

# SEMI-ANNUAL REPORT SUPPLEMENT

*1 April-30 September 2010*

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**Submitted by  
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## **Background**

JSI Research & Training Institute, Inc. was awarded a Cooperative Agreement to implement the Nepal Family Health Program II starting on 19 December 2007 and ending on 30 September 2012. NFHP-II is being implemented by JSI Research & Training Institute, Inc. and its partners – Save the Children, EngenderHealth, JHPIEGO, World Education, Nepal Technical Assistance Group, Nepal Fertility Care Center, Management Support Services, Nepal Red Cross Society, United Mission to Nepal, BBC world Service Trust, Digital Broadcast Initiative Equal Access and Family Planning Association of Nepal. At the time of submission, Center for Development and Population Activities was also included in NFHP II's partners list.

## **Objective**

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

## **Report Organization**

This report is a supplement to the Semi Annual Performance Report for the 1 April 2010–30 September 2010 submitted on 29 October 2010 and is organized following the structure of the year 3 NFHP II Annual Workplan covering the period July 2010-June 2012.

In order to meet the needs of different audiences for program information on NFHP II we have redesigned the format of this report and divided it into two parts. Part I is for those readers who wish to get a quick overview of major activities and achievements of NFHP II without the details, but it is easy to refer to details by going to the relevant section in part two. Part II is similar to past semi annual report supplements and provide the details for each activity in the NFHP II Annual Workplan.

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## Acronyms

AED	Academy for Educational Development
AHW	Auxiliary Health Worker
AI	Appreciative Inquiry
AI	Avian Influenza
AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
ART	Anti-retroviral Therapy
BBC WST	BBC World Service Trust
BCC	Behavior Change Communication
BEOC	Basic Emergency Obstetric Care
BPP	Birth Preparedness Package
BTS	Blood Transfusion Service
CB-IMCI	Community-based Integrated Management of Childhood Illness
CBLP	Central Bidding Local Procurement
CB-NCP	Community-based Neonatal Care Package
CDK	Clean Delivery Kit
CDO	Chief District Officer
CEDPA	Center for Development and Population Activities
CEHP	Community Eye-care Health Promotion
CFWC	Chhetrapati Family Welfare Center
CH	Child Health
CHD	Child Health Division
CHW	Community Health Worker
CHX	Chlorhexidine
CMA	Community Medical Assistant
COFP/RH	Comprehensive Family Planning/Reproductive Health
CPD	Core Program District
CPR	Contraceptive Prevalence Rate
CRS	Contraceptive Retail Sales
CTS	Clinical Training Skills
DDC	District Development Committee
DDRC	District Disaster Relief Committee
DoHS	Department of Health Services
DHO	District Health Office
DPHO	District Public Health Office
EDP	External Development Partner
EPI	Expanded Program on Immunization
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FP	Family Planning
FPAN	Family Planning Association of Nepal
FY	Fiscal Year
GATE	Girls' Access to Education
GESI	Gender Equity and Social Inclusion
GIS	Geographic Information System
GoN	Government of Nepal
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HA	Health Assistant
HCWM	Health Care Waste Management
HEAL	Health Education and Adult Literacy
HEJAN	Health Journalists Association of Nepal
HF	Health Facility
HFMSp	Health Facility Management Strengthening Program
HFOMC	Health Facility Operational Management Committee
HLD	High Level Disinfection
HMIS	Health Management Information System
HP	Health Post
HW	Health Worker
ICTC	Institutionalized Clinical Training Center
IEC	Information, Education, Communication
INF	International Nepal Fellowship
I/NGO	International/Non-Governmental Organization
IP	Infection Prevention
IUCD	Intra-Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
KfW	Kreditanstalt für Wiederaufbau
KZH	Koshi Zonal Hospital
LBI	Local Bacterial Infection

LC	Learning Circle
LFP	Livelihood and Forestry Program
LLS	Literacy and Life Skills
LHGSP	Local Health Governance Strengthening Program
LMD	Logistics Management Division
LMIS	Logistics Management Information System
LDO	Local Development Officer
M&E	Monitoring and Evaluation
MASS	Management and Support Services
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MCHW	Maternal and Child Health Workers
MD	Management Division
MEDEP	Micro Enterprise Development Program
MG	Mother's Group
MgSO4	Magnesium Sulphate
ML	Minilaparotomy
MMW	Monthly Monitoring Worksheets
MNH	Maternal and Newborn Health
MoHP	Ministry of Health and Population
MoLD	Ministry of Local Development
MSC	Maatri Surakchya Chakki (misoprostol)
MTOT	Masters Training of Trainers
MUAC	Mid-Upper Arm Circumference
NCASC	National Center for AIDS and STD Control
NEPAS	Nepal Pediatric Society
NESOG	Nepal Society for Obstetricians and Gynecologists
NDHS	Nepal Demographic Health Survey
NFCC	Nepal Fertility Care Center
NFHP	Nepal Family Health Program II
NGO	Non-governmental Organization
NHEICC	National Health Education, Information & Communication Centre
NHTC	National Health Training Center
NID	National Immunization Day
NMS	National Medical Standard
NPC	National Planning Commission
NRCS	Nepal Red Cross Society
NSV	No-Scalpel Vasectomy
NTAG	Nepali Technical Assistance Group
NVAS	Newborn Vitamin A Supplementation
OPD	Outpatient Department
ORC	Outreach Clinic
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PAC	Post-abortion Care
PHA	Public Health Analytics
PHCC	Primary Health Care Center
PI	Performance Improvement
PMWH	Paropakar Maternal and Women's Hospital
PNC	Postnatal Care
PPE	Personal Protective Equipment
PPH	Postpartum Hemorrhage
PSBI	Possible Severe Bacterial Infection
QAWG	Quality Assurance Working Group
QI	Quality Improvement
RD	Regional Directorate
RDW	Recently Delivered Women
RH	Reproductive Health
RHD	Regional Health Directorate
RHTC	Regional Health Training Centre
RMS	Regional Medical Store
SAVE	Save the Children
SBA	Skilled Birth Attendant
SDC	Swiss Development Cooperation
SHP	Sub-health Post
SMN	Safe Motherhood and Neonatal
SN	Staff Nurse
SUDIN	Sustainable Development Initiative Network
SWP	Supplemental workplan
TA	Technical Assistance
TAG	Technical Advisory Group
TOT	Training of Trainers

TSV	Technical Support Visit
TT	Tetanus Toxoid
TWG	Technical Working Group
TWG	Training Working Group
UMN	United Mission to Nepal
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VAC	Vitamin A Capsule
VaRG	Valley Research Group
VCT	Voluntary Counseling and Testing
VDC	Village Development Committee
VHW	Village Health Worker
VSC	Voluntary Surgical Contraception
WDO	Women Development Office
WHO	World Health Organization

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## PART I: HIGHLIGHTS

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Part I of this report is designed to provide a synopsis of the highlights of NFHP II's (henceforth referred to as NFHP) work during this reporting period, for each of our major workplan topic areas. Each of the headings here is reflected in the workplan and represents a major area of support that NFHP provides to the Government of Nepal (GoN). This part is meant to provide an overview of activities, while Part II below provides details for all specific activities mentioned in the workplan.

### **1.0 Health Systems, Policy, Leadership/ Management**

In this reporting period, a number of activities have been accomplished supporting the systems, policy, leadership and management capacity of the Ministry of Health and Population (MoHP). There has been a major emphasis on local health governance, and health facility (HF) management committees - with NFHP helping the Ministry strengthen capacity in these areas. There has been ongoing technical support in several areas, as highlighted below:

#### **1.1 Policy**

NFHP supported meetings of the Local Health Governance Strengthening Program's (LHGSP) Technical Coordination Team and Steering Committee, to finalize concepts and coordinate between MoHP and the Ministry of Local Development (MoLD). NFHP also assisted in organizing a workshop to finalize the Health Sector Devolution Frame Work and its Implementation Guidelines with Orientation and Advocacy Packages. These efforts have significant implications for the decentralization of authority and budgeting for health programs and the Government is particularly interested in this capacity building effort in anticipation of potential changes in governance.

NFHP also assisted the Department of Health Services (DoHS) in the revision of the National Female Community Health Volunteers (FCHV) Program Strategy which has been approved by MoHP and reflects their continued commitment to this program.

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

Management support has also included provision of technical assistance (TA) to national Technical Committees (technical working groups or TWG), such as the community-based integrated management of childhood illnesses (CB-IMCI) TWG; distribution of job aids and counseling kits; support to Family Health Division (FHD) to conduct national and regional reviews and workshops; support for family planning (FP) and health logistics training; development of misoprostol implementation guidelines; help with implementation of the Health Management Information System (HMIS) in districts; and providing TA to the Logistics Management Division (LMD) in forecasting, quantification and procurement of essential commodities. These ongoing efforts are directed toward improving the ongoing quality of service for these established programs.

NFHP is rigorously working to enhance management and leadership capacity of HF management and operational committees in order to improve the efficiency of day to day management functions and make services more inclusive for women and marginalized populations in the community. This effort has been particularly successful in giving marginalized groups a voice in their health care service and per request of the GoN, is being scaled up rapidly with NFHP support.

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

NFHP has also supported district level leadership and management capacity in a number of ways. NFHP provided TA for Quality Assurance Working Groups (QAWG) in core program districts (CPD); assisted district health offices (DHO) and district public health offices (DPHO) in conducting quarterly district meetings; helped strengthen D/PHO supervisory systems; strengthened FP services at the district level; and provided district level procurement trainings. These efforts have been directed at gaps identified by district colleagues and are designed to establish lasting capacity focused on the quality of service delivery for established programs.

## **1.4 Logistics**

The GoN's logistics supply system has markedly improved over the past decade, as evidenced by improved reporting and decreased stockouts for key commodities in most districts. NFHP has been consistent in our support to the Ministry to continue to strengthen this critical service delivery component.

During this reporting period, NFHP provided ongoing technical assistance to the LMD, DoHS. This included: quantification and forecasting of FP, maternal and child health (MCH), essential drugs and vaccines; support for district wide procurement systems for essential drugs; and support in devising Central Bidding Local Procurement (CBLP) for LMD. NFHP also assisted with LMD's initiation to start e-bidding activities – for which the ground work has been completed; and supported LMD in developing the MoHP's future policies and strategies for the health logistics part within the Nepal Health Sector Programme Report-II.

Technical assistance was provided to LMD for their Annual Commodities Distribution Program, on distribution and transportation of key FP and MCH commodities including vaccines, medical equipment and instruments. NFHP also supported LMD in: emergency transportation of health commodities to districts and health facilities to respond to acute shortages; in orientation/training of web-based Logistics Management Information System (LMIS) and Inventory Management systems at district and regional levels; developing a district ranking indicator based on LMIS reporting and availability of key commodities to better monitor districts and expand support in the weak districts; strengthening the expanded program on immunization (EPI) logistics; and supporting national level pipeline meetings on key health commodities. These efforts have been successful, with regular quarterly LMIS reporting from all the health facilities consistently over 90% each quarter. In addition, on-line reporting of LMIS has increased from 11% to 32% and the use of the Inventory system has increased to 45%.

NFHP also worked closely with district colleagues to strengthen storage capacity at health facilities (in 4 districts) by providing racks, pallets and cupboards. NFHP continued district level technical and/or financial support in the following areas: sub-district level logistics orientation in 5 districts; refresher training for newly transferred district store keepers in 23 districts; basic logistics training for maternal and child health workers (MCHW)/village health workers (VHW) in 3 districts; district level procurement training in 9 districts; and completion of training on the Pull System funded by GoN in the remaining 27 districts of the country. The demand based inventory management system has now been implemented in all 75 districts.

NFHP worked with the LMD in a number of other technical areas, including: developing an orientation guideline for community health workers; revising the Orientation Guideline for auctioning, disposal and write-off as per new GoN rules and regulations; revising the standard list of bio-medical equipment for all institutional levels of the health care system up to Zonal Hospitals; and coordinating with Kreditanstalt für Wiederaufbau (KfW) on district warehouse construction in 3 districts. MoHP has also initiated warehouse construction in 6 new districts.

DELIVER with NFHP extended support to National Center for AIDS and STD Control (NCASC) on strengthening logistics to its voluntary counseling and testing (VCT) centers, anti-retroviral therapy (ART) sites and prevention of mother to child transmission (PMTCT) centers, which included forecasting, quantification, store/inventory management, information management, distribution transportation and capacity building. Support was also extended to Ministry of Agriculture and Cooperatives on emergency management of Avian Influenza (AI) logistics during the H1N1 outbreaks in the country.

## **2.0 Service Delivery**

NFHP continued to provide support for service delivery at health facilities and at the community level. Many activities were directed to improving coverage and quality of existing programs, while others were directed toward piloting or scaling up innovations, once approved by the Government. NFHP has continued to be responsive to the MoHP requests to support efforts to overcome service delivery gaps that can accelerate the achievement of the Millennium Development Goals.

