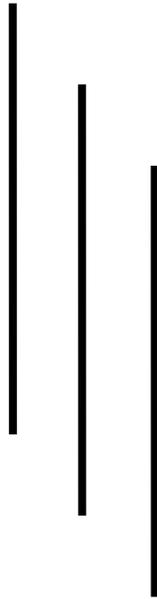


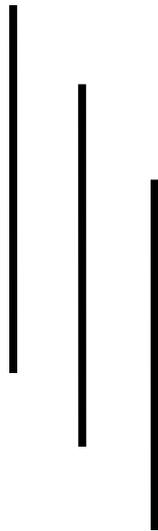
**SUAAHARA PROGRAM**

**Health Service Promotion**



**Activities Operating Guideline**

**October 2013 - September 2014**



**January 2014**

## List of abbreviations

ANC	Antenatal Care
AHW	Auxiliary Health Worker
ANM	Auxiliary Nurse Midwife
BCC	Behaviour Change Communication
CB-IMCI	Community Based Integrated Management of Childhood Illness
CHD	Child Health Division
COFP	Comprehensive Family Planning
CYP	Couple Year of Protection
DC	District Coordinator
DAG	Disadvantage Group
DIP	District Implementation Plan
D/PHO	District/Public Health Office
DTOT	District Training of Trainers
ECD	Early Childhood Development
ENA (O)	Essential Nutrition Action (Officer)
EPI	Expanded Program on Immunization
FHD	Family Health Division
FP	Family Planning
FS	Field Supervisor
FC	Field Coordinator
FCHV	Femal Community Health Volunteer
GD	Group Discussion
GESI	Gender Equality and Social Inclusion
GMP	Growth Monitoring Promotion
HF	Health Facility
HFI	Health Facility In-Charge
HFOMC	Health Facility Operation and Management Committee
HH	Household
HSP	Health Service Promotion
HMIS	Health Management Information System
HP	Health Post
HTSP	Healthy Timing and Spacing of Pregnancy
HW	Health Worker
IMCI	Integrated Management of Childhood Illness
INP	Integrated Nutrition Program
IR	Intermediate Result
IYCF	Infant and Young Child Feeding
IUCD	Intra Uterine Contraceptive Device
LNGO	Local Non-Governmental Organization
MCH	Maternal Child Health
MNCH-N	Maternal Neonatal Child Health and Nutrition
MTOT	Master Training of Trainers
MUAC	Mid-upper Arm Circumference
NHTC	National Health Training Centre
OPD	Out-patient Department

ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PDQ	Partnership Defined Quality
PHCC	Primary Health Care Centre
PHC ORC	Primary Health Care Outreach Clinic
PNC	Post natal Care
PNGO	Partener Local Non Government Orgnainztion
QI	Quality Improvement
RH	Reproductive Health
RHCC	Reproductive Health Coordination Coordinate
RHD	Regional Health Directorate
RHTC	Regional Health Training Centre
SHP	Sub Health Post
ToT	Training of Trainers
USG	United States Government
VDC	Village Development Committeee

# Suaahara Health Service Promotion Activities Operating Guideline

## Introduction of Suaahara

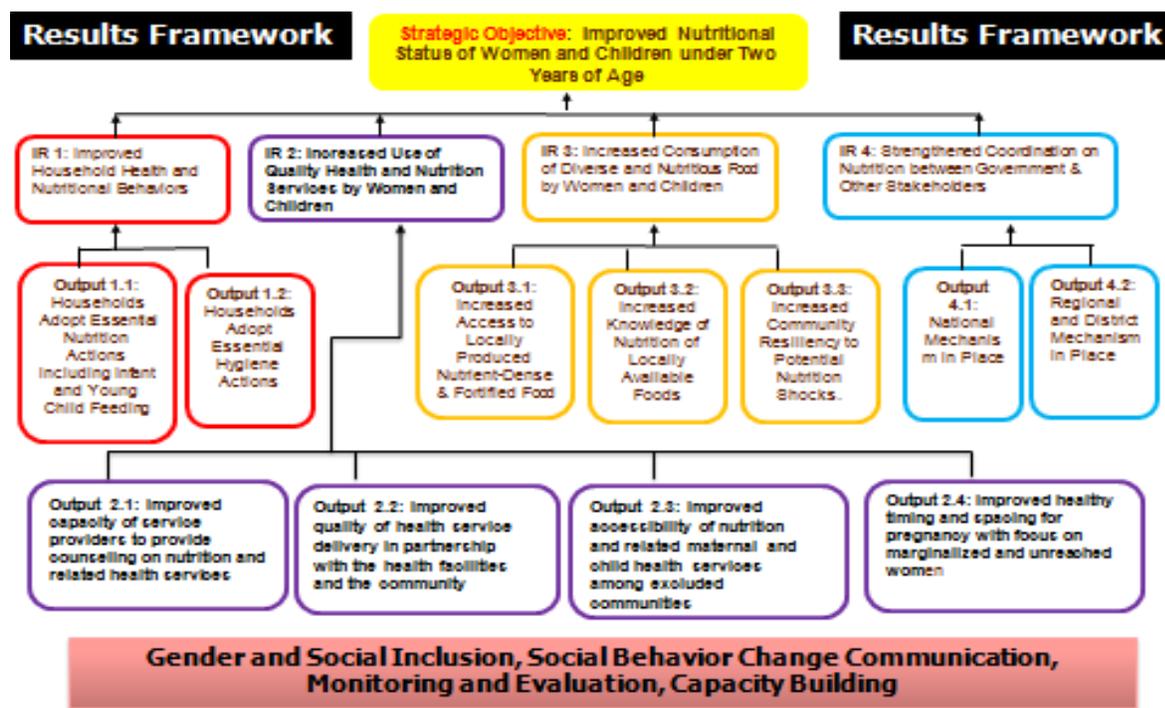
The Integrated Nutrition Program (SUAHARA), or Suaahara (Good Nutrition) is intended to address under-nutrition and related health issues for women and children under-two years of age in 25 targeted districts in Nepal with poor nutrition indicators.

The Goal of Suaahara is to improve the nutritional status of women and children under-two years of age.

It has 4 intermediate results (IR), consisting of different sectors:

- IR 1: Household (HH) health and nutrition behaviors are improved.
- IR 2: Women and children increase use of quality nutrition and health services.
- IR 3: Women and their families increase consumption of diverse and nutritious foods.
- IR 4: Coordination on nutrition between government and other actors is strengthened.

## Result Framework



**Health Service Promotion (IR 2) Results and Indicators**

	<b>Intermediate Result 2: Increased use of quality health and nutrition services by women and children</b>
	<b>Output 2.1 Improved capacity of service providers to provide counseling and services on nutrition and related maternal and child health services</b>
1	Number of people trained in maternal/newborn health through USG supported programs (Mandatory)
2	Number of people trained in child health and nutrition (Mandatory)
3	% of health workers with improved knowledge in counseling and related MCH services as a result of the trainings
4	% of service providers providing adequate nutrition counseling.
	<b>Output 2.2: Improved quality of health service delivery in partnership with the health facilities and community</b>
1	Percent of USG assisted service delivery points that experience a stock out of key MCH commodities at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide.
2	Percent of clients satisfied with care received from service providers
3	Number of HFOMCs who have been engaged in a QI process
4	Number of HFOMCs who have addressed at least two issues related to quality each year.
	<b>Output 2.3: Improved access to nutrition and related maternal and child health services, particularly, among excluded communities</b>
1	% of pregnant women who receive at least 4 ANC visits
2	% of post partum women and newborns who receive at least 3 postpartum/postnatal visits.
3	% of children with diarrhea in the last 2 weeks treated with ORS and Zinc
4	Percent of newborns receiving post natal health check within 2 days of birth
5	Percent of children under five years old with diarrhea treated with oral rehydration therapy (ORT)
6	Percent of children with pneumonia taken to appropriate care.
7	Percent of births attended by SBA
8	Number of health facilities with established capacity to manage acute under nutrition
	<b>Output 2.4: Improved healthy timing and spacing for pregnancy with focus on marginalized and unreached women</b>
1	Number of additional USG assisted community health workers providing FP information and / or services during the year.
2	Percent of USG assisted service delivery sites providing FP counseling and/or services.
3	Number of people trained in FP/RH through USG supported programs (mandatory)
4	% of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.
5	% of USG assisted service delivery points (SDPs) that experienced a stock out at any time during the defined reporting period of any contraceptive methods that the SDP is expected to provide.
6	Number of people that have seen or heard a specific USG-supported FP/RH message (Mandatory)
7	Couple Years of Protection (CYP) in USG supported programs.

## **Introduction of the HSP activities operating guideline**

Among the intermediate results (IR), IR2 is related to health service promotion. This activity operating guideline is intended to provide detailed guideline for IR2/health service promotion activities with regard to its methodology, participants, process, tools, objectives and expected results, etc. This guideline is developed in December 2013 based on the District Implementation Plan (DIP) of year Three. This as comprehensive document covers all the district activities under IR 2. Hence, staff can refer the guideline for relevant activities of the respective district.

### **Objective of designing activities operating guideline:**

- To have a common understanding of all the activities planned under HSP among the project team and PLNGO
- To make uniformity program implementation
- To contribute in consistent program implementation
- To improve the quality of planned activities by working in partnership with DHO, health facility staff and the community.

### **Process of activities operating guideline development:**

Template for the guideline was developed beforehand and finalized through series of meetings at the central level. Activities operating guideline development workshop was organized on 11-13 December 2013, at Hotel Space Mountain, Nagarkot, participated by 19 participants comprising Suaahara central team, cluster team and district team members. Suaahara documents such as DIP, PMP, results framework and training/orientation manual and guidelines were referred while developing the guideline. This workshop bring out the draft guideline of all HSP activities planned in year three DIP

### **Activities operating guideline template:**

Guideline is presented separately for each activity under the corresponding outputs, which is presented in following sections of the guideline and relevant supporting templates/guidelines are included in the annex section. Each activities guideline is prepared based on the following contents. They are

1. Output No:
2. Name of activity:
3. Objective of workshop:
4. Related Indicators:
5. Key priority area:
6. Expected outcomes:
7. Design/Procedure:
8. Venue:
9. Participants:
  - Types of participants
  - Number of participants
10. Duration of training/orientation/meeting:
11. Facilitators/Resource person:

12. Facilitation/Delivery/Methodology:
13. Learning materials:
14. Management:
15. Monitoring, evaluation and reporting:
16. Annex
  - Agenda
  - Form and format
  - Checklist

## **Activities under output 2.1**

### **Output 2.1**

- **Improved capacity of service providers to provide counseling and services on nutrition and related maternal and child health services**

### **Name of Activity**

- *Health Facility level Refresher training on CB-IMCI for Health Workers (HWs) on revised Package (4 days)*

### **Objective of the activity:**

- To provide Community Based (CB)-IMCI refresher training to health workers
- To build capacity of health workers on revised CB-IMCI package
- To improve the case management skills of health workers
- To regularize the availability of key commodities (Timer, ORS, Zinc, Cotrim P, weight scale ) in the health facility round the year
- To develop as trainers to facilitate the community level CB IMCI training to FCHVs

### **Related Indicators:**

- % of service providers providing adequate nutrition counseling
- % of children with diarrhea in the last 2 weeks treated with ORS and Zinc
- % of children under five years of old with diarrhea with Oral Rehydration Therapy (ORT)
- % of children with pneumonia taken to appropriate care
- % of USG assisted service delivery points that experience a stock out of key MCH commodities at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide.

### **Key priority area:**

- Treatment/management of sick children especially diarrhea treated with ORS and Zinc
- Feeding during and after illness
- Nutrition counseling

### **Expected outcomes:**

- HWs were able to provide refresher CB IMCI community level training to FCHVs
- Health workers were able to identify, diagnose, treat and management of childhood illness (diarrhea, ARI/pneumonia, malaria, Measles and Malnutrition)
- Improve the case management skills of health workers
- Diarrhea treated with ORS and Zinc increased
- Health workers were able to nutrition counseling especially on feeding during and after illness to the mother.

### **Design/Procedure:**

- In coordination with Child Health Division/IMCI Section, concerned division and stakeholders, the CB IMCI training package is revised. The revised refresher training package for health worker is developed for 4 days and included new content such as early childhood development (ECD),

HIV/AIDS, WASH, Infection, Low birth weight and Hypothermia, infant and young child feeding (IYCF) and Nutrition message. The refresher package was supported by Suaahara.

- The developed package was pre tested organizing one batch CB IMCI ToT program at Pokhara involving health workers from Suaahara working district.

**Prior to HWs training in the district**

- Hold preparatory discussion with D/PHO, IMCI focal person. LNGO and Suaahara district team to fix the date for training
- Coordinate with HSP team-cluster and Kathmandu and inform about the progress of the discussion in order to prepare for trainers, letters, logistic materials etc.
- After conformation of the date received from the district, CHD will send the letter to the respective D/PHO
- District Suaahara and DPHO will make the detail training plan along with training venue, sites, number of batches, logistics, medicines and sites for practical sessions in the hospital etc.
- Request D/PHO to send invitation letter to health facilities at least 5 days prior to the training date.
- After finalized the training date and facilitators, organize one day session preparatory meeting (session planning and division, materials preparation, focal person for practical session, logistic arrangement) with trainers.
- As per mentioned in facilitators guide, orientation materials, agenda, stationary etc are in place prior to the training

**Venue:**

- D/PHO or district headquarter (near hospital)

**Participants:**

**First Batch (1 batch) –**

- Doctors, Illaka Health Facility In-charge and District Supervisors (technical person)- Selected person (8-10 HWs) from first batch will select for trainer to conduct remaining batch training .
- DC/ENA Officer/Field Coordinator from Suaahara having clinical or public health back ground can be participates as participants or observer

**Remaining Batch**

- All HWs working in the district (permanent and temporary) including promoted Auxiliary Health Workers and Auxiliary Nurse Midwives (AHW/ANM)

**Number of participants**

- A total 20 participants /per batch

**Duration of training:**

- Full 4 days

**Facilitators/Resource person: ( per batch)**

- D/PHO
- 1 Medical Officer having Training of Trainers (ToT) on CB IMCI
- 2-3 Paramedics having TOT on CB IMCI

In 1-2 batch training, 1 Medical Officer and 2-3 Paramedics having TOT on CB IMCI will send from center Suaahara but in the reaming batch the required numbers of trainers (Dr and Paramedics) will select from the first batch ToT.

**Facilitation/Delivery/Methodology:**

- As per the 4 days refresher training guideline
- The training basically follows individual study, exercise, presentation, Q/A, field practice, video show, photo study.
- The IMCI trained Medical Officer and Paramedics will facilitate the session.

**Learning materials:**

- CB-IMCI Facilitators guide, Treatment Chart booklet, Reference book, Job Aids, Classification chart, Photo book, Zinc card, home therapy card, Cotrim card , HMIS 31
  - Baby doll, Measuring tape, DeLee’s suction Tube, Timer Mid Upper Arm Circumference (MUAC) tape, Hand washing set (Bata, Baltin, soap, towel)
  - IMCI out-patient department (OPD) register, Monthly reporting form, referral form
  - Drugs: ORS, Cotrim P, Albendazole tab, Iron tab, Vitamin A, Zinc tab, Cetamol tab, Amoxicillin Cap, thermometer, RDT test Kit, syringe etc.
  - Flex print, Name tag, Banner
  - ToT completion certificate
- Note: Refer trainers guide book for details*

**Management:**

- Ensure the letter dispatch and their participation in the training
- In coordination with D/PHO select the practical site for practice and inform the under 5 children and mothers for practice
- Ensure all the logistic ( drugs, flex print, materials , books, cards, reporting form and format, utensil
- Ensure all finance is in right position prior to the workshop.

