



Nepal Family Health Program Semi-Annual Program Performance Report

Cooperative Agreement Number: 367-A-00-02-00017-00

Reporting Period: 1 April 2004 – 30 September 2004

Background

The Nepal Family Health Program (NFHP) began on 12 December 2001 and is scheduled for completion 11 December 2006. The total Cooperative Agreement budget is \$24,999,404. NFHP focuses on improving the delivery and use of public sector family planning and maternal and child health services.

Objective

To support His Majesty's Government in its long-term goal of reducing fertility and under-5 mortality within the context of the current HMG National Health Policy and Second Long-Term Health Plan, 1997-2017.

Report Organization

As with previous reports, this one begins with our usual performance tables. We have closely followed the outline of this year's NFHP annual work-plan to facilitate comparison between planned activities and actual accomplishments. As with previous reports, this document provides information on progress on each of the main strategies in the original NFHP Cooperative Agreement. However - rather than organizing by strategy - for clearer organization, within each component, the activities and achievements have been organized under the broader categories that follow:

- (1) Management/systems/Capacity-building,
- (2) Specific Quality Inputs,
- (3) Behavior/Demand,
- (4) Pilot Interventions,
- (5) Disease control, and
- (6) Assessment.

Following this component-by-component overview of activities over the past 2 quarters are *Access* tables for the past 2 quarters, with explanatory notes. This report we are adding a new table after the *Access* tables, showing progress on our key indicators since the beginning of the project. Note that the period covered by this table ends July 2004.

Compliance with Tiaht Amendment

NFHP Field Officers monitored use of the *Informed Choice poster*. In HFs visited by NFHP over the past two quarters, this poster was clearly displayed in virtually all PHCs and HPs (97% for both) and in 92% of SHPs. For all three of these categories of HF together, 95% had clearly displayed IC posters. The poster was found posted in 100% of IFPSC and FP/MCH clinics. NFHP placed the poster in HFs where it was not displayed and oriented the staff on its importance.

Overview

At the end of the period covered by the last report, NFHP completed a strategic review process which set certain new directions. Several key changes relate to how we organize our work in the field, notably:

- decentralizing management/ decision-making to the field by creating new Field Team Leader positions,
- shifting staff to the district level, generally to be based within D(P)HOs, and
- increasing staffing levels in the field.

These changes were motivated by several considerations. First we expect more effective, better coordinated work in the field. Second, we hope to develop a closer working partnership with government counterparts at the district level. And third, we expect these arrangements to reduce staff risks related to the insurgency.

These changes have now been fully implemented but it is still too early to be able to report on what impact this is having on the work.

Another major focus for NFHP over this period has been planning and preparations for new mandates NFHP is to be assuming under an anticipated modification to our cooperative agreement. The largest scale and technically most challenging component to this new work is in the area of Safe Motherhood and Neonatal Health. Most of our technical teams have been involved in design work and detailed planning together with government counterparts and other potential partners. Planning is now at an advanced stage and implementation will quickly get moving once the modification comes into effect.

This reporting period has also been notable for fairly large-scale turnover in staffing among key government counterparts, both at central and district level. Certainly, this is a regular occurrence and, in these circumstances, we need to be ready to move quickly to brief managers and technical staff moving into new positions. Our staff have indeed made a concerted effort to brief their new counterparts and have begun to develop close collegial working relationships.

The security situation continues to pose challenges for our work. However there have not been major disruptions and for the most part, working together with HMG colleagues, we continue to see good performance across our areas of work. One area where NFHP has struggled, in the past, to achieve our performance targets has been in commodity availability. This is a difficult area, among other reasons, because there are important determinants of stock availability that are beyond our control. Nevertheless, we have worked closely with government counterparts and have seen steady improvements, with performance targets having been met over this reporting period.

A notable and sad milestone for NFHP, over this period, was the loss to cancer of our Field Coordination Team Leader, *Kumar Lamicchane*. He has been a valued senior statesman among NFHP staff and has, over his career, made notable contributions particularly in Child Health. He had been battling melanoma over the past several years and continued right up until a few weeks before his passing to actively participate in the work of NFHP, providing valued counsel, particularly on matters related to on-the-ground implementation. He will be sorely missed.

List of Acronyms and Abbreviations

ABC	Agro-Forestry Basic health and Cooperative
ACDP	Annual Commodity Distribution Program
ADRA	Adventist Development and Relief Agency
AHW	Auxiliary Health Worker
ANC	Ante-Natal Care
ANM	Assistant Nurse Mid-wife
APON	Architectural Projects Office Nepal
ARI	Acute Respiratory Infection
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BEOC	Basic Emergency Obstetric Care
BPP	Birth Preparedness Package
CB-IMCI	Community-Based Integrated Management of Childhood Illnesses
CBO	Community-Based Organization
CCEP	Client-to-Client Education Program
CDHP	Community Development Health Project
CDD	Control of Diarrheal Disease
CEDPA	Center for Development and Population Activities
CFWC	Chettrapati Family Welfare Center
CHW	Community Health Worker
CMF	Center for Micro Finance
COFP	Comprehensive Family Planning
COPE	Client-Oriented Provider Efficient
CPD	Core Program districts
CSP	Child Survival Project
CTEVT	Council for Technical Education and Vocational Training
CTS	Clinical Training Skill
CYP	Couple Years of Protection
DDC	District Development Committee
DE	Distance Education
DG	Director General
DH	District Hospital
DOHS	Department of Health Services
DHO	District Health Office
DHS	Demographic Health Survey
DMPA	Depot Medroxy Progesteron Acetate
DPHO	District Public Health Officer
DS	Drama Serial
EHP	Environmental Health Project
FCHV	Female Community Health Volunteer
FCT	Field Coordination Team
FHD	Family Health Division
FHFO	Family Health Field Officer
FP	Family Planning
FPAN	Family Planning Association of Nepal
FPFCC	Family Planning Fertility Care Centre
GWP	General welfare Pratisthan
HA	Health Assistant
HET	Health Education Technicians
HF	Health Facility
HFMC	Health Facility Management Committee
HFP	Health and Family Planning
HMG	His Majesty's Government
HMIS	Health Management Information System
HP	Health Post
HW	Health Worker
ICTC	Institutionalized Clinical Training Center
IFPS	Institutionalized Family Planning Service
INGO	International Non-Governmental Organization
IOM	Institute of Medicine
IP	Infection Prevention
IUCD	Intra-Uterine Contraceptive Devices
JHU/PCS	Johns Hopkins University/Population Communication Services
LMD	Logistics Management Division
LMIS	Logistics Management Information System
LQAS	Lot Quality Assurance Sampling
LTA	Limited Technical Assistance
MAP	Men as Partners
MASS	Management Support Services Pvt. Ltd.
MCHW	Maternal Child Health Worker
MH	Maternity Hospital
MINI	Morang Intensive Neonatal Intervention
ML/LA	Minilap/Laproscopy

MOE	Ministry of Education
MOH	Ministry of Health
MOLD	Ministry of Local Development
MOU	Memorandum of Understanding
MuAN	Municipal Association of Nepal
NCASC	National Center for AIDS and STT Control
NESOG	Nepal Society of Obstetricians and Gynecologists
NFCC	Nepal Fertility Care Centre
NFHP	Nepal Family Health Program
NGO	Non-Governmental Organization
NGOCC	Non-Governmental Organization Coordination Council
NHEICC	National Health Education, Information and Communication Centre
NHTC	National Health Training Centre
NID	National Immunization Day
NMS	National Medical Standards
NMSRHS	National Medical Standard for Reproductive Health Services
NRHTC	Nepalgunj Reproductive Health Training Centre
NSMP	Nepal Safer Motherhood Program
NSV	No-Scalpel Vasectomy
NTAG	Nepali Technical Assistance Group
NVAP	Nepal Vitamin A Program
OB/GYN	Obstetrics/Gynecology
OC	Oral Contraceptives
QI	Quality Improvement
OJT	On-the-Job Training
ORC	Outreach Clinic
ORS	Oral Rehydration Salt
OTTM	Operation Theatre Technique Management
PAC	Post-Abortion Care
PDA	Personal Digital Assitant
PDQ	Partnership Defined Quality
PHCC	Primary Health Care Centre
PHC ORC	Primary Health Care Outreach Clinic
PNC	Post-Natal Care
QA	Quality Assurance
QOCMC	Quality of Care Management Centre
RA	Rapid Assessment
RHD	Regional Health Directorate
RCP	Radio Communication Project
RH	Reproductive Health
RHCC	Reproductive Health Coordination Committee
RHP	Radio Health Program
RHTC	Regional Health Training Centre
RLG	Radio Listeners Group
SC US	Save the Children, United States
SDC	Swiss Development Corporation
SHP	Sub-Health Post
SM	Safe Motherhood
SN	Staff Nurse
SNL	Saving Newborn Lives
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
STI	Sexually-Transmitted Infections
TIMS	Training Information Monitoring Systems
TOT	Training of Trainers
TSV	Technical Support Visit
TT	Tetanus Toxoid
TUTH	Tribhuvan University Teaching Hospital
UNDP	United Nations Development Program
UNF	United Nations Fund
VAC	Vitamin A Capsules
VarG	Valley Research Group
VDC	Village Development Committee
VHW	Village Health Worker
VSC	Voluntary Surgical Contraceptive
WHO	World Health Organization

Component 1: Support for Community-Based Activities

Performance Indicator	Indicator Definition and Unit of Measure	PMP No.	Source	Reporting Frequency	Last Quarter (Apr. – Jun.04)	Current Quarter (July - Sept 04)	Expected and Actual Achievements for Year 4 (mid-July 2004– mid-July 2005)	
							Expected	Actual
1-1. Commodities Availability at Health Facilities	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 key commodities in CPDs year round. Unit: Percentage	2.1.4	LMIS	Quarterly + Annually	35%	44%	44%	NA
1-2. Commodities Availability at Community Level	Percentage of FCHVs in CPDs who have 4 key commodities (condoms, OCS, ORS, cotrim.) available at the time of visit ¹ . Unit: Percentage		NFHP Monitoring Reports + Annual Sample Surveys	Quarterly + Annually	57%	58%	56%	NA
1-3. Pneumonia Treatment	Total number of pneumonia cases in children (0 – 59 months) treated by community health workers (FCHVs, MCHWs, VHVs) and health facilities in CPDs where CB-Pneumonia treatment has been initiated. Unit: Number		NFHP Monitoring Records	Annually	NA	NA	250,000	NA
1-4. Quality of Pneumonia Treatment	Percentage of children presenting to community health workers (FCHVs, MCHWs, VHVs) with pneumonia symptoms who receive appropriate treatment (in CPDs where community-based pneumonia has been initiated) ² Unit: Percentage	2.2.4	NFHP Monitoring Reports	Quarterly + Annually	95%	97%	>90%	NA
1.5. FCHVs services reflected in HMIS Data	Percentage of FCHVs in CPDs reporting service data though HMIS Unit: Percentage		HMIS	Annually	NA	NA	>=85%	NA
1-6. Treatment of Night-blind Pregnant Women	Number of pregnant night-blind women treated with Vitamin A in districts where the program has been initiated ³ . Unit: Number	2.2.8	NFHP Program Reports	Annually beginning in year 2/3	NA	NA	TBD	NA
1-7. ORT use in Children under 5	Percentage of children under 5 years with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (including ORS or increased fluids) Unit: Percentage	2.2.5	DHS	5 Years	NA	NA	NA	NA
1-8. Measles Vaccination (revised)	Estimated measles vaccination coverage rate by 12 months of age in CPDs Unit: Percentage	2.2.6	HMIS	Annually	NA	NA	>80%	NA
1.9 Pneumonia Treatment (new)	Percentage of expected pneumonia cases in children (0-59 months) treated by community health workers (FCHVs, VHVs, MCHWs) and health facilities in core program districts where community-based pneumonia treatment has been initiated Unit: Percentage	2.2.3	NFHP Monitoring Records	Annually	NA	NA	68.4%	NA