With the improvements made in child health, the Government has emphasized the importance of maternal and neonatal health for both facility and community-based services. NFHP has responded by providing technical support to a variety of interventions in the continuum of care from pregnancy, through the neonatal period and into childhood. NFHP has helped plan integration of these approaches and worked to link these efforts to related service delivery, such as family planning.

## **2.1 Health Facility Level Service Delivery**

Demographic changes in Nepal have likely affected contraceptive preferences and the GoN is trying to respond to evolving needs in order to continue to address unmet need for FP services. This has resulted in the need to address gaps in service delivery capacity at health facilities, including those for implant and intra-uterine contraceptive device (IUCD). Similarly, with the GoN's emphasis on facility deliveries, there are capacity gaps in service delivery to reduce maternal risk and improve delivery outcomes. NFHP continued to provide the Government with technical support for these evolving needs, while exploring different ways to improve service delivery efficiency and responsiveness.

### **Family Planning:**

There was a slight increase in couple year protection (CYP) in the last fiscal year, compared to previous years, although further improvement is needed. NFHP assisted the GoN with district FP service delivery planning and during this reporting period, follow-up on this activity in 5 districts showed improvement in each. NFHP also supported the Government in introducing post partum FP services in 3 new hospitals, with follow-up in five old sites. Support visits demonstrated improvement in postpartum counseling on FP.

NFHP also played a critical role in developing the capacity of service providers and FCHVs to increase access of FP information and services to marginalized and rural communities by implementing a new approach, which focuses on determining the unmet needs of clients in rural communities and enhances their knowledge on comprehensive FP methods. To strengthen the counseling process, counseling kits were developed and distributed to health facilities. Satellite clinics, which focus on rural, marginalized communities continued their services in 7 districts.

At the central level, NFHP provided support to the FHD in conducting FP sub-committee meetings and coordinating with concerned divisions, stakeholders and D/PHOs to strengthen FP services. The National Medical Standard for Reproductive Health, Volume 1: Contraceptive Services was disseminated.

### **Safe Motherhood:**

NFHP has played a key role in coordinating Safe Motherhood activities at the central level. In this reporting period, NFHP supported the Safe Motherhood and Neonatal Subcommittee (SM-NSC) to make decisions on the approval of a national guideline on the use of misoprostol (matri suraksha chakki MSC) for prevention of post partum hemorrhage (PPH); helped develop the joint work plans of different stakeholders; and assisted in developing a maternal and newborn health (MNH) package and job aids. These job aids were tested and distributed to concerned health facilities.

NFHP also supported strengthening the quality of maternal health through MNH updates to service providers. The MNH update was initiated in 2 new districts, Bara and Surkhet, while follow-up activities were conducted in Sindhuli and Dailekh. MNH updates included support in developing the capacity of service providers in key maternal health related skills, such as the use of partographs for monitoring labor, active management of third stage of labor (AMTSL) for prevention of PPH; and use of magnesium sulphate for prevention and management of eclampsia. After this intervention, there were significant increases in availability of 24 hour delivery services, the use of partographs and AMTSL. There was also an increase in the number of deliveries at these health facilities as discussed in section 2.1.14.

### **Performance Improvement:**

As part of HF systems strengthening, NFHP has worked with the Government on systematizing performance improvement (PI). The PI process has been applied to a variety of HF services, from

training to program management. As with logistics strengthening, this activity is directed toward long term systems improvement across a spectrum of services.

To improve the quality of training, NFHP supported Nepal Health Training Center (NHTC) in selecting participants for FP and logistics training, maintaining the training database and in planning for fiscal year (FY) 10/11; and provided support during FP training site assessments using Training Quality Improvement (QI) tools.

Similar techniques were applied to FP services and NFHP supported NHTC in facilitating the Training Working Group (TWG); reviewing progress made by NHTC partners; reviewing, updating and finalizing the IUCD Training Package; and in forming clinical training skills (CTS) and training of trainers (TOT) technical groups. NFHP assisted in upgrading the Maternity Hospital as a FP training site, which has already conducted minilaparotomy (ML) and Implant training. Besides this upgrade, NFHP has continued its support to FP Training sites (Chhetrapati Family Welfare Center [CFWC], ICTC) based on gaps identified by the FP QI Tools and visited KZH for support in revitalizing FP training. NFHP supported the NHTC/FHD in developing the transition plan for CFWC and ICTC.

NFHP continued to support district level QAWG in all CPDs to improve its functioning and effectiveness. Over 58 meetings were supported resulting in over 350 activities planned, 73% of which were completed - demonstrating the effectiveness of this approach.

Encouraged by past experience, NFHP helped conduct a 1-day workshop to strengthen the district supervision system in 7 CPDs<sup>1</sup>, during which 142 participating supervisors identified the strengths and areas for improvement of the supervision system in their respective districts. Follow-ups were conducted in 4 districts where it was found that supervision had begun and QAWG meetings were held to address identified problems. NFHP also applied an Appreciative Inquiry (AI) approach to improve the district health system in 3 districts.

NFHP introduced need-based, whole site infection prevention (IP) strengthening activities in 56 HFs in which 420 staff participated. This resulted in an increase in the use of sterile instruments. IP strengthening activities (including health care waste management [HCWM]) were also carried out at Janakpur, Rapti, Mahakali and Mechi Zonal Hospitals.

This PI approach, with on-site coaching and support, has been successful in improving a number of elements of facility service provision, including IP, client comfort, privacy and satisfaction and initiation of services in response to gaps and needs (with a particular focus on family planning), with evidence of improvement provided by technical support visits (TSVs).

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<sup>1</sup> Rolpa, Rautahat, Siraha, Pyuthan, Parsa, Mohottari and Morang  
*NFHP II SAR Apr-Sept 2010*

## NFHP's Activities on Inclusion of Persons with Disabilities

On November 25, 2009, NFHP received a memo on 'Disability Plan for USAID/Nepal' with a request to reflect on 'how the activity that you are implementing for USAID does or could increase the inclusion of persons with disability'. Therefore, although disability was neither mentioned in the RFA nor was NFHP given the mandate to work actively in the area of disability, NFHP was inspired to do some work on inclusion of persons with disabilities. This resulted in NFHP supporting building a wheel-chair ramp in Rolpa Hospital and provision of wheel-chairs in district hospitals of Rolpa, Sindhuli and Parsa. Moreover, many other NFHP activities contribute to prevention, assessment, referral and management - although not treatment - of various types of disabilities, some of which are discussed below.

Many disabilities related to newborns are prevented with the continuum of care given to the mother around her time of conception, pregnancy and birth. The 4 ANC check-ups help identify abnormalities in infants. TT (Tetanus Toxoid) dose given during pregnancy provides protection for both mother and baby against tetanus. Iron supplements for pregnant mothers helps the fetus grow and develop properly. NFHP also promotes institutional delivery so that birth asphyxia in newborns can be assessed and if it is found present, the institution can support newborn resuscitation. Institutional delivery also helps in identification and referral to treatment of congenital anomalies such as cleft lip, cleft palate and club foot.

Moreover, child health programs such as EPI, CB-IMCI, Nutrition and CB-NCP are designed for prevention, early detection, assessment and management of illnesses that could lead to disabilities in children. Immunization programs against DPT and Polio prevent tetanus and poliomyelitis and associated disabilities. Fever related to encephalitis and meningitis, if identified early, avoids mental retardation; immunization against measles, can help avoid eye complications and ear infections that can lead to deafness. Similarly, Vitamin A supplementation for children and post-partum women prevents night blindness, keratomalacia, xerophthalmia and bitot's spot, the occurrence of which is a form of disability. Iodine supplementation in salt prevents hypothyroidism and cretinism.

Thus, although NFHP's direct engagement with disability programs is limited, support for a number of programs contributes directly to prevention of a variety of disabilities.

## 2.2 Community-Based Service Delivery

One of NFHP's major activities has been supporting the Government's community-based services. This has involved taking existing programs to scale; addressing longer term quality of care issues; piloting innovative approaches underpinned by new research findings; and supporting small implementation studies in preparation for piloting. Support for community-based service delivery is thus at different stages for different programs. During this reporting period, a variety of activities were undertaken to improve the community-based component of service delivery.

### CB-IMCI:

With the establishment of CB-IMCI in all districts, NFHP shifted its support to address quality of care issues. Health workers (HWs) need frequent technical support, refresher trainings, monitoring meetings, and regular supplies of commodities and training is needed for newly recruited staff and volunteers. NFHP supported the Government with maintenance activities, including district and community level review/refresher meetings (14 districts); training new or transferred HF staff and FCHVs; intensive monitoring meetings (2 districts); regional level CB-IMCI focal persons' meetings; and drug retailers orientation (1 district).

NFHP assisted the government with introduction of zinc for the management of diarrhea in the last remaining 3 districts (Siraha, Sarlahi and Banke), helping this to become a fully national intervention.

NFHP provided financial, technical and monitoring support to carry out the district level planning workshop on National Immunization Day (NID) in 34 districts of the Central and Mid-Western regions in the April 2010 round, while Management and Support Services (MASS) provided management support in both regions. The coverage of NID was more than 95%.

**Community-Based Neonatal Care Package (CB-NCP):**

As part of its emphasis on improving maternal and neonatal care, the GoN has emphasized a package of interventions to be implemented at the community level. NFHP has been engaged with many of the component parts, but during this reporting period, assisted with implementation of the full package in 2 districts.

CB-NCP was initiated in 2008/2009 as a pilot program in 10 districts by GoN and external development partners (EDPs). The Government has decided to gradually expand this program throughout the country in coordination with donor partners. NFHP expressed its commitment to support and implement this program in five districts by 2012.

During this reporting period, to initiate the CB-NCP, district planning and District Development Committee (DDC)/stakeholder orientations were held in Mahottari and Salyan and CB-NCP training was provided to HF staff. During the training, all participants were provided an opportunity to practice with real cases to enhance their skills on management of neonatal infections, hypothermia and low/very low weight infants in the hospital.

To maintain the CB-IMCI program and implement the CB-NCP program, NFHP has procured program materials/equipment and ensured supply during the training program. The procured materials included: clinical thermometers, weighing scales, Delee suction tubes, bag and masks, clean delivery kits, safety boxes, insulin syringes, gloves, resuscitation dolls and baby wrappers.

NFHP was also engaged with discussions on implementation issues for this package, with the FHD and Child Health Division (CHD) at the central level. This included a qualitative review of the implementation to date. Planning for the more formal evaluation will commence once the initial districts have carried out a year of implementation.

**MNH activities at community level:**

Prior to the initiation of the CB-NCP by the Government, many of the interventions included were introduced through other MNH activities, which NFHP supported. This included the Birth Preparedness Package (BPP), postnatal visits and some elements of neonatal care. In addition, implementation of these interventions provided an opportunity for piloting or early scaling-up of other interventions, including MSC for prevention of PPH.

NFHP provided TA for implementation of MNH activities at community level (which include BPP/post natal care [PNC]; use of MSC for prevention of PPH in case of home birth; low birth weight (LBW) identification & management at community level; and hypothermia identification and management at community level) in 5 districts (Banke, Bajhang, Mugu, Jumla and Sindhuli) and expanded to two new districts (Kalikot and Dailekh). All MNH activities at community level except MSC were maintained in Kanchanpur. The use of Chlorhexidine (4%) (CHX) lotion for cord stump care was piloted in three districts (Banke, Bajhang and Jumla). The BPP/PNC intervention was maintained in Jhapa.

NFHP provided additional technical support to FHD for national scale-up of the use of MSC, which was successfully piloted in Banke. Technical support by NFHP was provided to develop the implementation guideline and monitoring & evaluation plan. Technical support has also continued for national scale up of the revised BPP during this reporting period.

As part of NFHP support, review meetings were conducted with district supervisors, HWs and FCHVs in the maintenance districts to discuss program coverage, results, and recording and reporting issues. During the community level review meetings, nearly a thousand traditional healers were oriented about maternal danger signs and on danger signs in newborns, to facilitate their promotion of timely referral to health facilities. Similarly, a total of 572 FCHVs, 449 pregnant women and 335 recently-delivered women were visited by program staff through TSVs to strengthen the technical capacity of FCHVs, provide individual feedback on their practices, recording & reporting methods, ensure availability of essential commodities and to collect additional program data. The monitoring activities in Mugu and Bajhang districts were carried out in partnership with United Mission to Nepal (UMN). TA was also provided to United Nations

Children's Fund (UNICEF) during expansion of MNH activities at community level in Bajura and Darchula districts.

NFHP also supported officials from FHD and participated in the Global Maternal Health conference in Delhi, India to disseminate information about Nepal's experience on MNH, including the pilot study on the use of MSC for prevention of PPH in case of home births.

This reporting period also saw the expansion of the MNH activities at community level to additional districts and hiring of new staff. The process of hiring new staff was initiated and partially completed during this period and they will work for both MNH and CB-NCP in the districts where the two programs overlap.

