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ACRONYMS

ACDP	Annual Commodity Distribution Program
AI	Avian Influenza
AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral
AWP	Annual Workplan
BBC WST	BBC World Service Trust
BCC	Behavior Change Communication
BEOC	Basic Emergency Obstetric Care
BPP	Birth Preparedness Package
CAC	Comprehensive Abortion Care
CB-IMCI	Community-based Integrated Management of Childhood Illness
CBLP	Central Bidding Local Procurement
CB-MNH	Community-based Maternal and Newborn Health
CEOC	Comprehensive Emergency Obstetric Care
CFWC	Chhetrapati Family Welfare Center
CHA	Community Health Assistant
CHD	Child Health Division
CHFP	Community Health Facility as Partners
CHW	Community Health Worker
CHX	Chlorhexidine
CPD	Core Program District
CPR	Contraceptive Prevalence Rate
DG	Director General
DHO	District Health Office
DHS	Demographic and Health Survey
DoHS	Department of Health Services
DPHO	District Public Health Office
EDP	External Development Partner
EPI	Expanded Program on Immunization
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FHI	Family Health International
FP	Family Planning
FPAN	Family Planning Association of Nepal
FY	Fiscal Year
GATE	Girls' Access to Education
GoN	Government of Nepal
HEAL	Health Education and Adolescent Literacy
HF	Health Facility
HFI	Health Facility In-charge
HFOMC	Health Facility and Operational Management Committee
HKI	Helen Keller International
HMIS	Health Management Information System
HP	Health Post
IEC	Information, Education, Communication
IFPSC	Institutionalized Family Planning Service Center
IoM	Institute of Medicine
IP	Infection Prevention
IPC	Interpersonal Counseling
IUCD	Intra-Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
KfW	Kreditanstalt für Wideraufbau
LC	Learning Circle
LLS	Literacy and Life Skills
LMD	Logistics Management Division
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MASS	Management and Support Services
MCH	Maternal and Child Health

MCHW	Maternal and Child Health Workers
MD	Management Division
MG	Mother's Group
MMW	Monthly Monitoring Worksheets
MNH	Maternal and Newborn Health
MoHP	Ministry of Health and Population
MoU	Memorandum of Understanding
MSC	Maatri Surakchya Chakki (misoprostol)
NCASC	National Center for AIDS and STD Control
NFCC	Nepal Fertility Care Center
NFHP	Nepal Family Health Program II
NGO	Nongovernmental Organization
NHEICC	National Health Education, Information & Communication Centre
NHRC	National Health and Research Center
NHSP	Nepal Health Sector Programme
NHTC	National Health Training Center
NMS	National Medical Standard
NRCS	Nepal Red Cross Society
NSV	No-Scalpel Vasectomy
NTAG	Nepali Technical Assistance Group
NVAS	Newborn Vitamin A Supplementation
OPD	Outpatient Department
ORC	Outreach Clinic
ORS/ORT	Oral Rehydration Salts/Therapy
PAC	Postabortion Care
PATH	Program for Appropriate Technology in Health
PHCC	Primary Health Care Center
PNC	Postnatal Care
PPH	Postpartum Hemorrhage
PSBI	Possible Severe Bacterial Infection
QAWG	Quality Assurance Working Group
QI	Quality Improvement
RDW	Recently Delivered Women
REC	Research Ethics Committee
RHCC	Reproductive Health Coordination Committee
RMS	Regional Medical Store
SA	Semiannual (report)
SBA	Skilled Birth Attendant
SHP	Sub-health Post
SMNSC	Safe Motherhood and Neonatal Sub-committee
SM	Safe Motherhood
SWP	Supplemental workplan
TA	Technical Assistance
TAG	Technical Advisory Group
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TSV	Technical Support Visit
TT	Tetanus Toxoid
TWG	Training Working Group
UMN	United Mission to Nepal
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VAC	Vitamin A Capsule
VDC	Village Development Committee
VHSP	Village Health System Profile
VHW	Village Health Worker
VSC	Voluntary Surgical Contraception
VOP	Village Orientation Program
WAN	Wide Area Network
WHO	World Health Organization

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. along with 12 partners: Save the Children, EngenderHealth, Jhpiego, World Education, Nepal Technical Assistance Group, Nepal Fertility Care Center, Management Support Services, Nepal Red Cross Society, United Mission to Nepal, BBC World Service Trust, Digital Broadcast Initiative Equal Access Nepal, and Family Planning Association of Nepal.

Objective

The goal of NFHP II 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 period 1 April – 30 September 2009, submitted on October 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 have also been included in this report but the activities have been combined with similar activities in the latest workplan. Numbering of sections follows that of the latest workplan.

1.0 HEALTH SYSTEMS, POLICY, LEADERSHIP/MANAGEMENT

1.1 Policy

1.1.1 Documenting innovative approaches
Case studies for innovative approaches have been collected in six districts (of 10 planned), which will be shared with MoHP Managers in the Governance and Accountability Thematic Group formed in support of the Nepal Health Sector Program - II (NHSP-II). Collection of cases in the remaining four districts will be done in the future.

1.1.2 Strengthening Local Health Governance
NFHP II has remained a prime force in supporting MoHP to develop a concept and modality for Strengthening Local Health Governance, in line with a devolved model of decentralization in the spirit of the Local Health Governance Act of 1999. This concept was approved by a Ministerial decision on June 25, 2009. A MoU has been drafted (to be signed by concerned parties) which will be shared in the next Health Sector Decentralization Policy Forum among its Steering Committee.

1.1.3 Link NFHP with health sector reform
NFHP staff are working in various thematic groups formed to design the NHSP-II, mainly in Logistics, Governance and Accountability, Essential Health Care Services, etc. NFHP continues to share its experiences wherever appropriate. A presentation has been planned for November 6, 2009, to share experience about the Health Facility Management Support Program (HFMSP) program with the Governance and Accountability thematic group.

1.2 National-Level Leadership/ Management Capacity

Support in Information Management

1.2.3. Support to HMIS Section/Management Division
NFHP II continued to provide a staff person in the HMIS section, DoHS, to supervise data entry and data verification, and to support installation of computerized database and wide area network (WAN) system. By FY 2066/67, the HMIS section planned to install computerized databases in 75 districts, of which installation has been completed in 50 districts. The WAN system has also been installed in 50 districts, with the remaining 25 districts to be covered by the end of 2066/67. During this reporting period, NFHP supported installation of the WAN system and staff orientation in Dhading and Nuwakot districts. As a result, these districts have been able to access, use and analyze data for decision making. NFHP also supported data verification in Mahottari district and installation of computerized databases in Dhading, Nuwakot, and Mahottari districts. In addition, NFHP supported HMIS section in data dissemination to MoHP and program divisions; preparation of reports; checking/editing of district reports; and preparation of annual reports.

1.2.4 Training information system (database)
NFHP provided support to the NHTC in: selection of participants from 20 core program districts (CPDs) for family planning (FP) training; maintenance of a training database for FP and health logistics; and regular annual training planning and budgeting for fiscal year (FY) 2066/067.

1.2.6 Strengthening Quality Improvement System
NFHP provided support to the Management Division (MD) to develop the National Quality Assurance Guideline in close collaboration with other stakeholders including UNFPA, WHO, GTZ, ADRA, and IoM. The Guideline was prepared to establish Quality Improvement Committees up to the HF level and guide them in their efforts to oversee quality improvement of health services. The Guideline is currently being printed and NFHP II will implement the Quality Improvement process in the CPDs**.**

NFHP II has also been supporting over 1,200 HFs (including hospitals and several voluntary

surgical contraception (VSC) outreach clinics in its CPDs), providing support in the MD's efforts regarding waste management for improving infection prevention (IP) practices. NFHP also provided input into the MD's efforts to develop a national health care waste management guideline, with a focus on making the guidance more useful for all HF levels.

1.2.7 Chettrapati Family Welfare Center and Nepalgunj Training Center

NFHP II provided financial and technical support through the Nepal Fertility Care Center (NFCC) for smooth functioning of the Chettrapati Family Welfare Centre, Kathmandu and Institutionalized Clinic and Training Centre, Nepalgunj. These two training sites played a vital role in providing FP clinical training, as 94% of VSC trainings (34 out of 36 planned in the supplemental workplan 2008/2009) were conducted in these sites.

1.2.8 Policies, protocols, and standards

NFHP activities in this period include:

- The Director General (DG) has approved the inclusion of Possible Severe Bacterial Infection (PSBI) in the IMCI program. With this approval, the PSBI protocol can be implemented at the community level, focused on 0–2 month old infants. This intervention will be similar to MINI and is expected to reduce neonatal mortality. NFHP is providing support to implement PSBI in Dailekh and Salyan in this FY.

- Due to the rapid expansion of the CB-IMCI program since 2006, the CB-IMCI Working Group felt the need to review program performance and develop recommendations for maintaining the quality of CB-IMCI at scale. A desk review team comprised of the IMCI Chief, UNICEF, NFHP, and USAID has been formed. A local consultant will be hired to coordinate with partners and prepare a document for CB-IMCI maintenance in the future. On the basis of data analysis, districts were classified into three categories. The consultant will visit districts in each category to find out the real status of CB-IMCI activities from district down to community levels. The local consultant will then submit a detailed report including recommendations.

- The "National Medical Standard (NMS) for Reproductive Health Services Volume I: Contraceptive Services" was last revised in 2001. NFHP II provided both technical and financial support to MoHP, Family Health Division (FHD) for revision of the NMS Volume I, to incorporate recent updates and advances in contraceptive technology and to address changes in GoN FP strategies. NFHP conducted a literature review and helped solicit suggestions from district health offices (DHO)/district public health offices (DPHO) and major FP-related organizations/service providers for the revision. Two workshops were also organized to gain maximum participation and input during the revision process from program managers, policy makers, and service providers. The revised NMS Volume I has been approved by the Technical Advisor Group (TAG) committee and FP Sub-Committee, and is has been submitted to the MoHP for final endorsement.

- The first edition of "NMS for Reproductive Health Services Volume III: Maternal and Neonatal Care" was developed and printed in July 2007. This edition was edited and reprinted to incorporate changes in the government's recommendations on antenatal and postnatal checkup schedules and timing for tetanus toxoid (TT) immunization for pregnant women. The final version, approved by the FHD, is now being printed. NFHP will disseminate and orient service providers and managers on this revision.

- NFHP supported the FHD in development and publication of a Nepali-language booklet on contraceptive myths/misconceptions and facts entitled *"Pariwar Niyojanka Sadhan bare Dharana Ra Bastabikta"*. The purpose of the booklet is to provide service providers with facts about contraceptive methods and to enable them to provide uniform and credible information when counseling clients and the general public. The booklet is the result of a literature review as well as several interactive meetings with service providers, Female Community Health Volunteers (FCHV), and clients.

1.2.9 Support DoHS in Annual Workplanning
Supported different DoHS divisions/centers to prepare annual workplans associated with USAID funding for; 1) Vit A, 2) CB-IMCI, 3) Safe Motherhood, 4) Family Planning, 5) FCHV, & 6) Institutional support to DoHS. These workplans were prepared for the FY 2008/09 in close collaboration with concerned external development partners.

1.2.10 Annual national/regional review meetings
NFHP assisted the FHD to conduct an annual workshop for FP focal persons in Hetauda. During the workshop, discussion focused mainly on last year's FP service achievements. At the end of the workshop, all FP focal persons developed action plans to: increase access to services and contraceptive prevalence rate (CPR) in their respective districts; conduct regular VSC services in district clinics; start VSC services as early as possible; initiate satellite clinics; and conduct community mobilization activities to inform marginalized communities about FP services.

NFHP staff also assisted the FHD in annual review meetings, especially in eastern and mid-western regions. Discussion was focused on FP trends and measures to increase FP services in low CPR districts.

1.2.11 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.

1.2.13 TA to national technical committees/groups
NFHP provided technical assistance (TA) to the National Health Training Center (NHTC) for formation of a new Training Working Group (TWG) under the NHTC training system, with the aim of coordinating and facilitating the planning, implementation, and evaluation of the national training system strengthening process at all training sites. Working group members were selected and one TWG meeting was organized during this period.

During this period, three regular and one topic-specific Safe Motherhood and Neonatal Sub-Committee (SMNSC) meetings were held, in which decisions were made regarding: a remote area strategy; birthing center criteria; expansion of the chlorhexidine (CHX) program to new districts; guidelines for uterine prolapse and use of Misoprostol for postpartum hemorrhage (PPH) prevention during home births; and revision of the CHDK.

NFHP II also assisted the FHD to conduct TAG meetings on: use of Misoprostol to prevent PPH in Banke; use of calcium to prevent eclampsia; and use of CHX for neonatal umbilical care. After these TAG meetings, decisions were made on use of calcium for prevention of eclampsia/pre-eclampsia in Banke (proposal submitted to NHRC); scale up of the CHX initiative in three additional districts (Bajhang, Jumla and Parsa); and acceptance of the Nepali name of CHX lotion as *"Kawach".*

NFHP supported the FHD to conduct one FP Sub-Committee meeting which endorsed the revised "NMS Volume I: Contraceptive Services". Also discussed was the status of FP service achievement in FY 2008/09 as well as future plans for FP activities of different partners. This discussion helped to improve coordination among different stakeholders involved in FP programs.

The CB-IMCI working group meeting is being carried out regularly with the GoN and partners (UNICEF, WHO, USAID/NFHP, UMN, CARE, SAVE and PLAN), focused on discussing progress updates, issues, and concerns. In this reporting period four meetings were conducted, one of which was used to prepare an annual supplemental and red book work plan.

1.3 District-Level Leadership/ Management Capacity

1.3.4 Assist selected districts to compile consolidated annual work plan and develop calendar of operation based on approved plan

Based on the NFHP-II overall work plan, district based staff prepared district specific activities for the period July 2009 to June 2010. This draft district specific workplan was then shared and discussed with respective DHOs and integrated into their district workplan. NFHP II district based staff plan their monthly field schedule based on their district specific activities and also monitor/tracking the implementation status from the field offices.

1.3.5 Assist DPHO to conduct family planning micro-planning

NFHP II staff provided TA to the Rolpa DHO (a low CPR district) to conduct micro-planning to strengthen FP services. Team members collected information from selected HFs and FCHVs, findings were shared with the DHO supervisor, and an action plan was developed to improve accessibility and quality of services. District officials expressed their commitment to increase CPR to 27% by the end of FY 2067/2068, through 30 different activities such as provision of regular VSC services through the hospital; initiating satellite clinics; providing updates on FP to FCHVs and health workers; implementing local-level behavior change communication (BCC) activities; ensuring regular availability of FP commodities; improving the reporting system; etc. After these interventions, the hospital has started to conduct VSC services regularly, HFs have started to provide FP counseling to women visiting HFs for services other than FP, Sulichaur and Holeri PHCCs and Ghodagaun HP have initiated implant and intrauterine contraceptive device (IUCD) services, health management information system (HMIS) records have been maintained in the ward, etc. These activities have increased DHO staff commitment to revitalizing FP services in their districts.

