Integrated Community-based Family Health Program

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ADRA	Adventist Development and Relief Agency
ANM	Auxiliary Nurse Midwife
BPMHF	B.P. Memorial Health Foundation
CHV	Community Health Volunteer
COFP	Comprehensive Training on Family Planning
CFPOP	Comprehensive Family Planning Outreach Program
CPR	Contraceptive Prevalence Rate
CYP	Couple Year Protection
CRB	Couple Registration Book
DHO	District Health Office
ELCO	Eligible Couples
FCHV	Female Community Health Volunteer
FP	Family Planning
FPAN	Family Planning Association of Nepal
FHD	Family Health Division
HEAL	Health Education and Adult Literacy
HIV	Human Immunodeficiency Virus
HSA	Human Services Association
IEC	Information, Education, and Communication
IUD	Intrauterine Devices
MCH	Maternal and Child Health
MG	Mothers' Group
MIS	Management Information System
MSI	Marie Stopes International
MOH	Ministry of Health
NHTC	National Health Training Center
NGO	Nongovernmental Organization
NGOCC	Nepal Nongovernmental Organization Coordination Council
RH	Reproductive Health
RHCC	Reproductive Health Coordination Committee
SIDS	Sindhuli Integrated Development Services
STD	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
VDC	Village Development Committee
VSC	Voluntary Surgical Contraception
VHMC	Village Health Management Committees
WDA	Women Development Association
WWESC	Women's Welfare and Environment Save Center
WOREC	Women's Rehabilitation Center
WTI	Women's Training Institute

Background

In May 1992, recognizing the unmet need for family planning and maternal health services and the opportunity to work with community organizations, The Asia Foundation initiated family planning service delivery projects in two districts of Nepal with support of The William and Flora Hewlett Foundation. The program model was based on the Foundation's well-regarded family planning programs in Bangladesh and Pakistan. In 1993, the Foundation utilized its own funds to enable the Women's Rehabilitation Center (WOREC) to establish a Women's Training Institute in Udayapur District in Eastern Nepal. The institute was the first rural women's reproductive health training facility in the country. In 1994, USAID provided a three-year grant to the Foundation to expand its pilot efforts and increase services through local NGOs in under-served rural areas. This was followed in July 1997 by a five-year grant to implement the Integrated Community-Based Family Health Program (367-G-00-97-00098-00), which is the subject of this report.

Under the Integrated Community-Based Family Health Program the Foundation provided family planning, reproductive health, maternal, and child health care services through local NGO partners in 10 rural districts of Nepal. The program reached over 1.2 million people in 124 rural Village Development Committees (VDCs). Local NGO partners provided services through 27 clinics and extended services through mobile outreach. The services were rendered in close coordination and collaboration with VDC authorities, Female Community Health Volunteers, District Health Offices, Health Posts, and Sub Health Posts. NGO staff received training in technical services and institutional strengthening, and now have their own management systems to provide quality services to their client populations.

The Foundation also provided technical assistance and support for the establishment of the Nepal Non-governmental Organization Coordination Council (NGOCC) at the central-level and the GO/NGO RH Coordination Committees (RHCC) at the district-level in 28 districts. Both of these mechanisms continue to function effectively today.

Program Goal and Objectives

The goal of the Integrated Community-Based Family Health Program was to assist the government of Nepal in its effort to reduce fertility and improve maternal and child health.

The program had four objectives:

- increase acceptance, use, and availability of modern contraceptives;
- improve maternal and child health;
- develop institutional capability in the private sector to provide quality integrated health services; and
- improve women's status through employment in the program and improved decision-making on reproductive health.

Program Components

The program had three major components:

- integrated community-based FP/MCH/RH service delivery through local NGOs;
- technical assistance on coordination; and
- NGO institutional strengthening.

