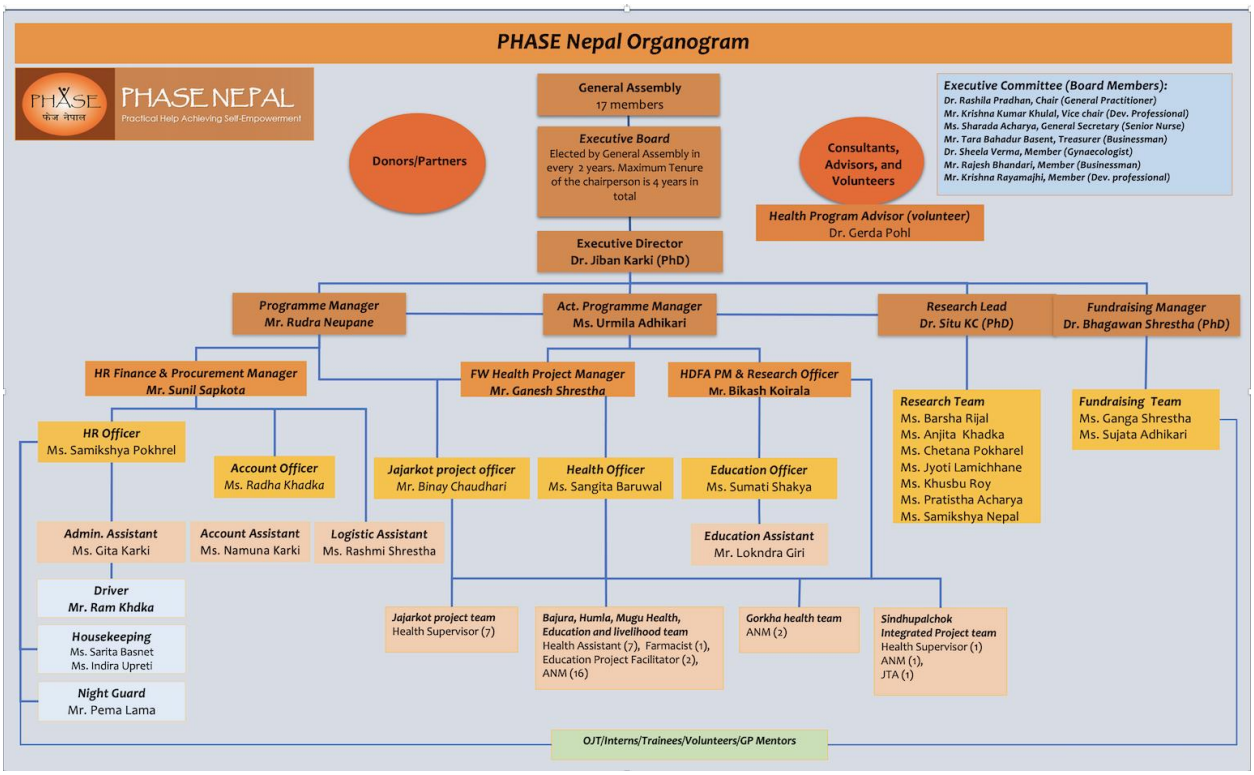


Figure 4: Phase Nepal Organogram

1.8 Human Resources

We recognize that workplace diversity and inclusion are essential for achieving our organizational objectives. By embracing contributions from people of all ages, genders, castes, and ethnicities, we foster a collaborative and respectful work environment. Females make up 68%, Brahmin/Chhetri 64%, Janajati 20%, and Dalits 12% of the total PHASE Nepal employees. The following graphs show the gender, ethnicity, location, and general makeup of PHASE Nepal employees.

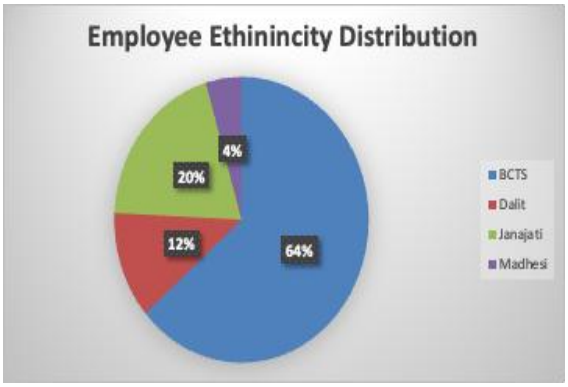


Figure 5: PHASE Nepal Employee Ethnicity Makeup

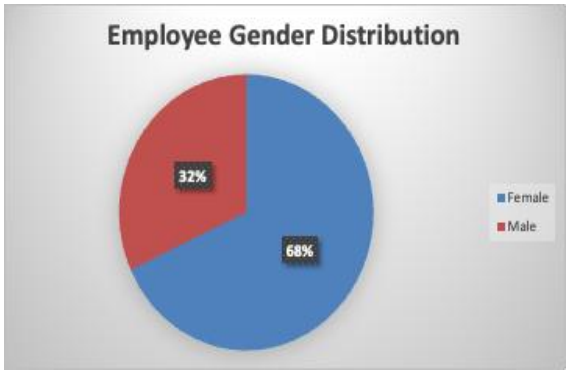


Figure 6: PHASE Nepal Employee Gender Makeup

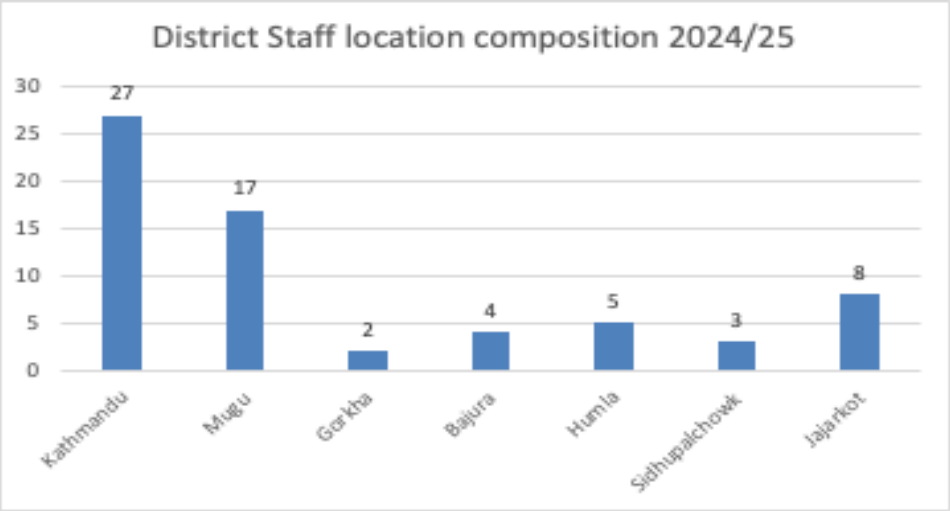


Figure 7: PHASE Nepal's Employee Location Composition

PHASE Nepal's projects in this FY 2024/25 spanned across different districts in the six provinces in Nepal. Figure 6 shows the location of PHASE Nepal's projects in different Provinces/Districts.