1.3.7 Support to DHO/DPHO to conduct quarterly district RHCC meetings

NFHP continued to help D/PHOs to conduct Reproductive Health Coordination Committee (RHCC) meetings at least quarterly in all 20 CPDs. Major discussions focused on strengthening FP services, vitamin A distribution, initiation of satellite clinics, regularization of VSC services, dissemination and discussions about the Amma Surksha Program, etc. These meetings provided a common platform to share and discuss reproductive health-related issues and challenges among government and nongovernmental organizations (NGOs) in the district, so as to avoid duplication of work, improve coordination, and share national guidelines and policies with different stakeholders.

1.3.8 Assist D/PHO to strengthen, mainstream, and institutionalize QAWG

With the formation of Quality Assurance Working Groups (QAWG) in 20 CPDs as per the Quality Assurance (QA) policy, all districts are now conducting QAWG meetings. During this reporting period, 47 meetings were held and 305 action plans prepared to improve quality of service delivery in 20 CPDs. QAWG meetings have provided a forum for D/PHO teams to review program progress from management information systems (MIS) and other information, and to make strategic decisions accordingly. NFHP will continue to provide capacity-building support to districts which need it.

1.3.9 Strengthen DPHO supervisory visits

A one-day workshop entitled “Supervision for Performance Improvement” was designed to identify performance gaps and their root causes in order to improve district supervision systems and identify appropriate interventions, in addition to giving a brief orientation on PI approaches. NFHP facilitated the workshop at DHO, Sindhuli on Sept. 22, 2009. During the workshop, several positive aspects of the existing supervision systems were identified, as well as improvements needed. Participants considered QAWGs as an appropriate forum for planning/prioritizing supervision visits, reviewing performance data/gaps, as well as providing support to reduce gaps both in the supervision system and the provision of quality services. There was strong demand for an AI workshop in order to create a positive atmosphere and team building.

In addition to this workshop, NFHP continued to provide ongoing support to districts for joint

supervision, facilitative monitoring, and strengthening district supervision systems.

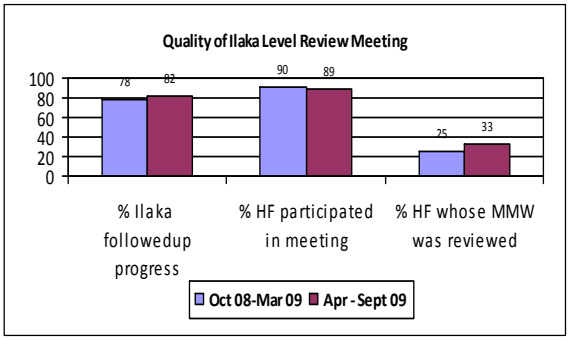
Management of Strategic Information

1.3.11 Regular district-level meetings

During district meetings, Ilaka in-charges submit HMIS reports for their catchment areas and discuss program achievements and gaps. NFHP II has provided ongoing support to ensure regular and timely meetings (e.g., preparation of meeting agendas, making available guidelines/ checklists, and particularly assisting the Statistical Officer/Assistant in review and analysis of HMIS reports, including monthly monitoring worksheets (MMW)). District-level meetings were conducted in all CPDs except Sindhuli, Salyan, and Kalikot. NFHP also provided assistance in preparing feedback reports to HFs in Sindhuli, Dhanusha, and Mahottari districts.

1.3.12 Ilaka-level meetings

NFHP staff were closely involved in the planning, preparation, and conductance of these meetings in all CPDs. NFHP provided support in the form of data review/display flex charts for Ilakas in five districts[1].



During this reporting period, NFHP staff observed 162 Ilaka-level meetings in 18 CPDs, in which 1,046 HFs participated. Comparison of data from this reporting period with the previous semi-annual period indicates that during Ilaka meetings, discussion/follow-up on achievements has increased by four percent (78% vs 82%). Participation of HFs in Ilaka meetings was high (90%) in both reporting periods. Review of MMWs has increased from 25% to 33%. Strengthened quality of Ilaka-level meetings will contribute to better service coverage, data quality, and timely reporting.

1.3.13 M&E network in Bara

A monitoring and evaluation (M&E) network was established in Bara for improving the district M&E system. This collaborative network has been a great support to regularizing Ilaka-level meetings, data verification, and performance review meetings in each Ilaka, attended by all HFIs and VHW/MCHWs. Joint supervision through the M&E network is ongoing in Bara.

1.3.14 District annual meetings

Annual (HMIS) performance review and planning meetings were conducted by D(P)HOs in 19 CPDs (all except Sarlahi). NFHP district-based staff support for these meetings included preparation of meeting agendas; data compilation, verification, and analysis including review of MMWs; preparation of action plans; and financial support. Review meetings were mainly divided into four parts, i.e., data verification; presentation by Ilaka in-charges (VDC-wise); group work; and action plan preparation. Immediate feedback was provided by program focal persons to Ilaka in-charges. During meetings, NFHP district staff shared findings from technical support visits (TSV), Village Health System Profiles (VHSP), and other key activities, and emphasized use of VHSP data along with other data in program planning. In Salyan, the three best HFs were given awards. In the future however, greater focus is needed on improving meeting quality as considerable time is spent on data updates and verification rather than on program assessment and planning.

[1] Sindhuli, Sarlahi, Siraha, Dhanusha, and Surkhet

1.4 Logistics

1.4.1 Semi-annual and annual forecasting

A two-day "National-Level Workshop on Consensus Forecast and Quantification of Health Commodities for 2010 to 2014" was organized by the Logistics Management Division (LMD) and FHD, with financial support from the USAID | DELIVER project and TA from NFHP. The workshop was attended by approximately 50 people from LMD, FHD, RDs, RMS, DHO/DPHO, MoHP, World Bank, UNFPA, KfW, USAID, PSI, AED, CRS, FPAN, and NFHP.

Quantification and forecasting of essential drugs[2] needed for 2010 was completed. MoHP plan to procure the required quantity of essential drugs.

Quantification and forecasting of key maternal and child health (MCH) commodities (ORS, vitamin A, Cotrim/ped, iron, and zinc) for the next five years has been completed. There should not be any shortfall for these commodities as the MoHP's budget is sufficient to procure them. In addition, UNICEF is contributing towards vitamin A procurement.

Forecasting of FP commodities has also been done for 2010-2015 (six years). One important decision taken was to include the NGO sector's (FPAN) needs in the public sector forecast. Based on rough calculations for all sectors' needs (public, NGO, and social marketing) for six years the total fund needed is $ 34 million, out of which US$8.4 million has been committed by MoHP resulting in a projected shortfall of US$25.6 million. In the public sector, the shortfall starts from 2011, however, there is a high probability that MoHP will put funds for FP procurement in its budget every year. In the social marketing sector, committed funds for 2010 to 2015 equal US$3.57 million, with a projected shortfall of about US$5.32 million starting from 2012.

NFHP worked closely with the FHD on estimating the requirement for FP commodities for the year 2009/10 based on the national pipeline report and the consensus forecast of FP commodities carried out in May 2009. The MoHP's budget for procurement of FP commodities increased from NRs. 180 million (18 crore) for FY 2008/09 to Rs. 26O million (26 crore) for FY 2009/10.

1.4.2 Central bidding and local procurement

In September, NFHP held a series of meetings with the Director/LMD/MoHP and the Procurement Consultant/KfW on devising Central Bidding Local Procurement (CBLP) of essential drugs, in allocating budgets to districts based on quantities of essential drugs to be procured by the districts, and to develop clear procurement guidelines for the districts.

Hetuada Field Office (FO) Program Officers and district-based FO's/CHA's have supported DHOs in all CPDs and non-CPDs (Parbat, Kaski, Chitwan, and Makwanpur) to ensure that district-level procurement for drugs is done per the list sent by the LMD (from the consensus forecast meeting), and to ensure transportation and distribution of essential drugs and medicines up to the sub-health post (SHP) in each of these districts.

1.4.3 Essential Drug List and procurement decisions

During TSVs to districts, NFHP staff advocated to make procurement decisions for essential drugs per the list sent by the LMD (consensus forecast meeting/LMD).

1.4.4 Technical support to LMD

NFHP provided technical support to the LMD to conduct the Annual Commodity Distribution Program (ACDP) 2009 from Central Store, Teku and Transit Warehouse, Pathalaiya from the government transportation budget. ACDP is the key program activity which ensures the availability of FP commodities at community, HF, and district levels. In this program, a total

[2] "Essential drugs" includes 63 essential drugs including Oxytocin, Gentamycin injection, and magnesium sulphate injection and zinc tablets

of 16,816,000 male condoms, 2,077,000 vials of injectables, and 1,489,000 cycles of oral contraceptive pills were distributed in all 75 districts.

NFHP assisted the LMD in distribution of FP/MCH commodities and FP instruments/ equipments to concerned regional medical stores (RMS) and district stores for control of diarrhea epidemic, and ensured continued availability of key commodities at community and service delivery points

In close coordination with the CHD and five RMSs, NFHP provided TA to the LMD on supplying vitamin A capsules and Albendazole tablets to all 75 districts for the November round of the vitamin A campaign. In this period, 4,461,000 vitamin A capsules and 3,584,000 Albendazole tablets were distributed.

DELIVER provided financial assistance for five staff from the LMD and MD to participate in a five-day report writing training organized by Empowering Learning Development (ELD), Kathmandu. This course enhances participants' ability to set evaluation goals, gather and analyze data, and plan and write field and evaluation reports in concise, clear language.

In May 2009, a team consisting of NFHP and KfW (local consultants) visited DHOs in Gorkha, Nawalparasi, and Taplejung to assess sub-district transportation budgets. Findings were: (1) allocated budgets for drug transportation below district levels are insufficient and the gap is filled by the integrated supervision budget; (2) the government rate for transportation within the district is less than the local market rate; and (3) transportation budgets have not increased relative to increased drug budgets. A brief presentation of this study was made at the inception workshop of KfW-supported components in June 2009.

NFHP provided technical and financial assistance to the LMD to conduct a two-day workshop to prepare specifications for medical equipment and instruments. Experts from all major hospitals (Bir Hospital, TU Teaching Hospital, Army Hospital, National Laboratory, and Maternity Hospital) attended the workshop.

1.4.5 Pull system training

Pull system training was held in 19 districts with MoHP funds for 1,243 participants. Thus pull logistics is operational in 48 districts. Participants consisted of in-charges and storekeepers from all levels of service delivery points (below district), including district program focal persons. Trainers were district personnel who had received training of trainers (TOT) earlier. NFHP provided TA for this activity, and also supported printing of the training curriculum and distribution of training materials to districts. As a result of this training, HF staff will be able to identify their commodity needs and demand new quantities accordingly from D/PHO. The quality of logistics management information system (LMIS) reporting is also expected to improve and district stores will be able to manage and supply health commodities and essential drugs more effectively.

A three-day Basic Health Logistics Training was organized in Kathmandu with financial support from KfW and technical support from NFHP and DELIVER for newly recruited storekeepers from 13 districts[3] to familiarize participants to health logistics management, storing, the pull system, recording and reporting, authorized stock levels (ASL) and emergency order points (EOP), and how to determine order quantity.

1.4.6 District-level procurement training

The public procurement training system focuses on procuring health-related goods in a timely manner to ensure year-round availability of high quality drugs and supplies. This training was held in eight selected districts[4] supported by DELIVER funds and TA from NHTC and NFHP. Participants included DHOs, DPHOs, account officers, program supervisors, and storekeepers. Provision for six participants from each district was made in

3 Bhaktapur, Lalitpur, Kavre, Parsa, Bara, Rupandehi, Kapilbastu, Palpa, Kaski, Udayapur, Chitwan, Jhapa, and Sunsari

4 Argakhachi, Baglung, Gorkha, Gulmi, Kapilbastu, Lamgunj, Manang, and Mustang

this training so that the district-level public procurement system is transparent, trustworthy, and timely.

1.4.8 Sub-district-level logistics intervention and pull system orientation

A one-day "Sub-district-level logistics review and orientation" was conducted for 372 staff of SHP, HP, and PHC in-charges, store keepers, district-level store personnel, and supervisors of six districts[5] to develop skills and knowledge in key commodities management year-round at HFs and implementation of a pull system. Districts were selected for orientation based on number (high %) of HFs stocked out of key commodities. The expected outcome of the orientation program is that HFs will be able to manage year-round availability of key commodities.

Box 1: Success Story
Dang and Kanchanpur: Improved availability of key commodities

During the third quarter of 2064/065, at the request of DHO, Dang, NFHP provided technical and financial support to conduct a sub-district-level logistics review and orientation program. Before the program, the stock out percentage of HFs was 45% in Dang and 19% in Kanchanpur.

A one-day sub-district-level logistics orientation was provided to the district manager, district supervisor, storekeeper, and HFs in-charges. During the orientation program, HF in-charges committed to regularizing LMIS reporting and reducing stock outs. Similarly, storekeepers also committed to supplying key items in a timely manner to the district below HFs. As a result of this effort, the percentage of availability of key commodities increased in 2065/066 from the first to fourth quarter (Shrawan-Asar 2065), and stock outs decreased to 0% in all HFs of both districts. At the same time, the supply system improved from district store to HFs.

Similarly, stock outs are decreasing in other CPDs too. Nine out of 10 CPDs in the midwest region and far west region were able to send 100% of LMIS reports in the fourth quarter of 2065/66.

1.4.9 Basic logistics training for MCHWs and VHWs

A TOT on Health Logistics Training was held from in Nepalgunj to prepare and update 13 district-level trainers from six districts[6] for Basic Logistics Training for MCHWs and VHWs in five districts.

1.4.10 Provide support on basic computer training for district storekeeper

A total of six district[7] storekeepers were given basic training in computerized logistics data handling. Training will assist them in operation of the web-based LMIS and inventory management system in their respective districts.

1.4.11 Web-based LMIS and inventory management system

Supported by DELIVER funds, subcontracts were awarded to two private companies (Information System Solution Pvt. Ltd. and Yellow Digital Pvt. Ltd) to orient district storekeepers on web-based LMIS and inventory management system in all 75 districts. A master TOT on web-based LMIS and inventory management system was held in Kathmandu for five trainers each from these organizations.

NFHP provided follow-up on web-based LMIS and inventory management reporting to storekeepers from 15 districts and 3 regional stores[8].

5Okhaldhunga, Surkhet, Dolakha, Morang, Surkhet, and Dhading

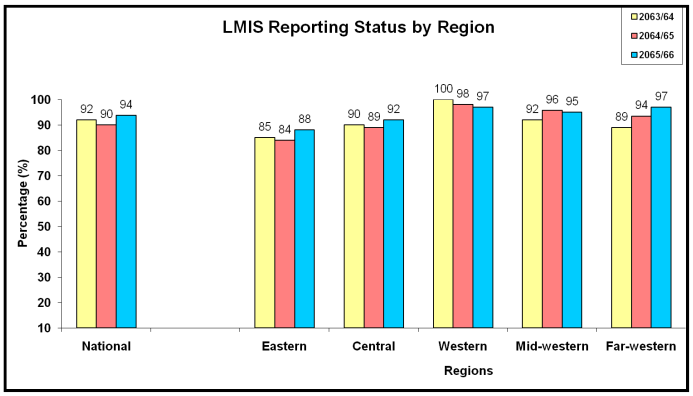
[6] Dolpa, Rukum, Jajarkot, Baitadi, and Bajura and MW RHTC Surkhet

7 Makwanpur, Kalikot, Jumla, Surkhet, Dang, Dadeldhura, and Kanchanpur

8 Morang, Siraha, Dhanusha, Mahotari, Sarlahi, Bara, Parsa, Makwanpur, Jhapa, Sindhuli, Parbat, Kaski, Chitwan and central RMS Hetauda /eastern RMS Biratnagar, Dang, Banke, RMS Dhangadi, and RMS Nepalgunj.