The Foundation implemented the program in 10 rural districts through local NGO partners.[1] The services were delivered through 27 static and over 2,000 mobile clinics. Each NGO clinic provided family planning (FP) and maternal/child health (MCH) services, primary health care, pre-and post-natal care, preventive education on sexually transmitted diseases (STD) and HIV/AIDS, and some diagnostic services for STD clients. NGO staff referred clients to government health facilities and government-approved private clinics for services not provided by the NGO clinics. The NGO program involved a combination of FP/MCH services plus training activities in coordination with district health offices and the Ministry of Health. The Foundation provided technical assistance, consultations, training, supervision, monitoring, and coordination support.

At the central level in Kathmandu, the Foundation provided technical assistance to the Family Planning Association of Nepal (FPAN) to establish and run the NGO Coordination Council (NGOCC) for family planning programs in Nepal. The NGOCC serves as a forum for NGO/INGO partnership with the government, conducting regular coordination meetings and various task force meetings in partnership with the Family Health Division of the Ministry of Health. The Foundation also provided technical assistance to establish and run district-level GO/NGO RH Coordination Committees (RHCC) established in 28 districts. The aim was to support the District Health Offices in coordinating the effective implementation of health programs among governmental and nongovernmental organizations working in the districts. Both the NGOCC at the central level and RHCC at the district level continue to function regularly and effectively.

A major focus of all Foundation programs is institutional strengthening of its NGO partners. During the Integrated Community-Based Family Health Program, the Foundation provided technical assistance and intensive training to NGOs in adopting and using Foundation-developed management, information, and financial systems. Regular training, coaching/mentoring, and guidance sessions were also organized throughout the project period for NGO board members to improve their understanding of community participation, sustainability, program planning, coordination, and implementation. NGO staff received technical training to enhance provider skills in service delivery and program management. The training focused essentially on clinical and non-clinical service delivery, informed consent, quality of care, management of information, referral management, counseling, and coordination.

[1] A list of NGO partners and their contact details is included as an Annex to this report.

Program Achievements

Within the five-year period of the grant, the Foundation achieved a contraceptive prevalence rate (CPR) of 49 percent in its program areas, well above the program baseline of 34 percent and current national average of 39 percent (DHS 2001). The program achieved 82,638 couple year protection (CYP) and provided condoms (1,915,956), pills (224,597), Depo-provera (119,169), IUDs (2,415), and Norplant (4,757) as family planning services and aids. Over 373,920 women and 195,860 children received general check-ups; 96,225 women received antenatal and post natal care; 72,999 women and 62,080 children were referred to government health institutions for immunization; 503,490 women and men received health education; 24,347 men and women received counseling and referrals on STDs and HIV/AIDS; and 5,950 men and women received laboratory services. Over 150 nurses/paramedics received training on COFP, STD/HIV/AIDS, IUD, Norplant and clinic management, and over 1,736 community volunteers received yearly refresher training on RH/MCH. The table below shows program achievement by district.

Name of NGO	District	Baseline CYP	Present CYP	Baseline CPR (%)	Present CPR (%)
CWS	Chitwan	245	6,470	31	60
WDA	Ilam	505	7,744	49	59
CWS	Nawalparasi	270	7,156	48	58
NCDC	Jhapa	880	25,230	43	50
CWS	Bara	325	12,228	30	49
TMUK	Bardiya	110	5,297	35	49
BASE	Dang	490	11,708	40	45
WOREC	Udayapur	135	1,208	31	45
BMASS	Banke	50	2,718	7	44
HSA	Kailali	150	2,543	32	35
SIDS*	Sindhuli	85	336	29	n/a
Total		**3,245**	**82,638**	**34**	**49**

*SIDS's program phased-out in January 1999

Change in Modality from Community-based to Clinic-based and Static-point Services

The Nepal Family Health Survey (1996) indicated that knowledge of contraception is nearly universal in Nepal, with over 98 percent of ever-married women and men in the reproductive age group having heard of at least one method of family planning. This fact was borne out

during the first three years of intensive community education and counseling, when most people in the target communities were found to be fully aware about the static-point services provided by NGOs. In view of the extant awareness of FP methods and services in target communities, and the critical need to sustain NGO services beyond USAID funding, the program was revised from a community-based modality to clinic-based. This fitted well with the slow but steadily growing capacity for fee-for-service models demonstrated in clinic-based modalities, whereas there was less evidence to suggest that the community-based modality would be sustainable beyond the near term. The change in program modality thus meant that partner NGOs would require less donor assistance to continue service delivery beyond the program activity completion date of July 15, 2002.

