

# SEMI-ANNUAL REPORT SUPPLEMENT

*1 October 2008 – 31 March 2009*

Submitted to  
**USAID/Nepal**

Submitted by  
**Nepal Family Health Program II**



**USAID**  
FROM THE AMERICAN PEOPLE



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## **Background**

JSI Research & Training Institute, Inc. was awarded a Cooperative Agreement to implement the Nepal Family Health Program II starting on 19 December 2007 and ending on 30 September 2012. NFHP-II is being implemented by JSI Research & Training Institute, Inc. and its partners – Save the Children, EngenderHealth, JHPIEGO, World Education, Nepal Technical Assistance Group, Nepal Fertility Care Center, Management Support Services and the Nepal Red Cross Society.

## **Objective**

The goal of the project is to improve provision and use of public sector Family Planning/ Maternal, Neonatal and Child Health (FP/MNCH) and related social services supporting the Government of Nepal's intention to reduce fertility and mortality, as expressed in the Health Sector Strategy (2004); the Nepal Health Sector Program – Implementation Plan (2004-2009), particularly program outputs 1-4, and 6; and the Second Long Term Health Plan (1997-2017).

## **Report Organization**

This report is a supplement to the Semi Annual Performance Report for the 1 October 2008 – 31 March 2009 submitted on 30 April 2009 and is organized following the structure of the year 2 NFHP II Annual Workplan covering the period Jan 2009 to June 2010. Activities mentioned in the previous NFHP II workplan for the period January to December 2008 has also been included in this report but the activity has been combined with a similar activity in the latest workplan. Numbering of sections follows that of the latest workplan.

## ABBREVIATIONS

AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ARV	Anti-Retro Viral
BEOC	Basic Emergency Obstetric Care
BPP	Birth Preparedness Package
BTS	Blood Transfusion Service
CAC	Comprehensive Abortion Care
CB-IMCI	Community Base Integrated Management of Childhood Illness
CEHP	Community Eye Care and Health Promotion
CEIs	Client Exit Interviews
CEOC	Comprehensive Emergency Obstetric Care
CFWC	Chhetrapati Family Welfare Center
CHA	Community Health Assistant
CHD	Child Health Division
CHFP	Community Health Facility as Partners
CPDs	Core Program Districts
DDC	District Development Committee
DEO	District Education Office
DG	Director General
DHS	Demographic Health Survey
DoHS	Department of Health Services
DS	Drama Serial
e-AWPB	electronic- Annual Workplan Budget
EDPs	External Development Partners
FCHVs	Female Community Health Volunteers
FEFO	First Expiry First Out
FHD	Family Health Division
FHI	Family Health International
FPA/O	Family Planning Assistants/Officers
FPSC	Family Planning Sub-Committee
GATE	Girls' Access to Education
GoN	Government of Nepal
GSI	Gender and Social Inclusion
HDI	Human Development Index
HEAL	Health Education and Adolescent Literacy
HFOMC	Health Facility and Operational Management Committee
HKI	Helen Keller International
HMIS	Health Management Information System
HRH	Human Resources for Health
HSP	Health System Profile
JAR	Joint Annual Review
IFPSCs	Institutionalized Family Planning Service Centers
IUCD	Intra-Uterine Contraceptive Device
KfW	Kreditanstalt für Wiederaufbau
LC RFT	Learning Circle Refresher Facilitator Training
LLS	Literacy and Life Skills
LMD	Logistics Management Division
LMIS	Logistics Management Information System
MASS	Management and Support Services
MCHW	Maternal and Child Health Workers
ML	Minilaparotomy
MoHP	Ministry of Health and Population
NCASC	National Center for AIDS and STD Control
NFCC	Nepal Fertility Care Center
NHRC	National Health and Research Center
NHSP-IP	Nepal Health Sector Programme- Implementation Plan

NHTC	National Health Training Center
N-MARC	Nepal Social Marketing and Franchise Project for Aids, RH and Chi
NRCS	Nepal Red Cross Society
NSV	No-Scalpel Vasectomy
NTAG	Nepali Technical Assistance Group
ORC	Outreach Clinic
PAC	Postabortion Care
PATH	Program for Appropriate Technology in Health
PHCCs	Primary Health Care Centers
PHN	Public Health Nurse
PNC	Postnatal Care
PSBI	Possible Severe Bacterial Infection
QA	Quality Assurance
QATWG	Quality Assurance Technical Working Group
REC	Research Ethics Committee
RHCC	Reproductive Health Coordination Committee
RHP	Radio Health Program
RMS	Regional Medical Store
RTII	Research Triangle Institute International
SBA	Skilled Birth Attendant
SMNSC	Safe Motherhood and Neonatal Sub-committee
SSMP	Support Safe Motherhood Program
TOT	Training of Trainers
TSVs	Technical Support Visits
USG	United States Government
VAC	Vitamin A Capsule
VDC	Village Development Committee
VHSP	Village Health System Profile
VHW	Village Health Workers
VOP	Village Orientation Program
WAN	Wide Area Network
WE	World Education

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## **1.0 HEALTH SYSTEMS, POLICY, LEADERSHIP/ MANAGEMENT**

### **1.1 Policy**

#### **1.1.1 Health Sector Decentralization Policy Forum**

NFHP and RTI supported Health Sector Reform Unit//MoHP to prepare a concept and modality strategic guideline for health sector decentralization which awaits MoHP approval.

#### **1.1.3 MoHP's Social Inclusion Policy**

NFHP participated and provided TA in two of three regional workshops on Gender and Social Inclusion (GSI) to develop strategic framework for work plan and presented on social inclusion from its CHFP program and its separate modules developed for HFOMC members.

#### **1.1.4 Advocate for VDC health system**

NFHP staff raised the concept of VDC health system during the march 2009 consultative JAR meeting.

#### **1.1.6 Full Devolution in Selected District(s)**

The concept and modality for improving local health governance and its importance has been captured in the NHSP 8<sup>th</sup> JAR Aide –Memoire, held on December 11- 12, 2008.

"With respect to decentralization, the MTR noted that progress had been slower, but the government recognizes that this agenda will become increasingly important as federalism takes shape. "

#### **1.1.7 Coordination with other EDPs on Policy Issues**

- Streamlining of the concept central bidding and local procurement as envisioned in the NHSP-IP. Procedural details have been recommended for MoHP consideration.
- For converting the planning system output based as targeted in 8 outputs of NHSP-IP. An e-AWPB tool has been developed that has an analytical capacity on the basis of outputs, attributes, EDPs and trend analysis etc.
- In the JAR meetings organized in December 2008 and in consultative JAR meeting of March 2009. NFHP strongly advocated on local level capacity building irrespective of any federalism.

### **1.2 National Level Leadership/Management Capacity**

#### **1.2.1 National Standards and Procedures**

'Strategy for Retaining HR in Remote Areas' is in process of implementation in 6 districts<sup>1</sup>. The HRH policy review is in progress and draft report is yet to be shared with stakeholders. MoHP revived the HRH projection task this year and organized a workshop to plan necessary action plan for projecting human resource for health (HRH) so that availability of critical types and level of HRH is ensured.

#### **1.2.3 Policies, Protocols and Standard**

CHD organized 3 CB-IMCI working group meetings and in one such meeting the issue of management of PSBI cases among infants 1-2 months at community level was discussed and a TIP PANI forwarded to MoHP.

NFHP provided technical support to CHD and FHD to develop and finalize the; Neonatal Vitamin A supplementation training package; and MCH micro planning tools.

#### **1.2.5 Institutional and secretarial support**

USAID/NFHP II is currently supporting a total of 11 staff at various Divisions under DoHS plus one staff at MoHP. These staff provide program management, technical and administrative support to MoHP.

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<sup>1</sup> Humla, Juma, Dolpa, Kalikot, Mugu, and Bajura

### **1.2.6 Revise HMIS Projected Population up to VDC Level (national) (2009-2010)**

HMIS targets populations was based on 1991 census. NFHPS II and SSMP provided support in revising the HMIS target populations based on DHS 2006 and 2001 census data. These target populations are used as denominators for many HMIS national and subnational indicators of program performance.

### **1.2.7 Support HMIS Section/Management Division**

NFHP II supports one staff at the HMIS section/DoHS who supervises data entry, data verification, and provides other assistance to further improve HMIS, e.g., computerized database and WAN system at district level. HMIS section completed installation of computerized database only in 41 districts by FY 2065/66 (plan was to install 50 by 2065/66). WAN system has been installed in 46 districts as against planned 57 districts. NFHP supported in installation of WAN system and its orientation in Sindhuli district. Districts now can access raw and analyzed data in real time for their use. NFHP also supported data verification of HMIS data in 3 districts<sup>2</sup>.

### **1.2.8 Quality Improvement System at National Level**

Continued to provide technical support to Management Division to strengthen quality monitoring system across the health delivery system in collaboration with program divisions, centers and partner organizations based on 'Policy on Quality Health Services-2007'. NFHP II assisted Management Division in drafting QA guideline for health facilities. Similarly, input provided to develop health care waste management guideline. Additionally, input provided to Performance Based Management System being conducted in couple of districts including Dhanusha and Surkhet.

### **1.2.10 National technical committee/ groups SMNSC, CB-IMCI, FPSC, QA TWG**

During this period, the SMSC held 6 regular and 1 topic-specific meetings. Major tasks accomplished were: giving recommendations to the standards for infrastructure of birthing center, BEOC/CEOC sites, finalized the birthing center criteria, developed supervision checklists for BEOC and CEOC sites, revised the list of CEOC service sites, revised BPP tools and improved IP practices in birthing centers. These activities helped in building uniformity in the program among different stakeholders, avoiding duplication of the program and facilitating joint review and planning for safe motherhood and neo-natal activities.

Assisted in organizing FPSC meetings on replacing Norplant with Jadelle and discussing approaches to strengthen FP services based on issues raised during annual and regional meetings.

### **1.2.12 Regional review workshop of RH focal person (FPA/O, PHN)**

Supported and actively participated in three day Regional Review Meeting of RH Focal Persons (FPA/O, PHN) held in all the 5 development regions conducted through GON Redbook budget. At these workshop the status of RH programs activities and progress was reviewed, challenges identified and clarified roles and responsibilities of Focal Persons, increase coordination among program focal persons and develop action plan to implement activities in their respective districts.

### **1.2.14 Better planning, coordination and use of training information system (database)**

A technical training working group has been formed under the leadership of NHTC consisting of GoN/EDPs members for coordination, planning and implementation of the training activities. This working group has been approved by the DG.

### ***Participant Selection***

Supported NHTC in selection of 285 service providers for in-training in FP-RH and 517 participants for Health Logistics Pull System Training.

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<sup>2</sup> Jumla, Sarlahi and Makawanpur

### **1.2.15 Training Materials**

Assisted NHTC to prepare main resource material for updating service providers on Implant (Jadelle).

Assisted LMD to organize a two day workshop for revision and production of Pull System training package and in organizing TOT for 86 district level supervisors from NHTC system.