1.4.12 LMIS data entry, report generation, and logistics indicator calculations

LMIS reporting from HFs was consistently above 90% at national level in all four quarters of FY 2065/66. NFHP provided on the job training to the newly recruited LMIS unit supervisor in LMD to build capacity in timely data processing, report generation, data backups, and other LMIS unit activities.



1.4.13 National pipeline review meetings

NFHP supported a National Pipeline Review Meeting held at LMD which recommended the urgent supply of implants. Per LMD request, USAID provided 10,000 sets of implants to the MoHP which will cover six months of need in the country and provides adequate time for the MoHP to initiate the next procurement process.

Box 1: Success Story Dang and Kanchanpur: Improved 100% availability of Key commodities

During the 3rd quarter of 2064/065 on the request of DHO, Dang, NFHP provided technical and financial support to conduct sub district level logistics review and orientation program. Before the program the stock out percentage of HFs was 45 in Dang and 19 in Kanchanpur in the 4th qtr of 2065/066.

One day sub district level logistics orientation was provided to district manager, district supervisor, and storekeeper and HFs in-charges. In the orientation program HFs In-charges committed to regularize the LMIS reporting and reduce the stock out situation. Similarly Storekeeper also committed to supply the key items timely to district below HFs. Because of this effort, percentage of availability of key commodities increased in 2065/066 in 1st to 4th qtr (Shrawan-Asar 065) and became 0% (100% available) stock out in each HFs of both districts as of LMIS unit, LMD. At the same time the supply system improved from district store to HFs. Similarly, the stock out trend is decreasing in other CPDs too. Nine out of 10 CPDs of MWR & FWR were able to send 100% LMIS report in 4th qtr. of 2065/66.

1.4.14 Store equipments

DELIVER provided technical and financial assistance to DHO, Sarlahi in the distribution of 114 racks and 114 steel cupboards to HFs. Ten wooden pallets were provided to the Jhapa district store. Needs assessments of store equipment were also completed in five districts[9].

1.4.15 Management support for district store construction

Movement and re-organization of district stores to newly constructed stores in Khotang and Ramechhap has been completed, resulting in availability of significant new space for storage. Store equipment (e.g., racks, pallets, cupboards, etc.) was provided to district stores from KfW funds. To date, 45 district storerooms and one cold chain room in Pathalaiya have been constructed, and movement/reorganization of stock from old stores to new stores has been completed.

1.4.16 Auctioning, disposal, equipping, repair and maintenance

NFHP/DELIVER provided technical and financial assistance to the MoHP to support the write-off process of used official papers (paper was recycled) following the government's "Write-Off of Government Official Papers Act 2027". The auctioning and disposal process has been completed and generated NRs. 18,000 and 800 sq.ft. of vacated area for storage.

[9] Kalikot, Dailekh, Pyuthan, Rolpa, and Jumla

With technical and financial support from NFHP and DELIVER, one of the storerooms of RMS, Hetauda was renovated, generating 441 square feet of storage area. NFHP also supported repair/maintenance and reorganization of storerooms in the Transit Warehouse, Pathalaiya during this reporting period. Similarly, NFHP supported RMS, Dhangadi in the auctioning and disposal of unusable commodities which generated 1,680 sq.ft. of space.

At the request of Narayani Sub-Regional Hospital, Birgunj, and in coordination with DPHO, Parsa, in July 2009 a mini-store was established the Narayani Sub-Regional Hospital premises for storing contraceptives, vitamin A capsules, and iron tablets for the maternity ward and the Institutionalized Family Planning Service Center (IFPSC). District store, Parsa will supply commodities on a quarterly basis and the hospital will report to the district store accordingly.

1.4.17 Emergency logistics support (transportation and distribution)
At the request of RMS, Hetauda, vitamin A capsules were transported through Hetauda Field Office to Mahottari and Rautahat districts for the second round of biannual national vitamin A program 2065/66. 300,000 iron tablets have been transported from RMS, Hetauda to DPHO, Parsa in an emergency situation.

The NFHP Hetauda field office provided vehicle support to Bara, Rautahat, and Mahottari DHOs to transport key commodities and essential drugs from district stores to HFs during flood conditions, and also supported DPHO, Parsa in supplying key commodities and essential drugs to Pokhariya Hospital from its district store.

1.4.18 – 1.4.24 Strengthen HIV/AIDS logistics
DELIVER assisted the National Center for AIDS and STD Control (NCASC) in implementation of an HIV and AIDS logistics management training for 58 persons in Morang, Kathmandu, and Kaski; printing of the curriculum package (Trainers Guide, Reference Manual, and Participants Handbook) for HIV/AIDS Commodities; and implementation of ARV Drug Dispensing Tool Training for 11 persons from ten ART sites.

In the Logistics Task Force meeting, NCASC, EDP partners, and other stakeholders discussed national stock status and the fore casted quantities that were procured and distributed bi-monthly. In this reporting period, the contract between MASS and FHI ended on June 30, 2009 and a new contract with UNDP was signed effective July 1, 2009.

One-day orientations on logistics management were organized in four districts and attended by 131 participants, with technical and financial support from DELIVER. After the orientations, bi-monthly LMIS reporting status increased, and there was better coordination among local NGOs and hospital staff regarding use of ARV and opportunistic infection (OI) drugs. To strengthen ART clinics, DELIVER provided steel cupboards, office tables, filing cabinets, refrigerators, tablet counting trays, and spatulas to ten ART sites.

DELIVER provided computers and accessories to seven ART sites to support ARV drug dispensing tool software. It is expected that this software will facilitate health personnel working at ART clinics to maintain patient histories and inventory management on a regular basis, and to retrieve necessary data required to prepare LMIS reports.

In this reporting period, nine joint TSVs were made with government counterparts to ARV sites, and on-site coaching and training were provided.

DELIVER and NCASC jointly organized two workshops on “Reporting of HIV Test Kits” which was attended by 75 participants from 20 ART sites across the nation. During these workshops, focal persons from each ART site were appointed to send Bi-monthly Issue and Requisition Forms of Test Kits in a timely and regular manner.

1.4.25 Avian influenza (AI) logistics
DELIVER initiated formation of an AI Logistics Committee to bring all AI logistic management

activities under one umbrella of the Animal Health Directorate. On March 12, 2009, the Department of Livestock Services (DLS)/MOAC endorsed the Committee, and designated the Directorate of Animal Health (DAH) Program Director as a coordinator. The MOAC will now take a leadership role and will also help partners to recognize the importance of logistics.

DELIVER and DAH jointly organized a workshop to create awareness among service providers of District Animal Health Offices and Regional Animal Health on the importance of logistics management in AI prevention and control. Participants were oriented on basic concepts of logistics management including storing, handling, and managing AI commodities.

Based on a DELIVER assessment, the Central Storeroom at DAH, Tripureshwor was provided with 15 racks, 20 pallets, and five cupboards. Similarly, the storeroom of the Regional Animal Health Directorate, Biratnagar was provided with 15 racks, 20 pallets, and two cupboards. Their storeroom was also organized.

A workshop was organized to draft an AI Logistics Curriculum and reporting forms (AI-LMIS) for use in DLS/DAH and District Animal Health Offices. All concerned institutions including DAH and Central Veterinary Laboratory, Central Veterinary Hospital, Avian Influenza Control Project, Veterinary Epidemiology Center, Central Animal Quarantine Office, etc. were involved in drafting the curriculum, including development of a Reference Manual, Trainers Notebook, and Participants Handbook.

AI-LMIS Reporting Forms have been developed in such a way that in a normal period, service delivery sites will report trimesterly, and in an epidemic, they will report stock situations of AI commodities every day. Once field tested, reporting forms will be printed. In the first phase, high-risk districts[10] in the eastern development region will begin reporting. The plan is to then scale up in other regions.

2.0 SERVICE DELIVERY

Compliance US Government Population Policy:

NFHP II staff conducted orientation on US Government Population Policy to seven newly hired staff.

NFHP Field Officers monitored the placement of comprehensive FP (Informed Choice) posters. In HFs visited by NFHP Field Officers, this poster was clearly displayed in 96% of PHCCs, 94% of HPs and 91% of SHPs. Posters were mounted in HFs where they were not previously displayed and NFHP Field Officers oriented HF staff on the poster's importance. Posters were appropriately displayed in all district-level FP/MCH clinics visited.

2.1 Health Facility Level Service Delivery

2.1.1 FP/RH training packages for VHW/MCHW FP refresher training

COFP/Counseling Training Package:
During this reporting period NFHP supported NHTC to update and finalize a COFP/Counseling Training Package based on updated information on FP from the *WHO-Eligibility Criteria 2004/2008 update*, and *Family Planning: A Global Handbook for Providers-2007*. This package was designed per the strategic review and decision by divisions (NHTC, FHD, NHEICC) and key stakeholders in June 2008. Training duration was reduced from 13 to eight days so as to reduce absenteeism of service providers while at training.

10 Ilam, Jhapa, Morang, Sunsari, Saptari, Dhanusha, and Mahottari

The training package has been designed with more focus on interpersonal counseling (IPC) skills and counseling, which can be used as a separate module. The package has been linked with service delivery using checklists (QI tools) which would support service providers in providing high quality services for using IPC, counseling, Depo injection, and maintaining infection prevention (IP) practices. The package was finalized, printed, and given to NHTC for their use.

NFHP II supported two-day orientations on the new package (including use of checklist/QI tools and how to teach training participants) for nine trainers from five RHTCs (Dhangadi, Pathaliya, Dhankuta, Surkhet, and Pokhara). Checklists (QI tools) will help service providers to initiate, provide, and/or self-monitor quality of services.

Implant Training Package:
NFHP organized two workshops at NHTC to develop an eight-day training package focused on the new implant, Jadelle. In this training package, service delivery is linked through use of checklists (QI tools) for counseling, implant services, and IP for quality implant services. Based on these tools, service providers/HFs measure the quality of services and identify performance gaps. The training package has been finalized and printed.

NFHP also supported orientation on the new package in all three FP training sites (CFWC, ICTC, and Koshi Zonal Hospital). Trainers were oriented on how to teach participants to identify performance gaps and root causes, and how to identify solutions.

A total of 58 service providers, 45 females and 13 males, were trained in Norplant were provided with orientation on two-rod implants during this reporting period.

2.1.2 Scaling up of alternative learning approach in FP training system
NFHP supported NHTC to initiate self-paced learning approaches in no-scalpel vasectomy (NSV) training. One batch of NSV self-paced learning training was conducted at CFWC for two doctors from Bara and Jumla districts. However, due to the transfer of providers during this course, there was a delay in the practicum portion of the training. Given high training demand this approach once scaled up has the potential to meet the high demand for NSV training while minimizing absenteeism.

2.1.3 Support NHTC to monitor and maintain quality of FP clinical in-service training
Draft standard checklist (QI tools) for monitoring and improving quality of FP services and training has been developed based on NMS Volume I, skilled birth attendant (SBA) QI tools (FP section) of NHTC, and other international reference materials. Tools will be finalized and introduced in the next reporting period at all training sites.

2.1.4 Support NHTC to incorporate implant training
NFHP II provided the newly developed implant (Jadelle) training package to NHTC for implementation of implant training to Sr. AHWs.

2.1.5 Strategic review of FP clinical training
In order to make the Maternity Hospital fully able to provide the full range of FP training, a meeting with NHTC, Maternity Hospital, and NFHP II was held on September 17, 2009. At this meeting, participants agreed on a management plan including roles and responsibilities of key stakeholders such as NHTC, FHD, PMWH and other supporting agencies including NFHP.

2.1.6 Assist NHTC in FP trainings
Support was provided to NHTC to conduct different FP trainings (e.g., implant training, clinical training skills, COFP/Counseling training, and IP training) in Sindhuli district. A total of 103 service providers (53 males and 50 females) were trained during this period.

2.1.7 Distribute and orient on use of job aid on FP effectiveness
With the aim of helping service providers to improve the counseling process and to help clients chose appropriate FP methods, 2,000 copies of a FP effectiveness chart was printed. NFHP field-based staff were oriented on the importance and use of this job aid.

2.1.8 Assist D/PHO to conduct pre-VSC service meetings
NFHP assisted the D/PHO to conduct pre-VSC service meetings in five districts[11] which provided an opportunity for managers, service providers, and FP Supervisors to review and discuss their strengths and weaknesses in managing VSC mobile outreach services. At the end of the meetings, action plans were developed in each district to improve the quality of VSC services. Similarly, VSC sites and dates were also finalized. Required instruments/equipment and other supplies were reviewed and managed accordingly. After these VSC preparatory meetings, four districts (all but Surkhet) have started their first round of mobile VSC services.

2.1.9 FP Refresher training for VHW/MCHWs
During this reporting period 135 VHW/MCHWs (62 males and 73 females) were trained from Dailekh and Pyuthan. On-site post-training follow-up with 54 VHW/MCHWs (24%) from three districts revealed that post training, MCHWs have started providing FP counseling and services while providing other services such as EPI and ANC/PNC.

2.1.10 Strengthen postpartum FP in two district hospitals
Postpartum FP service has been initiated in Narayani Sub-Regional Hospital and Bheri Zonal Hospital, with the objective of increasing access to FP information and services to postpartum mothers who visit MCH clinics, PAC/SAS clinics, and mothers admitted in labor rooms, maternity wards, and gynecology wards. Forty-seven staff were trained for three days. A coordination committee has been formed for regular follow-up meetings so as to increase coordination among different units/clinics and DPHO staff. Staff trained expressed commitment to refer appropriate clients to FP clinics, as well as to practicing timely recording and reporting. Maternity unit staff have started to keep a record of clients counseled on FP and referred for FP services. Staff working in prevention of mother-to-child transmission of HIV (PMTCT) have also started to provide counseling on FP, and IFPSC staff have started providing FP information and counseling in inpatient wards and immunization clinics.

2.1.13 Strengthen SBA trainer/training sites to provide IUCD coaching to SBA trainees
NFHP II looked into FP training (particularly IUCD training) in three SBA training sites (Koshi and Bheri Zonal hospitals and Bharatpur Hospital), and found that these sites were providing information on IUCD and opportunities to practice insertion on anatomic models. Though all three sites have functioning IFPSC and are providing IUCD services, there was however very limited coordination and opportunity for SBA trainees to practice insertion. After discussion with key trainers, they mentioned that they would work with respective IFPSCs to give practical exposure to SBAs regarding providing IUCD services.