**Monitoring, evaluation and reporting:**

- Monitor the training by D/PHO, RHD, CHD/IMCI Section and Suaahara staffs
- After the training, arrange joint monitoring by the Suaahara staffs and D/PHO staffs to ensure that the treatment/management of sick child is done according to the CB-IMCI revised protocol.
- Monitor key commodities and other services by using Health Facility Monitoring and onsite coaching check list.
- The participant’s knowledge and skills evaluation is done during the training period.
- Facilitators will ensure the active involvement of the participants
- Activity completion report will written by ENA officer and include in district monthly progress report

**Annex**

**Training agenda:**

- Mentioned in the Trainers Guide book

**Name of activity:**

- *Community level refresher training on CB IMCI for FCHVs on revised Package (4 days)*

**Objective of the activity:**

- To provide CB-IMCI refresher training to FCHVs
- To build capacity of FCHVs on revised CB-IMCI package
- To improve the counseling skill and referral system of FCHVs
- To regularize the availability of key commodities (ORS, Zinc, Cotrim P, Deworming, trimer, Vitamin A) with FCHVs round the year

**Related Indicators:**

- % of service providers providing adequate nutrition counseling
- % of children with diarrhea in the last 2 weeks treated with ORS and Zinc
- % of children under five years of old with diarrhea with Oral Rehydration Therapy (ORT)
- % of children with pneumonia taken to appropriate care

**Key priority area:**

- Treatment/management of sick children especially diarrhea treated with ORS and Zinc
- Feeding during and after illness and Nutrition counseling
- Quality of IMCI services in HF

**Expected outcomes:**

- FCHVs were able to provide nutritional counseling to the mothers
- FCHVs were able to identify, diagnose, treat and management of childhood illness (diarrhea, ARI/pneumonia)
- Diarrhea treated with ORS and Zinc increased
- FCHVs were able to nutrition counseling especially on feeding during and after illness

**Design/Procedure:**

- In coordination with Child Health Division/IMCI Section, concerned division and stakeholders, the community level CB IMCI training package is revised. The revised refresher training package for FCHVs is designed for 4 days and included new content such as early childhood development (ECD), HIV/AIDS, WASH, Infection, Low birth weight and Hypothermia, infant and young child feeding (IYCF) and Nutrition message. The refresher package was supported by Suaahara.
- The developed package was pre tested organizing one batch community level training program at Myadi district

**FCHVs training in the district**

- Hold preparatory discussion with D/PHO, IMCI focal person, LNGO and Suaahara team to fix the date for training
- District Suaahara and DPHO will make the detail training plan along with training venue, sites, number of batches, logistics, medicines etc
- Request D/PHO to send invitation letter to HF at least 5 days prior to the training date.
- After finalized the training date and facilitators, organize 2-3 hours session preparatory meeting (session planning and division, materials preparation, logistic arrangement) with trainers.
- Training materials should be prepared as per facilitators guide book prior to the training date.

**Venue:** Respective Health Facility/VDC

**Participants:** All FCHVs of VDCs

**Number of participants**

- FCHVs of VDCs /per batch
- Respective VDC Field supervisor can be participate as observer

**Duration of training:** 4 days

**Facilitators/Resource person:**

- 2 Health Workers –concerned HF In-charge and Illaka In-charge of respective health institution/District Supervisor who received training on CB-IMCI revised package.
- 2 promoted (PADNAM) ANM/AHW of concerned health facility (co-facilitators).

**Facilitation/Delivery/Methodology:**

- As per the 4 days refresher training guideline
- The training basically follows individual study, exercise, discussion, presentation, Q/A, field practice, video show, photo study.
- The IMCI trained Paramedics will facilitate the session.

**Learning materials:**

- CB IMCI Facilitators guide, Treatment Chart booklet, Reference book, Job Aids, Classification chart, ward health register etc. Photo book, Zinc card, home therapy card, Cotrim card ,
  - Baby doll, Measuring tape, Timer, Mid Upper Arm Circumference (MUAC) tape, Hand washing set (Bata, Baltin, Soap, Towel), Spoon, Tea Glass
  - IMCI out-patient department (OPD) register, Monthly reporting form, Referral form
  - Drugs: ORS, Cotrim P, Amoxicillin, Albendazole, Vitamin A, Iron tab, Zinc tab, thermometer, FP devices (Pills & Condom), etc.
  - Flex print, Banner
- Note: Refer trainers guide book for details*

**Management:**

- Ensure the letter dispatch and FCHVs participation in the training
- Ensure all the logistic ( drugs, flex print, materials, books, cards, reporting form and format etc)
- Ensure all finance is in right position prior to the workshop.

**Monitoring, evaluation and reporting:**

- Monitor the training by D/PHO, RHD, CHD/IMCI Section and Suaahara staffs
- After the training, arrange joint monitoring by the Suaahara staffs and D/PHO staffs to ensure that the treatment/management of sick child and providing the services by FCHVs as per the CB-IMCI revised protocol.
- The participant's knowledge and skills evaluation is done during the training period.
- Facilitators will ensure the active involvement of the participants
- Activity completion report will written by ENAO and include in district monthly progress report

**Annex**

**Training agenda:**

Mentioned in the community level Trainers Guide book

**Name of activity:**

- *Organize the workshop at District/Public Health Office (D/PHO) to discuss and develop the action plan for strengthening the service delivery of nutrition program especially treatment of sick child esp. diarrhea, feeding during and after illness , maternal nutrition (improved compliances of iron, deworming, dietary diversification) with D/PHO/ Programme focal person/Health Facility In-charges.*

**Objective of workshop:**

1. Identification of the district specific needs related to:
  - Nutritional care of sick children including feeding during and after illness,
  - Compliance of Iron & Folic Acid, Oral Rehydration Solution (ORS), Deworming and Zinc supplementation
  - Counseling service on Nutrition and Healthy Timing and Spacing of Pregnancy (HTSP)
  - Availability of Family Planning (FP) and Maternal Child Health (MCH) related commodities
  - Regular Health Mother's Group Meeting
2. Develop the action plan for addressing the identified needs

**Related Indicators:**

- % of service providers providing adequate nutrition counseling.
- % of children with diarrhea in the last 2 weeks treated with ORS and Zinc
- % of children under five years old with diarrhea treated with oral rehydration therapy (ORT)
- %t of children with pneumonia taken to appropriate care.
- % of women who receive HTSP counseling.

**Key priority area:**

- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Feeding during and after illness
- Maternal nutrition (mainly Iron compliance and deworming)
- Effective counseling on nutrition and family planning (HTSP)
- Monitor key MCH and FP commodities.

**Expected outcomes:**

- Improved understanding on issues of Maternal Neonatal Child Health and Nutrition (MNCH-N) services and proven intervention
- Identified district and health facility specific needs related to MNCH-N services
- Develop health facility level action plan for addressing identified needs.

**Design/Procedure:**

- Hold 2-3 hours preparatory meeting with D/PHO, NFP and other program focal person by Suaahara district team
- In close consultation with D/PHO fix the date, venue and number of batches for workshop. The number of batches will be decided as per the number of health facility and district supervisors in the district.
- Request to send invitation letter from D/PHO to health facilities at least 5 days prior to the workshop with an instruction to bring last 3 months Health Management Information System (HMIS) analytical report.

- Discuss to organize the workshop in a group so that Illaka level health facilities and its catchment HFs are in the same group
- All health facility in-charges participate in the work shop, however the groups are formed in a way that Illaka level health facilities (PHCC/HP) and its catchment HFs (SHPs) are in the same group, so that in the review meeting respective illaka level facility can represent all the catchment sub health posts. It's because of the fact that SHPs may not participate in the review meeting.

**Venue:** District headquarter ( D/PHO office) or Illaka health facility

**Participants:**

- District Supervisors
- All health facility (HF) In-charges - Primary Health Care Centre (PHCC), Health Post (HP), Sub Health Post (SHP)

**Number of participants**

- A total 20-22 person /per batch including PHCCs, HPs and SHPs in-charge of same Illaka health facility

**Duration of training:** Full 1 day

**Facilitators/Resource person:**

- Representative from Family Health Division (FHD), Regional Health Directorate (RHD), Child Health Division (CHD), D/PHO and Suaahara central and cluster HSP team .

**Facilitation/Delivery/Methodology:**

- This workshop will be facilitated by Suaahara central and cluster HSP team in coordinator and technical support from D/PHO.
- Facilitate the session as per set agenda
- Prepare health facility wise action plan on gap/issues/problems. The major focus should be provided on key priority areas.
- Make 3 copy of individual health facility action plan. Keep one copy in concerned HF, One copy in Illaka HF and original copy in D/PHO
- First half will focus on conceptual clarity, national and district scenario presentation and second half will be focus on action plan preparation, discussion, presentation and its finalization.
- The workshop will be followed by Presentation, group work, discussion, presentation and individual action plan preparation

**Learning materials:**

- Presentation slides of National and district perspective
- Format of action plan
- Health Facility HMIS data of last 3 months

**Management:**

- Ensure the letter dispatch by explaining to bring HMIS 32 of last 3 months to each HF at least 1 week prior to the workshop by D/PHO and also analytical report of the family planning users

status; GMP, Iron, ZINC and ORS compliance; under 5 yrs children treatment, FP and child health commodities stock status etc

- Ensure all the logistic and financial are in right position prior to the workshop.

#### **Monitoring, evaluation and reporting:**

- D/PHO and Illaka health facility In-charge will monitor the status of the action plan
- Follow up of action plan will be done during quarterly review meeting and monitoring visit from D/PHO/Illaka HF as per protocol
- Progress of the action plan will be share/present in quarterly review meeting.
- The action plan can also be discuss in the HFOMC monthly meeting in order to solve the identified issues with help of HFOMC
- Regular monthly review of HMIS 33 at the district level by ENA officer, especially relating to indicators and key priority areas mentioned above.
- Facilitators will ensure the active involvement of the participant
- Activity completion report will written by ENA officer and include in district monthly progress report

#### **Annex**

1. Workshop agenda
2. Action plan

#### **Annex 1: Agenda of one day district workshop**

- Introduction of the participants
- Welcome of the participants
- Agenda and Objective of the workshop
- Presentation on: Sharing of current National nutritional status and proven intervention for improved nutritional status of mother and under 2 years of age
- Discussion/queries
- Presentation on: Sharing of current status of nutritional activities of the district
- Presentation on HSP activities of year 3
- Collection of information from health facilities
- Group division ( Illaka wise)
- Group discussion on: Identification of the district specific needs related to:
  - Nutritional care of sick children including feeding during and after illness,
  - Compliance of Iron, ORS, Deworming and Zinc supplementation
  - Counseling service on Nutrition and HTSP
  - Regular Health Mother's Group Meeting
  - Availability of FP/MCH related commodities
- Discussion and prioritization of issues
- Develop and present action plan
- Discussion/Queries
- Closing session

#### **Annex 2: Format of Action Plan**

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## **Activities under output 2.2**

### **Output 2.2:**

- **Improved quality of health service delivery in partnership with the health facilities and community**

### **Name of activity:**

- ***Implement 4 days PDQ process at selected low performing health facility***

### **Objectives of the activity:**

- Orient health service providers, HFOMC members and community about PDQ process
- Identify the issues related to quality health services of community, health workers and HFOMC
- Develop common understanding of issues and prioritize them
- Find the solution of the issues and develop action plan
- Inform the role and responsibility of HFOMC members
- Form QI team to provide the quality health services from HF and ORC clinic
- Create a habit of working in partnership among HF, HFOMC and community

### **Related Indicators:**

- Number of HFOMCs who have been engaged in a QI process
- Number of HFOMCs who have addressed at least two issues related to quality each year.
- Percent of clients satisfied with care received from service providers

### **Key Priority Area:**

- Improve quality of MNCH-N services and increase service utilization
- Effective counseling on nutrition and family planning /HTSP message
- Monitor the activities of health facility and observe the health workers.
- Improvement of quality health service delivery
- Availability of key commodities including FP services
- Regularize HFOMC monthly meeting.
- Regularize FCHV monthly meeting and health mothers group meeting

### **Expected outcomes:**

- HFOMC member knew their role and responsibility and ready to utilize their skills in HF monitoring.

- Developed ownership of HFOMC member and community towards service provided by health facility
- QI team and HFOMC members monitored the quality of services provided by health facility
- HF, HFOMC and community became capable to work in partnership and try to solve the issues in local level.

### **Design/Procedures:**

Partnership Defined Quality (PDQ) is a methodology to improve the quality and accessibility of services with community involvement in defining, implementing and monitoring the quality improvement process. PDQ links quality assessment and improvement with community mobilization.

- In coordination with National Health Training center (NHTC) “Partnership Defined Quality (PDQ) with Involvement of Health Facility Operation Management Committee (HFOMC)” training package was developed. The package revision and development task was supported by Suaahara.
- Save the children published book PDQ- tool book for a tool book for community and health provider collaboration for quality improvement book were review and taken as a reference.
- The district level is ToT package is developed for 5 days where as health facility level PDQ process is implement for 4 days.
- The developed package was pre tested organizing one batch health workers orientation at DHO Sindhupalchowk.
- All the recommendation and feedback received from the orientation were included in the package and it was endorse by
- The “PDQ with Involvement of HFOMC-trainers guide, participants hand book and reference materials has been approved by Director General of DoHS and Director of NHTC

**Venue:** Health facility and Community

### **Participants:**

#### **1. Participants for group discussion: -4 group**

- *Group 1:*  
All Health service providers of selected VDC
- *Group 2:*  
All HFOMC members of selected VDC
- *Group 3:*  
1000 days mothers: 10-15 mother from DAG community
- *Group 4:*  
1000 days mothers: 10-15 mother form mixed community

#### **2. Participants for “bridging the gap” workshop:**

- Health workers
- HFOMC members
- Representatives from DAG and Mixed community

### **Number of participants**

- Health workers- All
- HFOMC members-All
- DAG and Mixed community Representatives -6

- LNGO/CBO-2
- VDC Social Mobilizer-1

**Duration of training:** Full 4 days

**Facilitators/Resource person:** A 3 facilitator will be used for 4 days PDQ process implementation

- Trained HF In-charge
- Trained District Supervisor
- Trained DC/ENA officer
- Trained Field Coordinator

**Facilitation/Delivery/Methodology: Modules**

- ✓ **Day 1:** Conceptual clarity of PDQ process with health workers
  - Group Discussion with Health Worker-1 group and HFOMC-1 group
- ✓ **Day 2:** Group Discussion with
  - DAG community 1000 days mothers-1 group
  - Mixed community 1000 days mothers-1 group
- ✓ **Day 3:** Analysis and tabulation of issues, preparation for bridging the gap workshop
- ✓ **Day 4:** Organize the bridging the gap workshop
  - Prepare action plan
- Conduct as per prescribed in 4 days PDQ implementation guideline.
- Trained facilitators (HF In-charge, District Supervisor, DC/ENA officer, Field Coordinator) will involved to facilitate the process.
- Use the separate group discussion guideline (HW, HFOMC and Mothers)
- With example briefly introduce the how to prepare action and what types of problem should be prioritized to keep in action plan.
- Prepare action plan on gap/issues/problems identified during the bridging gap workshop. The major focus should be provided on key priority areas such as Nutrition, Family Planning, ANC/PNC, GM, compliance of Iron, Zinc, Vitamin A and quality service and HFOMC/FCHVs/health mother's group meeting.
- Facilitators will ensure the active involvement of the participant

**Learning materials:**

- PDQ trainers manual and participants handbook
- Group Discussion guideline
- Quality Improvement manual
- Flex (PDQ process, Venn diagram, Steps of PDQ, Action plan, QI action cycle)
- Picture of bridge , Copy and pen

**Management:**

- Coordinate with D/PHO, Fix the date of the workshop and dispatch letter to selected health facility for 4 days PDQ process implementation.
- Dispatch letters to Health Facility 5 days before the program
- Inform and invite HFOMC members about the program by health facility in-charge
- Coordinate with FCHVs and field supervisors to select ward and inform and gather 1000 days mothers for group discussion
- Select and arrange the venue and other logistic for bridging the gap workshop

- Suaahara Field Supervisor supports in logistics arrangement.
- Ensure all the logistic and financial are in right position prior to the workshop.

