

**Organizational Assessment &  
Program Evaluation**

**of**

**PHASE Nepal**

**(Practical Help Achieving Self Empowerment)**



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Sincerely,

Stephen J. Knoble  
International Lead Evaluator/Team Leader

**Team members:**

Mr. Stephen J. Knoble, MHS, PA-C International Lead Evaluator/Team Leader  
Mr. Bibhuti Bista, MA Lead Researcher/Research Officer  
Ms. Anamika Oli, BPH Research Assistant

## LIST OF ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
CAN	Community Action Nepal
DAO	District Administrative Office
DDC	District Development Committee
DHOs	District Health Offices
EC	Executive Committee
FCHVs	Female Community Health Volunteers
GoN	Government of Nepal
HFMCs	Health Facility Management Committees
HHs	Households
MDGs	Millennium Development Goals
MGs	Mothers groups
NSI	Nick Simons Institute
ODF	Open Defecation Free
ORC	Outreach Clinic
PHASE	Practical Help Achieving Self Empowerment
PNC	Postnatal Care
SWC	Social Welfare Council
ToR	Terms of Reference
UN	United Nations
VDCs	Village Development Committees

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# Executive Summary

## Introduction

Practical Help Achieving Self-Empowerment – PHASE Nepal is a non-profit, non-governmental organization that was established in 2006. Its main objective is to reduce poverty and its effects by focusing on three key areas: health, education and income generation. The focus is in areas where there is minimal government presence. PHASE Nepal is currently working in 17 Village Development Committees (VDCs) in five districts. Being in its ninth year, the leadership identified a need to conduct an independent organizational and program assessment in order to better assist them in developing strategies to be more effective and efficient in meeting their mission and vision.

The overall objective of the organizational assessment and program evaluation was to identify the health of the organization and to make recommendations for improvement, assess the effectiveness of programs and projects and measure the stated goals vs. the outcomes at the community level.

## Methodology

PHASE Nepal requested Stephen Knoble of the Nick Simons Institute (NSI) to function as the lead evaluator/team leader. The evaluation team included Mr. Bibhuti Bista as the Research Officer and Ms. Anamika Oli as the Research Assistant. The evaluation took place during the months of February and March 2014.

The assessment methodology utilized participatory, broad-based methods. Data collection tools included document review, interviews or focus group discussions with leadership, staff, the target community and other stakeholders. Data collection was conducted at the PHASE office in Kathmandu and the project areas in Sindhupalchowk and Gorkha districts. An attempt to visit the project sites in Humla had to be cut short due to travel difficulties, but some information was also collected during the trip. Both qualitative interviews and quantitative questionnaires were utilized. This was done as a cross-check of findings to support the validity of the tools. Analysis was focused on two areas: the organizational assessment and program evaluation.

# Organizational Assessment

## Mission, Vision and Values

The mission, vision and values of PHASE Nepal are embraced within the organization both by leadership and staff. Although the target community is not aware of the stated mission of PHASE Nepal, their perception of the organization and its activities support these stated goals. The current choice of projects and project areas are also consistent with the mission and vision of the organization.

One of PHASE Nepal's stated goals is for communities to have a sustainable livelihood. The term, "sustainable" can have different meanings. Yet, one definition is that a program over time should become less dependent on outside intervention and more dependent on local resources. Because PHASE works by design in some of the most remote and least economically developed areas of the country, the projects as currently implemented have little chance of success at being locally resourced and sustainable.

*Recommendations include a board level review of the goal of "sustainability" in terms of stated project outcomes. It is acceptable to implement a project without the goal of sustainability based on mere humanitarian concerns of the target community; however, a change in the stated objectives needs to be made.*

## Governance and Leadership

The board is active and engaged in the activities of PHASE. They were well aware of the organization's mission, vision and values. There are regular formal meetings as well as informal meetings when the need arises.

The executive leadership is also strong. There seems to be good communication between the executive team and the board. Despite the executive director's being away temporarily due to study leave, the leadership function has been carried out without any difficulty by mid-level managers. There was a strategic plan drafted in 2011, however, it has not been officially adopted by the leadership of the organization. There is a work plan that is based on activities related to the annual budget.

*A recommendation is that the board and leadership develop a comprehensive strategic plan. This is in contrast to the budget/work plan that currently exists. The strategic plan would guide PHASE in an organizational development process for the next five to ten years. It should address where PHASE wants to be in the future and mapping a way to get there. This document can help in this by addressing some of the key issues raised in this assessment.*

## Human Resources

One of the strongest aspects of PHASE Nepal is its human resources. From the top down, there is good staff morale and a feeling that they are working together as a family and a team. Due to the remote location of some of the project sites, it is a challenge to ensure that good communication occurs. Yet, it seems that it is being done internally as an organization and no major problems were identified.

A challenge PHASE faces is the retention of field staff. Some of this is natural due to the type of people hired and PHASE is seen as a strong link in building a successful career path. Between marriages and application to government service, most staff do not stay more than a couple of years. PHASE must continually be planning for supplying the necessary human resources to staff their field projects. Fortunately, PHASE is seen as a good employer and there have been adequate applications for the jobs that need to be filled.

A good tool utilized for this challenge has been the “floating” staff who are able to fill in whenever and wherever the need might be. This indicates good understanding and planning ahead by the management team. Although being done, a formal program for developing PHASE’s mid-level management staff should be undertaken as supervisory and management staff are much harder to find and retain.

*Recommendations include a more robust program of identifying staff with management potential and developing them to take on more responsibility in the future. Lower level staff should recognize this as a career ladder within PHASE and it may improve retention. This principle applies all the way up to taking steps now to develop a future executive director when the time comes for leadership transition.*

## **Management Functions and Process**

Overall, the management functions and processes of PHASE are strong. As the majority of the staff and projects are in very remote areas, the management team has done an exceptional job at ensuring an effective and functional system. The practice of regular communication, team meetings both at the Kathmandu office and at field program sites is good. Good communication is a foundational component of a well-functioning organization.

An area of identified weakness is in the monitoring and evaluation of programs. Although it does seem to be done, there is not a real system in place that allows leadership to put all the pieces together in order to make some informed decisions regarding actions to improve effectiveness.

Another area of challenge is in the communication with local government officials. This issue is perceived by the local officials who believe they were not consulted enough in terms of project implementation. Whether this is truly a weakness or is due to other local politics and agendas cannot be determined. Better communication may improve the goal of GoN’s increased involvement in the future and improved prospects of sustainability.

Associated with weak communication with the government, PHASE has not made it a priority to promote what it does both within Nepal and in the international development community. PHASE is doing important work which should be showcased. Benefits would be recognition, but also more influence within the government when it comes to influencing policy on rural health care issues.

*Recommendations include developing a more robust M&E system of reporting. This should include a standard matrix of indicators for evaluation as well as a feedback system that would allow any follow-up visits to access previous evaluations so as to provide continuity of intervention.*

*PHASE should also develop a plan to promote what it does both here and internationally. The newsletter is a good start. Publishing research regarding the experience with project implantation would also be recommended.*



## Financial Strength

PHASE has been judicious in the use of their funds and has shown themselves to be wise stewards of the resources entrusted to them by the donors. Most of their resources are actually used at the project level; they have kept the percentage of administrative costs to a minimum and exceed the industry standard in this area.

The infrastructure and supporting technology has up to this point been adequate to meet their needs. This may not be the case in the future, and some planning for an upgrading of the central office may be in order.

The reporting and accounting system is solid and reflects integrity in their financial management. The board has adequate oversight of their financial position. Up till now, they have utilized a paper-based system. This results in multiple bank accounts and somewhat convoluted reporting formats. Recently electronic accounting software was purchased. This should allow for more efficient accounting and a simplified reporting format.