Other FP activities:

- Initiated satellite clinics to increase access to long-term FP methods to reach remote areas. In this approach, a trained team from DHO/DPHO/PHC conducts regular visits to HFs where long-term FP methods are not available but where demand is high, and provides long-term FP methods to interested clients after counseling. This approach has been endorsed in the revised NMS Volume I. Satellite clinics were conducted in eight districts[12] during this period: Mahottari, Parsa, and Banke are in the planning process. NFHP II staff visited some of these clinics to ensure that services are being provided per national standards.
- Assisted D/PHO to initiate IUCD/implant service in new sites. NFHP II coordinated with NHTC to provide implant training to ANMs in three districts[13]. FP/MCH clinics,

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11 Dailekh, Surkhet, Rolpa, Kalikot, and Jumla
12 Morang (1 site), Sarlahi (3 sites), Dhanusha (1 site), Siraha (2 sites), Bara (3 sites), Rautahat (4 sites), Rolpa (1 site), and Kalikot (1 site)
13 Kalikot, Jumla, and Pyuthan

and also to staff in five HFs[14]. Since training, all sites have been providing implant services. On-site coaching, provision of logistic supplies (trocar, Jadelle, instruments, wrappers, etc.), and setting up the clinic to start IUCD services by SBA in Rolpa hospital and Holeri PHC Rolpa were also done. Regular follow-up and logistic support was also given to existing service sites in five districts[15].

- Assisted DPHO to organize interaction meetings with 120 community stakeholders (teachers, MG members, FP satisfied clients, etc.) on FP service in Duruwa HP, Dang and Khumel SHP, Rolpa. Within a month of these meetings, seven clients received IUCD services from Duruwa HP and there was also a significant increase in the number of Depo and contraceptive pill clients in both sites.
- NFHP II staff conducted TSV at VSC static sites (IFPSC) to ensure regular availability of services from these sites. With continuous follow-up and support, eight districts[16] are providing regular VSC services from their FP/MNH clinics.

2.1.16 Strengthen maternal health services

A one-day MNH update was conducted for 86 service providers (district hospital and 39 HF staff) from Dailekh, at the DHO and at six Ilaka-level HFs. Participants were taught how to correctly perform active management of third stage of labor (AMTSL) for prevention of PPH, use of the partograph for monitoring progress of labor so as to prevent obstructed labor, and management/prevention of eclampsia with use of magnesium sulphate ($MgSo_4$).

Three months after the initial update, two review meetings were conducted for 84 participants (from the districts and 42 HFs in Dailekh and Sindhuli). We found that in the three months preceding the review, there were 763 deliveries in these two districts. The partograph was used to monitor progress of labor in 88% of these cases and service providers were able to diagnose unsatisfactory progress of labor in 49 women. Obstructed labour was prevented by timely recognition and management/referral. AMTSL was performed in 99% of these deliveries. Eight women who had PPH were managed locally with uterine massage and use of additional uterotonic. Six women were admitted at different HFs in Dailekh during this period with diagnosis of severe pre-eclampsia/eclampsia, all of whom were managed with $MgSo_4$. Twelve new sites have purchased and included $MgSo_4$ in their emergency drug trolley. During this period, after the update, there were no maternal deaths due to PPH, obstructed labor, or eclampsia in the intervention districts. The most common reason for not using the partograph was unavailability of partograph sheets; therefore after the update NFHP redesigned and printed 30,000 copies of the partograph sheets which will be distributed to various HFs in these intervention districts.

Box 2: Case study: Using partograph to monitor labor

Mrs. Kamala K.C., an 18 year-old primigravida, was admitted in Sindhuli district hospital at 8 AM due to labour pain. On examination she was diagnosed to be in active stage of labor with her cervix dilated to 4 cms and the fetal head was high up. The attending ANM, who had attended the NFHP-supported MNH update, was able to monitor the progress of labor with a partograph. At 12 noon, the ANM performed the next internal examination which showed that the cervix was still only 4 cm dilated. As guided by the partograph, she repeated the examination after one hour. The finding was still the same, which meant that the patient must be referred, and in addition the liquor was also meconium-stained, though the fetal heart rate was still within normal range. The ANM asked the patient's attendant to take her to Janakpur Zonal Hospital (JZH) but they were very reluctant to take her. At 2 pm, the finding was still the same, and the ANM firmly told the patient's family that they must take her to Janakpur at which point the woman was referred to JZH where she was diagnosed as having non-progression of labor with fetal distress. The patient underwent caesarean section and delivered her first baby, a girl weighing 3,500 gms. The patient was discharged from the hospital after five days with a healthy baby. Ms. Januka Dahal, who attended the case, said that due to the skills she acquired during the MNH update it was possible for her to save the life of this mother and her newborn.

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[14] Katkuwa HP (Surkhet), Holeri and Sulichaur PHC (Rolpa), Kapurkot SHP (Salyan), and Khajura PHC (Banke)
[15] Banke, Salyan, Dailekh, Dang, and Surkhet
[16] Jumla, Rolpa, Dailekh, Banke, Kalikot, Dang, Sarlahi, and Parsa

2.1.17 Strengthen existing BEOC service sites
During this period, NFHP staff made regular TSVs to 28 basic emergency obstetric care (BEOC) sites in 16 districts to ensure regular provision of BEOC and post-abortion care (PAC) services. NFHP staff also coordinated with the LMD to provide necessary supplies of BEOC equipment (baby weighing machine, delivery sets, manual vacuum aspirator, syringe, etc.).

After the MNH update review in Dailekh, delivery sets, episiotomy sets, and DeLee's newborn suctions were provided to all HFs to enable them to smoothly provide MNH services. At every site visited, it was ensured that PAC and comprehensive abortion care (CAC) services were being provided from separate rooms and PAC was linked with FP methods. After receiving SBA training, staff at Nijgadh PHCC were supported by NFHP to initiate PAC services. Similarly, PAC services were also initiated at Kalikot Hospital and Lamahi PHC (Dang). Rolpa, Salyan, and Pyuthan hospitals are also now providing regular PAC services.

2.1.20 Repair and maintenance
NFCC staff repaired various equipment/instruments at the hospital, FP/ MNCH clinic, PHCs, and selected HPs in 9 districts[17]. After the repair, these sites have been able to provide regular services.

Verbal autopsy
NFHP II continues to conduct verbal autopsies in Banke. A total of seven maternal deaths were recorded during this period. Since January 2005, there have been 79 maternal deaths documented in Banke. NFHP aims to analyze this maternal death information in the future.

2.1.22 Client exit interviews
In order to monitor the quality of services being provided, 560 clients (448 males and 112 females) were interviewed in NFHP CPDs during this reporting period. Of these, 154 clients had presented at HFs for safe motherhood (SM) services, 175 for child health, 90 for family planning, and 25 for general services.

Of the 154 SM clients interviewed, 38% were counseled by providers on delivery with a trained nurse (SBA), 12% were counseled to deliver with another health worker, and more than half (64%) were counseled on pregnancy danger signs (see Table 1).

Table 1: Messages delivered to clients receivingsafe motherhood services in NFHP CPDs (N=154)

Counseling message	No.	%
Balanced diet	120	77
Bleeding during delivery	118	76
Information about danger sign	99	64
Fever and foul smelling discharge	81	52
Shivering and fainting	75	48
Severe bleeding after delivery	67	43
Labor pain more than 8 hours	64	41
Delivery by trained nurse (SBA)	59	38
Delivery by other health worker	18	11.7
Delivery by TBAs	0	0

Among 90 FP clients interviewed, all except one reported having received their contraceptive method of choice, and 83% reported having received information about all FP methods.

17 Jhapa, Morang, Siraha, Dhanusha, Mahottari, Rautahat, Sindhuli, Bara, and Parsa

Ninety-nine (57%) of 187 clients visiting HFs presented with pneumonia, of which 88% reported the correct dose of medicine prescribed. Among the 187 clients, 93 (53%) caretakers/mothers knew about the appropriate times to give medicines, whereas 81 (46%) knew about the appropriate duration. Only 67 (38%) however knew when to come back for follow-up. Similarly, only 62 (35%) of the caretaker/mothers reported that children should be breastfed when they are sick; 67 (38%) knew that rehydration solution should be given to children with diarrhea; and 65 (37%) knew how to prepare rehydration solution.

Eighty-five percent of the 560 clients were aware of the Free Drug Scheme and 89% had received prescribed medicines. Most clients (532, 95%) expressed being satisfied with services they received from the HFs.

2.1.23 Need-based whole site IP strengthening

During this reporting period, need-based whole site infection prevention (IP) strengthening activities were conducted for 35 health providers (21 males and 14 females) in five selected HFs in three districts[18]. NFHP also provided TA to the DHO and UNICEF to conduct IP training in Bheri Zonal Hospital and Lamahi PHCC (Dang). Based on assessments and joint planning with HF staff, NFHP implemented activities for improving IP practices.

NFHP II made follow-up visits to 13 HFs using standards where need-based whole site IP strengthening/coaching was done. Findings included:

- Started using sterile instruments for dressing and other services.
- Started using virex for decontamination.
- Collected and disposed of sharps and other medical wastes properly.
- IUCD and implant services had been improved in three HFs (Bhingree and Khalanga PHCCs in Pyuthan and Holleri PHCC in Rolpa).
- Used puncture-proof containers.
- Handed over and took over instruments in some HFs, etc.

Improvements in IP practices are evident from TSV data. Improvements have been noted in the collection and disposal of sharps and medical wastes; sterilization of equipment; and maintenance of a clean HF environment.

Table 2: IP practices in health facilities (based on TSV data)

IP Practices	Previous SA period (Oct 08-Mar 09) (N=805)	Current SA period (April 09-Sep 09) (N=652)
Collect and dispose of sharps properly	59%	75%
Collect and burn other medical waste properly	48%	70%
Maintain clean environment	57%	75%
Use sterilized/HLD equipment	16%	28%

NFHP II also provided technical support to other partners such as UNICEF (Dang) and ADRA (Salyan) to conduct need-based IP whole site strengthening. After demonstration of the process in one HF (Lamahi PHCC, Dang), UNICEF staff conducted IP coaching in an additional seven HFs in Dang following the NFHP approach.

2.1.24 Performance and quality improvement of HF and community services

The NFHP District Fund has played a vital role in supporting performance and quality of services provided through HFs as well as communities, and is highly appreciated by the D/PHO team. Based on various data, each District QAWG (see activity 1.3.8) makes an action plan for the district and based on these action plans the District Fund is used per the QAWG guideline.

[18] Pyuthan, Salyan, and Dang

Though expenditure varies according to district, all 20 CPDs have used this Fund to fill gaps in the supply of FP/MNCH-related equipment/instruments, improving IP practices and waste management, as well as in improving client comfort and privacy (See Annex 1 for QAWG inputs and outcomes). During this period, NRs. 1,053,485 was spent in 20 CPDs. (Note: in some districts, procurement and supplies were delayed because some materials were not available locally and also due to competing priorities of many program activities in the districts.)

2.2 Community-based service delivery

2.2.1 & 2.2.2 Consolidation and dissemination of assessment findings

A key assessment dissemination event for national stakeholders occurred on June 30, 2009 where a collaborative consultative process was begun to seek solutions to improve childhood management practices in the private sector. Assessment findings were also disseminated at an international conference on "The Role of the Private Sector in Health", held in Beijing in mid-July 2009.

2.2.3 & 2.2.4 Stakeholder consultation and strategy development

Stakeholder consultation on ways to improve childhood management practices in the private sector has taken place since the June 30 dissemination meeting with national stakeholders. One-on-one meetings with key stakeholders (CHD, DDA, Health Professional Council, NEPAS, CMA Association, INRUD, IoM, AED, UNICEF) have taken place and support garnered for strategies that emerged out of the consultative process. In addition, consultation with pharmaceutical companies regarding specific collaborative approaches to improving care for childhood illnesses in the private sector is on-going, with results of the process to come within the next few weeks.

Development of a coherent strategy for improving childhood management practices in the private sector has also begun. An implementation plan with detailed activities, timeline, budget, and an M&E framework is being developed now, to be endorsed by relevant stakeholders by December 2009.

Community-based Integrated Management of Childhood Illness

2.2.7 Technical support on CB-IMCI review meeting

CHD organized the annual CB-IMCI focal persons' meetings in eastern, central, western, and mid-western regions with financial support from UNICEF, PLAN Nepal, WHO and USAID/NFHP. In the far western region, a meeting will be organized with financial support from CARE Nepal. In all regions, NFHP central and field staff played a vital role in providing facilitation and logistic support.

In previous years, only CB-IMCI focal persons were invited to these meeting but this year regional and district-level managers were also included. All DHO/DPHO and CB-IMCI focal persons including the regional director and representatives from all partners actively participated.

2.2.8 District and community-level review monitoring meetings on CB-IMCI

NFHP provided facilitation and logistic support for district-level review monitoring meetings which were conducted in close coordination with the DHO/DPHO in 11 districts[19]. Per the standard curriculum, program-related management problems and updates on CB-IMCI content areas were discussed. Participants practiced filling in the CB-IMCI OPD register and preparing monthly reports in a manner consistent with the HMIS. Required CB-IMCI-related materials were also distributed in the meeting.

In addition to district-level review meetings, two-day community-level CB-IMCI review

19 Doti, Dadeldhura, Bajhang (through USAID funds); Jumla, Dailekh, Surkhet, Pyuthan, Sindhuli (through GoN funds); Dang (through UNICEF funds); and Banke and Morang (through PLAN funds)

monitoring meetings were carried out in six districts[20]. NFHP provided logistic and technical support. The objective of these meetings was to improve and maintain the quality and coverage of IMCI services at the community level. To develop the capacity of GoN staff, a preparatory meeting was organized in the DHO/DPHO for district supervisors/potential facilitators on methods for conducting review meetings using standard curriculum and tools.

2.2.11 CB-IMCI training for new/transferred HF staff and new FCHVs

Frequent transfer of staff from non-program districts to program districts and new recruitment for vacant posts leads to non-compliance with standard protocols and inappropriate management of sick children. To address this issue, training for HF staff on an as-needed basis was carried out for 140 health workers in 8 districts[21]. In all districts, NFHP provided logistic/financial and facilitation support (except in the case of financial support in Banke and Rolpa which was provided by PLAN Nepal and GoN respectively). Trained health workers are now managing sick children per CB-IMCI protocols.

During this period USAID/NFHP also provided logistic/financial and technical support in four districts[22] to train 100 new FCHVs who had replaced FCHV drop-outs.

2.2.12 Support to maintain CB-IMCI

NFHP II has been providing TA in Doti, Dadeldhura, and Bajhang to maintain the quality of the CB-IMCI program through placement of a staff member.

NFHP facilitated zinc orientation for health workers and volunteers in four districts[23] to expand the zinc intervention. NFHP also provided zinc-related job aids, booklets, and fliers. NFHP also provided significant TA and logistic support to UNICEF, WHO, PLAN, SAVE, and UMN for district and community-level monitoring meetings, transferred staff training, training package development, etc.

2.2.13 Printing and supply of CB-IMCI materials

NFHP supplied CB-IMCI materials including: 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. Using District Funds, NFHP supplied ORT corners (54), weighing scales (33), and thermometers (118) to needy HFs. NFHP also provided TA to make ORT corners functional.

2.2.16 Coordinate and support MINI for integrated (CB-IMCI and MINI) HF and community-level review meeting in Morang

As the technical content and modality of the MINI and CH programs are similar, an integrated review monitoring meeting curriculum was developed for HF and community levels and jointly implemented over the last two years in coordination with the DPHO and HF staff. In these review monitoring meetings at both levels, PLAN Nepal and MINI provided financial, technical, and logistics support.