**Monitoring, evaluation and reporting:**

- Center, cluster and district Suaahara team will monitor PDQ process
- Prepare report of four days PDQ process and minute of bridging the gap workshop
- Make three copies of action plan prepared during bridging the gap workshop and keep one copy at health facility, one with district Suaahara team and one at D/PHO
- Attend and support in regularizing HFOMC monthly meeting by FS.
- Follow up of action plan will be done and share the progress of the action plan in the HFOMC monthly meeting.
- Activity completion report will written by ENA officer and include in district monthly progress report

**Annex**

**Agenda:** Agenda of 4 days PDQ process implementation

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**Name of activity:**

- *Conduct 1 day follow up/ review workshop with HFOMC members every 6 months*

**Objective of workshop:**

- Review the PDQ process and action plan developed during PDQ with involvement of HFOMC and community
- Discuss on previously prioritized quality issues and develop action plan based on issues
- Encourage the regular monthly meeting of HFOMC
- Document and share the best practices

**Related Indicators:**

- Number of HFOMCs who have been engaged in a QI process
- Number of HFOMCs who have addressed at least two issues related to quality each year.
- Percent of clients satisfied with care received from service providers

**Key priority area:**

- Improve quality of MNCH-N services and increase service utilization
- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Maternal nutrition (mainly Iron compliance and deworming)
- Effective counseling on nutrition and family planning (HTSP)
- Regularize FCHV monthly meeting and health mothers group meeting
- Improvement of quality health service delivery

- Availability of key commodities including FP services

**Expected outcomes:**

- Regularized the HFOMC monthly meeting
- Addressed the issues mentioned in previous action plan
- Addressed the prioritized quality issues related to MNCH-N services such as Iron compliance, treatment of sick child, Zinc, Cotrim, ORS supplementation, HTSP and nutrition counseling etc.

**Design/Procedure:**

- Coordinate with D/PHO and targeted health facility in-charge to conduct the one day workshop
- Fix the date of the workshop by field supervisor in coordination with the health facility

**Venue:** Health facility/VDC

**Participants:** HFOMC, QI team members, and HF staff and Suaahara FS

**Number of participants:** A total 20 participants (refer the budget plan in DIP)

**Duration of workshop:** 1 day workshop

**Facilitators/Resource person:** *At least two facilitator for the workshop*

- HF In-charge , District Supervisor
- DC/ENA officer, Field Coordinator

**Facilitation/Delivery/Methodology:**

- HF in-charge/ District Supervisor / ENA Officer will involve to facilitate the workshop
- Facilitate the session as per set agenda
- HFI reviews previous action plan and facilitates to prepare action plan on gap/issues/problems for the upcoming plan. The major focus should be provided on key priority areas.
- With example briefly introduce the how to prepare action and what types of problem should be prioritized to keep in action plan.
- Facilitators will ensure the active involvement of the participant
- Make 2 copy of action plan. Keep one copy in concerned HF and original copy in D/PHO

**Learning materials:**

- Meeting minute, Previous action plan
- Bridging the gap workshop report
- Format of action plan

**Management:**

- DHO sends letter to the Health Facility and HF in-charge then sends letter to the HFOMC members and QI committee members informing about the workshop.
- Suaahara Field Supervisor supports in logistics arrangement.
- Ensure all the logistic and financial are in right position prior to the workshop.

**Monitoring, evaluation and reporting:**

- This workshop is monitored by D/PHO and Suaahara staff. The monitoring team evaluates and ensures that the quality issues have been addressed.
- The action plan can also be discuss in the HFOMC monthly meeting in order to solve the identified issues with help of HFOMC
- Follow up of action plan will be done during HFOMC monthly meeting
- Progress of the action plan will be share/present in HFOMC monthly meeting.
- Activity completion report will written by ENAO and include in district monthly progress report

**Annex**

- Agenda of one day workshop with HFOMC
- Wel come and Introduction
- Sharing objectives of the workshop ,
- Review of PDQ process
- Review of action plan and progress
- Introduction on role and responsibility of HFOMC
- Discussion on key issues and remaining issues raised in PDQ process implementation
- (Why health should be priority in local governance planning process/ward/VDC council?)
- What is the planning process? How to influence in VDC council?
- Self-evaluation of activities accomplished by HFOMC
- Develop action plan ,
- Refreshment and closing

**Name of Activity:**

- ***Organize a meeting with Village Development Committee (VDC) or ward citizen forum to link Health Facility Operation Management Committee (HFOMC) with VDC Council for resource generation***

**Objective of the activity:**

- Discuss about the MNCH-N status of the health facility and seek support to improve the activity
- Provide an overview of Partner Defined Quality (PDQ) process and to review action plan developed in the past during PDQ with involvement of HFOMC and community
- Advocate to include child health and nutrition related issues and problem in the VDC general assembly
- Bridging the gap in between the HFOMC, health service providers and communities, through participation and joint planning.
- Pull the resource for HF from VDC bulk grant to improve quality health service delivery

**Related Indicators:**

- Number of HFOMCs who have been engaged in a Quality Improvement (QI) process
- Number of HFOMCs who have addressed at least two issues related to quality each year.
- Percent of clients satisfied with care received from service providers

**Key priority area:**

- Improvement of quality health service delivery
- Treatment/management of sick child especially diarrhea treated with ORS and Zinc
- Improve MNCH-N service from the health facility
- Availability of key commodities including FP services

**Expected outcomes:**

- MNCH-N services issues/problem will be included in the VDC year plan and discuss in VDC general assembly
- Resources allocated for health facility from VDC bulk grant/any fund from VDC to improve quality health service delivery
- Harmonized relationship developed between communities, VDC council, HFOMC and health workers to improve quality health services

**Design/Procedure:**

- Share this activity with D/PHO and DDC and request them to present in meeting time.
- Coordinate with HF in-charge, VDC chairperson, Social mobilize and Ward citizen forum and explore the date for the one day meeting
- Suaahara and HFI will make the detail meeting plan along with venue, date, participants, logistics etc.
- Organize meeting prior to the VDC council in consultation HF in-charge, VDC chairperson, Social mobilize and Ward citizen forum
- Set the agenda prior to meeting in consultation with HFI ( In PDQ implemented VDCs refer the issues/problem raised during the bridging the gap workshop

**Venue:** Health facility/ VDC building

**Participants:**

- Social Mobilizer
- HFOMC/QI team members
- Members of VDC council,
- VDC secretary,
- Ward citizen forum chair person and committee
- Community Awareness Center
- Social leaders (DAG focus)
- Representation from FCHVs,
- Influential person/ teachers etc

**Number of participants :** 25-30 members ( refer budget plan in DIP)

**Duration of meeting:** 2-3 hours

**Facilitators/Resource person:**

- HF in-charge,
- District Coordinator, ENA Officer, Field Coordinator
- Field Supervisor of respective VDC

**Facilitation/Delivery/Methodology:**

- As per set agenda, facilitate the session explain objective of organizing meeting
- Discuss the agenda one by one and give time for discussion
- Take the participants views, feedback and recommendation to fulfill the identified issues to provide quality service from HF
- Reviews the previous action plan and facilitates for the upcoming plan and strategy to pull out the VDC bulk grant.
- Take commitment to support child health and nutritional issues and problem

**Learning materials:**

- Meeting minute register
- Previous action plan (apply PDQ implemented VDCs)
- List of key issues/problems identified during bridging the workshop or any other time
- Health facility progress report

**Management:**

- ENA Officer/Field Supervisor request HF in-charge to send the invitation letter to all participants at least 3 days earlier.
- Suaahara ENA officer/FS will participate in the workshop as an observer and support to facilitate any sessions along with arrangement for refreshment.

**Monitoring, evaluation and reporting:**

- Facilitators will ensure the involvement of all participants
- This meeting will be monitored by D/PHO and Suaahara staffs. The monitoring team assesses if the priority issues raised were discussed in the VDC council or not,
- Advocate to keep child health and nutrition issues and problem as a prime agenda in the VDC general assembly
- Resources from VDC bulk grant allocated to improve quality health services.
- Activity completion report will written by ENAO/FS and include in district monthly progress report.

**Annex****Meeting agenda:**

- Introduction
- Sharing objectives of meeting
- Overview of PDQ process ( apply in PDQ implemented HF)
- Share previously plan action plan and its progress ( apply in PDQ implemented HF)
- Discussion on key issues and remaining issues raised in PDQ process  
(Encourage HF to present status of key MNCH-N indicators of the HF in the meeting;
- Why MNCH-N should be priority in local governance planning process/ward/VDC council/Functionality of PHC ORC and epi clinic)
- Identify gaps between health facility and VDC grant to provide quality health services to the DAG communities from service outlets like PHC/ORC clinics, EPI clinics, Growth monitoring, counseling corners etc.

- Discussion on how to get resources/support from VDC bulk grant on regular basis such as logistics, equipments, rooms for PHC/ORC clinics etc.
- Prepare the list of activities related to health facility/service (where fund/resource can be allocated from VDC bulk grant)

**Name of activity**

- *Organize 3 days ToT on HFOMC capacity building program (District ToT)*

**Objective of the activity:**

- To develop district level facilitators to roll out HFOMC capacity building training at health facility level
- Enhance the knowledge and skills of the participants on HFOMC capacity building.
- After the ToT, all participants conduct 3 days HFOMC capacity building training at their local health facility

**Related Indicators:**

- Number of HFOMCs who have been engaged in a QI process
- Number of HFOMCs who have addressed at least two issues related to quality, each year.

**Key priority area:**

- Develop trained human resources
- Strengthen the MNCH-N services from health facility
- Effective counseling on nutrition and family planning and HTSP
- Monitor key MCH and FP commodities.

**Expected outcomes:**

- Participants became capable in HFOMC capacity building
- Developed skilled facilitators are able to conduct HFOMC capacity building training at HF level
- Participants will aware and perform their role

**Design/Procedure:**

- HFOMC capacity building trainers manual has been revised by Suaahara in coordination with NHTC and other EDPs integrating GESI components.
- The 3 days HFOMC capacity building training manual has been finalized with GESI integration.
- The developed package was pre tested organizing one batch HFOMC ToT program at Pokhara involving health workers
- Training will be organized in coordination with National Health Training Centre (NHTC), Regional Health Training Centre (RHTC) and D/PHO

**Venue:** D/PHO training hall

**Participants:**

- District Supervisors
- Selected HF In-charge
- District Coordinator/ ENA Officer
- Field Coordinator

**Number of Participants :** A total 18-20 person /per batch

**Duration of training:** Full 3 days

**Facilitators/Resource person:**

- D/PHO
- HFOMC trained D/PHO staff
- HFOMC trained NHTC/RHTC staff
- Resource person/ facilitators from Suaahara
- Suaahara center and cluster office

**Facilitation/Delivery/Methodology:**

- The contents will delivered based on trainer's manual of “HFOMC capacity building”
- Trained resource person/facilitators from NHTC/RHTC/Suaahara central office facilitates the ToT
- The training basically follows presentation, discussion, brainstorming, Q/A, group work, experience sharing, illustrative lecture and exercise

**Learning materials:**

- HFOMC capacity building trainers manual
- Participants handbook
- Flex print (HFOMC structure, role and responsibility, Meeting conduction process, Self evaluation, Action Plan)
- Photos (see trainer’s manual)
- PP Slides, Training Banner

**Management:**

- Organize the ToT in the district in close consultation with central Suaahara team, NHTC and RHTC.
- Prepare logistics as mentioned in Trainer’s guideline prior to the training
- Request D/PHO to send invitation letter to health facilities In-charge at least 5 days prior to the training date.
- Ensure the letter dispatch and their participation in the training
- Ensure facilitators guide, participants book, orientation materials, agenda, stationary etc are in place prior to the training
- Ensure all finance and logistic including stationary, manual and flex print is in right position prior to the training.

**Monitoring, evaluation and reporting:**

- D/PHO, NHTC, RHTC and Suaahara team monitors the training
- The participant’s knowledge and skills evaluation is done during the training period.
- Facilitators will ensure the active involvement of the participants
- Activity completion report will written by ENA officer and include in district monthly progress report
- After the training, arrange joint monitoring by the Suaahara staffs and D/PHO staffs to ensure the training implementation level in HF.

**Annex**

**Training agenda:**

- HFOMC Capacity Building Training Manual Agenda

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**Name of activity:**

- **Organize 3 days HFOMC Capacity Building training for members of HFOMC at health facility level/VDC**

**Objective of the activity:**

- Enhance the knowledge and skills of HFOMC members in managing the HF.
- Make HFOMC to understand its roles and responsibility in managing the health facility
- Develop the work plan to fulfill the gap of HFs and increase the MNCH-N service utilization from HF and PHC/ORC
- Make HFOMC to understand gender equity and social inclusion concepts and its importance in health services
- Enable to effectively conduct the HFOMC monthly meeting

**Related Indicators:**

- Number of HFOMCs who have been engaged in a QI process
- Number of HFOMCs who have addressed at least two issues related to quality, each year.

**Key priority area:**

- Develop trained human resources
- Strengthen the MNCH-N services from health facility
- Effective counseling on nutrition and family planning and HTSP
- Monitor key MCH and FP commodities.

**Expected outcomes:**

- Participants will aware and perform their role and responsibility
- Regularized the service provided by HFs
- Improved management and supported in providing quality MNCH-N services
- Generated local resources in coordination with VDC and stakeholders
- Took responsibility by HFOMC for managing the health facilities and ensured GESI while providing services
- HFOMC monthly meeting regularized and systematized
- Developed work plan to full fill the gap of HFs and increased the MNCH-N service utilization

**Design/Procedure:**

- HFOMC capacity building trainers manual has been revised by Suaahara in coordination with NHTC and other EDPs integrating GESI components.

**Venue:** Health Facility

**Participants:**

- HFOMC Members, Health Worker
- Field Supervisor (concerned VDC)

**Number of Participants:** A total 15-18 person /per batch

**Duration of training:** Full 3 days

**Facilitators/Resource person:** -2 facilitator/per batch

- LDO, Planning Officer/Social Mobilization Officer (DDC)
- D/PHO
- HFOMC trained D/PHO staff
- DC/ENA Officer
- Field Coordinator

**Facilitation/Delivery/Methodology:**

- Refer HFOMC capacity building trainers manual.
- This training will be delivered by trained district supervisor, Health Facility In-charge, Field Coordinator, DC/ENA Officer.
- In health facility the training will be organized in coordination with D/PHO and DDC

- The contents will delivered based on trainer's manual of “HFOMC capacity building”
- The training basically follows presentation, discussion, brainstorming, Q/A, group work, experience sharing, illustrative lecture and exercise

**Learning materials:**

- HFOMC capacity building trainers manual
- Participants handbook
- Flex print (HFOMC structure, role and responsibility, meeting conduction process, Self evaluation, Action Plan)
- Photos (see trainer’s manual)
- PP Slides, Training Banner

**Management:**

- Organize the training at selected VDCs/HF in close consultation with DHO and DDC
- Request D/PHO to send invitation letter to health facilities In-charge at least 5 days prior to the training date.
- Prepare logistics as mentioned in Trainer’s guideline prior to the training
- Ensure participants book, orientation materials, agenda, stationary etc are in place prior to the training
- Ensure all finance and logistic including stationary, manual and flex print is in right position prior to the training.