Having determined the need to effect the change in modalities, the Foundation led the way in moving from community-based to clinic-based and static point services. It took the lead in initiating gradual programmatic changes, motivating clients to seek services as opposed to remaining accustomed to a doorstep delivery. Clinic-based services reduced costs, increased sustainability, promoted greater involvement of the customer in shaping the services system, and enhanced access to and use of clinical services.

Health Education and Adult Literacy (HEAL) Program

A total of 2,800 basic and post-literacy (HEAL) classes were conducted by Foundation-supported NGOs during the grant period in coordination with World Education. Key highlights of the program were:

- nurses/paramedics were fully supportive and diligent in taking health-related classes regularly;

- there was an increasingly positive trend of behavioral changes among participants, i.e., increased referrals of clients to clinics and number of clients visiting clinics; improvement in child and mother health care, hygiene, sanitation, and nutrition; increased participation in mothers' group meetings and national events; and enhanced collaboration and coordination.

Innovative Program Components

The Foundation and its partner NGOs took the initiative to introduce a number of innovations to improve program sustainability through community participation and ownership and GO and NGO coordination. Some of these innovations are described below.

- **Community Participation and Ownership**

  VDC-level Health Management Committees. In order to increase community participation in the FP/MCH program, a total of 124 village health management committees (VHMCs) were established. The VHMCs are comprised of female community health volunteers, traditional birth attendants, elected representatives of the VDC, and NGO field staff. The committees meet monthly to discuss community health care and access issues, and to organize local participation in national programs and in their respective VDCs. Close coordination is maintained between the VHMCs

and the District Health Offices and NGOs. During the grant period, VHMC members received orientation from NGO staff on health care and family planning topics. Some participating VDCs provided material support to the VHMCs, such as land and buildings, underscoring the community's positive perception of the importance of the FP/MCH programs. This is also evident through the key roles played by local government representatives, especially VDCs, in obtaining matching fund contributions for the FCHV welfare endowment program, land and building support for housing clinics, and other in-kind and cash donations, and in actively participating in VDC-level review meetings of the FP/MCH program.

Female Community Health Volunteer and Traditional Birth Attendant Participation. Foundation-supported NGOs provided continuing training to female community health volunteers (FCHVs) and traditional birth attendants (TBAs) on family planning, sexually transmitted diseases, HIV/AIDS, and maternal/child health throughout the grant period. The FCHVs and TBAs are community educators on health care and family planning and serve as counselors and referral agents, while at all times being based in their respective communities. These community volunteers play a very important role in educating couples about their reproductive rights and choices. They also ensure that clients are appropriately referred to NGO or government health centers for services. They are the key agents for behavior change within their communities. As the NGOs have provided a venue for their participation in local health care and services, the volunteers have become more and more empowered participants in the national health program. FCHVs are now active members of outreach services and regularly participate in mobile clinical programs.

Community Medicine Shops/Laboratory Services. The Community Essential Drugs Scheme was an innovative initiative of Women Development Association (WDA) and Women's Welfare and Environment Save Center (WWESC) to improve access to medicines for rural people. WDA received funds from a private donor and WWESC from VDC local government to establish community medicine shops within the clinics. The NGOs procure medicines from urban-based pharmacies and sell the medicines to rural clients at reasonable prices. Revenues generated from the medicine shops pay for procurement of additional medicines and for some operating costs. Based on the lessons learned from this innovation, other NGO partners are now providing medicines and supplies by establishing medicine shops in their own clinics. As most rural people have to walk long distances to reach an urban-based pharmacy, rural clinic-based medicine shops provide them greater access to medicines. In addition, clinics attract more clients because of their in-house medicine shops.