*There are no recommendations regarding the financial management.*

## Program Evaluation

### Relevance of the programs

PHASE Nepal's team believes and supports Government of Nepal's (GoN's) goal in meeting the Millennium Development Goals (MDG) set by United Nations (UN) in health and education. Programs of PHASE Nepal are significant in supporting the activities that the GoN is implementing in ensuring safe health and education to deprived children with full participation of the community. No change is possible without full participation of the targeted beneficiaries. PHASE Nepal has conceptualized programs that support the activities of the GoN. The programs were also relevant in accordance to the MDG and Three-Year Interim plan of the GoN

*There are no recommendations regarding the relevance of the program*

### Service Delivery

PHASE is involved in three interventions: health, education and livelihood. Of these three, curative health care is by far the most developed and recognized part of their activities. They have been very successful in providing health care in remote areas. This has been reflected by a dramatic increase in utilization rates. Education has also been successful, although it has not seen the same amount of emphasis. Where it has been delivered, it has been well accepted and appreciated. Livelihood has been a neglected aspect within the programs of PHASE. It was implemented in Sindulpalchowk, but due to lack of government partnership, it has been essentially discontinued. Another gap-area identified was the lack of an exit-strategy for various projects.

*Recommendations include a reassessment by leadership in conjunction with locally identified needs of livelihood programs in various project areas. Development of a system of indicators to work for that would identify when and if a project could be discontinued. Doing this in conjunction with an M&E system would make the most sense.*

## Community Outcomes

The communities overwhelmingly are appreciative and supportive of the activities of PHASE. Whether it is in curative health, adult education or community improvement, PHASE is seen as an organization that is there to help and improve these communities.

In terms of measurable health outcomes, some communities reported a decrease in infant and maternal mortality after PHASE began work. There are also measurable changes in the number of toilets and drinking water facilities in targeted areas.

One stated objective of PHASE is that communities would begin to appreciate the government's work in their community. The high quality work of PHASE, however, has resulted in the community actually being less happy with the government as they see it as not engaged with the community. How PHASE could redirect this perception in the community is a challenge.

*Recommendation includes development of a system of indicators to identify when and if a project should be discontinued. Doing this in conjunction with the M&E system would make the most sense.*

## Conclusions

PHASE Nepal is a first-class organization that is making a significant impact in rural Nepal that is disproportional to its small size. The competence of its leadership, the quality of its staff and its dedication to its mission, vision and values is the reason that it has been so successful. It is appreciated by the target communities it works in and has also achieved some measurable outcomes in terms of health and significant contribution in alternative education and adult literacy.

Addressing the areas, which this assessment and evaluation identified as those that could be improved, will only make this organization stronger and more effective.

## 1. INTRODUCTION

### 1.1 Brief description of the organization

Practical Help Achieving Self Empowerment (PHASE) Nepal is a non-profit, non-governmental, non-political, altruistic social organization which is fully dedicated to the comprehensive development of Nepal. PHASE aims to prevent discrimination and provide equal opportunities for all. The organization was established by a group of professionals who work in various sectors. This organization was registered with the District Administration Office (DAO) in Kathmandu on February 24, 2006 and affiliated with the Social Welfare Council (SWC) on March 01, 2006. The main objective of PHASE, as stated in its constitution, is to reduce poverty and its effects by creating opportunities in the fields of health, education and livelihood development in those areas where such opportunities are lacking.

The head office of PHASE Nepal is situated in Kathmandu, Ward No. 09, Airport. PHASE currently has project in the districts of Humla (2), Gorkha (7), Sindhupalchok (2) and recently in Kavre (1) and Bajura (5). PHASE has a seven-member committee and ten general members which reflects the constitution of the organization. There are 33 full time and nine part time staff working in PHASE Nepal<sup>1</sup>.

### 1.2 Brief description of the programs

PHASE Nepal works in the areas of health, education and income generation, focusing on remote Village Development Committees (VDCs).. Since its establishment in 2006, it has expanded its project areas; initially the program worked in 3 VDC's across 3 districts, this has been expanded to cover 17 VDC's in 2013. This number varies as projects are turned over and added on an annual basis. Local groups benefit from these programs through the formation of awareness groups relating to things such as pregnancy, maternal and neonatal health, and hygiene. Health clinics, scholarships, alternative education classes, school building, goat farming, beekeeping, seasonal and off-seasonal vegetable farming for income generation programs are also implemented. From the preliminary phase of conducting a baseline survey through the co-ordination and support of project activities, PHASE uses skilled and trained staff and seeks approval from stakeholders, the local people and District Development Committees (DDCs).

### 1.3 Purpose of organizational assessment and program evaluation

PHASE is a learning organization and is very keen to continually improve, thus achieving the highest possible benefit for its target communities within the resources available. However, since its establishment, it has not yet conducted an organizational or program assessment. In this regard, PHASE, requested external consultants to conduct an organizational assessment and evaluation of its programs to provide input for improving in the future.

### 1.4 Objectives of organizational assessment and program evaluation

As mentioned in the Terms of Reference (*please refer to Annex 1*), it was expected that the assessment and evaluation cover the following general questions:

1. What are the strengths and weaknesses of the organization itself?
2. How effective are PHASE health projects?
3. What is the impact of PHASE health projects on target populations?

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<sup>1</sup> <http://phasenepal.org/who-we-are/staff/> (Retrieved on March 23, 2014)

## 2. APPROACHES AND METHODS OF ORGANIZATIONAL ASSESSMENT AND PROGRAM EVALUATION

### 2.1 Approach to the organizational assessment and program evaluation

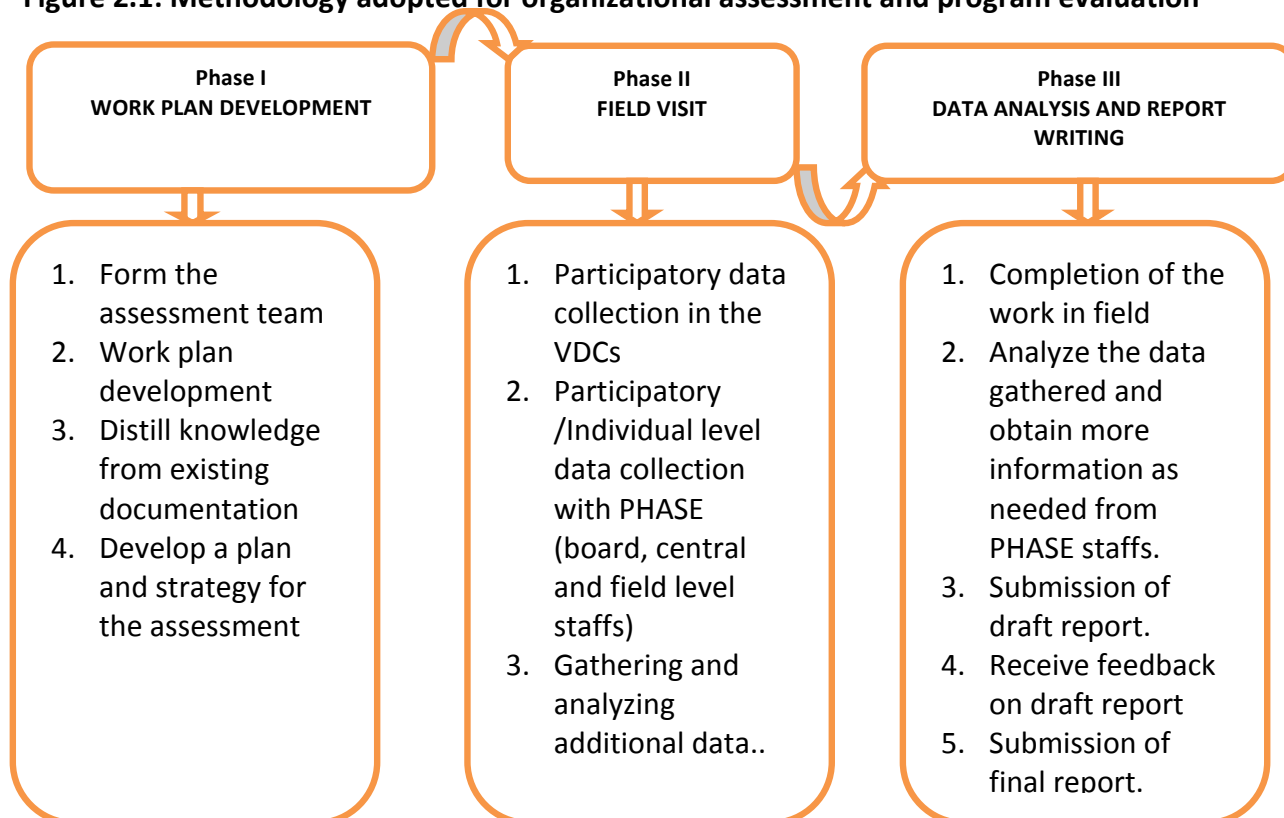
This assessment and evaluation was carried out by a 3-member team.<sup>2</sup> The team used a participatory approach with systematic methods of social studies to ensure the full participation of target groups and key stakeholders in the assessment and evaluation process. Transparency in consultation with major stakeholders was maintained and remained sensitive to the beliefs, manners, and customs of the social and cultural environment during the assessment and evaluation.