Other support:

- NFHP managed and facilitated the visit of USAID GDO Mr. Ted Glenn, Director for Asia Region, to Syanja district, where he met DHO/district supervisors and FCHVs and received information on MCH activities and utilization of FCHV funds, etc.
- NFHP also supported National Immunization Day planning, transport vaccine and ice packs, monitoring of the dosing sites and rapid coverage survey in all CPDs in close coordination with DHO/DPHO. Likewise, participated in Regional meeting with INGO/NGOs to accelerate routine immunization in FY 2066/67 (2009/2010).
- Ilaka-level meeting on CB-IMCI was jointly planned and facilitated by NFHP and CB-IMCI focal persons of DHO, Rautahat. This meeting has contributed to capacity-

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20 Doti, Dadeldhura and Bajhang using USAID funds, with 484 CHWs participating; Pyuthan using GoN funds; Dang using UNICEF funds; and Banke using PLAN Nepal funds

21 Doti, Dadeldhura, Dhanusha, Sarlahi, Siraha, Surkhet, Rolpa, and Banke

22 Dhanusha, Siraha, Sarlahi, and Surkhet

23 Surkhet, Bajhang, Jumla, and Doti

building of GoN staff.

- NFHP district-based staff supported the DHO/DPHO to celebrate Breastfeeding Week (August 1-7) in NFHP CPDs. NFHP central team members also participated in a two-day workshop held in Kathmandu in collaboration with the CHD and HKI.

Pilot CB-MNH activities

2.2.18 Chlorhexidine (CHX) study

NFHP II assisted the FHD in a hospital-based study ("Randomized Non-Inferiority Trial of Chlorhexidine Lotion Compared to Aqueous for Preventive Use on Umbilical Stump") at the Maternity Hospital from November 2008 to May 2009. The study objective was to determine whether 4% CHX gluconate in a lotion formulation is at least as efficacious as the aqueous formulation. PATH provided the product specifications and the CHX was prepared by Lomus Pharmaceuticals, Kathmandu. The study demonstrated superiority of the lotion formulation with regard to 24-hour post-application culture positive rates.

The FHD with support from NFHP conducted a CHX community-based study in four VDCs of Banke district in order to examine the acceptability and ease of use of two different CHX formulations. Two of the four VDCs were assigned to use the liquid formulation and the other two assigned to use the lotion formulation. Study participants stated that both formulations were highly acceptable and effective, but a majority preferred to use the lotion. Based on these findings, the TAG made a recommendation to the Director General of the DOHS, who then approved the expansion of lotion use for further interventions. Availability of CHX in lotion formulation will be scaled up for use in all of Banke district, as well as in three other districts (Bajhang, Jumla, and Parsa) during this FY.

2.2.19 Provide financial and technical support to FHD to pilot chlorhexidine use

NFHP provided TA to PLAN Nepal to conduct a district-level TOT in Parsa district on CHX use for cleansing of the umbilical cord. District Supervisors, HF in-charges, and PLAN Nepal staff participated in the TOT. In addition, NFHP staff also assisted in conducting orientation to District RHCC members. After the TOT, DPHO Parsa and PLAN Nepal are planning to train HF staff, FCHVs, and private sector service providers.

2.2.20 Prevention of eclampsia/pre-eclampsia with calcium

The proposal previously submitted to NHRC was revised and re-submitted and is awaiting approval. An acceptability and compliance study will be done in Banke to investigate whether calcium in powder versus tablet form would be more acceptable to pregnant women.

2.2.21 Uniject gentamicin design stage trial

Implementation of the gentamicin in Uniject design stage trial was completed in five VDCs of Morang in June 2009. With the approval of research tools from the Research Ethics Committee (REC)/PATH, the Uniject program was evaluated jointly by PATH and NFHP.

FCHV giving gentamicin in uniject

All FCHVs passed the post-implementation skill competency certification to use Uniject. During the life of the trial, 422 births were identified in the five VDCs. A total of 94 possible severe bacterial infections (PSBI) were identified, of which 75 cases were treated using cotrimoxazole and gentamicin in Uniject by health workers and FCHVs. Of these, 67 cases were treated by FCHVs only. All treated newborns recovered, and all caretakers interviewed (45) were satisfied with FCHV treatment with Uniject. Twelve of 45 FCHVs had no opportunities to treat PSBI during the trial. The final report on the design stage trial will be prepared for dissemination jointly

by NFHP II and PATH by the end of December 2009. An abstract on the gentamicin in Uniject design stage trial has been submitted to the Global Health Council Conference for presentation in June 2010.

2.2.22 Pilot Newborn vitamin A supplementation

Under the leadership of the Nutrition Section/CHD, NFHP II started the Newborn Vitamin A Supplementation (NVAS) pilot program in Sindhuli and Banke. A one-day MTOT was conducted with support from UNICEF and facilitated by technical working group (TWG) members. Participants from the CHD, NFHP, UNICEF, MI, and NTAG were oriented on the intervention, implementation plan, and recording and reporting forms. A draft M&E plan was developed, to be endorsed by the next TWG meeting.

FCHV giving vitamin A to a newborn

Training activities were integrated with CB-MNH training in both Sindhuli and Banke. The following activities were carried out:

- A one-day orientation and planning meeting on the NVAS pilot program was organized at district level for the DHO/DPHO, district supervisors, CDO, LDO and other EDPs.
- One extra day was added to the CB-MNH training to discuss newborn vitamin A with all district supervisors, health workers, and VHWs/MCHWs.
- Sindhuli district hospital staff, Bheri Zonal Hospital staff, and Nepalgunj Medical College staff were oriented on the program, including their role in vitamin A distribution, recording, and reporting.
- Two extra days for newborn vitamin A were added to the ongoing FCHV-level CB-MNH training. The last day was used for mothers' group meetings (first half) and for HFOMC member orientation (second half). The importance of newborn vitamin A and method of giving vitamin A to newborns were discussed in the mothers' group meetings.

Dosing of newborns with 50,000 IU vitamin A within 48 hours of birth began in Sindhuli on 16th July 2009 and on 18th October in Banke. In Sindhuli, mothers/family members will administer the dose, while FCHVs will administer the dose in Banke. During this reporting period, 108 pregnant women received vitamin A capsules for newborns from the Sindhuli district hospital, and 93 from HFs. Sixteen mothers reported dosing of newborns with vitamin A.

2.2.23 TA to UNICEF, NTAG, and other stakeholders to implement neonatal vitamin A

During this reporting period NFHP provided TA to NTAG/UNICEF for district orientation and training for district supervisors in Tanahun on the newborn vitamin A supplementation pilot program. NFHP also provided TA to MI to design baseline surveys in Tanahun, Nawalparasi, and Banke districts.

Community-based Maternal Neonatal Health

2.2.24 & 2.2.25 Maintenance of CB-MNH interventions

During this period, BPP/CB-MNH BCC materials were printed, scales and thermometers were procured and provided to FCHVs, and FCHVs were trained on the use of these materials. To roll out BPP at the national level, trainer's preparation meetings were conducted.

BPP materials were revised and endorsed by FHD for use nationwide. Revised materials focus on specific messages FCHVs should discuss during antenatal contact and postpartum visits. The BPP key chain was replaced by a one page "Action Card" for pregnant women –

reducing costs, logistic problems, and making it more task specific. BPP is now linked with focused care during ANC, delivery, and PNC by health workers. In select districts (Banke and Sindhuli), the program was scaled-up using a GoN scalable model for prevention of PPH at home birth. Messages included in revised BPP materials include:

- The importance of hand washing before touching the mother and baby.
- Essential newborn care practices including clean cord cutting, hand washing, immediate breastfeeding, and care for low birth weight babies.
- Misoprostol cards (integrated into the national BPP for districts in which MSC is being implemented). Technical committee meeting to scale up the FCHV distribution of MSC with counseling in remote districts.

CB-MNH interventions varied by district as summarized in the table below (Table 3). Details about activities in each district are included in the section below.

Table 3: Planned CB-MNH interventions by district, 2009

	Jhapa	Banke	Kanch-anpur	Sindhuli	Jumla	Kalikot	Mugu	Bajhang
Start date	**May 05**	**May 05**	**June 05**	**May 09**	**Oct 09**	**Oct 09**	**Oct 09**	**Oct 09**
Intervention								
Birth preparedness package (BPP) (ANC/PNC)	√	√	√	√	√	√	√	√
Misoprostol		√		√	√	√	√	√
Community-level management of low birth weight		√	√	√	√	√	√	√
Community-level management of hypothermia		√	√	√	√	√	√	√

Note:

- *Activities in Mugu and Bajhang will be implemented in partnership with UMN.*
- *District-level activities in Jumla, Kalikot, Mugu, and Bajhang will be started by next reporting period as reflected in SMN-SWP 09/10.*

Jhapa:
Ongoing CB-MNH activities were maintained in Jhapa with continued TSV support. DPHO staff and NFHP field staff jointly attended Ilaka meetings and outreach clinics to monitor availability of commodities and coverage of interventions. Over this reporting period, 2,264 pregnant mothers were counseled by FCHVs.

DPHO and focal persons (FPASO and PHN) attended trainer's preparation to roll out revised BPP (CB-MNH interventions). NFHP plans to gradually hand over CB-MNH activities to the DPHO and to reduce external monitoring support. District planning meetings and trainings of health workers and FCHVs will be conducted in the next reporting period.

Sindhuli:
CB-MNH interventions were introduced under the leadership of the FHD. Major activities conducted at the district level included:

- Program briefing to district stakeholders (20 people)
- District trainers' preparation for CB-MNH (20 people)
- Training of 201 health workers (123 males and 78 females; in 10 batches) including all staff members from PHC, HP, and SHP, totaling about 99% of health workers in this area.

FHD Director: addressing trainer preparation in Sindhuli

Participants of Trainers' Preparation

- Training of 324 FCHVs from 36 VDCs (of 495 planned over this period).
- Orientation of 712 mothers' groups (MG), providing an opportunity to observe FCHV performance and orient participants about the importance of ANC, HF delivery, and post-partum care. Such activity was new for many pregnant women, who now realize the importance of seeking care. On the same day, pregnant women received ANC services from the HF and received vitamin A for their neonates and MSC. Many mothers' groups committed to regularizing their group meetings and disseminating information received to other women.
- Orientation of 515 VDC and HFOMC members, who discussed the importance of CB-MNH interventions and the expected role of different stakeholders including FCHVs. Through this orientation, VDC and HFOMC members committed their support to the following:
  - *Improving quality of services in HF*: nearly 50% of SHPs were interested to promote their HF as a birth center. Participants in Purano Jhangajholi collected NRs. 5,000 to buy mattress, bed sheets, and screens. Sitalpati VDC decided to provide land for a birthing center.
  - *Community information*: Ambote VDC/HFOMC decided to start a birthing center and to keep a blue flag in each pregnant mother's house, based on the experience of Dailekh.
- Over this reporting period, 83 women received MSC from 13 HFs. Further details of this activity will be provided in the next SA report.

Banke:

During this reporting period, NFHP continued to support existing CB-MNH interventions in

A FCHV participates in role play about ANC counseling

A TSV with a pregnant woman in Banke

Banke and added evidence-based neonatal interventions such as hypothermia and low birth weight management at the community level. As in Sindhuli, district planning meetings, program briefings to districts stakeholders, district trainers' preparation, and refresher training for health workers were conducted. By the end of September, 220 health workers (male 117 and female 103) and 309 FCHVs had been trained.

FCHV training and orientation to MG members and VDC/HFOMC will be continued until mid-November, and will include topics such as completing new forms and formats (to be started by Kartik 1, 2066/October 18, 2009). After completion of community-level training, documentation of MSC distribution and use will be simplified and integrated into the GoN reporting system (HMIS).

During this reporting period, 70 TSVs at HFs, 87 TSVs with FCHVs, 81 TSVs with pregnant women, and 70 TSVs with post-partum women were also conducted.

Kanchanpur:
NFHP trained 138 health workers (76 males and 62 females) including the district supervisor and 766 FCHVs on the revised CB-MNH package in Kanchanpur. Over this reporting period, Kanchanpur CB-MNH program staff provided TSVs to 35 HFs, 70 FCHVs, 46 pregnant women, and 38 post-partum women. Monitoring of performance by FCHVs will be continued with GoN reporting system from November 18, 2009.

Jumla, Kalikot, Mugu and Bajhang:
District-level activities will be initiated from the next reporting period in close collaboration with DHO. In Mugu and Bajhang, activities will be conducted jointly in partnership with UMN.

2.2.27 Baseline survey of CB-MNH program in Sindhuli

In order to evaluate CB-MNH program impact in Sindhuli, a baseline survey was conducted by VaRG. The design included 30 clusters sampling, with 900 recently delivered women (RDW) interviewed (a methodology consistent with the previous three-district CB-MNC survey). Data analysis has been completed and key findings are presented in Table 4. Results indicate that significant improvements are needed to improve maternal and newborn health in the district, as RDW reported low contraceptive use, insufficient care during pregnancy, high persistence of home delivery without use of a SBA, unsafe newborn practices and inadequate postpartum care.

Table 4: Key findings from Sindhuli baseline survey, 2009

Indicator	%
CPR (modern method) among RDW 6-11 months post-delivery	16.3
Antenatal care from a SBA (% of women)	21.2
Antenatal care from a HW (% of women)	53.3
4+ANC visit during last pregnancy from HWs	12.1
TT2+ during last pregnancy	38.6
Institutional births in the last year	8.1
Delivery care from a SBA (% of live births)	9.1
Delivery care from a HW (% of live births)	15.6
Use of clean delivery kits in home delivery	5.5
Dried before placenta was delivered	47.1
First bath after 24 hours	22.5
Newborn checked from HW within 4 weeks	33.7
PNC for most recent births (<24 Hours)	13.9
PNC for most recent births (within 2 days)	15.0
Received Postpartum Vitamin A	37.8
First visit by FCHV within 3 days	13.8

2.2.29 Provide TA to GoN and partners for MNH activities, including NVAS

NFHP continued its support to GON and partners for scaling up CB-MNH activities. During this period, NFHP provided TA to CARE for scaling up MSC distribution in Doti. Similarly, NFHP district officers supported implementation of revised BPP activities in Rolpa and Salyan, where ADRA is taking a lead.

2.2.30 Disseminate CB-MNH program lessons learned

Many international and national visitors have observed Banke-based interventions, as this district has been a model of successful distribution mechanism of MSC. Visits by external visitors have encouraged service providers to perform better whereas visitors have learned about implementation successes. In addition, lessons learned from Banke have been shared during several meetings at district, regional, and national levels.

Nutrition

2.2.31 Vitamin A-related supplies

In order to minimize waste of vitamin A capsules (VAC), NTAG assisted the LMD in repackaging capsules in smaller packages (200 VAC per bottle) and reimbursed costs associated with repackaging. NTAG supported the CHD and LMD in providing vitamin A capsules and de-worming tablets required for FCHV supplementation activities in April and November 2009, and worked with the GoN to ensure that FCHVs received VACs two weeks prior to distribution. NFHP supplied 500 scissors per the request of the DHO, Sindhuli (cost sharing from QA and DHO budgets).