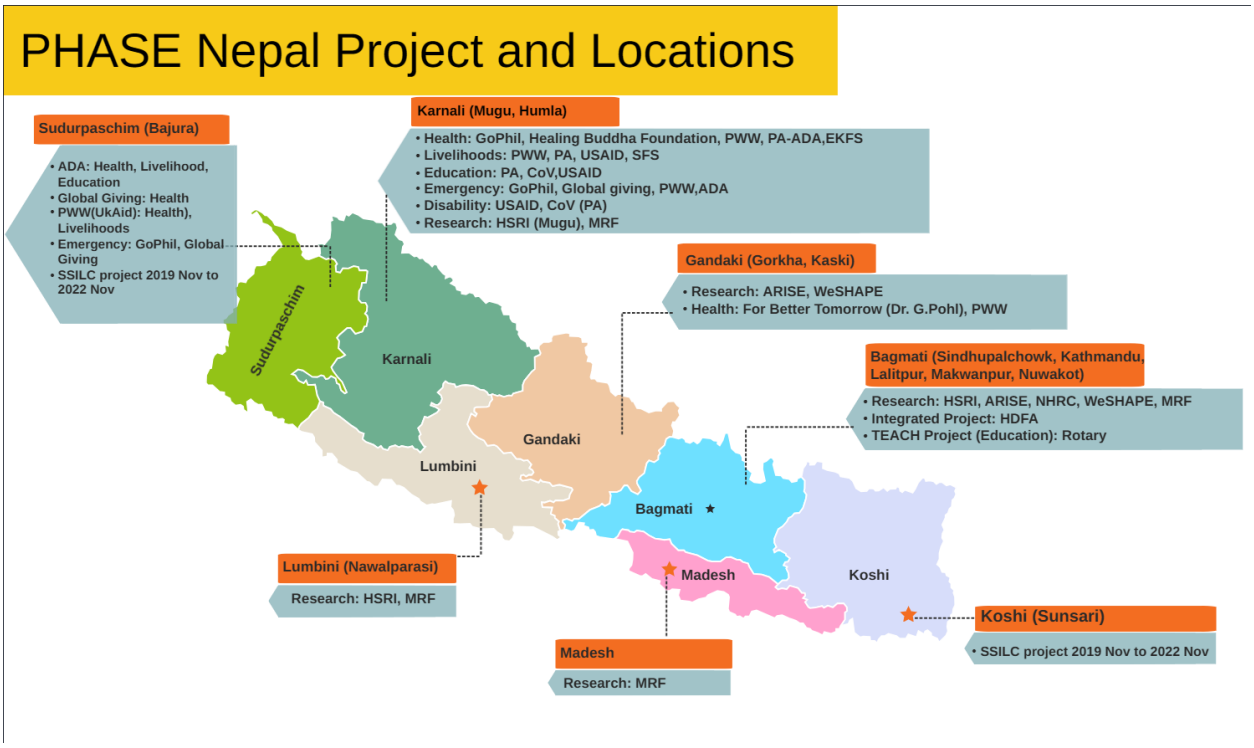


Figure 8: PHASE Nepal Project Locations

Health Program

2.1 Background

Through years of experience, PHASE Nepal has developed an effective approach to delivering healthcare services in remote areas of Nepal. It implements an integrated model that combines preventive, promotive, and curative care. The organization raises health awareness in the community by working closely with the community. A strong focus is placed on maternal and child health and nutrition, especially during the critical "Golden 1000 Days" from conception to a child's second birthday.

At the facility level, PHASE Nepal deploys skilled health personnel, supplies essential medicines and equipment, and supports the establishment and strengthening of birthing centers. It also strengthens local health systems by training and orienting Health Facility Operation and Management Committee (HFOMC) members, government health workers, Female Community Health Volunteers (FCHVs), and community members.

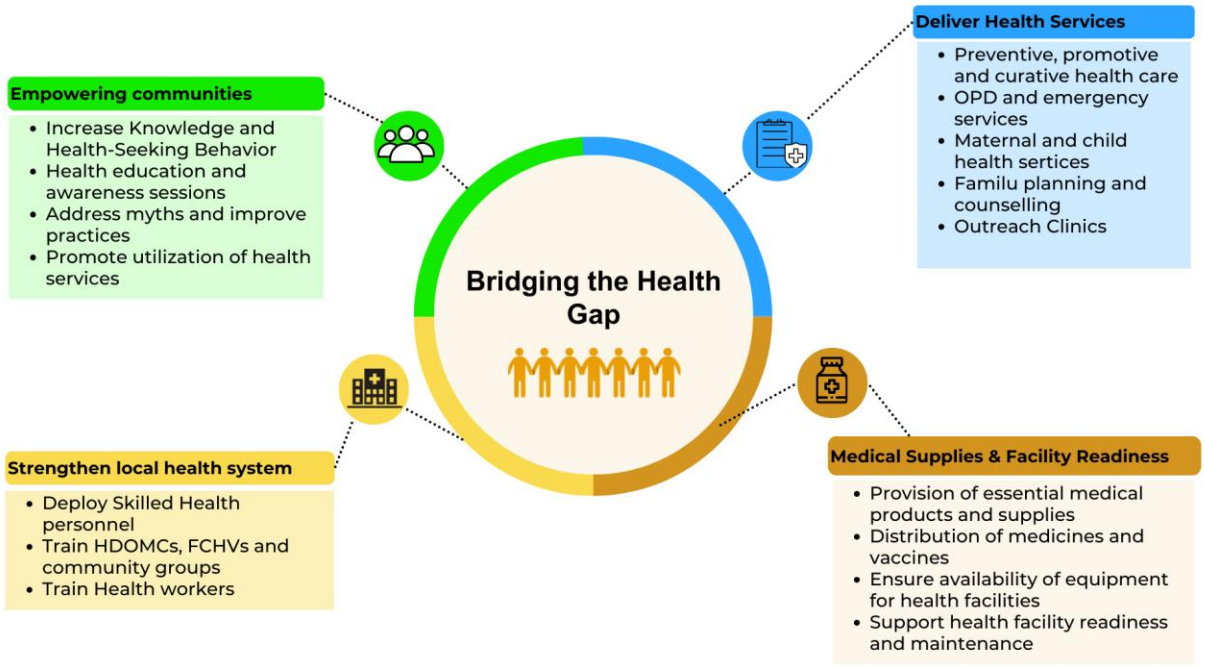


Figure 9: Working Modality of PHASE Nepal in the community

This year, PHASE Nepal continued providing primary healthcare services in underserved communities across Mugu, Humla, Bajura, Gorkha, and Sindhupalchok. It also expanded its work to Jajarkot, aiming to improve health and wellbeing in Barekot and Kushe rural municipalities, with a focus on vulnerable groups, better access to services, and integrated patient care.

Figure 10: Health worker conducting awareness program in the community

2.2 Primary Health Care Services

PHASE Nepal has been supporting government health facilities in hard-to-reach areas in Humla, Mugu, Bajura, Sindhupalchok, and Gorkha in collaboration and coordination with health facilities, government staff, and local government offices for many years. PHASE Nepal provides trained human resources, essential medicine with medical guidelines, clinical equipment, and other supplies as needed. PHASE Nepal provides primary health services, including OPD and emergency services, as well as maternal and child health services. These services encompass family planning and counseling, antenatal check-ups, postnatal check-ups, delivery services, and growth monitoring. Additionally, it offers community outreach clinics and health awareness sessions for the local community and stakeholders.

During the reporting period, 38997(16451 male and 22528 female) consultations, including 5,390 with children under the age of five, took place in 11 PHASE Nepal-supported health posts and outreach clinics. The most common illnesses, in order of prevalence, were common symptom management, respiratory diseases, skin disease, diarrhoeal disease, gastritis, orthopedic problems, ENT problems, non-communicable diseases, oral problems, and gynecological problems.

The majority of patients, 17%, received consultation on common symptoms such as general, chest, and abdominal pain, shortness of breath, cough, headache, fever, dizziness, itching, fatigue, and sudden collapse. The second most common consultation was about respiratory disease (14%). This included upper respiratory tract infections, bronchitis, asthma exacerbations, and pneumonia. Skin and diarrheal diseases accounted for the third-highest disease incidence, 12%, encompassing eczema, psoriasis, fungal infections, and dermatitis. PHASE Nepal's ongoing health and hygiene

community activities are expected to gradually decrease diarrheal disease morbidity and mortality in the coming year.

Figure 11: Nutritional program of PHASE Nepal in the community

The prevalence of gastritis was 10% among consultations in our target areas. Gastritis involves inflammation of the stomach lining, which can be caused by poor dietary habits, stress, infections, poor socioeconomic conditions, and lack of health awareness.

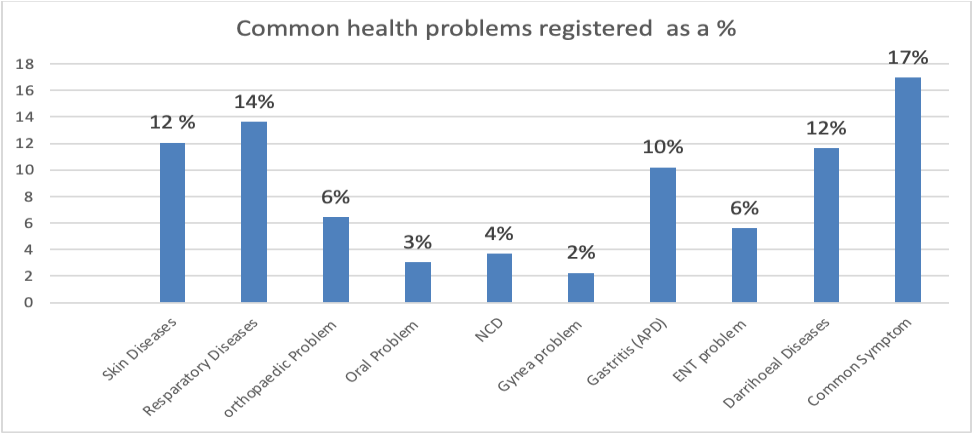


Figure 12: Common Health Problems Registered at PHASE Nepal Clinics

2.2 Maternal Health

Maternal health is one of the primary focus areas for PHASE Nepal. To improve maternal health outcomes, PHASE Nepal provides regular, essential, and emergency health services, including antenatal, postnatal, and neonatal care.