In a similar vein, NGO partners established clinic-based laboratory diagnostic services in four districts, which now provide limited laboratory diagnostic services such as routine blood, urine, stool, TCDC, hemoglobin, VDRL, and swab tests. This initiative also generates revenues that help NGOs financially sustain their FP programs.

Endowment Funds. The Asia Foundation secured funds from the George F. Jewett '65 Trust in July 1999 and again in November 2001 to establish permanent FCHV support endowment funds. The endowment funds were established in 89 of the 124 Foundation/USAID program VDCs in ten districts. Contributions from the Jewett Trust were matched by contributions from the VDCs' annual development budgets.

VDCs participating in the program committed to continuing contributions to the endowment funds every year. The funds were found to be a critical step in the long-term development of sustainable family planning services at the local level. They have helped raise awareness and created a demand by partner NGOs, VDCs, and community volunteers for similar endowments in the remaining 35 VDCs, and the Foundation has received multiple requests for funding in this regard. Although this Foundation initiative was not USAID funded, it provided significant complementary support, material and otherwise, to FCHVs for building their capacity and credibility.

- **Government and NGO Coordination**

Nepal Non-governmental Organization Coordination Council (NGOCC.) The NGOCC is an informal group of Kathmandu-based national NGOs and INGOs working in the area of reproductive health and family planning. It was established in 1994 with Foundation support and technical assistance to facilitate discussion on various reproductive health and family planning issues. The NGOCC meets regularly to discuss issues of mutual concern and serves as a forum for organizations that partner with the Ministry of Health. Over the life of the grant, coordination meetings organized in partnership with the Family Health Division of the Ministry of Health added to the value of the NGOCC. In addition to coordination meetings, the NGOCC deploys six task forces, namely: Training; Management Information Systems; Quality of Care; Ministry of Health Coordination; NGOCC Directory; and Cost Recovery. These task forces meet regularly to discuss issues raised in NGOCC meetings. In addition to establishing and supporting the regular functions of the NGOCC, the Foundation was an active participant in each of the forums within the NGOCC.

Reproductive Health Coordination Committee (RHCC). Based on the Foundation's demonstrated capability in coordination, the Family Health Division of the Ministry of Health requested it to facilitate/coordinate the establishment of district-level RHCCs. District Level GO/NGO RH Coordination Committees were established with Foundation assistance in 28 districts by July 2000, with the aim of supporting District Health Offices in coordinating effective implementation of health programs through governmental and nongovernmental organizations working at the district level. The Foundation provided support and technical assistance through these RHCCs for strengthening the DHOs' capacity to coordinate INGOs. Activities included facilitating monthly meetings chaired by the DHO or DPHO with all INGOs to share information, discuss issues, and report health service data for the MOH Health Management Information System. These district-level committees were also functionally linked to the earlier established national-level RHCC and NGOCC.

Comprehensive Family Planning Outreach Program (CFPOP). The Foundation was invited to provide technical support for coordination to the pilot comprehensive family planning outreach program (CFPOP) in 1998. CFPOP was a partnership project between the Ministry of Health (MOH) and NGOs. USAID and the Ministry of Health had at the time agreed to pilot test a program where clients would have choice in an outreach setting. NGO service providers were invited to complement the government program by organizing comprehensive outreach in areas identified by the government as needing services. Five INGOs were selected to provide services in the five developmental regions: Marie Stopes International (MSI) in the Eastern Region; Adventist Development and Relief Agency (ADRA) in the Central Region; Nepal

Fertility Care Center (NFCC) in the Western Region; Nepal Family Planning Association of Nepal (NFPAN) in the Mid Western Region; and B.P. Memorial Health Foundation (BPMHF) in the Far Western Region.

The CFPOP was implemented in 61 sites of 19 districts from December 1998 to May 1999. The Foundation was responsible for providing technical support for coordination and facilitating collaboration between the MOH and the INGO/NGOs in the provision of outreach family planning services in specified districts. It also assisted INGOs and the MOH in testing and documenting new, innovative approaches which included temporary methods beyond voluntary surgical contraception (VSC) in an outreach setting.

During the project period, the five INGOs achieved a total of 5,053 VSC, 463 temporary methods, and over 67,000 CYP.