The assessment and evaluation tried to ensure that the findings are practical and of high quality that will enhance the management system, decision making, accountability and learning framework of PHASE. The “right to information” of the respondents was fully honored by informing them of the objectives of the assessment and evaluation and assured them of the confidentiality of their responses.

### 2.2 Methodology of organizational assessment and program evaluation

This evaluation was carried out by ensuring the full participation of PHASE Nepal staff, the executive board, target groups and key stakeholders in the evaluation process. Therefore, the evaluation team applied all participatory broad-based evaluation methods applicable to each step of the evaluation process. The methodology adopted by the team is provided in figure 2.1

**Figure 2.1: Methodology adopted for organizational assessment and program evaluation**



<sup>2</sup> International Lead Evaluator (Mr. Stephen J. Knoble, MHS, PA-C of Nick Simons Institute); Lead Researcher/Research Officer (Mr. Bibhuti Bista, MA, Independent Researcher and Consultant) and Research Assistant (Ms. Anamika Oli, BPH-Bachelors in Public Health graduate)

**Desk review:** All related documents (project documents including the project log frame, progress reports, other assessment/study and monitoring reports) were collected from PHASE. A background literature review was also done using a pre-designed review format. *(see appendix that shows a pictorial view of the various stakeholders and areas of inquiry)*

**Tools development:** The assessment and evaluation tools were developed as per the findings of the desk review, and as per the requirements outlined in the Terms of Reference (ToR). Qualitative questions/discussion guidelines and quantitative questions were developed focusing on specific questions of the assessment relationships between the various stakeholders.

**Sampling and sample size:** A purposive sampling method was chosen to decide sample size. Based on the ToR and as discussed with PHASE a total of three districts (5 VDCs<sup>3</sup> were directly visited from Gorkha and Sindhupalchowk. The evaluation team reached Bokchegauda in Humla. Unfortunately they could not continue the journey to Melcham VDC because of health related issue of one of the evaluation team member. Sources of data/information were from community members, field staff of PHASE Nepal, representatives from government agencies and donors. Please refer to Annex 2 for the list of respondents. In addition to this, the executive body, staff in leadership positions, Kathmandu and field staff were also met for both the organizational assessment and the program evaluation.

**Data collection methods:** The evaluation team chose a participatory broad-based assessment and evaluation approach and mixed methods of data collection applicable to each step of the process. Data was collected from key beneficiaries and target groups by focus group discussion, key informant interviews, and stakeholder consultations. Information/data was collected from primary as well as secondary sources such as activity sheets, progress sheets and review or monitoring reports.

**Information/data analysis and report writing:** All the information collected from various sources from various levels were objectively analyzed and thematically interpreted. The data and information was analyzed in accordance with the overall and specific objectives of the assessment framework as mentioned in ToR.

**Report finalization and submission:** A draft report of the organizational assessment and final evaluation was submitted to PHASE for feedback and comments. The report was finalized by incorporating all feedback and suggestions received from PHASE.

### 2.3 Limitations

The major limitations of evaluating the program were as follows:

- a. All wards<sup>4</sup> of the project district could not be visited because of limited time.
- b. Organizations with approaches similar to PHASE Nepal program were not identified, hence the program approaches could not be compared with other organization's programs or projects.

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<sup>3</sup> Sindhupalchowk (Furpingkot), Gorkha (Sirdibas, Chumchet, Chumling and Chhekampar)

<sup>4</sup> In each Village Development Committee, there are nine wards

### 3. MAJOR FINDINGS

A total of 62 respondents (31 Female and 31 Male) were consulted during the assessment and evaluation. Major findings have been categorized under three headings: donor relations, organizational assessment and program evaluation.

#### 3.1 Donor Relations

During the assessment it was found that PHASE Nepal currently has two main donors which were set up for the sole purpose of income generation. These are PHASE World Wide, a UK based trust and PHASE Austria. Both these organizations raise funds through contacting other donors and individuals. They act as a conduit for funds that have been raised for PHASE Nepal. PHASE also utilizes Global Giving, a service that operates a web-site that allows donors to donate online to various organizations. For this service, Global Giving takes a certain percentage of the funds. These funding sources are categorized as general and can be generally used flexibly in the various activities. PHASE also has targeted donors. Two Singapore-based philanthropic organizations donate to PHASE for specific programs. These donors, however, have been shown to be flexible in re-designating funds when the need arises.

Communication and reporting take place on a regular basis. On a three months basis both financial and technical reports are submitted to the donors. PHASE Worldwide has a trustee<sup>5</sup> that is based full time in Nepal and is actively involved in organizational activities. Other trustees make regular trips and are engaged. The donors that were contacted were satisfied with the level of reporting, transparency and accountability of the use of their funds. They reported no major concerns with the level of communication with PHASE Nepal.

Like many non-profit, development organizations, PHASE's projects are dependent on outside donors. Sometimes these donors have narrow parameters on how their finances can be used. Fortunately, PHASE has primary donors as general donors that are specifically focused on PHASE work. The trustees and donors are actively involved in work of PHASE Nepal and for this reason, sustainability is assured. The secondary or targeted donors add to this foundation of general donors. There does not seem to be a large risk of a loss of funding at this time.

#### 3.2 Organizational Assessment

##### 3.2.1 Mission, Vision and Values

The mission, vision and values of PHASE Nepal are embraced within the organization both by leadership and staff. During the organizational assessment, the assessment team observed that, this organization is characterized by legitimacy, valuing and development of staff. At a central level, the staff were able to articulate the mission, vision and values of the organization. However, some field level staffs could not articulate the mission, vision and values of the organization.

At the community level, although the target community is not aware of the stated mission of PHASE. It was found that their perception of the activities and the organization supports these stated goals. The current choice of projects and project areas are also consistent with the mission and vision of the organization.

One of PHASE Nepal's stated goals is for communities to have a sustainable livelihood. PHASE also seeks to have sustainable projects over time. The term, "sustainable" can have different meanings.

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<sup>5</sup> Dr. Gerda Pohl, General Practitioner at the CIWEC clinic Kathmandu / Medical Coordinator at PHASE Worldwide.

Yet, one definition is that a program over time should become less dependent on outside intervention and more dependent on local resources. Because PHASE works by design in some of the most remote and least economically developed areas of the country, the projects as currently implemented, have little chance of success at being locally resourced and sustainable. This presents a basic question of working philosophy. Does PHASE truly seek to be able to turn over their programs to the community or the government in the future? Does PHASE believe that the level of services they have been able to provide should be a minimum standard to maintain upon transfer of ownership? The PHASE board and leadership needs to revisit this concept of sustainability as it relates to developing an exit strategy for any of their projects.