Along with clinical services, PHASE Nepal provides preventive and promotive services to communities. The team conducts education sessions for community members, pregnant women, and caregivers (mothers-in-law, husbands, etc.). PHASE Nepal regularly hosts group meetings and orientation programs for pregnant women and their caregivers to build community, provide resources, and improve health outcomes. PHASE Nepal also trains Female Community Health Volunteers, traditional healers, and members of mothers' groups, addressing common myths and misconceptions related to maternal health.

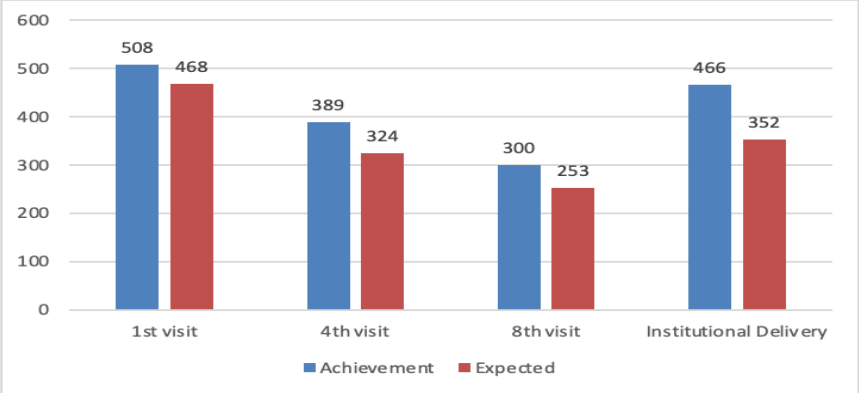


Figure 13: ANC Visits and Institutional deliveries, Expected vs Achieved

During the 1st ANC visit, 508 women were reached, compared to the target of 468. This is 8.5% above the target, showing a strong start in getting women into care early in their pregnancy.

The trend continues at 4th ANC where the achievement was 20.1% higher than expected. This shows that more women continued their checkups as their pregnancy progressed. By the 8th ANC visit, 300 women received care, compared to the target of 253. Similarly, 466 births took place at health facilities, far above the target of 352.

Over the five-year period from 2020/21 to 2024/25, the percentage of institutional deliveries showed an overall upward trend. In both 2020/21 and 2021/22, the rate remained steady at 81%. A noticeable increase occurred in 2022/23, when institutional deliveries rose to 85%, reflecting improved use of health facilities for childbirth. Although there was a slight dip to 82% in 2023/24, the rate climbed again in 2024/25 to reach 86%, the highest level during the period. This general rise in institutional deliveries highlights growing awareness and improved access to safer delivery services over time. These rates surpass the national and Karnali Province average institutional delivery rates from 2022 of 80% and 72.5% respectively (Ministry of Health and Population, 2022).

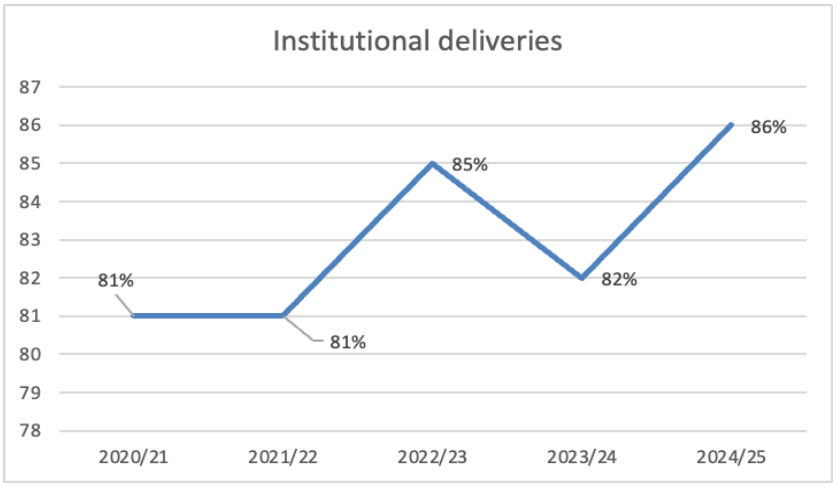


Figure 14: Institutional Delivery Status

2.3 Family Planning Services

Family planning services are a crucial aspect of maternal and child health and are a priority program of the Ministry of Health within the Government of Nepal. PHASE Nepal health workers and teams provide counseling on the use of different forms of contraceptives to individuals and couples, enabling them to choose the most appropriate and preferred method based on informed choice.

Figure 15: Community Health Program

During this fiscal year, 2,143 individuals were counseled on various contraceptive methods, enabling them to make informed decisions regarding family planning. These services play a critical role in reducing unintended pregnancies, thereby contributing to the improvement of maternal and child health outcomes.

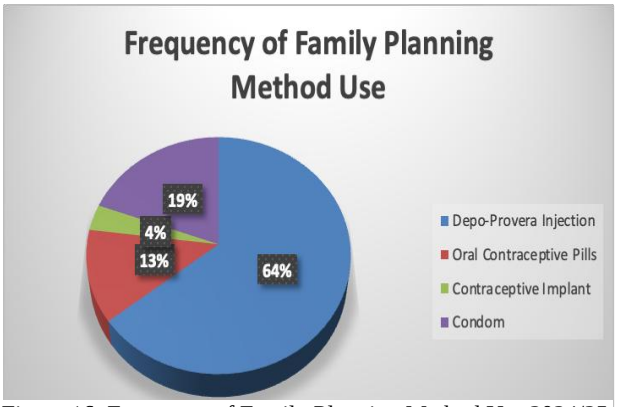


Figure 16: Frequency of Family Planning Method Use 2024/25

Figure 12 illustrates the use of family planning methods from 2024-2025, with the majority of individuals (n=1579) using depo injections, followed by condoms (n=477), pills (n=308), and implants (n=87) as a preferred method of birth control.

2.5 Child Health and Nutrition

To improve the health and nutritional status of children, PHASE Nepal regularly conducts child healthcare at associated clinics and project sites, including growth monitoring, nutritional status assessments, and immunization support. Besides clinical care, community-level efforts such as counseling to mothers, Community-Based Integrated Management of Newborn and Childhood Illnesses (CBIMNCI) training for mothers and FCHVs, child protection, and school health education also contribute to improving children's health.

Figure 17: Health worker taking anthropometric measurement of a child

Nutrition workshops, super-flour demonstrations, child growth monitoring, and healthy baby competitions are major activities of the child health and nutrition status monitoring program. PHASE Nepal also supports government health facilities in immunizing children and organizes school health education programs at each project site.

In this fiscal year, we monitored the growth of 3205 children under the age of 5 in 11 project areas. 144 children were found to be malnourished. Out of 144 malnourished children, 35 were SAM and 109 were MAM, based on the MUAC parameter. Most of them, 134, recovered after counselling, health advice and food items support.

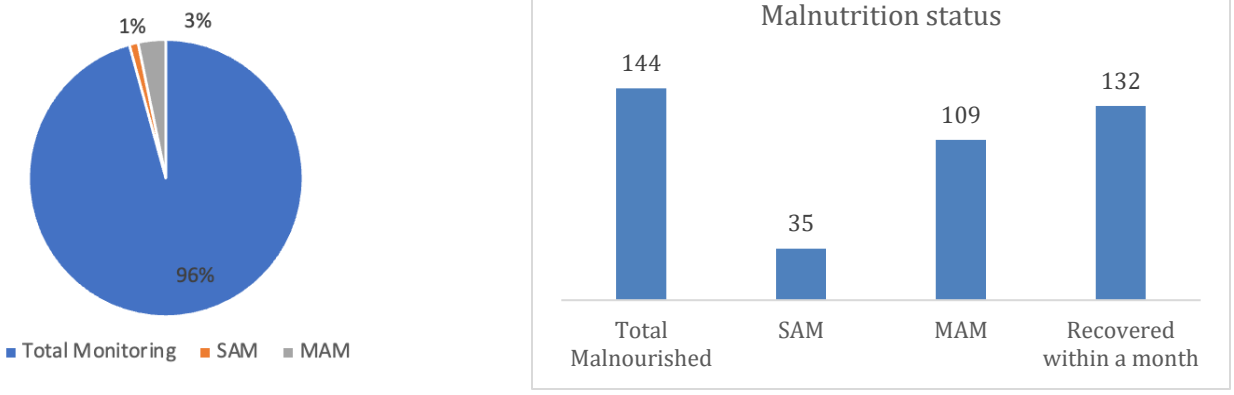


Figure 18: Status Malnutrition in Project sites

Figure 19: Health worker taking MUAC measurement of a child

As PHASE Nepal continues working with "Ultra-poor" communities in remote districts, we deal with cases of severe malnutrition and pneumonia in children under five years of age. For this reason, PHASE Nepal has integrated its livelihood projects to support food security and combat hunger, thereby addressing nutrition-related issues in the community. We provided nutritional food packages and conducted regular follow-ups with the malnourished children, resulting in improvements to the nutritional status of the children treated.