Component 2: Support for District Facilities

Performance Indicator	Indicator definition and unit of measure	PMP No.	Source of Data	Frequency of Reporting	Last Quarter (Apr. – Jun. 04)	Current Quarter (July– Sept 04)	Expected and Actual Achievements for Year 4 (mid-July 2004– mid-July 2005)	
							Expected	Actual
2-1. District Hospitals Offering PAC Services	Number of District Hospitals offering PAC services in CPDs Unit: Number		NFHP Monitoring Reports	Annually	NA	NA	13	NA
2-2. District level Coordination between GO and NGO	Number of CPDs holding RHCC meetings at their districts at least once a quarter (4 times a year). Unit: Number		NFCC reports	Annually	NA	NA	15	NA
2-3. Couple Years of Protection (CYP) in CPDs	Annual protection against pregnancy afforded by contraceptives provided in CPDs Unit: Number		HMIS	Annually	NA	NA	738,539	NA
2-4. Health Facility Supervision	Percentage of PHCs and HPs in CPDs that receive a quarterly supervision visit by DHO staff Unit: Percentage		NFHP Monitoring Reports	Quarterly + Annually	88%	84%	>=85%	NA

Component 3: Support for National Programs

Performance Indicator	Indicator definition and unit of measure	PMP No.	Source of Data	Frequency of Reporting	Last Quarter (Apr – Jun.04)	Current Quarter (July – Sept 04)	Expected and Actual Achievements for Year 4 (mid-July 2004– mid-July 2005)	
							Expected	Actual
3-1. Couple Years of Protection (CYP) (National)	Annual protection against pregnancy afforded by contraceptives provided Unit: Number	2.1.2	HMIS	Annually	NA	NA	1,509,092	NA
3-2. Reporting of LMIS Data by Health Facilities (National)	Percentage of functioning Health Facilities (DHs, PHCs, HPs and SHPs) nationwide reporting LMIS data within 2 months after end of quarter Unit: Percentage		LMIS	Quarterly + Annually	85%	90%	>=85%	NA
3-3. Vitamin A Supplementation coverage	Percentage of children (6-59 months) nationwide who received a Vitamin A capsule during the preceding round of supplementation Unit: Percentage	2.2.1	Mini-Surveys	Annually	NA	NA	>90%	NA
3-4. HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities Target = 10% increase per Nepali Fiscal Year.		HMG Budget	Annually	NA	NA	Rs. 7.3 Million	NA

COMPONENT I

The overall *results* expected for Component I are:

1. **Communities** will take a more active role in supporting **local health services**, including those provided by their FCHV;
2. **Client demand** for FP/MCH services will **increase**;
3. **Utilization** of these services will **increase**; and
4. Local providers and public sector facilities will provide **higher quality, more sustainable services**.

Strategies

- | | |
|--------------|--|
| Strategy 1: | Improve quality and quantity of FP/MCH services |
| Strategy 2: | Support development of active local management committees |
| Strategy 3: | Improve sustainability of FP/MCH service improvements |
| Strategy 4: | Strengthen capacity of community-level providers to deliver FP/MCH services |
| Strategy 5: | Expand reach of FCHV drama serial through NGO networks |
| Strategy 6: | Pilot innovative strategies to improve quality of selected FP/MCH services and expand as appropriate |
| Strategy 7: | Establish PAC services beyond district hospital level |
| Strategy 8: | Support increased involvement of men in RH services |
| Strategy 9: | Strengthen community-response to malaria in endemic districts |
| Strategy 10: | Maintain Capacity for Kala-Azar Case-Detection and Follow-Up |

Over this reporting period, according to NFHP's routine monitoring, all component I performance targets have been met, including HF-level commodity stock situation (for which we failed to meet target at the time of our last semi-annual report).

1. Management/ Systems/ Capacity-Building

Although most of NFHP's efforts are in specific technical inputs intended to improve quality of health services (and ultimately health outcomes), NFHP also invests strategically at the level of the systems necessary as a foundation for delivery of essential health services. As with each of the major categories, we have divided activities under this heading by household/ community level vs. peripheral health facilities.

1.1 Household/ Community Level

Under this heading we have grouped strategies and activities relating to Health Facility Management Committees (HFMCs), Partner Defined Quality (PDQ), FCHV sustainability, Radio Communication Program (drama serial and distance education) and development of referral systems. These activities represent NFHP's major involvement in fostering community influence on quality of care and accountability of service providers to their beneficiary communities. Learning based on our recent experience in this area will help to orient new efforts at the interface between communities and service providers, as anticipated under our upcoming CoAg modification. This category corresponds to component I, strategy 2 in our Agreement.

1.1.1 HFMCs/ PDQ

Over the past 2 years MOH has handed over responsibility for SHPs to local HFMCs in 25 districts. This process ('SHP handover') has been managed by NHTC with support from

DHOs and INGOs. During this reporting period, NFHP/CARE has supported this handover in 2 districts (88 SHPs in Dhanusha and 63 SHPs in Nawalparasi), working in close collaboration with DHOs.

The 2-day orientation organized for SHP HFMC members oriented them to objectives of decentralization, and the roles and responsibilities of local bodies. However, SHP HFMCs are not yet effectively taking responsibility for overall SHPs management. It takes time for SHP HFMC to become active and functional. For this, SHP HFMC need monitoring both from District Public Health Office and District Development Committee. NFHP carried out monitoring of all handed over SHPs in Kanchanpur. By earlier in the year all the SHPs of Kanchanpur have already been handed over to VDCs.

To further support these HFMC members, NFHP designed a 3-day orientation program (henceforth referred to as HFMC members orientation) to strengthen management capabilities. The training package includes topics on;

- (1) Resource mobilization and budgeting.
- (2) Decision-making, delegation of authority, communication and organizing effective meetings.
- (3) Leadership, conflict management and planning/implementation.
- (4) Monitoring and Quality assurance.
- (5) Support and coordination.
- (6) Recording and reporting.

HFMC members from 24 HFs in Sunsari, 21 HFs in Kanchanpur and 76 HFs in Mahottari have received the above training.

NFHP supported an exchange visit by 22 HFMC members from 5 Kanchanpur HFs; they visited Sunsari and Morang. The objective was to exchange learning on the best practices. The ultimate goal was to increase the quantity and quality of health services through increased community involvement. What did the participants report learning from the cross visit program/

Morang	Sunsari
1. <i>Well-established practice of contributing resources from VDCs</i>	1. <i>FCHV endowment fund in all VDCs (Rs.21000 to 30,000)</i>
2. <i>Active HFMC with good recording and reporting system</i>	2. <i>CDP – good records, price uniformity</i>
3. <i>Health insurance scheme</i>	3. <i>Well-established practice of contributing resources from VDCs</i>
4. <i>Uniformity in drug pricing under CDP program</i>	4. <i>Good recording and reporting in visited health facility</i>
5. <i>Good planning and identification of the poorest of the poor in each VDC</i>	5. <i>Active HFMC giving time as per need</i>
	6. <i>DHO - good health care manager</i>
	7. <i>Good partnership and coordination</i>

NFHP organized two 1-day PDQ follow-up workshops in Dhanusha and another 5 in Mahottari. In Dhanusha, the VDC QI team members expressed that following changes have been observed in the SHPs after PDQ:

- Regular meeting of HFMCs and QI teams.
- Construction of incinerator and digging of pit to dispose of wastes.
- Regular FCHV monthly meetings.
- Establishment of endowment funds.
- Increase in number of women attending ORC centers.

During the Mahottari workshop the QI work was plan revised and new problems were identified to be addressed by the team. These activities are expected to contribute to results 1, 3 and 4 (above).

1.1.2 FCHV Sustainability

FCHVs are at the center of NFHP's work. Although they are community volunteers with little training, they are the key cadre in Nepal for child health and also play an important role in FP service delivery. Their continued effectiveness depends on continued high motivation. Very modest provisions for recognizing their role have proven effective. This is the rationale for NFHP's support for mechanisms for sustainable financial support. FCHV endowment funds are now in place covering about 10% of all FCHVs in Nepal. Through NTAG, NFHP is actively involved in promoting further expansion. This work contributes to result 4, above and it corresponds to component I, strategy 3.

NFHP oriented 561 VDC members, formal and informal leaders during FCHV 1st phase training in Banke. Objective of this orientation was to create awareness, increasing support to FCHVs in their respective VDCs and to disseminate of information on community level pneumonia treatment activity.

NFHP facilitated the establishment of FCHV Endowment Funds in 76 VDCs and 3 municipalities during this period. Such funds have been now been established in 454 VDCs, 13 municipalities and 13 at district level. New funds over this period were set up in the following districts:

Districts	Number of VDCs
Bhaktapur	3
Chitwan	7
Kaski	34
Lalitpur	1
Makwanpur	4
Morang	9
Parbat	17
Rasuwa	1

An important objective of the Radio Health Program (RHP) drama serial, Gyan Nai Shakti Ho, is to update community members on services provided by FCHVs on how the community can support them. To reach this objective, the drama serial integrates messages on community support throughout the 52 episodes, as well as special focus during several specific episodes addressing:

- educating the audience about the FCHVs and the important role that FCHVs play in improving the health of the community;
- the value of having FCHVs in the community and how the community can support them; and
- the role of FCHVs in mothers groups, motivating young mothers to join the groups and how the community can support her.

These messages are reinforced through interpersonal communication by FCHVs and networks of Radio Listeners Groups supported by NFHP implementers, SC/US and CARE. During the reporting period, Gyan Nai Shakti Ho continued to be broadcast weekly up to September 30th and Radio Listeners groups were conducted in the 3 selected districts (Dhanusha, Mahottari and Siraha). These activities are expected to contribute to results 2 and 3, above.

1.2 Peripheral Health Facility Level

1.2.1 Development of Referral Systems

A pilot system for FCHV referral of FP/MCH clients was introduced in Sunsari early in 2004. Orientation was done for 1592 HF service providers and CHWs on integrated referral system in Parsa and referral slips were printed and distributed during this reporting period. This activity contributes to result 3 and corresponds to component I, strategy 1.

2. Specific Quality Inputs

This category includes training, technical support visits and other inputs (e.g. site upgrades).

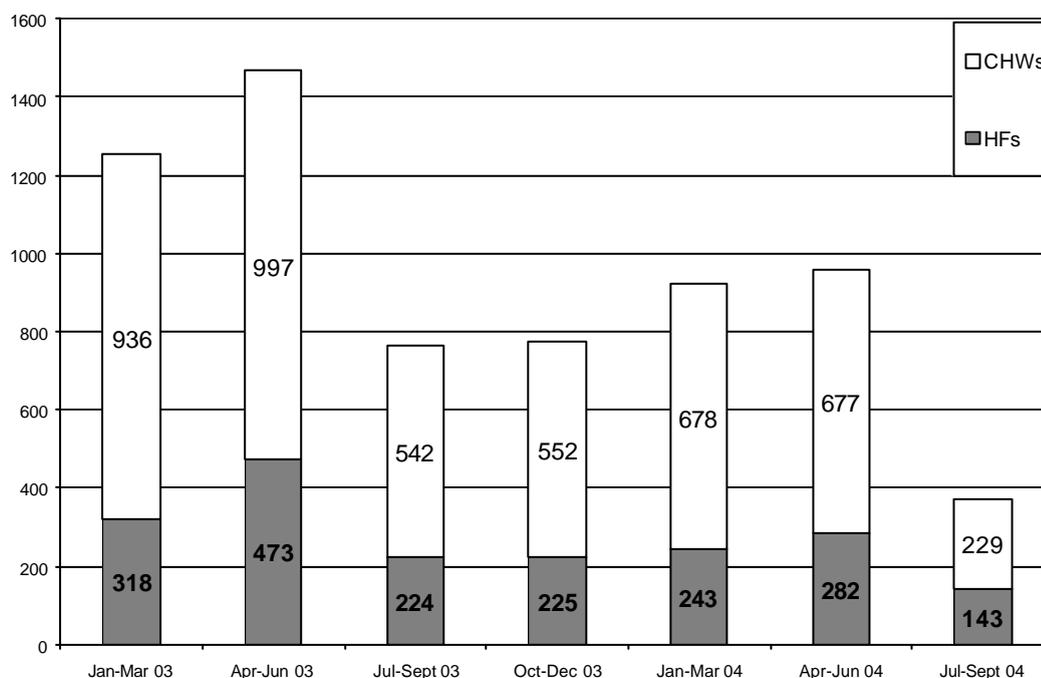
2.1. Household/ Community Level

In addition to encouraging increased community support for FCHVs, NFHP places strong emphasis on ensuring continued provision of effective quality *services* at the FCHV level. This is done through technical support visits and training activities.