**Monitoring, evaluation and reporting:**

- D/PHO, HFOMC focal person, DDC representative and Suaahara team monitors the training
- The participant’s knowledge and skills evaluation is done during the training period.
- Facilitators will ensure the active involvement of the participants
- Keep the record and prepare short report of the training
- Activity completion report will written by ENA officer and include in district monthly progress report
- During the training arrange joint monitoring by the Suaahara staffs and D/PHO staffs to monitor the training in HF.

**Annex**

**Training agenda:**

- HFOMC Capacity Building Training Manual agenda

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**Name of activity**

- Support to regularize HFOMC monthly meeting for QI promotion

**Objective of the activity:**

- Encourage to regular monthly meeting of HFOMC
- Discuss about the issues related to HF and make appropriate decision to solve the problem
- Review the previous action plan and develop action plan to address quality issues

**Related Indicators:**

- Number of HFOMCs who have been engaged in a QI process
- Number of HFOMCs who have addressed at least two issues related to quality each year.

**Key priority area:**

- Improve quality of MNCH-N services and increase service utilization in HF
- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Maternal nutrition (mainly Iron compliance and deworming)
- Effective counseling on nutrition and family planning (HTSP)
- Monitor key MCH and FP commodities.
- Regularize FCHVs and health mothers group meeting

**Expected outcomes:**

- HFOMC monthly meeting regularized
- Quality issues related to MNCH-N services, such as Iron compliance, treatment of sick child, Zinc, Cotrim, ORS supplementation, HTSP and nutrition counseling etc, addressed

**Design/Procedure:**

- Coordinate with D/PHO and concerned health facility in-charge to organize the meeting
- Participate and provide support in the meeting by Suaahara staff

**Venue:** Health facility

**Participants:**

- HFOMC members, HF staff

**Number of participants**

- HFOMC members= 9-13
- HF staff= 3-5 (depend upon the level of HF )

**Duration of Meeting:** 2-3 hours in a month ( monthly basis)

**Facilitators/Resource person:**

- HF In-charge
- Field supervisor (Suaahara)

**Facilitation/Delivery/Methodology:**

- Start the meeting by welcoming all the HFOMC members ( at least 51% attendance is necessary to make decision)
- HF in-charge review on the earlier meeting minute decision
- Share the monthly programmatic achievement
- If the action plan is already developed in previous meeting, review the progress made so far and facilitates for the upcoming plan to address quality issues for MNCH-N service delivery in the catchment area.
- If the action plan is not yet developed or if the actions are completed, facilitate to develop a new plan
- If the action plan is still being implemented, review the progress of the plan

**Learning materials:**

- Meeting minute register
- Previous action plan
- Progress report (HMIS/event report)

**Management:**

- HF In-charge invites HFOMC members
- Record/document the meeting minute in register (Keep single register for HFOMC meeting )
- Suaahara FS participates in the meeting as an observer and supports to facilitate the meeting.

**Monitoring, evaluation and reporting:**

- Meeting is monitored by D/PHO and Suaahara staffs (DC, ENA officer and FC)
- The monitoring team assess and ensure that the quality issue have been addressed
- Prepare/obtain meeting minutes and maintain minute book by the Suaahara staff

**Annex**

- Action plan template (Same as one day workshop)

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**Name of Activity**

- ***Provide essential equipment and materials to support HFOMC***

This activity covers two activities under output 2.2 and output 2.3 as listed below:

- **Output 2.2:** Support HFOMC to improve integrated health and nutrition services (GMP, FP, IMCI) through health facilities and PHC/ORC to provide essential equipment and materials
- **Output 2.3:** Support HFOMC to improve integrated health and nutrition services (GMP, FP, IMCI) through health facilities and PHC/ORC to provide essential equipment and materials

**Objective of the activity:**

- Improve MNCH-N services through health facilities and PHC/ORC by providing essential equipment and materials, based on action plan developed during bridging the gap workshop of PDQ
- Support to strengthen the PHC ORC services especially in ANC, treatment of sick child , nutrition counseling, Growth monitoring, ZINC and Iron compliance

**Indicators:**

- Number of HFOMCs who have been engaged in a QI process
- Number of HFOMCs who have addressed at least two issues related to quality each year
- Percent of clients satisfied with care received from service providers
- % of pregnant women who receive at least 4 ANC visits
- % of children with diarrhea in the last 2 weeks treated with ORS and Zinc
- % of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.
- Percent of children under five years old with diarrhea treated with oral rehydration therapy
- Percent of births attended by SBA

**Key priority area:**

- Implementation of action plan
- Compliance of Iron & Folic Acid, ORS, Vitamin A, Deworming and Zinc supplementation
- Counseling service on Nutrition and HTSP and Family Planning
- Availability of FP/MCH related commodities (*Iron, Zinc, Iron & Folic Acid, ORS, Vitamin A, Albendazole, Timer, Weight scale, Cotrim P, and FP devices (condom, pills,)*)
- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Effective counseling on nutrition and family planning (HTSP)

**Expected outcomes:**

- Essential equipments and materials were available on the health facilities based on action plan
- Quality of integrated health and nutrition services improved
- MNCH-N service utilization increased
- Know the implementation status of action plan
- Identified the corrective actions

- Develop health facility level action plan for addressing identified needs.
- Finalized the revised action plan
- Shared the minutes to stakeholders

#### **Design/Procedure:**

- Hold preparatory meeting with D/PHO, NFP and other program focal person by Suaahara district team.
- In close consultation with D/PHO fix the date, venue and number of participants for quarterly review meeting.
- This activity to be **tied up by adding one day** in district quarterly review meeting
- Support of one day meeting (additional) following the quarterly review meeting

#### **Management:**

- Fill up the goods receipt form and submit to D/PHO and suaahara staff while providing essential equipments to health facilities
- Enter the provided equipments in the stock book of health facilities

#### **Monitoring, Evaluation and Reporting:**

- Monitor proper use of provided materials by Suaahara staffs (FS, ENA officer, FC and DC)

#### **Some Examples.....**

##### **How we support**

- With evidence of documentation, Mutual support, Not Cash

##### **Hygiene/Sanitation**

- Waste disposal pit, Hand washing facilities
- ORT corner materials for ORS demonstration
- Indoor waste disposal materials

##### **Nutrition related activities**

- Counseling corner , Counseling materials, BCC materials , wall painting
- GPM related materials (weight scale.....)

##### **MNCH-N**

- Placenta Pit (Birthing center), Screen for privacy, delivery kit
- BP instrument /weight scale /Shelter scale
- ANC examination table/foot step, Virex/gloves

##### **Orientation/Meeting**

- Orientation to HFOMCs about their role and responsibility
- Orientation to HFOMC/ORC committee
- Meeting with mother/guardian/decision makers

##### **Support to Strengthen ORC clinic**

- Clinic information board, ANC table, Screen shalter scale , BP instrument,

##### **Others**

- Citizen charter , Water tap repairing , Toilet repairing

**Name of Activity**

- ***Support in regular review meeting of D/PHO) at the quarterly basis at the quarterly basis with health facility In-charges at district level-1 day***

This activity covers two activities under output 2.2 and output 2.4 as listed below:

- **Output 2.2:** Support in regular review meeting of DHO/DPHO (1 day) at the quarterly basis with health facility In-charges at district level to discuss the progress of action plan to improve service delivery of nutrition program
- **Output 2.4:** Conduct 1 day review meeting of HTSP (to discuss on FP/HTSP and nutrition services during district level review meeting with district supervisor and Illaka In-charges)

**Objective of the activity:**

- Review the action plan of each health facilities developed during the district workshop on 'Strengthening Quality Health Services of Nutrition Program'
- Review status of HTSP/FP counseling practice at health facility level
- Identify the corrective actions
- Review implementation status of the action plan prepared in district workshop in line with corrective actions
- Review the performance of PHCORC service after orientation program (program implemented district)
- Prepared new action plan based on identified problems

**Related Indicators:**

- % of service providers providing adequate nutrition counseling.
- % of children with diarrhea in the last 2 weeks treated with ORS and Zinc
- Percent of children under five years old with diarrhea treated with oral rehydration therapy
- Percent of children with pneumonia taken to appropriate care.
- % of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.
- % of pregnant women who receive at least 4 ANC visits

**Key priority area:**

- Nutritional care of sick children including feeding during and after illness in line with CB IMCI
- Compliance of Iron & Folic Acid, ORS, Vitamin A, Deworming and Zinc supplementation
- Counseling service on Nutrition and Healthy Timing and Spacing of Pregnancy (HTSP ) and Family Planning
- Availability of FP/MCH related commodities (*Iron, Zinc, Iron & Folic Acid, ORS, Vitamin A, Albendazole, Timer, Weight scale, Cotrim P, and FP devices (condom, pills)*)

**Expected outcomes:**

- Know the implementation status of action plan

- Identified the corrective actions
- Develop health facility level action plan for addressing identified needs.
- Finalized the revised action plan
- Shared the minutes to stakeholders

**Design/Procedure:**

- Hold preparatory meeting with D/PHO, NFP and other program focal person by Suaahara district team.
- In close consultation with D/PHO fix the date, venue and number of participants for quarterly review meeting.
- This activity to be **tied up by adding one day** in district quarterly review meeting
- Support of one day meeting (additional) following the quarterly review meeting of the District

**Venue:** D/PHO

**Participants:**

- District supervisors,
- All health facility (HF) In-charges

**Number of participants**

- A total 20-25 person Participant enrolled in quarterly review meeting

**Duration of meeting:** Full 1 day

**Facilitators/Resource person:**

- D/PHO
- PHO/PHI
- Suaahara central and cluster HSP team

**Facilitation/Delivery/Methodology:**

- This workshop will be facilitated by Suaahara central/cluster/district team in coordination and technical support from D/PHO.
- Facilitate the session as per set agenda quarterly review meeting
- Discuss the action plan of each health facilities developed during the district workshop
- Review status of HTSP/FP counseling practice at health facility level
- Review implementation status of the action plan prepared in district workshop in line with corrective actions
- Prepared new action plan based on identified problems on key priority areas.
- Presentation of updated action plan by all HF In-charges
- Review the performance of PHC ORC service after orientation program (program implemented district)
- The workshop will be followed by group work, discussion, presentation and individual action plan preparation

**Learning materials:**

- HMIS report of last 3 months

- Action plan prepared in district level workshop
- HTSP/FP counseling and PHC ORC service related documents (if any)

**Management:**

- Ensure the separate one day additional for Suaahara
- Ensure all the logistic and financial are in right position prior to the quarterly review meeting.

**Monitoring, evaluation and reporting:**

- D/PHO will monitor the during the quarterly review meeting
- Regular monthly review of HMIS 33 at the district level by ENA officer, especially relating to indicators and key priority areas mentioned above.
- Facilitators will ensure the active involvement of the participant
- Activity completion report will written by ENA officer and include in district monthly progress report

**Annex**

- Review meeting agenda (To be prepared in the district )
- Action plan format- Same as used in one day workshop with DHO

**Note:**

1. ***DSA of one day including cost of refreshment for all participants to be provided by Suaahara***
2. ***Activity under 2.4: Conduct 1 day review meeting of HTSP (to discuss on FP/HTSP and nutrition services during district level review meeting with district supervisor and illaka in-charges) is linked with this activity therefore, this activity is not undertaken separately.***

**Name of activity**

- ***Support the monthly meeting of FCHVs at the health facility level, to review and identify the corrective actions to improve the treatment of sick child, feeding during & after illness including the use of ORS, Zinc and Iron/folic acid etc.***

**Objective of the activity:**

- Review the progress and discuss on issues of MNCH-N and FP services
- Ensure the use of MNCH-N commodities and BCC materials
- Increase the use of Iron compliance, Zinc and ORS and treatment of sick child
- Discussion about the BF, CF, FP/HTSP and child health and nutrition message in Health mother group (HMG) meeting
- Increase the use of health service from HF and PHC ORC especially 4 ANC and 3 PNC visit, delivery by SBA , new born received PNC visit diarrhea treatment etc.

**Related Indicators:**

- % of service providers providing adequate nutrition counseling.
- % of children with diarrhea in the last 2 weeks treated with ORS and Zinc
- % of children under five years old with diarrhea treated with oral rehydration therapy
- Percent of children with pneumonia taken to appropriate care.
- % of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.

**Key priority area:**

- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Feeding during and after illness
- Maternal nutrition (mainly Iron compliance and deworming)
- Effective counseling on nutrition and family planning (HTSP)
- Regularize health mothers group meeting
- Availability of FP/MCH related commodity ( *Iron, Zinc, Iron & Folic Acid, ORS, Vitamin A, Albendazole, Timer, Weight scale, Cotrim P, and FP devices.*

**Expected outcomes:**

- Regularized FCHV monthly meeting.
- Discussion of key message in HMG meeting
- Identified 1000 days women and children
- Ensured the availability of MNCH and FP key commodities among FCHVs
- Distribution of Iron, Zinc, Vitamin A, and ORC as well as FP devices in the ward

**Design/Procedure:**

- Support to regularize FCHV monthly meeting as planned by GON, (at least 8 meetings annually)
- Agenda of FCHV monthly meeting focuses on at least 1 of the key priority areas mentioned above

**Venue:** Health Facility

**Type and Number of Participants:** All FCHVs of the VDC

**Duration of meeting:** 2-3 hours

**Facilitators/Resource person:**

- Health facility staffs ,
- Health workers
- Field supervisor (Suaahara)

**Facilitation/Delivery/Methodology:**

- Start the meeting by welcoming all the FCHVs
- HF in-charge review on the earlier meeting minute decision
- Discuss about monthly programmatic achievement especially focusing on reproductive health and nutrition (Iron, Zinc, ORS, Vitamin A, distribution and its compliance , ANC, PNC visit etc)

**Learning materials:**

- FCHVs reporting tools ,
- Meeting minuting
- HMG meeting guideline

**Management:**

- HF in-charge will fixed the FCHVs' meeting date
- Suaahara FS participates in the meeting as an observer and supports to facilitate the meeting if necessary.
- Suaahara provides only the refreshment cost to conduct FCHV monthly meeting (*activities planned district*)

**Monitoring, evaluation and reporting:**

- Meeting is monitored by D/PHO and Suaahara staffs (DC, ENA officer and FC)
- The monitoring team assess and ensure the agenda discussed in the meeting
- Meeting minute is prepared and documented

**Annex**

**Agenda:**

- Iron, Zinc, ORS, Vitamin A, and deworming distribution and its compliance
- Commodity stock including FP devices
- Health Mothers Group meeting progress
- ANC and PNC visit, delivery by SBA , new born received PNC visit diarrhea treatment etc.
- Breast feeding, complementary feeding , Food practices,
- Treatment of sick child
- FP and HTSP key message