NFHP has also helped the Government link facility-based services with community-approaches, particularly to reduce PPH among those not delivering at a HF and linking maternal with neonatal care. As maternal and neonatal interventions are integrated, NFHP will continue to support the Government with expansion of this important strategy.

#### **Gentamicin in Uniject Design Stage Trial:**

The Gentamicin in Uniject design stage trial, a feasibility study for use of Gentamicin in Uniject for the management of newborn sepsis by FCHVs, was disseminated as a panel presentation during the Global Health Conference in Washington DC, USA. The publication of the final project report and publication of the study-findings in peer reviewed journals is anticipated and will be covered in the next reporting period.

#### **Newborn Vitamin A Supplementation (NVAS) pilot program:**

NFHP continued its support to the CHD in the pilot study to explore the best distribution mechanism to reach the maximum number of newborns with 50,000 IU of vitamin A within 48 hours of birth. NFHP provided monitoring support in Banke (FCHV dosing model) and Sindhuli (mother/family member dosing model) whereas UNICEF, through Nepal Technical Assistance Group (NTAG), continued its monitoring support in Nawalparasi (FCHV dosing model) and Tanahun (Mother/family dosing model). The annual review meetings of the pilot program for HWs and FCHVs was integrated with the MNH activities at community level in Banke and Sindhuli. The coverage of NVAS from April-June was 47% and 70% of expected live births in Sindhuli and Banke, respectively, suggesting that a combined dosing model will work in Nepal.

The preliminary findings for six months (December 2009-May 2010) from the 4 districts were disseminated as a poster presentation by the CHD Director during the 2<sup>nd</sup> Congress of Public Health Nutrition in Porto, Portugal.

#### **Nutrition:**

NFHP is engaged with the strategic planning by the Government to reduce under-nutrition using a multisectoral approach. NFHP participated in and provided technical support for a series of workshops on nutrition, organized by the National Planning Commission (NPC) and CHD. They were held to identify nutrition program focal officers in different line ministries (MoHP, Ministry of Agriculture, Ministry of Education & Social Welfare, Ministry of Finance) and to develop their job description.

NFHP also started the preliminary work to initiate a pilot study in nutrition in one district of Nepal. The study will focus on the documentation of behavior change in infant and young child feeding (IYCF) practices, through a community level screening process using Mid Upper Arm Circumference (MUAC) tape. The pilot study will be discussed with USAID and CHD before finalization and will be reviewed in the next reporting period.

#### **National Vitamin A program:**

The April 2010 round of the semi annual Vitamin A supplementation campaign was carried out throughout the country to reduce under 5 child morbidity and mortality. As NFHP's partner, NTAG assisted LMD with repackaging and distributing vitamin A capsules (VAC) and de-worming tablets through GoN's channels to FCHVs prior to the supplementation campaign. The 48,500 FCHVs

dosed 3.35 million children with VAC and 2.88 million children with de-worming tablets over two days.

To maintain program coverage and quality, different promotional activities were carried out before the campaign, such as TV spots telecast from two television channels and radio spots in Nepali, Bhojपुरi, Maithali and Awadhi languages broadcast from national and regional radio and FM stations. Leaflets, posters, registers and scissors were distributed in the communities through NFHP, NTAG and GoN channels.

During the supplementation campaign, monitoring and supervision was carried out by the GoN's central, regional and district HF staff, partner organizations (e.g. NTAG, NFHP, UNICEF and other related stakeholders). Supervisors checked the records and reports and ensured that capsules had reached the FCHVs for supplementation. They also encouraged and mobilized the community to provide support to FCHVs during the capsule supplementation days.

NFHP is assisting the GoN with long term planning for the national vitamin A program.

#### **Female Community Health Volunteers:**

NFHP provides support for the FCHV program through FCHV support for specific programs (e.g. CB-NCP, MNH/BPP) and also through central level advocacy and policy development.

Most of the programs positively highlighted by international organizations rely heavily on FCHVs. However, their contribution and importance have not been acknowledged by the media, nor is the media adequately informed about the FCHV program. Thus, a 2-day orientation workshop was organized, with NFHP support, in three regions, after which news coverage about FCHVs and their contribution increased. NFHP also assisted the GoN with finalization of FCHV Guidelines.

NFHP is also working with the FHD to develop a FCHV advocacy video and to assist districts with FCHV fund management.

### **3.0 Community Programs**

In addition to community-based service delivery, NFHP provides technical and other support for a variety of community programs, including local governance, behavior change communication (BCC) and adult literacy. These programs provide critical support for service delivery and community development, and NFHP coordinates support to these programs with other NFHP activities.

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

Health facility management committees are receiving increasing attention to enhance local input to health services and ensure the voice of under-served populations. As per requests from USAID and the GoN, NFHP is assisting with rapid scale-up of support for these committees.

During this period, it was decided to expand the Health Facility Management Strengthening Program (HFMSPP) to 10 new districts, with the aim of covering a total of 14 districts by the end of 2012. With the decision to outsource the training activities, three consulting firms were selected. To date, 260 HFs have received a 3-day training in 9 districts (4 old and 5 new). All HFs in Banke and Kanchanpur received the 3-day training.

Another important achievement in this period was finalization of the revised and reviewed Health Facility Operational and Management Committee (HFOMC) capacity building approach. With technical and financial support from NFHP, 3 types of revised training manuals were produced by NHTC, where contents on Gender Equity and Social Inclusion (GESI) were added.

As part of joint TSVs, the NHTC focal person, Local Development Officer (LDO), Planning Officer and District Public Health Officer (DPHO) from various districts attended the HFOMC training and meetings and provided valuable inputs.

There was also noteworthy achievement from the GESI perspective. After the HFMSPP

intervention, restructuring/reformation of the HFOMC occurred in many places. As a result, there was at least 1 dalit and 4 female representatives in the HFOMCs of all program village development committees (VDCs). The proportion of Dalit members participating in HFOMC meetings was 85%, slightly higher than the previous reporting period (78%) and women's participation in HFOMC meetings was universal. In many cases, dalit members conducted community mobilization activities targeting dalit communities who under-utilize HF services. In other cases, dalit members worked as co-facilitators in HFOMC training, which is a good sign of empowerment. Use of health services by dalits was 1.35 times higher than their share in the total population of the program VDCs. This program appears to be having a significant impact on improving these committees - as measured by regular meetings being held (80%) that result in action plans (60%) that are implemented (80% of those developed).

Improvement in health facility management committee activities resulted in increased community mobilization for health programs, including improving participation in antenatal care (ANC), PNC and basic FP and EPI services. Much of this community outreach was conducted by women and dalits. As a result of these activities, there was evidence of an increase in client flow for ANC at HF/primary health care centers (PHCC)/outreach clinics (ORC) and immunization at EPI clinics.

During this period, HFOMCs of 4 districts generated a total of NRs 15,330,818 in cash and kind, mostly from VDCs, while 75% of HFOMCs supported FCHVs by providing dress and snacks during meetings, suggesting greater engagement with the communities they serve.

### **3.2 Community Efficacy, Literacy Life Skills**

#### **Activities:**

NFHP's Literacy and Life Skills (LLS) program is continuing its focus on health seeking behavior and practice of participants. During this reporting period, the government literacy package used during Health Education and Adult Literacy (HEAL) was replaced with the "Swasthya Saksharata" book developed by World Education, which is focused entirely on the health behavior of mothers and children.

The targets for implementing the Girls Access to Education (GATE) classes have been achieved. The target was to implement 200 GATE classes in five years. 135 classes were implemented during the first and second cycle of the program (each cycle taking 9-12 months to complete) while the remaining 65 classes are currently being run in 5 districts.

The third cycle of HEAL, Mother's Group/Learning Circle (MG/LC) and the Small Grant Support Program (SGSP) were completed in 8 districts.

Two SGSP supervisors were hired for two field offices and given orientation about the SGSP program. Out of the target of implementing 300 SGSPs, 151 were implemented during the first and second cycle of the program. The remaining 149 will be implemented in the third and fourth cycles.

#### **Curriculum Development:**

The HEAL Continuing Education Series, comprised of 12 small booklets related to community health issues were updated with new health messages this reporting period.

#### **Coordination:**

Coordination has been maintained with government stakeholders, local people and school teachers in implementing the LLS program. Non-governmental organizations (NGOs) also share progress of the program with D/PHOs and district education officers in each district.

#### **GESI:**

All the participants and facilitators of HEAL, GATE and MG/LC are women. This year's data is yet to come, but last year's data show the following: 14.2% dalit, 69% disadvantaged janajatis, 3.5% religious minorities, 1.1% relatively advantaged janajatis and 21.8% from upper caste groups participated in HEAL.

These education strategies for women, combining literacy and health, as well as opportunities for

girls education, are designed to have a long term impact on the ability of mothers to improve their own health and the health of their children. The approaches are intense and require time, and to date, an estimated 27,959 women have benefited from these programs.

### **3.3 Communications & Behavior Change**

Communication and behavior change program activities are designed in close consultation with different technical units under NFHP and are developed based on the identified program needs and gaps. The major activities implemented in this reporting period were: development of the FP Communication Strategy 2011-15; design and production of radio spots and jingles on FP/reproductive health (RH), MNH and child health (CH); reprinting of information, education, communication (IEC)/BCC materials; installation of billboards on FP contraceptive methods; continuation of a health news clipping program; and an ongoing partnership program with Equal Access and BBC World Service Trust (BBC WST).

NFHP planned and conducted the FP Communication Strategy 2011-15 development workshop under the leadership of National Health Education, Information and Communication Centre (NHEICC). Other stakeholders involved in the workshop were FHD, United States Agency for International Development (USAID), Academy for Educational Development (AED), CRS, Nepal Fertility Care Center (NFCC), Family Planning Association of Nepal (FPAN) and Maternity Hospital. During the workshop, root cause analysis exercises were carried out to find out unmet needs and gaps in the current FP/BCC program. Recommendations included the development of a practice and user friendly guiding document, which will be produced in English and Nepali by the end of December 2010.

Two billboards with FP/MNCH messages were installed at prime locations in each of the 20 CPDs. Likewise, 12 radio spots and jingles on FP/RH/maternal, newborn and child health (MNCH) were developed in close consultation with NHEICC. New posters on MNCH are being developed and are in the endorsement process. Reprinting of FP/RH/MNCH IEC materials is also ongoing.

The partnership with Equal Access and BBC WST has entered its second year. Equal Access is providing technical assistance to 7 local FM radio stations in the eastern region of Nepal to produce and air radio programs in 4 different local languages. These radio programs are popular and listener-ship is increasing day by day. Likewise, BBC WST with the "Ghar Aagan" radio magazine program, focusing on MCH issues, is aired from 32 local radio stations. As reported by BBC WST, the radio program is gaining popularity as it covers case studies from the target audience and participation comes from the wider geographical area.

NFHP has also extended its partnership with Health Journalists Association of Nepal (HEJAN) until April 2011 for the health news clipping project. The news clipping study has been very helpful to understand news trends, reporting quality and standards by news reporters. After NFHP provided a 2-day orientation to journalists in Biratnagar, Nepalgunj and Kathmandu, an increasing trend in health news reporting was observed.

### **3.4 Social Mobilization**

NFHP coordinated with Nepal Red Cross Society (NRCS) district chapters to mobilize and train NRCS volunteers about the HFMSM programs. NRCS/Community Eye-care and Health Promotion (CEHP) also received technical support from NFHP for developing training materials and assistance to conduct TOT, trainings and meetings to expand the HFOMC program in Pyuthan, Dang, Kanchanpur, Surkhet and Jumla.

NRCS/blood transfusion services (BTS) received NFHP support to facilitate the construction of a blood transfusion building in Pyuthan and maintain IP in BTS laboratories in Parsa, Banke, Kanchanpur and Rautahat.

NFHP also coordinated and collaborated with NRCS and other line agencies to respond to the diarrhea outbreak in Banke and to develop plans for emergency responses in Surkhet and the Mid-West region.

All FCHVs, HFs and public telephone booths in Kanchanpur now have information about transportation means available during emergencies, including ambulance vehicles, service providers, service charges, etc.

#### **4.0 Cross Cutting Activities**

NFHP supports field activities through 2 regional offices and with support from technical staff in all CPDs. While many activities are integrated, some field staff have specific roles for new programs in specialty areas. NFHP supports these field staff through periodic meetings and field coordination. In addition, field staff assist the GoN with monitoring of health programs by supporting HMIS and through NFHP TSVs. The monitoring and evaluation (M&E) teams coordinate these activities.

#### **4.1 Field Coordination**

During this reporting period, NFHP staff carried out TSVs to 897 HFs, 2,057 community health workers (CHWs) and observed 224 Ilaka level meetings, which have all increased from the previous reporting period.

During TSVs at the HF level, the NFHP team provided technical support in coaching and updating the technical knowledge and skills of HWs. They also provided related materials as needed. At the community level, NFHP staff coached HWs on technical matters, recording/reporting methods and how to provide good counseling and services to the community.