It is acceptable to operate a program without the expectation of future sustainability based on the principle of humanitarian charity. At this point in the economic and educational level of the VDCs that PHASE works in, it may be advisable to revise the goal of sustainability to reflect the reality of working in these challenging and needy areas.

### **3.2.2 Governance and Leadership**

Within our framework of organizational assessment, the analysis of obtained information explicitly shows that good governance and leadership roles have been played by the executive committee and board<sup>6</sup>. It was found that the executive body plays an important role in policy development and management that sets the direction for the organization. The leadership inspects and guides the way the organization manages its human resources, work-related interactions, implementation of its activities and the achieving of its objectives.

The board is active and engaged in the activities of PHASE. They were well aware of the organization's mission, vision and values. There are regular formal meetings well as informal meetings when the need arises.

The assessment team found that the leadership team is also strong. There seems to be good communication between the leadership team and the EC. Despite the executive director being away temporarily due to study leave, the leadership function has been carried out without any difficulty by mid-level managers.

The governing challenges depend upon both internal and external factors. According to the executive members and leadership team, the internal factors affecting the organization were salaries, incentives and availability of human resources to mention few. The external factors were donor influence, political instability, the relationship with the government staff and cultural and language barriers at the project sites.

One of the important aspects that determine the direction of an organization is a strategic plan. There is, at present, no officially adopted strategic plan for the organization. A draft strategic plan was developed after a series of interaction and discussion among PHASE's executive committee and leadership team. But during the assessment it was found, that a strategic plan has not been reviewed or implemented since its formulation. Although there is a work plan that is based on activities related to the annual budget, this is not the same thing as a strategic plan. The recommendation is that the board and executive committee put together a comprehensive strategic plan that can guide the growth and development of PHASE over the next five years.

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<sup>6</sup> Leadership position designates Executive Director and Program Manager of PHASE Nepal.

### 3.2.3 Human Resources

One of the strongest aspects of PHASE is its human resources. From the top down, there is good staff morale and a feeling that they are working together as a family and a team. Due to the remote locations of some of the project sites, it is a challenge to ensure that good communication occurs. Yet, the assessment team found it is being done and no major problems were identified. It was also noted that the staff are trustworthy. They are motivated to serve the interests of the organization and are open to learning from each other.

PHASE Nepal has faced a challenge in the retention of field staff. It was revealed during the period of assessment that some of this is natural due to the type of people hired and PHASE is seen as a strong link in building a successful career path. Between marriages and application to government service<sup>7</sup>, most staff do not stay more than a couple of years. PHASE must continually be planning for supplying the necessary human resources to staff their field projects. Fortunately, PHASE is seen as a good employer and there have been adequate applications for the jobs that need to be filled.

Supervisory positions over field level staff have been a difficult position to fill. The lack of supervisors slows down the performance of the organization and delivery of services. To fill the gap created due to lack of staff, a good tool has been the “floating” staff that were able to fill in whenever and wherever the need might be. This indicates good understanding and planning ahead by the management team. Consideration for an intentional program to further develop PHASE’s mid-level management staff should be given as supervisory and management staffs are much harder to come by.

From the management level to the field level staff, PHASE Nepal has provided number of trainings for the organizational development and professional growth of those staffs. Documents obtained from PHASE Nepal under the staff development scheme (covering only 2011 to 2013) showed that, trainings were provided from one to four days. Management level staff were provided training on BCC, similarly account and administrative staff were provided training on BCC, MGM. Field health level staffs were provided training on obstetrics/gynecology and IMCI trainings. Also healthcare staff have been provided with trainings on adult literacy, dental training, midwifery and emergency fracture related trainings, health management, autism and so on. Staff involved in livelihood projects also participated in trainings such as BCC, adult literacy, women empowerment, field exposure, agriculture farming and so on. Regarding field education staff, they were involved in BCC, adult literacy, ECD trainings. These trainings show forward thinking by the PHASE management in terms of staff development and have increased the competency of the staff and effectiveness of the projects.

### 3.2.4 Management Functions and Process

Overall, the management functions and processes of PHASE are strong. As the majority of the staff and projects are in very remote areas, the management team has done an exceptional job at ensuring an effective and functional system. The practice of regular communication, team meetings<sup>8</sup> both at the Kathmandu office and at field program sites is good. Good communication is a foundational component of a well-functioning organization. It was found that there were no specific communication guidelines, but circulations were made by the management team in a timely manner. Internal communication is strong. External communication was found not to be as strong.

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<sup>8</sup> Every six months (twice a year) field staffs from all project districts visit the central office and a process of review of work, planning for next quarter and experiences are shared.



Two areas of communication were found lacking. One is in communication with local government officials. This issue is perceived by the local officials who believe they were not consulted enough in terms of project implementation. Whether this is truly a weakness on PHASE's part or is due to other local politics and personal agendas could not be determined.

Second is the lack of a comprehensive communication strategy that is targeted both within Nepal and internationally. PHASE is doing some effective work in remote areas. This should be showcased to a wider audience. The assessment found that many in government were not aware of what PHASE did except those officials that were directly involved with PHASE at a central level or locally at the district level. Better use of a web site, dissemination meetings, and publishing research papers could improve this gap. PHASE's involvement in Rural Health Care Society meetings is a good first step in making their work known among others in the same sector.

In any implementing organization, a monitoring and evaluation (M&E) mechanism is an important aspect for checks and balances. However, an area of identified weakness during the organizational assessment was in the M&E of programs. Although it does seem to be done, there is no real system of M&E in place that allows leadership to put all the pieces together. A well established M&E system could make some informed decisions regarding actions to improve effectiveness.

### **3.2.5 Financial Strength**

PHASE Nepal has been judicious in the use of their money. They have shown themselves to be wise stewards of the resources entrusted to them by the donors. Most of their resources are actually used at the project level, they have kept the percentage of administrative costs to a minimum and exceed the industry standard in this area.

The infrastructure and supporting technology has up to this point been adequate to meet their needs. This may not be the case in the future, and some planning for an upgrading of the central office may be in order.

The reporting and accounting system is solid and reflects integrity in their financial management. The board has adequate oversight of their financial position. Up till now, they have utilized a paper-based system. This results in multiple bank accounts and somewhat convoluted reporting formats. Recently electronic accounting software was purchased and installed. This should allow for more efficient accounting and a simplified reporting format.

### 3.2.6 SWOT (Strength, Weakness, Opportunities and Threat) Analysis

Based on the past performance, PHASE respondents (EC, leadership, central staff and field staff) assessed and identified the following strengths, weaknesses, opportunities and threats in order to strategically move ahead in the future.

#### Internal Assessment

Strengths	Weaknesses
Effective communication system	All board members do not regularly attend board meetings
Mission and vision has been well addressed in the programs	Low level publicity, insufficient coordination with district line agencies and at central level
Continuous support of PHASE Worldwide and PHASE Austria	Lack of proper M&E system
Committed executive committee and competent team members	All executive members are not able to visit rural areas
Transparent financial system and transparency in working modality	Not able to generate sufficient funds and lack of regular funding
Community is prioritized and working in rural areas where there is no presence of NGOs	Program supervision level is not effective due to lack of long-term staff
Service in rural areas where government presence is insignificant	Strategic plan not finalized

#### External Assessment

Opportunities	Threats
More interventions in health and education can take place	Lack of assurance of regular funds and long term financial commitments
Possibilities of program extensions and expansion in more rural areas	Retention of staff for a longer period
Strong relation with donor and opportunity to attract more donors	Sustainability of programs without PHASE support
Integrated approach of health, education and livelihood	Situation that might develop a conflict in the board
Developing medical referral centers in Kathmandu	Resignation by key staffs
Package (tried and tested) has been developed in health and alternative education, which could be replicated.	Single pot concept of funding, where current donors might not be interested.