Integration into Government Services. Throughout the project period, most NGO mobile clinics were integrated with MOH's outreach clinics in the districts in full coordination with the DHOs. From the very beginning, the Foundation anticipated the potential problem with regard to follow-up with clients and removing Norplants and IUDs after the eventual phasing-out of the program. The process of linking up with government facilities for removal as well as follow-up with clients was thus initiated well before the conclusion of the program. The Foundation encouraged NGO partners to coordinate activities with government health service facilities by developing clear mechanisms for cooperation, and also had the NGOs reflect these mechanisms in their program activities phase-out plans. With their contingency plans and developed coordination mechanisms, the NGOs are in excellent position to collaborate with government service points to provide follow-up services to clients to remove Norplants and IUDs.

Private Sector Collaboration. A large number of mobile clinics and HEAL classes were organized during the grant period in partnership with tea estate management in Jhapa and Ilam Districts.

Program Impact

Foundation and NGO staff continually monitored program performance and impact on the communities reached by the program. The overall impact of the program is summarized below.

- The level of knowledge of FP/MCH greatly increased in target communities. The quality of service delivery improved as people were offered more methods of contraception from which to choose and services were provided by trained professional staff.

- The freedom and range of choice of FP methods increased the number of acceptors, resulting in significant increases in CPR (15 percent overall) and CYP (82,638).

- Women's status was enhanced, because all CHVs,TBAs, paramedics, and clinic assistants are women.

- All clinics established effective management information systems. The clinics maintain various registers of performance and regularly provide reports to the DHOs.

- Quality and range of care was enhanced through the establishment of laboratory diagnostics services in four NGO clinics, which now regularly provide services in rural areas.

- The Foundation's technical assistance contributed to enhanced NGO institutional capacity and improved understanding of sustainability issues. Several new initiatives were undertaken by the NGOs to generate revenue for financial sustainability of their programs. All ten NGOs are capable of continuing their activities at a minimum 60 percent level beyond July 2002.

- Long-term family planning services are now sustainable at the local level because of well-established Female Volunteer Support Endowment Funds in 89 of 124 project VDCs in ten districts. The funds have motivated volunteers and their supporting local governments and NGOs. This is highly successful model can be replicated at relatively low cost. The Foundation's report on the program is available on request.

- Coordination of INGOs with government and line agencies has greatly improved, as has coordination between government agencies themselves. There is increased coordination at the VDC level between NGOs and the government health center staff. NGOs regularly participate in district-level coordination meetings to discuss issues of common concern and interest, and jointly prepare for national programs and outreach services.

- The central-level NGOCC and district-level RHCCs were found to be excellent forums for GO and INGO collaboration and partnership in the implementation of reproductive health programs. Both mechanisms continue to function well, and are greatly appreciated by the government and donors.

Program Sustainability

All Foundation-supported NGOs have strong links to and within the communities they serve. RH services are one element in their service spectrum, and they recognize the interrelationship of all of their programs in meeting the complex needs of each family that they serve. Their RH programs work closely with VDCs as well as with local district health authorities. Underscoring their strong support for the program, VDCs have provided material and monetary support. The NGOs' mobile clinics provide excellent outreach, in many cases delivering services to customers who otherwise would have to walk 10-12 hours to another service point. In practice, these people have no other access to RH services. NGO workers join with district health system workers to effectively integrate, not duplicate, public and private service resources at the service delivery point. The FCHVs are another mechanism through which services are integrated within the community. Each program incorporates quality standards and emphasizes the importance of maintaining compliance with those standards.

The Foundation's technical assistance contributed to enhancing NGOs' institutional capacity and improved understanding of sustainability issues, especially during the last two years of

the grant. The Foundation also assisted NGO board members, local government (VDC, DDC, DHO) members, local communities, and NGO staff in preparing detailed financial documentation and in brainstorming on ideas to strengthen and continue programs beyond the USAID funding period.