**Name of activity**

- *Organize joint technical supervision from DHO/DPHO at HF/ORC clinic, HFOMC meeting for IMCI, FP/HTSP, Nutrition counseling and other services*

**Objectives of the activity:**

- Provide technical support for providing quality services and ensure the quality of services.
- To know counseling practice of HWs on HTSP/FP and nutrition care
- To know the availability of key commodities related with MNCH-N services
- To know the status of Illaka level meeting, HF staff meeting, FCHV meeting, HFOMC meeting, health mother's group meeting and ORC clinic service etc.
- To identified support or materials needed to deliver the quality health services.
- Provide feedback to health worker and HFOMC to improve the services delivered from health facility and ORC clinic

**Related Indicators:**

- Percent of USG assisted service delivery points that experience a stock out of key MCH commodities at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide.
- Percent of clients satisfied with care received from service providers
- Number of HFOMCs who have been engaged in a QI process
- Number of HFOMCs who have addressed at least two issues related to quality each year
- Percent of women who receive FP/HTSP counseling

**Key Priority Area:**

- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Maternal nutrition (mainly Iron compliance and deworming)
- Effective counseling on nutrition and family planning (HTSP)
- Monitor key MCH and FP commodities.
- Regularize different types of meeting that provide inputs for health activities
- Regularize service from PHC ORC clinic

**Expected outcomes:**

- Service providers got technical inputs and supports thus service quality improved
- Regularize Illaka level meeting, FCHVs meeting, health mother's group meeting and HFOMC meeting.
- No stock out of key MCH commodities in HF and with FCHVs
- Good coordination established with DHO/DPHO

**Design/Procedure:**

- Select low performing health facility for the visit
- This activity is design to perform the situational analysis of the health facility. Using health facility supervision checklist it is expected to re enforce to organize different meetings (Illaka level meeting, HF staff meeting, FCHV meeting, HMG meeting, HFOMC meeting) and perform proper counseling on nutrition and HTSP/FP and make sure the regular availability of key commodities related with MNCH-N services
- Use the health facility supervision checklist

**Venue: To whom to supervise:**

- Health facility of selected VDCs
- Clients
- PHC ORC clinic
- Different meeting (FCHVs, HFOMC and Illaka level meeting)

**Frequency:** As planned in the DIP

**Resource person: Supervision Visit by**

- Suaahara Center, Cluster and district team - ENA Officer and Field Coordinator
- DHO/DPHO, District Health Supervisors/Program Focal Persons
- Illaka In-charges

**Facilitation/Delivery/Methodology:**

- Observation using checklist
- Discussion with health workers
- Discussion with client received services from health facility and ORC clinic
- Interview using check list with health service providers
- Review key MNCH-N indicators' trend in line with the new initiatives taken
- Discussion on the findings
- Feedback and recommendation

**Learning materials:**

- Health Facility Supervision Form

**Management:**

- Suaahara district team (DC and ENA Officers) will do coordinate with D/PHO and share the purpose of the facilitative supervision and how this supervision will support in improving access and quality
- Prepares the schedule for the joint monitoring visit including a detail planning on who, how, when, where and why.
- The supervision checklist must be shared with the DHO team prior to the field visit.

**Monitoring, evaluation and reporting:**

- Brief about purpose of visit and monitoring check list to whom you are going supervised
- Ask/observe the status of key commodities
- Discuss the findings with all staff or members
- Write feedback/suggestion from the visit on the on the minute/visitors' register
- Include one paragraph about the monitoring in quarterly report by district team and submit to cluster level

**Annex:**

- Health Facility Supervision Form ( *attached under Monitor key commodities related with MNCH-N services and support counseling services*)

**Name of Activity:**

- **Monitor key commodities related with MNCH-N services and support counseling services**

This activity covers two activities under output 2.2 and output 2.4 as listed below:

- **Output 2.2:** Monitor key commodities related with MNCH services i. e., zinc, ORS, pills condom, Depo, IUCD, implant, iron, Vitamin A and pediatric Cotrim)
- **Output 2.4:** Support the counseling services of nutrition especially FP/HTSP by health workers through regular monitoring (using checklist)

**Objective of the activity:**

- To know counseling practice of HWs on HTSP/FP and nutrition care
- Know the availability of key commodities related with MNCH-N services
- Find out the stock out of key commodities and link with DHO/DPHO and other stakeholders to fulfill the gap
- To know the status of Illaka level meeting, HF staff meeting, FCHV meeting, HFOMC meeting, ORC clinic etc.

**Related Indicators:**

- % of service providers providing adequate nutrition counseling.
- Percent of USG assisted service delivery points that experience a stock out of key MCH commodities at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide
- Number of HFOMCs who have been engaged in a QI process
- Number of HFOMCs who have addressed at least two issues related to quality each year.

**Key Priority Area:**

- Counseling services on nutrition and HTSP/FP
- Availability of key commodities related to FP and MNCH-N
- Regularize different meeting

**Expected outcomes:**

- Regular availability of key commodities related with MNCH-N services
- Sensitized health service providers for timely demand and supply of key commodities to minimize stock out
- Provide counseling on nutrition and HTSP/FP
- Sensitize to conduct Regular Illaka level meeting, HF staff meeting, FCHV meeting, HFOMC meeting etc.

**Design/Procedures:**

- This activity is design to perform the situational analysis of the health facility. Using supervision checklist it is expected to re enforce to organize different meetings (Illaka level meeting, HF staff meeting, FCHV meeting, HFOMC meeting) and perform proper counseling on nutrition and HTSP/FP and make sure the regular availability of key commodities related with MNCH-N services

**To whom to supervise:** Health facility

**Facilitation/Delivery/Methodology:**

- DC and ENA officers and FS should coordinate with HFI and share the purpose of the supervision, about the checklist and how this supervision will support in improving access and quality.
- Visit health facility and built rapport
- Brief about purpose of visit and monitoring check list
- Inform HFI/HWs that you are going to discuss with him about the checklist
- Observe or question with HFI/HWs and fill up the checklist as per given in the format.

**Supervision Visit by:**

- Suaahara Center, Cluster and district team - ENA Officer and Field Coordinator
- Field Supervisor
- District Health Supervisors/Program Focal Persons
- Illaka In-charges

**Learning materials:**

- Health Facility Supervision Form
- Guideline of Health Facility Supervision Form

**Frequency:**

- Suaahara district team: At least 4 health facilities in a month by district team
- Field Supervisor: Tri monthly at each concerned health facility

**Management:**

- Suaahara district team (DC and ENA Officers) will do coordinate with D/PHO and share the purpose of the facilitative supervision and how this supervision will support in improving access and quality
- The supervision checklist must be shared with the DHO team
- Suaahara district team in coordination with D/PHO introduce supervision checklist in different forum/meeting and training time (Monthly meeting in D/PHO, Ilaka level meeting, Quarterly review meeting and different training
- If possible, get D/PHO's approval letter for supervision

**Monitoring, evaluation and reporting:**

- Brief about purpose of visit and monitoring check list
- Ask/observe the status of key commodities
- Discuss the findings with all staff
- Include one paragraph about the commodity monitoring in quarterly report by district team and submit to cluster level

**Annex:**

- Instruction Guide to Use Health Facility Supervision Checklist
- Health Facility Supervision Form

### Instruction Guide to Use Health Facility Supervision Checklist

What	This is a monitoring checklist of Health Facility (HF) which includes Primary Health Care, Health Post and Sub Health Post.
Why	It is Suaahara's mandate to support health facilities for improving access and work closely with HFOMC for improving quality. Therefore, monitoring of health facility is important aspect and hence the checklist guides the monitoring.
When	It is an ongoing activities to monitor health facilities in coordination with D(P)HO.
Who	<ul style="list-style-type: none"> <li>• Suaahara Cluster team (during their visit to district, whenever required)</li> <li>• Suaahara district team</li> <li>• LINGO staff &amp; executive members</li> <li>• Field Supervisors (FS) in their respective working areas.</li> </ul>
How many visit (frequency)	<ul style="list-style-type: none"> <li>• FS should visit all health facility (PHC/ HP/SHP) in their respective working areas within the period of two months</li> <li>• Prioritize low performing health facilities based on FS's monitoring visit and under</li> <li>• Suaahara district team: At least 4 health facilities in a month by district team</li> <li>• Field Supervisor: Tri monthly at each concerned health facility</li> </ul>
How	<ol style="list-style-type: none"> <li>1. Coordination with D(P)HO <ul style="list-style-type: none"> <li>• Suaahara district team (mainly DC and ENA officers) should coordinate with DHO and share the purpose of the monitoring, about the checklist and how this monitoring will support in improving access and quality. The checklist must be shared with the DHO team.</li> <li>• If possible, get D(P)HO's approval letter for monitoring.</li> </ul> </li> <li>2. Go to the HFs and meet the HF Incharge</li> <li>3. Ask all the questions to HF In-charge according to the checklist.</li> <li>4. Question 2&amp;3 is to be observed. The visitor should observe at least one case of complete counseling</li> <li>5. DC/ENA officer/FC should observe the minute register of HF management meeting, HFOMC meeting and logistic register wherever possible. <i>(Note: DC/ENA officer and FC should know how the stock register are maintained for FP/ MNCH-N commodities)</i></li> <li>6. FS should attend HFOMC meeting</li> </ol>
Data Management and Reporting	<ul style="list-style-type: none"> <li>• FS should share the issues they have found during their visit to HF in the monthly meetings.</li> <li>• Issues should be discussed, prioritize and plan for the way forward.</li> <li>• These issues should be document in the Project Issue Log and also the planning done.</li> <li>• The Project Issue Log should be sent to district team along with their monthly progress data. This will further sent to cluster &amp; Ktm.</li> <li>• The filled checklist should be filed properly according to the supervision area and month/year.</li> <li>• FS should submit the supervision checklist to Field Coordinators and FC should submit the district Suaahara office</li> <li>• Filled up checklist should be collected in the District Suaahara office include in the monthly reporting</li> </ul>



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**Activities under output 2.3**

**Output 2.3:**

- **Improved access to nutrition and related maternal and child health services, particularly, among excluded communities**

**Name of Activity**

- ***Organize 2 days district level orientation for PHC/ORC strengthening to the Health Facility In-charge and District Supervisor***

**Objective of the activity:**

- To build capacity of health facility In-charge and district supervisor on revised PHC/ ORC package
- To update the revised information and tell to form/reform/review the PHC/ORC management committee at the clinic site
- To identify the ORC services coverage, access, availability and review it to strengthen the services from the clinic
- To regularize availability of key commodities and service in the clinic round the year
- To develop as facilitators to roll out HFOMC or PHC/ORC management committee members orientation program at HF level

**Related Indicators:**

- % of pregnant women who receive at least 4 ANC visits
- % of post-partum women and newborns who receive at least 3 postpartum/ postnatal visits.
- % of children with diarrhea in the last 2 weeks treated with ORS and Zinc
- Number of additional USG assisted community health workers providing FP information and / or services during the year.
- % of USG assisted service delivery sites providing FP counseling and/or services

**Key priority area:**

- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Feeding during and after illness
- Maternal nutrition (mainly Iron compliance and deworming)
- ANC, PNC and neonatal care.
- Effective counseling on nutrition and family planning (HTSP/FP)

**Expected outcomes:**

- Health facility In-charge and district supervisor build capacity on revised PHC/ ORC package
- District Supervisors and HFI will aware and perform their role and responsibilities to strengthen the service from ORC
- Regularize availability of key commodities and service in the ORC clinic round the year
- Facilitators were capable to roll out HFOMC or PHC/ORC management committee members orientation program at HF level

**Design/Procedure:**

- In coordination with Family Health Division, orientation on “PHC/ORC strengthening” package was developed. Previous PHC/ORC strengthening orientation book were review and taken as a reference.
- The revised orientation package for health worker is developed for 2 days and included updated information. The package revision and development task was supported by Suaahara.
- The manual are in line with government protocol
- The developed package was pre tested organizing one batch health workers orientation at DHO Kavre.
- All the recommendation and feedback received from the orientation were included in the package
- The package is endorsed by FHD director.

**Prior to the orientation in the district:**

- Hold preparatory discussion with D/PHO, focal person, LNGO and Suaahara district team to fix the date for district level orientation
- District Suaahara and D/PHO make the detail HFOMC or PHC/ORC management committee members orientation rollout plan (date, venue, facilitators, logistics) etc.
- Coordinate with HSP team-cluster and center and inform about the progress of the discussion to support the activity.
- After finalized the training date and facilitators, organize half day session preparatory meeting (session planning and division, materials preparation, logistic arrangement) with trainers.

**Venue:** D/PHO or any other appropriate site

**Participants:**

- District supervisors,
- PHC/ORC program implementing HFs In-charges,
- DC/ENA Officer and Field Coordinator (Suaahara)

**Number of participants**

- A total 20-22 participants /per batch

**Duration of training:** 2 days

**Facilitators/Resource person:**

- Representative from FHD/ RHD
- D/PHO
- 1 PHC/ORC Program focal Person ( FP Supervisor/Officer)
- 2 PHC/ORC Orientation trained person
- Center and cluster HSP team

There should be 3 facilitators to conduct district level orientation program

**Facilitation/Delivery/Methodology:**

- The contents will delivered based on trainer's manual of “orientation on PHC/ORC strengthening” of health workers
- The orientation basically follows discussion, brainstorming, Q/A, group work, experience sharing, illustrative lecture and exercise

- Each orientation session were designed based on the ROPES model (R=Review, O=Overview, P=Presentation, E=Exercise/Evaluation, S=Summarization)

**Learning materials:**

- Trainer's manual
- Reference materials
- Evaluation sheet
- PP Slides
- Form/format

**Management:**

- Request D/PHO to send invitation letter to health facilities In-charge at least 5 days prior to the orientation date.
- Ensure the letter dispatch and their participation in the orientation
- Ensure facilitators guide, participants book, orientation materials, agenda, stationary etc are in place prior to the orientation
- Ensure all finance is in right position prior to the orientation.