To improve staff competency and team work, the central (field coordination team) and field office team carried out joint TSVs with respective district teams in all 20 districts. This not only improved staff motivation and increased their comfort carrying out TSVs, but also enhanced their technical and managerial capacity and problem solving skills and helped in the smooth implementation of NFHP support for Government activities at the district level.

To increase coordination and collaboration among international/non-governmental organizations (I/NGOs) and other partners working in Dang district, NFHP piloted an I/NGO coordination approach between NFHP, UNICEF, United Nations Population Fund (UNFPA), INF, LFP and MEDEP, with the finalization of a concept paper and conduction of monthly meetings. As a result of this, cost sharing among NFHP and UNICEF has begun.

Annual district-specific workplan and budget sharing meetings were conducted successfully in all 20 CPDs with participation and support from concerned regional directors (RD)/D/PHO and district supervisors. The workplan sharing meetings made clear to district staff that NFHP provides strong support in their districts. D/PHOs and district supervisors appreciated the effort of NFHP in monitoring the program with effective TSVs, in improving service coverage and the quality of service delivery and acknowledged that the working strategies of NFHP have significantly supported the district, HFs and community level programs.

The field coordination team also assisted with field visits from USAID and other organizations to observe a wide variety of NFHP-supported Government programs.

#### **4.2 Strategic Information/M&E**

NFHP has a good reputation for building a strong evidence base for the programs that NFHP supports. This includes working to improve the HMIS, assisting with periodic surveys (including the Nepal Demographic Health Survey [NDHS]), working with districts to improve their monitoring and data management and supporting the NFHP TSVs. As a result of this strong M&E component, NFHP is able to provide the Government with sound evidence on the strengths and weaknesses of the MNCH and FP programs.

With the objective of enhancing the use of micro level data at the DPHO level (data disaggregated to the VDC level), NFHP both technically and financially supported the development of public health analytics (PHA) intervention for the staff of DPHOs. This pilot project is being tested in Surkhet and Kanchanpur, which were selected based on certain criteria. The first 2 phases of the course which included pre-course preparations and a 5-day intensive group-based classroom

course have been completed. The pre-course preparation included analyzing VDC level data by the DPHO staff, followed by 5 days of classroom-based group work that included four topical areas: data analysis, data presentation and reporting, data interpretation and data use for program management. The participants included district managers, supervisors, statistical assistants and also a representative from the Regional Health Directorate (RHD). The analytical skills that participants gained during the workshop was presented and analysed in the Mid-Western regional annual performance meeting - a process appreciated by the participants. The remaining two phases, including a worksite-based workshop and development and implementation of a breakthrough project will be reviewed in the next reporting period.

NFHP emphasizes the importance of meetings that are agenda-based and effectively monitor performance, with active participation from all. As a result of NFHP support, there has been some improvement in this aspect of district management. For example, more HFs participate in ilaka level meetings and trends show that monthly progress reports and worksheets are reviewed during these meetings.

With the purpose of improving the quality of HMIS reporting from private institutions (private clinics/nursing homes and I/NGOs), a 2-day orientation on selected recording and reporting tools used by HMIS was organized in 3 districts (Jhapa, Morang and Kanchanpur) for 50 people from 31 institutions. This activity was led by the DPHO with technical and financial support from NFHP. The workshop provided an opportunity to clarify confusion on recording and reporting.

In order to increase use of geographic information system (GIS) among DPHOs as well as NFHP staff, a 2-day GIS orientation was organized at the 2 NFHP field offices. 4 staff from the DPHOs in Kanchanpur and Banke participated. This has resulted in increased use of maps for representing district data and may assist with targeting in the future.

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## **PART II: DETAILED WORKPLAN ACTIVITIES FOR THIS REPORTING PERIOD**

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This section is designed to provide the specific details for each activity described in the NFHP workplan. Some activities reflect additions to the workplan, while others describe the specific activities accomplished for the given technical area. This section is designed to provide a reference that can be used to review specific activities in the NFHP workplan that have been completed during this reporting period.

### **1.0 Health Systems, Policy, Leadership/ Management**

#### **1.1 Policy**

##### **1.1.1 Pilot LHGSP in 2 districts**

Immediately after signing the Memorandum of Understanding for LHGSP, NFHP supported MoHP and HSSP/GTZ to develop the Devolution Framework and LHGSP Implementation Guideline. The LHGSP Implementation Guideline was finalized in consultation with LDOs and District Public Health Officers from the pilot districts along with officials from MoHP.

##### **1.1.2 Advocate HA or Pharmacy level staff for district store keepers positions**

Creating new positions has been discussed extensively with MoHP and LMD officials during thematic group meetings on Logistics and Procurement and at the time of drafting the Health Sector Reform II and MoHP's 2<sup>nd</sup> Long Term Health Plan. The LMD Director has formally initiated the process which involves several ministries. It is expected that the upcoming restructuring of MoHP and the new human resources for health projection work will address this issue.

##### **1.1.3 Orientation on USG Population Policy at CPDs**

During this reporting period, NFHP field officers monitored the placement of FP (informed choice) posters and noted that 95% of the 896 health facilities (HF) visited had displayed the poster (99% in PHCCs, 96% in health posts (HPs), 94% in sub-health posts (SHPs) and 100 % in district FP MCH clinics). This is significantly higher than the 60% noted between July 2008 and June 2009. NFHP field officers placed posters in HFs where they were not previously displayed and oriented the staff on their importance. Orientation about the United States Government (USG) Population Policy were provided at different forums and service sites including maternity hospitals, FPAN service sites, post voluntary surgical contraception (VSC) preparatory meetings, Ilaka level meetings, district level meetings and postpartum FP strengthening workshops.

##### **1.1.4 Develop FP Policy and FP Remote Area Guidelines**

The main objective of the FP Remote Area Guidelines is to provide detailed information on how to manage, increase demand for and access quality FP services in remote areas, with specific focus on marginalized communities. A draft copy of FP Remote Area Guidelines has already been prepared and discussed about during previous FP sub-committee meetings. FHD is planning to conduct a 1-day workshop in the near future to discuss and collect suggestions from stakeholders before finalizing the guideline.

##### **1.1.5 Develop FP/RH Communication Strategy**

The FP/RH Communication Strategy review workshop was held under the leadership of NHEICC, during which representatives from NFHP, the Government of Nepal (GoN), USAID, AED, CRS, Equity and Access, NFCC and FPAN participated. The workshop participants suggested the need for a short and focused document that is clear on responsibilities and how to implement the FP/RH program at various levels in the system. Also suggested was a root cause analysis exercise leading to the development of tables identifying greatest areas of unmet need and gaps in the current FP/BCC program. For more information, please see 3.3.1.

## 1.2 National Level Leadership/ Management Capacity

### 1.2.1 Support and TA to National Technical Committees/TWGs

#### Safe Motherhood & Neonatal Sub Committee:

NFHP supported FHD to conduct 4 SMN sub committee meetings during this reporting period. The committee approved the National MSC Implementation Guidelines in July 2010, which helps implementing partners scale up the use of MSC for prevention of post-partum hemorrhage during home births. Ms. Marge Koblinsky, NFHP consultant presented lessons learned and new updates on maternal health based on the international Women Deliver Conference, to the committee. A 1-day workshop, which included SM-NSC members and other stakeholders working on maternal health issues, was organized by NFHP to finalize the content of the MNH Update package. The agreed-upon standard package will ensure uniformity during training among different stakeholders, like NFHP, UNICEF, Care Nepal, CAAN, etc,

NFHP also supported FHD to conduct a FP sub-committee meeting, during which revisions, discussions, and decisions were made about the status of 2 rod 3 years effective implants, FP Remote Area Guidelines and development of a joint work plan for FP. Decisions were also made to improve FP counseling and reduce repeated abortions among women at safe abortion sites.

#### CB-IMCI TWG:

In this reporting period, four meetings were held which resulted in the finalization of the CB-NCP implementation districts for FY 2010/2011 and maintenance of CB-IMCI program activities in all 75 districts.

#### Training Working Group:

Technical assistance by NFHP was provided to NHTC for conducting TWG meetings under the NHTC training system. Issues such as progress and proposed training plans of different stakeholders were discussed. Two technical working groups under the National Health Training System were formed to address issues pertaining to standardization in preparing trainers. The CTS group will adapt/revise the specific CTS package for NHTC, whereas the TOT group will standardize the TOT for other non-clinical trainings.

A total of 16,363 persons were trained during this 6 month period (April 1- Sept 30 2010) with NFHP II support most of whom were females (94%). The trainees were mostly FCHVs (12,808) and health workers (2,278).

### 1.2.2 NMS Vol. I, ANC/PNC, MNH job aid and counseling kit

NFHP supported a 1-day workshop to finalize the ANC/PNC job aid which is designed is to facilitate service providers in providing quality ANC/PNC services based on recommended World Health Organization (WHO) policy and the skilled birth attendant (SBA) package. Representatives from different partner organizations provided valuable feedback on the job aid. After incorporating the feedback, the ANC/PNC job aid was pre-tested at 4 health facilities. The job aid is now ready and being printed.

NFHP assisted FHD to disseminate the Revised National Medical Standard Vol. I: Contraceptive Services to all its partners.



Newly Developed Counseling Kit

A RH counseling kit has been developed to enhance the counseling process. The kit consists of samples of all five temporary FP methods and pictures of permanent FP methods. The kit also contains job aids and leaflets. This kit was distributed to district clinics, PHCCs and HPs of CPDs as well as to FPAN clinics. According to a counselor “*This kit helped service providers and counselors properly counsel FP clients. It helps improve voluntary decision and informed choice.*”

### **1.2.3 Monitoring and Supervision by FHD, LMD, MD/HMIS, RHD and TAG members**

The CHD director, CB-NCP/IMCI program chief and program officer visited CB-IMCI and CB-NCP programs in Mahottari and Salyan districts, utilizing the supplemental work plan (SWP) fund allocated by USAID. The mid-western regional director and officers also monitored the CB-NCP training in Salyan and were involved in the regional level CB-IMCI focal persons' meeting.

### **1.2.4 Support participation of GoN staff in professional conferences**

6 staff from FHD participated in the Nepal Society of Obstetricians and Gynecologists (NESOG) Conference which was held on 12-13 April, 2010. Three presentations related to NFHP activities were shown during this conference. Dr. Naresh P. KC, the Director of Family Health did a presentation entitled "Increasing uterotonic coverage for prevention of PPH at home birth with Misoprostol (Matri Suraksha Chakki)". Similarly Dr. Shilu Aryal, the Safe Motherhood Coordinator, FHD and Dr. Shilu Adhikari, Senior Program Officer, NFHP, did presentations entitled "CHX Updates in Nepal" and "Promoting Skilled Care at Birth: Maternal and Neonatal Health Update for Service Providers in Dailekh and Sindhuli" respectively. These presentations helped familiarize the above mentioned topics to NESOG participants.

### **1.2.5 Support FHD to conduct national and regional review meetings and RH focal person workshops**

NFHP also assisted FHD to conduct an annual workshop for FP focal persons at 20 CPDs which emphasized strengthening FP services to fulfill FP needs of marginalized, rural and different targeted groups e.g. adolescents and postpartum mothers. FP focal persons were given updates about changes in the National Medical Standard Vol. I FP and Post-Partum FP services. At the end of the workshop, each district focal person developed action plans to strengthen FP services that focus largely on marginalized communities. Follow-up on the implementation of the action plans will be undertaken and completed this fiscal year.

### **1.2.6 VSC pre and post-service meetings**

NFHP provided technical support to D/PHOs to conduct post VSC service meetings, using a standard format, in 16 districts during which service providers, D/PHO supervisors, and stakeholders from organizations like FPAN, Nepal Red Cross, Marie Stopes International and Mahila Bikash shared their experiences, lesson learned, areas for improvement for next year, etc. Topics for discussion during the meetings included counseling, informed choice, informed consent, IP practices, USG population policy, overall management of service time, instrument/equipment, linen, emergency drugs/equipments, post operative care, follow-up visits and expected number and achievements of FP. Participants provided recommendations for improvements in IP practices, good coordination between DHO, health facilities and community health workers and conducting VSC in new sites to increase accessibility. A majority of district staff requested for support in conducting interaction meetings with FCHVs before VSC services.

### **1.2.7 Support FHD in VSC services**

This will be covered in the next semi-annual report.

### **1.2.8 Strategic review, institutionalization of FP clinical trainings**

NFHP provided technical assistance to NHTC for the revision of the national SBA training package. Support was provided in selecting participants for FP and logistics training; maintaining the training database and planning for FY 10/11; and assessing FP training sites using Training QI tools. The self assessment result shows that Paropakar Maternal and Women's Hospital (PMWH) has started providing all FP services (temporary and long acting) as per the standards but improvement is needed in classroom teaching and training management. It was found that training sites in CFWC, ICTC Nepalgunj, Koshi Zonal Hospital and FPAN Pulchowk, have been providing quality FP services as well as training.

Key findings of the Training System Assessment were presented and discussed during the CFWC meeting. A task-force has been working on developing a transition/sustainability plan for FP training sites viz. CFWC and ICTC in Nepalgunj.