At present, seven NGO partners are equipped with trained female staff and facilities that include office/clinic buildings, training halls, and residential and catering facilities. All ten NGO partners have committed to continue the RH program activities at 60 percent of the present level beyond July 2002. Each NGO developed a comprehensive program implementation plan that was discussed, finalized, and approved by its board during the RH program-closing meeting in July 2002. The plans cover the following broad areas:

- sources of funding and the amount estimated from each source, ensuring that funding matches the project costs;
- specific strategies to secure the funding (e.g., direct solicitation, proposal preparation, income-generation scheme development and implementation);
- action steps and timeframes for each strategy; and
- individual(s) responsible for each step.

NGO Experience: Lessons Learned

Lessons learned through the program are summarized below:

- NGOs can significantly complement government efforts to increase family planning acceptance through provision of quality services, particularly in inaccessible and remote areas. The Foundation worked as a catalyst between government and civil society for implementation of HMG's policy and guidelines, stressing the strengthening of HMG/MOH's health care delivery system at the district and community levels through local NGO partners. This modality was found to be very effective in creating more demand for FP/RH and MCH services, while giving necessary attention to the need to avoid duplication in program areas to maximize coverage of services.
- Because the Foundation used local NGO partners for service delivery, local ownership of programs and participation by local government was enabled more than if service provision had been done from Kathmandu. This is seen in the participation of local government representatives, especially VDCs, in VDC level review meetings, and in obtaining matching fund contributions for the FCHV welfare endowment program, and for land and small buildings for housing clinics.
- That NGOs and their staff are known to local communities facilitates their ability to effectively implement FP and RH programs.
- The government's current strategy is focused on the unmet demand of FP and quality RH services. A major constraint faced by the Government in this regard is the shortage of trained female staff at the local level. The NGOs tapped local trained

female personnel, including nurses, who provided FP/RH/MCH services, especially with regard to IUDs and Norplant services. The 24-hour availability of community-level services and the involvement of trained female staff were hallmarks of these programs and major factors contributing to the dramatic increase in CPR in the target areas.

- DHOs and the FHD Director acknowledged the importance of RHCCs established with Foundation support under this project. Based on this experience, FHD is expected to expand these coordination mechanisms to other districts.

- As a result of the Foundation's efforts to mobilize NGO partners for the program as well as for their organizational sustainability, all ten NGO partners strengthened physical and social infrastructure in their program areas, and generated commitments from partners to continue at least 60 percent of their existing program activities after the conclusion of USAID funding.

Recommendations

Based on experience during this grant, the Foundation offers the following recommendations:

- The NGO partners' contribution to national reproductive health goals was clearly observed in several forums where government and donor representatives publicly acknowledged their work and performance. Now that USAID funding has ceased, the NGOs are in a transitional period. The Foundation strongly recommends that support be provided to the NGOs to continue to coordinate with the government and like-minded NGOs and INGOs. Every effort should be made to include these competent NGOs in future USAID or other donor programs.

- The government's current strategy is focused on the unmet demand of FP and quality RH services. A major constraint in this regard is the shortage of trained female staff at the local level. Foundation-supported NGOs have readily available over 60 trained female personnel, including nurses, who can continue to provide FP/RH services, especially with regard to IUDs and Norplant services in sub/health posts.

- The government has endeavored to provide all Nepalis with primary health services through governmental and non-governmental health facilities, and there has been an increase in absolute numbers of governmental health facilities across the country in recent years. These facilities, however, remain underutilized due to the multiple challenges of staff absenteeism, lack of skilled providers, lack of adequate medicines and supplies, poor health worker-client interaction, and villagers' distance to the nearest facility. Local NGOs have been providing quality services and have had a significant role in improving the health status of rural people, complementing ongoing government efforts to reduce fertility and improve maternal and child health. NGO-government partnership can prove cost effective and durable, and should be promoted.

- The establishment of endowment funds encouraged NGOs, communities, and local governments to focus on local resource mobilization and program sustainability. The success of these funds has created great demand for replication, which can be

achieved at a modest cost. The Foundation recommends this model to USAID, other donors, and the government.

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Sub-grantee Contact Information

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