### **1.2.20 Compliance with USG population policies**

During this reporting period, orientation on USAID regulations including Tiahrt Amendment, PD 3, Mexico City Policy and Helms Amendments, was provided to all district- based NFHP II staff. Similarly, staff of NFCC, CFWC and WE staff were also given orientations. NFHP RH Team members have successfully undertaken USG Population policy e-learning course during this period. Government staff working for FP service were also oriented during Central Region Review meeting and VSC preparatory meetings at district level.

### **1.2.21 FP Training centers**

NFHP continued its support to 3 FP training sites to conduct ML, NSV, IUCD and implant training and self-paced NSV training. CFWC conducted FP training for international participants from Pakistan.

## **1.3 District Level Leadership/ Management Capacity**

### **1.3.4 District Reproductive Health Coordination Committee**

NFHP staff continued to help D(P)HOs to conduct regular RHCC meetings in all 20 CPDs. Meetings were conducted on quarterly basis in all CPDs (except Mahottari). During these meetings national policies and guidelines were shared with the stakeholders for program uniformity and standardization. As a result, coordination of INGOs with government has greatly improved. Coordination at the HFs level has increased while implementing VSC ORC services at the community/VDC level.

### **1.3.5 District Quality Assurance Working Groups (QAWG)**

Assisted D/PHOs to strengthen QAWGs in all 20 CPDs as per the GoN Policy on Quality services. Altogether NFHP II assisted in 41 QAWG meetings and prepared action plans with a total of 218 activities pertaining to improving quality on FP/MNCH. Approximately Rs 866,000 was spent from district QA fund to support activities to improve quality of services. Summary of support provided this reporting period is shown in *Annex 1*.

### **1.3.7 District Level Use of Data for Program Management & Decision-Making**

The Village Health System Profile (VHSP) data collection was completed in 18 CPDs and data shared with DHO staff including D(P)HO and supervisors. NFHP II staff are supporting DHOs to apply this data towards program monitoring and to develop mechanism to review/update data closely linking with monthly and trimester review of health facilities, Illaka meetings and HF visits.

*D(P)HO team also prepared a plan of action of each of the technical areas based on the VHSP data and shown their commitment to implement the actions to improve program performance.*

### **1.3.8 Strengthen district supervisory system to improve performance of HFs (TSVs)**

During this reporting period, NFHP II staff made a total of 805 technical support visits to 696 HFs and 1442 TSVs to CHWs in CPDs. Among TSVs to HFs 13% were done jointly with DHO staff. During TSVs, action plans were prepared with HF staff listing specific gaps and suggested actions. Those activities requiring support from D(P)HO were discussed during QAWG meetings, where these action plans were prepared and support provided accordingly (See activity 1.3.5).

Capacity of NFHP district staff are being strengthened so that they can provide better

support and transfer skills to GON counterparts regarding identifying root cause, prepare better action plan and implement.

The TSV data has shown that there is improvement in quality of the services. Regarding FP services, among the counseling session observed for new FP clients (N=61) during this reporting period, 82% clients made voluntary decisions and 97% were explained about follow up place and date (N=34). Though we were able to observe more ANC service ( 194 cases) compared to previous quarter (143), we found only 13% of the clients observed were advised to have their delivery either at a health facility and/or trained nurse (SBA).

### ***Conduct client exit interviews***

Client exit interview was done for a total of 322 clients who had visited the HFs in 18 CPDs<sup>3</sup> to assess the quality of services provided. Out of these 322 clients, 54% were from SHPs, 28% from HP, 10% from PHCCs and 8% from district clinics.

Of the total 322 exit interviewed clients about three quarters (75%) had visited for FP/MNCH related services.

The findings from CEIs are encouraging. But it has also identified several areas where we need to give our attention in improving client provider interaction. The key findings have been summarized below;

- Of the 322 clients visiting health facilities, 74 % knew about the free drug distribution done by health facility
- Among 71 clients visiting for family planning services, 87 % received their method of choice.
- Of the total clients visiting for child illness cases (94), 51 % knew about the correct dose of medicine for the treatment of pneumonia whereas only 35 % ( knew about when to come back for the follow up.
- Out of 54 Safe motherhood clients interviewed 52% (N-37) knew about bleeding during pregnancy where as 21% about prolonged labor (more than 8 hr) as danger signs. Nearly one- third ( 32 %, ) said that service provider advised for safe delivery services by trained nurse (SBA) but none responded that they were advised to visit TBAs.
- Of the total 322 clients, 76% received the medicine prescribed by the health facilities.
- Nine out of ten clients expressed that they were very satisfied or satisfied with the services provided by the health facility. The major reasons for satisfactions were; provided good treatment and suggestions, good behavior of HF staff and through checkup.
- The most liked things about health facilities were similar to reasons for satisfaction given above including timely service, availability of medicines and services they wanted and health facility cleanliness.
- They further suggested some improvements needed such as drugs should be available free of cost, staff availability, maintenance of privacy, cleanliness and listening to the clients' voices.

Based on HMIS for 8 months of this FY in the 20 CPDs, utilization of services has increased in HFs from an average of 26 cases/day at HPs to 36 cases/day, while in SHPs this has increased from 12 to 18 cases/day (See graph). This could be due to the recent MoHP policy to provide free health services including free drugs. This policy seems to have encouraged rural populations to rely more on rural peripheral HFs such as HP and SHPs instead of hospitals.

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3 (except Kanchanpur and Jhapa)

### **1.3.8a Regular district level meetings**

NFHP II has always given emphasis to vitalize for regular and timely conduction of district level meeting as these are very important forum to share both program achievements and identify gaps. Monthly district level meeting are conducted regularly in all CPDs except in Kalikot. During such meetings NFHP staff provided checklist/ guidelines to monitor program performances and assisted to prepare feedback report to HFs in Sindhuli and Dhanusha. Also helped to regularize HMIS/LMIS reporting from the district. NFHP also provided flex charts to display program achievements and data in all CPDs.

### **1.3.8b Ilaka level meetings**

NFHP-II district teams are closely involved in planning and participation at Ilaka level meetings. During this reporting period NFHP observed 123 Ilaka level meetings involving 695 HFs in 18 CPDs. The quality of HMIS data was discussed in 92% of observed Ilaka meetings, but only 25% of HFs reviewed monthly monitoring worksheets and 36% health facilities updated last month's worksheets.

After NFHP technical support, Ilaka meetings have become more regular and quality of the meetings have improved. In response to HF staff and D(P)HO request, NFHP provided flex charts to display monitoring data during Ilaka meetings in 5 districts<sup>4</sup>.

### **1.3.8c M&E Network in Bara**

M&E Network initiation in Bara district continued to regularize Ilaka meeting and data review. Data verification and performance review meeting was conducted in each Ilaka with the participation of all HFs and VHW/MCHWs. NFHP supported in planning, tools development, orientation at the district (to facilitators), facilitating in the meeting and report preparation/sharing key findings and follow up process. Data verification program has internalized the quality issues of recording and reporting and created sense of importance of data quality. NFHP-II team and DHO supervisors are making regular follow up and support in the recording and reporting of HFs. During data verification meeting all HF prepared action plan. Key actions were taken immediately by DHO such as supply of HMIS tools, provided data display Flex sheets etc, this has helped in completeness and timeliness of recording and reporting at HFs.

### **Community level review monitoring meeting**

USAID/NFHP provided technical and/or financial support for community level review monitoring meetings in Bajhang, Doti, Dadeldhura, Banke, Dang, Siraha, Bara and Rautahat district.

## **1.4 Logistics**

### **1.4.1 Semi-annual and Annual Forecast Meetings**

Annual forecast of FP and MCH commodities was held in December 2008, and discussed commodity shortfall and funding needs. This activity is well coordinated among stakeholders, namely, MoHP, Program Divisions of DoHS, Planning Commission, EDPs, NGO sectors (FAPN), and Social Marketing participates in this meeting.

### **1.4.2 Central Bidding and Local Procurement**

The new MoHP policy of Central Bidding and District Procurement will be effective from FY 2066/67 for procurement of Essential Drugs for districts. NFHP field staff provided technical support in CPDs<sup>5</sup> to ensure that district level procurement for drugs are done as per LMD list<sup>6</sup>.

4 Siraha, Sarlahi, Sindhuli, Bara and Surkhet

5 Jhapa, Morang, Siraha, Dhanusha, Mahotari, Sindhuli, Sarlahi, Rautahat, Bara and Parsa

6 Consensus Forecast for Essential Drugs for PHCs, HPs and SHPs of Nepal for FY 2065/66

### **1.4.3 Essential Drug List and Procurement Decisions**

Oxytocin, Gentamycin, Zinc, and Insulin injection are now part of the revised Essential Medicine List (EML-2009, in the process of publication) and are now included in the 'free drug' list of the MoHP. NFHP staff advocated for the procurement decision as per list sent by LMD.

### **1.4.4 LMD Monitoring, Forecasting, Procurement, Distribution and Transportation**

To strengthen Logistics Management Division (LMD) and its channel of distribution, NFHP II regularly supports various important activities of the Logistics Management Division like monitoring, procurement, distribution and transportation, storage, program orientation/training and LMIS at central, regional, district and health facility level.

### **1.4.5 Develop Knowledge and Skills of MoHP staff**

TSVs to Regional Medical Stores, District Health Offices and Health Facilities are designed and intended to develop knowledge and skills of government counterparts in areas such as identifying procurement needs (quantification of essential drugs for district procurement), Pull System, LMIS reporting, store standard, availability of key commodities in the HFs, auctioning/disposal of un-usables, management of over stock commodities, distribution calendar for distribution and transportation of health commodities from district to health facilities. In this context TSVs were carried with LMD staff in RMS Biratnagar, Transit Store Pathalैया, Nepalgunj RMS, Dhangadhi RMS, and Kailali and Achham districts.

### **1.4.6 Pull System Training**

LMD plans to implement Pull System for essential drugs in all 75 districts by 2010. NFHP provided a technical assistance to revise Pull System training manuals and to implement Pull System training in 6 districts<sup>7</sup> leveraging KfW Fund.

NFHP supported LMD to conduct 4-day TOT on Pull system trainings in Kathmandu and Morang in March 2009 for a total of 70 participants. After introduction of pull system training, health facilities staff are able to decide their commodity needs and demand accordingly from DHO. Similarly, LMIS reporting status and quality has been improved. The district store is also able to manage and supply the health commodities effectively based on pull system.

### **1.4.9 Sub-district level logistics review and orientation**

One day sub district level logistics review and orientation was organized with the technical support from NFHP and KfW and financial support from USAID/DELIVER Project in 7 districts<sup>8</sup>. A total of 273 district and HF staff attended the orientation program. After implementation of the intervention, the quarterly LMIS reporting status increased, supply system from district to health facilities improved and quality of LMIS (timely and accurately) reporting increased.

### **1.4.11 Training on Basic computer and web-based LMIS**

LMD initiated web-based LMIS, web-based Equipment Inventory System and Inventory Management System in June 2008 and training has been completed in all 75 districts and 5 RMSs with financial support from SSMP/DFID, UNFPA and USAID | DELIVER PROJECT. NFHP played pivotal role to implement this important activity by providing technical assistance in trainings for all 75 districts and 5 RMSs. This activity allows LMD and RMS to monitor and correct district drugs stock situation on monthly basis.