2.1.1 FCHV Technical Support Visits

Technical support visits (TSV) to community-level health workers and peripheral health facilities are important in maintaining quality of care. This is one of the principal activities of NFHP field staff. The table below shows the number of such visits per quarter for both HF's and CHWs. It is notable that the number of TSVs has declined since the end of the cease-fire in August 2003. We were somewhat surprised to see the marked drop over the most recent quarter. In part this can be attributed to the monsoon season and more involvement by field staff over that period on district-level review monitoring. The proportion of VDCs not easily reached because of the security situation has not changed much (see Appendix 1, Access Tables). The most recent quarter was a period of transition, with new Field Team Leader positions created and a number of staff reassigned to district level. Furthermore, as described below, we are now giving somewhat more attention to *how* technical support visits are conducted and have been emphasizing a more participatory problem-solving approach. Nevertheless, it remains important that we continue to reach significant numbers of FCHVs, SHPs, and HPs. With the recent recruitment of additional field staff and with district-level staff now based in all CPDs, we expect to see the numbers of TSVs increase markedly from the levels seen over the past quarter. This activity corresponds to component I, strategy 4.

Technical Support Visits by JSI Field Staff



2.1.2 FCHV Integrated Monitoring Meetings

Over the first 2 quarters of the past year, these meetings were conducted in 14 of the 17 CPDs. During the past 6 months these integrated monitoring meetings were held in the remaining 3 (Bajura, Bardiya and Kailali). This activity is expected to contribute to result 4.

Districts	Target		Achievement		VDC member
	VHW/ MCHW	FCHV	VHW/ MCHW	FCHV	
Bajura	43	250	36	227	37
Kailali	74	1044	62	986	137
Bardiya	56	831	50	774	0
Total	173	2125	148	1987	174

During this period, episodes 4 to 30 of the FCHV distance education program (Sewa Nai Dharma Ho) were aired, covering: the role of FCHVs, interpersonal communication, adolescent reproductive health and maternal/ neonatal health. This and the following activity are expected to contribute to result 4. This corresponds to component I, strategy 4.

The FCHV magazine “Hamro Kura” was developed (with FHD and NHEICC). highlighting celebration of FCHV Day. It included letters, poems, songs and real life stories from FCHVs, comics on interpersonal communication and delay of marriage, promotion of vitamin A and radio listenership. It was distributed to all FCHVs in 17 CPDS and to radio listeners groups, as well as to FCHVs outside the CPDs who write to the program. In this reporting period CARE Kanchanpur staff provided support in distributing radios and support materials to FCHVs.

2.1.3 Strengthen PHC/ORC

For a variety of interventions (e.g. EPI, ANC, FP spacing methods) periodic outreach services play a key role. For this reason, NFHP (CARE) has been helping reactivate PHC/ ORC committees. An orientation program for DPHO staff and health facility in-charges on the PHC/ ORC package was conducted over this period in Kanchanpur. Subsequently orientation on ORC management was provided to 98 ORCMC members in Kanchanpur. There were 441 participants in 20 events.

In Dhanusha, NFHP (CARE) organized an ORC interaction program with women's groups in the 4 VDCs where PDQ activities were being conducted. The goal was to improve quality and frequency of service delivery through ORC sites. These interaction programs were facilitated by VDC in-charges with support from VHWs and MCHWs; a total of 608 women participated.

In Mahottari, 300 ORC information display boards were provided – enough for all ORC sites in the district. They were hung at each site to inform community members about types of services available. These activities are expected to contribute to result 3 (increased service utilization) and correspond to component I, strategy 1.

2.2 Peripheral Health Facility Level

2.2.1 Health Worker Technical Support Visits/ Coaching

NFHP gives considerable attention to ongoing supportive technical supervision (see also 2.1.1). Recently we have been trying to better entrench and institutionalize a performance/ quality culture in peripheral HFs in NFHP CPDs. To that end, NFHP has begun piloting a Performance Improvement (PI) approach to enhance regular technical support visit in 8 health

facilities each in Chitwan and Rautahat districts and 6 health facilities in Nawalparasi. Guidelines in Nepali have been developed. Follow up visits indicate improvement in assessment techniques, previous action plans are now being regularly reviewed, health facility staff capacity to prepare and implement action plans has been strengthened. We expect this to contribute to result 4; this activity corresponds to component I, strategy 4. Toya Raj Giri, Field Officer in Nawalparasi, shared his experiences with this approach:

We were doing technical support visits regularly in the health facilities but now after implementation of PI approach, we are doing some things differently. Now we are informing health facilities before our visit, spending more time at health facilities, preparing action plan together with all health facilities staff and empowering health facilities staff to implement planned activities.

Over this reporting period, NFHP has assumed responsibility for supportive technical supervision and M&E for peripheral-level *kala-azar* case-management and control in Mahottari and Dhanusha. Over this period, there were 109 KA recorded in the 2 districts, 99 from Dhanusha and Mahottari, 9 from India and from another district in Nepal. 61 completed their treatment with 30 days of injectable Sodium Antimony Gluconate provided in hospital or PHC and 37 received a 14-day course of intravenous Fungizone. 11 cases received both. Of the 109 KA cases, there were 6 deaths during treatment over this reporting period (3 cases were from India). 8 cases were lost to follow-up and 3 cases defaulted. Recently NFHP has recruited an Infectious Diseases Coordinator to oversee this work. These activities should contribute to result 4, and correspond to our new component I, strategy 10.

2.2.2 Health Worker Training

For health workers based at peripheral level, appropriate knowledge and skills are key determinants of quality of care. A total of 184 MCHVs/VHWs were given *FP training* (SAVE 125 & CARE 59). Follow up visits were done with trained VHWs and MCHWs and FP registers were reviewed. An increase in new family planning acceptors was noted and also an improvement in infection prevention practices by the workers. We expect this activity to contribute to result 4 (component I, strategy 4).

People-level impact: Shambhu Raut, a 45 year old VHW from Sapahi SHP (Dhanusha), had worked for 10 years on the Expanded Immunization Program (EPI) prior to integration of DoHS programs. After health program integration he was appointed as a VHW in 2052 BS. He had not previously received RH training. But still he had tried to provide FP services. The SHP AHW taught him how to inject depo. Even though he had immunized many children, he found it difficult to give depo injection because the techniques were different. He says,

I have given depo injectable to many women. But I did not follow the aseptic techniques. I did not know it. I hardly counseled my clients. I thought counseling was the job of MCHW, not mine. After FP/C training I learnt many things. Now, I realized that FP and counseling is the responsibility not only of MCHW but also of VHW. The MCHW from my SHP is on study leave. Now, I will have to work hard to meet the demand for FP services in my VDC.

A variety of other training activities conducted over this period are, similarly, expected to contribute to result 4:

- In June, a 2-day *RH follow-up workshop* was conducted for 79 MCHWs in Dhanusha.
- An 11-day HF level *CB-IMCI training* was conducted for 13 new and transferred staff in Kailali.
- NFHP provided logistic support for a 2-day *HF level IMCI Management Course* in Dang and Saptari, funded by UNICEF and AuSAID.

- NFHP provide TA for *1st phase CB-IMCI training* in Banke for 642 FCHVs. Financial assistance was provided by PLAN/ Nepal and facilitation by DPHO staff. NFHP also supported CB-IMCI orientations for mothers groups and traditional healers.
- 8 Batches of *VHW/MCHW-level CB-IMCI training* were conducted in Saptari - 153 participants (VHW-90 & MCHW-63). NFHP provided logistic support, AusAID provided financial support and NTAG facilitated.
- A 7-day workshop on *Strategic Health Communication and Advocacy* was held for Health Education Technicians (HET) from 16 districts in Eastern Region. The goal was to increase capacity of HET's and NFHP Field Officer on Strategic Communication Program Planning and Evaluation (Design, Plan, Manage, Implement and Evaluate Health Communication Programs).

2.2.3 Strengthen IUD/ Norplant Services

One of NFHP's ongoing activities is helping to increase the number of sites providing IUDs (and Norplant in some cases). On-site coaching and provision of equipment and supplies are the main forms of assistance given. Five sites were supported over this period. Strengthening of 5 more sites is planned for the coming year. Needs assessments have been completed in 3 new sites by a joint FHD/ NFHP team. This is expected to contribute to results 3 and 4 (component I, strategy 1).

2.2.4 PAC/ BEOC

Needs assessments were completed by a joint team from Koshi Zonal hospital and NFHP in Dhulabari PHCC (Jhapa), Mangalbare PHCC (Morang) and Mirchaiya PHCC (Siraha). Based on findings from these assessments, plans have been developed for health worker training and whole site IP training. Necessary instruments to upgrade the PHCCs to BEOC service sites will be provided. Service providers are being enrolled in VSC and PAC training. This is expected to contribute to results 3 and 4 (component I, strategy 7).

2.2.5 VSC services for Marginalized Communities (Flexible Funds)

A first round of VSC outreach services was conducted in Sunsari and in Siraha addressing the need for family planning services in hard-to-reach, marginalized populations. 'Miking' was used to inform communities about availability of FP service and the role of FCHVs in providing FP education; this reached a total of 2,375 (840 women and 1535 men). 380 Female Community Health Volunteers (FCHVs) were mobilized in the 16 VDCs in Sunsari and 12 VDCs in Siraha to provide FP education based on informed choice to 452 women and 8 men clients. 67 women and four men from Sunsari received Minilap and Vasectomy services. 19 women from Siraha received Minilap services. DHO doctors and other service providers from District Hospital were involved in delivering the VSC service. These activities are contributing to results 2, 3 and 4.

2.2.6 Strengthen Infection Prevention in SHP, HP & PHCC

NFHP field offices are assessing sites to determine where to conduct whole-site IP training (5 PHCCs).

3. Pilot Interventions

Although much of NFHP's work consists of expanding access to proven approaches and maintaining quality of care, another important function is to develop and demonstrate innovative new approaches that show promise of impact on maternal/ child health and fertility outcomes. Activities under this category correspond to component I, strategy 6.

3.1 Implement Birth Preparedness Package

BPP will be implemented in combination as one component of a package of integrated SM/ NN/ FP services. Implementation was initially planned for Sunsari, Morang and Kanchanpur. Later, Sunsari was replaced by Banke to avoid duplication with UNICEF's activities and Morang was replaced by Jhapa due to the MINI pilot in Morang. MTOT for BPP was completed in July and 5 people (2 DPHO staff and 3 NFHP staff) from CPDs participated. Jhapa district was selected as the first district for implementation of the integrated SM/ NN/ FP intervention and the plan has already been shared with FHD and stakeholders at the national level. Meetings have been held at district level with counterparts from Jhapa DPHO, Mechi Zonal hospital, PHCCs, HPs, SHPs and with FCHVs. Discussions were also held with NGOs which may collaborate in community-level implementation. The integrated SM/ NN/ FP intervention is also to be implemented in Banke and Kanchanpur. Implementation is pending approval of CoAg amendment. This activity should contribute to results 2, 3, and 4.

3.2 Plan and Implement Pilot Misoprostol Intervention

It was determined that the Banke integrated SM/NN/FP program would also include a piloting of Misoprostol for prevention of post-partum hemorrhage. Implementation modalities and procedures are been finalized. The national Safe Motherhood Sub-Committee (SMSC) has endorsed the plan and formed a Technical Advisory Committee to monitor the intervention. FHD has initiated process (Tippani) with concerned MOH authorities for further actions to allow this pilot. Dr. Harshad Sanghvi (International resource person from JHPIEGO) facilitated an orientation for NFHP staff members, SMSC and other national-level stakeholders. Orientation at the district level and discussions at the community level have also been conducted. Approval from Department of Drug Administration (DDA) is under process and discussion is underway by Nepal Health Research Council (NHRC). This activity should contribute to results 2, 3, and 4.

3.3 Liaison with MINI Program in Morang

The SAVE-funded MINI program has set up a field office in Morang and is moving ahead quickly with plans and preparations. MINI staff are working closely with our Child Health and Reproductive Health teams to share experience and jointly plan new neonatal interventions.