### 3.3 Program Evaluation

#### 3.3.1 Relevance of the program

PHASE Nepal's major programs are community oriented and are committed to the strengthening and expansion of existing government services. PHASE believes and supports the Government of Nepal's (GoN) goal in meeting the Millennium Development Goals (MDG) set by the United Nations (UN) in health and education. Programs of PHASE are significant in supporting the areas where the GoN is unable to effectively provide these services. The major focus is on health and education.

PHASE Nepal believes that effective programs must be based on the full participation of the community. No change is possible without full participation of the targeted beneficiaries. PHASE has conceptualized programs that functions as the extended hands of the government. The programs are also relevant in accordance to the MDGs and the 3-year interim plan of the GoN. (Refer to Table 3.1)

**Table 3.1: Relevance of PHASE Nepal's program with MDG and GoN (3 year interim plan)**

MDG	PHASE Nepal's program relevance
UN's Millennium Development Goal 2 (attainment of universal primary education) and 3 (eliminate gender disparity in primary and secondary education).	Providing education (alternative education and adult literacy classes) to the most deprived children of extremely remote areas of various districts.
<b>Three years Interim plan of GoN 2007/08-2009/010</b>	
Under health sector reform and infrastructure development, the organizational structure of health posts will be reviewed and the health staff readjusted as necessary, and the drugs, equipment and other requisite facilities will be provided.	PHASE Nepal has been providing drugs, equipments and other requisite facilities in sub health post and regularly operating ORC (Out Research Clinics).
<b>Under the Regular Programs:</b> Safer Motherhood and Newborn Child Health Programs - Basic obstetric care will be available at health institutions down to the level of primary health centers. [The maternity services will be provided by the health posts....equipped with necessary infrastructure and health human resources.] Proper neonatal care and health services will also be delivered by such hospitals. Until the skilled birth attendants are available trained health	PHASE under its health programs have provided maternal and newborn care in rural areas. They also raise awareness in the target communities about health related subjects like Safer Motherhood, family planning, uterine prolapse, hygiene and nutrition.

workers with general training will be further trained to provide delivery services.	
<b>Under Working Policies:</b> There will be health post/centers in the localities of <i>Adibasi Janajatis</i> to provide health services. To increase their awareness about the values of good health, sanitation and environment protection,	PHASE has provided an appropriate, accessible and affordable health service for the disadvantaged rural population in the target communities in remote areas of Nepal.
<b>Under Major policies:</b> Special emphasis will be laid on quality, employment-oriented, vocational and technical education, within the access of the common people. Government budget and involvement will be enhanced in literacy campaigns and informal education.	Adult literacy classes (informal education) have been successfully run by PHASE in rural areas of Gorkha and Sindhupalchowk districts.
<b>Under Working Policies:</b> In order to increase the access of women, dalits, adibasi janajatis, Madhesis, youth and the poor groups on the basis of school enrollment, scholarships and other incentives will be provided.	PHASE's education program has focused on scholarship programs for poor and bright students.

Source: Generated during program evaluation, 2014

In addition to the relevance of the programs with national priorities, communities are chosen based on need and feasibility. All programs are developed following an extensive baseline survey with active community participation. Sustainability is the main objective of all PHASE Nepal's work. It is facilitated by the involvement of beneficiaries at all stages of program development and PHASE's commitment is to the strengthening and expansion of poorly functioning government services.

### 3.3.2 Service Delivery

PHASE Nepal is involved in three interventions: health, education and livelihood. Of these three, curative health care is by far the most developed and recognized part of its activities. They have been very successful in providing health care in these remote areas. This has been reflected by a dramatic increase in utilization rates. Education has also been successful where it has been delivered. Although it has not seen the same amount of emphasis, it has been well accepted and appreciated. Livelihood has not been as successful as the health and education components. A livelihood program was implemented in Sindhupalchowk, but substantial outcomes were not observed. Another gap-area identified was the lack of an exit-strategy for various projects. During an interaction with a few people in Melcham VDC of Humla district, they mentioned that, health related services are very much appreciated at the community level. People from Bajura district also visit the health post when PHASE staffs are available there.

### 3.3.3 Community Outcomes

The evaluation team found that the program results were largely coherent and implemented successfully. With the focus of interventions at the community level and more micro (door to door) level. The program has tried to have a spiral effect at the macro level (developing linkage between

all entities. (For example – schools, local management committee, mothers group, and teachers). The evaluation team found that PHASE has tried initiated best practice by combining three essential sectors: health, education and livelihood. They have succeeded in the first two, less so in terms of the integration of livelihood and economic development. The communities overwhelmingly are appreciative and supportive of the activities of PHASE. Whether it is in curative health, adult education or community improvement, PHASE is seen as an organization that is there to help and improve these communities. The outcome has been measured in terms of four specific objectives that PHASE Nepal has formulated.

**Objective 1: To assist people in the selected areas by providing better education to their children in a comparatively comfortable place.**

In terms of measurable education outcomes, during the evaluation it was observed that, PHASE has been successfully running alternative education class (Case 1) and adult literacy class (Case 2).

**Case 1: I know many things**

I am 15 years old and never received formal education. After being enrolled in alternative education class, I am able to speak in Nepali and introduce myself in English. I have learned to brush my teeth, take bath every Saturday and wash my hand every day.

*Karma Thile Lama. Chumchet. Gorkha*

**Case 2: Adult literacy class is very effective**

Most of the students are between 15 and 18 who have never had access to education. After regularly taking classes for 75 days, there has been a remarkable change in them. They are able to read and write, and if their parents allow them to go to school, they can easily compete for getting admission in classes 3- 5.

*Binesh Gurung, teacher, Adult Literacy Class, Pathi-7, Gorkha*

Available reports and documents revealed that PHASE in the past has implemented various activities: partial teachers support, scholarships, early child education and full time teacher support. It has supported the capacity development of teachers and enrollment of students.

**Table 3.2: An overview of activities and achievements from 2006 till 2012**

Activities	Achievement
Alternative Education Class	5 Classes for 3 years each
Alternative Education Teacher	5 Teachers for 3 years
Adult Literacy Class	24 Classes for 3 months
Woman's Literacy Class	3 Classes
Partial Teacher Support	34 Teachers for 1 years
Scholarship to School Children	1011 Children for 2 years
Alternative Teacher Training	1 Time
Teacher's Training	12 Times
Early Childhood Education	38 Classes
Fulltime Teacher Support	4 Teachers
Informal Education Class	7 Classes

Source: PHASE Nepal profile (2013)

The above table shows that PHASE Nepal has assisted the beneficiaries in the selected areas by implementing various activities. Implementation of such activities has provided better education to children in comparatively comfortable facilities and increased the rate of enrollment (Case 3).

**Case 3: Enrollment of students**

After PHASE Nepal provided partial support for teachers and provision of bag along with instrument box, that resulted in increased number of students.

*Sita Ram Pandey, Principal, Shree Bhimsen Madhyamik Vidhalaya, Furpingkot-7, Sindhupalchowk*

**Objective 2: to provide health education and set up short term as well as long term health facilities to make people aware about health and hygiene.**

In terms of measurable health outcomes, some community respondents and health staff of the GoN reported a decrease in infant and maternal mortality (Case 4) after PHASE began to work.

**Case 4: Decreased mortality rate**

In Furpingkot, there are remote places. People do not have access to medical services, the rate of death of mothers and child during delivery was high. After PHASE Nepal's intervention in the health services, in the last six years, there have been no cases of maternal or neonatal deaths.

*Sunita Bhandari, Health Post Staff, Furpingkot, Sindhupalchowk*

Field level staff also shared that the local level healers (Lama) involved in discussions and interactions with PHASE, now ask people to visit the health post. Family planning is utilized with an average gap of three years before the first and second child now seen. Families have three or four children when it was 8-12 children some years back. Community people are receiving free health

checkups through the health post<sup>9</sup>, outreach clinics (ORC) and round the clock emergency support by an ANM of PHASE located at the field level.