### **1.4.12 & 1.4.16 Web-based LMIS and inventory management system**

Morang, Makwanpur and Jhapa districts and RMS Biratnagar are doing well in the web based reporting while other districts are facing some technical as well as management problems to operationalize web based LMIS and Inventory management system. Some problems in the CPDs are:

1. Lack of computer skill of storekeepers
2. Other trained person in web based (computer assistant, statistical assistants etc) do

<sup>7</sup> Surkhet, Dailekh, Salyan, Rolpa, Pyuthan and Achham

<sup>8</sup> Solukhumbu, Okhaldhunga, Parbat, Rolpa, Pyuthan, Bajhang, and Baglung

- not assist them in logistical work
3. Storekeepers do not want to show store related records/stocks, procurement data to other staffs in DPHO.
  4. Many districts lack regular electricity supply.

Sub contracting out for the follow-up and support to districts for the smooth functioning of web-based logistics system are on the process and will be done by May 2009. A total of 3 computers were provided to LMIS Unit/LMD to enhance the data entry/processing.

#### **1.4.13 Technical Support to LMIS unit**

NFHP II continued to provide support to ensure timely and accurate submission of LMIS reports from districts, RMSs and pathlaiya to central LMIS unit and helped LMD in providing quarterly feedback on stock situation of key commodities to all DHOs.

#### **1.4.14 National pipeline review meetings**

In the pipeline review meeting program divisions, EDP partners and other stakeholders discuss the national stock status, procurement, and distribution status of 18 key commodities including FP, MCH, TB drugs and Vaccines. The report indicated shortages of implants and IUDs and as a result USAID provided 10,000 sets of implant; IPAS provided 5,000 set of IUDs and PSI is planning to provide 7,000 sets of implants and 5,000 sets of IUDs by the year 2009. Thus continuous supply of these commodities was ensured.

#### **1.4.15 Database for health commodities and equipment**

LMD has started to prepare the specification database of health equipment like anesthesia machine, x-ray, ICU ventilator, ECG machine, x-ray accessories and health commodities including contraceptives and essential drugs. This has helped in the tendering process and cost estimation to expedite the procurement process of LMD.

#### **1.4.17 Store Equipment**

NFHP II provided 40 steel rack for district store Kanchanpur this reporting time and procurement store equipment (rack, cupboard, and pallet) for other CPDs<sup>9</sup> is under progress. DHO Bajhang was provided wooden pallets from USAID | DELIVER funds.

#### **1.4.18 Management Support for District Store Construction**

Completed construction of new district store room in Biratnagar, Morang and is now operational. It provided sufficient storage space in the district to store contraceptives, key commodities, essential drugs and vaccines in Morang district. Store equipments like racks, pallets and cupboards etc were also provided to this new store in Morang.

#### **1.4.19 Auctioning, Disposal, equipping, Repair and Maintenance**

Supported Mahottari DHO to auction off medical instruments, equipment and other unusable commodities thus freeing space for construction of new hospital building in Mahottari.

#### **1.4.20 Emergency Logistics Support (transportation and distribution)**

Assisted RMS Biratnagar to supply essential drugs to Saptari, Udayapur, Khotang, Solukhumbu and Okhaldhunga districts from USAID | DELIVER budget.

NFHP provided technical and financial assistance in transporting 12,000 pieces of condom and 11,520 cycles of pills from Pathalaya Transit Warehouse, to Sarlahi district store. Near expiry and overstock Zinc Sulphate tablet (130,000 tablets from Jhapa and 180,000 tablets from Bara) was collected and sent to LMD, from where it was redistributed to other districts.

On the request of RMS Nepalgunj, Vitamin A capsule, Albendazole tablets and Zinc Tab were transported through Nepalgunj Field Office vehicle to Pyuthan, Dang and Salyan districts for bi-annual national vitamin A program 2066 first round. The support was provided to RMS as the contract period between supplier and RMS was over and new contract was

<sup>9</sup> Sarlahi, Sindhuli Dailekh, Pyuthan, Kalikot, Rolpa and Jumla districts

not ready for the transportation in that time.

#### **1.4.21 Implementation of logistics training on HIV and AIDS**

USAID | DELIVER PROJECT and NFHP provided financial and technical support to National Center for AIDS and STD Control (NCASC) in organizing HIV and AIDS Logistics Management Training for 40 health personnel and storekeepers of different ART sites in December 2008 and February 2009. It is expected from this training the supply of ARV drugs will continue as per the information provided by the Service Delivery Sites (SDPs) through Bi-monthly Combined Report –Requisition and Issue form.

#### **1.4.22 Orientation on HIV and AIDS logistics management**

With financial and technical assistance from USAID | DELIVER PROJECT, NCASC organized HIV and AIDS Logistics Management Orientation in March 2009 (Baglung and Palpa) for Medical Superintendent, ART Clinical Nurses, Ward Nurses, Storekeeper and Lab Personnel, Accountant, NGO representatives and PLHAs.

#### **1.4.23 Print Logistics related Materials**

Altogether 900 copies of different types of forms and registers for the use of HIV/AIDS logistics management were printed and distributed using USAID\DELIVER fund.

#### **1.4.24 HIV and AIDS Logistics Task force & National Pipeline Report**

USAID | DELIVER Project provides continuous support to HIV and AIDS Logistics Task force in generating bimonthly national pipeline report for the ARV drugs. This has helped in supply decisions and timely procurement of ARV drugs as well as continuous availability at SDPs.

#### **1.4.25 Strengthen Storage Capacity for ARV Sites**

USAID | DELIVER PROJECT / NFHP II has supplied steel cupboard, filing cabinet, refrigerator to Sukraraj Tropical and Infectious Disease Hospital, Teku; Maiti Nepal, Kanti Children's Hospital; Narayani Sub-Regional Hospital, Birgunj; Bharatpur Hospital, Chitwan; Janakpur Zonal Hospital, Janakpur. This helps in maintaining proper storage of ARVs and minimizes damage and expiry.

#### **1.4.26 Computers and Basic Computer Training for 10 ARV Sites**

Computer and its accessories were provided to 3 ARV Drug Dispensing Tool sites<sup>10</sup> to strengthen the LMIS of NCASC/ MoHP . Basic computer training was also provided to health personnel working at these ART clinic.

#### **1.4.27 Implementation of dispensing tools at 10 ARV sites including 6 new sites**

USAID | DELIVER PROJECT/NFHP II, provided technical and financial assistance to National Center for AIDS and STD Control (NCASC) to organize "ARV Drug Dispensing Tool Training" in January 2009 for 10 ART sites. Dispensing Tool has been implemented in 4 out of 6 new ART sites (Western Regional Hospital, Pokhara; Seti Zonal Hospital, Dhangadi; Bharatpur Hospital, Chitwan, United Mission Hospital, Palpa). It is expected that the user friendly software will help in keeping history of drug dispensed and at the same time protect the identity of beneficiaries. .

#### **1.4.28 Joint Monitoring and Supervision of HIV and AIDS logistics activities**

In this reporting period, 8 joint visits were made with government counterpart to ARV sites. During TSVs, technical assistance were provided to ART sites on management of ARV drugs following FEFO system, data entry in ARV drug dispensing tool, and recording/reporting.

#### **1.4.29 Assessment of Avian Influenza (AI) logistics**

In December 2008, a team of USAID | DELIVER PROJECT conducted an assessment on existing logistics practices for avian influenza commodities and to design the logistics system

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<sup>10</sup> Tribhuvan University Teaching Hospital (TUTH), Maharajgunj; Bharatpur Hospital, Chitwan; United Mission Hospital, Palpa

for Avian Influenza commodities including information system, inventory management, warehouse management and distribution. This assessment was carried out to design and develop AI logistics system for Ministry of Agriculture and Cooperatives/Department of Livestock Services. With this USAID is extending its support to the GoN on the animal health side also. Based on the findings of the assessment and outcomes of the workshop, a one year work plan for Nepal was drafted by USAID | DELIVER PROJECT to support the GoN and USAID/ Nepal in AI logistics including management of AI commodities, warehousing, inventory control, and use of logistics data for decision makings.

## **2.0 SERVICE DELIVERY**

### **2.1 Health Facility Based Service Delivery**

#### **2.1.2 Support for National VSC Services**

Supported national level VSC services as follows:

- Worked closely with FHD to plan, implement and monitor VSC services in coordination with RHDs, DHO/DPHOs
- Coordinated with NHEICC for airing of FP messages with date and venue for VSC mobile outreach services and FP in national and local FM stations.
- Supported LMD to timely supply FP instruments/equipments, virex, consent and post-operative information forms to all 75 districts
- Supported RHD office and DHO/DPHOs to ensure availability of trained surgeons for conducting VSC service
- Worked with DOHS, Finance Division for timely release of FP program budget.

NFHP also supported FHD in conducting 2 workshops to strengthen and revitalize IFPSCs where current status, gaps/and future directions were discussed. These activities helped in organizing VSC services in different districts and in improving the quality of services.

#### **2.1.7 Assist NHTC in FP trainings**

NFHP II worked with NHTC, RHD and DHO/DPHO to select trainees for VSC and long term FP methods as well as to plan FP training for the FY 2008/09.

During this reporting period, technical support was provided to NHTC in orientation of Implants (Jadelle) to 68 service providers from 37 districts (CFWC and Regional Training Centers at Pathlaiya, Pokhara, Nepalgunj and Biratnagar). This activity helped in a smooth transition to use of implant Jadelle.

#### **2.1.11 Whole site IP Strengthening**

During this reporting period tailored IP strengthening interventions were conducted at 9 HFs from 7 districts<sup>11</sup> where a total of 113 (Male 79; Female 34) persons were updated/coached on different dimensions of IP practices. Improvements in IP was also emphasized during regular TSVs and was observed to be in improving trend.

NFHP II provided technical support for 3-days IP Whole site trainings for 101 personnel of Dailekh (Naumule and Dullu PHCs) and Sindhuli (Sirthauli PHC). A committee was formed under the chairmanship of DHO/hospital management to maintain and monitor IP best practices in all the sites and action plans were prepared.

After this, IP practices were improved mainly in the areas of waste disposal, gloving, hand washing and sterile dressing/suturing technique.

NFHP provided technical support to UNICEF for conducting similar IP Whole site training in Jumla Hospital and Dillichaur HP and IP refresher training to Nursing staffs and Paramedics at Bheri Zonal Hospital, Banke. This activity is expected to promote IP best practices.

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<sup>11</sup> Siraha, Sindhuli, Sarlahi, Bara, Rolpa, Salyan and Surkhet

### **2.1.12 FP/MCH related Equipments**

During this reporting period repair and maintenance of equipments/instruments was done mainly at CFWC and different health facilities in Jhapa district.

### **2.1.15 Pre and Post VSC service meetings**

VSC preparatory meeting has been proven to be a very important and necessary activity for ensuring quality of care during VSC mobile services. In this reporting period NFHP supported DHOs in conducting VSC preparatory meeting in 20 CPDs and also in Kailali district. This allowed VSC service providers and FP Supervisors to review and discuss their strengths and areas of improvement. In addition, quality of previous year's VSC service, counseling, informed choice/informed consent, infection prevention practices, management of service time, preparedness of instrument/equipment, linen, emergency preparedness, post operative care, follow up visit and overall supervision and management of VSC service were discussed and action plans were developed.