3.4 Neonatal Elements Included in CB-IMCI (Sarlahi)

As detailed under component 3, NFHP has played a leading role in revising the national CB-IMCI curricula to incorporate new neo-natal elements and is now supporting CB-IMCI roll-out in Sarlahi using the new curricula. An M&E plan has been developed for the Sarlahi activity.

3.5 Identification and Treatment of Night-Blindness in Pregnant Women

NTAG conducted training in 3 districts (Sunsari, Parsa and Chitwan) and is continuing to monitor this pilot project. RH and M&E teams are providing technical support for the program. Health workers from district hospital and community levels (including FCHVs and TBAs) have been trained to screen for night-blindness and to refer for treatment with low-dose vitamin A. Through the end of September, 312 pregnant women have been identified and treated (146 from Sunsari, 161 from Parsa and 5 from Chitwan). 49 cases from Sunsari and 97 from Parsa were referred to health institutions by FCHVs.

3.6 Pilot PDAs for Technical Support Visits in Rautahat

Orientation was provided to two Field Officers based in Rautahat using PDA for HF Level technical support visits and data transfer from PDA to Desktop. During orientation both FOs participated in for field practice. Before providing orientation, the HF level monitoring support visit form was adapted for PDA using Pendragon software. By September 2004, 2 staff had carried out 5 HF level technical support visits using PDA.

3.7 Pilot RHP DS for Revitalizing Mothers Group Meetings

Discussions have been held with WE and Plan International to identify opportunities for collaboration in strengthening mothers groups.

4. Assessment

Just as *sensory* functions are essential for living organisms to survive and thrive, *assessment* functions are essential for programs to determine how best to apply their efforts and to monitor the effects of their work.

4.1. RCP Distance-Education Listenership Follow-Up

Data gathering and data entry are on-going. Field visits and technical supervision visits have been conducted regularly.

4.2 Study Performance Gaps in Interpersonal Communication

There have been preliminary discussions. Desk review, stakeholder meetings and key-informant interview are planned for the upcoming reporting period.

4.3 RHP Follow-Up

Over the coming reporting period, an assessment will be done to determine the utility of radio distribution as an element of the RHP program.

4.4 Child Health Studies

A principal investigator has been identified to conduct a qualitative study on ARI treatment seeking. Proposals were solicited for selection of an implementing research agency. Final discussions and negotiations are underway to conclude an agreement. The study is expected to be conducted within the first quarter of 2005.

4.5 Client/ Caretaker Exit Interviews

The client/ caretaker exit interview questionnaire has been revised and an analysis tool developed. Orientation was given to all NFHP field staff during the Annual Review Meeting in Hetauda. This coming year, all client exit interview data will be analyzed at district level and feedback provided to HFs and district level QA working groups. Interviews are done continuously by field staff during their regular TSVs. This will help us better understand client's perceptions on services facilities and should help orient improvements in service (result 4).

4.6 BCC Data Collected in Vitamin A Mini-Survey

This has been done, and shared with the Mission. Findings were taken into account in developing content for the RHP Drama Serial.

4.7 Assessment of Client-to-Client Activities

Will be done by an independent consultant in early 2005.

4.8 IUD/ Norplant Site Follow-Up:

Not yet done.

4.9 Evaluation of Rule-Out Pregnancy Job-Aid

Evaluation was done on the job-aid - "How to be Reasonably Sure that Client is not pregnant". NFHP and QOCMC staff collected data from 16 CPDs and 6 LTA districts during their regular

technical support visits. The job-aid was found in 89% of health facilities; in 70% it was hanging where FP services are provided. In 8 out of 10 HFs, the job aid was hanging where it can easily be seen and read. Among the HFs where the job was available, about 3 out of 4 service providers reported ever having used the job-aid. Many (42%) reported having used it with non-menstruating clients to assess whether or not they were pregnant. Almost all service providers using the job-aid said that it was helpful. This should contribute to achievement of results 3 and 4.

5 Behavior/ Demand

NFHP focuses most of its effort on *improving service quality*. However in the absence of appropriate household behaviors and treatment-seeking patterns, improvements in service quality alone are limited in their potential for impact on health outcomes. For that reason, NFHP is also involved in encouraging behaviors supporting better maternal/ child health and family planning outcomes.

5.1 Household/ Community Level

5.1.1 Radio Health Program: DS 1, DS 2

Radio Listeners groups were conducted in Siraha, Dhanusha and Mahottari by SC/US and CARE. A video of the RHP promotional street theater performances (conducted in March) is being aired through local cable TV in Janakpur. A pretest was done with radio listeners groups in Dhanusha, Mahottari and Siraha to assess their knowledge on different health contents that is aired under the radio health program drama serial "Gyan nai Shakti Ho". A follow-up will assess impact on listener knowledge.

The RLGs were monitored in 5 VDCs during this reporting period in Dhanusha as well as in Mahottari. The BCC Unit, NFHP and CARE Nepal have helped to form 35 radio listeners group in different areas of Dhanusha through Community Welfare Family Association. The objective of conducting the RLG program is to disseminate correct relevant information to the community so that the listeners can bring about positive change in their behavior. Listener participation in some of the groups was not satisfactory in both districts. Monitoring by facilitators, the concerned NGOs, and CARE, is clearly important to get the most from this intervention. It is expected that it will contribute to achievement of results 2 and 3.

Expand reach of RHP DS1 in Maithili and Awadi – (Flexible Fund): Scriptwriters were selected based on pre-testing of sample scripts and FGDs. Scriptwriting for a localized adaptation of DS1 is ongoing. A district level script review committee has been formed and scripts reviewed. Contracts with script writers and production houses have been finalized.

RHP DS Phase 2 – support in Bara, Rautahat and Parsa: Conducted field trips to Bara, Parsa and Rautahat to assess capacity of local NGOs to conduct the RLGs for Phase 2.

Discussion were held with World Education to identify possible areas for collaboration. It has been agreed that WE will work in partnership with NFHP and will integrate RLG activities into its on-going HEAL and GATE programs in Bara, Parsa, Rautahat, Dhanusha and Mahottari districts.

Revise, pretest and produce support materials for RLGs Phase 2: Technical support visits were conducted to determine efficacy of support materials for RLG Phase 1. Based on observations from participants and NGOs it is evident there is a need to develop support materials more suitable for non-literates; this finding is being taken into account in the drafting of comic book for Phase 2.

Street theater: Identified NGOs to perform street theater during Dashain and Tihar festivals with content on spousal communication and male involvement.

These activities are expected to contribute to achieving results 2 and 3.

5.1.2 Expand FP Access/ Use in Marginalized Groups (Flexible Funds Project)

Participatory Learning and Action/Radio Listeners Groups ToT was conducted for NGOs.

A 6-day workshop on "Strategic Health Communication and Advocacy" was conducted in Hetauda. This workshop was designed for NGO/ CBOs to enhance their knowledge and skills on design, implementation and monitoring of health communication and advocacy programs.

A 1-day Radio Health Program Listeners Group Program review workshop was organized in Janakpur (Dhanusha) to obtain feedback for the strategic design of RLG and Drama Serial. There was participation by NGO/ CBOs, CARE, SC/US, DPHO/ DHO and NFHP center and field office staff.

Translation and production in Maithili and Awadi are ongoing and broadcast is scheduled from December 2004. 150 sites were identified for literacy classes and RLGs. A 12-day TOT was conducted in Non-Formal Education (NFE)/ Participatory Literacy and Action (PLA), and Radio Listeners Group (RLG). Those trained will lead NFE/ PLA facilitators training. Facilitators will ultimately lead literacy classes for marginalized women. 19 participants, including 3 DHO personnel, received the training.

Other BCC activities over this period include:

- Production, management & distribution of BCC Materials (5.1.3): laminated and mounted 1100 SUMATA posters (urban male, rural male), FP method posters and Abhibadan posters. Coordinated distribution to all CPDs except Rasuwa, through MASS. Mounted posters have been distributed to PHC and HP/SHP level.
- BCC training to FOs, HETs and CBOs in *Management of BCC Materials* (5.1.4): developed draft curriculum and planning underway with NHEICC for training.
- Development & implementation of a *BCC Materials database & dissemination plan*: database has been developed and compiled. Implementation plan has been completed.

5.1.6 Determine Role for Social Mobilization

A district-specific program intervention matrix was prepared as first step in identifying strategic application of BCI to support NFHP priority activities.

5.1.7 Men as Partners in Reproductive Health

- Quarterly review meetings were conducted with MAP peer educators and health facility staff in program sites to review progress and give update on new RH issues.
- Peer educators were assisted to conduct activities like video shows and developed skills to deliver messages in correct way to their friends in community. Feedback was given to Peer Educators for effective communication and technical content (side effects of depo, when pregnant should have ANC check up).
- Conducted 4-day basic training on street drama performance and rehearsal for 32 MAP peer educators of 4 MAP sites. Peer Educators developed skill and were able to conduct activities and street dramas independently. Peer educators were enthusiastic to establish their own cultural groups and conduct activities, which was a sustainable activity for the program.
- Conducted 3-day training on Interpersonal Communication Skills for 36 MAP peer educators of 4 MAP sites. After training, peer educators gained more skills and felt confident to communicate with people in community. Program staff supported peer educators to conduct formal sessions and door-door program activities in community.

- Conducted meeting with the Director and Program Manager of FP section of Family Health Division, Nepal and decided to expand in new 20 VDCs of Nawalparasi and 25-30 VDCs of Bara district. Assessed potential NGO's in Nawalparasi district to implement MAP program in the district.

These activities are expected to contribute to results 2 and 3, and correspond to the new component I, strategy 8.

COMPONENT II

The overall *results* expected for Component II are:

1. Improved *access* to FP/MCH services in the community or through referral to the nearest appropriate health facility;
2. Improved accuracy and timely reporting of *HMIS/LMIS* data and its use;
3. Improved *quality of FP and MCH services* at all levels;
4. Improved *capacity and commitment of DHOs* to support integrated FP/MCH service delivery at all levels;
5. Increased *availability of* key FP/ MCH *commodities* at service delivery sites and with community workers;
6. Improved *capacity of DHOs to coordinate RH activities* and services of NGOs within the district; and
7. Increased *participation of DDCs* leading to increased resources, continuity of staffing, improved quality of care, and increased access to services by underserved populations.

Over this reporting period, according to NFHP's routine monitoring, all component II performance targets have been met.

Strategies

- Strategy 1: Improve DHO planning systems for integrated FP/MCH service delivery
- Strategy 2: Support ongoing government/ NGO coordination
- Strategy 3: Develop DHO capacity to effectively supervise quality of care in integrated FP/MCH services
- Strategy 4: Strengthen DHO capacity, accountability and performance in managing health and FP commodities supplies to service delivery facilities
- Strategy 5: Improve provider and manager performance in effectively utilizing the existing HMIS/LMIS
- Strategy 6: Upgrade FP/MCH services at selected district hospitals
- Strategy 7: Design, test and implement community-to-district level client referral systems
- Strategy 8: Assist DHOs to more effectively plan, coordinate and implement in-service training of providers at all levels
- Strategy 9: Support Repair and Maintenance of Essential Equipment Used for RH Services
- Strategy 10: Strengthen District Planning and Coordination for Malaria and Kala-Azar Control

1. Management/ Systems/ Capacity-Building

1.1.1 District Planning

District Planning and DDC orientation on CB-IMCI was supported over this period in Sarlahi, Saptari, Dadeldhura and Tanahu Districts.

1.1.2 Coordination

Last year, NFHP did not achieve its target for number of districts with active RH NGO coordinating committees so we have recently given more attention to this issue and we have seen a corresponding increase in activity. In the first of the 2 quarters covered by this report 8 districts conducted district RHC meetings. By the second quarter all but one of the 17 CPDs conducted such meetings. Guidelines on how to better organize and manage the district RHCC are being printed and will be distributed in the next reporting period. A national level review meeting with participants from all 34 districts with district RHCCs is also planned. This activity is expected to contribute to result 6; it corresponds to Strategy 2.

1.1.3 Supervision/ QA

1.1.3.1. *Integrated District-Level Monitoring Meetings*

Integrated District Level Monitoring Meetings were held in 18 Districts (CPDs plus Makwanpur) in 49 batches reaching a total of 1348 district and HF staff (vs. a target of 1241) and 255 DDC members (vs. a target of 360). The objective of these meeting was to review data on CH and RH program performance, provide updates to HF in-charges, review content areas and provided necessary feed-back. This contributes to results 3 and 4 and comes under Strategy 3.