NFHP supported NHTC to conduct various FP trainings (e.g. implant training, ML, IUCD, IUCD coaching) to 505 service providers (236 male and 269 female) in FY 2009/2010 and an additional 24 service providers (6 male and 18 female) were also trained for FP services (Minilaparotomy and Implant) during the July-September 2010 period.

RH/FP Training Achievement for FY 2009/2010		
Name of Training	Participants	
	Male	Female
NSV Training	2	0
Implant Training	13	11
ML Training	2	10
IUCD Training	0	8
IUCD coaching	0	6
CTS - VHW/MCHW FP Trng	20	7
VHW/MCHW FP Refresher Training	196	214
COFP/C Training	3	13
	236	269

#### Health Logistics Training:

6 key persons from the District Health Offices and Chief District Treasury Controller Offices from all 9 districts in the Far-Western region participated in the Public Procurement System Training. MCHW/VHW basic logistics training was implemented in three districts namely: Kathmandu, Bhaktapur and Kavre.

#### 1.2.9 Support KZH Morang, CFWC and ICTC Nepalgunj for quality FP training

##### PMWH:

- PMWH was assessed for its potential as a FP training site and support was provided as follows:
- Training models (anatomic) Zoe model, hand held uterus model, no-scalpel vasectomy (NSV) model, Implant arm model, Depo model;
- Audio visual aids for training and client education;
- Classroom teaching materials: white board, flipchart board, training packages;
- Equipment/instruments for implant, ML, NSV, IUCD services;
- Capacity building and development of trainers - 4 doctors and 4 nurses were provided training on Minilaparotomy; 1 doctor in NSV training and 2 doctors in clinical training skills;
- Provided support to re-establish VSC services – to date, 300 clients have received VSC services;
- Public information about the availability of FP services at PMWH was disseminated through 9 local FM stations, messages on sign boards and orientation to all units of PMWH.

During this reporting period PMWH provided 8 service providers Minilaparotomy and implant training.

##### Koshi Zonal Hospital:

The Director of NHTC, FP training focal person from NHTC and NFHP staff visited Koshi Zonal Hospital on September 3, 2010 to discuss re-establishing the FP training site there. During the meeting, a draft memorandum of understanding between FHD, NHTC, KZH and NFHP was shared with the Medical Superintendent and re-establishment of the training site was discussed. FP QI tools were provided to conduct the initial assessment to ensure that support was provided accordingly before starting the training. Regular FP training is expected to start from November 2010.

##### CFWC/ICTC Nepalgunj:

NFHP provided continuous support for the functioning of both CFWC and ICTC FP training sites. During this period NFHP was engaged in several formal and non-formal meetings to discuss sustainability of these training sites. Based on recommendations from the FP Training System Assessment by Dr. Madan Manandhar and the CFWC Management Committee, NFHP is supporting FHD and NHTC to develop a transition/sustainability plan for these sites, to be implemented after NFHP support comes to an end.

##### Review meeting of FP Training Sites (FP QI tools):

NHTC organized a 1-day review meeting of all FP training sites (PMWH, ICTC, CFWC, FPAN, KZH) with technical and financial support from NFHP, during which the quality of performance of the training sites were assessed using FP QI tools. The self assessment showed that all FP

services are provided as per the standards.

#### **1.2.10 Develop national level scale up guidelines of Misoprostol for PPH prevention**

MoHP approved of a national level scale-up of MSC distribution by FCHVs during a meeting with stakeholders in June 2010. FHD has published the MSC implementation guidelines in Nepali, which proposes to expand the Misoprostol intervention with existing antenatal/post-natal contacts i.e. revised BPP. Training guidelines and materials for MSC implementation will be incorporated into the BPP materials as well. The monitoring, recording and reporting system need to be further discussed with FHD and the MSC working group, which has been formed under the Director General of DoHS.

#### **1.2.11 Improve communication technology for LMIS/HMIS (with DELIVER)**

NFHP assisted in installing ADSL connection (internet access) to D/PHOs of 11 districts (Dhankuta, Ilam, Jhapa, Solukhumbu, Gorkha, Gulmi, Syangja, Achham, Doti, Kailali, Kanchanpur) and regional medical stores (RMS) in Butwal and Biratnagar. The use of internet technology and web-based LMIS has created an enabling environment in D/PHOs and RMSs for quick reporting, access to data and sharing information.

NFHP supported LMD in setting up remote access to district computers so that experts from LMD can help resolve program and software related problems in the Inventory Management System. This practice has improved communication between districts and LMD and saves time and money otherwise needed to visit the districts to address these problems.

#### **1.2.12 Strengthen QI System, Health Care Waste Management System and District Supervision System**

NFHP provided technical support to the Management Division (MD) for the HCWM workshop at Narayani Sub-regional Hospital, Parsa which included strengthening IP practices in health facilities and hospitals using a PI approach.

#### **1.2.13 Implementation of HMIS in DoHS and districts**

NFHP provided technical support to HMIS in the conduction of regional level data verification workshops in all 5 regions, regional review meetings, and software installation in districts. Specifically, NFHP provided technical assistance in finalizing indicators for the regional review meeting, coordinated with various divisions for the presentation of indicators and supported in conducting the meetings. Similarly, support was provided during software installation and orientation was given to computer operators and statistical assistants for VDC wise data entry, report generation, feedback system, checking inconsistent data and to district personnel for wide area network (WAN) connection with the central HMIS server.

NFHP also supported HMIS in its regular activities such as following-up with districts for regular reporting, checking/editing public health reports; generating reports and distributing reports to division/centers, MoHP and the planning commission; discussing achievements during the HMIS staff meetings; and displaying data on HMIS.

#### **1.2.14 Institutional support to various Divisions of DoHS**

There are four USAID-supported personnel working at the CHD: two in the CB-IMCI section, one in the Nutrition section and one at the DHO in Salyan for monitoring CB-IMCI and CB-NCP programs. Personnel in the CB-IMCI section are playing an active role in its day to day activities, including coordinating with LMD and partners, data entry, analysis and preparation of presentations, etc.

NFHP's senior management team and CH teams provided technical support during preparation of the National Vitamin A annual work-plan in coordination with CHD, NTAG and UNICEF and during the SWP signing ceremony.

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

### **1.3.1 Share workplan and accomplishments with RHDs (central and mid-western)**

Two separate meetings at the Mid-Western and Central Regional Health Directorates were conducted, during which districts specific workplans and budget were developed based on NFHP's main workplan. During these meetings, progress, especially in FP/MNCH indicators were shared. These meetings made clear to RHD program staff NFHP's substantial support in Mid-Western and Central region CPDs. The meetings were found to be a good approach for carrying out joint supervision visits in the future.

### **1.3.2 Strengthen QAWG and use district fund in CPDs**

NFHP supported D/PHOs in strengthening QAWG to improve health services and district performance, particularly FP/MNCH services. Because of QAWG's ability to address needs and gaps immediately, the D/PHO team values its importance. Due to its effectiveness, it was decided to increase frequency of QAWG meetings from quarterly to monthly. Though earlier days saw TSV/village health system profile (VHSP) as the primary source of information, there is an increasing trend of using findings from supervision, review meetings (HMIS, LMIS), ilaka meetings, and program reviews to identify need and gaps. This has helped district teams to look into overall performance issues whether at HFs or in the community and address them accordingly. It is important to note that, nowadays, the district teams have not only started using this meeting as a forum to discuss overall issues but also to make decisions on optimal use of available resources. During this reporting period, a total of 58 QAWG meetings were conducted and 362 activities were planned, out of which 73% of activities have been completed and the rest are in progress.

### **1.3.3 Support D/PHO to conduct quarterly district RHCC meetings**

NFHP staff assisted D/PHOs to conduct Reproductive Health Coordination Committee (RHCC) meetings at least quarterly in all 20 CPDs. Major discussions focused on increasing access to long acting FP services in rural communities, regular supply of FP commodities, initiating satellite clinics, mobilizing human resources to provide 24 hour maternal health services in birthing centers and disseminating FP messages to possible clients through various forums. These meetings provided a common platform to share and discuss reproductive health related issues and challenges among governmental and NGOs in the districts.

### **1.3.4 Strengthen D/PHO supervisory system**

Encouraged by the success of facilitating workshops in 5 CPDs during the previous semi-annual period, similar workshops were conducted in 7 additional districts<sup>2</sup>. Participants identified several positive aspects about existing supervisory visits, including the use of checklists, visiting as per the travel order, discussing findings with the concerned sections, use of the problem solving/facilitative approach and efforts being made for better planning/scheduling. DPHOs and supervisors openly discussed areas for improvement during the workshop including, but not limited to, the following: developing an annual supervision plan (based on geography, distance, performance of HF); timely availability of the budget; making budgets transparent; need-based supervision; joint/team approach; improve taking action based on the supervision findings and providing feedback; and making compulsory use of checklists.

Linking key findings of the supervision with QAWG (including district funds) and collectively making decisions on taking actions to fulfill the gaps, is helping improve district performance.

NFHP has provided continuous support to district teams for strengthening the supervision system and encouraging joint supervision visits (please see section 4.1.4). TSV data shows that out of 248 Ilaka level HFs, 74% were supervised by D/PHO supervisors in the last 3 months, whereas only 67% (of 240 HFs) were during the previous reporting period. Among the 649 SHPs visited during this reporting period, 45% were supervised compared to 36% (of 567 SHPs) in the previous reporting period. Similarly, out of 475 HFs supervised by DPHO staff, 61% received written feedback compared to 57% (of 367 HFs) in the previous reporting period.

<sup>2</sup> Rolpa, Rautahat, Siraha, Pyuthan, Parsa, Mohottari and Morang

### 1.3.5 Conduct Appreciative Inquiry for DHO staff

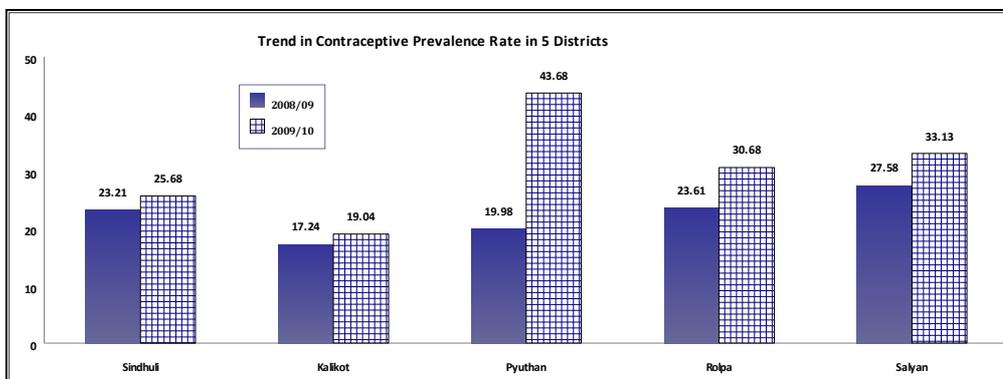
NFHP conducted a 3-day workshop to strengthen the district health system using the AI approach in 3 districts (Salyan, Sindhuli and Sarlahi) attended by D/PHO personnel and Ilaka in-charges. The workshops discussed and attempted to address issues faced by the district health system including: enhancing D/PHO commitment and responsibility (for example, holding regular meetings to monitor and improve quality of services); improving staff presence in the health facilities; ensuring regular supervision and reporting; collection and proper analysis of data for effective implementation; improving relationships and communication for better teamwork, etc.

### 1.3.6 Establish HF level QI system

No activity to report during this period.

### 1.3.7 Pilot GoN integrated supervision guidelines including NFHP TSV tools

The MD is implementing a revised Integrated Supervision Checklist in all districts this fiscal year. While conducting TSVs, NFHP used MoHP's Integrated Supervision Checklist in Siraha and Rolpa to find out the type and extent of information it should collect, ways to avoid collecting information twice, as well as to understand how to work closely with DPHO's integrated supervision. The details of the finding will be reported in next report.

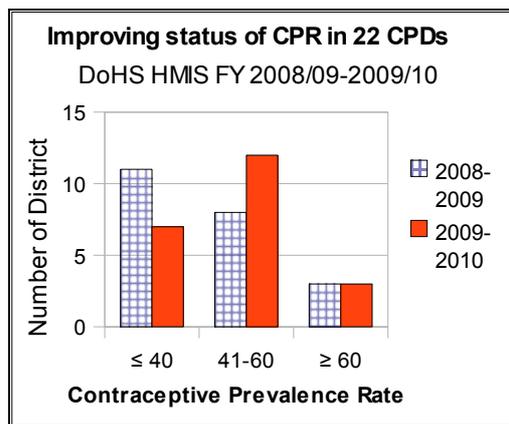


### 1.3.8 Strengthen district level training system

This will be covered in the next semi-annual report.