**Monitoring, evaluation and reporting:**

- FHD, RHD representative and Suaahara team monitors the orientation.
- Monitor the orientation by D/PHO, RHD, FHD and central/cluster Suaahara staffs
- The participant's knowledge and skills evaluation is done during the orientation.
- Facilitators will ensure the active involvement of the participants
- After the district level orientation, arrange joint monitoring by the Suaahara and D/PHO to monitor the HFOMC or PHC/ORC management committee orientation.
- A brief activity completion report will written by ENA officer and include in district monthly progress report

**Annex**

- District level (Health workers) orientation agenda

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**Name of Activity:**

- *Organize 2 days orientation to low performing HFOMC or PHC/ORC management committee members to strengthen FP/MCH, nutrition services and growth monitoring services.*

**Objective of the activity:**

- To build capacity of PHC/ORC or HFOMC committee members on revised PHC/ ORC orientation package
- To identify the ORC services coverage, access , availability and review it to strengthen the services from the clinic
- To improve and regularize availability of key commodities and service in the ORC clinic round the year
- Inform about operation procedure and services available from ORC clinic
- Share role and responsibility of concerned stakeholders

**Related Indicators:**

- % of pregnant women who receive at least 4 ANC visits
- % of post-partum women and newborns who receive at least 3 postpartum/postnatal visits.
- % of children with diarrhea in the last 2 weeks treated with ORS and Zinc
- % of newborns receiving post natal health check within 2 days of birth
- Number of additional USG assisted community health workers providing FP information and / or services during the year.
- % of USG assisted service delivery sites providing FP counseling and/or services

**Key priority area:**

- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Feeding during and after illness
- Maternal nutrition (mainly Iron compliance and deworming)
- ANC, PNC and neonatal care.
- Effective counseling on nutrition and family planning (HTSP/FP)

**Expected outcomes:**

- HFOMC or PHC/ORC management committee members sensitized on the operation procedure and services available from ORC clinic
- HFOMC or PHC/ORC management committee members aware and perform their role and responsibilities to strengthen the service from ORC
- Regularize availability of key commodities and service in the clinic round the year
- Increase the delivery and utilization of FP/MNCH-N services at PHC/ORC clinic

**Design/Procedure:**

- In coordination with Family Health Division, two days HFOMC or PHC/ORC management committee members orientation package are designed.
- Previous PHC/ORC strengthening orientation book were review and taken as a reference. The revised orientation package for health worker is developed for 2 days and included updated information. The package revision and development task was supported by Suaahara.
- The manual are in line with government protocol
- The developed package was pre tested organizing one batch HFOMC or PHC/ORC management committee member's orientation at Kavre.
- All the recommendation and feedback received from the orientation were included in the package

**Prior to the orientation in the district:**

- Discuss with D/PHO, focal person, HFI, LNGO and Suaahara district team to fix the date for district level orientation
- District Suaahara and D/PHO in consultation with HFI make the detail HFOMC or PHC/ORC management committee members orientation rollout plan (date, venue, facilitators, logistics) etc.
- Ensure the formation of PHC/ORC management committee at each ORC clinic site prior to organize the orientation
- Make sure PHC/ORC management committees are formed as per mentioned in guideline.
- Ensure the involvement of remaining health workers (except HFI) in HFOMC or PHC/ORC management committee members orientation
- Coordinate with HSP team cluster and inform about schedule to support the activity.

**Venue:** Health Facility

**Participants:**

- HFOMC or PHC/ORC management committee members
- Health workers
- Field Supervisors (Suaahara)

**Number of participants :** A total 25-30 participants /per batch

**Duration of training:** 2 days

**Facilitators/Resource person:**

- D/PHO,

- 1 PHC/ORC Orientation trained District supervisor
- 1 PHC/ORC Orientation trained HFI
- ENA Officers (Suaahara)

There should be 2 facilitators to conduct HFOMC or PHC/ORC management committee member's orientation

**Facilitation/Delivery/Methodology:**

- Based on trainer's manual of "orientation on PHC/ORC strengthening" of HFOMC or PHC/ORC management committee members orientation
- The interaction basically follows discussion, brainstorming, Q/A, group work, experience sharing, illustrative lecture and exercise
- Each orientation session were designed based on the ROPES model (R=Review, O=Overview, P=Presentation, E=Exercise/Evaluation, S=Summarization)

**Learning materials:**

- Trainer's manual
- Reference materials
- Mood chart
- Slides/ Readymade newsprint
- Form/format

**Management:**

- Request Health Facilities In-charge to send invitation to HFOMC or PHC/ORC management committee members least 2-3 days prior to the orientation date.
- Ensure the letter dispatch and their participation in the orientation
- Ensure facilitators guide, orientation materials, agenda, stationary etc are in place prior to the orientation
- Ensure all finance is in right position prior to the orientation.

**Monitoring, evaluation and reporting:**

- D/PHO and Suaahara district/cluster team monitors the orientation.
- The participant's knowledge and skills evaluation is done during the orientation
- Facilitators will ensure the active involvement of the participants
- Prepare a brief activity completion report by ENA officer and include in district monthly progress report

**Note: Ensure the availability of PHC/ORC management committee in each clinic site. If not, reform the committee in consultation with D/PHO prior to orientation**

**Annex**

- HFOMC or PHC/ORC management committee members Orientation agenda

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**Name of Activity:**

- *Conduct 1 day community level interaction with community leaders, teachers, traditional healers, influential persons to strengthen ORC service utilization.*

**Objective of the activity:**

- To inform about operation procedure and services available from ORC clinic
- To share role and responsibility of concerned stakeholders
- To take support to run the PHC/ORC clinic as per schedule in planned location

**Related Indicators:**

- % of pregnant women who receive at least 4 ANC visits
- % of post-partum women and newborns who receive at least 3 postpartum/ postnatal visits.

- % of newborns receiving post natal health check within 2 days of birth

**Key priority area:**

- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Feeding during and after illness
- Maternal nutrition (mainly Iron compliance and deworming)
- ANC, PNC and neonatal care.
- Effective counseling on nutrition and family planning (HTSP)

**Expected outcomes:**

- Community members sensitized on the services available from ORC clinic
- community members aware and support to strengthen the service from ORC
- support to regularize c the ORC clinic round the year
- Increase the utilization of FP/MNCH-N services at PHC/ORC clinic
- Identified the issues/problem and their possible solution to address it

**Design/Procedure:**

One day community level interaction package are designed in close coordination with FHD and Suaahara.

- The developed package was pre tested organizing one batch community level interaction at Kavre.
- All the recommendation and feedback received from the orientation were included in the package

**Prior to organize the interaction in service outlet site:**

- Discuss with D/PHO, HFI, and FS to fix the date for community level interaction session in all PHC/ORC service outlet site.
- District Suaahara and D/PHO in consultation with HFI make the detail community level interaction rollout plan (date, venue, facilitators, logistics) etc.
- Ensure the participation of the members-PHC/ORC management committee members, teacher, traditional healer, FCHVs, influential person etc

**Venue:** ORC clinic site

**Participants:**

- Community leaders, Teachers,
- Traditional healers,
- Influential persons,
- FCHVs of PHC/ORC service providing ward
- 1000 days mothers, Members of health mothers group

**Number of participants**

- A total 25-30 participants /per batch (as per the budget planned by district)

**Duration of training:** 3-4 hours

**Facilitators/Resource person:**

- 1 PHC/ORC Orientation trained HFI/HWs
- HFOMC member
- Field Supervisors of respective VDC (Suaahara)

**Facilitation/Delivery/Methodology:**

- As per mentioned in community level interaction guide book.
- The interaction basically follows discussion, brainstorming, Q/A, experience sharing, illustrative lecture etc.

**Learning materials:**

- Community level interaction guide book.
- Reference materials

**Management:**

- Inform all participants at least 2 days in advance of the interaction
- Materials, agenda, stationary, venue etc. are in place prior to the event

**Monitoring, evaluation and reporting:**

- D/PHO, HFI and DC/ ENA Officer monitor the interaction.
- The participant’s knowledge will evaluate during the interaction
- Facilitators will ensure the active involvement of the participants
- Prepare a brief activity completion report by ENA officer and include in district monthly progress report

**Note:** *This community level interaction session should organize all PHC/ORC service out let site in the VDC.*

**Annex :** Community members Orientation agenda

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**Activities under output 2.4**

**Output 2.4:**

- Improved healthy timing and spacing for pregnancy with focus on marginalized and unreached women

**Name of Activity:**

- *District level orientation (DTOT) on Strengthening HTSP and Nutrition through counseling to the district supervisors and Illaka In-charge*

**Objectives of the activity:**

- To build capacity of district supervisor and health facility In-charge on HTSP/FP and Nutrition through counseling
- Enhance the knowledge and skills of the health workers to promote counseling on Healthy Timing and Spacing of Pregnancy and Nutrition at HF level.
- To make aware to link HTSP/FP in maternal and child health services to strengthen the counseling on key HTSP messages
- Develop facilitators to roll out “Strengthening Healthy Timing and Spacing of Pregnancy and Nutrition through Counseling” at HF level

**Related Indicators:**

- % of health workers with improved knowledge in counseling and related MCH services as a result of the trainings
- Number of additional United States Government (USG) assisted community health workers providing FP information and / or services during the year
- Percent of USG assisted service delivery sites providing FP counseling and/or services
- Number of people trained in FP/RH through USG supported programs
- % of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.
- Couple Years of Protection (CYP) in USG supported programs.

**Key Priority Area:**

- Effective counseling on HTSP/ family planning and nutrition
- Promote HTSP key messages
- Link HTSP in ANC, PNC, FP, child health, adolescent service etc

**Expected outcomes:**

- Participants (District Supervisors and HFI) acquired adequate knowledge and skills on Strengthening HTSP and Nutrition through Counseling
- Participants became capable in counseling HTSP to the clients
- Participants became capable in facilitating HTSP roll out training at VDC level
- Health workers will aware and perform their role to counsel mothers on key HTSP messages

**Design/Procedures:**

- Three days orientation package on **“Strengthening HTSP and Nutrition through counseling”** has been developed by FHD with support of Suaahara for district health supervisors, health facility In-charge and all health workers.
- The consultant was hired to develop the package and consultant closely works with FHD, Jhpiego and Suaahara.
- The package was share different meeting to take the inputs and feedback. Similarly the orientation package pre test was done in Parbat district.
- The orientation package has been approved and endorsed by FHD and is designed synchronizing nutrition and HTSP in various services.
- Each orientation session were designed based on the ROPES model (R=Review, O=Overview, P=Presentation, E=Exercise/Evaluation, S=Summarization)

**Prior to the orientation in the district:**

- Hold preparatory discussion with D/PHO, focal person, LNGO and Suaahara district team to fix the date for district level orientation
- Coordinate with HSP team-cluster and center and inform about the progress
- Organize one day preparatory meeting (session planning and division, materials preparation, logistic arrangement) with trainers prior to the orientation time

**Venue:** District headquarter (D/PHO office) or Illaka health facility

**Participants:**

- District Supervisors
- Illaka In-charges (PHCC/HP)
- DC/ENA Officer and Field Coordinator (Suaahara) take part as a participants

*Note: All participants must have clinical/public health background to participate in this orientation*

**Number of participants :** A total 18-20 person /per batch

**Duration of training:** Full 3 day with field practice

**Facilitators/Resource person:**

- Representative from FHD/ RHD
- D/PHO
- 2-3 person who have received MToT/DToT
- 1 Medical Officer who have received MToT/DToT ( optional )
- Center and cluster HSP team

Note:

- ✓ There should be 3 facilitators to conduct district level orientation (DToT) program
- ✓ Facilitators are from clinical/public health background such as Doctor, Nurse, Health Assistant, Sr. ANM, Sr. AHW, Public Health Nurse, Nutrition focal person, FP focal person, or IMCI focal person

**Facilitation/Delivery/Methodology:**

- Inform the participants about the logistics, refreshments, duration, norms etc at the beginning of the orientation
- Follow the daily work schedule and lesson plan as per mentioned in trainer's guide
- Follows the method /approaches as outline detailed in the trainers' guideline such as discussion, brainstorming, Q/A, group work, role play, field practice, experience sharing, illustrative lecture, exercise etc
- Feedback meeting is done among facilitators after each day's session complete and feedbacks are incorporated accordingly in upcoming sessions
- Pre test and post test will obtain and share with participant in matrix form.

**Learning materials:**

- Participant Handbook
- Facilitators' Guide book
- Comprehensive Family Planning (COFP) counseling as a reference material
- Myth and misconception of family planning manual as a reference material
- FP devices/real objects
- HTSP posters and visual aid
- Pictures/ Flip chart
- Pre test and Post test matrix

**Management:**

- Coordinate with D/PHO and request to dispatch the letter at least 5 days before the orientation date
- Ensure the letter dispatch and their participation in the orientation
- Arrange facilitators guide, participants book, orientation materials, agenda, stationary etc are in place prior to the orientation
- Ensure all finance is in right position prior to the orientation.
- Suaahara district team coordinates with D/PHO to arrange the health facility/ Hospital for clinical practice

**Monitoring, evaluation and reporting:**

- Monitor the activity by FHD, RHD, D/PHO, and Suaahara center and cluster team
- Use pre-test and post-test questionnaires and Q/A to evaluate the participants' knowledge.
- Facilitator fills the evaluation matrix (given in the trainers' manual) and submits to district Suaahara office.
- Assess the counseling skill of individual participants using checklist
- Prepare a brief activity completion report by Suaahara district team and include in district monthly progress report

**Annex**

- **Agenda** : District level (DTOT) orientation agenda

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**Name of Activity:**

- *VDC level orientation on Strengthening HTSP and Nutrition through counseling to all service providers*

**Objectives of the activity:**

- To build capacity of all service providers on HTSP/FP and Nutrition through counseling
- Enhance the knowledge and skills of the service providers to promote counseling on Healthy Timing and Spacing of Pregnancy and Nutrition at periphery level.
- To make aware to link HTSP/FP in maternal and child health services to strengthen the counseling on key HTSP messages

**Related Indicators:**

- % of health workers with improved knowledge in counseling and related MCH services as a result of the trainings
- Number of people that have seen or heard a specific USG-supported FP/RH message (Mandatory)
- Number of additional United States Government (USG) assisted community health workers providing FP information and / or services during the year
- Percent of USG assisted service delivery sites providing FP counseling and/or services
- Number of people trained in FP/RH through USG supported programs
- % of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.
- % of USG assisted SDPs that experienced a stock out at any time during the defined reporting period of any contraceptive methods that the SDP is expected to provide.
- Couple Years of Protection (CYP) in USG supported programs.

**Key Priority Area:**

- Effective counseling on HTSP/ family planning and nutrition
- Promote HTSP key messages
- Link HTSP in ANC, PNC, FP, child health, adolescent service etc

**Expected outcomes:**

- Participants (District Supervisors and HFI) acquired adequate knowledge and skills on Strengthening HTSP and Nutrition through Counseling
- Participants became capable in counseling HTSP to the clients
- Health workers will aware and perform their role to counsel mothers on key HTSP messages
- Participants were able to deliver HTSP services from various service site (ANC, PNC, FP, Immunization, growth monitoring, PHC/ORC, EPI clinic etc.)

**Design/Procedures:**

- Three days orientation package on **“Strengthening HTSP and Nutrition through counseling”** has been developed by FHD with support of Suaahara for district health supervisors, health facility In-charge and all health workers.
- The consultant was hired to develop the package and consultant closely works with FHD, Jhpiego and Suaahara.
- The package was share different meeting to take the inputs and feedback. Similarly the orientation package pre test was done in Parbat district.
- The orientation package has been approved by FHD and is designed synchronizing nutrition and HTSP in various services.
- Each orientation session were designed based on the ROPES model (R=Review, O=Overview, P=Presentation, E=Exercise/Evaluation, S=Summarization)

**Venue:** District headquarter (D/PHO office) or Illaka health facility

**Participants:**

- All health service providers
- Field Supervisor participates as observer (Suaahara)

*Note: All participants must have clinical/public health background to participate in this orientation*

**Number of participants:** A total 18-20 person /per batch

**Duration of training:**

- Full 3 day with field practice
- One day preparation for facilitator prior to training

**Facilitators/Resource person:**

- D/PHO
- 3 person who have received MToT/DToT
- Cluster HSP team

Note:

- ✓ There should be 3 facilitators to conduct VDC level orientation program
- ✓ Facilitators are from clinical/public health background such as Doctor, Nurse, Health Assistant, Sr. ANM, Sr. AHW, Public Health Nurse, Nutrition focal person, FP focal person, or IMCI focal person

**Facilitation/Delivery/Methodology:**

- Inform the participants about the logistics, refreshments, duration, norms etc at the beginning of the orientation

- Follow the daily work schedule and lesson plan as per mentioned in trainer's guide
- Follows the method /approaches as outline detailed in the trainers' guideline such as discussion, brainstorming, Q/A, group work, role play, field practice, experience sharing, illustrative lecture, exercise etc
- Feedback meeting is done among facilitators after each day's session complete and feedbacks are incorporated accordingly in upcoming sessions
- Pre test and post test will obtain and share with participant in matrix form.