1.1.3.2 *Assist DHOs to Plan and Act on Supervision Visit Findings*

NFHP staff assisted DHO/DPHOs to conduct district level QA Working Group meetings at least quarterly in all 17 CPDs. During these meetings, there is discussion on findings from technical support visits conducted by NFHP and DHO/DPHO staff and issues needing attention. Action plans were developed addressing a wide range of issues including: improvement of display of BCC materials, storeroom repair, construction of incinerators, availability of essential drugs, equipments/ facility repair, water supply and drainage systems, clinic set up, maintenance of CB IMCI registers, etc. A quarterly report was prepared on QAWG meetings and circulated to the various technical teams in NFHP. This activity is expected to contribute to improved quality of care and outcomes (results 3, 4) and it falls under Strategy 3.

1.1.3.3. *Conduct Appreciative Inquiry for Quality Improvement Workshops*

Kanchanpur, Dhanusha, Sunsari and Rautahat were selected on the basis of performance status, interest of DHO/DPHO and recommendation of NFHP field office staff. Workshops will be conducted in the next quarter.

1.1.4 Logistics

1.1.4.2. *LMIS Decentralization to Districts Using Networking*

As per the 2003/04 HMG/ USAID Family Planning workplan, 3 districts (Morang, Rautahat, and Chitwan) were selected for piloting district-level LMIS processing. Preparatory meetings with DHOs were held. In each district 2 persons (including storekeeper) were given computer training. Computers, printers, and other accessories were placed in each of the 3 district storerooms. NFHP personnel installed LMIS processing software, provided LMIS operating manual and gave training on LMIS data entry and report generation. Beginning this Nepali fiscal year these districts have begun processing their own LMIS data. Improved logistics management can be expected to lead to better consistency of access to key commodities and ultimately better health outcomes (results 2, 5). This comes under Strategy 5.

1.1.4.3 *Manage Construction of District Storerooms*

Under this activity, NFHP has been able to leverage significant additional support from another donor (KfW). During this period, contracts were awarded for the construction of district storerooms in Nuwakot, Gorkha, Baglung, and Bhojpur. NFHP did on-site supervision to ensure quality of the work.



1.1.5 Training Oversight

NFHP provides support to district health offices on a range of issue related to training (e.g. assessing training needs and determining appropriate candidate selection). This support serves both to build capacity for such planning and management at DHO level and to ensure that our investments in training yield the greatest possible impact on service quality. This work contributes to results 3 and 4 and comes under Strategy 8.

1.1.5.1 Assist CPD DPHOs in Planning and Prioritizing In-Service Training

Over this period assistance was provided to all 17 DPHOs. During our technical support visits to District Offices and health facilities we have been emphasizing better planning and prioritization particularly for PAC, VSC, NP/IUCD and COFP/C. This work is expected to contribute to increased quality of care through improved knowledge and skills, complemented by TSVs and other quality inputs.

1.1.5.2 Orientation for DHO/DPHO Staff on Training Management Guidelines

Over this period Training Management Guidelines were printed and dissemination/ orientation was done during FPA Annual Meeting in Pokhara and in Regional Review meetings in Kathmandu, Pokhara, Nepalgunj, and Dhangadi (and during ADRA's stake-holders meeting). This document was translated into Nepali and a first draft is now available. We expect this work to result in a variety of improvements in planning and management of in-service training, ultimately contributing to improved quality of care.

1.1.5.3 Develop PI Coaching Approach for NFHP Clinical Field Officers (CFO)

This is under development. On-site coaching is being provided during regular monitoring and other visits by NFHP field officers and central level staff in areas of Child Health, Family Planning, Maternal Health and Logistics.

1.1.5.4 CFO Orientation on "Coaching Skills" for Clinical Procedures

An orientation was provided to Clinical Field Officers on coaching skills for FP/PAC and Maternal Health clinical procedures.

1.1.5.6 Develop VSC Coaching Strategy

To be addressed this coming quarter.

1.1.5.7 Ensure that Graduates of CTS practicum Receive Supportive Supervision

Supportive supervision has been provided for graduates of the CTS practicum organized by SAVE in Bardiya.

1.1.6 HMIS/LMIS Support to DHO

Training was provided to district and HF staff over this period on the use of LMIS information (in Jhapa, Morang, Siraha, Bardiya, Kailali, and Nawalparasi). This has resulted in significant improvement in LMIS reporting and stock availability monitoring at HF level in these districts. This has resulted in better stock availability of 7 key commodities at HF level (result 5).

During district-level ARI/ FP/ RH meetings, on-the-job training has been provided to HF staff on timely and correct LMIS reporting (in Bara, Parsa, Siraha, Banke, Kailali, Nawalparasi). This has resulted in better reporting from HFs, and has contributed to improved key commodity stock availability in CPDs.

2 Specific Quality Inputs

2.1 Health Worker Technical Support - Training, Visits/ Coaching

This work is intended to improve quality of care through better health worker knowledge and skills and other quality inputs. It contributes to results 3.

2.1.1 Technical Support Visits to Hospitals

NFHP field-staff regularly conduct TSVs to hospitals, FP/MCH clinics and IFPSCs. NFHP Field Officers/Clinical Field Officers visit each site at least once a month and complete the monitoring checklist once every 2 months (central level NFHP and FHD staff also frequently visit these sites to provide technical support). For security reasons there were no such visits to Bajura over this period. During technical support visits, NFHP staff provide on-site coaching for PAC, FP and SM activities. Technical support is given, as needed, on issues including record keeping and reporting, infection prevention, improvement in quality of FP/SM services, counseling and informed choice.

2.1.2 Maternal Health Updates

Birth Preparedness Package (BPP) implementation is planned for 3 districts this year. It is to be integrated with other SM programs. Maternal health updates in these districts as part of the SM/NN roll-out. SM activities (BEOC) are planned for Mahakali Zonal hospital in the coming quarter. A standardized 2-day package has yet to be developed.

2.1.3 Support to Improve IP Practice in FP/MCH Services in 17 District Hospitals

During this period visits were made to 2 IFPS centers, 5 PHCs, 6 HPs, and 7 SHPs. On-site coaching/ orientations were done, focusing on improved recording, counseling, instrument processing, and proper waste disposal.

2.1.4 Conduct Joint Technical Support Visits with QOCMC in LTA districts

Over this period, QOCMC/ NFCC staff conducted technical support visits to 10 IFPS centers in Kathmandu, Lalitpur, Bhaktapur, Gorkha, Kaski, Bhairahawa, Dang, Makawanpur, Sarlahi and Saptari. During these visits they assisted service providers to improve counseling and infection prevention practices, distribution of BCC materials, essential supplies, recording and reporting system, etc.

2.3 District Hospital Upgrades

2.3.2. Improve IP through Hospital-Level Intensive Whole-Site Training

Over this reporting period, QOCMC/ NFCC staff conducted infection prevention training needs assessments in Rasuwa and Mahakali Zonal hospitals and had discussions with the DHO and other HF staff on infection prevention training and the role of the hospital during and after training. Subsequently whole site infection prevention training was conducted in both hospitals. QOCMC/NFCC staff conducted training follow-up visits in Chitwan, Jhapa, Siraha, Bara, Nepalgunj, Parsa and Sunsari districts. During these visits they attended IP committee meetings and encouraged staff to improve infection prevention practices. On-site coaching was done where necessary. In Dhanusha, whole-site IP training was done with DFID funding. Training is to be done this coming quarter in Mahottari and Bajura.

An inventory of incinerators in the 17 CPDs was completed. 68 have been constructed, 14 are under construction and 10 were renovated. During routine technical support visits NFHP field office staff monitor and encourage incinerator use.

2.4 Develop PAC Services

- Mahottari, Rautahat, Rasuwa and Bajura district hospitals were selected to introduce PAC services. Needs assessment, whole site IP training and training of service providers have been completed in Rautahat.
- Dhulabari PHCC (Jhapa), Mangalbare PHCC (Morang) and Mirchaiya PHCC (Siraha) were selected for establishment of PAC services at below district level. Needs assessments have been completed in all sites. Plans have been developed for PAC orientation, whole site IP training and service upgrading.
- A preliminary visit and needs assessment were done at Koshi Zonal Hospital in Biratnagar with a view to develop it as PAC OJT site. Procurement of the necessary models and equipment is in final stages (See Component III, 2.5.4).

2.5 RH Equipment Provision & Repair

Nepal Fertility Care Center (NFCC) was contracted to repair equipment used for FP, MCH services in 17 CPDs and 10 LTA districts. During this period, NFCC staff visited 16 CPDs and 9 LTA districts. They could not visit Bajura and Dang districts for security reasons. They visited hospitals, IFPS centers, and selected PHCs/HPs on request from DHO/DPHO and NFHP field office, repairing: autoclaves, OT lamps, blood pressure instrument, generators, weighing machines, stethoscopes, suction machines, oxygen cylinders, and electricity and water supply system. These activities helped ensure continuing access to regular FP/MCH service. This is expected to contribute to result 3.

3 Pilot Interventions

Planned pilot activities for ANC and PNC have not yet begun. This is expected beginning this coming quarter.

4 Assessment

Developed terms of reference for a study to identify causes of HF-level key commodity stock-outs. The study will be carried out in January 2005.

COMPONENT III

The overall *results* expected for Component III are:

1. Standard *FP* service packages available at service delivery sites;
2. National *Vitamin A* Program campaigns achieve coverage standards in the entire country;
3. *CB-IMCI* strategy extended to additional areas of the country;
4. National systems supporting *FCHVs* address their needs;
5. *Safe motherhood* and *neonatal health* strategies implemented;
6. Better *availability of commodities* through an improved national logistics system;
7. *Training systems* improved, with an emphasis on decentralized training mechanisms;
8. National *IEC/BCI Strategy* established and implemented; and
9. Standardized *service delivery guidelines and protocols* are in use promoting greater service quality.

Strategies

Strategy 1:	National Family Planning Program
Strategy 2:	National Vitamin A Program
Strategy 3:	National CB-IMCI Program
Strategy 4:	National FCHV Program
Strategy 5:	National Safe Motherhood Program
Strategy 6:	Integrated Contraceptive and Essential Drugs Logistics System
Strategy 7:	Pre- and In-service Training Support expansion of in-service training opportunities in FP/MCH
Strategy 8:	IEC/BCI
Strategy 9:	Quality Assurance

Over this reporting period, according to NFHP's routine monitoring, all component III performance targets have been met.

1 Management/ Systems/ Capacity-Building

1.1 Logistics

As per Annual Work Plan, activities 1.1.1, 1.1.2, 1.1.3 are all to be done over the coming reporting period.

1.1.4 TA in Support of National Logistics Program

Activities under this heading contribute to result 6. Throughout this period, technical assistance was provided to LMD on matters related to procurement, storage and distribution of drugs and other health commodities. NFHP assisted in expediting the procurement of FeSO₄ tablets. To date, UNICEF and KfW (through its essential drugs program) have been supporting provision of iron tablets. With increasing demand, supplies are becoming inadequate. The current annual requirement of iron tablets is 70 million. For this Nepali FY, there is a shortage of 50 million tablets. NFHP worked closely with LMD and other partners to avert an impending national stock-out. NFHP also helped in movement of key program commodities from high stock districts to low or zero stock districts to prevent stockouts and ensure year round availability of key commodities, for example:

- 240,000 iron tablets from RMS Biratnagar to RMS Hetauda and then distributed to low stocked CPDs (Dhanusha, Mahottari, Chitwan, and Nawalparasi)
- 300,000 Cotrim Ped. Tablets from Nawalparasi to RMS Hetauda
- 9,600 cycles of Pills from Morang to LMD Teku, and 4,800 cycles from Bara to Chitwan

During this period, the DELIVER document "Guidelines for the Storage of Essential Medicines and Other Health Commodities" was edited and translated into Nepali (activity 1.1.4.3). Printing and distribution is planned for November and December.

A TA visit schedule (activity 1.1.4.6) was developed with LMD personnel and district visits were made to Baitadi and Pathalैया for store construction activities, ACDP, and other logistics activities.