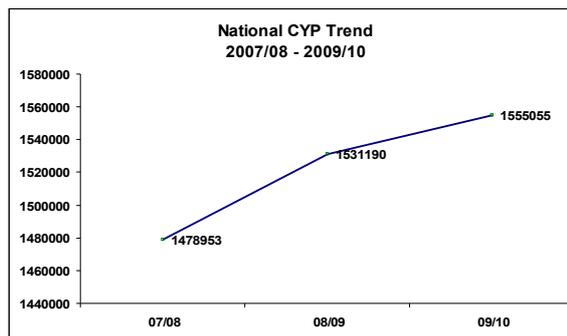
### 1.3.9 Strengthen FP services

District planning was conducted in 5 CPDs (Sindhuli, Rolpa, Pyuthan, Kalikot and Salyan) in the last fiscal year. Follow-up activities were conducted this reporting period as planned, during the district planning meetings. Notable changes included: an increase in accessibility to long acting FP methods in periphery district level HF; regular availability of VSC services in the district clinics; improvement in the recording and reporting systems; conduction of mobile clinics in new sites; initiation of satellite clinics; and increases in CPR.



The total numbers of IUCD and implant service sites in CPDs have increased from 23 to 50 and 11 to 48, respectively between 2007 and 2010, most noticeably in remote districts like Rolpa, Salyan and Pyuthan. Correspondingly, HMIS data shows that from FY 2007/8 to FY 2009/10, 17,466 women accepted IUCD and 16,156 women accepted implants in 22 CPD.

There was a decrease in the number of districts with CPR in FY 2066/2067. In FY 2065/2066 there were 11 CPDs which had CPR below 40, which



decreased to 7 districts in FY 2066/2067. Similarly there were 8 districts with CPR 41 to 60 in FY 2008/09, which increased to 12 districts in FY 2009/10. The overall national CYP has also gradually increased over the past 3 years, but NFHP did not meet the expected annual increases in CYP.

### 1.3.10 Revise Pull System Training Curriculum and conduct training

Not conducted during this reporting period.

### 1.3.11 Improve district and sub-district storage capacity

Please see section 1.4.5.

### 1.3.12 District level procurement training

Financial and technical support was provided to conduct district level procurement training for staff in 9 districts<sup>3</sup>. This training system focuses on timely procurement of health related goods to ensure year-round availability of quality drugs and supplies.

### 1.3.13 Strengthen D/PHO staff capacity through Public Health Analytical course

HMIS produces data down to the VDC level. More effective use of HMIS data by DHO managers for program management would improve system performance. NFHP supported the PHA pilot intervention in Surkhet and Kanchanpur, which is intended to strengthen performance of the district-level health system by enabling DHO managers apply enhanced analytical techniques to HMIS and other data to identify problems and plan and implement programmatic responses accordingly. The intervention consists of 4 phases including 1) pre-course preparations 2) intensive group-based foundation course 3) worksite-based 2-day coaching and 4) final intensive coaching. The first 2 phases have been completed.

The foundation course allowed district teams (5-6 member) to participate in and discuss data analysis, data presentation and reporting and data interpretation including data use for program management. Participants analyzed their district and VDC level data, particularly EPI, child health, safe motherhood and FP. They were able to look into HMIS data from various perspectives and carry out micro-level analysis and interpretation. The skills gained by the Surkhet district team was presented during the Mid-western Region's Annual Performance Review Meeting which drew the attention of participants from various districts.

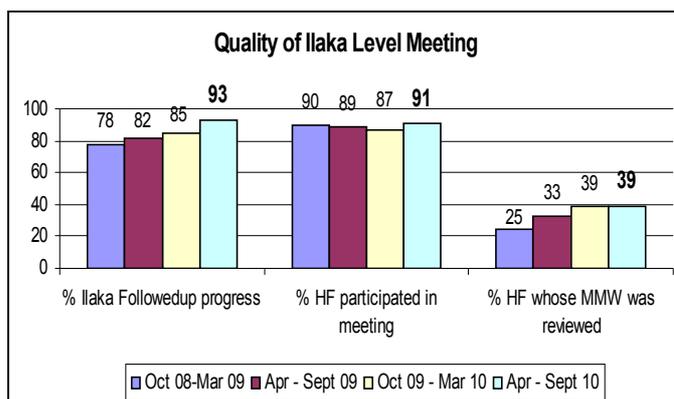
Another part of this intervention includes a 2-day workshop, where district teams will develop a 'breakthrough' project which will be later implemented by them.

### 1.3.14 Support RHDs and DPHOs to conduct performance review meetings

NFHP provided TA to 20 CPDs in the conduction of their respective annual performance review meetings. TA included data editing, data verification and analysis and report preparation. During the meetings, the monthly monitoring worksheets (MMW) were reviewed and feedback was provided, mostly focused on program indicators based on HMIS data, with emphasis on evidenced-based program planning. NFHP also shared findings on TSVs and other key activities.

### 1.3.15 District and ilaka-level meetings

NFHP provided technical support in 226 Ilaka level meetings in 17 CPDs, contributing to a gradual increase in the quality of ilaka level meetings. For example, follow-up of progress has increased from 85% in the preceding reporting period to 93% this period. Moreover, there is increased participation of HFs in the ilaka level meetings. During this reporting period, among the HFs that participated in the meetings, 39% reported their MMW was



<sup>3</sup> Achham, Baitadi, Bajhang, Bajura, Kailali, Kanchanpur, Dadeldhura, Doti, Darchula

reviewed (Also refer to 4.2.2).

#### **1.3.16 Capacity building of D/PHO staff on GIS**

During this reporting period, GIS orientation was organized for staff from NFHP field offices and from Banke and Kanchanpur DPHOs. They were orientated on the basic principles and importance of GIS in health programs and in plotting different types of data on GIS maps for program planning and monitoring.

#### **1.3.17 TA to DPHO Sarlahi for HMIS verification**

This activity has not yet begun.

#### **1.3.18 Maintain and repair RH related equipments & instruments**

NFCC repair and maintenance center staff visited and repaired various equipments/instruments at 42 health facilities of 7 districts.

#### **1.3.19 Exchange visits for capacity building**

This has not yet begun.

#### **1.3.20 Continue strengthening capacity of M&E network in Bara**

The collaborative M&E network in Bara has improved the M&E system in the district by regularizing Ilaka level meetings, data verification and performance review meetings. The network is currently in the phase of information compilation and verification. This effort will strengthen the capacity of the M&E network, enrich the district data base and promote data use at the district and VDC level.

#### **1.3.21 FCHV data compilation form**

There are often redundancies, incompleteness and errors in reporting FCHV services into HMIS 31 as VHWs/MCHWs do not have a compilation sheet. To address this, NFHP supported CPD DPHOs to design and print compilation forms which has helped improve proper reporting of FCHV services into HMIS.

#### **1.3.22 Private sector orientation on HMIS**

The contribution of the private sector (private health institutions and I/NGOs) in providing health services is significant but inclusion of such services onto the HMIS system is poor. The DPHOs of Jhapa, Morang and Kanchanpur, with NFHP support, conducted a 2-day HMIS orientation session which was attended by 50 people from 31 private sector institutions. The curriculum for the orientation was adapted from the training manual developed by the MD with inputs from HMIS and concerned DPHOs. After this orientation the reporting status by the private sector improved significantly in Jhapa and Kanchanpur.

#### **1.3.23 Support D/PHOs in performance review meetings and reports**

NFHP provided TA to 20 D/PHOs in the conduction of annual and semiannual performance review meetings. With support from NFHP all 20 D/PHOs were able to prepare annual reports for the FY 2066/67.

#### **1.3.24 FP orientation to ANMs and MCHWs**

As part of the RH Review Meeting, a 1-day special orientation was conducted in Salyan to update 48 SNs, Auxiliary Nurse Midwives (ANMs) and MCHWs (total 48) on FP. The importance of FP was discussed, including among groups who have high unmet need, ways to improve FP services, etc. After orientation, participants developed a work plan to improve FP services in their respective HFs, focusing mainly in the following areas: strengthening counseling services, strengthening long term FP methods, discussing FP myths and misconceptions with clients. This activity is planned for all 20 CPDs.

### **1.4 Logistics**

#### **1.4.1 Standard specifications for health commodities and biomedical equipment**

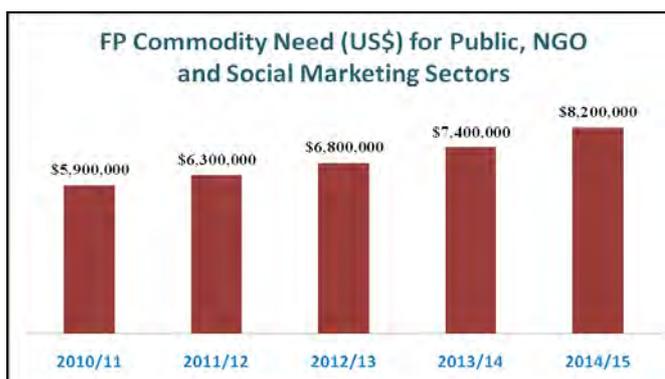
NFHP supported the LMD in conducting a workshop to revise the standard list of bio-medical equipment at all levels of the health care system up to Zonal Hospitals. This list will be a useful

tool for procurement planning and budgeting and will improve service utilization.

#### 1.4.2 Technical support to LMD

Technical assistance to LMD/DoHS was provided by NFHP on the following:

- quantification and forecasting of FP, MCH, essential drugs and vaccines for district level procurement and devising CBLP for LMD;
- preparing the ground work for initiating e-bidding in LMD;
- developing future policies and strategies for the health logistics part of the Health Sector Report-II;
- conducting the Annual Commodity Distribution Program in two phases. As a result of this program, all 75 district



stores received RH commodities from the Central Warehouse. Similarly, 19,714,800 condoms, 1,208,400 injectable vials, 1,205,280 Oral Pills, 25,750 IUD sets, 147,625 sets safety boxes, 480,000 0.5 ml AD syringes and 590,000 tablets of Albendazole 400 mg were distributed;

- supplying a total of 3,980,000 vitamin A capsules and 430,000 Albendazole tablets to all 75 districts for the October round of Vitamin A campaign. The activity was carried out in close coordination with Child Health Division, NTAG and 5 RMSs to ensure timely supply to all districts.

NFHP supported LMD to organize a 2-day Central Level Review Meeting to share and discuss the annual plan, achievements and future plan of LMD. The LMIS reporting status, national stock situation of FP commodities, program items, procurement and distribution situation of essential drugs were also discussed.

#### Auctioning, Disposal and Write-off:

Approval by MoHP, MoF and the Financial Comptroller General's Office for implementation of the guideline on auctioning, disposal and write-off of unusable commodities in the central, regional and district level stores and hospitals has begun.

Technical support was extended to Bheri Zonal Hospital to conduct the auctioning, disposal and write-off of its unusable items. The activity contributed NRs. 200,000 to the National coffers and enabled the hospital to replace old and expired hospital equipment with new and clean ones.

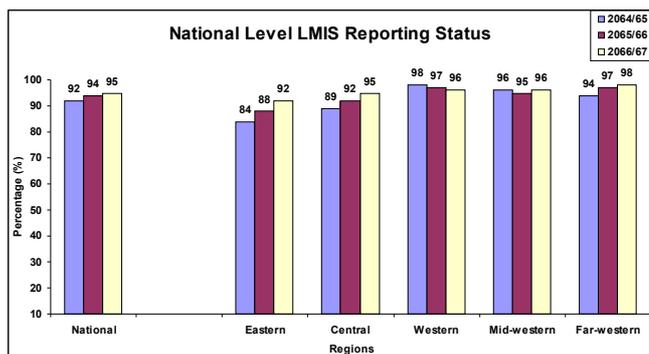
#### EPI Logistics:

Focused support by NFHP to improve EPI logistics was initiated to improve the EPI commodities reporting in the LMIS and ultimately improve the overall supply chain of EPI logistics, which at present faces many difficulties. A joint TSV was carried out with EPI Chief, LMD to RMSs of Nepalgunj, Dhangadhi, Biratnagar, and D/PHOs of 7 districts (Dhankuta, Ilam, Saptari, Panchthar, Achham, Doti, and Dadeldhura). During the visit, EPI reporting in the LMIS, status of the cold chain equipment, storage issues and other problems were discussed.

#### 1.4.3 Support to LMIS unit

NFHP provided continued technical support to the LMIS unit for its smooth functioning and to provide LMIS data for key logistics functions such as forecasting, procurement and distribution. LMIS unit staff focused on improving reporting status from non reporting districts and closely monitored discrepancies in data sent by HF. This resulted in 95% of district HFs reporting and with fewer discrepancies. NFHP also supported LMIS in the generation of quarterly LMIS feedback reports on stock status for RMSs and all district stores to monitor the stock level situation below the districts. Similarly, NFHP assisted in gathered and sharing information on procurement, shipment schedules and delivery schedules with LMD and donor agencies for the National Level Quarterly Pipeline review meeting.