**Learning materials:**

- Participant Handbook
- Facilitators' Guide book
- Comprehensive Family Planning (COFP) counseling as a reference material
- Myth and misconception of family planning manual as a reference material
- FP devices/real objects
- HTSP posters and visual aid
- Pictures /Flip chart,
- Pre test and Post test matrix

**Management:**

- Hold preparatory discussion with D/PHO, focal person, LNGO and Suaahara district team to fix the date for VDC level orientation
- District Suaahara and D/PHO make the detail orientation rollout plan (date, venue, facilitators, logistics) etc.
- Inform the center and cluster team about the roll out plan
- Inform all participants and dispatch the letter at least 7 days before the training
- Inform the participants about the logistics, refreshments, duration of training and training norms etc, at the beginning of the training
- Arrange training materials, agenda, stationary, and venue prior to the training
- Suaahara district team coordinates with D/PHO to arrange the health facility/Hospital for clinical practice
- Organize one day preparatory meeting (session planning and division, materials preparation, logistic arrangement) with trainers prior to the orientation time

**Monitoring, evaluation and reporting:**

- Monitor the training by RHD, D/PHO, and Suaahara center and cluster team
- Use pre-test and post-test questionnaires to evaluate the participants level of knowledge. Facilitator fills the evaluation matrix (given in the training manual) and submits to district Suaahara office
- Assess the counseling skill using checklist
- Suaahara district team prepares a brief training report/event report and shares with relevant stakeholders

**Annex**

**Agenda:** 3 days roll out Orientation agenda

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**Name of activity**

- *Support in Reproductive Health Coordination Committee (RHCC) meeting to discuss about strengthening the nutritional status of mothers and children under 2 years and identify the action points for corrective actions at DHO/DPHO*

**Objective of the activity:**

- Discuss about the concerning issues related to MNCH-N and enhance collaborative work in a district.
- Advocate for program and get support from the RHCC members
- Inform the activities planned and share the progress
- Strengthen the quality of Family planning, reproductive and child health activities in line with nutrition at district seeking support from other stakeholders

**Related Indicators:**

- Number of additional USG assisted community health workers providing FP information and / or services during the year.
- % of women who receive HTSP counseling.
- Number of people that have seen or heard a specific USG supported RH messages

**Key priority area:**

- Improvement of quality health service delivery
- Treatment of sick child especially diarrhea treated with ORS and Zinc
- Maternal nutrition (mainly Iron compliance and deworming)
- Effective counseling on nutrition and family planning (HTSP)
- Monitor key MCH and FP commodities.

**Expected outcomes:**

- Updated stakeholders about the current status of MNCH-N services in the district and obtained commitment and support for further improvement
- Support from stakeholders to implement the program
- Reduce the duplication of the activities

**Design/Procedure:**

- This RHCC meeting is designed as per the government's existing health service delivery system, to strengthen FP RH services. As per the government policy, 4 RHCC meeting are held annually chaired by DHO/DPHO. Suaahara has planned to support the four RHCC meeting in the districts.
- Support of RHCC includes the snacks cost (as per the budget), coordination and preparation of meeting minute as needed.

**Venue:** DHO/DPHO meeting hall

**Participants:**

- Members of the RHCC are listed in the District RHCC guideline.
- Suaahara staff (DC and/or ENA officer/FC) also is a member of the RHCC. Secretary of the RHCC is as defined by the guideline or a project staff decided by the DHO/DPHO.

**Number of Participants:** RHCC members (depends upon the RHCC members)

**Duration of meeting:** 2-3 hours

**Facilitators/Resource person:** D(P)HO or any person assigned by D(P)HO

**Facilitation/Delivery/Methodology:**

- Hold preparatory meeting with D/PHO by Suaahara district team to set the agenda.
- In consultation with D/PHO fix the date, venue and type of participants for the meeting.
- The DHO welcome all the participants and present agenda of the meeting
- At the beginning of each RHCC meeting, the previous meeting minute is shared among the stakeholders
- Start the meeting as per agenda. Review the performance of previously documented activities in the meeting (if any).
- Documents the decision in the minuting book

**Note:** The DC or ENA Officer ensures the meeting minutes are taken properly and documented. Suaahara staff support to circulate the copy of meeting minute to all RHCC members.

**Learning materials:**

- Meeting agenda and minute book.
- Action plan
- Presentation of achievement

**Management:**

- Secretary of the RHCC and Suaahara staff conducts preliminary meeting and decides agenda and set the meeting date.
- In case of Non-Suaahara supported RHCC meeting/district, Suaahara staff coordinates with RHCC secretary and D/PHO to decide on the agenda.
- D/PHO sends the meeting invitation to the RHCC members.
- Suaahara staff ensures the following key project activities are discussed during RHCC meeting:
  - District program status through Lot Quality Assurance Sampling (LQAS)
  - joint/regular supervision and monitoring
  - Activities planning and share the progress
  - Identify the supportive areas to improve the quality of services
  - FP, RH and FP progress status of district
  - Compliance of Iron, ORS, Vitamin A and Zinc and Treatment of sick child
  - Maternal nutrition (mainly Iron compliance and deworming)
  - Counseling services on nutrition and family planning (HTSP)
  - Availability of key MCH and FP commodities at HF level.
  - FCHV, HFOMC and mother's group meeting.

**Monitoring, evaluation and reporting**

- The HSPC should play role to regularize the meeting in the district
- The HSPC should try to participate in the meeting
- The project staff ensures that all the decisions are reviewed and encourages achieving the plan.
- DC/ENAO maintains a file of RHCC meeting minute and includes in monthly progress report.

*Note: RHCC meeting support is an optional activity based on the availability of other stakeholders in the district.*

**Name of activity:**

- ***Print and distribute Behaviour Change Communication (BCC) materials***

This activity covers two activities under output 2.2 and output 2.4 as listed below:

- **Output 2.2:** *Distribute BCC materials (Posters, brochures, job aids, Radio jingles/Spots etc.) for display and use to create enabling environment at household, community, and service delivery points (SDP) level for adoption of (ENA/EHA) behavioral actions*
- **Output 2.4:** *Print and distribute BCC materials (posters, brochures) for display and use to create enabling environment at household, community level for adoption of (ENA/EHA) behavioral actions.*

**Objective of the activity:**

- Ensure HTSP poster are displayed in all Health facilities, outreach clinic and household level, especially at 1000 days mothers' home
- Ensure the display of Tihart poster/Informed choice poster in all health facilities

**Related Indicators:**

- Percent of USG assisted service delivery sites providing FP counseling and/or services.
- Number of people that have seen or heard a specific United States Government (USG) - supported FP/RH message (Mandatory)

**Key priority area:**

- Effective counseling on nutrition and family planning (HTSP)
- Behaviour change

**Expected outcomes:**

- HTSP posters displayed in all health facilities and household level.
- Tihart posters displayed in all health facilities

**Design/Procedure:**

- All the BCC materials will be designed based on the need of the program and in consultation with SBCC team

**Venue:**

- MCH clinic in the district
- Health facility
- PHC ORC
- 1000 days mother home
- The BCC materials will be display in visible place and people gathering center

**Participants/Audience:**

- 1000 days mother
- Married women of reproductive age
- Family planning clients
- Couples

**Learning materials:**

- Tihart posters
- FP counseling kit

**Management:**

- Suaahara district team and partner non- government partner (PNGO) staff distributes BCC materials to all health facilities

**Monitoring, Evaluation and Reporting:**

- Monitor by Suaahara district team and D(P)HO during health facility supervision visit using "supervision form"
- Monitor during home visit

**Annex:**

- Tihart poster /Informed choce poster

**Name of activity**

- *US Government's Family Planning Legislative & Policy Requirements' Family planning compliance orientation to all Suaahara staff*

**Objective of the activity:**

- To make familiar and inform all the Suaahara working staff about US Government's Family Planning Legislative & Policy Requirements'
- To make familiar and inform all the health working of working district about US Government's Family Planning Legislative & Policy Requirements'
- To understand the key components of FP requirements
- Able to describe actions for ensuring compliance with the laws and policies
- Know whom to contact for further information or assistance and Know how to access resources.

**Related Indicators:**

- Number of additional USG assisted community health workers providing FP information and / or services during the year.
- Percent of USG assisted service delivery sites providing FP counseling and/or services.

**Key priority area:**

- Family planning

**Expected outcomes:**

- **Ensure that** all the Suaahara working staff and government health workers familiar with US Government's Family Planning Legislative & Policy Requirements'
- To develop common understanding and practice US Government's Family Planning Legislative & Policy Requirements'

**Design/Procedure:**

- US Government's Family Planning Legislative & Policy Requirements' presentation received from USAID.
- All the presentation was done based on the materials received from USAID.
- The health workers should inform about this during HTSP/FP orientation program or any workshop or meeting time
- The Suaahara staffs including field supervisors should inform about this during meeting

**Venue:**

- District office
- Training site

**Participants**

- D/PHO staff
- Health workers
- Suaahara district staff
- Partner LNGO staff
- Field supervisors

**Duration of meeting:** 2-3 hours

**Facilitators/Resource person:**

- HSP Coordinators
- District Coordinators
- Field Coordinators

**Facilitation/Delivery/Methodology:**

- By using PP slides orient the for US Government's Family Planning Legislative & Policy Requirements' to the participants
- Discuss with the participants to make more clarity on subject
- Share the contents along with other program (orientation/workshop/meeting) etc.

**Learning materials:**

- Tihart posters/Informed choice poster
- Power point presentation slides
- Hands out
- Monitoring checklist

**Management:**

- Suaahara district team and partner non- government partner (PNGO) staff will manage the time for US Government’s Family Planning Legislative & Policy Requirements’ orientation program
- Required to keep FP compliance file in the district

**Monitoring, Evaluation and Reporting:**

- Ensure that orientation on FP compliance provided to all Suaahara, local NGO and government staff.
- Monitor and ensure FP compliance followed in districts.
- Monitor the performance of clinic providers/community workers

**Annex:**

- 1. Agenda on US Government’s Family Planning Legislative and Policy Requirement orientation**
  - Registration
  - Welcome of the participant
  - Introduction of the participants
  - Objective of the orientation
  - Pre test
  - Overview of the training
  - Tiahrt Amendment Requirements for Volunteerism and Informed Choice and Other USG Legislative and Policy Requirements
  - Ensuring compliance and record keeping
  - Investigating and reporting a suspected violation
  - Review of USG Legislative and Policy Requirements
  - Post Test
  - Action plan preparation for NGO members orientation
  - Discussion/Summarization/ Closing
- 2. US Abortion and Voluntarism and Informed Choice Legislative and Policy Requirements Assessment Checklist for NGO/Private Sector and Public Sector**

**ANNEX 1**

**US Abortion and Voluntarism and Informed Choice Legislative and Policy Requirements Assessment Checklist for NGO/Private Sector and Public Sector**

<b>1</b>	<b>SECTION 1: General Information</b> <b>;fwf/Of hfgsf/L</b>	
1.1	Name of the Health Facility:	Date visited :

	:jf:Yo ;+:yfsf] gfdM		e dOf ldt																						
1.2	Location District: 7]ufgf lhNnf M	Municipality/VDC: g=kf=-:uf=lj=;= M																							
1.4	Type of facility: <input type="checkbox"/> NGO <input type="checkbox"/> Public <input type="checkbox"/> Private																								
1.5	Type of activity/service provided: :]jf / ;'ljwfsk sf/x? M	<input type="checkbox"/> Clinical Service lslNgsn ;'ljwf <input type="checkbox"/> Capacity building/Training lfdfclea[l4÷tflnd <input type="checkbox"/> Outreach /Mobile Services 3'DtL ;]jf <input type="checkbox"/> Others (Specify) _____ cGo-lj:t[t _																							
1.6	<b>Persons/Staff interviewed -cGt{jftf{ lbg] JolQm_</b> Supervisor/Manager- Name: ;"k/efOh/÷Dofg]h/ sf] gfdM Service Provider- Name: :]jfk bfgstf{sf] gfd M																								
<b>2</b>	<b>SECTION 2: Program Managers or Supervisor, Project Coordinator or equivalent</b> Instructions: Ask the Program Manager/ or Supervisor, Project Coordinator or equivalent the questions below and record the response. Note: Be sure to interview both NGO and government workers. k f]u fdDofg]h/ jf ;'k/efOh/, k f]u fd ;+of]hs jf ;f] ;/xsf JolQmnfO{ tnsfk Zgx? ;f]lw l/s8{ ug]{ . ;/sf/L / u/ ;/sf/L b'a} sd{rf/Lx?nfO{ cGt{jftf{ lng] .																								
		<table border="1"> <thead> <tr> <th colspan="3">Response k lts[of</th> <th rowspan="2">Remarks s}lkmot</th> </tr> <tr> <th>Yes 7s</th> <th>No a]l7s</th> <th>NA ;Da Gwg ePsf ]</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Questions (k Zgx?__</td> </tr> <tr> <td>2.1</td> <td>Are all the key personnel<sup>1</sup> of this NGO/private/public sector agency staff oriented on the USG's FP Policies? o; u/ ;/sf/L÷k fOe]6÷;+:yfsfsd{rf/Lx?nfO{ cd]l/sL ;/sf/sf] kl/jf/ lgof]hg lgl l gdoaf/] tflnd k fKtePsf] 5 &lt;</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.2</td> <td>Do you set targets or quotas for number of births, acceptors, or acceptors of particular FP methods? If no skip to 2.4 s] tkfO{n] lzz'sf] hGd, kl/jf/ lgof]hgsf s'g} ;fwg jf kl/jf/ lgof]hgsf s'g} Ps ljz]if ;fwg ckgfpg ;+Vof lgwf{/Of ug{'ePsf] 5 &lt;olb 5}g eg] a'b+f g+= @=\$ df hfg'xf]; .</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Response k lts[of			Remarks s}lkmot	Yes 7s	No a]l7s	NA ;Da Gwg ePsf ]	Questions (k Zgx?__				2.1	Are all the key personnel <sup>1</sup> of this NGO/private/public sector agency staff oriented on the USG's FP Policies? o; u/ ;/sf/L÷k fOe]6÷;+:yfsfsd{rf/Lx?nfO{ cd]l/sL ;/sf/sf] kl/jf/ lgof]hg lgl l gdoaf/] tflnd k fKtePsf] 5 <				2.2	Do you set targets or quotas for number of births, acceptors, or acceptors of particular FP methods? If no skip to 2.4 s] tkfO{n] lzz'sf] hGd, kl/jf/ lgof]hgsf s'g} ;fwg jf kl/jf/ lgof]hgsf s'g} Ps ljz]if ;fwg ckgfpg ;+Vof lgwf{/Of ug{'ePsf] 5 <olb 5}g eg] a'b+f g+= @=\$ df hfg'xf]; .			
Response k lts[of			Remarks s}lkmot																						
Yes 7s	No a]l7s	NA ;Da Gwg ePsf ]																							
Questions (k Zgx?__																									
2.1	Are all the key personnel <sup>1</sup> of this NGO/private/public sector agency staff oriented on the USG's FP Policies? o; u/ ;/sf/L÷k fOe]6÷;+:yfsfsd{rf/Lx?nfO{ cd]l/sL ;/sf/sf] kl/jf/ lgof]hg lgl l gdoaf/] tflnd k fKtePsf] 5 <																								
2.2	Do you set targets or quotas for number of births, acceptors, or acceptors of particular FP methods? If no skip to 2.4 s] tkfO{n] lzz'sf] hGd, kl/jf/ lgof]hgsf s'g} ;fwg jf kl/jf/ lgof]hgsf s'g} Ps ljz]if ;fwg ckgfpg ;+Vof lgwf{/Of ug{'ePsf] 5 <olb 5}g eg] a'b+f g+= @=\$ df hfg'xf]; .																								