During this period a LMIS special report form was prepared as a tool to help monitor stock-outs of key commodities at district and HF levels. Staff from LMIS Unit and NFHP worked to improve accuracy of LMIS reporting and generated immediate feedback on stock status of key commodities in CPDs. NFHP CPDs were monitored intensively to minimize stock-outs of key program items at HF level. Kathmandu-based DELIVER staff frequently visited more poorly performing districts. Also, Logistics Support Officers (LSO) stationed at RMSs were mobilized for this activity. Some examples of this effort:

- Participated in ARI/FP/RH Review Meetings (Chitwan, Jhapa, Morang, Siraha, Sunsari, Dhanusha, Mahottari, Rautahat, Bara, Kailali, and Banke) and discussed logistics related issues with Ilaka level in-charges.
- Provided on the job training to community level health workers on the use of LMIS data to determine order quantity and help ensure timely requisitions.

These activities have resulted in an improvement in commodity availability at service delivery sites. With all these effort and DELIVER support, we were able to exceed the milestone of *percentage of HFs that have year round availability of all key commodities* for the first time. The proportion of HFs having all 7 commodities year round rose from 27% in FY 02/03 to 44% in FY03/04, exceeding the goal of 38%.

Percentage of health facilities with all 7 commodities in all 4 quarters in HFs in CPDs

District	4 quarters, ending 60/61 1st Q	4 quarters, ending 60/61 2nd Q	4 quarters, ending 60/61 3rd Q	4 quarters, ending 60/61 4th Q
Jhapa	14	18	20	44
Morang	29	30	45	42
Sunsari	17	19	18	65
Siraha	11	10	29	24
Dhanusha	18	19	16	27
Mahottari	4	8	54	38
Rautahat	31	37	23	67
Bara	13	17	17	15
Parsa	23	27	32	36
Rasuwa	63	61	59	72
Chitwan	56	59	49	56
Nawalparasi	44	36	42	40
Banke	26	23	19	19
Bardiya	33	36	27	27
Kailali	58	65	30	79
Kanchanpur	19	38	72	67
Bajura	48	48	43	26
17 CPDs	30	32	35	44

1.1.5 Incorporate Logistics Data for Use by Decision Makers Using DHS Networking

During this period, we assessed the feasibility of networking of LMIS with FHD; procurement of computer and accessories for networking is in progress. (Note – activities under 1.1.6 – 1.1.7 are to be done beginning this coming quarter.)

1.1.8 Prepare Quarterly LMIS Feedback Report

Generated and dispatched District and Regional LMIS Feedback Reports (3rd and 4th Quarter, FY 2060/61) to all Districts, Regions, concerned divisions in DHS and donor partners.

1.1.9. Conduct Regional Logistics Workshops

NFHP participated in HMG Regional Review Meetings in all regions. We collected and compiled logistics issues and problems discussed during Review Meetings. Regional logistics workshops follow the HMG National Review Meeting and address logistics-related issues/problems at district level.

1.1.10 Introduce PULL System for Essential Drugs

NFHP contributed in preparatory discussions with LMD Staff and KfW representative regarding implementation of a min-max ‘pull’ system for essential drugs. A curriculum and procedures manual have been developed and a TOT was conducted.

1.1.11 Anticipatory Demand to Support STD, HIV/AIDS Logistics

NFHP briefed the newly appointed Director of the National Center for AIDS and Sexually Transmitted Disease Control (NCASC), Dr. Ram Pd. Shrestha, on condom requirements for HIV prevention. A 2-day workshop was conducted in collaboration with NCSAC on Condom Requirements for I/NGOs working in FP/ HIV, The workshop quantified NGO condom requirements and estimated overall national condom needs for STI/HIV prevention. Other issues discussed included the NGO role in LMIS reporting and condom social marketing.

1.1.12 Contraceptive Security & Forecasting

Pipeline monitoring of program items continued. A Pipeline Report was sent to all stakeholders and donor/partners. A bi-annual FP Commodity Consensus Forecast Meeting was conducted. Forecasted MOH and FPAN needs were reviewed for the period 2004-2008 and it was determined that there is a need for a separate projection for requirements for HIV prevention.

1.1.13 Malaria / Kala-Azar Logistics Assessment

A checklist for assessment specific logistics needs for selected malaria/ kala-azar endemic districts (Dhanusha, Mahottari, Jhapa, Morang, Banke, and Kanchanpur) has been prepared and distributed. Information collection is in progress.

1.1.14 Repair, Reorganize & Modernize Central and Regional Warehouses

Checklists for the needs assessment have been developed and distributed through Logistics Support Officers stationed at RMSs. Information collection is in progress.

1.1.15 Strengthening National Referral Hospital – Bir Hospital

Cleaning, repair and reorganizing of storerooms have been completed, contributing to strengthening Bir Hospital logistics. This consisted of:

- storeroom building and surrounding areas were completely cleaned up;
- more than 35 truck-loads of garbage were collected and disposed of;
- all rooms on the 1st floor are now properly organized for storage purposes: one section for medicines and another for general supplies;

As a consequence of this clean-up, room has been freed up to allow hospital management to add an extra 48 beds of ward space. In addition, a two-day Basic Health Logistics Training was given (attended by 44 Bir Hospital staff). The training was well received; Bir staff report this has greatly helped in hospital logistics management and communication between storekeepers and technical staff.

1.1.16 Minor Repair, Equipping & Reorganization of District Storerooms

NFHP helped equip, move contents and re-organize newly built storerooms in Sarlahi, Doti, Jumla, Taplejung, and Sankhuwasabha. Assistance was given to DHO Nawalparasi in evaluating unusable commodities for auctioning and disposal process. This will result in increased storage space; revenue will be generated; and logistics records will be updated.

1.1.17 Pathalैया EPI Cold Chain Storeroom Construction

The Pathalैया Cold Chain Room was redesigned to incorporate the need for increased space to include RMS Hetauda in the future. It was decided that storeroom in Pathalैया be built as per revised design using KfW funds.

1.1.18 Strengthen Human Resource Capacity for Logistics

Necessary preparations for the District Hospital Basic Logistics training have been completed. TOT will be done next quarter. DBLT training has been shifted to next quarter (Oct- Dec 2004) to harmonize with NHTC's annual work-plan. Assistance was provided to NHTC and RHTC in planning for logistics training for Nepali fiscal year 2061/62. Follow-up training on health logistics EPI cold chain management has been rescheduled for January 2005.

1.1.19 Logistic Training on Pull- System

The training package for implementing the Pull System for essential health commodities has been developed and finalized together with NHTC and LMD and training materials have been printed. A TOT was conducted with participants from NHTC, LMD, CRMS, Pathalैया and Sapahi Training Centres, the Central Regional Health Directorate, and district level (Bara, Chitwan, Rautahat, Dhanusha, Mahottari and Sarlahi). District level training in these 6 districts has been rescheduled on request from Central Regional Health Directorate (due to Measles and other campaigns). After training there will be follow-up TSVs. (As per Annual Workplan, procurement training – 1.1.21 – will be done beginning next quarter.

1.1.22 Basic Logistics Training for Staff of Bir Hospital

See 1.1.15

1.1.23 Strengthen Regional Medical Stores

LSOs provided feedback to RMS, based on LMIS reports. This helped improve storekeeping practices, stock situation of program items and other health commodities. NFHP has begun providing support to ensure more equitable distribution of drugs and medicines by

establishing coordination with DHOs and using a distribution calendar. NFHP helped facilitate inter-regional commodity movement to address stock-out situations. For example:

- 225 IUD sets were moved from Siraha and Dhankuta to Bhojpur, Morang and Sunsari
- 170,000 Cotrimoxazole tablets were moved from Sunsari to Jhapa

Assistance was provided to LMD in the preparation of an inventory of non-consumable commodities. This will provide an up-to-date record for all DHS sections and divisions.

1.2 Training

1.2.1 Revise Community-Level CB-IMCI Material

This was completed during this period, incorporating new material on managing the sick neonate.

1.2.2 Expand In-Service Training Opportunities in FP/MCH

Technical support visits were made to a variety of FP/PAC training sites (CFWC, ADRA, MH, TUTH and Nepalgunj) to ensure training quality. Efforts to develop Koshi Zonal Hospital as PAC/BEOC training site are ongoing. NFHP continues its search for other practicum training sites to supplement KZH in providing adequate PAC caseload.

1.2.3 Work with ANM Programs

NFHP is helping develop and facilitate expert review of the midwifery section of the ANM pre-service curriculum. A first draft on the management of complicated labor has been prepared. Expert review is yet to be done. A 2-day orientation meeting is planned for the coming quarter - with key stakeholders & trainers - on revised curriculum & training packages for FP, logistics & maternal & child health. Over this reporting period NFHP has completed knowledge/ skills update on midwifery for faculty and clinical preceptors at 3 ANM schools (Koshi Technical School, Vocational Training Institute, Sisabani, Morang and Balkumari College, Chitwan). There are plans to arrange for pre-service teachers to participate in training events organised for in-service staff although this has not yet been done. A CTS course for faculty & clinical preceptors is scheduled for next quarter. Supportive supervision visits are scheduled this month with ANM school faculty & clinical preceptors and to their clinical training sites to improve skill on transfer-of-learning. Clinical training sites are to be up-graded by provision of models, equipment, instruments etc. These measures should contribute to standardizing clinical practice among pre-service students & in-service service providers. Procurement is in process. A Student Learning Center has been established at Koshi Technical School (Morang); the school has been provided with T/L materials, models, instruments and equipment. An orientation was given to management and faculty. A bi-annual coordination meeting was held at Koshi Technical School with representatives from Koshi Technical School, Koshi Zonal Hospital, and the Biratnagar Branch Nursing Association of Nepal. Technical support visits to ANM schools are planned for the upcoming quarter. The Biratnagar branch of the Nepal Nursing Association was given support for supplemental teaching at Koshi Technical Schools for 10 faculty members and clinical preceptors and 40 ANM students from Koshi Technical School.

1.3 Quality Assurance

1.3.1. Develop NFHP-Wide PI/QA Approaches and Tools

A workshop was held to develop a common NFHP QA approach using Nepali terminology. Guidelines were distributed to all partner organizations; they have been requested to apply the new guidelines.

2 Specific Quality Inputs

2.1 Family Planning

- As a result of ongoing TSVs and on-site coaching, post-natal check-up and post-natal FP services have increased significantly in Kanchanpur. Records show that in the month of July-August 218 clients attended the postnatal clinic, of which 120 were counseled for FP (the records however did not document the number starting contraceptive methods). Other districts also reported increasing trends in PNC and FP.
- A 2-day workshop in FP Management was conducted for FPAs in June. Major FP program issues and district status were discussed. Participants requested support on logistic management and further FP management training to upgrade their knowledge and skills.
- A 1-day orientation has been planned (for all CPDs and LTA districts) for district staff providing mobile VSC service staff. This will be completed within next 2 months.
- National Medical Standards for Reproductive Health Vol. II was published and disseminated at the central level among concerned stakeholders. A copy of the volume has been provided to all concerned organizations and personnel. NFHP field staff members were also oriented during the NFHP annual review meeting. In the next phase, district level orientations will be provided for service providers. NMS vol. II will be shared during district RHCC and NGOCC meetings. Detailed planning for the orientation will be finalized in coordination with FHD.
- NFHP and FHD have provided essential equipment required for NSV, Minilap, IUCD, and Norplant sets to 17 CPDs and 10 LTA districts.
- National FP program review meeting with key stakeholders and service providers - No activity during this period.

2.2 Vitamin A

2.2.1. National-level TA through NTAG

- Prior to the April 2004 vitamin A supplementation days, promotional *radio* broadcasts were done on national, regional and FM radio and in different languages (Nepali, Maithali, Bhojpuri, Gurung and Abadi). Other promotional activities included rallies, magic shows, miking and pamphlets/ posters. In the April round, FCHVs reached about 3.5 million children with vitamin A. 2.33 million children (2-5 years) were provided de-worming tablets.
- Information has been posted on message boards at 10 hospitals to create awareness among clients and nursing staff on *postpartum vitamin A dosing*. Questionnaires were designed and developed and interviews were conducted with postpartum mothers, caretakers and sisters to assess effectiveness.
- Follow-up has been done at hospitals and DPHOs to promote *post-partum dosing* and to ensure availability of vitamin A capsules. Monthly data on post-partum dosing have been collected and compiled from 38 government & private sector hospitals and nursing homes; this yielded a total of 25,478 post-partum mothers dosed over the period March - August.
- A 2-day district level orientation/ TOT on *treatment of night-blind pregnant women with low dose vitamin A* was given for 195 district health technical staff and PHCI/HPIs in Parsa and Chitwan. This was followed by a training for service providers (85) and a community-level training, attended by 2317 FCHVs, VHWs and MCHWs.