### **2.1.16 Regular year round VSC and full range of temporary service**

NFHP II coordination and continuous support has contributed to ensuring provision of full range of FP services through health facilities in our CPDs. Currently full range of temporary FP methods are available at district clinics in 13 CPDs and regular VSC services are available in 9 CPDs. NFHP II met with DHO/DPHO and FP Focal persons to initiate year round VSC services and make different temporary FP methods available at the district hospital/IFPSC/FP MCH clinic as per MoHP policy. NFHP also coordinated with NHTC, LMD, FHD, RHD and concerning DHO/DPHO for training and supply of necessary equipments.

### **2.1.17 FP Refresher Training for VHW/ MCHWs**

During this reporting period FP Refresher Training was started in Rolpa, Pyuthan and Dailekh and a total of 44 VHWs and 47 MCHWs (out of total 237) have completed training. Inclusion of the ANC/PNC portion (1 day) has been found to be beneficial on initiating discussion on importance of FP.

### **2.1.21 Post-Partum FP**

Preliminary discussion meeting with hospital team was conducted to strengthen post-partum FP in Narayani Sub regional hospital in Parsa and Bheri Zonal Hospital in Banke.

### **2.1.25 Conduct TSV in VSC service sites (Static, Mobile) in all CPDs**

A total of 82 TSVs were done to monitor the quality of VSC services, 55 to mobile and 27 to static services in CPDs and Kailali and Bardiya. All visited sites were generally found providing services as per national standard and guidelines. NFHP staff reiterated on routine use of pre-medication (diazepam), use of 1% xylocain for local anesthesia and on counseling /informed choice, technical procedures, IP practices and recording/ reporting.

### **2.1.28 MNH<sup>12</sup> updates**

A one day MNH update workshop was conducted in Sindhuli District Hospital where 7 nursing staffs and PHN participated. This workshop helped them to form a clear idea on the steps of filling up the partograph<sup>13</sup> and its usefulness in monitoring labor and knowledge and use of MgSO<sub>4</sub><sup>14</sup>. These activities would enable the service providers to prevent maternal death due to PPH, obstructed labor and severe pre-eclampsia/ eclampsia. It must be noted that on an average Sindhuli district hospital does 33 deliveries per month.

### **2.1.30 Strengthen existing BEOC services sites in CPDs**

The TSV provided by NFHP-II staff has contributed in improving quality of services and

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12 Active Management of Third Stage of Labor (AMTSL), correct use of partograph and management of severe pre-eclampsia and eclampsia with use of Mgso<sub>4</sub>

13 The partograph is a tool for monitoring labor

14 To prevent & treat severe pre-eclampsia/eclampsia.

increasing the number of institutional deliveries in the CPDs. During this period, NFHP-II staff conducted 10 TSVs to BEOC sites in CPDs. They observed the quality of services and provided feedback including recommendation to perform AMTSL and Partograph in each delivery and to use of MgSo4. NFHP staff also coordinated with LMD to make necessary supply and equipments.

### **2.1.31 Support to strengthen the existing PAC service sites in CPDs**

NFHP-II staffs conducted TSV to 22 PAC service sites and observed quality of services and found separate PAC and CAC services as per USG population policy. Focus was also given on linkage and provision of FP services after PAC. NFHP staff coordinated with LMD to provide necessary PAC equipment.

### **2.1.32 New PAC Sites**

NFHP II supported in establishing PAC services within SBA service sites in Tharmare PHC Salyan, Lamahi PHC Dang and Holeri PHC Rolpa. This activity helped to increase access to PAC services in rural and needy areas.

## **2.2. Community Based Service Delivery**

### **2.2.1 Antibacterial efficacy of Chlorhexidine (CHX) Lotion vs. Aqueous at Maternity Hospital**

This study has been approved by the ethical review board of Maternity Hospital will end in May 2009. The study has enrolled 360 newborns, randomly assigned to receive CHX to the umbilical cord stump either as aqueous solution or lotion.

### **2.2.2 Acceptability study of Chlorhexidine (CHX)**

NHRC has given approval to conduct a field trial of beneficiaries preferences towards lotion versus liquid for CHX swipe on chords of newborns. A TAG has been formed under the DG and Banke district<sup>15</sup> was selected for this field study. Four VDCs of Banke were selected and a total of 67 FCHVs, 23 HFOMC members, 2 MCHW, 1 ANM, 10 HF staffs, 12 traditional healers and 4 local NGO staffs were oriented on importance of CHX, its use, distribution mechanism and reporting mechanism.



**FCHVs practicing applying CHX on doll during training in Banke**

### **2.2.4 Gentamicin in Uniject design stage trial**

NHRC and Research Ethics Committee (REC)/PATH provided ethical clearance for piloting 'The Gentamicin in Uniject' design stage trial in 5 VDCs<sup>16</sup> of Morang district. Over this reporting period, district orientation, VDC orientation, training to all level health workers were carried out. Two-days training was given to 10 VHW/MCHWs and 4 days to FCHVs Uniject.



**FCHV treating sick newborn with Gentamycin in Uniject**

During this reporting period a total of 21 young infants under 2 months were treated by FCHVs for possible severe bacterial infection and 5 episodes of PSBI by health workers using Cotrimoxazole and Gentamicin in Uniject.

## **Community Based Integrated Management of Childhood Illness**

### **2.2.8 Review Monitoring Meeting**

The CB-IMCI implementation guideline recommends district and community level review

<sup>15</sup> Kamdi and Navasbastha for 4% aqueous solution and Khajura Khurda and Jaspur for 4% CHX lotion

<sup>16</sup> Diyaniya, Sorabhag, Govindapur, Hatimuda and Madhumalla.

monitoring meetings as an important activity for program maintenance. In this reporting period Doti, Dadeldhura and Bajhang districts organized such meetings with technical and financial support of USAID/NFHP.

NFHP also provided technical support to conduct district level meetings in 8 districts<sup>17</sup> and CHW level meetings in 7 districts<sup>18</sup>.

The performance data were collected from each CHWs observed the ARI treatment book, referral book and ward register, and provided feedback as needed. To refresh the content areas an orientation session was conducted for correct assessment, classification and treatment of <5 years children on pneumonia, diarrhea and danger signs of sick neonates using classification card, cotrim dose card, home therapy card and child health booklet. Participants practiced the cases in laminated recording form for correct recording. At the end of the review monitoring meeting commodities were re-supplied as per CHWs requirement.

### **2.2.10 Expansion of CB IMCI in Salyan**

NFHP II provided support to implement the CB-IMCI community level training and orientation activities in Salyan over this reporting period. All planned activities were successfully carried out with support from NFHP partners NTAG and MASS.

The following activities were carried out:

1. A two-day program management training on CB-IMCI to all DHO supervisors and HF level staffs.
2. A two days TOT was organized for 8 potential DHO facilitators who later on facilitated management and VHW/MCHW and FCHV level training in Salyan.
3. CB-IMCI training for VHW/MCHW<sup>19</sup> was conducted in Salyan for 78 participants. Trained VHW/MCHWs are now managing the sick children at the community and also supporting to the FCHV on collection of monthly report, provided feedback and resupply the commodities.
4. Total 5 days<sup>20</sup> training for 421 FCHVs. NFHP central, region and District based field officer monitored the training. CTO of USAID also involved in monitoring of training in two batches at different sites. One facilitator from NTAG was involved in each venue to facilitate the training and to maintain the quality, while MASS provided logistic support.
5. On Day 4 a half day orientation was organized in each VDC for a total of 511 VDC/HFOMC members.
6. Each FCHV organized mother group orientation in their respective wards on the 5th day as an opportunity for the FCHV to have hands on practice with real under five sick children. Facilitators, HF staff and VHW/MCHW were presented for technical support.
7. Altogether 152 traditional healers (Dhami Jhankri) were oriented in Salyan who also received one blue plastic cup along with 5 packets of ORS and Child Health Booklet.
8. The second phase training for FCHVs was organized two months after phase 1 training. The main contents of the second phase training were, review of the first phase training content and their performance and provided feedback accordingly. Other contents were management and treatment of diarrhea using ORS and Zinc, EPI, Nutrition, Essential Newborn care. In between the first and second phase training FCHVs' performance were collected as follows:

Total under five ARI cases assessed	7158
Number of pneumonia cases treated	1847
3 <sup>rd</sup> day Followed up of treated cases	1340
Referred under 5 year Severe cases	113
Counseled for home therapy	5198

This demonstrates that FCHVs of Salyan are keen to provide CB-IMCI services.

17 Bara, Syanja, Parbat, Jumla, Dailekh, Kalikot, Surkhet and Banke

18 Bara, Rautahat, Siraha, Morang, Banke, Pyuthan and Dang

19 Total 7 days training, 5 days for clinical and 2 days for program management.

20 3.5 days for clinical training, 0.5 day for VDC/HFOMC orientation and 1 day for mother group orientation

### **2.2.12 CB-IMCI Training for Replacements of Drop-Out FCHVs**

Two batches of this training have been carried out in Parbat and Surkhet district for 37 FCHVs who have now started to treat and refer ARI/Pneumonia and diarrhoea cases in their respective communities.

### **2.2.13 CB IMCI in 5 Non CPDs**

NFHP II has been providing TA support in Doti, Dadeldhura and Bajhang to maintain the quality of CB IMCI program through present of district based field officers and NFHP central staff. The performance of CB-IMCI program is improving in these districts as shown by numbers of <5 years sick children treated and in reporting system. In addition NFHP provided support to introduce zinc for diarrhea in Bajhang.

NFHP facilitated the visit of USAID Director for Asia Region Mr. Flynn Fuller to observe NFHP II support to CB-IMCI in Parbat district. Mr. Fuller discussed with DHO on CB-IMCI and logistic program status and interacted with HF staff and Volunteers.



**Mr. Flynn Fuller interacting with FCHVs in Parbat**

### **2.2.14 Purchase and Supply of ORT Corner Sets & Weighing Scales**

Supplied ORT corner and weighing machines to the HFs lacking these supplies based on TSV and VHSP data and also supported to make the ORT corner functional.

### **2.2.15 Printing and Supply of CB-IMCI Materials**

The materials included ARI Timer, Treatment Book, Referral Book, Classification/home therapy/ treatment cards, zinc booklet and job aids, CB-IMCI OPD register, Chart booklet, monthly reports etc.

## **COMMUNITY BASED MATERNAL & NEONATAL HEALTH**

### **2.2.21 Review & Revise BPP**

Supported FHD to revise the BPP in collaboration with all stakeholders. BPP flip chart covers all the key aspects of behavioral changes and services during antenatal, delivery and post-natal period. As key chain posed logistic and programmatic challenges, it was replaced with an action card. One side of the action card covered all key actions to be followed from pregnancy to postpartum period and other side of the card covered the major danger signs of mother and newborn which require seeking prompt care from appropriate location. BPP flip chart, BPP trainers' guide/reference materials and action card have been developed and sent for printing.