Additionally, the children's parents were provided with an orientation on personal hygiene and super flour and baby food making process using local ingredients. 118 Super flour making workshops (sarbotam pitho exhibitions) were held during this year. PHASE Nepal encouraged parents to feed malnourished babies frequently.

Apart from our continue efforts to improve access to healthcare services in these region, from this year, PHASE Nepal is also starting its work in Jarjarkot, especially in the earthquake affected region of Jajarkot. Two projects are currently underway in the region supporting not only health promotion activities and building health resilience among the communities to the impacts of climate change.

Figure 20: Community health program among mothers group in Jajarkot

Figure 21: School Health program in Jajarkot

The working modality in Jajarkot differs from other project areas, as it does not include direct curative service delivery. Instead, the focus is on strengthening a resilient local health system and improving community health through awareness raising and promotive interventions. The program emphasizes building long-term capacity of health institutions and communities, enhancing knowledge and health-seeking behaviors, and increasing utilization of available government health services. Through this approach, PHASE Nepal aims to

support sustainable improvements in health outcomes by fostering a stronger and more resilient health system in earthquake-affected and climate-vulnerable communities.

Integrated community health: supporting communities affected by the Jajarkot earthquake in Nepal

With support from Unione Buddhista Italiana and Association of Solidarity in Asia (ASIA) an integrated community health project commenced in Kushe and Barekot Rural Municipalities. These were one of the communities severely affected by the 2023 earthquake in the Jajarkot district. The project started in February 2025, a project inception (kick-off) meeting at the municipality and introductory meetings selected wards/communities.

Through this project, PHASE Nepal provided palliative care training to 28 health workers in Kushe and Barekot Rural Municipalities. Home-based palliative care orientation was also provided to 30 caregivers (14 male and 16 female) of people living with non-communicable diseases, including hypertension, chronic obstructive pulmonary disease (COPD), and diabetes.

Figure 22: School Health program in Jajarkot

Additionally, 730 participants (88 male and 642 female), including adolescents, pregnant women, and mothers of children under five, participated in health and good hygiene orientation sessions in Kushe and Barekot Rural Municipalities.

A total of 1,769 adolescents (657 boys and 1,112 girls) from Grades 6 to 10 participated in 46 one-day orientation sessions on sexual, reproductive, and menstrual health. Furthermore, 648 pregnant women and caregivers participated in orientation sessions on maternal and child health across the two municipalities.

Investing in women and vulnerable groups to build community health resilience to the impacts of climate change in Jajarkot District, Nepal

Another 18-month's project for Barekot Rural Municipality in Jajarkot started in May 2025 with the support from Foundation-S and ASIA. The project aimed at enhancing capacity of women and vulnerable groups from the Barekot Rural Municipality to build community health resilience to the impact of climate change.

Preparatory works that include, staff recruitment, training and deployment, NHRC ethical approval, SWC approval, design of tools for baseline survey, formulation of detailed implementation plan and project introductory meetings at Barekot Rural Municipality were completed by the end of Mid July 2025.

Case Studies

The following case stories illustrate the real-life challenges faced by families in remote Nepal, highlighting how timely intervention, community engagement, and coordinated support can transform lives. From mental health and child nutrition to maternal emergencies, each story demonstrates the importance of early detection, culturally sensitive counseling, accessible health services, and persistent follow-up. Together, these stories show how PHASE Nepal's integrated approach not only saves lives but also empowers communities to address complex health and social challenges in hard-to-reach areas.

Addressing Severe Malnutrition in Remote Mugu

Nirmala Malla (pseudonym), a 10-month-old girl from Mugu, developed severe malnutrition due to inadequate feeding and care following her mother's closely spaced pregnancy and economic hardship. The family depends on subsistence farming and livestock rearing, with restricted access to health services.

In January 2025, Nirmala was brought to a PHASE Nepal supported health post with fever, weight loss, poor feeding, and irritability. Assessment confirmed severe acute malnutrition. PHASE Nepal provided immediate counseling on breastfeeding, complementary feeding, and hygiene, and referred her to the district hospital. During follow-up visits, her condition worsened, prompting urgent referral.

Nirmala was later admitted to Gamgadhi District Hospital and treated with Ready-to-Use Therapeutic Food (RUTF). Her condition gradually improved, and her parents acknowledged that PHASE Nepal's consistent follow-up helped them recognize the seriousness of the situation and seek timely care.

From Depression to Recovery: A story of a Father

Rajendra Bumi (pseudonym), a 32-year-old farmer from Soru Rural Municipality, Mugu, was struggling with severe emotional distress due to financial pressure and the responsibility of supporting family, including newborn twins.
PHASE Nepal staff identified his condition during a community follow-up visit.

He was found to have symptoms of depression, including anxiety, insomnia, poor appetite, social withdrawal, and low mood.

PHASE Nepal provided immediate psychosocial counseling, nutritional guidance, and regular follow-up, and referred him to Karnali Hospital, Jumla, for specialized care. After one month of treatment, Rajendra's condition improved significantly. He resumed daily activities and later returned to India for work, demonstrating restored confidence and wellbeing.

"You came to our home at the right time and helped my husband get the right treatment. Thank you for saving his life." — Wife of Rajendra Bumi (pseudonym)

Stroke Survivor Receives Emergency Support

Chandramani (pseudonym), a 47-year-old farmer, collapsed suddenly, losing speech and experiencing paralysis on his left side. Initially, his family relied on traditional remedies due to financial constraints.

PHASE Nepal staff visited Chandramani at home where they assessed his condition. The team coordinated his urgent transfer to Karnali Provincial Hospital in Surkhet for proper evaluation and a CT scan. Financial support was mobilized through the local ward chair, ensuring timely care.

During follow-up, Chandramani expressed gratitude for PHASE Nepal's prompt intervention, advocacy, and coordination, highlighting how emergency outreach and community support can make critical medical care accessible in remote areas.

Timely assessment, advocacy, and referral gave Chandramani a chance at recovery that his remote village resources alone could not provide.

Livelihood Program

3.1 Background

PHASE Nepal has improved the livelihoods of thousands of people in its project areas. The goal of PHASE Nepal's livelihoods programme is to ensure both food security (access to enough food) and proper nutrition (access to enough variety of food) for farming families living in remote mountain areas of Nepal, mainly through the introduction of improved agricultural techniques. This includes increasing arable produce such as vegetables, learning new skills like mushroom growing, and livestock production such as poultry and goats. On top of this we provide technical and vocational skills enhancement, and direct support to vulnerable groups such as the elderly, single women, and people with disabilities.

3.2 Vegetable farming/Kitchen gardening

To improve nutrition for mothers and children in Bajura district, 666 farmers received seasonal and non-seasonal vegetable seeds (e.g., cauliflower, cabbage, tomato, carrot, spinach) and farming materials like plastic tunnels, watering cans, and sprinklers. Beneficiaries were trained in nursery management, pest control, harvesting, and seed production, with technical support provided through regular field visits.

Figure 23: Demonstration in community regarding Vegetable Farming

Farmers were organized into Female Farmers Groups for regular meetings and skill-building. Additionally, 41 lead farmers received a two-day training on leadership and management to ensure sustainability. Surplus vegetables were used for household consumption or sold to support family expenses. In total, 666 farmers benefited from this activity, exceeding the initial target of 550 farmers, and received both agricultural inputs and technical training to strengthen their vegetable farming practices.

PHASE Nepal has also been supporting farmers in Sindhupalchowk through the provision of fruit tree saplings and ongoing technical support. The organization regularly supervises and monitors farmers to support proper plantation, care, and management of the fruit trees, contributing to improved agricultural practices and sustainable livelihoods.

3.2 Goat support to the families having multiple PWDs

Under the project 'start strong' two families in Bichhya, Bajura district, with multiple persons with disabilities (PWD) (one family had four PWDs and another had two PWDs) were provided goats to support their livelihood.

Testimonies from the beneficiaries

"Everyone has a kitchen garden at their house. This was taught and trained by PHASE Nepal."

"Now we are trained, we can produce our own seeds from the vegetables we grow. We have learned a lot about farming from PHASE Nepal."

"What I personally feel is that 75% of the learning and knowledge gained from PHASE Nepal will be followed in the coming days. I believe the project will have a lasting impact, at least in our village.

Case Study:

Journey from Goat Rearing to Supporting Children's Education

Baruwa Yangri village in Panchpokhari Thangpal Rural Municipality-2 of Sindhupalchok District remains underdeveloped, with limited access to essential resources. Sherpini Tamang, a community member, described the hardships she experienced growing up in the village,

"At the age of 50, poverty had deprived me of the opportunity to study, even though I had always wanted to. Although I could not receive formal education myself, I have the dream of ensuring a bright educational future for my children with the support of the project."