<sup>1</sup> Staff involved in the implementation, monitoring and supervision of the FP activities related to *Suaahara* or staff identified by the respective agency heads/senior management team or equivalent

2.2.1	[If interviewee answers yes to #2.3]: Who decides these numbers? Who sets these targets? -olb cGtjftf{ lbg] JolQmn] k Zg @=@ sf] hjfkm 5 eGg] lbPdf_ s:n] oL ;+Vof to u5{ < oL ;+Vof s:n] lgwf{/Of u5{ <				
2.2.2	[If interviewee answers yes to #2.3]: What happens if they do not meet their targets? -olb OG6/Eo" lbg] JolQmn] k Zg g= @=@ sf] hjfkm 5 eGg] lbPdf_ olb oL ;+Vofx? k"/f geP s] x'G5 <				
2.2.3	[If interviewee answers yes to #2.3]: What happens if they do meet (or exceed) their targets? Are they rewarded for this in any form (cash or in-kind)? -olb OG6/Eo" lbg] JolQmn] k Zg g @=@ sf] hjfkm 5 eGg] lbPdf_ olb sf]6f k"/f jf al9 ePdf s] x'G5 <s] pgLx?n] s'g} lsl;dsf] k};f Ogfd kfp+5g\<				
2.3	Do you provide service providers or referral agents incentives (cash or in-kind) or financial rewards in exchange for achieving numerical numbers or quotas of FP targets? s]tkfO{ ;jfk bfgst{f jf k ]lft JolQmnfO{ tf]s]sf] k= lg= ;+Vof jf sf]6f k"/fPsf] jfkt s'g} incentives -k};f jf c? s'g} lsl;dsf]_ jf k};fsf] pkxf/ lbg] u/]sf] 5 <				
2.4	Do you provide clients incentives (cash or in-kind) or financial rewards for accepting FP methods? s] tkfO{ ;jfu fxLnfO{ kl/jf/ lgof]hgsf ;fwfg ckfP jfkt incentives -k};f jf c? s'g} lsl;dsf]_ jf k};fsf] pkxf/ lbg] u/]sf] 5 <				
2.5	Do service providers and/or community workers under your supervision talk to the client about all the FP methods and provide information (risks, benefits, etc.) on the chosen FP method using materials she can understand? s] tkfO{sf] ;'kl/]lf0fdf sfd ug]{ ;jfk bfgst{f cyjf ;d"bfodf sfdug]{ JolQm n] ;jfu fxLnfO{ k=lg=sf ;fwfgx?Aff/] lj:t[t hfgsf/L tyf ;jfu fxLn] 5fg]sf] ;fwfgsf] kmfO{bf, a]kmfO{bf cGo ljifodf ;jfu fxLn] a'e\mg] tl/sf n] hfgsf/L lbPsf] 5 <				
2.6	If a woman wants a FP method that is not appropriate for her, what do clinic providers and/or community workers under your supervision do? Olb s'g} dlxnf] 5fg]sf] kl/jf/ lgof]hgsf] ;fwg p;nfO{ cldNbf] 5 eg] tkfO{sf] ;'kl/]lf0fdf sfd ug]{ ;jfk bfgst{f cyjf ;d"bfodf sfdug]{ JolQmn] tkfO{sf] ;'kl/]lf0fdf s] u5{ <				
2.7	Does the clinic exclude women who do not accept FP from any benefits or access to any health services?				

	s] s'g} klq dlxnf] k=lg= ;j]f gckgfPsf] v08df lslNgsaf6 jxFfn] kfpg] s'g} klq :jf:Yo ;j]faf6 alGrt u5{ <				
2.8	Are you aware of any studies, trials, or experiments taking place in the clinic? If so, what are they? s] tkfO{sf] lslNgsdf s'g} lsl;dsf] kl/lf0f, cWoogx? e}/x]sf] hfgsf/L 5 < 5 eg] s] s:tf] e}/x]sf] 5 <				
2.19	Has the facility/service site experienced stock outs of any FP methods during the last 2 weeks? tkfO{n] ;j]flbg] ;+:yf÷lslNgsdf b'O{ xKtf clw s'g} klq k=lg=sf] ;fwgfsf] z"Go df}1ft ePsf] lyof] <				
2.10	Does the agency/facility conduct CAC services? tkfO{n] ;j]flbg] ;+:yf÷lslNgsdf CAC -ue{ktgsf]- ;j]fk bfgul/G5 <				
	If yes, what measures are taken to ensure USAID is not supporting the provision of legal abortion. olb ul/G5 eg] cd]l/sL lgof]usf] ;xof]uaf6 ul/Psf] 5}g eGg] s] s:tf pkfo ckgfOPsf] 5 <				
<b>3</b>	<b>SECTION 3: Service Providers and Community Health Workers</b> Instructions: Ask and observe service providers, community health workers the questions below and record the response. Use an additional sheet if necessary. Note: Be sure to interview both NGO and government workers. ;j]fk bfgstf{, ;d'bfodf sfd ug]{ JolQmnfO{ tn pNn]lvt k Zgx? ;f]Wg] / c]nf]sg u/L /]s8{ ug]{ . ;/sf/L / u}/ ;/sf/L b'a} sd{rf/Lx?nfO{ cGt{j]ff lng] .				
	<b>Questions</b>	<b>Yes l7s</b>	<b>No ajl7s</b>	<b>NA ;Da Gwg ePsf ]</b>	<b>Remarks s}lkmot</b>
3.1	Have you received an orientation on USG legislative and policy requirements? tkfO{x?n] cd]l/sL ;/sf/sf] kl/jf/ lgof]hg lglg lgoaf/] tflnd÷ cled'lva/Of k fKt ug' {ePsf] 5 <				
3.2	Do you have targets for number of births, FP acceptors, or acceptors of a particular FP method you serve per month/year? s] tkfO{nfO{ lzz'sf] hGd ;+Vof, kl/jf/ lgof]hgsfs'g} ;fwgjf kl/jf/ lgof]hgsfs'g} Ps ljz]if ;fwgfsf] nfludf];s÷aflif{s sf]6f lgwf{/Of u/]sf] 5 <				
3.3	Do you receive incentives/financial rewards (cash or in-kind) in exchange of achieving meeting FP targets? s] tkfO{ ;j]fk bfgstf{f jf k]l]lft JolQmnfO{ tf]s]sf] k= lg= ;+Vof jf sf]6f k'/fP]fjks'g} incentives -k};f jf c? s'g} lsl;dsf]_ jf k};fsf] pkxf/ lbg] u/]sf] 5 <				

3.4	How is your performance monitored by your supervisor? tkfO{sf} ;'k/efO{h/] tkfO{sf} sfo{ s'xntf s;/L d"Nof+<g ub{5 <				
3.5	Do you use educational or other materials when you talk to a client? What do you use? s] tkfO{ ;]jfu fxL ;+u s'/f ub{f s'g} z} lfs ;fdfu L k of]u ug' x'G5 < s] k of]u ug' x'G5 <				
3.6	Do you talk to the client about all the FP methods and provide information (risks, benefits, etc.) on the chosen FP method using materials she can understand? s] tkfO{ ;]jfu fxLn] 5fg]sf] ;fwg]sf] kmfO{bf, a]kmfO{bf cGoljifodf ;]jfu fxLn] a'e\mg] tl/sf-dfWod n] hfgsf/L lbg' x'G5 <				
3.7	What do you do if a woman wants a FP method that is not appropriate for her? E. g., share reasons why it is not advised olbs'g} dlxnfn] 5fg]sf] kl/jf/ lgof]hgsf] ;fwgp;nfO{ cldNbf] 5 eg] tkfO{ s] ug' x'G5 <p;nfO{ ;'emfaglbPsf] sf/Of atfpg'; .				
3.8	Do you exclude women who do not accept FP from any benefits or access to any health services? s] tkfO{n] s'g} klgdlxnfn] k=lg= ;]jfgckgfPsf] v08df pxFfn] kfp] s'g} klg kmfO{bfx? / :jf:Yo ;]jfaf6 alGrt ug' x'G5 <				
<b>4</b>	<b>SECTION 4: Counseling and Informed Consent (Observation); ;"lrt 5gf}6 k lsofcjnf]sg</b> Observe a practice counseling session and record your findings on the back of this questionnaire or on an additional sheet. ;]jfk bfgstf{n] ;]jfu fxLn]fO{ ;fwg]sf] ; ;"lrt 5gf}6sf] nfluhfgsf/L k bfg u/]sf] cjnf]sg u/L cfk\mgf] k lts[of of] kfgsf] k5f8L jf a]Un} kfgdf l/s8{ ug}{ Check to see if a poster of FP methods and other FP informational materials are available. Record your findings on the back of this questionnaire or on an additional sheet. ;]jfs]Gbdf k=lg=sfkf]i6/ / c? k=lg= ;DalGwhfgsf/L k bfgug]{ ;fdfu Lx? 5 5}g x]/L cfk\mgf] k lts[of of] kfgsf] k5f8L jf a]Un} kfgdf l/s8{ ug}{				
	<b>Questions</b>	<b>Yes I7s</b>	<b>No a]I7 s</b>	<b>NA ;Da Gwg ePsf ]</b>	<b>If yes, specifyolbxf] eg], JofVof u/</b>
4.1	Does the site have an informed choice poster or equivalent SBC material? ;]jfs]Gb]df ; ;"lrt 5gf}6 kf]i6/ cyjf c? ;f]lx lsl;dsf] hfgsf/L lbg] Jojxf/ kl/jt{gsf kf]i6/x? 5g sL 5}Gg				
4.2	Is the poster or equivalent SBC material hung on a wall which is visible and clearly seen by the clients? – s] ; ;"lrt 5gf}6 cyjf ;f]lx lsl;dsf] hfgsf/L lbg] Jojxf/ kl/jt{g kf]i6/x? ;]jfu fxLn] k i6 b]lv] ul/ leQdf emG8\ofOPsf] 5 ls 5}g				

4.3	Does the counselor provide counseling on all methods of FP and provide information on selected method (explaining the benefits, risk and known adverse effects) in an understandable manner of selected method?				
4.4	Does the counselor use counseling tools (e.g., flipchart) and other methods of providing information (pamphlets, brochures, package inserts, samples, etc.) during the counseling process?				
4.5	Does the site provide a variety of FP methods to ensure that the client has a free choice of approved methods?				
4.6	Does the staff assess the RH needs including FP needs of the clients?				
4.7	Did the service provider provide an opportunity to ask questions?				
4.8	Are the clients allowed to freely choose their FP method?				
4.9	Did the provider/counselor refer for FP methods that are unavailable at the facility?				
4.10	Do clients receive incentives (cash or in-kind) for accepting an FP method of any kind. ("In-kind" incentives can be any sort of gift, no matter how small)?				
4.11	Are the clients denied any rights or benefits as a consequence of not accepting FP?				
4.12	If the clinic provides abortion (CAC) services, is equipment for abortion separated and other USAID supported equipment labeled so that no USG funds are used in providing abortion.				

	olb lsINgsn] CAC -ue{ktgsf]_ ;]jfk bfgul/G5 eg] cd]l/sL lgof]un] k bfgul/Psf cf}hf/ c+lst ;fdgx? ue{ktg sf] ;]jfdf k of]u gu/]sf] Plsg x'g' kg}{ .				
<b>5</b>	<b>SECTION 5: Findings and Follow-up (use additional sheet if needed)</b>				
5.1	<b>Findings</b> lgisif{ <	<b>Course of Action</b> tTsfm} ug{' kg}{ sfd	<b>Date of Completion</b> ;lsj]] ldlit <		
5.2					
5.3					
5.4					
5.5					
Name of person conducting monitoring visit: <b>cg'udg ug]{ JoIQmsf] gfd</b>					
Name of the organization: <b>+:yfsf] gfd</b>					
Date of reporting: <b>l/kf]l6<sup>a</sup> ldlit</b>					

**ANNEX 2**

**Monitoring Compliance of Family Planning Clinics – Client Interview<sup>2</sup>**

**:]jfu|fxL ;+u cGt/jft{f**

<b>Section I: Background Information</b>		
Location of clinic-lsINgssf] 7]ufgf_		
Name of clinic-lsINgssf] gfd _		
Type of client-:]jfu fxLsf] lsl;d _		
Date visited -cg'udgldlt_		
<b>Section II: Instructions: Ask the client the following questions and record the responses. Include notes that may help to clarify the answer. Use an additional sheet if necessary.</b>		
:]jfu fxLnfo{ tnsfk Zgx? ;f]lw l/s8{ ug}{ . pQ/ jfhjkmnfO{ :ki6 kfg{ gf]6 n]Vg csf}{ 5'S} kfgk of]u ug{ ;lsG5 .		
<b>SN</b>	<b>Question/s</b>	<b>Response</b>
1	Which FP methods were explained to you? tkfO{nfO{ s'g kl/jf/ lgof]hgsf] ;fwgaf/] hfgsf/L lbOof] <	
2	Were the benefits and risks of each method explained to you? tkfO{nfO{ ;fwgsf] kmfO{bf, a]kmfObf / hf]lvdsf] af/]dfhfgsf/L u/fof] <	
3	Can you tell me what was explained to you? tkfO{n] s] hfgsf/L kfp' eof] dnfO{ eGg ;Sg'x'G5 <	
4	Who explained these FP methods to you?	

<sup>2</sup> Client exit interviews to be administered from service sites at least one interview in each site during the visit.

	tkfO{nfO{ s;n] oL s'/fx? atfpg' eof] <	
5	Did you understand what was explained? tkfO{nfO{ hfgsf/L u/fOPsf] s'/f a'e\mg' eof] <	
6	Do you receive, or have you received, other services at this clinic that are not FP related? If so, did you receive any special incentives for receiving FP services (e.g., discounts on other procedures)? tkfO{ o; lslNgsaf6 k=lg=afx]s c? :jf:Yo ;DalGw ;'ljwfkfpg' ePsf] 5 <olb 5 eg] tkfO{n] s'g} lsl;dsf] ;f}lnotkfpg' ePsf] 5 <	
7	Have you been denied benefits at this clinic after refusing to accept FP? tkfO{nfO{ k=lg= ;jfgckgfPsf]dfs'g} lsl;dsf] :jf:Yo ;jfaf6 alGrtul/Psf]5 <	
8	How did you arrive at the clinic? Who paid for your transportation (e.g., bus fare)? Did you receive any other compensation? (In some cases bus fare may be paid OE/CM for other services than FP. Please specify in such case.) tkfO{ of] lslNgsdf s;/L cfpg' eof] <a;df] ef8f s;n] ltg{' eof] <s] tkfO{n] s'g} lsl;dsf] d'jfahkfpg' ePsf] 5 < - k=lg=afx]s olbs'g} a]nfOE/CM sf] ;jfdkfpg' ePsf] eP :ki6 n]Vg'xf]nf_	

**Section III: Findings and Follow Up (use additional sheet if needed)**

Findings lgisif{ <	Course of Action tTsfm} ug{' kg]{ sfd	Date of Completion ;lsg]] ldlit <

Name of person conducting monitoring visit: lg/Llf0f ug]{ JolQmsf] gfd M	
Organization: ;+:yf M	
Title (bhf{ _ M	
Date ldlit M	