- NTAG did follow-up with District Development Committees in 25 districts to garner more support for the vitamin A program.
- Five 1-day regional workshops were conducted for DHO and PHO (437 participants) focusing on strengthening NVAP and *de-worming* programs.
- About 721 sites were visited by 14 organizations in 38 districts during the April bi-annual supplementation program.
- NFHP/ NTAG assisted in transporting vitamin A capsules and de-worming tablets to Solukhumbu district in April and September 2004.
- A 2-day training was held in Bajura on de-worming, safe motherhood, iron and vitamin A supplementation. This was addressed to PHCIs, HPIs, SHPIs from 24 VDCs and to DHO technical staff (AHW, ANM and others) and staff from Bajura Hospital.

2.3 CB-IMCI

- NFHP worked with CHD over this period on the revision of community and HF-level CB-IMCI training materials. Appropriate neonatal content has now been incorporated. Work on this revision has also resulted in shortening the HF course from 9 to 7 days. Other partners involved in this process included IOM, WHO, USAID, UNICEF, SCF, MIRA, NTAG and IRHDTC).
- A training video to be used during IMCI HF level training was developed. Other IMCI print materials have been revised, printed and distributed.
- Also during this period, NFHP has assisted CHD EPI section in planning and implementing a national measles campaign. This has included:
 - development and printing of BCC materials;
 - micro planning (12 districts);
 - facilitating DTOT and vaccinators training; and
 - monitoring measles campaign implementation in Central region.
- Other EPI-related support has included:
 - sharing tools developed and used by BASICS/ Parsa with DoHS HMIS team.
 - distributing 'EPI Essentials' in 75 Districts.

2.4 FCHVs

- NFHP printed materials as per revised the FCHV strategy: facilitators/ trainers guide books – 11500, FCHV strategy – 300, and FCHV manual – 3000.
- NFHP provided considerable support in preparatory work for National FCHV Day:
 - designing FCHV program information booklet and invitation card;
 - developing and airing of FCHV Day promotional spots through Radio Nepal;
 - finalization and broadcast of FCHV documentary "The Unsung Heroine" on Nepal Television and community-based cable networks; and
 - organizing a press-meet at central level.
- RHP DE "Hamro Kura" magazine was developed with a specific focus on FCHV Day, highlighting the important contributions that FCHVs are making saving the lives of mothers and children.

2.5 National Safe Motherhood Program

- Work has been done with SMSC taskforce members to develop a standardized package for *focused ANC*; a draft concept paper has been prepared.
- Support has been given to the *Safe Motherhood Sub-Committee*, which has held 4 monthly meetings and a topic-specific meeting over this period. NFHP provided support for a national review workshop. Activities of the Sub-Committee over this period include:

- formation of a National *Neonatal* Technical Advisory Committee (NNTAC) under SMSC;
 - endorsement of *Morang Innovative Neonatal Intervention* (MINI) Program;
 - formation of a *BCC working group* under SMSC;
 - published 5th *SM newsletter* on "Some effective ways of working in SM"; distributed to all health institutions up to SHP, INGOs & NGOs; and
 - formed *Misoprostol* Technical Advisory Committee (TAC) under SMSC.
- NFCC has organizing regular *NGOCC* meetings at central level (2 over this period) and has provided support for district-level RHCC meetings. NFHP staff have worked closely with other RHCC members and have actively participated in district RHCCs in all CPDs except Bajura.
 - During this period, NFHP assisted NHTC and 2 training sites (Maternity Hospital and Bharatpur Hospital) in conducting group-based and OJT *PAC* training. 18 participants were trained. *PAC* services have now been established in Dhankuta hospital. Needs assessment was completed in Rasuwa district hospital. Orientation was completed in Bara hospital. A FHD/ NFHP team conducted *PAC* follow-ups to Koshi Zonal, Siraha district, Bheri zonal, Bardiya district and Mahakali zonal hospitals.

2.6 Training

- Field data collection (45 service providers) has been completed for the "Performance Assessment of Service Providers" on Operation Theater Technique Management. Data processing has been completed and a report is being prepared.
- Performance assessment of FP counselors who have completed COFP training is planned for the next reporting period.
- Similarly, development of structured *PAC* OJT packages is planned for the coming quarter. Preliminary discussions have been held with NHTC and other key stakeholder. NHTC has formed a *PAC* OJT Implementation Group with representation from FHD, MH, NFHP and NHTC.
- Needs assessments have been conducted for sites for *PAC* OJT training expansion. Sites have included: KZH, Mechi Zonal Hospital, Mangalbare PHC and AMDA.
- KZH has been selected for the *PAC* OJT training site and verbal agreement concluded with hospital management to establish training site.
- *PAC* training was provided to 3 KZH service providers. Additional service providers from KZH have been identified for *PAC* training.

2.7 Quality Assurance

2.7.1 Strengthen Systems for Performance Improvement

- NFHP is providing support in review and update of training content. On NSV, there has been discussion on adopting new techniques (facial interposition and cautery) to reduce failure rates. This has been referred to the FP Sub-Committee.
- NHTC has been given support to review and update the ML training package. A first draft of an updated package has been completed.
- After reviewing existing IP training packages in Nepal, content and the other key components for a 5-day standardized IP training have been defined. A first draft of a training manual is being developed. IP training needs are being reviewed from community level to national level.
- Technical support has been provided to NHTC/RHTC and other training sites to conduct FP and *PAC* trainings (please see the table on the next page).

FP/ PAC Training: (April to September 2004)

Training Activities	Number of Service Providers Trained			Training Site
	HMG	NGO	Total	
ML/LA	0	0	0	
NSV	2	6	8	MH, ICTC
OTTM	21	2	23	MH, TUTH
IUCD	11	21	33	CFWC, MH, ADRA
NP	3	9	12	ICTC,ADRA, CFWC
PAC	18 (includes 4 OJT)	3	21	MH, Bharatpur Hospital
COFP/C	155	16	171	RHTCs
CTS	0	0	0	

- Assistance was provided to NHTC to review progress made and challenges/difficulties faced by these training sites. Plans were developed to improve training follow-up and training planning for FY 2004/05 done. The emphasis was on candidate selection, site preparation before training, follow-ups after training and complication management.
- NFHP has supported review on possible decentralization of FP/PAC TIMS training database. An assessment checklist was developed and circulated through NHTC to all RHTCs. All the forms were collected and analyzed. These issues have been discussed with staff at training centers. Based on findings, Dhangadi and Dhankutta RHTCs have been identified as potential sites. TIMS software was installed at Dhangadi RHTC and orientation was given to all key staff at the center. We have been exploring with SAVE and CARE a role in maintaining a training database for the VHWs/ MCHWs FP refresher training. Further discussion is needed concerning a database for CH and other training.
- To help facilitate greater IST and PST integration, NFHP has reviewed the in-service and pre-service Midwifery Refresher Training Package. Discussions have been held with NHTC concerning MRT course and BEOC training. Preparations were completed for supplemental teaching to faculty members and ANM students at Koshi Technical Institute including contracting with Nursing Association of Nepal (NAN). Supplemental teaching started in October. Technical and other support was provided to NAN to carry out supplemental teaching. Necessary teaching/ learning materials were also provided.
- Assistance was provided to LMD in developing a CDP Manual and to FHD/UNFPA for the QA Strategy.

3 Assessment

- For the NFHP mid-term survey, sampling design and questionnaire are close to final and the survey will start from Jan 2005.
- The vitamin A mini-survey was conducted following the April 2004 supplementation round. Overall vitamin A coverage was 97% (with all districts at 94% or higher) and de-worming tablets coverage was 94 percent (with all districts 88% or higher).

4 Behavior/ Demand

- NFHP negotiated and arranged (with private sponsorship) for prime time broadcast of *Asal Logne* on Kantipur TV. Airing of *Asal Logne* continues on local cable channels in 17 CPDs. SUMATA materials and *Asal Logne* cassettes have been distributed through NGOs in SM districts.

- For the draft National FP/MCH BCI Strategy, comments received from stakeholders have been incorporated into the strategy. The draft strategy has been shared with NHEICC. Formal endorsement through a consensus workshop was obtained in November.
- A needs assessment was completed by Shaufiqur Rahman from the Bangladesh Center for Communication Programs and submitted to SMT. A matrix of all district-specific NFHP activities has been prepared for use by BCC teams and others.
- Over this period there have been airings through Radio Nepal of both RHP Distance Education (through episode # 31) and the Drama Serial (through episode # 30).
- Two contributions from our listeners:

Success Story :

Gyan Nai Sakti Ho –RHP-DS

A program that is being aired in "Knowledge is power" is really powerful and helpful in increasing knowledge. Obviously, well-off people are always well and powerful but poor people are getting opportunity to know a lot about the health problems and problem solving options from this radio health program, which is quite good for them. In addition, how a small investor can start a big business, how any family member can use appropriately his/her income and how conflict among the family member can be solved with a little support of other person, these all kinds of lessons are being learnt through this Drama Serial. Similarly how a good husband can prepare and save the lives of women during pregnancy and delivery is also being learnt. Interpersonal communication specially among husband and wife on health issues is the strongest area and heart of the Drama serials. At the last but not least, if the real cases related to health issues, happening in the community includes in this drama serial, it will be great to make healthy society.

Shiva "Sakar" Khatiwada

Diktel Bazar Ward # 5

Hankanpur, Khotang

Letter dated : 2061/2/28

Poem

Sewa Nai Dharma Ho – RHP-DE

*Health workers has to go in client's home
There is a service, service is religion
Somewhere you find pregnant women
and somewhere the child
We the women are selfless we speak true
Get the pregnant women check with the
help of family members
Our FCHVs provide service free of cost
Education, skills and knowledge are the
important than others
The Nepal Aama should give knowledge
and skills like this
The Nepalese citizen should get
education, knowledge
Should not there be an untimely death*

Chandra Kala Kathayat

Parasan VDC, Ward # 7

Kanchanpur

- Letters have been received from DS and DE listeners in 43 districts (1044 letters from DS listeners; 832 from DE listeners).
- RHP Phase II development is ongoing. Contracts for script writers and production have been finalized.
- RHP DE&DS Phase 2 Design Document has been prepared, with broad stakeholder participation. It has been shared with government counterparts and NFHP team leaders for final comments. The document will be used as a blueprint by scriptwriters.
- Scriptwriters have finalized the story outline and program format for Phase 2. Sample scripts have been submitted and reviewed. An artist and writer are working on the design and writing of support materials for RHP DE and DS 2

- A contract has been finalized to procure 4800 radios for RHP and Flexible Funds project.
- Other print materials have been produced and distributed: 1100 SUMATA posters (urban male, rural male) have been laminated and mounted. The same quantity of FP method poster has also been prepared. Distribution has been done to all HFs in 14 CPDs through MASS and FOs (the remaining 3 CPDs are scheduled for after Dashain).
- NFHP assisted in design and production of IEC/BCC materials for the national measles campaign.
- Recruitment is underway for a technical resource person to be based at NHEICC.
- Terms of reference andfor a BCC task group under SMSC have been tabled by Director of FHD at SMSC.