Figure 24: Sherpini Tamang with her children (pictire taken after consent)

She explained that her days are spent working from dawn till dusk, balancing household and agricultural responsibilities. Together with her husband, she supports

a family of ten, including her brother's children. With only subsistence farming, it was difficult to manage daily meals, and economic challenges continued to grow.

With the support from *HDFA* in partnership with *PHASE Nepal*, she received one breeding buck and five does for goat rearing, along with membership in a vegetable farming group. Within a few months, the goats began producing kids. Income from goat rearing alone now amounts to NPR 25,000–30,000 annually, totaling around NPR 250,000 to date. In addition, vegetable farming generates NPR 2,000–3,000 per month. Together, these activities have significantly improved her financial security.

Figure 25: Goats supported by PHASE Nepal

Sherpini Tamang shared that although she could not pursue formal education, she is committed to ensuring her children receive quality schooling.

With income from farming and support from her working children, she has enrolled her remaining children in a nearby private school. As farm work became difficult with age, she sold her goats and reinvested the earnings in her children's education and a pig-farming enterprise. She expresses heartfelt gratitude to HDFA and PHASE Nepal for their support.

Education Program

4.1 Background

The education program is a core part of PHASE Nepal's integrated community development approach aiming to improve access to quality education among adolescent girls, illiterate women and marginalized adults. We strengthen physical infrastructure, develop the skills of teachers, empowering school management committees, and extending educational opportunities in remote Nepal. Our educational initiatives closely align with the Sustainable Development Goals 3, 4, and 5, using education to reduce poverty and promote gender equality in communities.

In response to the educational challenges faced by children in remote Nepal, PHASE Nepal initiated alternative education programs and supported the re-enrollment of out-of-school children.

Girls and women in remote Nepal face numerous challenges in accessing educational opportunities. To address these barriers, PHASE Nepal has implemented several community-based education programs. One of the most successful initiatives is the Girls' Empowerment Program, launched in 2016, which builds awareness and confidence among girls and their families, contributing to positive social change. In addition to this, PHASE Nepal has implemented several other education programs, which are briefly described below.

4.2 The Women's Empowerment Program

In December 2024, PHASE Nepal launched the Women Empowerment Project in Maila, Humla, with support from the City of Vienna. This program was designed to strengthen the confidence, knowledge, and leadership skills of the women in the community.

Figure 26: Women's empowerment program

PHASE Nepal facilitates open discussions about social issues such as women's rights, menstrual hygiene, domestic violence, early marriage, and child education. This project aims to end harmful traditional practices through several key activities.

Local women are selected and trained to act as facilitators and lead empowerment session in the communities. The facilitators conducted a 14-day workshop aimed at promoting women's empowerment through education, skill-building, and awareness activities. Participants included women from various marginalized groups in the community, such as single mothers, Dalit women, and those who are illiterate.

Five groups were formed in the target communities, and two facilitators were assigned to each group. A total of 114 women directly participated in workshop activities. The content was taught

over 14 days, covering a range of essential topics such as self-awareness, communication, gender equality, financial literacy, legal rights, and more.

Women's literacy course

The Women's Literacy Course is a key activity under the Women's Empowerment Program. When women learn to read and write, they become more confident, informed, and independent. Empowering women through literacy helps to build stronger, more resilient communities.

To make these classes more effective, PHASE Nepal trains local facilitators who eventually lead the sessions for their communities.

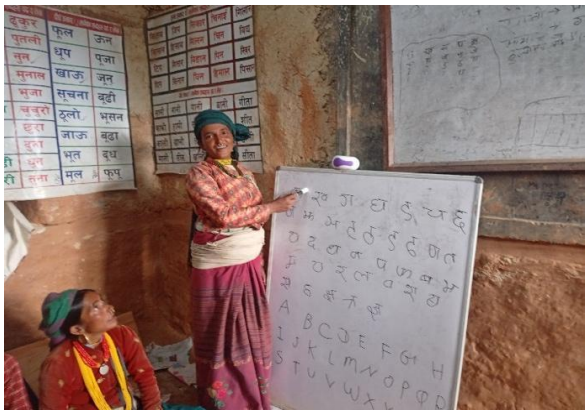


Figure 27: Participant of women literacy course

Through this project, 100 illiterate women were enrolled in a literacy and numeracy course. Many women from the program can now dial phone numbers, check their SIM balance, and understand more about health, hygiene, domestic violence, and found alternative ways to earn money.

Despite some challenges, like irregular attendance during harvest, limited local-language materials, scattered communities, and participants' household responsibilities, the program still showed meaningful impact in the community.

Workshop on Psychosocial and Mental Health

Figure 28: Workshop on psychosocial and mental health

The PHASE Nepal team organized a workshop on Psychosocial and Mental Health to raise awareness and build the capacity of women involved in empowerment programs, focusing on promoting emotional well-being and mental resilience. 111 women equipped with basic coping strategies, stress management techniques, and tools for emotional resilience in both personal and social contexts through participation in one day awareness session organized in the community

Initially, many participants felt hesitant to speak openly about their feelings, opinions, and personal challenges. However, through guided activities and interactive discussions, participants gradually opened up and actively engaged in the learning process.

The orientation covered common mental health issues such as stress, anxiety, and depression, and provided practical strategies for managing them. Participants expressed that the breathing exercises, meditation, and mindfulness techniques introduced during the workshop were particularly beneficial. At the end of the Workshop, participants provided feedback, stating.

Additionally, PHASE Nepal hosted a session on financial literacy, where women were taught about managing household money and saving. Using simple tools and fun games, they practiced creating basic budgets and explored locl saving options like cooperatives and saving groups. These trainings aimed to enhance women's confidence in managing their finances and making informed decisions, while also encouraging them to consider their role in promoting gender equality within their homes and communities. Additional sessions focused on entrepreneurship and basic health practices.

Reflection from Participants of Women's Empowerment Program

"I can write my name and my family members' names in Nepali perfectly" **Asmadevi**

"Hearing stories of other empowered women inspired me pursue my goals."-**Nani**

"We felt heard and respected. The workshop boosted our self-esteem."- **Jamira**

4.3 Girls Empowerment Program

Figure 29: Girls empowerment program

The Girls' Empowerment Program The Girls' Empowerment Program began in 2015 and has become one of PHASE Nepal's most successful and impactful initiatives. In this program, girls are not just participants; they play a leading role as key stakeholders and change-makers. 108 teenage girls from four government schools in Maila participated in 24 days girls' empowerment sessions and enhanced improved their knowledge and skill on leadership, advocacy, menstrual hygiene, personal safety, identification, mitigation of harmful social practices etc.

Girls' facilitator training

As part of the Girls' Empowerment Program, ten girls were selected as facilitators and trained for four days. The training focused on building their skills and knowledge to help promote education, healthcare, and gender equality. It also aimed to raise awareness in the community about the harmful effects of child marriage, gender-based discrimination, and lack of access to opportunities for girls.

The training aimed to empower selected adolescent girls by providing them with new skills, knowledge, and confidence to become facilitators and agents of change in their communities. These trained facilitators are now working actively in different villages of Tanjakot Rural Municipality in Humla.

Teacher training in gender-sensitive teaching methods

The training was designed to complement the ongoing Girls' Empowerment Program by equipping teachers with knowledge and practical strategies to promote gender equity, support girls' active participation in the classroom, and help reduce the dropout rate of girls. PHASE Nepal conducted a two-day teacher training program. The training aimed to strengthen the school environment by empowering teachers as key partners in promoting gender equality and inclusion in education.

A total of 31 teachers (20 male and 11 female) from 10 different schools in Maila participated in the training. The sessions focused on gender sensitivity in schools, the role of teachers, and how to identify gender-sensitive issues, including bullying, harassment, and early marriage.

Orientation workshop with the school Management Committee and Parent Teacher Association

As a part of the Girls' Empowerment Program, PHASE Nepal organized a two-day workshop for the School Management Committee (SMC) and Parent-Teacher Association (PTA) members in Maila, Humla. 100 SMC/PTA members (72 male and 28 female) participated these events and were sensitized on their role for improved education including inclusive gender-friendly governance and protection of children's rights etc. Empowering parents and local stakeholders are essential for achieving long-term school improvement, building local ownership, and creating child-friendly and inclusive learning environments.

The main goal of the workshop was to raise awareness among SMC and PTA members about the importance of parental involvement in school development. The training emphasized how parents and local stakeholders can actively improve education quality and create a safe, inclusive school environment for all children.