### **2.2.22 TA on CB-MNH (including CB-NCP)**

During this reporting period technical support was provided to the CHD to conduct MTOT, TOT on community based newborn care package (CB-NCP). TA was also provided to develop the training materials and monitoring tools in Nepali and to implement MNH activities at community level in Sindhupalchowk. A joint meeting among USAID, PLAN, CARE, HKI and NFHP was held twice to update about the activities and discuss the challenges faced by each organization and area of coordination. Several meetings were held to share the CBMNH activities and to support other organization like UMN, CARE, PLAN and ADRA to design and implement CB-MNH interventions.

### **2.2.23 Maintenance support for of CB-MNH**

Flip chart on prevention of PPH at homebirth was revised.

NFHP conducted TSVs (see table 2 below) to strengthen MNH activities in Jhapa, Banke and Kanchanpur which ensured that FCHVs had correct knowledge and skills to support pregnant and recently delivered women.

**Table 2: Summary of TSVs provided by NFHP within this period**

TSVs	Jhapa (N)	Banke (N)	Kanchanpur (N)
TSV at HF's	31	136	58
TSVs to FCHVs	166	199	154
TSVs to pregnant women	105	184	75
TSVs to recently delivered women	48	151	65
<b>Total</b>	<b>350</b>	<b>670</b>	<b>352</b>

During the above TSVs routine program monitoring data was collected which seems to indicate that program performance has remained at the previous high levels.

**Table 3: Status of CB-MNC Program by district**

Indicators	Jhapa		Banke		Kanchanpur	
	N	%	N	%	N	%
PW register in CB-MNC register (as % of expected pregnancy)	4799	48	3984	65	2723	33
PW register in MSC register as % of expected pregnancy	NA	NA	3943	65	NA	NA
PW received 225 iron-folic during pregnancy and postpartum as % of registered pregnancy	4572	95	3944	99	NA	NA
PW received anti-helminthes as % of registered PW	4748	99	3895	98	2429	89
Birth attended by SBA as % of registered PW	3625	76	1379	35	866	32
RDW took complete course of MSC as % of PW received MSC	NA	NA	1909	73	NA	NA
Newborn bathing delayed at least for 24 hours after birth (as % of registered women)	4641	97	3693	93	NA	NA
FCHV performed home visits within 3 days of delivery (as % of registered women)	4685	98	3898	98	2490	91

*Data included from Ashoj – Phalgun 2065*

#### 2.2.24 CB-MNH interventions in Sindhuli, Jumla and Dailekh

During this reporting period NFHP focused on building consensus among the partners on approaches and implementation modalities on CBMNH. The district level activities will be started by next reporting period.

Maternal deaths in Banke are continuously monitored through the HMIS system mobilizing FCHVs. Verbal autopsies are administered for all the reported cases. Over the reporting period 17 maternal deaths were reported.

#### 2.2.25 Dissemination of lessons learned from CB-MNH

Lessons learned from CBMNH Banke was shared at the fifth regional workshop on "Facilitating Synergies to Scale-up Maternal and Newborn Care Best Practices in Nepal " organized by MIRA at Kanchanpur.

Poster on "Community based prevention of post-partum haemorrhage with Misoprostol in the absence of skilled care providers" was presented on 12th annual scientific conference organized by ICDDRDB at Dhaka from 9-12th February 09.

Abstract "Lessons Learned from Early Implementation of Neonatal vitamin A Dosing in Nepal" submitted to Micronutrient Forum was accepted for poster presentation on MN forum conference at Beijing from 12-15th May 2009.

#### 2.2.26 Review and revise M&E indicators and tools for CB-MNH

The CBMNH indicators including misoprostol and possible severe bacterial infection (PSBI)

indicators were reviewed and revised as necessary. During the pilot phase misoprostal was implemented as a separate element under the CB-MNC program therefore it had separate M&E indicators with separate recording forms and database. Now a single list of indicators has been developed and the record keeping registers revised accordingly.

### **2.2.27 Baseline survey of CB-MNH program in Sindhuli (2009-2010)**

In order to evaluate CB-MNH program impact in Sindhuli, a baseline survey was done by VaRG.. The design includes 30 clusters sampling with 900 recently delivered women-a methodology consistent with the 3 districts CB-MNC survey.

### **2.2.28 Neonatal Vit A Pilot**

Implementation plan has been signed by NFHP-II, UNICEF, MI, and CHD. NFHP-II provided TA to prepare training guidelines, participants handbooks and IEC materials which are now being printed. NTAG will be the implementing partner for NFHP-II.

## **NUTRITION**

### **2.2.31 Vit A Supplies for Mass Supplementation**

NTAG and NFHP assisted LMD in supplying vitamin A capsules and de-worming tablets for the October 2008 round of capsule supplementation in technically difficult districts where the RMSs could not deliver vitamin A capsules on time. The capsules and tablets were supplied by taking emergency measures in 5 districts<sup>21</sup>. Due to the flood in the Koshi river capsules and tablets could not be supplied from RMS in some districts. NTAG staffs took VAC and de-worming tablets to 9 districts<sup>22</sup>. Also supported to supply the capsule and de-worming tablets from LMD to RMS of Kaski, Dhangadi and Nuwakot, Rasuwa and Makwanpur districts.

As usual NTAG assisted LMD in repackaging the capsules in smaller containers to reduce wastage.

### **2.2.32 Program Promotion Prior to Capsule Supplementation**

For the October 2008 round, vitamin A capsule supplementation messages in Nepali, Bhojpur, Maithali and Abadhi languages were aired 123 times from different radio stations. Two types of TV spots were telecast 100 times from major TV Channels. Audio cassettes containing information about vitamin A capsule supplementation event were developed in the above 4 languages and a collection of vitamin A related songs and messages were developed.

### **2.2.33 Vit A IEC Materials**

A total of 50,000 pocket calendars of Nepali year 2066 were printed and widely distributed to FCHVs, health facility staffs, I/NGO personnel, donors and other stakeholders. The pocket calendar contains information on capsule supplementation dates and case treatment protocol.

Program materials such as FCHV registers, posters, pamphlets, leaflets, scissors, stickers, T-shirts, Tika, were distributed for October 2008 and April 2009 round of capsule supplementation.

### **2.2.34 Support implementation of semi-annual vitamin A campaign**

Personnel from seven organizations supervised the October 2008 round of VAC supplementation event. They visited a total of 750 sites in 47 districts and checked whether the FCHVs dosed correctly and recorded the names of dosed children. Their presence encouraged the FCHVs to work more earnestly.

NFHP staff monitored a total of 517 sites in 23 districts during October round using standard

21 Khotang, Bhojpur, Okhaldhunga, Sankhuwasabha and Solukhumbu

22 Ilam, Panchthar, Taplejung, Dhankuta, Terhathum, Udaypur, Saptari, Sunsari and Siraha

monitoring tools. NTAG will submit a detailed report in the near future. During monitoring visit, NFHP staff ensured that the FCHVs dosed correctly and recorded the names of dosed children correctly and also supplied the additional capsules and registers if required. NFHP staff also provided feedback to district health office and focal person for the improvement of the program in the next round.

Post supplementation survey conducted soon after October 2008 supplementation indicated 98% coverage.

At the request of CHD Nutrition Section section, NFHP II supported in iodized salt promotional activities<sup>23</sup> in coordination with DHO/DPHO and salt trading corporation in most CPDs but especially in Dailekh, Kalikot and Surkhet districts.

## **FEMALE COMMUNITY HEALTH VOLUNTEERS**

### **2.2.37 FCHV fund guidelines**

NFHP supported in developing and printing of FCHV fund and orientation guidelines. Distribution of these guidelines were supported by NFHP field offices in CPDs.

During this reporting period, NFHP supported FHD in the one day orientation program on FCHV guidelines conducted in mid western region. District health officials, program focal person of that region, regional health directorate, regional training and health directorate focal person attended the orientation which focused on ensuring FCHV fund status, proper and rational use of fund, its benefits to FCHVs and other support from this fund.

### **2.2.38 FCHV focal person review meeting:**

NFHP provided financial and technical support to FHD and region in conducting one day integrated regional level FCHV focal person review meeting in five regions to discuss further strengthening of the FCHV program and developing strategy.

### ***FCHV Day Celebration***

On 1<sup>st</sup> October 2008, fifth National FCHVs day was celebrated nationwide. NFHP provided technical and financial support in developing and airing of FCHV signature tune & radio spots/jingles that were produced in close collaboration with NHEICC and FHD. NFHP field staff supported district health offices in CPDs to celebrate the occasion.

### **2.2.40 Finalization of FCHV strategy**

A consultant was hired to complete the revision and finalization of FCHV strategy under the supplemental workplan. A final Nepali version of FCHV strategy has been drafted which was presented in technical working group and FCHV subcommittee and is in process of being sent to MoHP for final endorsement.

### **2.2.42 FCHV Data Base**

Information for FCHV database were received from 75 districts but the data was incomplete. NFHP field staffs supported FCHV focal person in CPDs and CB IMCI districts to revise/update FCHV data. So far a total of 45 districts have sent revised data to FHD including 11 NFHP CPDs<sup>24</sup>

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23 Stakeholders meetings, Distribution of printed materials, bags, book covers and pamphlets provided by Salt trading corporation limited, banners, shared information in different forums/meetings/trainings/workshops

24 Jhapa, Morang, Bara, Dhanusa, Banke, Dang, Pyuthan, Kalikot, Rolpa, Jumla and Kanchanpur).

## 3.0 COMMUNITY PROGRAMS

### 3.1. Community participation in Governance of Local Health Services

Completed orientation in 67 of the 132 handed over HFs of Banke, Dang, Kanchanpur and Surkhet. The rest will be completed by July 2010, but all 21 decentralized HFs of Kanchanpur will be completed by July 2009. During this reporting period, the focus was on conducting interaction meetings, monthly monitoring and developing materials for review meeting and promotional activities.

#### Box 1. Key achievements during this period

1. Review meeting and promotional activities guidelines were developed.
2. Three days interaction meetings were conducted in 15 HFOMCs of Dang and Surkhet
3. Two hundred fifty nine Technical Support Visit (TSV) at 67 HFs were conducted during this period.
4. Regularity of meeting has improved from 32% to 90 %.
5. Effective meeting has reached to 30%.
6. Action plan was developed by 52% of HFOMC and amongst them, 80% of action plan activities were implemented.
7. Village Development Committee (VDC) support to HF/FCHV increased from 57 % to 87%.
8. Two VDCs of Banke and Kanchanpur implemented CHF approach with its own resources with technical support from NFHP.

#### 3.1.1 & 3.1.2 Strengthen HFOMCs in 4 CPD districts

NFHP II along with DPHO and DDC focal person conducted 3 days interaction meetings for 15 HFOMCs (145 members) in Surkhet and Dang districts. The interaction meeting was successful in bringing out following changes:

- HFOMC members understanding their roles and responsibilities for managing the quality of services;
- HFOMC members developing the following skills:
  - Identify problems; prioritize the problem;
  - Analyze the root cause of the problem;
  - Prepare action plan;
  - Identify excluded groups by social mapping and
  - Self-assessment techniques.