NFHP provided technical support, while LMD provided funding for refresher trainings on web-based LMIS and the Inventory Management System in Eastern, Western and Central districts. The on-line reporting percentage of LMIS has increased from 11% to 32%, while the use of the inventory system has increased to 45%. A district ranking indicator based on LMIS reporting and availability of key commodities to better monitor districts and to improve interventions in the weak districts was also developed. Frequent transfer of trained staff and technology is a challenge for the regular use of web-based LMIS and Inventory Management System.



#### 1.4.4 Quarterly National pipeline review meetings

NFHP supported the quarterly National Pipeline Review meetings held in April and July 2010 under the chairmanship of Director, LMD. Representatives from LMD, FHD, CHD, USAID, KfW, FPAN, UNFPA, CRS, PSI and NFHP were present at the meeting. Issues related to procurement delays, low-stocks, inter-divisional coordination, coordination with EDPs, low condoms and implant stock, and procurement issues related to vaccines were discussed and resolved during the meetings. The Pipeline Report was generated from the information based on LMIS, and procurement data.

#### 1.4.5 Strengthen Storage Capacity of RMS (with DELIVER)

NFHP provided 125 pallets to the RMS in Biratnagar, which were very useful in storing FP commodities and essential drugs in the medical store. NFHP also installed a 50 KVA transformer at the RMS in Dhangadhi, which has helped the cold chain function around the clock and maintain the quality of vaccines.

With financial and technical support from NFHP, 117 HFs (PHCCs, HPs and SHPs) in Jumla, Kalikot and Dailekh received store equipment (racks, cupboards and pallets). NFHP provided 31 steel racks, 22 wooden pallets, 3 cupboards and 1 aluminum ladder to strengthen the district level storage capacity in Kaski. Storage equipment were installed and the store was reorganized following the LMIS sequence of health commodities and store standard guidelines. This helped to maximize the utilization of essential drugs, RH commodities and consistency with other district stores.



Kaski store before



Kaski store after

#### 1.4.6 Revision, Orientation and Implementation of Sub-District Level Logistics Curriculum

Technical and financial support by NFHP was provided to conduct a sub-district level logistics review & orientation program in 5 districts (Palpa, Nuwakot, Mahottari, Gorkha and Dhankuta). The orientation program focused on the concept, needs and implementation strategies of the pull system for essential drugs and helped develop the skills of district level supervisors, storekeepers, and below-district level health personnel on supply chain management below the district level.

#### District level Procurement Training System:

Financial and technical support was provided to conduct district level procurement training for district staff in 9 districts (Achham, Baitadi, Bajhang, Bajura, Kailali, Kanchanpur, Dadeldhura, Doti, and Darchula), conducted in close coordination with NHTC and LMD. The training system focused on ensuring timely procurement and year-round availability of health related goods.

#### 1.4.7 Provide Wheel Chairs to district hospitals

Please see section 2.1.22

#### 1.4.8 Urgent transportation of health commodities

NFHP provided technical support to mobilize the almost-expired 530,000 iron tablets via air courier from the district store in Solukhumbu to the Central Warehouse, using the emergency transportation fund. The Central Store then distributed the iron tablets to other districts in need of these tablets.

NFHP provided technical assistance to USAID/Nepal for clearing 8,000 Jadelle sets at customs, which were then handed-over to the Central Warehouse. Using the emergency transportation fund, 670 sets were urgently supplied via air courier, to RMS Dhangadhi, 1,190 sets to RMS Nepalgunj, 830 sets to RMS Butwal, 1,330 sets to RMS Biratnagar and 670 sets to WH Pathalैया.



Transport of equipment from Surkhet to Jumla

#### 1.4.9 Pilot basic logistics through distance learning approach

No activity in this reporting period.

#### 1.4.10 Basic logistics training to MCHWs and VHWs

9 trainers from Kathmandu, Bhaktapur and Kavre were provided TOT on Health Logistics Training for MCHW/VHWs. The 9 trainers then trained 281 VHWs/MCHWs in their respective districts. This training is expected to contribute to a better understanding of the supply chain from the HF to the community levels (FCHVs).

#### 1.4.11 Basic Logistics Training to FCHVs

According to DoHS annual reports, FCHVs support in distributing more than one third of key commodities to clients every year. But the availability of 3/4/5 key commodities with FCHVs according to NFHP monitoring data is at 57% only, while the availability of 3 contraceptives at health facilities is 95% and 4 commodities is 89%. Therefore, it was deemed necessary and relevant that FCHVs be provided with basic health logistics orientation.

An orientation package consisting of a pictorial Job Aid for FCHVs and a Facilitator's Guide for the trainers were developed during two workshops held this reporting period. During the workshops, a decision was made to supply FCHVs with tin boxes to use as health commodities storage (medicine, supplies, forms, flip charts, etc). NFHP is responsible for providing the tin boxes. However, in some cases where FCHVs have already been provided with them by the Regional Directorate, DHO or other organizations, NFHP, along with the LMD and concerned DHO will review the decision and only provide them if specifically requested.



FCHVs studying job aid during field test at Naubise HP

The draft Job Aid was pre-tested among FCHVs in Naubise HP, Dhading and is now ready for printing. The Job Aid orientation will be conducted in two remote CPDs in FY 10/11 and 5 more districts in FY 11/12. It is expected that this basic health logistics orientation will help increase, through the help from FCHVs, the availability of 3/4/5 key commodities, which in turn will strengthen basic health care services at the grass-roots level.

#### Support to HIV/AIDS Logistics (with DELIVER)

HIV and AIDS logistics support is extended to NCASC under the umbrella of NFHP through the

USAID | DELIVER Project.

NFHP, in collaboration with NCASC organized the “Workshop on Curriculum Revision for HIV and AIDS Logistics Management” to include the CD4 reagents in reporting formats.

NFHP also provided financial and technical assistance to NCASC in organizing a basic and refresher HIV and AIDS Logistics Management training. Altogether 53 health personnel (38 males, 15 females) from ART centers & sub-centers were trained in HIV and AIDS logistics, focusing on enhancing their capacity of managing HIV and AIDS commodities and also on recording and reporting.

NFHP collaborated with NCASC to organize an orientation on HIV and AIDS logistics management” in Damauli Hospital, Tanahun Hospital, Syangja Hospital and Tamghas Hospital in Gulmi district. A total of 119 health personnel (89 males, 30 females), local NGO personnel, District AIDS Coordination Committee members and people living with HIV and AIDS, participated in the orientation. Major decisions and outcomes included:

- Assigning focal persons for bi-monthly reporting of anti-retroviral drugs & Test Kits;
- Complete, accurate and timely reporting;
- If needed, local NGOs to provide VCT counseling services at ART clinics.

NCASC was supported in conducting Logistics Task force meetings on a monthly basis. The meetings provided updates on progress made and on upcoming activities to strengthen coordination among the partners for implementing HIV and AIDS logistics-related programs. The meeting was attended by representative from NCASC, USAID, WHO, UNDP, Family Health International, UNICEF, MASS/NCASC Central Store and DELIVER.

Similarly, NFHP collaborated with NCASC to organize the ARV Drug Dispensing Tool Training, with the aim of strengthening reporting and recording of ART drugs and patient information at ART sites. 15 health professionals (8 males, 7 females) from 13 ART sites attended the training.

NFHP also provided technical and financial assistance to procure and distribute computers and accessories to service delivery points (SDPs) in Baglung, Palpa, Janakpur, Kathmandu and Kailali districts and conducted joint TSVs with NCASC. The TSVs included monitoring of logistics activities, stock status of ARV drugs, storage of ARV commodities and proper maintenance of ARV stock books at ART clinics .

### **Support to Avian Influenza Logistics (with DELIVER)**

AI logistics support is extended to the Ministry of Agriculture and Cooperatives under the umbrella of NFHP through USAID | DELIVER Project.

The AI Logistics Committee was formed after the first outbreak of Bird Flu in 2009, in order to bring all AI logistics management activities under the umbrella of the Animal Health Directorate.

Support was extended to distributing and transporting AI commodities (Personal Protective Equipment [PPE], Decontamination Kits and Virkon) to the Regional Veterinary Laboratories (RVL) in Pokhara, Surkhet, and Dhangadi, where sporadic outbreaks occurred last year.

Through financial support from NFHP, 10 racks, 10 wooden pallets and 1 cupboard were procured and delivered to Siraha, Saptari, Jhapa and Ilam, as they were in urgent need of accessories to store USAID donated AI commodities.

Technical and financial support was provided for emergency transport of USAID donated AI commodities, resulting in the delivery of 1,800 sets of PPEs at the Regional Veterinary Laboratories in Pokhara, Surkhet and Dhangadi.

Financial and technical support was also provided to conduct AI logistics management training in Syangja, Tanahun, Kaski, Nawalparasi, Kapilvastu, Rupendehi and the Regional Directorate (RD)

of Livestock and Regional Veterinary Laboratory in Pokhara, during which 17 Animal Health Directorate staff participated.

### **Case Study – Sarlahi District**

When NFHP began logistics intervention in Sarlahi in 2007, LMIS data depicted that year-round availability of key commodities at HFs was 17% only and LMIS reporting was 84%. Poor store standards at the district medical store and poor supply system to below-district health facilities were common. NFHP started regular follow-ups and technical support to increase the availability of 7 key commodities, LMIS reporting and to improve the supply system in the district. As per request from the D/PHO Sarlahi, NFHP also conducted a 1-day sub-district level logistics review and orientation program for health personnel of below-district level health facilities and district level supervisors.

These effort have brought gradual improvement in key LMIS logistics indicators. Year round availability of key FP (condoms, oral pills, injectables) and MCH (vitamin A capsule, iron tablets, oral re-hydration salt, cotrimoxazole pediatric tablets) commodities has increased from 17% at the start of 2008 to 75% in 2009 and again to 89% in 2009/10. Similarly, the number of HFs not reporting to LMIS has decreased from 16 during 2008/09 to 7 in 2009/10. On the service side, there has been a marked increase in number of new acceptors of FP commodities in the last 3 years. As the pull system is being implemented in the district, below-district level HFs and district medical stores are asking for replenishment and re-supply in a timely manner.

NFHP through USAID | DELIVER Project also provided steel open racks, wooden pallets and steel cupboards to all below-district level HFs. With this, the storage facilities have improved and drugs/medicines are stored as per the FEFO system, thereby reducing wastage and damages. Overall, there has been marked improvement in logistics management in Sarlahi, resulting in the delivery of quality FP/MCH services at service delivery points.

## **2.0 Service Delivery**

### **2.1 Health Facility Level Service Delivery**

#### **2.1.1 Increase access of FP services in rural and marginalized community**

NFHP staff supported D/PHOs to mobilize FCHVs to identify potentially under served women from rural & marginalized communities. This new approach was implemented in selected VDCs of 4 districts<sup>4</sup>, where long acting FP services are not available and where there are large numbers of disadvantaged and marginalized communities, with low usage of FP methods.

All FCHVs in the above-mentioned VDCs were provides information on contraceptive methods, the benefits of FP, existing situation of met and unmet needs and inter-personal communication. They also participated in discussions about FP, after which they were requested to identify possible clients in their respective wards. The following day, FCHVs



**MCHW doing group counseling in the interaction meeting using counseling kit**

requested interested 454 women who gathered at HFs after these events, 165 accepted implants and 139 accepted IUCD. District supervisors and HF staff appreciated this approach and requested NFHP support to implement this approach in other locations.

#### **2.1.2 Strengthen postpartum FP in hospitals**

3-day postpartum FP orientation workshops were conducted in 3 new hospitals<sup>5</sup> attended by 88 (8 males; 80 females) service providers (ANMs, staff nurse [SN], doctors and other paramedics) participated in the workshops. The main objectives of these workshops were to increase

<sup>4</sup> Siraha, Rautahat, Parsa and Jhapa

<sup>5</sup> Surkhet Regional Hospital and Jankapur and Koshi Zonal Hospitals

knowledge of service providers working in maternity wards, post-abortion care (PAC), MCH and FP clinics on postpartum FP counseling. Follow-up visits showed that service providers at all sites started counseling postpartum mothers on FP and 51% (802 out of 1568) of PAC clients had accepted FP methods. Hospitals have also started postpartum tubal ligation by trained service providers. The practice of referrals for FP methods to institutionalized family planning service centers (IFPSC) and FP/MCH clinics or other health institutions is also increasing but the majority of hospitals have yet to show improvement.

### **2.1.3 One-day meeting with FCHVs before implementation of VSC services**

This will be covered in the next semi-annual report.

### **2.1.4 Support FPAN to implement quality FP services**

Group discussions were conducted in 51 rural areas of 5 districts<sup>6</sup>, during which, potential clients were provided with the opportunity to ask questions to service providers/facilitators about FP methods.

FPAN service sites were also renovated, service providers were trained on various FP methods and staff were oriented about US Government's FP policies, IP and overall quality of care to prepare them for FP services.

In addition, FPAN provided medical doctors to assist mobile VSC services organized by D/PHOs of 4 districts<sup>7</sup> where a total of 1,186 clients received services.