School Support Materials

PHASE Nepal implemented an educational support initiative, distributing essential school materials to nine schools across the Maila. This initiative was designed to address the serious educational challenges faced by students in the geographically isolated region, where access to basic learning resources is limited due to difficult terrain and socio-economic hardship.

The supply distribution ensured that students had access to essential school materials, attempting to reduce absenteeism, promote equal learning opportunities, create child-friendly classrooms, and motivate both students and teachers. As a result, schools have reported increased attendance, improved classroom environments, fewer dropouts, and a sense of pride among students who were happy to receive new supplies. The distribution of these materials has had a significant positive impact on students' academic engagement, attendance, and overall well-being.

"This program helped me find my voice."-**Anu**

"We felt heard and respected. The workshop boosted our self-esteem."-**Jamira**

4.4 The T-E-A-C-H Education Program

PHASE Nepal, with support from the Rotary Club of Tripureshwor (RCT) and its partners, have been implementing the T-E-A-C-H Education Program in six public schools of Kathmandu, Nuwakot, and Sindhupalchok for the past three years. This project has focused on strengthening education through targeted training, school-based activities, and community involvement, specifically targeting teacher capacity building, supported through training sessions at Kathmandu University, extension training at individual schools, and regular follow-up support

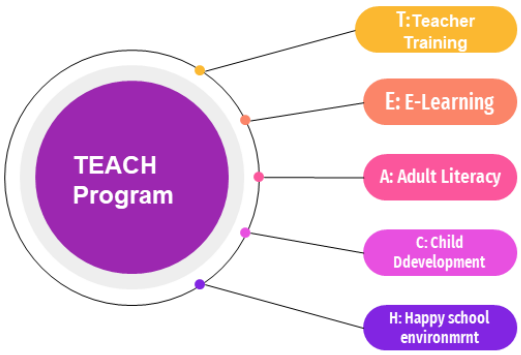


Figure 30: The TEACH program

During this fiscal year, the T-E-A-C-H Program focused on strengthening teacher capacity, integrating e-learning, and enhancing child participation

Key activities:

1. Refresher Training

PHASE Nepal conducted a six-day refresher training for 20 public school teachers as the final phase of the three-year T-E-A-C-H program. Facilitated by experts from Kathmandu University and other partners, the training strengthened teachers' capacity in innovative pedagogy, STEAM education, project-based learning, authentic assessment, and technology integration (including AI tools).

2. ECD Training and Observation

PHASE Nepal conducted a one-day training for Early Childhood Development (ECD) teachers to strengthen classroom practices and align with ECD policy and curriculum standards. The session emphasized holistic child development, classroom management, and the use of local and digital teaching materials.

Figure 31: ECD Observation

Following the training, classrooms have become more organized and child-friendly, with students more active, while teachers reported increased confidence in classroom management and curriculum delivery.

3. Training on Instructional & Digital Leadership

One day one-day training on Instructional and Digital Leadership at Melamchi Gyang School bringing together teachers from Melamchi Gyang and its two feeder schools.

Figure 32: Instructional and Digital Leadership Training

The training used interactive discussions, case studies, and practical exercises to strengthen classroom practices and school leadership. Participants gained a better understanding of instructional and digital leadership, developed school-level action plans for Child-Friendly Happy Schools, and enhanced collaboration and peer learning. It equipped teachers with pedagogical and digital skills to create safe, engaging, and future-ready learning environments.

4. Education Quality Enhancement Program

The Education Quality Enhancement Program was launched to strengthen teaching practices and improve student learning outcomes in rural schools. In its first year, the program focused on building a strong foundation at both institutional and school levels through teacher capacity building, active learning promotion, and community engagement.

Participants reported the training as highly practical and relevant, with noticeable improvements in classroom practices. Effectiveness was measured through assignments, presentations, daily feedback, and self-assessments, all showing a positive shift in teaching approaches. The program has laid a strong foundation for long-term educational improvement by equipping teachers with the skills and support needed to create more engaging and student-centered classrooms.

Figure 33: Participant of teacher training

5. Adult Literacy Program

The Adult Literacy Program was implemented to address the issue of adult illiteracy among parents of students in two government schools: Gram Sudhar Basic School in Gokarneshwor Municipality, Kathmandu, and Bhawani Secondary School in Kagatigaun, Ward No. 2, Kakani Rural Municipality, Nuwakot. This initiative aimed to empower illiterate parents through basic education and enhance their participation in the educational journey of their children and community life.

Figure 34: Adult Literacy program

The program aimed to improve literacy, apply reading and writing in daily life, reduce challenges from illiteracy, and foster connections between schools, students, and parents.

The program utilized the “Each One Teach One” approach where Senior-grade students were trained and mobilized to teach their parents. In Gram Sudhar School, one student facilitated a class for two parents, following a 1:2 ratio. In Bhawani School, the approach was one-on-one, with each student paired with one parent, maintaining a 1:1 ratio.

6. School Improvement Planning (SIP)

As part of the T-E-A-C-H Program’s mission to improve the quality of public education, each participating school has developed its own School Improvement Plan (SIP). These SIPs serve as

strategic tools to guide the planning and implementation of school activities aimed at fostering inclusive, student-centered learning environments and long-term sustainability.

The SIPs were prepared through participatory processes involving school stakeholders to address the specific needs of each school. They align with the program's broader goals of enhancing teaching quality, integrating e-learning, promoting student leadership, and improving school infrastructure.This thorough and collaborative approach ensured that each SIP was tailored to its school context while aligning with the program's broader objectives.

Figure 35: SIP improvement program

7. Child Club Mobilization

To create more dynamic learning spaces, the program supported the formation and strengthening of child clubs and extracurricular activities. A total of 60 students became active child club members across six schools following the initiative. These clubs organized sports, public speaking events and hygiene awareness campaigns. Teachers began integrating real-life and project-based learning into their lessons, making education more engaging.

8. SMC and PTA Mobilization

The project mobilized SMC and PTAs to encourage greater community involvement to ultimately sustain educational improvements. Twelve SMC meetings were held to address school governance, and the program facilitated six SIP meetings involving SMCs and PTAs.

Reflection from Participants of TEACH Program

"The training transformed the way I approach teaching. I now have tools to create more engaging and effective lesson plans."

"Learning how to integrate technology and create a stress-free classroom will greatly enhance my teaching."

Research Program

5.1 Background

PHASE Nepal's Research Program plays a crucial role in ensuring that development interventions are evidence-based, impactful, and accountable. By systematically conducting baseline and endline surveys, mixed-method studies, and impact evaluations, the program generates high-quality evidence to guide program design and policy influence. The findings not only strengthen PHASE Nepal's own interventions but are also disseminated widely to inform government planning and sectoral strategies. The investment in research projects contributes to generating actionable evidence, fostering innovation, and promoting sustainable, community-driven solutions in Nepal. In this fiscal year, PHASE Nepal made significant progress, continuing to build internal research capacity and create lasting benefits for the communities PHASE Nepal serves.

Current Research Projects

1. Medical Research Fund Project: Health systems, policy and politics in federal Nepal: A Participatory Dissemination Program

Donor: Medical Research Foundation, UK

Duration: February 2024 to July 2025

Location: Selected districts of Bagmati, Lumbini, Karnali and Madhesh Province

Participants: Health stakeholders at Federal, Provincial and Local level of government and members of Health Facility Operation and Management Committee

Major Activities:

1. Participatory Dissemination Programs at Local Levels

Six participatory dissemination programs were held across different provinces and at local levels with 177 (128 males and 49 females) participants. The events took place between April 2024 and July 2025 in the local levels, Chhayanath Rara and Mugum Karmarong of Mugu in Karnali Province, Chautara Sangachowkgadhi and Panchpokhari Thangpal of Sindhupalchowk in Bagmati Province, Ramgramin Lumbini Province, and Ganeshman Charnath in Madhesh Province.

A refresher training was also held at Chautara Sangachowkgadhi in Sindhupalchok upon request from the municipality.

2. Training of Trainers for HFOMC members

A three-day Training of Trainers (ToT) program was conducted in Madhesh Province from April 28-30, 2025, with 25 total participants (19 males and 6 females).

3. Dissemination Events at Provincial and Federal Levels

Dissemination events were held in five locations between January 17 and 23, 2025, with 120 total participants. The events were held in Karnali, Lumbini, Madhesh, and Bagmati Provinces, as well

as at the Federal Ministry of Health and Population. The agencies involved included the Province Health Training Centre, Province Health Secretariat, Province Ministry of Social Development/Health, Province Planning Commission, and representatives from local governments. The Federal event involved the Ministry of Health and Population, Nepal Health Research Council, and the National Health Training Centre.