*HFOMC members preparing social map during training at Gangaparaspur , Dang*

#### Box 2: Vision statement of Ghumkhare HFOMC, Surkhet

By 2068 *Bikram Sambat*, the HFOMC will be able to do the following things;

1. Hold regular monthly meeting
2. Collect issues from communities and share the decision of meeting with community people
3. VDC will have own health sector plan
4. Fulfillment of vacant staff and activities on staff motivation
5. Activities related to FCHV motivation
6. All community people will be made aware of HF services
7. Identification of the communities not using HF services and activities to increase use.
8. Increase coverage of the health services ( immunization coverage, delivery by HWs and 4 ANC) which are low
9. Improvement of HF environment ( compound wall, garden, drinking water)

#### Monthly follow-up (TSV to HFOMC)

NFHP II staff carried out 207 monthly TSVs to 67 intervention HFOMCs to

strengthen the capacity of HFOMC by assessing the current status and by providing technical assistance to bridge the gap in knowledge and skills. Among such TSVs, 134 coincided with actual HFOMC monthly meetings. During such TSVs interviews with 359 community people, 307 HFOMC members were conducted and the findings are summarized below;

### **Regularity of monthly meeting**

The regularity of monthly meeting ( % of HFOMC that conducted meeting with meeting minutes every month in CHFP district) was sharply increased from 32% during baseline to 90% ( 186 event out of 207 visited). Reasons: understanding of roles and responsibilities; members understanding that they are representing community people and should bring community health problems in the meeting; regular visit and support by CHFP staff

### **Bringing Health issues from the community**

Prior to our interventions HFOMC meetings were irregular and centered around decisions about the construction of infrastructures that required VDC's financial support. But NFHP II interventions has provided skills to HFOMC members and emphasized that all members should bring health issues (immunization coverage, FP users, ANC visits, iron supplementation coverage etc) from their communities in the monthly discussion. During this reporting period, discussions on health issues during HFOMC meetings increased significantly (from 24% to 56 %). Participation of women in discussing their community health issues including health utilization has increased.



*HFOMC monthly meeting at Baijapur, Banke*

### **Prioritization/ root cause analysis**

Prioritizing problems/issues and root causes analysis which were not previously included is now covered in 37 % and 27% of HFOMC meetings respectively.

### **Developing Action Plans**

During the training HFOMC were trained on how to make action plan using a suggested format. About half (52%) of HFOMCs prepared action plans as compared to non prior to this intervention. During this period, among the HFOMCs who prepared action plan 80% implemented it successfully.

### **Mobilization of local resources**

During this period, many HFOMCs were able to generate cash support for health facility from different sources. A total of Rs 9,084,100 ( in-kind/cash together) were generated by HFOMC during this period from 55 new CHFP VDCs for support of the above mentioned activities. Similarly, several HFOMCs implemented interventions to improve service delivery at the HF. In short, HFOMCs were increasingly involved in health facility management and operations such as staffing , infrastructure, logistics, etc.

### **Review Meeting**

NFHP technical team conducted first review meeting in 18 HFOMC(Dang -3, Kanchanpur -6, Surkhet -9) during this period. Altogether 175 HFOMC members ( M-116, F- 59) participated in the meeting during which they reviewed their progress comparing the situation of before and after CHFP intervention; Three years vision was prepared and decided to display in public places; The members developed and practiced tools to collect information from HF and communities and also practiced use of check list for the HF supervision.

### **Participation of dalits and women members in HFOMC meeting**

Proportion of dalit member representing HFOMC meeting was 72%. Similarly, participation

of women member in HFOMC meeting was almost universal (97%) with highest in Kanchanpur (100%). This result showed an encouraging level of dalit and women member participation in HFOMC meeting.

### **Effective meeting**

About 30 % of HFOMC meetings were considered effective, with effectiveness varying from 37% in Banke to 22% in Kanchanpur. Kanchanpur had highest occurrence of regular meeting but lowest in effective meeting. The reason for comparatively low effective meeting was due to low number of action plan prepared using the suggested format. In some districts, there was no dalit member representation at HFOMC structure which affected achievement.

### **Service utilization by dalit population**

One of the CHFP strategies is to increase participation of Dalit groups in health facility management and increased utilization of health services by such groups. Data (as per indicator #10) so far indicates that the ratio of "Dalit" proportion among all HF clients vs Dalit proportion among catchment population in focused VDCs of CHFP districts has increase from 0.70 for the first year (2007/08) to 1.39 which indicates that use of health services by "Dalits" has increased. This increase could probably due to the dalit HFOMC members removing barriers to services, encouraging their communities to utilize services as well as the MoHP free health care policy.

### **Promotional Activities**

The baseline findings showed low awareness about HFOMC and its functions. Thus HFOMC felt it important to organize promotional activities in their communities. Such promotional activities which were conducted in 17 HFOMCs including 2-3 hours interactive meetings with key community stakeholders e.g. political parties, clubs, different mother's groups and included miking and attending group meetings. Major outcomes of such discussions with a total of 659 (M-397, F-262) community people were;

1. Action plans to reach every household through community group networks were prepared.
2. HFOMC used local young people to promote key messages by using hand held mikes at 6 VDCs

#### **3.1.3 Status of HFOMC in 5 districts<sup>25</sup>**

NFHP-II staff visited HFOMC of CHFP VDCs implemented during 2005/06 to monitor the functional status of HFOMC. In majority of the HFOMCs meetings were organized, but standard guidelines were not followed and they did not prepare action plans. As they were well oriented on their role and responsibility but due to absent of Chairman (VDC Secretary), the committee was not taking special initiation at local level. In some VDCs they have mobilized local resources for FCHV support. Henceforth NFHP district based staff will regularly monitor the HFOMCs as part of TSVs.

#### **3.1.5 Provide TA to UNFPA to implement CHFP in non NFHP II districts**

At the request of NHTC/UNFPA central office, Kathmandu, NFHP II provided technical assistance to conduct TOT on three days interaction meeting in Kapilbastu district. The participants were UNFPA staff, NGO, DDC and DHO staff. After TOT, UNFPA/DDC Kapilbastu conducted the 3 days interaction meeting in 12 VDCs of the district.

#### **3.1.6 Build capacity of Dalits/Janjati and female HFOMC members**

During regular TSVs, 307 HFOMC members including dalit and women members were interviewed. During the interview, gaps on knowledge (such as role and responsibilities of HFOMC members and types of services provided by their local HF) and skills (How to identify local health needs, prepare community maps, etc) were identified and necessary technical support were provided. Besides, linkage were established with literacy and life skills (HEAL, LC, GATE) to build the capacity of the HFOMC members. HFOMC members

<sup>25</sup> Bara, Parsa, Rautahat, Siraha, and Mohattari

were also benefited from HEAL classes. Similarly, there were 12 FCHVs, who facilitated the Learning Circle (LC) were also HFOMC members.

**Box 3: Increased voice of *dalit* in HFOMC meetings**

Sushma BK, 40, residence of Binauna -4, Banke is an active HFOMC member representing the *dalit* community. Until some months back, she was not regular in the HFOMC meeting. Even when attended the meeting, she did not suggest any topic for inclusion in the agenda. But now situation has changed. " I was not regular in the meeting. Actually, I was not interested because I didn't know the importance of meeting and I rarely put any agenda in the meeting. But now I am regular in the meeting and await when the monthly meeting will come. It is because I have many issues/problem to include in the meeting which I collect from my community. Regular inputs from *Samudaya Swastha Sastha Sajhedari Karyakram (CHFP)* opened my eyes about the importance of such meetings, my participation including techniques to collect issues from community. Now I feel empowered because many people of my community know me as a representative of the HFOMC."

**3.1.9. Conduct advocacy activities in central and district levels**

NFHP II facilitated field visits for MOLD, NHTC, LDO, DPHO and other central level staff to observe HFOMC activities and also shared the lesson learned from the beginning of program. They provided following valuable feedback on the the methods/material of the training most of which has been incorporated: *Simplification of languages in manual, Make session more participatory, Focus on key messages, Use of selected HFOMC member as co-facilitator, etc.*

NFHP II staff met with DDC members and VDC secretaries and discussed the importance of introducing CHFP activities in all VDCs. Two VDCs in Banke and Kanchanpur decided to implement the CHFP approach using its own resources with technical support from NFHP. There is an increasing trend towards allocation of more resources for health from VDC funds.

**3.2. Community Efficacy, Literacy and Life Skills**

**3.2.2 GATE Mid Term Examination**

The GATE, which is a nine month program is being implemented Mahottari, Sarlahi and Rolpa districts in the first cycle ( 2007 – 2008) with 689 girls attending in 31 groups or classes. Not all appeared for the midterm examinations held in December 2008. But among the 620 participants who did appear, 544 (88%) passed the examination.

**3.2.4 & 3.2.5 HEAL continuation and Mid Term Examination**

No new HEAL classes were initiated during this period. The mid term examination of HEAL classes were conducted in six districts (Rolpa, Salyan, Dang, Banke, Mahottari and Sarlahi). Out of 1383 participants enrolled in 60 classes, 1313 (69%) appeared in the mid term examination and 93% passed the exam. This examination identifies the weaker participants and the facilitators then focus more attention on such weaker participants. Those who did not appear for the examination are assessed independently by the facilitators and further coaching provided if necessary. So far only 6 participants have dropped out completely from HEAL classes leaving a total of 1377 women who are continuing in the HEAL classes.

The HEAL refresher trainings were conducted in all 6 districts in December, 2008 and the GATE refresher training was conducted in the month of January 2009. The training reviewed the past training process, participants/facilitators' involvement in the discussion. It was also emphasized that HEAL participants collect the health issues which has been affecting the lives of the community people and discuss the issues in the HEAL class. During the training period one facilitator of Dungrekhola of Sarlahi district shared the following story.

**3.2.3 & 3.2.7 Review meetings for GATE and HEAL**

The HEAL review meetings were conducted in all LLS program implemented districts in

January. Where as the GATE review meeting conducted in March in only four districts. The review meeting was a one day program with participants from DEO, DPHO, NGO coordinator, local program supervisor, representative from HEAL/GATE facilitators and class management committee. During the review meeting the progress of the program was presented and then each participants shared their views about the program and highlighted that co-ordination was very important for the success of the program.

**Box 4: How Durgamaya benefited from HEAL Classes**

Durga Maya, 26 years old, housewife of poor Lama family lives in Dhungrekholra ward-9, Sarlahi district. She got married when she was 18 years old and now she has four children. Earlier, she was unaware of the consequences of having too many children. Being illiterate, she could not understand the pros and cons of having many children. Furthermore, this matter was never discussed within her family and friends.

Six month ago, a man came to her doorstep and invited her to participate in a village orientation program (VOP) which was organized to discuss and share about HEAL program. She said "I went to the meeting and listened carefully what they said then I went back to home and shared the issues that were discussed in the VOP with my husband".

She decided to join the HEAL class. She learned many useful health information and healthy behaviors while discussing with friends and facilitator. She also learned the advantage and disadvantage of having many children.

"I realized that I needed to talk with my husband about my health as well as my family's health. Because of the things I learned in the HEAL class including communication skills, I gained confidence to talk to my husband." Everyday, she started sharing the health information she had learned in the HEAL classes with her husband. She discussed with her husband to adopt family planning methods as she has already had four children but he refused. In the meantime, she thought it would be useful to take help of Sangita Pant and Smita Humagain (Facilitators) who helped her to convince her husband and finally he agreed. Two months ago she adopted permanent family planning method i.e. Minilap. Finally she is very happy to adopt family planning methods for better future of her family.