Health services are greater as compared to the previous situation when PHASE was not present. (Case 5). Health related services are completely free for pregnant women and students referred by school teachers as well as children under five. Medicines are also provided free of cost.

PHASE has provided free primary health service to a total of 169,718 people (116,660 Female and 53,058 Male). Their utilization rate increased and now has leveled out. They treated 43,604 people (27,763 Female and 15,841 Male) during 2011/12. Table 3.3 provides a brief account on services provided in the 11 VDCs by PHASE Nepal since its inception.

**Case 5: My child is four years old, thank you PHASE**

We have a practice to consult with the Lama (local healer) regarding health and other issues. My wife was pregnant and was having difficulties. The Lama told us that the child was in an upside down position and recommended us to go to Kathmandu. The total expense could have been more than Rs. 200,000. I was worried and a friend of mine recommended visiting PHASE in Chumling. The ANM at PHASE told that the child was fine and after sometime, a safe delivery was done. My child is four years old now, thank you PHASE.

*Lopsana Lama, Chumlinga-8, Gorkh*

**Table 3.3: Primary health service provided by PHASE Nepal since its inception**

Fiscal Year	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Male	1891	7403	17367	15887	17965	15841
Female	2318	11439	21904	25931	27305	27763
Total	4209	18842	39271	41818	45270	43604

Source: PHASE Nepal profile (2013)

Table 3.3 reveals that the highest numbers of patients were treated in the year 2010/011 in comparison to 2009 and 2012. It also shows the increasing trend of patients receiving treatment from PHASE health initiatives. This is due to the round the clock primary health care services provided and increased confidence in the quality of service. Services for maternal health (antenatal care- ANC, postnatal care – PNC and delivery care) were also provided.

<sup>9</sup> It was observed during the field visit and interaction with local people that the number of community people was high when PHASE staffs were present in the health post.

**Table 3.4: Maternal Health Service Provided by PHASE Nepal**

Fiscal Year	2007/08	2008/09	2009/10	2010/11	2011/12	Total
One ANC	126	554	494	472	410	2056
PNC	32	160	272	209	256	929
Delivery	16	115	209	217	202	759

Source: PHASE Nepal profile (2013)

In addition to health services, PHASE Nepal also has provided 22 trainings to Health Facility Management Committees (HFMCs), Female Community Health Volunteers (FCHVs), and Mothers groups in the program areas.

**Objective 3: to assist the community in developing safer and sustainable water supply infrastructure and train them on health and sanitation aspects of water supply.**

Available data and information from PHASE Nepal shows that from 2006 till 2012 a total of 153 mothers groups have been formed. These groups were mobilized for awareness generation at the local level. In addition to this, support in drinking water, hygiene and sanitation has been made. PHASE Nepal from 2006 till 2012 has supported 15 projects (Drinking water supply support), 636 toilets (Household toilet support), 4 buildings (Outreach clinic building construction) and 1,000 meter of drinking water pipe support).

PHASE Nepal is not only supporting the software component of water and sanitation, but also the hardware as well. According to PHASE Nepal staff, 90 percent of the support is for the software component and 10 percent of support is for the hardware component. According to the field staff of Furpingkot VDC, in Sindhupalchowk, Wards 1 to 5 have 100 percent toilet constructed and in the remaining Wards of 6 to 9, support has been provided for toilet construction. On March 2, 2014, Sindhupalchowk's Hagam VDC was declared the 28<sup>th</sup> ODF VDC (See picture<sup>10</sup>).



<sup>10</sup> Source: <https://www.facebook.com/photo.php?fbid=440610832737496&set=pcb.440610972737482&type=1&permPage=1>  
(Retrieved on March 14, 2014)



## Objective 4: to assist in refurbishment of community properties

The major outcomes in terms of refurbishment of community properties were the support of two building blocks of Jaladevi high school (Sindhupalchowk), 14 drinking water taps in schools (see picture 1), and 434 toilets (see picture 2) in Hagam and Furpingkot VDCs of Sindhupalchowk district. Following pictures are from Furpingkot VDC, Sindhupalchowk.



1: Drinking water tap



2: Toilet Construction



3: Support in roof of Bhimshen

*Source: Pictures taken during field visit, February 2014*

In each VDC, (Furpingkot and Hagam) an outreach clinic (ORC) building was also constructed which has assisted in providing health services to the local population. In addition to this, five government schools were provided support for roofing the school buildings (See picture 3).

### 3.3.4 Sustainability

Certain gains and good practices of the program interventions that can be sustained:

First, the health and education program design were compatible with the line agencies (District Health Office and District Education Office) and no duplication was evident. The programs will be sustainable if the local government line agencies will continue the support of it.

Second, the establishment of the ORC has been one of the remarkable contributions of PHASE. This provides services to beneficiaries who otherwise do not have access to a health post. For sustainability, the local level management committee needs to play a more active role. The line agencies, too, have to support such initiatives.

Third, the phase out (from some VDCs of Gorkha district) of programs was done through handing the operations over to CAN (Community Action Nepal). CAN is a likeminded organization working in the field of health. This has been the strategy of PHASE to ensure the continuation of its programs after it withdraws its support. As of yet, the GoN has not yet shown to be a reliable partner to turn any of these programs over to.

This is a major challenge to PHASE. Stated goals are that the community becomes empowered through the interventions of health, education and livelihood to reduce their poverty and take ownership. Merely handing off a project to another like-minded NGO that continues to provide the services rather than the community or the government is at odds with the stated goals of PHASE. As stated previously, a re-evaluation of the goals of “sustainability” is in order. More emphasis should be put into developing the government’s motivation to continue the quality programs that PHASE has begun in these various project areas. Of course this is a big challenge and there is no easy answer.

## MAJOR CONSTRAINTS, CHALLENGES AND OPPORTUNITIES

### 3.4 Constraints and Challenges

- Health related programs have developed the habit of providing medicines to the beneficiaries for free. The evaluation team noted that during the phase out time, it will be a challenge if same modality of free medicine will not be continued by other compatible organization.
- One stated objective of PHASE Nepal is that, communities would begin to appreciate the government's work in their community. The high quality work of PHASE, however, has resulted in the community actually being less happy with the government. As they see it, the local government is non-functional and less engaged. How PHASE could redirect this perception in the community is a challenge.
- PHASE aims to empower individuals and communities on all levels by addressing poor health, low educational levels and poverty related aspects through integrated village development programs. The challenge remains how to coordinate these integrated interventions with a government system that is vertical in structure and not well integrated or functional.

### 3.5 Opportunities

- PHASE Nepal has extensive experience in the field of health and education. This is a good opportunity to compile and summarize all the findings and issues identified so far by PHASE Nepal and advocate for them. This could result in national policy changes that will address issues related to health and education in rural areas.
- PHASE Nepal's programs, are themselves, an opportunity that can created more space for debate and that could be communicated among the major stakeholders.
- There is an opportunity to work further to integrate the health, education and livelihood program components to the next level of program design.
- PHASE Nepal working with national media and disseminating its programs, its working modality and achievements could result in assurance of further support both from the government as well as outside partners and donors in implementing activities.

## 4. CONCLUSIONS AND LESSONS LEARNED

### 4.1 Conclusions

PHASE Nepal is a first-class organization making a significant impact in rural Nepal that is disproportional to its small size. The competence of its leadership, the quality of its staff and its dedication to its mission, vision and values is the reason that it has been so successful. The organization is particularly strong in internal communication and the staff are motivated and satisfied. It is appreciated by the target communities it works in and has also achieved some measurable improvement in outcomes in terms of health and significant contribution in alternative education and adult literacy. However significant outcomes were not observed within the livelihood intervention component. A re-evaluation of the livelihood component is recommended.

