

APPROACH TO LNOB IN THE RURAL HEALTH IMPROVEMENT PROJECT (RHIP)

The United Nations' approach to "leaving no one behind" extends beyond reaching the poorest of the poor; it also addresses combating discrimination and rising inequalities both within and among countries, as well as their root causes. This approach is grounded in the UN's normative standards, which include the principles of equality and non-discrimination—cornerstones of the Charter of the United Nations, international human rights law, and national legal systems worldwide.

The Rural Health Improvement Project (RHIP) focuses on enhancing service accessibility, strengthening local health systems, and improving service quality through various community-based and health facility-based activities. These activities aim to improve maternal and newborn health and minimize neglected tropical diseases. Major cross-cutting interventions include water sanitation and hygiene, disability, gender equality and social inclusion. The primary beneficiaries of this project are pregnant women, breastfeeding mothers, newborns, individuals vulnerable to or affected by neglected tropical diseases, and persons with disabilities.

The project collaborates with local government for raising awareness, community mobilization, equipment supports and upgrading health facilities through Leave No One Behind (LNOB) approach.

The Project has implemented LNOB as to integrate all the project intervention for focused intervention in certain communities identified by the project based on different set of sectors. The project implemented reaching the unreached following different steps. Firstly, sectors of work was identified followed by development of data collection tool. After developing the tool, workshop with elected representatives of local government was conducted to identify left behind communities. After consultation with representatives data collection was conducted and then maps were prepared and followup for targeted intervention was conducted. Further details of process of implementation in explained below.

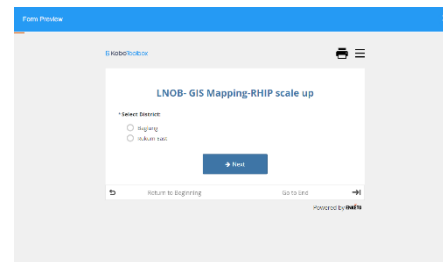
Process Steps:

Step 1: Development of Data Collection Tool

In the first step of implementing LNOB approach, following sectors were determined to identify community with high problems.

Step 3: Data Collection and Place Verification

The data collection process utilized tools developed in KOBO Collect, and a comprehensive workshop was conducted to train social mobilizers on the data collection protocol. For verification, social mobilizers visited each community listed within the respective palikas. They engaged with community members, conducted observations, and recorded their findings using the KOBO Collect forms. Additionally, GPS coordinates of the communities were collected to ensure precise mapping and documentation.



Results after data collection:

District	Total LNOB (tole/community)	Points	High Intensity LNOB Point ((tole/community)
Baglung	568		167
Rukum East	101		63
Total	669		230

In Baglung, a total of 568 LNOB areas were identified across various toles and communities, of which 167 were marked as high intensity, indicating areas with severe or multiple challenges that require urgent attention. In Rukum East, 101 LNOB points were documented, with 63 classified as high intensity, showing that a significant portion of the district's points have critical needs. Overall, both districts account for 669 LNOB points, with 230 designated as high intensity. This data highlights the extent of the challenges faced by marginalized communities and underscores the importance of directing resources and support to the most vulnerable areas.

Step 4: Preparation of High Intensity LNOB Maps

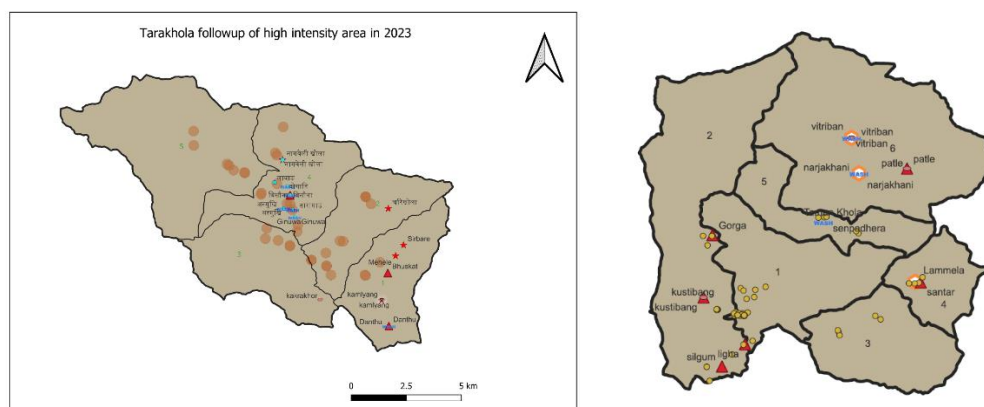
High Intensity LNOB maps were prepared to focus the project intervention on those communities rather than blanket approach. Through these tools, projects try to implement targeted intervention in targeted communities. High-intensity LNOB areas are visually represented on maps to aid in planning and resource allocation. These maps serve as essential tools for project staff and partners to focus efforts where they are most needed.

Step 5: Distribution of LNOB Lists and Maps

Once the maps were created, orientation sessions were conducted for project staff and partners to explain the significance and practical use of the LNOB area lists and maps. These sessions aimed to ensure a clear understanding of how the identified areas align with project goals. The mapped areas were then integrated into the monthly planning sheets used by project staff, enabling targeted and strategic interventions. Additionally, the use of LogAlto was introduced for monitoring and tracking progress, with monthly data being shared with partners to maintain transparency and facilitate effective collaboration.

Step 6: Follow-up

The LogAlto system serves as the primary tracking mechanism for ongoing monitoring of LNOB areas, ensuring systematic oversight of activities and progress. To maintain transparency and foster collaboration, monthly updates are shared with partners, keeping all stakeholders informed about the progress achieved and any challenges encountered.



Next Steps:

To measure progress effectively, the Lot Quality Assurance Sampling (LQAS) method will be employed, providing a systematic approach to assess the outcomes of regular interventions and ensure their effectiveness.

The LNOB initiative within the RHIP framework will be designed to systematically address health disparities by ensuring that marginalized communities receive necessary support. By following this structured process, stakeholders can effectively monitor progress, adapt strategies, and ultimately improve health outcomes for those who are often overlooked.

Risk and Challenges:

Influence of elective representatives and community to misidentify highly problematic communities during workshop due to their personal biases.