### **Supervision and Monitoring**

Besides the regular visit by the NGO local supervisor, the NFHP II/LLS program officer sits with the participants and discussed the progress of the program. Here is one case study from Dang. Pharahari Chaudhari seems very satisfied with what she gained from LLS program.

#### **3.2.8 Learning Circle Program**

A two day refresher TOT was conducted in the last week of March for the trainers of all six districts in Ghorahi/ Dang and Malangawa/ Sarlahi district. The TOT focused on how to use training modules while facilitating LC and how to collect health issues from the community and discuss in the LC class. Similarly, FCHVs were trained on how to facilitate LC for mothers groups.

The LC RFT for FCHVs were conducted in Dang, Surkhet, Rolpa and Banke where FCHVs The LC RFT is still to be conducted in Mahottari and Sarlahi. Because the program in Sarlahi and Mahottari was started later than Rolpa, Surkhet, Banke and Dang.. Some of the facilitators (FCHVs) shared their feeling that they are proud to facilitate the LC. It has helped to make their regular job easier.

#### **3.2.9 New LLS districts**

Decided to introduce LLS in 2 new CPDs, namely, Salyan and Sindhuli. In Salyan SADIKA was selected as a partner NGO while Sindhuli Integrated Development Services (SIDS) was selected for Sindhuli district.

#### **Box 5: Nijmun feels proud to be the participant of HEAL and Learning Circle**

Nijmun Khatun, 28 years old, resident of Sundarpur VDC-3, Mahottari district. She is a participant of HEAL and LC group. She already had two children and was pregnant at the time of HEAL classes but never gone for ANC checkup. Luckily, she had not experienced any complications delivering her two previous pregnancies.

Participating in HEAL and LC group she learned that during pregnancy one should have regular ANC Check up. During the pregnancy, she once suffered from bleeding and went to Gaushala PHC where she was told that the baby is in breech position. PHC also was not able to handle this case and referred her to go to the hospital. She went to hospital and had a safe delivery. She said "I may not have survived if I had not joined HEAL and LC group." Now she has been sharing the health information to the people at community and presents herself as an example.

### **3.3 Behavior**

#### **3.3.2 Design, Production and Local Airing of Radio Jingles/Spots**

Radio jingles and spots on i) delaying pregnancies ii) use of FP methods for spacing and iii) spousal communication were aired thrice a day from local FM Radio station of Dailekh, Rolpa, Pyuthan and Sindhuli starting from mid March 2009 which will continue till July 2009 to supplement and reinforce the health messages of the drama serial "Gyan nai Sakti Hoo". The radio spots and jingles on promotion of FP methods are found to be very effective in reinforcing messages on the advantages using FP methods. During interaction with the community people in the districts people could recall some of the contents and messages from the radio jingles and spots.

#### **3.3.5 Material Development, Printing and distribution**

NFHP II field office managed the supply of Informed Choice posters and other contraceptive promotional posters to CPDs from existing stock to 20 CPDs. However, there has been problems of life span and readability of the text on the paper poster, hence new design and printing of 1500 copies of Inform Choice poster on flex material are completed and in the process for distribution.

#### **3.3.6 Health Exhibitions at PHC level to promote FP/MCH**

With the objective to raise awareness on FP and MNCH and encourage health seeking behaviors of the communities, health exhibition were conducted in 9 PHCs in Dailekh, Rolpa and Sindhuli districts. The health exhibition was initiated under the leadership of DHO/DPHO of district, with technical support from NFHP II and was coordinated with NRCS district/sub-chapters, JRC volunteers, NGOs and local clubs, School and teachers, FCHVs and mother groups. The health exhibition included stalls on FPMNCH, Inter-school quiz program on health, singing competitions, video shows and was combined with general medical camps and FP camps to provide prompt services to those who were keen.



*Health Exhibition held in Holeri, Rolpa*

Health Exhibitions was successful in getting good participation and support of local people, health workers and volunteers. It is estimated that more than 50,000 people visited health exhibition in the nine sites of whom roughly 50% gained some information on health. While verifying with Belghari PHC a few weeks later, it was reported that there was an increase in client flow.

One of the most effective activities during the health exhibition was the counseling for FP methods to potential clients who showed interest by the health workers and NFHP staff. This helped to significantly increase clients in the FP camp integrated with the health exhibition.

### **3.3.9 Re-airing of radio programs**

Radio Health Program (RHP), "Gyan Nai Sakti Ho" Drama Serial (DS) III, was aired from 4 local FM radio stations in 4 CPDs i.e. Panchakoshi FM - Dailekh, Community Radio - Ropla, Community Radio - Pyuthan and Community Radio Sindhuli to reinforce the health messages on RH, FP, MNH and communicable diseases. The radio materials were reviewed and revised considering local culture and context prior to airing. The most optimal airing time was determined based on local radio listening patterns of the community. The local radio stations have been receiving letters and phone calls with health inquiries and demanding re-airing of the radio program the next day. During the monitoring visits and informal discussion with the community people, 60% of the district people reported listening to "Gyan Nai Sakti Ho" radio drama serial regularly as the story is entertaining and the characters relate to their own community, especially the FCHV's role in the community. During the discussion they also said that they gained health knowledge.

#### **Other BCC Activities:**

##### **FCHV forum Magazine**

The FCHV forum magazine was mailed to 75 districts in November with a cover letter from NHEICC. In 20 NFHP II districts the FOs distributed the magazine during Ilaka level meetings, during FCHVs meetings and during the TSVs. The FCHVs were happy to receive the magazine and to learn about the FCHV fund.

##### **VSC service promotional in (Feb-Mar. 2009)**

The VSC promotional activities in 4 CPDs<sup>26</sup>, especially radio spot and FCHV/HFOMC meeting have been very successful in terms of notifying the potential clients about the VSC services site and schedule which eventually lead to increased utilization of VSC services.

## **3.4 Social Mobilization**

### **3.4.1 Orientation to the Nepal Red Cross Local Units**

Discussed with NRCS Banke, Kanchanpur, Salyan, Pyuthan, Rolpa and Dailekh district chapters and NRCS Community Eye Care and Health Promotion (CEHP) Program on coordination and collaboration between NRCS and NFHP II in the areas of FPMCH.

### **3.4.2 Capacity of Red Cross District Chapters and Possible Collaboration**

District specific profile including capacity of NRCS district chapters of 10 CPDs in the western regions<sup>27</sup> have been prepared. Linkage between NRCS district chapters and D(P)HOs and other stakeholders and NRCS subchapters and local level health facilities has been established. The areas of partnership were identified in NRCS/CEHP Program which is being run by the NRCS in Salyan, Pyuthan and Jumla districts. Technical and IEC materials support to the NRCS/CEHP were provided. Similarly, joint field visits were conducted with CHFP, LLS, RH, CBMNH programs to link local Red Cross units and volunteers to the community level health facilities. The interaction among the groups is expected to contribute to change the service seeking behavior of the community people. It will ultimately contribute for increasing ANC/PNC coverage, FP service and immunization as well.

Furthermore, linkage between NRCS/CEHP community groups and LLS program has been established in Salyan district. Most of the group members were identified illiterate in Karagithi, Kavra and Falabang. The LLS program will contribute to build the capacity of members. The HEAL program will help to make group members literate and transfer health messages for behavior change.

Technical support to NRCS/CEHP Program has been provided to launch HFOMC strengthening program in Jumla. A series of meetings were conducted and field visits were made to explore the concept of HFOMC and process to launch the program. The NFHP II

<sup>26</sup> Siraha, Dhanusa, Parsa and Bara

<sup>27</sup> Kanchanpur, Banke, Salyan, Rolpa, Pyuthan, Dang, Surkhet, Dailekh, Kalikot and Jumla

will further provide human resource to build capacity of NRCS/CEHP in developing training package, train to the trainers and monitoring at district level.

#### **Case study**

##### Health Exhibition: A good way to mobilize communities

Health Exhibition Programs were organized with a variety of activities and much fanfare in 6 strategic places in Dailekh and Rolpa districts with the slogan "Ramro Swasthya, Hamro Swasthya" on 29th January 2009 in Lakandra, 1st February in Dullu and 4th February in Naumule Dailekh. Similarly, on 4th March, 2009 in Holeri, 6th March in Nerpa and 9th March in Jinabang in Rolpa district.

Mother groups, local clubs, folk singers, artiste performed their performance throughout the events imparting message on health. The IEC/BCC materials on family planning, safe motherhood, child health, HIV and other various subjects were distributed to the people. More interesting segment of the celebration remained the joint programs education, counseling, entertainment and service.

Nepal Red Cross district chapters, sub-chapters, JRC/Youth volunteers, mother groups, FCHVs, teachers, students, local clubs and many others were participated spontaneously to make the event success. The public as well as the related activists seemed to be more enthusiastic and involved in the exhibition. Journalists from the national news channels and newspapers were present to observe the event. They said the event was quite unique and quite result oriented.

The District Health Offices kept it in ample priority and mobilized staff for services. Red Cross arranged the volunteers, local materials on their own initiation, local clubs arranged the cultural programs on their own effort, FCHVs brought the clients for Norplant, IUD and NSV services, mother groups arranged for the entertainments and education. *"Such events should be organized in VDC or HP/SHP levels to generate awareness to the people so that they give priority to their health", a mother group member said in Dullu, Dailekh. A club member in Nerpa, Rolapa said, "The management should be done by the local level organizations, community groups, Red Cross units to build ownership. The feelings of ownership can change behaviour of the people to seek services."*



*FCHV interacting with local women re FP*

#### **3.4.4 Strengthen Blood Transfusion Service**

A coordination meeting with DHO and other stakeholders in Salyan and Pyuthan districts were held to discuss the possibility of starting emergency blood transfusion service.

#### **3.4.5 Recording and Reporting System of BTS**

In Kanchanpur a meeting was organized with NRCS, DPHO and local hospitals/nursing homes to improve the quality of blood transfusion and recording / reporting system. Some new areas of interventions were identified on quality improvement in blood transfusion service such improvements in recording & reporting, proper temperature control, use of standard reagents/testing kits, etc.

#### **3.4.6 Develop profile of the ambulance service in 20 program districts**

A comprehensive profile of ambulance services in Banke district containing; contact telephone number; location; and service charges has been completed. Information from Dang, Rolpa, Pyuthan, and Surkhet has already been collected. The plan is to disseminate such information to all the health facilities and local telephone booths throughout the district to facilitate easy access to ambulance services in emergencies. The ambulance services profile for Banke is included as *Annex 2*.

## 4.0 CROSS CUTTING

### 4.1 Field Coordination

#### 4.1.1 Conduct quarterly meetings in regional field offices

During this reporting period, two quarterly meetings of district based Field Officer's (FOs) were held at Hetauda and Nepalgunj. This is a good forum to share progresses and challenges of district activities by FOs and update on new policies and guidelines to FOs by Field and Center Office's Technical Team members. During these meetings field staff were oriented on RH, CH, Logistics, PI, M&E and Community programs. Policies and guidelines in different technical areas were updated. Staff also developed district specific work plan during the meeting. Mr. DP Raman, from USAID also participated in the January meeting and shared the USAID expectation from NFHP.