Appendix 1: Access Tables

Proportion of Health Facilities Accessible to NFHP staff for Tehcnical Support Visits July-Sept 2004

S/N	District	Total HF's	Accessible								Total number of HF's visited by NFHP staff		Not Accessible	
			Can visited by NFHP Vehicle		Can go by hired vehicle/Bus		Can visit on foot		Total No. of HF which can be visited		#	%	Cannot visit because of conflict situation	
			A		B		C		D = (A+B+C)				F	
			#	%	#	%	#	%	#	%	#	%		
1	Jhapa	50	17	34	19	38	0	0	36	72	0	0	14	28
2	Morang	66	26	39	23	35	0	0	49	74	0	0	17	26
3	Sunsari	52	29	56	18	35	0	0	47	90	4	9	5	10
4	Siraha	108	26	24	46	43	0	0	72	67	0	0	36	33
5	Dhanusha	104	54	52	3	3	0	0	57	55	11	19	47	45
6	Mahottari	76	49	64	1	1	0	0	50	66	12	24	26	34
7	Rasuwa	18	0	0	0	0	14	78	14	78	8	57	4	22
8	Rautahat	97	80	82	15	15	0	0	95	98	24	25	2	2
9	Bara	98	44	45	19	19	0	0	63	64	10	16	35	36
10	Parsa	84	73	87	0	0	0	0	73	87	14	19	11	13
11	Chitwan	41	20	49	4	10	0	0	24	59	10	42	17	41
12	Nawalparasi	76	37	49	13	17	0	0	50	66	13	26	26	34
13	Banke	47	16	34	3	6	10	21	29	62	15	52	18	38
14	Bardiya	33	10	33	9	27	0	0	19	58	5	26	14	42
15	Bajura	27	0	0	0	0	7	26	7	26	0	0	20	74
16	Kailali	43	0	0	12	28	5	12	17	40	6	35	26	60
17	Kanchanpur	21	0	0	10	48	3	14	13	62	5	38	8	38
Total		1041	481	46	195	19	39	4	715	69	137	19	326	31

As we see above, 69% HF's were accessible for technical support visits over this period; the remainder could not be visited because of the conflict situation. Column E shows that the actual proportion of HF's visited by NFHP over the past quarter was 19% of the accessible health facilities. This was notably lower than the previous quarter due to, at least in part, to involvement in 3-day district level review meetings and 6-day district level review meetings in each district.

NFHP Field Offices expect to monitor performance and provide technical support to HF's that cannot be visited due to the conflict (31%) through contacts with HF staff at Ilaka Level Monitoring Meetings and through correspondence and data review and feedback systems.

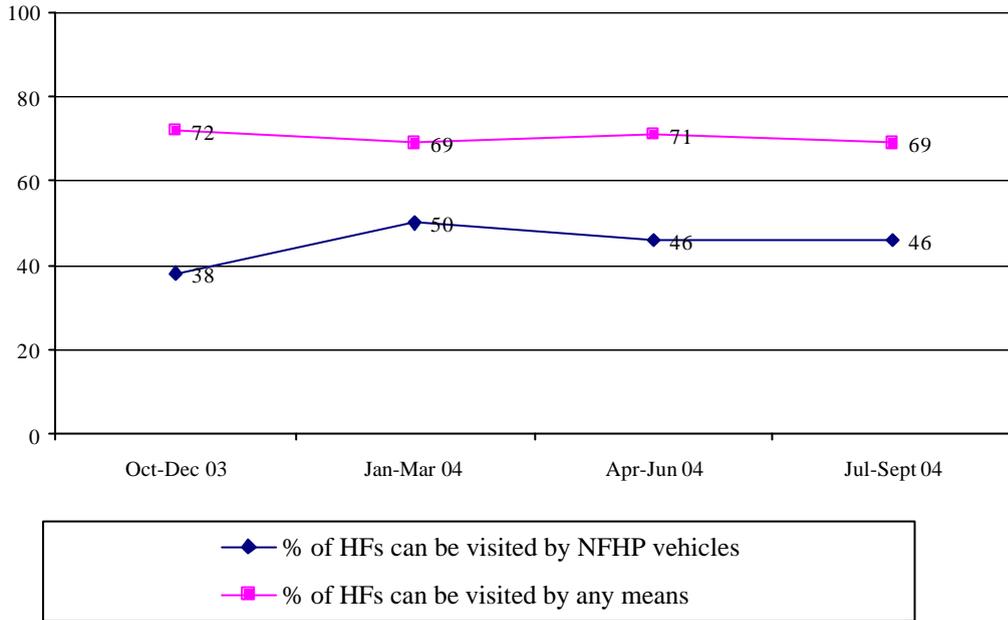
**Proportion of Health Facilities Accessible to NFHP staff for Monitoring Visits
April-June 2004**

S/N	District	Total HFs	Accessible								Total number of HFs visited by NFHP staff		Not Accessible	
			Can visited by NFHP Vehicle		Can go by hired vehicle/Bus		Can visit on foot		Total No. of HF which can be visited		#	%	Cannot visit because of conflict situation	
			A		B		C		D = (A+B+C)				F	
#	%	#	%	#	%	#	%	#	%	#	%	#	%	
1	Jhapa	50	19	38	19	38	0	0	38	76	13	34	12	24
2	Morang	66	25	38	22	33	0	0	47	71	5	11	19	29
3	Sunsari	52	34	65	16	31	0	0	50	96	6	12	2	4
4	Siraha	108	22	20	56	52	0	0	78	72	8	10	30	28
5	Dhanusha	104	47	45	20	19	0	0	67	64	23	34	37	36
6	Mahotari	76	49	64	10	13	0	0	59	78	39	66	17	22
7	Rasuwa	18	0	0	0	0	14	78	14	78	14	100	4	22
8	Rauthat	97	69	71	16	16	1	1	86	89	46	53	11	11
9	Bara	98	55	56	19	19	0	0	74	76	31	42	24	24
10	Parsa	84	59	70	10	12	1	1	70	83	22	31	14	17
11	Chitwan	41	14	34	0	0	0	0	14	34	10	71	27	66
12	Nawalparasi	76	37	49	8	11	0	0	45	59	9	20	31	41
13	Banke	47	33	70	2	4	3	6	38	81	11	29	9	19
14	Bardiya	33	12	36	6	18	0	0	18	55	6	33	15	45
15	Bajura	27	0	0	0	0	0	0	0	0	0	0	27	0
16	Kailali	43	0	0	16	37	2	5	18	42	17	94	25	58
17	Kanchanpur	21	7	33	14	67	0	0	21	100	18	86	0	0
	Total	1041	482	46	234	22	21	2	737	71⁴	278	38	304	29

The table above was submitted to USAID last quarter and is included here for comparison with the most recent quarter. Overall there was little difference between the two periods in proportion of HFs assessed to be accessible. See the following table for longer-term trends in access.

⁴ Rounded to nearest percent

Percentage of Health Facilities Access by Quarters



As seen in the graph above, showing the evolution over the past 4 quarters, there were no significant changes over this period. In the period October – December 2003, because of not having a vehicle, field officers based in Bara and Rauthat categorized *all* health facilities under "visit on foot or by bus". Responding to feedback given to them from the center, from the next reporting period on, they have categorized all health facilities where there was no security threat, as "can visit by NFHP vehicle".

Appendix 2:

Appendix 3: Indicators and Targets

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual		
<i>Overall Program</i>											
0-1 Under Five Mortality (National)	Number of deaths per 1000 live births	DHS	91 per 1000 live births	NA	NA	NA	NA	NA	NA	NA	70 per 1000 live births
0-2 Total Fertility Rate (National)	Average number of children that would be born to a woman during her childbearing years at current rates	DHS	4.1	NA	NA	NA	NA	NA	NA	NA	3.6
0-3 Contraceptive Prevalence Rate	Percentage of MWRA using modern contraceptive methods	DHS	35.4%	NA	NA	NA	NA	NA	NA	NA	41%
<i>Component I</i>											
1-1 Commodities Available at Health Facilities	Percentage of health facilities (PHCs, HPs, SHPs) that maintain availability of 7 commodities in CPDs year round	LMIS	20%	26%	27%	32%	27%	38%	44%	44%	50%
1-2 Commodities Available at Community Level	Percentage of FCHVs in CPDs who have 3 or 4 key commodities available	FCHV survey	NA	NA	12%	12%	48%	52%	48%	56%	60%

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual		
1-3 Pneumonia Treatment	Number of pneumonia cases in children (age 0-60 months) treated by community health workers (FCHVs, MCHWs, VHWs) and in health facilities in districts where community-based pneumonia treatment has been initiated	NFHP monitoring records	156,010 in 12 districts	171,000 in 13 districts	179,645 in 13 districts	178,000 in 15 districts	225,897 in 15 districts	235,000 in 16 districts	250,144 in 16 districts	250,000 in 17 districts	260,000 in 17 districts
1-4 Quality of Pneumonia Treatment	Percentage of children presenting to health workers (FCHVs, MCHWs, VHWs) with pneumonia symptoms who receive appropriate treatment in CPDs where community-based pneumonia treatment has been initiated	Supervision checklist, record review	92% in 13 CPDs	>90%	95% in 13 CPDs	>90%	93% in 15 districts	>90%	95%	>90%	>90%
1-5 FCHVs Services Reflected in HMIS Data	Percentage of health facilities in CPDs reporting FCHV service data (separately) through HMIS	HMIS	60%	65%	71%	70%	80%	>85%	84%	>=85%	>=85%
1-6 Treatment of Night-blind Pregnant Women	Number of pregnant night-blind women treated with Vitamin A in intervention CPDs	TBD	0%	NA	NA	NA	NA	NA	64 (Jan-Jun from Sunsari)	TBD	TBD

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual		
1-7 ORT Use in Children Under 5	Percentage of children (under 5 years) with diarrhea in preceding 2 weeks who received Oral Rehydration Therapy (ORS or increased fluids)	DHS	47%	NA	NA	NA	NA	NA	NA	NA	60%
1-8 Measles Vaccination Coverage	Percentage of children who received measles vaccination by 12 months of age in CPDs	HMIS	77%	77%	77%	79%	84%	>80%	90%	>80%	>80%
1-9 Pneumonia Treatment	Percentage of expected pneumonia cases in children (0-59) months treated by community health workers (FCHVs, VHVs, MCHVs) and health facilities in core program districts where community-based treatment has been initiated	NFHP Monitoring Records	62%	63.6%	65%	65.2%	68%	66.8%	67%	68.4%	70.0%
Component II											
2-1 District Hospitals Offering PAC Services	Number of district hospitals offering PAC services in CPDs	Supervision reports	4	4	4	7	6	10	13	13	17
2-2 HMG/NGO Coordination	Number of CPDs holding RHCC meetings in their districts at least quarterly	NFCC reports	NA	2	2	7	7	12	4	15	17

Indicator	Definition	Data Source	Baseline (2000-2001)	Year 1 (2001-2002)		Year 2 (2002-2003)		Year 3 (2003-2004)		Year 4 (2004-2005)	Year 5 (EOP)* (2005-2006)
				Target	Actual	Target	Actual	Target	Actual		
2-3 Couple Years of Protection	Annual protection against pregnancy afforded by contraceptives distributed in CPDs	HMIS	572,172	612,224	602,148	644,298	645,069	690,224	717,403	738,539	790,237
2-4 Health Facility Supervision	Percentage of PHCs and HPs in CPDs that receive a quarterly supervision visit by DHO staff	TBD	Unknown	NA	NA	NA	82%	>=85%	87%	>=85%	>=85%
Component III											
3-1 Couple Years of Protection (National)	Annual protection against pregnancy afforded by contraceptive distributed	HMIS	1,284,649	1,348,882	1,271,119	1,334,675	1,368,791	1,437,231	1,474,035	1,509,092	1,584,547
3-2 Reporting of LMIS Data by Health Facilities (National)	Percentage of functioning health facilities (DHs, PHCs, HPs, and SHPs) reporting LMIS data within 2 months after end of quarter	LMIS	79%	80%	90%	81%	85%	>=85%	88%	>=85%	>=85%
3-3 Vitamin A Supplementation Coverage (National)	Percentage of children (6-59 months) who received a Vitamin A capsule during the preceding round of supplementation	Mini-surveys	96%	> 90%	96%	> 90%	98%	>90%	98%	> 90%	> 90%
3-4 HMG Purchase of Contraceptives	Percent increase in HMG budget contribution to the purchase of family planning commodities	HMO budget	Rs. 5 million	+ 10% of baseline Rs. 5.5 million	+200% Rs. 10 million	+10% of Year One target Rs. 6.05 million	-24% Rs. 8.5 million	+10% of Year Two target Rs. 6.65 million	Rs 6.9 million	+10% of Year Three target Rs. 7.3 million	+10% of Year Four target Rs. 8.0 million

* NFHP began in December 2000 but the Nepali fiscal year runs from mid-July to mid-July so the data for many indicators refer to this period. The project ends in December 2006 but the indicators will only cover the period through mid-July 2006.