Areas to be improved in the future include a look at the organizational goal of sustainability in light of the environment that they work in. The development of a more systematic monitoring and evaluation system would make the projects more effective. This would also guide PHASE in terms of when to transition out of a project when the stated goals have been achieved. Finally, a more intentional and robust program to retain staff through training and promotion within the organization to improve increase the depth of the mid-level management.

### 4.2 Lesson learned

This section briefly presents the lessons learned, drawn from the organizational assessment and findings of program evaluation as follows:

- Executive committee and central level staff are highly committed. The field level staff are equally committed and are considered the backbone of the organization.
- The internal organizational communication system is very effective, transparency is well maintained.
- The concept of providing health related services to community people by mobilizing ANMs has proved to be very effective.
- Major community stakeholders and government line agencies need to understand the gap and its implications (regarding health and education) in bringing sustainable changes by involving them and advocating for change.
- The concept, model and approach of PHASE's health and education projects were appropriate in increasing participation and awareness in both men and women, alternative education has provided opportunities for children.
- Messages on multiple issues, like health and sanitation and a clean environment were well received by the community people.
- The insights of PHASE that have been learned from project implementation should be shared with likeminded organizations. This should create a synergy with other organizations by learning from them as well.
- It was learned that external communication to like-minded organizations, the GoN and donors has to be more intensified.

## SUMMARY OF RECOMMENDATIONS

The following recommendations are drawn from the overall findings:

1. Review of the goal of “sustainability” in terms of stated project outcomes should be done at the board level. It is acceptable to implement a project without the goal of sustainability based on mere humanitarian concerns of the target community, however, a change in the stated objectives needs to be made.
2. The executive committee members and leadership position develop a comprehensive strategic plan. This is in contrast to a budget/work plan. The strategic plan would guide PHASE in the organizational development process for the next five years by addressing some of the key issues raised in this assessment.
3. Identification of staff with management potential, then taking steps for developing them to take on more responsibility in the future. This principle applies all the way up to taking steps now to develop a future executive director when the time comes for leadership transition.
4. Develop a more robust M&E system of reporting. This should include a standard matrix of indicators for evaluation as well as a feedback system that would allow any follow up visits by PHASE staff to access previous evaluations so as to provide continuity of accountability.
5. Conduct a reassessment by leadership in conjunction with the local community stakeholders to identify the key needs as it relates to livelihood projects. A decision needs to be made regarding if there should be an expansion of this key intervention
6. Development of a system of indicators to identify when and if a project can be discontinued. Doing this in conjunction with the M&E system would make the most sense.
7. Develop a more external communication strategy to disseminate PHASE’s work to the GoN, other international development organizations within Nepal and outside donors.

## 5. ANNEXES

### Annex 1: Terms of Reference

#### Terms of reference for evaluation of PHASE primary care projects in Nepal

Date: June 8<sup>th</sup> 2013

Authors: G Pohl, J K Karki

#### **Background: PHASE Nepal**

PHASE Nepal (Practical Help Achieving Self Empowerment - *swo: sasaktikaranko lagi byavaharik sahayog*) is a not for profit, non political, non religious, NGO registered with the Social Welfare Council in Nepal since 2006.

The main objective of PHASE Nepal as stated in its constitution is to reduce poverty and its effects by creating opportunities in the fields of health, education and livelihood development in those areas where such opportunities are lacking.

To fulfill this main objective, the following are specific objectives of the organization:

- supporting the development of education
- improving the health status of the target population
- creating awareness about human rights through advocacy and education
- creating awareness of environmental preservation
- supporting agricultural development and production
- supporting national development through awareness creation at the local level and community development

PHASE specializes in improving health and education services and livelihood opportunities for disadvantaged populations in very remote and resource poor Himalayan mountain villages in Nepal. PHASE aims to support the most vulnerable (women, children, low castes, the very poor and people with disabilities) to break the cycle of poverty, by assisting communities and local authorities to lay the groundwork for a self-sufficient future.

PHASE believes that poor health, low educational levels and poverty are all aspects of the same problem, and create a cycle preventing people from taking control of their own futures; PHASE aims to address these aspects simultaneously, through integrated village development programmes which empower individuals and communities on all levels.

Since its inception in 2006 PHASE supported health centres have treated over 200 000 patients and PHASE health workers have assisted over 600 women in childbirth. These figure give a small insight into the work that PHASE does, we implement a range of interventions and preventive measures to address our specific organisational objectives.

#### **Background: Programme Evaluation**

PHASE has been supporting primary health care in extremely remote areas of Nepal for 7 years. Currently there are 11 VDCs in which PHASE is providing primary care services from governmental health posts / Sub Health Posts with varying degrees of input from communities and District Health Offices. Over time, PHASE has developed a distinct approach to health programmes which involves employing experienced ANMs who are provided with clinical guidance, additional drugs and

equipment and supervision and training by more senior health staff. There is a strong emphasis on community involvement and in different working areas this has taken different forms. In Humla, the district health office has ensured cooperation of centrally employed health workers and communities have employed additional health workers from VDC funds. In Gorkha, the district health office has employed additional health workers to work alongside PHASE staff, whereas in Sindhupalchok, even after 7 years of work, there is very little input from government health workers.

Coordination with District Health Offices, Support and Facilitation of Health Facility Management Committees, Health Rights Advocacy and Annual Public Audits are integral components of PHASE's model of health service support, but in different areas these strategies have shown different levels of success in ensuring engagement of public actors.

PHASE is a learning organization and is very keen to continually improve its interventions to achieve the highest possible benefit for its target communities, within the resources available. Feedback from PHASE target communities is generally very positive, and there is some evidence that the health status of communities has improved (such as no adult deaths from diarrhea in Maila in the 5 years since PHASE started work there). However, we have not yet conducted a formal evaluation of our work.

This year, we wish to conduct an external evaluation of our health projects to gain greater insights into the above.

### **Aims of the Evaluation:**

The three main aims of commissioning this evaluation are:

1. To have an unbiased evaluation of the organisation's strengths and weaknesses
2. To be able to use this evaluation as a basis to improve programme planning and implementation
3. To have information to support our communication with current and future donors

### **Objectives of the Evaluation:**

We are expecting the Evaluation to cover the following general questions, by assessing specific aspects of our health programmes:

4. How effective are PHASE health projects?
5. What is the impact of PHASE health projects on target populations?
6. What are the strengths and weaknesses of the organisation itself?

### **Specific Questions for the Evaluation:**

1. Effectiveness of the health programmes:

1.1. Effectiveness in providing a reliable health service to target populations?

This could include some indicators of quality of the health service, but as this is not easy to do, we mainly expect comments on the availability, accessibility and acceptability of the service. In what key areas are there any gaps, what actions could be taken to improve this.

1.2. In mobilizing support from the community

We are looking for information about the value communities place on the project, their understanding of its objectives and strategies, how much they feel involved in decision making,

and the relationship between PHASE staff and the communities. In what key areas are there any gaps, what actions could be taken to improve this.

### 1.3. Effectiveness in mobilizing government input in health services

Are PHASE health projects achieving a higher input of government services in the communities or are they creating more dependency on the projects and undermining government services? What are the factors impacting on this? How effectively are PHASE health workers working with government staff? What is the timeline of this aspect (Is government input increasing or decreasing over time)? In what key areas are there any gaps, what actions could be taken to improve this.

## 2. Impact of the health projects

### 2.1. On the health of the target population

Any measurable decreases in diarrhoeal disease, child deaths, complications from childbirth, impact of chronic disease on quality of life?

### 2.2. On the health beliefs of the population

Are people more or less likely to seek health care? Do they feel more empowered to treat simple ailments at home? What is their knowledge about basic hygiene and other simple health messages?

### 2.3. On the communities' attitudes to government services

Do local people feel empowered to contact the district health office about gaps in service provision? Are they supportive of government health workers?