NTAG also assisted the LMD in supplying vitamin A capsules and de-worming tablets for the April 2009 round in difficult districts where the RMS could not deliver supplies on time. Capsules and tablets were sent by plane to 5 districts[24], by land from the LMD to RMS of Kaski and Dhangadi, and via NTAG staff in Nuwakot, Rasuwa, and Makwanpur. NFHP coordinated with RMS and supported transport of additional supplies on an emergency basis to Mahottarai and Rautahat.
The National Workshop on Strengthening Supply and Logistics was held on June 5, 2009 at NHEICC, Teku by the CHD with financial support from USAID and technical support from NTAG. Forty-two health officials from central and regional health directorates, medical stores, and NGOs/INGOs participated. The workshop recommended: (i) forming a working group to prepare checklists for monitoring the use of vitamin A; (ii) providing these checklists to all RMS, Regional Medical Directorate, and districts; and (iii) conducting a follow-up workshop to share progress made in this area.

2.2.32 Promotional and social mobilization activities

NFHP activities in this period included:

- Made public announcements in several districts to inform about the April round supplementation event.
- Distributed leaflets, posters, registers, and scissors in various communities.
- Aired VAC supplementation messages 20 times from the national radio station, 30 times from each of five regional radio stations, and 186 times from local FM stations. Radio spots were developed and aired in Nepali, Bhojpur, Maithali, and Abadhi languages.
- Telecast two different TV spots 100 times from Nepal Television, Kantipur Television, and Avenue Television.
- Developed audio cassettes containing information about VAC supplementation events in Nepali, Maithali, Bhojpuri, and Abadhi languages as well as a collection of vitamin A-related songs and messages. Audio cassettes were used during public announcement events prior to capsule supplementation events.
- Began development of radio/TV spots for the upcoming October 2009 round of supplementation.

24 Khotang, Bhojpur, Okhaldhunga, Sankhuwasabha, and Solukhumbu

2.2.33 Print and distribute IEC materials

NFHP activities in this period included:

- Distributed program promotional materials such as FCHV registers, posters, pamphlets, leaflets, scissors, stickers, T-shirts, and tika during the April 2009 VAC supplementation rounds.
- Printed 100,000 leaflets containing information about capsule supplementation dates (Kartik 16 & 17) and to promote the November 2009 round of VAC supplementation.

2.2.34 Support implementation of semiannual vitamin A campaign

As directed by the CHD, 69 central and regional-level officials supervised the April 2009 round of VAC supplementation and ensured that capsules required for supplementation and case treatment had reached RMS.

Forty-eight NTAG staff were deployed to 47 districts for the promotion, monitoring, and supervision of VAC supplementation activities. A comprehensive report on the April 2009 round was prepared and shared among partners and stakeholders.

NFHP provided support to ensure that the supply of VAC and Albendazole tablets moved from central to district-level stores, and then to FCHVs. NFHP performed monitoring visits in 364 sites in 30 districts. NFHP also coordinated the DHO/DPHO and local NGOs in providing monitoring /supervision of the vitamin A supplementation campaign.

A joint monitoring visit was carried out in Syanja with UNICEF Chief of Health and Nutrition, facilitated by NFHP staff. He interacted with all levels of GoN health cadres, and appreciated the work and support of NFHP.

NTAG requested different ministries like the MLD, MOHP, Ministry of Education and Sports, and other institutions such as the Municipality Association of Nepal, Women Development Department, Federation of District Development Committee, and Federation of Village Development Committee to mobilize their line agencies and staff at different levels to support the November 2009 VAC supplementation round. Letters had previously been dispatched to NRCS, FPAN, embassies, and other I/NGOs requesting their support for the April 2009 VAC supplementation round. Personnel from 11 organizations supervised 802 sites in 48 districts during the April 2009 VAC supplementation round.

2.2.35 Conduct post-supplementation, micronutrient mini-survey

After VAC supplementation in April 2009, a micronutrient survey was conducted in eight districts (after a two-day training for 28 surveyors). The survey has been completed in six districts and is ongoing in the remaining two districts.

Female Community Health Volunteers

2.2.40 CHV focal person review meeting

This activity will be conducted in the second quarter of next year.

2.2.43 Support in printing and distribution of FCHV Magazine (*Hamro Kura*)

During this reporting period, NFHP provided technical and financial support to the FHD and NHEICC to develop and print 50,000 copies of the FCHV magazine and also helped in distribution.

2.2.44 FCHV Day celebration

This year due to the Dasain festival, the FCHV Day celebration was postponed. It will instead be held on December 5, 2009 (UN Volunteer Day).

2.2.45 FCHV strategy preparation

The revised FCHV strategy has yet to be endorsed by the MOHP and thus translation and printing of the document will be carried out after endorsement. NFHP expects to implement this activity in the next quarter.

2.2.46 Support to FCHV Fund management

NFHP has been providing logistic support to the FCHV Fund management committee (e.g., printing of forms/registers/fliers for VDCs and district level management committees; purchase of calculators for 20 CPDs). This activity could not be completed due to the late signing of the workplan and festivals. However NFHP expects to complete this activity in next quarter.

Kuseshowr Dumja VDC, Sindhuli district, decided to regularize FCHV meetings on the 27th of each month and to provide NRs. 100 for tea/snacks. Similarly, Hatpate VDC/HFOMC decided to provide NRs 100 per month for snacks and to provide NRs. 9,000 as an additional incentive. Jinakhu HFOMC committed to provide NRs. 300 per month. Tinkanya VDC committed to provide NRs. 50,000 in FCHV funds. Basheshore VDC decided to provide clothes/dress for FCHVs.

2.2.47 FCHV orientation on VSC and FP myths and misconceptions

After completion of VSC preparatory meetings, NFHP plans to conduct one-day meetings with FCHVs in all CPDs one week prior to VSC implementation, in order to inform them about VSC services and discuss FP myths and misconceptions.

2.2.48 Increase access of FP services

Initial activities were completed to prepare a proposal/concept paper focused on increasing access of FP services to unreached clients through an FCHV interaction program. In addition, it was also decided to conduct this program in two sites in four districts (Bara, Parsa, Sarlahi, and Dhanusha).

2.2.49 Integrate the learning circle approach into MG meetings

The learning circle/mothers' group (LC/MG) program from the first year has been continued in its second year cycle. The 303 LCs from the first year cycle will complete their twelfth meeting next month.

The LC program has been designed to build the capacity of FCHV's mothers' groups to disseminate health messages in the community. FCHVs are assigned to facilitate this program. In the second year's program cycle, 576 LC/MG groups are active in eight LLS program districts[25]. LC/MGs met every month for a minimum of two hours under the LLS program from August 2009 onward. A three-day LC TOT was conducted for trainers of SIDS Sindhuli. During this reporting period, training for 576 FCHVs to implement the LC program in all eight districts was conducted by NGO trainers in their respective communities.

3.0 COMMUNITY PROGRAMS

3.1. Community participation in governance of local health services

3.1.1 - 3.1.2 Strengthen HFOMCs in four CPDs

NFHP conducted first review meetings in 36 HFOMCs and second review meetings in 46 HFOMCs during this period. During the meetings, members: reviewed their progress comparing the situation pre- and post-HFMSP intervention; prepared a three-year vision and decided to display vision statements in public places; developed and practiced tools for collecting information from HF and communities; practiced use of checklists for HF supervision, monitoring HF progress, developing a VDC health plan, etc. During this period, all 46 HFOMCs developed their own

HFOMC members practicing to review monitoring sheet

25 Surkhet, Banke, Dang, Rolpa, Salyan, Sarlahi, Mahottari, and Sindhuli

health plans for the next year

HFOMCs organized 39 promotional activities such as two to three-hour long interactive meetings with key community stakeholders, making public announcements, and attending group meetings in their communities.

The regularity of monthly meetings (% of HFOMCs that conducted meetings with meeting minutes every month in CHFP districts) was reported as 86%. In 27 VDCs HFOMC meetings are now self-regulated and function without NFHP support, indicating increased HFOMC ownership of these meetings.

HFOMC members reviewing meeting minutes

Unlike previous HFOMC meetings which were focused on infrastructure and medicines, HFOMC meetings are now focusing on service-related issues such as resource mobilization, logistics, programs and services, staffing, and expansion of services to unreached populations. Examples of issues raised in these meetings are shown in Table 5.

Table 5: Issues discussed in HFOMC meetings and HFOMC action in HF management

Category	Example of Issues	Actions taken
Infrastructure	• HF/PHC ORC/placenta pit/toilet/compound wall construction and renovation • Equipments/instruments purchase and maintenance • Construct/renovate training hall/HF building birthing unit	• Four HF buildings constructed (two in Banke, one in Dang, one in Kanchanapur) • Training/delivery/ANC room/toilets/compound wall /PHC ORC/placenta pits constructed in 18 HFs • Renovation of HF roof/ door/windows/staff quarter/toilet in 14 HFs • Electric wiring/fans/water supply/solar plants/electricity managed by 6 HFs • Road constructed from highway to HF initiated by HFOMC in Surkhet
Program and Service	• Low coverage of EPI, ANC, PNC, low client flow • Expansion of EPI clinic/PHC/ORC sites • Establishment of birthing units • Monitoring and support of programs • Community awareness program • Formation of rapid response team to respond against diarrhea outbreak and managing outbreaks • HF monthly progress sharing • Conducting census survey of VDCs	• 14 HFs engaged with community members on PHC/ORC, EPI, national campaigns, communicable diseases, diarrhea outbreaks • HFOMC identified non-immunized children and counseled their parents in Gangaparaspur, Banke • Added/relocated PHC/ORC/EPI clinics in a number of HFsMade actions plans for preventing diarrhea epidemics in 17 HFs in Surkhet, Dang, Banke • All 17 HFOMCs in Surkhet are regularly supervising/monitoring HFs and HF outreach services. Similarly, other districts are also making headway in this area.
Resource mobilization	• Coordinate with NGOs for resource generation • Allowance/dress/snack/treatment support to FCHVs	• NRs 4,839,198 (cash or in-kind) generated, most from VDC, local NGOs, communities • Resources generated for making infrastructure (compound wall, new HF building, renovation of HF, training hall, birthing center), community awareness, FCHV support (snacks/allowance), staff rewards, equipment and medicines • Land received from VDC in two HFs in Dang
Medicine and Logistics	• Medicine purchase, ensuring adequate stock of medicines • Provision of transportation costs to	• 21 HFs purchased medicine/put in stock/received from NGOs • Purchased electric generator, freezer, gas cylinder,

Category	Example of Issues	Actions taken
	office assistant to carry commodities	curtains (4 HFs)
Staffing	• Hiring of ANM/AHW/lab assistant/support staff and extension of their service • Extra incentive for staff/rewards to staff • Request to DPHO for filling of vacant staff positions	• 21 staff (ANM-8, VHW-4, AHW-1,support staff-8) hired by 14 HFs • Contract extended for 17 locally recruited staff in 15 HF in three districts • FCHVs supported by 10 HFs (e.g., recruitment of additional FCHVs, treatment support, snack support, rewards, etc.) • Rewards to staff/volunteers/locally hired staff in seven HFs
Coordination		• Coordinated with the DPHO to implement "Amaa Suraksha Karayakaram" in Banke • Made request to the DPHO, Banke to fill vacant staff positions in 3 HFs in 2 districts

Other activities undertaken in this period include:

- 59% of HFOMCs prepared action plans, slightly higher than in earlier reporting periods (52%). However, improvements in this area can still be made, as some HFOMCs are finding it difficult to prepare their action plans using the current action plan format (too technical and complex). The action plan format will be simplified in the near future.
- The proportion of Dalit members participating in HFOMC meetings was 74%, slightly higher than previous reporting period, and women's participation in HFOMC meetings was almost universal (97%).
- Approximately 38% of HFOMC meetings were considered effective by members, an increase over the previous reporting period (30%).
- HFOMCs are increasingly involved in HF management. Once meeting regularity has established and members have started to raise management issues in the meetings, changes in HF management have been observed, including:

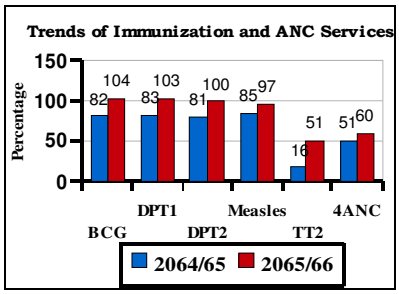
Box 3: Increased involvement of HFOMC in health facility management

PHC/ORC of Titihiriya, Banke had not been running for over a year; HFOMC members in the area raised this issue in their meeting. From their discussion it was discovered that the VHW there had been hesitant to conduct the clinic properly and though clients had complained about this to the HF staff many times, they were never heard. During their meeting, the HFOMC discussed this issue with HF staff including the VHW, and prepared an action plan to supervise the activity of the VHW and to support him when needed. Through this effort, the clinic was able to resume and now is functioning regularly and well, and as a result, community members are being served. This example shows how it is possible for HFOMCs to solve their HF management issues.

Box 4. Increasing trends in service utilization: a case from Chhinchu SHP, Surkhet

Despite being a SHP, Chhinchu, in the southern belt of Surkhet, must serve a large population. Once free health care services were introduced, clients flow needing clinical care increased greatly. This increase resulted in some negative effects, particularly regarding public health programming, as all Chhinchu staff became increasingly busy performing clinical duties. In addition, certain wards/pockets of the VDC existed where services never reached. In their HFOMC meeting, it was found that coverage of immunization and safe motherhood services was low. In response, the HFOMC made an action plan that focused on these gaps. In their monthly meetings, the HFOMC:

- Reviewed services and identified gaps;
- Reviewed the HFOMC's progress;
- Relocated/added immunization clinics and conducted supervision and monitoring visits to the clinics;
- Organized folk song/*Teez* song competition on immunization/general HF services; and
- Conducted awareness program on immunization, ANC, and diarrhoea epidemics.



As a result, progress on immunization and ANC visits has been made in Chhinchu (see figure). HFOMC members and HF staff are now very enthusiastic seeing tangible changes in service utilization in the VDC. "Service utilization in the last year was faltering especially in terms of immunization and ANC services. Once the HFOMC became active, we discussed these issues in HFOMC meetings and implemented activities targeting immunization and safe motherhood. As a result, this year we achieved tremendous success and it encouraged us to act more" says an HF in-charge.

3.1.5 TA to NRCS to implement HFMSP

At the request of NHTC/NRCS in Banke, NFHP II provided TA to conduct district-level orientation and TOT during a three-day interaction meeting in Jumla. Participants of the orientation were staff and members of NRCS Jumla and Banke, Women Development Office staff, DDC, and DHO staff. Altogether 19 people (14 males, five females, and 1 Dalit) participated. During orientation, DPHO/DDC showed commitment to expanding the program in the near future, looking at its impact on NRCS intervention VDCs. After orientation, a four-day TOT was provided to eight members of the DPHO/NRCS of Jumla staff (seven males, one female) to build capacity to implement the HFMSP in 3 Jumla VDCs. During the TOT, one HFOMC from Tatopani VDC also learned to provide a three-day interaction meeting, which they then conducted for ten people (five males, five females, two Dalits).

3.1.6 Build capacity of Dalits/Janjati and female HFOMC members

During regular TSVs, 372 HFOMC members (including Dalits and women) were interviewed and gaps on knowledge and skills were identified and necessary TA provided. As a result, 97% of female members and 74% of Dalit members participated in the meetings. In a number of VDCs, Dalits/female HFOMC members have become either participants or facilitators of the HEAL/Learning circle. In some VDCs (Jarbutta and Hariharpur of Surkhet), HFOMC visited HEAL classes regularly where they gave updates about HFOMC/HF services, collected issues from HEAL participants, and discussed these issues in HFMOC meetings. HFOMC and HEAL participants in Hariharpur, Surkhet jointly supported national program (vitamin A, Polio, breastfeeding week) activities, as well as referred a case of placenta prolapse to the zonal hospital in Surkhet. However, there is still much to be done to see the bigger impact of such linkages. So far, in very few VDCs (four) are LLS and HFMSP working together and convergence of these programs has been very difficult in many VDCs due to differing priorities of each program.