#### Recruitment of CHA

Community Health Assistant position was hired in 17 CPDs (except Jhapa, Morang, Kanchanpur) to support in VDC Health System Profile for 3-5 months. This position was continued in Siraha, Dhanusha, Mahottari, Sarlahi, Sindhuli, Rautahat, Bara, Dang, Surkhet, Salyan, Pyuthan, Dailekh, Kalikot, Rolpa and Jumla districts from January 2009. Currently CHAs are given responsibilities mainly on follow up of action plan prepared during VHSP, and conducting TSVs at VDC level. CHA will also conduct field visit based on the TSV guidelines.

### 4.2 Strategic Information/ M & E

#### 4.2.1 Establish baseline data for NFHP-II

In the previous reporting period NFHP-II analyzed 2006 DHS data and compared the 20 CPDs indicators with that of rest of the districts (55). However, later we felt that it will be more useful if the CPDs data are compared with a set 20 of similar districts that best matches with the 20 CPDs. The comparison of key indicators between CPDs and control districts are shown in the table below. The CPDs seem to be similar to the control districts in terms of FPMNCH status as reflected by 95% confidence intervals of some of the estimates.

**Table 4: Comparison of key indicators between CPDs and control districts**

Indicators	NFHP-CPDs	Control districts
CPR (modern)	41.6% (95% CI: 36.2-47.0)	46.3% (95% CI: 36.4-56.2)
Neonatal mortality (per 1000 live births)	39	30
Infant mortality (per 1000 live births)	55	47
Under 5 mortality (per 1000 live births)	69	63
Fertility (per woman)	3.5	3.2
Percentage of births delivered in a health facility	12.3% (95% CI: 8.6-16.1)	13.6% (95% CI: 9.3-17.9)
Percentage delivered by SBA	12.2% (95% CI: 8.7-15.7)	14.6% (95% CI: 10.2-19.1)
All vaccinations among children 12-23 months	80.5% (95% CI: 71.8- 89.2)	85.3% 95% CI: 79.5-91.2)
Stunting rates (height-for-age, -2 SD) among children under 5	53.0%	47.2%

#### 4.2.2 NFHP-II mid-term survey

NFHP-II has commissioned New ERA to conduct the mid-term survey with the objective of

assessing changes in family planning, maternal and neonatal health, and changes in demographic events such as fertility and child mortality. We also received input on the questionnaires from partner organizations such as FHI, N-MARC and USAID, and MoHP. The mid-term survey is a quasi-experimental design where the indicators in NFHP-II CPDs will be compared with the 20 control districts chosen taking a number of characteristics such as HDI, health development index, caste/ethnicity, literacy etc that best matches with the CPDs. The survey will be implemented in 111 rural clusters (54 CPDs and 57 non-CPDs) where the 2006 DHS was implemented so as to monitor the program progress. As the sample coverage is large, the information produced will be valuable at the national level too. The field work is currently going-on and expected to be completed by mid June 2009.

### ***Provision of Sick-Child Care in the Private Sector***

#### **a. Surveys of Child Health Products in Medical Shops**

Starting October 2008, two separate child health product audits, one in 56 districts (n=241) and the other one in 16 districts (purposive sampling of n=26) looked at availability of selected child health products in the medical shops to treat childhood conditions. The second audit also identified the most widely stocked Nepali and Indian companies for these products

#### **b. A Qualitative Study Characterizing Child Health Care in Medical Shops**

Starting October 2008, informed by an earlier qualitative study, qualitative interviews were conducted with 30 medical shop providers in 6 districts representing varied economic and ethnic compositions in the 5 different development regions to understand how child health care is provided in medical shops.

A consultative meeting that shares the findings of these and other private sector assessment conducted by NFHP is planned for June 2009.

The findings of these studies will also be presented at a Conference in Beijing on The Role of the Private Sector in Health, in July 2009.

## ANNEX 1

**Following are the QA support and outcomes of the district QA support fund**

<b>District</b>	<b>Support Provided</b>	<b>Changes/Outcomes</b>
Bara	ANC tables, Instruments/equipments, delivery room setting, ORT Corner establishment, IP support etc.	Changes in quality of MNH services and IP practice at HFs.
Dhanusha	Puncture proof Container/dust bin, Boiler, Autoclave, BP Instruments, Weighing scale, equipments set for ORT Corner and Screen for privacy.	Changes in quality of MNH service, improved IP practice, staff are using ORT corner for diarrhea treatment
Rautahat	Waiting bench for clients, disposal pit, repaired clients toilet, store equipments, BP Instruments, IP support etc.	Changes in quality of MNH services, improved IP practice in district clinic and HFs
Siraha	Delivery apron and other materials, VSC promotional activities, Illaka meeting flex chart, Puncture proof container and IP materials etc.	Changes in quality of MNH services, improved IP practice, improved data use at Illaka meeting.
Parsa	ANC tables, Instruments/equipments, ORT Corner establishment, IP support and privacy in IFPSC etc.	Changes in quality of MNH services, improved IP practices.
Mahottari	CH materials supply, RH service strengthening, HMIS feedback system and PHC/ORC.	Changes in MNH service quality, availability of CH( CB- IMCI) materials and services at HF, improved recording and reporting practice of HFs.
Morang	Provided support in VSC/ORC and annual performance report preparation.	Quality of VSC/ORC improved and annual report prepared.
Jhapa	Provided support in repair and maintenance of equipment and instruments.	Regularized FP/MNH services at service centers
Sindhuli	Provided Gas oven and puncture proof container for IP, Flex chart for Illaka meeting, ORT corner.	IUCD/Norplant services in PHCC, IP practice improved at HFs and increase data review/use in Illaka meeting
Sarlahi	ANC tables, ORT corner, Service display board/Illaka Flex chart and IP materials to HFs.	ANC services started, RH service quality improved, data use practice improved for performance improvement of HFs
Pyuthan	Wooden racks, Steel racks, Wall racks to Provided foot steps, ANC Tables, curtains, wall clock (MCH clinic), FP Card Box which Supported to install Placenta pit at district Hospital. Supported to construct incinerator in one health facility which resulted Provided water pot for the purpose of drinking water for clients and HFs staffs as water source was far from service site. Repaired HF toilets.	Prevented moisture and further damages of the commodities Helped to keep card, register and face sheets. Improved client comfort Improved quality of FP/MNCH services. 100% placenta disposed in Placenta Pit at hospital. Improved waste disposal & management practices.
Banke	Provided BP/ stethoscopes for PHC/ORC. Benches for clients, Chair 1, ceiling fan for the comfort of clients and Service providers as chairs used to sit in floor in waiting room	Changes in quality of MNH services, Now clients are coming to ORC for SM services. Clients are able to wait comfortably.

District	Support Provided	Changes/Outcomes
	Mayo Tray for long term FP service, Provided Oxygen Flow meter during VSC services,	Improved emergency case management during VSC..
Rolpa	Baby weighing machines, ANC tables, Dust bins	CB-IMCI case management as per protocol. Growth monitoring along with client (mother) satisfaction improved. Improved waste collection
Dang	Provided delivery bed, ANC table, curtains on windows, stove and repair of ANC room (Duruwa HP). Construction of Placenta Pit. Provided Puncture-proof container to Hospital and IFPSC,	Enhanced quality of FP, ANC and institutional delivery services and improved staff motivation. Sharps, placenta and other waste are properly collected and disposed in IFPSC and Hospital.
Dailekh	Provided Baby weighing scales Birthing centers ??? Rubber sheet, apron, screen, foot steps plastic apron to provide ANC/ PNC and delivery services. Also provided Bucket, Basin, virex , apron, utility gloves, slippers.	CB-IMCI case management as per protocol Enhanced quality of FP, ANC and institutional delivery services
Salyan	Stoves, MacKintosh - Provided curtain of window and door to maintain confidentiality/privacy Provided ANC table, foot step, bed sheet, pillow, blanket etc. Provided Thermometer, Baby wt. Machine f Repaired window and door room, rack and cupboards.	Changes in quality of FPMNH services, Quality CB-IMCI service. Ensured safety of key commodities and other medicines
Kalikot	ANC tables, bed sheets, pillows to 5 HFs Wooden racks for storeroom Provided plastics chairs to District Hospital Training hall.	HFs are better equipped to deliver ANC/PNC services, Prevent medicine/supplies from damage. Created comfortable environment for the district staff meeting.
Kanchanpur	Baby weighing machines, Mackintosh, MoMo cookers, Provided ceiling fan to SHPs at waiting area/ service desk, Supported to PHC for model birthing center including waste management. HFOMC to initiate construction of standard Placenta Pit with 50% cost share with QA district fund.	improved IP practices (sterilization, decontamination) both service provider and clients are benefited during the hot season and it supported to deliver quality service from HFs.
Jumla	Provided ANC Tables, Bed, wall clock, MacKintosh, screens, BP set, stethoscope to 5 sites for ANC / PNC services. Provided rack and almirah for the proper storage of commodities. Supported Momo cooker, utility gloves, surgical gloves, tripod for boiler, dust bin, stoves and started to use sterilized/boiled instruments at the supported HFs . Provided IP materials to VSC out reach services	Clients are receiving comprehensive and quality FP/ MNCH services. Privacy is well maintained enhancing Clients' right. CBIMCI cases are managed as per protocol. Significantly reduced stock out situation of HFs . Improved IP standards,

District	Support Provided	Changes/Outcomes
Surkhet	<p>Towel, curtain, table, sign board for easier identification of HF's location.</p> <p>Provided towel, curtain, table, sign board for easier identification of HF's location. Distributed ORT set to HF's.</p> <p>Provided Bed sheet, screen to support VSC camp to provide quality service..</p>	<p>IP practice especially hand washing practice has been started.</p> <p>No. of Urban clients increasing at HF's.</p> <p>Increased IUCD clients.</p> <p>Patients with diarrhea getting immediate services.</p> <p>All clients are well screened before operation</p>

## ANNEX 2

Ambulance service providers and contact telephone numbers in Banke District

<b>Name of Organization</b>	<b>Contact tel. Numbers</b>
Nepal Red Cross Society, Banke District Chapter	081520104
Royal Polyclinic and Research Center, Nepalgunj	081527227, 9848009033
Leo Club of Nepalgunj, Khajura Road, Nepalgunj	081527001
Ex-army Development Committee, Dhambojhi, Nepalgunj	9848054111, 9848027699
Sushma Koirala College, Gosain Gaun, Banke	081520652, 9848031319
NRCS Kohalpur Sub-chapter, Kohalpur, Banke	9848032276, 9848085296
Nepalgunj Medical College, Surkhet Road, Nepalgunj	081523463

### **Service Charge of Ambulance Service:**

- Within the Municipality: NRs. 400.00
- Nepalgunj-Luknow Medical College: NRs. 6,500.00
- Nepalgunj-Luknow PGI: NRs. 7,000.00
- Nepalgunj-Kathmandu: NRs. 17,000.00
- Nepalgunj-Narayangadh: NRs. 12,500.00
- Outside Nepalgunj Municipality: NRs. 45.00 per KM