In all the above questions (1. and 2.), it would be helpful to get some comments on the variability between the project sites and possible reasons for this.

## 3. Quality of the organization

3.1. As an employer We are looking for information about staff motivation, whether they feel well supported, if they feel there is space for them to give feedback about the projects and the organization, what value they place on the training we provide, and their feeling of ownership for the projects and the organization.

### 3.2. Regarding Administration and Management

We would like information on strengths and weaknesses regarding our management, financial probity, accountability to donors, cost effectiveness and strategic planning. Within this assessment, you might use the following as a guide to assessing good management practice: are managers taking responsibility and displaying good judgment? Do they exercise and encourage initiative? Are they accountable and always aspire to highest quality standards of project delivery? Do they treat everyone with trust and respect and do they maintain a positive attitude? Do they take responsibility for everyone's development?

### 3.3. Alignment to national policies

Are there any mismatches or contradictions between PHASE's project strategy and national policies? If so, how can these be aligned?

## **Expected Timeframe:**

We expect that the evaluation will take an experienced expert approximately 2 - 3 weeks: they would have to spend 2-3 days at the PHASE office to view essential documents and speak to administrative and management staff, 2 days each in at least two different field sites to interview

staff and community members and at least one day for a visit to a district health office. As all projects are fairly remote, a minimum of 5 days travel time has to be added to the above.

We are able to offer an assistant to help with interviews and data collection (this would be a Nepali BPH student or graduate with no prior involvement with the organization.)

**Expected Outputs:**

We would request an interim report within 4 weeks of completing the field work, with an opportunity to ask clarifying questions and correct factual mistakes within 3 weeks of submitting the interim report. We expect a final report including an evaluation opinion and recommendations within 8 weeks of the field work being completed.



## Annex 2: List of Respondents Consulted

Donor		
Name of respondent	Designation	Consulted at
Dr. Gerda Pohl	Trustee (PHASE Worldwide)	Lalitpur
PHASE Nepal		
Name of respondent	Designation	Consulted at
Mr. Sukhadev Sapkota	Chairperson	Kathmandu
Mr. Rajendra Karki	Vice Chairperson	Kathmandu
Mr. Tara Bahadur Basnet	Treasurer	Kathmandu
Dr. Renu Prasai	Member	Kathmandu
Ms. Sharada Acharya	Member	Kathmandu
Mr. Jivan Karki	Executive Director	Kathmandu
Mr. Brihaspati Sunwar	Program Manager	Kathmandu
Ms. Urmila Adhikari	Health Supervisor	Kathmandu
Mr. Krishna Pahari	Account/Admin Officer	Kathmandu
Ms. Nanu Sunuwar	Account Assistant	Kathmandu
Ms. Kabita Ghimire	JTA	Furpingkot, Sindhupalchowk
Ms. Shiva Laxmi Acharya	ANM	Furpingkot, Sindhupalchowk
Ms. Sita Maya Jirel	ANM	Sirdibas, Gorkha
Ms. Ranjana Basnet	ANM	Chhekampar, Gorkha
Ms. Urmila Basnet	Alternative Education Teacher	Chumchet, Gorkha
Ms. Kalpana Shrestha	Alternative Education Teacher	Chumling, Gorkha
Line Agencies		
Name of respondent	Designation	Consulted at
Ms. Sunita Bhandari	Health Post Staff	Furpingkot, Sindhupalchowk
Mr. Ghammar Bahadur Shrestha	Office assistant (VDC Office)	Furpingkot, Sindhupalchowk
Ms. Urmila Ghale	Health Post Staff	Sirdibas, Gorkha
Mr. Basudev Adhikari	Family Planning Officer, DHO Gorkha	Machhikhola, Gorkha
School		
Name of respondent	Name of school	Consulted at
Mr. Sita Ram Pandey	Shree Bhimsen Ma. Vidhalaya	Furpingkot-7, Sindhupalchowk
Mr. Padam Bahadur Thapa	Shree Bhimsen Ma. Vidhalaya	Furpingkot-7, Sindhupalchowk
Mr. Kumar Thapa	Shree Bhimsen Ma. Vidhalaya	Furpingkot-7, Sindhupalchowk
Ms. Ruku Maya Bhandari	Shree Bhimsen Ma. Vidhalaya	Furpingkot-7, Sindhupalchowk
Mr. Hira Lama	Shree Bhimsen Ma. Vidhalaya	Furpingkot-7, Sindhupalchowk
Mr. Raj Kumar Bhandari	Shree Laxmidevi Ma. Vidhalaya	Furpingkot-3, Sindhupalchowk
Mr. Hira Lal Neupane	Shree Laxmidevi Ma. Vidhalaya	Furpingkot-3, Sindhupalchowk
Mr. Krishna Poudyal	Shree Laxmidevi Ma. Vidhalaya	Furpingkot-3, Sindhupalchowk
Mr. Tulasi Prasad Chaudhari	Shree Laxmidevi Ma. Vidhalaya	Furpingkot-3, Sindhupalchowk
Mr. Vikki Yadav	Shree Laxmidevi Ma. Vidhalaya	Furpingkot-3, Sindhupalchowk
Local respondents (Local residents and those who knew about PHASE projects)		
Name of respondent	Address	
Mr. Keshav Thapa	Furpingkot, Sindhupalchowk	
Ms. Maili Tamang	Dhuskot-7, Sindhupalchowk	
Ms. Ambika Neupane	Neupane village-3, Sindhupalchowk	
Ms. Devaki Neupane	Neupane village-3, Sindhupalchowk	

Mr. Raj Kumar Dhakal	Thulo dhunga, Gorkha
Ms. Gyanu Karki	Jagat-1, Sirdibas, Gorkha
Ms. Kanchi Gurung	Sano filim-7, Sirdibas, Gorkha
Ms. Anjana Gurung	Sano filim-7, Sirdibas, Gorkha
Ms. Chaina Gurung	Sano filim-7, Sirdibas, Gorkha
Ms. Tsutsering Gurung	Sano filim-7, Sirdibas, Gorkha
Ms. Plamo Gurung	Sano filim-7, Sirdibas, Gorkha
Ms. Maya Gurung	Sano filim-7, Sirdibas, Gorkha
Ms. Kamani Gurung	Sano filim-7, Sirdibas, Gorkha
Mr. Sujan Gurung	Filim-8, Sirdibas, Gorkha
Ms. Anita Gurung	Pathi-7, Gorkha
Ms. Sapana Gurung	Pathi-7, Gorkha
Mr. Resham Lama	Chhekham-3, Chhekhampar, Gorkha
Mr. Chewang Lama	Chhekham-4, Chhekhampar, Gorkha
Mr. Chewang R. Lama	Bihi-1, Gorkha
Mr. Chota Lama	Chhekham-4, Chhekhampar, Gorkha
Mr. Tashi Lama	Chhekham-2, Chhekhampar, Gorkha
Ms. Dolma Tahanjom	Chhekham-2, Chhekhampar, Gorkha
Mr. Chitra Bahadur Gurung	Chumling-5, Gorkha
Mr. Lopsang Lama	Chumling-5, Gorkha
Mr. Nare Jaisi	Bokchegauda, Humla
Mr. Rudra Shahi	Bokchegauda, Humla
Ms. Kali Maya Gurung	Sirdibas-8, Gorkha
Ms. Puspa Gurung	Sirdibas-8, Gorkha
Ms. Sony Gurung	Sirdibas-8, Gorkha
<b>Adult literacy class trainer</b>	
<b>Name of respondent</b>	<b>Consulted at</b>
Mr. Binesh Gurung	Sirdibas, Gorkha
Mr. Dhamesh Ghale	Sirdibas, Gorkha
<b>Total Respondents: 62 (Female: 31; Male: 31)</b>	

### Annex 3: Assessment Matrix of Organizational Relationship