3.1.9. Conduct advocacy activities at central and district levels

During this period, DPHO and DDC staff visited the HFMSP program and provided valuable inputs. The DPHO from four districts attended a number of HFOMC meetings and training events and informed participants about the authority and responsibilities of the HFOMC in HF management. They also informed participants about how the DDC/DPHO could support the HFOMC in their HF management efforts.

DPHO, Surkhet facilitating a training session

NFHP II staff met with DDC members and VDC secretaries at their monthly meeting and discussed the importance of introducing HFMSP activities in all VDCs. As a result, eight VDCs (two each in Banke and Dang and four in Kanchanpur) implemented the CHFP approach using their own resources, and with NFHP's technical assistance. Seventy-four HFOMC members (50 males, 24 females, 11 Dalits) participated in an initial three-day interaction meeting. The increasing trend towards allocation of more resources from VDC funds is one of the effects of district-level advocacy by the HFMSP program. In addition, at the central level, HFMSP progress was regularly shared in policy fora.

Box 5: Expansion of the HFMSP approach: An experience from Banke

As a part of regular activities, Banke HFMSP program together with the DPHO focal person shared HFMSP program updates with the DDC/VDC secretaries of Banke in their monthly meeting. During this meeting, the VDC secretary of Samshergunj (where HFMSHP is implemented) shared his experience of how after HFMSP intervention, the HFOMC solved many HF management issues in a short period of time. Based on this, secretaries of many VDCs showed their interest in implementing the program in their VDCs. The secretary of Kamdi VDC requested TA to expand the program in his VDC and he committed to bear all financial resources required for program implementation. He subsequently put this issue in a VDC assembly and allocated the required amount for training and other activities. NFHP provided trainers to conduct training, with the remainder of training costs covered by the VDC. Soon after, other VDCs were requesting TA to expand the program in their areas and are now ready to incur expenses required for program implementation. This is an example of how one sharing meeting turned into a very successful advocacy tool for HFMSP program expansion.

3.2 Community Efficacy, Literacy, Life-Skills

3.2.1 Plan and implement GATE classes

Twenty-nine GATE classes were conducted by three NGOs in three districts[26] during the first year cycle of NFHP II, in which 620 adolescent girls were enrolled, of whom 590 completed the course and took the examination. Out of these 590, 91% (538) passed and 364 (61%) were subsequently enrolled in different classes in the formal schools.

In the second year program cycle of NFHP II, 106 GATE classes are being implemented in seven of the eight LLS program districts. Banke district did not have adequate number of out-of-school girls needed to run classes. A seven-day training for GATE facilitators was conducted in July/August in all seven districts.

During the planning process, LLS program officers and NGO persons met with DEO and DHO/DPHO, and shared program objectives and implementing procedures of GATE. NGOs with the help of LLS program officers organized the village orientation program (VOP) in which community people were informed about the objectives of the program and about the intended participants. NGOs are already coordinating with nearby school authorities and the DEO for enrollment of GATE graduates after they complete the nine-month course.

[26] Rolpa, Mahottari, and Sarlahi

Box 6: Jayaman struggle overcomes challenges to go back to school

Jayaman Majhi, a 12-year-old girl from a disadvantaged community, was illiterate. She had a great interest desire to learn to read and write and further her studies, but her household environment was not conducive to these goals. She is the eldest child among many children in her family and she has the responsibility of taking care of her youngest sibling when her parents go to work during the day. In addition to these responsibilities, Nepal's dowry system dictates early marriage for girls, and this decreases the likelihood that parents will send their daughters to school, choosing rather to marry girls off at an early age. Jayaman Majhi's parents were no exception to this rule.

At first, Jayaman was able to enroll in the Girls Access to Education (GATE) class in Sarlahi with her father's permission. For the first two months, she received support from her father and was regularly attending class. Suddenly however, her father changed his mind and he prohibited Jayaman from attending GATE classes, in addition to burning her text book.

Jayaman was determined however to attend GATE classes and did not let anything stop her. She shared her problems with her GATE facilitator and told her that she wanted to continue. The facilitator, with the help of her supervisor, went to Jayaman's father and discussed the issue. The father stated that his main reasons for prohibiting Jayaman from going to GATE class was that Jayaman was not giving enough time to care for her younger sister and also that he could not see how Jayaman would be able to continue her studies in the future. After discussing these issues with the father, he became convinced that Jayaman could continue with GATE class. Thus, with the help of her facilitator, Jayaman was able to continue attending the GATE course.

In GATE class, Jayaman developed her reading and writing skills, which later helped her to become enrolled in formal school. Now Jayaman studies in class three in the formal school. In addition to that, Jayaman has also developed health seeking behavior skills, which she shares with her family members and neighbors. Topics of discussion include: utilization of family planning, immunization, ANC, PNC, and vitamin A services. Jayaman's father is also very happy because now Jayaman is enrolled in the formal school.

3.2.4 Plan and implement HEAL basic class

The HEAL component of LLS program has been revised this year to emphasize adoption of major health practices by each participant and her family members. According to revised class activities, each day participants spend half an hour in learning and discussing the health behaviors listed below. They also share and discuss the behaviors they discuss in class with their family members, as well as five of their neighbors. The main purpose of this intervention is to bring change in the service utilization behaviors of each participant's family members and neighbors. The nine-month intervention package consists of:

- Discussing health topics for half an hour everyday;
- Sharing health information with family members and monitoring their behavior;
- Sharing messages with neighbors and monitoring their behavior every week;
- Discussing changes in health behavior of target groups at the end of each month;
- Reviewing progress in adopting health behaviors.

The program is aimed at bringing changes in health seeking behaviors among community women with focus on immunization, pregnancy care, delivery care, FP, iron supplementation, ARI, ORS, hygiene (washing hands), use of toilets, and infant and young child feeding (IYCF). In order to document changes in health service utilization as a result of HEAL, a baseline survey was conducted and data analysis is ongoing.

One hundred eighty-nine basic HEAL classes are being run in eight districts[27] in the second year cycle.

The NGO, with the help of LLS POs, organized a village orientation program (VOP) in which the community were informed about the objectives of the program and informed about the intended participants.

27 Rolpa, Surkhet, Banke, Dang, Salyan, Sarlahi, Mahottari, and Sindhuli

Initially HEAL was designed as a nine-month program (basic level for six months and post-literacy level for three months). However, the government has changed its basic literacy program implementation structure and curriculum and has reduced the program from six months to three. The NFHP/LLS program has been using the government's literacy textbook for HEAL from the very beginning; now, following the government's revision, LLS will adopt the revised program plus one additional month for disseminating health messages (equaling four total months).

In terms of post-literacy courses, NHFP will add a continuing education phase where HEAL participants will meet once a week and spend two hours in a structured meeting. During the meeting, the facilitator will use the health continuing education series booklets (one booklet every week). Participants will read the booklets in small groups, discuss health issues raised, try to relate issues raised to their community situations, and then develop an action plan for that week. After completing two months of this (during which time they will have read/discussed eight of the 12 booklets), implementing partners will provide them with an additional four booklets which they can take home and continue studying. (Note: these 12 booklets were developed as learner-generated materials a few years ago; some need to be revised in order to integrate updated health messages. This task is underway.)

A HEAL TOT was organized in Dang during May 14-18, 2009 for all NGO trainers from 8 districts[28]. Program implementing partners/NGOs also organized HEAL facilitators' trainings in their respective districts. Altogether 189 facilitators (114 in western cluster and 75 in central cluster) were trained.

A three-day training for local HEAL and GATE supervisors was conducted July 28-30, 2009. During the training, different ways of supervision were presented and practiced, along with approaches to teaching and learning methodologies. Orientation was also given on pre-test data collection in Sarlahi and Dang.

For the first year program cycle of HEAL, NFHP/LLS program implemented 60 HEAL classes in six districts[29]. During the mid-term examination, it was learned that 12 participants had dropped out of the program, leaving 1,371 women continuing in HEAL basic classes. The six-month basic literacy course was completed in April/May and 60 post-literacy classes are going on in all six districts. There were altogether 1,383 women enrolled in 60 HEAL classes.

3.2.5 Examination – final and review meeting

Results from the basic HEAL final examination in six districts[18] show that out of 1,383 participants enrolled in 60 classes, 1,371 (99%) completed the course, but only 1,282 (92%) took the final exam. Of those however, 1,172 (91%) passed the exam.

3.2.6 HEAL post-literacy class start (continuation from first cycle basic class)

Upon completion of the six-month basic literacy course, three-month post-literacy classes are being implemented in all six districts. All 1,282 participants who took the basic final examination are participating in the post-literacy course.

3.2.7 Small Grant Support Program

NFHP/LLS staff have developed Small Grant Support Program (SGSP) guidelines to implement the SGSP and organized a meeting with NGO staff for SGSP orientation. NFHP then provided them with specific proposal development guidelines and asked them to submit proposal to NFHP. On the basis of the new proposal writing guidelines, some NGOs have submitted proposals and others are in the process of submitting them now.

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28 Rolpa, Surkhet, Banke, Salyan, Dang, Sarlahi, Mahottari, and Sindhuli
29 Rolpa, Surkhet, Banke, Dang, Sarlahi, and Mahottari

3.2.8 Pre- and post-test among HEAL participants

Pre-tests among newly enrolled HEAL participants are being conducted simultaneously with post-tests for those who have completed the course. Data on post-tests have yet to be analyzed.

3.3 Behavior

3.3.3 Review, print, and distribute informed choice poster

The informed choice poster previously designed and printed (on paper) was reviewed, redesigned, and printed on flex materials for better durability, and were distributed to all HFs in the 20 CPDs. Supplies of IEC/BCC materials (especially FP method posters) were given at district and HF levels in CPDs.

3.3.8 Design and broadcast air radio jingle on FP through four local FM stations

A one-day message development workshop was organized in Hetauda and Nepalgunj and attended by FP Focal Persons and the Health Education Technician from selected NFHP CPDs. In each workshop, radio program producers from two surrounding program districts were also invited. After the workshop, four radio stations in Rolpa, Pyuthan, Dailekh, and Sindhuli were assigned to develop local language radio spots and jingles on: a) delayed marriage and pregnancies; b) spousal communication; c) implants; and d) IUCDs. These radio spots and jingles were aired at least once a day for more than six months. During TSVs, it was found that these radio spots and jingles have been effective not only in raising knowledge about FP methods, but also in helping target audiences to understand the importance of delayed marriage and spousal communication in achieving happy and well planned families.

3.3.9 Re-airing of the radio program

The radio health program, *"Gyan Nai Sakti Ho III"* drama serial was aired from Rolpa, Pyuthan, Dailekh, and Sindhuli Gadi FM stations. These four FM radio stations reviewed, revised, and adapted the scripts of the radio program for the local context in close consultation with the DHO/DPHO. Airing of the 52-episode drama serial was completed by the end of August 2009. There has been demand from communities for re-airing of the radio drama serial in Rolpa and Sindhuli, as they found the story and messages interesting. Rolpa FM is adapting the radio drama in the Magar language and is planning to air them. Pyuthan and Sindhuli FM have also decided to re-air the drama serial, notably at their own expense.

In Chapauli HP and Belghari PHCC of Sindhuli district, client flow for FP/ANC services have increased as listeners have felt encouraged to visit HFs after listening to *"Gyan Nai Shakti Ho"*. NFHP has observed that in three other districts[30], listenership of the radio program is high and is the program is helping people to understand the importance of good health, and particularly good reproductive health.

3.3.12 News clipping service

The Health Education Journalist Association Nepal (HEJAN) has provided a news clipping service for the last nine months and had recorded approximately 1,800 health-related news clips by the end of September 2009. HEJAN shares information about news clipping records and trends with NFHP II senior team members. Trends show that news coverage about health policy issues and statements are increasing (now at around 15% of stories). News coverage in specific health areas however is not that encouraging. In order to understand the situation more clearly, HEJAN will be doing a trend analysis at the end of one year (mid-Jan 2010) and will submit a report to NFHP.

[30] Rolpa, Pyuthan, and Dailekh

BCC intervention during diarrhea epidemic in western hills NFHP II
BCC activities were rapidly initiated in seven districts[32] in order to control a diarrhea epidemic. NFHP developed a public service announcement (PSA) in local languages and broadcasted it six times a day for 15 days from each local FM radio station. In Dang, messages were also disseminated through the local newspaper *"Yougbodh"*. IEC materials and coordination support were also provided to other stakeholders in the districts. In Jajarkot district, NRCS was a key partner in awareness-raising and community mobilization.

Partnership with BBC WST and Equal Access
NFHP II is partnering with BBC World Service Trust (WST) and Equal Access for mass media initiatives. Project proposals and SOWs for each partner were shared with USAID/Nepal and with JSI/Boston. Beginning October 2009, NFHP will partner with BBC WST for two years on MCH activities including: 1) mass media from 30+ FM stations; and 2) community interaction on MCH issues in 15 districts, out of which five districts[33] fall under NFHP II CPDs.

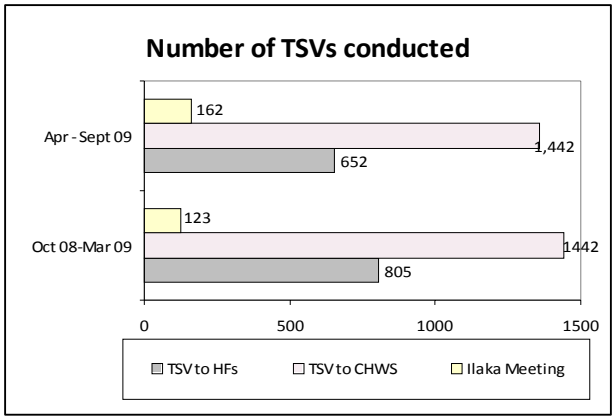
NFHP will partner with Equal Access for technical support regarding training for seven local FM radio stations in developing 30-minute magazine format radio programs in three local languages. These programs will be aired from seven local FM radio stations covering eight of the NFHP II central terai districts and will cover FP/MNCH and other major health topics. Equal Access's agreement duration is for 30 months and will begin in October 2009.

4.0 CROSS CUTTING

4.1 Field Coordination

4.1.1 Conduct technical support visits (TSVs) to HFs to improve performance and quality

Trend data on number TSV to HFs, CHWs and observation of Ilaka meeting is as presented here. During this SA period NFHP-II staff performed TSVs to 652 HFs, 1,360 CHWs and observed 162 Ilaka level meetings. The number of TSVs to HFs and CHWs is slightly lower in this period than the previous SA period due to our staff's involvement in sharing the findings of first year VHSP and TSV data with DPHO staff.



During TSVs, the NFHP team focused on quality service delivery, HF performance improvement, and on-site coaching. TSV findings were also shared with various levels of the D/PHO. As a result of these efforts, significant improvement has been observed in health facilities, especially in terms of improved service provision (FP/MCH), staff availability, regular supply of necessary equipment, proper utilization of resources, quality of care, infection prevention, logistics management, and overall improved management. NFHP staff also encouraged government staff members (D/PHO supervisors) to participate in joint TSVs, which has resulted in skills transfer and enhanced problem solving abilities.