4. Province Level Follow-up Visits

Follow-up visits were conducted in Karnali, Lumbini, Madhesh, and Bagmati Provinces between March and July 2025. The visit to Karnali Province involved the Provincial Ministry of Health and Population, Provincial Health Directorate, Provincial Health Training Center, Human Resource Development Center, and the District Public Health Office agencies.

Achievements:

Broad Reach and High Participation

- The project successfully engaged a total of 177 participants in six participatory dissemination programs at the local level across four provinces.
- An additional 25 individuals were trained as trainers for HFOMC members in Madhesh Province.
- The dissemination events at the provincial and federal levels reached a total of 120 participants.

Multi-level Engagement and Collaboration

- The activities fostered collaboration with various government bodies and health agencies at multiple levels, including the federal Ministry of Health and Population, Nepal Health Research Council, and provincial health directorates.
- The events involved a diverse range of stakeholders, including representatives from local governments and various provincial health institutions.

Demonstrated Impact and Demand

- The success of the local-level activities led to a direct request for refresher training from the Chautara Sangachowkgadhi Municipality in Sindhupalchok, indicating a positive reception and a demand for continued engagement.
- The series of follow-up visits to four different provinces demonstrates sustained project engagement and a commitment to ensuring the long-term effectiveness of the activities.

2. Developing women's role in policy-making processes: shaping gender equity and inclusiveness in climate action for health and wellbeing in Nepal

Figure 36: Discussion of research activities with stakeholder

The British Academy funded research project, consisting of participatory Action Research, was implemented in collaboration with Liverpool School of Tropical Medicine, UK. The main objective of the project was to conduct participatory research with marginalized women, communities, and policymakers to understand barriers and co-develop inclusive approaches that strengthen women's meaningful participation in climate change and health policy-making in Nepal.

Study Sites: Pokhara Metropolitan, Kaski, and Panchpokhari Thangpal Rural Municipality, Sindhupalchok

Project Duration: 18 months, July 2024 to December 2025

Project Activities:

- Review of the existing policies relating to climate change in Nepal with detailed intersectional gender analysis;
- Narrative review on climate change, gender, and health in Nepal and on gender equality and social inclusion in climate change policy and decision-making in the global context;
- Stakeholder analysis at each project site;
- Participatory Policy Analysis Workshop completed at Panchpkhari Thangpal RM;
- 25 key informant interviews and 34 in-depth interviews completed;
- Photovoice and participatory video field-level activities were completed at both sites;
- 8 community level interactions were held at each ward of Panchpokhari Thangpal Rural Municipality;
- Interactive lecture and discussion on GESI and Intersectionality was organized for Nepal-based researchers. Prof Rachel Tolhurst facilitated the capacity strengthening program during her Nepal visit from 30 January to 6 February;

Note: *Two journal articles have been submitted for publication at international peer-reviewed journals and are currently under review.*

Other activities

Apart from the ongoing research activities, multiple surveys have also been implemented by the research team as part of our ongoing monitoring and evaluation process. These activities undertaken by the team has not only helped evaluate our ongoing project activities but at the same time generate evidence. These evidence have been useful to understand the condition of different remote places of Nepal and plan PHASE Nepal's interventions accordingly.

Emergency Relief, Recovery, and Reconstruction

6.1 Background

Since the earthquake in 2015 and subsequent aftershocks, PHASE Nepal has been engaged in recovery, rebuilding, and rehabilitation efforts in several of the most affected districts in Nepal. These projects include the construction of schools, community buildings (which can function as emergency shelters), trails, clinics, and homes in hard-hit areas. PHASE Nepal has also been providing healthcare services in case of emergencies.

Key Updates and Initiatives:

1. **Strengthening Community Healthcare:** Our dedicated health team has expanded, ensuring 24/7 availability of trained ANMs to deliver essential healthcare services during emergencies and beyond.
2. **Ensuring Medical Supply Continuity:** To prevent shortages in times of crisis, our clinics are now well-stocked with essential medicines, enabling uninterrupted healthcare services for affected communities.
3. **Enhanced Central Support:** The central office staff continues to provide active guidance and support to field teams, ensuring coordinated and efficient emergency responses.
4. **Prepositioning Emergency Shelters:** A stock of emergency tents is maintained for rapid deployment, ensuring that displaced families have immediate shelter in crisis situations.
5. **Readiness with Emergency Kits:** Well-prepared emergency kits remain on standby, equipped with essential supplies to enable swift disaster response efforts.
6. **Long-Term Recovery and Resilience:** Alongside immediate relief, PHASE Nepal is committed to rebuilding public infrastructure, supporting livelihoods, and helping local governments implement DRR plans and strategies to enhance future preparedness.

Through these initiatives, we continue to uphold our commitment to strengthening disaster resilience and empowering communities.

6.2 Emergency Relief Support for Fire Victims in Humla

Figure 37: Victim of fire in Humla

In response to a devastating fire that broke out on 17th June 2025, PHASE Nepal swiftly mobilized emergency support for the affected families in Unapani, Humla. The disaster left eight households without food and basic supplies, putting lives at immediate risk. Only houses were damaged in the fire, with eight houses completely burned down, but thankfully, no human lives or livestock were harmed.

Figure 38: Destroyed houses due to Fire

With the support of the local authorities, including the Ward Chairperson and Sarkegad Rural Municipality Chairperson, PHASE Nepal distributed essential food packages to the fire-affected families. The relief materials included: Rice, Lentils, Cooking oil, Flour, Beans, and Other essential food items.

A total of 8 families received this emergency support, helping them meet their immediate food needs and regain a sense of security after the disaster.

This initiative was carried out in close coordination with local government representatives, ensuring the relief reached the most affected households efficiently and transparently.

Figure 39: Relief material provided by PHASE Nepal

The emergency response in Humla was made possible through the support of donors and partners. The contribution provided essential relief to families affected by the fire, addressing urgent needs during a highly challenging period. Assistance included immediate support to restore safety, stability, and hope within the affected communities.

"When the fire destroyed everything, we didn't even have rice to cook. PHASE Nepal came with food support just when we needed it the most. We are grateful for their quick response and care." – Lilabati Budha (name changed), fire victim from Unapani, Humla

Other activities

7.1 External Evaluation Conducted by PHASE Nepal

1. West Nepal: Samriddhi Khaptadchhanna Project, 2022-2025

PHASE Nepal conducted the final evaluation of the Australian Himalayan Foundation-funded project titled "West Nepal: Samriddhi Khaptadchhanna (Health and Education Improvement) Project, 2022-2025" from January to February 2025. This evaluation covers the health and education project in wards 1–7 of Khaptadchhanna Rural Municipality, Bajhang District, Nepal, implemented by Action for Nepal (AFN) and REED with funding from the Australian Himalayan Foundation (AHF).

7.2 Staff Capacity Building

Staff capacity building remained a core priority for PHASE Nepal throughout the year. As part of its annual practice, PHASE Nepal conducted regular trainings, refresher sessions, and learning opportunities to strengthen staff technical knowledge, managerial competencies, and field-level effectiveness. These initiatives aimed to enhance program quality, ensure adherence to organizational standards, and improve responsiveness to the needs of communities.

Key Staff Capacity-Building Trainings Conducted During the Year

Between 2024 October and 2025 April, a total of 8 trainings were. Training covered infection prevention, general health, life support, PEN, RoUSG, tuberculosis management, and midwifery. There were a total of 8 training events with 154 staff.

Table 1: List of training conducted

SN	Training Name	Days	Start Date	End Date	Total Staff	Training Venue
1	Infection Prevention Refresher Orientation	2	21 Oct. 2024	22 Oct. 2024	24	PHASE Nepal
2	General Health Orientation	1	23 Oct. 2024	23 Oct. 2024	22	PHASE Nepal
3	Basic Life Support	1	24 Oct. 2024	24 Oct. 2024	24	Dhulikhel Hospital
4	PEN Refresher Orientation	2	28 Oct. 2024	29 Oct. 2024	24	PHASE Nepal
5	RoUSG (Ultrasound) Training	21	10 Nov. 2024	30 Nov. 2024	6	Province Hospital, Surkhet

6	Management of Tuberculosis for Health Workers	2	17 Apr. 2025	18 Apr. 2025	24	National Tuberculosis Center
7	RoUSG Refresher Orientation	1	22 Apr. 2025	22 Apr. 2025	6	PHC Suryabinayak-4
8	Midwifery Refresher Orientation	1	19 Apr. 2025	6 Apr. 2025	24	PHASE Nepal
				Total	154	

Public Speaking Workshop

In January 2025, PHASE Nepal organized a two-day Public Speaking Workshop aimed at enhancing the communication and facilitation skills of its staff. The program was designed to help participants gain confidence in addressing audiences, delivering effective presentations, and facilitating sessions based on their areas of expertise.

GP mentorship Program

GP mentorship program is a capacity building program of PHASE Nepal. It is a short-term program designed for experienced GPs to participate in teaching, mentoring and supporting PHASE Nepal staff working in remote health facility of Nepal. Since its inception in 2009, over 170 GPs have visited Nepal.

GPs visit remote rural health centers for around one week, living and working with the local health workers who work in professional isolation. The GPs support in PHASE Nepal's aim to improve the primary care service in some of the poorest communities in the world.

The visiting practitioner cannot treat patients but they take the role of a mentor to our health staff. During this fiscal year, PHASE Nepal hosted more than 20 GP who were posted in health facilities in Humla, Mugu, Bajura, Gorkha, and Sindhupalchowk.

ANNEX I: Overview of PHASE Nepal projects in FY 2024-25

Community Development Projects					
Name of the Project	**Donor**	**Project Duration**	**Province**	**District**	**Local Level**
Empowerment for the Women of Maila	PHASE Austria/City of Vienna	Dec. 2024 to Nov.2025	Karnali	Humla	Tanjakot RM, Maila
Girls Empowerment Programme- Rugin Bajura	PHASE Worldwide	Apr. 2025 to Jan. 2026	Surdurpashchim	Bajura	Himali RM
Community Development Program (Health, Livelihood and Education)	PHASE Austria, PHASE Worldwide	Sept. 2021 to Aug.2026	Karnali, Sudur-Pashchim, Gandaki	Bajura, Humla, and Gorkha	Himali RM, Sarkegadh RM, Arughat RM
Upper Indrawati Development Project (Health, Livelihood and Education)	HDFA, Australia	Jan. 2023 to Dec. 2025	Bagmati	Sindhupalchok	Panchpokhari Thangpal RM

Enhancing Primary Healthcare in Target Area: prioritizing Reproductive, Adolescent and Non-Communicable Diseases, Including Mental Health	Go Philanthropic Foundation, Global Giving Foundation and Yu-Ming Wang	May 2023 to Apr. 2026	Karnali	Mugu	Soru RM and Mugum Karmarong RM
Integrated Community Health Supporting Communities affected by the Jajarkot Earthquake in Nepal	UBI, Association for International Solidarity in Asia, Italy	Feb. 2025 to Jan. 2026	Karnali	Jajarkot	Barekot and Kushe RM
Investing in women and Vulnerable groups to build community health resilience to the impacts of climate change in Jajarkot District, Nepal	Foundation-S, Association for International Solidarity in Asia, Italy	June 2025 to Sept. 2026	Karnali	Jajarkot	Barekot RM

Research Projects					
Name of the Project	**Donor**	**Project Duration**	**Province**	**District**	**Local Level**
Health systems, policy and politics in federal Nepal: A Participatory Dissemination Program	Medical Research Foundation, UK	Feb. 2024 to Mar. 2025	Bagmati, Lumbini, Karnali and Madhesh	Sindhupalchok and Lumbini	Chhayanath Rara and Mugum Karmarong of Mugu, Chautara Sangachowkgadhi and Panchpokhari Thangpal of Sindhupalchowk, Ramgram in Lumbini and Ganeshman Charnath in Madhesh

Developing women's role in policy-making processes: shaping gender equity and inclusiveness in climate action for health and wellbeing in Nepal	The British Academy/ Liverpool School of Tropical Medicine (LSTM), UK	Jul. 2024 to Dec. 2025	Gandaki, Bagmati	Kaski, Sindhupalchok	Pokhara Metropolitan City, Kaski, Panchpokhari Thangpal RM, Sindhupalchok
Health Systems Management Training for Local Government Staff: Evidencing Impact and securing Sustainability	University of Sheffield, UK	Nov. 2024 to Mar. 2025	Karnali, Lumbini, Bagmati	Mugu, Nawalparasi west, Sindhupalchok, Kathmandu	Chhyanath Rara Municipality, Ramgarm Municipality, Chautara Sangachokjgadi Municipality, Shankarapur Municipality
Investing in women and Vulnerable groups to build community health resilience to the impacts of climate change in Jajarkot District, Nepal	Association for International Solidarity in Asia, Italy	June 2025 to Dec. 2026	Karnali	Jajarkot	Barekot RM

Education Projects				
Name of the Project	**Donor**	**Project Duration**	**District**	**Local Level**
Human Resources Development of PHASE Nepal	Doctors for Nepal	February 2025 to August 2027	PHASE Health Staff	

ANNEX II: Project activities monitoring

Project activities Monitoring Events in the FY 2024/25

S.N.	Name of	Designation	Start and End Date	Project site	Objectives
1	Ganesh Kumar Shresha	Project Manager	31 May to 12 June 2024	Mugu (Jima, Natharpu, Bhee, Dhainakot) and Bajura (Rugin)	Monitoring and supervision of the program
2	Lokendra Raj Giri	Education Supervisor	05 to 11 June 2024	Sindhupalchok: Melamchighyang and Bolgaun, Baruwa	To follow up teachers training and school learning activities. For classroom observation and Mid line survey To observation and monitoring for school learning activities and supported learning materials. To collect school data and information.
3	Lokendra Raj Giri	Education Supervisor	24 Aug. 2024 to 16 Sept. 2024	Mugu (Dhainakot and Natharpu)	To Conduct Girls facilitators' training in Dhainakot. To Start school level Girls Empowerment program in Natharpu.
4	Ganesh K. Shrestha	Project Manager	31 Aug. to 16 Sept. 2024	Mugu (Photu), Humla (Tumcha and Maila), Bajura (Bichhya)	To conduct orientation to the Pharmacy Supervisor. To attend the review meeting with Himali Rural Municipality team; To monitor and supportive supervision project activities
5	Ganesh K. Shrestha	Project Manager	20 Nov. to 27 Nov. 2024	Bajura (Rugin) and Humla (Jair and Maila)	To facilitate the visit of PWW director Ms. Lyndsey McLellan
6	Sangita Baruwal	health officer	05 Nov to 16 Nov 2024	Maila, Photu and Dhainakot	Facilitate visit of Ms. Sarah Pohl, representative from PHASE Austria for monitoring of ADA/EKFS funded program activities in Mugu district. Monitoring of field activities and mentoring of/support to field staff.
7	Sangita Baruwal	health officer	01 to 02 Dec 2024	Surkhet	Monitoring of health staffs' ultrasound training

8	Rudra Neupane, Dr. Jiban Karki, Dr. Gerda Pohl, Urmila Adhikari		28 Dec. 2024 to 01 Jan 2025	Barekot and Kushe Jajarkot	To Disseminate project information to municipality officials at Barekot and Kushe
9	Ganesh Kumar Shresha	Project Manager	18 to 26 Jan, 2025	Natharpu, Bhee, Rugin	To facilitate feasibility study of solar project, To conduct survey orientations, To monitor/supervise project activities.
10	Sangita Baruwal	Health officer	5 to 8 Feb 2025	Gorkha, Manbu	Facilitate the mentoring of PHASE staff by GP Mr. Nick and monitor going programme activities.
11	Lokendra Raj Giri	Education Supervisor	26 Mar. to 09 Apr. 2025	Maila, Humla	To conduct the facilitator's Training for women empowerment and women literacy program.
12	Ganesh Kumar Shresha	Project Manager	04 - 13 March, 2025	Mugu (Natharpu), Humla (Jair) and Bajura (Dhulachaur)	To conduct orientation to the newly appointed staff (HS and ANM) To organize learning sharing workshop for the Start Strong Project. To monitor and supportive supervision of the project activities.
13	Sangita Baruwal	Health officer	22 to 24 May 2025	Sindupalchok, Baruwa and Gumba	Support to Tufts students field visit, Monitoring of ongoing program in Baruwa, visit Gumba village in Jugal Rural Municipality in the district for new health intervention.
14	Rudra Neupane	Program Manager	29 May to 3 June 2025	Jajarkot, Barekot and Kushe	To facilitate project inception meeting at Barekot (30 May) and Kushe (1June) with Program Director, Mr. Nabaraj Acharya from ASIA
15	Urmila Adhikari	Program Manager	21 to 24 May 2025	Jajarkot	To facilitate and monitor Palliative care training for health workers from Kushe and Barekot
16	Ganesh Kumar Shresha	Project Manager	5 to 17 June, 2025	Humla (Jair) and Mugu (Photu, Natharpu, Jima, Karmarong)	To conduct monitoring and supportive supervision of project activities To attend coordination meetings with Rural Municipality (RM) officials To initiate project activities in Mugum Karmarong
17	Urmila Adhikari	Program Manager	02 to 04 June 2025	Baruwa	To discuss with the community leaders on planning of handover of the Baruwa clinic to the local government

18	Sangita Baruwal	Health office	07 to 10 July 2025	Janakpur	Visited two health facilities at local level to assess feasibility on new PHASE health intervention