Similarly during ilaka level meeting observation, NFHP II staff follow up of progress, updating and reviewing monthly monitoring worksheet. As a result, compared to previous reporting period, a notable improvement is seen in these areas.

[32] Surkhet, Pyuthan, Dang, Jumla, Kalikot, Dailekh, and Sindhuli
[33] Dailekh, Surkhet, Kalikot, Jhapa and Morang

Box 7: Strengthening PHC/ORC through TSV

In Sarlahi, PHC/ORCs were not functioning properly so the NFHP district team made plans to strengthen them. After close monitoring, follow up, and support from NFHP II, the scenario in Sarlahi has been completely changed. The PHC/ORC are now functioning well and the service delivery system has improved. At present, 30% of the PHC/ORCs are functioning regularly and are able to provide standard services. The following are two examples of how PHC/ORCs have been strengthened in the district.

In Sasapur VDC, PHC/ORC was barely conducted in the past. The VHW was the only person in the clinic, where client flow was low, and ANC/PNC services were not provided. The NFHP team visited Sasapur HP and discussed with the HFI and HP, who agreed to post an ANM at the PHC/ORC along with the VHW. On the next visit, NFHP met with community members and requested their support. Community members were enthusiastic and expressed their commitment to support the clinic. During the following month, there was a significant increase in client flow in each clinic.

When PHC/ORC was conducted at an open chautara in Hariwon, Chapni tole recently, services consisted of only distribution of medicines without ANC/PNC or FP services. Then the NFHP team met Ms. Radha Subedi (a school teacher) and asked her to gather community people for a discussion about PHC/ORC sites. A meeting was organized in which community members were educated about PHC/ORC services and later a PHC/ORC management committee was formed under the chairmanship of Ms. Renuka Paudel. The committee immediately felt the need for a separate room for PHC/ORC services and worked to establish one. Now the PHC/ORC room is well managed, services are regular, and they experience a good amount of client flow.

4.2 Strategic Information/ M&E

4.2.2 NFHP II midterm survey

New ERA was selected through a competitive process to conduct a midterm survey with the objective of assessing changes in FP, MNH, and demographic events such as fertility and child mortality. The midterm survey followed a quasi-experimental design where indicators in NFHP II CPDs were compared with those in 20 control districts (chosen to match NFHP CPDs as closely as possible along a variety of characteristics). The survey was conducted in 111 rural clusters (54 CPDs and 57 non-CPDs) where the 2006 DHS was implemented and followed a methodology consistent with the DHS. Pooled data of the same districts from the 2006 DHS serve as a baseline to monitor changes resulting from program interventions. In addition to being comparable between intervention and non-intervention groups, the midterm survey is generally comparable with national rural estimates due to this survey's large sample size and methodology used.

Midterm survey data is currently being analyzed and report under preparation, but some preliminary findings are presented below (Table 6). Data on some impact-level indicators were presented in the semiannual report summary report for this period; hence they have been excluded here. Early findings indicate that most health outcomes/indicators have increased over the past three-year period, in both NFHP-supported districts as well as in control areas. However, newborn indicators have changed more significantly in the program area than in the control area. The marginal increase in contraceptive use in both areas is not significant. One of the reasons for a lack of increase in contraceptive use may be the absence of husbands from their homes – the midterm survey noted that nearly one-third (32%) of husbands were not living with their spouses at the time of the survey. Absence of a spouse for an extended period of time may reduce the need for couples to use contraception.

Table 6: Progress in FP, maternal, newborn and child health status since 2006 – preliminary results from the NFHP midterm survey

Indicators	NFHP II CPDs		Control Districts	
	2006	2009	2006	2009
Contraceptive prevalence rate (modern method)	45.9	46.6	42.0	43.3
4+ANC visit during last pregnancy	28.4	42.6*	31.8	51.6*
TT2+ during last pregnancy	67.6	70.9	66.4	72.5*
Iron/folic tablets taken during last pregnancy	64.2	79.7*	63.5	83.3*
De-worming tablet taken during last pregnancy	21.7	59.5*	31.0	60.4*
Institutional births in the last 3 years	16.0	22.2*	17.8	32.2*
Delivery care from a SBA (% of live births)	16.0	25.8*	19.0	32.6*
Use of clean delivery kits in home delivery	20.0	24.3	21.6	23.5
Dried baby before placenta was delivered	37.7	50.2*	41.2	46.3
Wrapped baby in a cloth before placenta was delivered	37.7	55.5*	47.8	49.5
First bath after 24 hours	8.3	19.8*	7.5	14.6*
Received postpartum vitamin A	34.7	46.1*	37.3	49.5*
Iron/folic tablets taken during postpartum period	25.5	42.5*	28.1	49.7*
% children 6-59 months given vitamin A supplements in the last 6 months	89.2	91.3	89.2	93.0*
% of children 12-23 months fully immunized	85.9	88.5	84.0	89.2

* Value differs significantly from 2006.

Note: Data for ANC, delivery, ENC and postnatal care refer for births in the last 3 years preceding the survey.

Though one would expect a higher level of change from 2006 to 2009 among CPDs relative to non-CPDs, there could be other factors (e.g., support in non-CPD areas from other organizations; better service access; changes in socio-economic status at household level; etc.) that may have contributed to health improvements in non-CPD areas. However, it is too early at this point to draw any substantive conclusions and an in-depth analysis will be included in the report.

4.2.4 Further develop VDC-level data to incorporate HMIS, together with the DPHO

Village Health System Profile (VHSP) data were shared with DHO staff and also installed in the districts. NFHP has been supporting districts to use VHSP data and to link it with HMIS at the VDC/HF level for program monitoring and planning purposes.

Annex 1: District Support Fund support and outcomes, by district (April-September 2009)

District	Support provided	Changes/outcomes
Banke	Repaired MNH room at HFs; equipment for MNH services at IFPSC, HFs and Bheri Zonal hospital (ANC beds, screens, fans, kidney trays, forceps, foot steps); supported repair of toilet, water tank; supervision by district to HFs; sharing NFHP II district activities.	Improved ANC, PNC services, counseling on danger signs, newborn care, increased number of HF deliveries; enhanced counseling services, maintained privacy, improved FP service quality, improved HMIS reporting; strengthened Ilaka meeting; increased supervision at HF levels by D/PHO, district recognized and incorporated NFHP activities in district annual plan
Surkhet	Provided Mayo tables, OT gowns, wrappers, patient gowns, masks, foot steps for VSC outreach clinic; provided screen, ANC tables, gloves, bucket, bata, apron etc. for MNH services; supported D/PHO with ORS, ORT corner at HFs, waste bins; supported D/PHO to create awareness for diarrhea control through local FM during epidemic; provided white board for Ilaka meeting; shared NFHP II district plan	Improved quality of VSC outreach services; maintained privacy and improved quality of ANC, PNC services; improved IP practices; DPHO incorporated NFHP II activities in the district annual plan
Dang	Joint supervision to strengthen ANC/PNC, delivery and FP services; provided equipment and furniture for MNH services; organized FP interaction program in two communities (Duwa HP and Shreegaun PHC); supported diarrhea control (local FM, provided ORT sets); provided racks for store, and basins, stoves, gloves and other materials needed for IP; shared NFHP II activities in district	Improved counseling and services regarding danger signs, the quality of ANC, PNC, delivery and FP services, informed choices and maintained privacy during ANC/PNC, FP and delivery services; created awareness in the community for diarrhea control and made more functional ORT corners in HFs; implemented storing; implemented IP practices at periphery HFs; district gave more value of NFHP II activities and included in annual plan of the district
Dailekh	Provided equipment/furniture for MNH services including birthing (delivery) service; repair of MCH room at district and FP service room; constructed placenta pit and provided IP materials to birthing centers; supported ORT corner and water tank; shared NFHP II activities in district	Improved quality of ANC, delivery and PNC service; improved delivery services in birthing centers and increased number of institutional delivery; strengthened FP services with proper counseling and choice; improved MCH services quality at district hospital with proper disposal of placenta; and improved IP practices; increased functional ORT corner
Kalikot	Supported ANC table, bed, chair, stool, bench, plastic jug; provided delivery table, jug, mug, screen, wall watch, bench for eight birthing centers; supported FP satellite in Daha SHP (stove, torch light, foot step, gloves, screen); provided wrapper, screen, wring for autoclave and banner for mobile VSC services; provided 120 meter pipe for district hospital; racks, cupboard chair for store; magazine file; shared NFHP II activities in district	Enhanced quality of ANC, PNC and delivery services; increased ANC and PNC clients; improved quality of general health services at periphery level; improved IUCD/Implant services including counseling and informed choice maintaining privacy; increased FP/MNH services in Daha VDC; well managed stores at HFs; availed water supply; improved quality of VSC outreach service; recognized NFHP's contribution and incorporated in district annual plan
Jumla	Provided benches for clients waiting, PP containers, ORT sets, dressing sets, racks; provided FP counseling table, screen, carpet, table for IUCD/implant services setting/provision; provided ANC table; shared NFHP II activities in district	Improved IP practices, storing; improved FP services; increased implant cases (30 women already received implants); improved ANC/PNC service quality and maintained client privacy, good counseling; recognized NFHP contribution and included in district plan
Salyan	Provided ANC table, screen, delivery bed, pillow, bed sheet, foot step, cupboard, blanket, emergency light, rubber sheet, bench) for FP/MNH; supported on minor repairing of ANC	Improved quality of ANC, delivery, PNC and clients flow increased; improved quality of FP services; Kapur SHP established birthing center and implant services and well

District	Support provided	Changes/outcomes
	room, delivery room; provided stoves, virex, utility gloves; racks for store; discussed NFHP work plan at district level	functioning; provided implants to more than 70 women; improved service quality and clients in district hospital; Damachaur SHP established birthing center with 8-10 deliveries per month; improved IP practices at HF levels; well functioning store; praised NFHP II's input and included in district annual plan
Pyuthan	Provided ANC table, foot step, rubber sheet, screen, mattress, weighing Machine, and repair of FP/MNCH clinic; provided table, stool, chair for FP counseling, materials for VSC camp; provided bags, jug, bucket, PHC/ORC program; provided gloves, apron, bench, chair, stools for general health services; repaired store racks and toilet; shared NFHP II work plan	Improved ANC/PNC service quality and regularity, counseling on maternal danger signs; improved FP services, informed choice at periphery level HFs; supported provision of effective VSC (NSV) camp for quality services; regularized PHC/ORC services; improved IP practices; well functioning store; recognized NFHP contribution and included in district plan
Rolpa	Provided baby weight scale, ANC bed, foot step, delivery table, screen for FP/MNCH services; stoves, momo cooker, gloves; white board for Ilaka meeting; bench in client waiting room; screen to 20 VDCs for maintaining privacy; recognized FCHV program by providing appreciation letter; shared NFHP activities in district	Increased ANC/PNC clients; strengthened FP quality and district clinic providing IUCD and implants regularly; strengthened IP practices; data review in Ilaka meetings; strengthened PHC/ORC services with maintaining privacy; encouraged FCHV for improved performance; recognized NFHP II activities and incorporated in district plan
Kanchanpur	Provided delivery table, placenta pit, fan, weighing scale for FP/MNCH and table, bench, chair, screen for PHC/ORC services; provided momo cooker; helped regularize PHC/ORC clinics; shared NFHP II activities	Improved quality of delivery (birthing) and ANC/PNC; improved IP practices; recognized NFHP II activities and incorporated in district plan
Bara	Provided 20 ANC Beds, 22 footsteps, 100 thermometers, 17 BP sets, 100 surgical blades, 100 Handyplasts, 1 cotton roll, 12 gloves, 4 pillows, 4 bed sheets, 6 small steel bowls, 3 towels	Improved quality of ANC services and increased 10% ANC visit per month in Hariharpur SHP; improved CB-IMCI service in FP/MCH clinic, Nijagadh PHC, Prasauni Rampurwa and Bariyarpur HP; improved IP practice in FP clinic
Morang	Provided 3 gas stoves, 1 ANC bed sheet/pillow, 1 mattress, 34 Flex charts,1 ANC table, 16 doors/room screens; initiated use of data using Flex chart displaying at HFs	Improved IP practice using sterilized instruments and improved service quality; improved data display and use
Siraha	Provided 3 ANC tables, 10 weighing scales, 2 wooden beds, wooden benches, 6 plastic aprons, 4 burner stoves, 42 ORT corner sets, repaired 2 toilets, running water into premises, 9 gloves, partition in FP/MCH room, IP strengthening through local resources	Started to use sterilized instruments for dressing and other procedures for individual clients; started to display and use of data during Ilaka meeting
Jhapa	Provided 1 ANC bed/pillow, curtains, bed covers, pillow, 8 wrappers for delivery, IP materials (rubber sheet, gloves, etc.), 2 water supplies, 4 benches	Improved service quality; clients were satisfied with increased privacy at HFs provided by curtains, bench, IP support, etc.; improved sanitation
Parsa	Provided 3 ANC tables, 2 adult weighing scale, 2 Cheatel forceps to Birgunj IFPSC, 2 BP sets, scissors, artery forceps	Improvement in quality service and effectiveness of ANC/PNC service at HF's; became easier to diagnose general patients
Dhanusha	Provided 3 puncture-proof containers, 1 dekchi and heater, 8 BP sets and stethoscopes, 9 weighing scales, 5 baby weighing scales, 3 fetuscopes, 2 wall racks, 16 ORT corners, 7 mops, 24 thermometers, data display boards, 2 buckets, 1 big bowl, 3 scissors, 1 jug, 3 aprons, 4 utility gloves, 1 soap case, 6 flex charts	Improved IP practices; regular supply of water in the service room and availability of drinking water for patients; improved quality service FP, ANC, service and PHC/ORC service; improved diarrhea cases managed; improved IP practices; improved data use
Mahottari	Provided 5 puncture-proof containers, boiler, wrapper and bed sheet, 5 BP sets and stethoscope, 10 weighing scales, 10 dressing sets, 18 thermometers, 8 ORT corners, repaired	Improved IP practice; regular supply of water in the service room and availability of drinking water for patients; improved FP, ANC, MCH,

District	Support provided	Changes/outcomes
	electricity & water supply	PHC/ORC services; improved diarrhea cases management
Rautahat	Provided 15 benches for client waiting areas, 3 curtains, room partitions, 5 cement ring for disposing pit, 5 ANC examination table, 2 BP sets and stethoscope, 2 water supply/toilet repaired, 1 steel rack, 1 citizen charter, IP materials	Improved ANC/PNC, FP and other general service quality; increased case flow; improved environmental sanitation; improved drugs storing practice of Jatara SHP; increased utilization of services
Sarlahi	Provided 1 ANC bed, 4 buckets, 6 PP containers, 2 racks for HMIS data display, 2 curtains, 3 ANC/PNC table/repaired, 1 water tank, repainted and rewrote FP/MCH board, perineum sheets, wrapper and bowl for satellite/mobile clinic	Improved quality of service delivery (ANC/PNC, FP and other general patients); improved IP practice
Sindhuli	Scissors for FCHVs	Easy to administer vitamin A