### **2.1.5 Improve FP counseling and services in public sector safe abortion sites**

This will be covered in the next semi-annual report.

### **2.1.6 Alternative learning approach in FP training system**

FHD solicits requests for different types of FP training from all DHOs which are then compiled. FHD screened the list of requests for NSV training and then contacted all interested physicians to identify which of these physicians were willing to receive NSV training through the alternative self learning approach. A total of 4 physicians were selected by FHD for this course and were provided with self-study training materials. After successful completion of the theory (knowledge) portion, they completed the practicum portion in October 2010. The outcomes and results of this training approach will be covered in detail in the next semi-annual report. However, through this training, it is expected that there will be a decrease in absenteeism and trainers' work load.

### **2.1.7 Implant coaching to senior AHWs**

Technical support was provided to NHTC in developing a Clinical Practicum Guideline for Implant Service for the senior auxiliary health workers (AHW) program to be used by the trainers at practicum sites.

During this reporting period, the FP focal person from NHTC along with NFHP staff visited regional health training centers (RHTC) in Pathalैया, Dhankuta and Surkhet and conducted meetings to strengthen the clinical practicum sites for senior AHWs. Key points discussed were how to build the capacity of senior AHWs as implant service providers and the need for providing coaching skills to the implant service providers for effective transfer of skills. Potential coaches for implant services from the clinical practicum sites from the three RHTCs<sup>8</sup> were identified.

### **2.1.8 FP Refresher training for VHWs/MCHWs**

VHW/MCHW FP refresher training was provided to 131 VHWs/ MCHWs (64 males and 67

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<sup>6</sup> Jhapa, Dhanusha, Dang, Surkhet and Kanchanpur

<sup>7</sup> Jhapa, Morang, Dhanusha and Kanchanpur

<sup>8</sup> In RHTC Surkhet they included: Surkhet Regional Hospital, Mehelkuna PHCC, Dasarathpur PHCC and Katkuwa HP; in RHTC Dhankuta: Jeetpur PHCC, Manabudhuk HP, Parewadin SHP and Dhankuta District Hospital; and in RHTC Pathalैया: Nijgadh PHCC, Simara PHCC and Makwanpur District Hospital.

females) in 3 districts<sup>9</sup> which has contributed to increasing access to FP services in remote areas. Similar training was conducted in Dailekh, Pyuthan and Rolpa in the past and HMIS data shows that overall distribution of pills and use of Depo has increased by 22% in FY 2009/10 as compared to FY 2008/9 (please also see section 1.3.9).

### **2.1.9 Strengthen FP clinical practicum sites**

This will be covered in the next semi-annual report.

### **2.1.10 Revision of COFP/RH counseling training package and conduct training**

Preliminary discussions have been carried out regarding contents and key skills set providers need to have for these trainings.

### **2.1.11 Review, update and translate CTS and FP training packages**

The Training Working Group/NHTC has formed a task group comprised of key partners to review and update this training package.

Support was also provided to NHTC to review and finalize the IUCD training package. During the first review meeting, a strategic discussion was held on reducing the duration of training without compromising the core skills needed to provide quality IUCD services. Considering factors like the skill sets of nurses and ANM and the need for reducing unnecessary absenteeism, training was reduced from 18 days to 8 days.

### **2.1.12 Orientation and hands-on training to newly hired ANMs**

Because the GoN Red Book budget was not released this reporting period, this activity will commence in the next reporting period.

### **2.1.13 Verbal autopsy of maternal deaths in Banke**

Analysis of the 20 deaths reported from April 2010 to September 2010 shows that postpartum hemorrhage, eclampsia and puerperal sepsis are among the most common direct causes of maternal deaths, whereas anemia is the most common indirect cause identified. Among these deaths, more than 50% of the women were illiterate and almost half were young women (9 women being at 25 years of age or less), with their first pregnancy/childbirth. Six of these women belonged to disadvantaged, non-dalit Terai castes, 3 were Muslims, 3 were disadvantaged janajatis, 6 were dalits, and 2 belonged to the upper caste. Seventy percent of the deaths occurred during the postpartum period. Seven deaths occurred at home, 3 deaths were on the way to a health facility and 10 deaths occurred at various health institutions. These patterns of maternal deaths differ from those observed in the Nepal Maternal Mortality and Morbidity Study 2008/2009, probably due to differences in the geographic areas, reference period, sample size, etc.

### **2.1.14 MNH Update**

MNH update was initiated in 2 new districts, Bara and Surkhet, during this reporting period. Over a 2-day period, 25 providers in Bara<sup>10</sup> and 47 providers in Surkhet<sup>11</sup> were trained in the use of: AMTSL for prevention of PPH; partographs for monitoring the progress of labor; magnesium sulphate (MgSO<sub>4</sub>) for management/prevention of eclampsia; and how to perform neonatal resuscitation for asphyxiated newborns.

Review meetings on the MNH updates were also conducted in 4 districts<sup>12</sup>. Data revealed that all services providers are using AMTSL and a large majority have started using partographs. Similarly, MgSO<sub>4</sub> was available in all HFs in Sindhuli and Dailekh, while it was available in 65% and 40% of facilities in Rolpa and Bara, respectively. The improvement in quality of care through the use of AMTSL, partographs, MgSO<sub>4</sub> along with increases in the number of sites providing 24 hour delivery services, has resulted in significant increases in institutional delivery in all 4 districts.

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<sup>9</sup> Dang, Kalikot and Bajhang

<sup>10</sup> All females from 8 service sites (1 district hospital, 4 PHCCs and 3 HPs)

<sup>11</sup> All females from 20 service sites (1 district hospital, 4 PHCCs, 7 HPs and 8 SHPs)

<sup>12</sup> Dailekh, Sindhuli, Rolpa and Bara

District	# of sites providing 24 hour delivery services		Total institutional delivery in the district in the 6 month period before and after MNH update		Providers using Partograph (%)		Providers using AMTSL (%)	
	Before	After	Before	After	Before	After	Before	After
Sindhuli	5	8	390	564	0	76%	50%	100%
Dailekh	25	46	1247	1597	2%	93%	60%	100%
Rolpa	16	17	472	531	7%	75%	85%	100%
Bara	1	4*	800	889	0	65%	95%	100%

\* hospital is now a comprehensive emergency obstetric care site

(Source: data collected during review meetings after MNH update)

NFHP also supported CARE Nepal to conduct TOT for their MNH update in Dhangadi.

NFHP staff were also awarded a scholarship to present the findings from the MNH update in Sindhuli & Dailekh, during the Global Maternal Health conference in Delhi, India.

### Orientation for stakeholders on maternal and neonatal health

NFHP supported the D/PHOs of Sindhuli and Bara to conduct orientation about maternal and neonatal health to community level leaders and stakeholders in 11 VDCs. There are numerous examples of community support at HFs after the orientation, including: several HFOMCs hiring nursing staff (ANM, SN); HFOMCs managing ambulance services, providing beds, telephones and TV sets; and starting 24 hour delivery services. Moreover, prior to the orientation, many HFs were not providing mothers their maternity allowance and transportation cost and were in fact, demanding payment for certain medicines and supplies. After the orientation, all HFs in the VDCs stopped this practice and moreover, began to provide clients with their entitled allowance.

#### 2.1.15 Strengthen BEOC service sites

All 20 basic emergency obstetric care (BEOC)/birthing centres visited by NFHP Hetauda field office was found providing 24 hour delivery service. NFHP also supported Parsa DPHO to carry out needs assessments of birthing centres in the district and found that 4 out of 6 provided regular delivery services. Consequently, orientation, on-site coaching and supply of essential equipments were provided to these sites for improvement of services.

#### 2.1.16 Print and disseminate job aids, posters, informed consent forms

NFHP has designed, developed and printed 250 copies of job aids on how to correctly implement AMTSL. Service providers have been using them for quick recall during client/patient management and have reported that the job aids have allowed them to translate their knowledge into practice, especially on the use of the partographs and MgSO<sub>4</sub>.

#### 2.1.17 Client inputs on quality of services at all HF levels

Interviews with 467 clients (85% females) were held in 20 CPDs (62% were from SHPs, 22% from HPs and 12% from PHCCs). Out of the total number of clients interviewed, 70% used FP/MNCH related services. Similarly, 94% of interviewees knew about the Free Drug Scheme and 93% said they received prescribed medicine. 78% responded that they were satisfied with the services and the main reasons for this were: being provided with good advice (57%), being given good treatment (51%) and having service providers exhibit good behavior (42%).

Based on their response, it was found that ANC, SBA and FP services have all improved. Regarding further improvement, 28% suggested that staff should be available full time and 20% said privacy needs to be maintained.

#### 2.1.18 Whole site IP strengthening

NFHP has been monitoring IP practices during TSVs using a check list (as per the national standard).

During this reporting period, 56 HFs underwent whole-site IP monitoring and training. 420 health

staff were coached and all HFs formed a QI committee (which included HFOMC members) under the chairmanship of HF in-charge.

TSV data from other HFs shows improvement in IP practices. Among 896 HFs visited by NFHP staff in this reporting period, 49% of them provided services using sterile/high level disinfection (HLD) instruments; 79% collected and burned sharp instruments properly; and 71% collected and burned other medical wastes properly.

#### **2.1.19 Strengthen IP practices and BTS**

Despite receiving whole site IP training, maintaining good IP practices at the hospital level remains a big challenge. As training is not the solution to all problems, it was decided to implement the PI approach and initiate self-assessment and improvement of IP practices through a 3-day IP strengthening workshop in selected facilities. A total of 131 people participated in the workshops (79 males, 52 females).

During this reporting period, 4 hospitals<sup>13</sup> received support from NFHP to initiate and implement IP strengthening practices using the PI approach. A QI Committee chaired by the Medical Superintendent has been established to monitor progress and take actions to improve IP practices. Though this alternative approach is not easy and many challenges remain, all 4 hospital teams expressed their interest and commitment to it and made actions plans to improve and maintain IP practices.

#### **2.1.20 Strengthen HCWM including BTS at HFs**

NFHP is focusing on improving HCWM as it does not get adequate attention and support because it is generally considered the responsibility of support staff. As per the need identified during TSVs, NFHP supported 40 HFs for constructing placenta pits, 116 HFs for constructing waste disposal/burning pits, 51 HFs for repairing toilets and 162 HFs for improving the water supply system.

#### **2.1.21 Performance and quality improvement of HFs and community services**

NFHP- allocated district funds have helped meet the needs and reduce the gaps identified during TSVs, in the areas of FP/MNCH, IP practices including HCWM, improving client/provider comfort and privacy and other facility improvements.

In this reporting period, a total of NRs. 53.6 million was spent on access and QI (Nepalgunj Field Office: NRs. 20.7 million and Hetauda Field Office: NRs. 32.9 million). This went towards improving the water system at HFs; construction of placenta pits; waste disposal/burning pits; provision of basic instruments, equipments and furniture; toilet construction and repairing. Instruments and equipment included ANC beds with foot-steps, stove/boilers, oral rehydration therapy (ORT) sets, weighing scales, racks for storerooms, puncture proof containers and emergency lights. This figure also included some funding for radio health messages and IP coaching. For client privacy and comfort, screening partitions, furniture for waiting areas, ceiling fans and water filters were provided. In addition to this, funding was provided for minor repair and maintenance of the HFs and community service delivery points (e.g. PHCC, ORC). NFHP also assisted with distribution of scissors to FCHVs for vitamin A supplementation.

#### **Quality of FP/ANC services**

Based on TSV data on counseling for continuing FP clients at 288 HFs, it was found that 98% of HFs greeted clients, 94% provided explanations about the follow-up date and place and 88% inquired about any side effects from the methods being used. This reflects high quality of counseling services.

Out of 896 HFs visited, ANC services were observed at 384 (43%). Among them, it was found that 98% of clients had their blood pressure measured; 97% had their abdomen correctly checked; 92% had their abdomen observed for swelling; 97% received TT and 98% received iron tablets. Similarly, 95% of HFs had informed choice posters correctly placed.

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<sup>13</sup> Janakpur Zonal Hospital, Rapti Zonal hospital, Mahakali Zonal Hospital and Mechi Zonal Hospital  
*NFHP II SAR Apr-Sept 2010*

### **Improving Health Facility using District fund: a Case Study of Kawahi Goth HP, Bara.**

Being remotely located in the south-eastern part of Bara, Kawahi Goth HP was rarely visited by district supervisors. During a joint TSV with NFHP, district supervisor Mr. Amalেশ्वर Mishra, found that the HF was facing many problems such as a broken main gate, windows and toilet door and a leaky roof. Because of this, the wall and roof from the inside were badly damaged and dirty, with poor IP practices and waste management affecting the quality of service. This was reflected by very low client flow in spite of being a Ilaka level HF.

The NFHP team met with the HF In-charge, Mr. Bijay Paswan and his team to discuss and identify support needed. It was decided to provide necessary support from the district fund with some funding from the HF (for the cement plaster needed for the walls of building). The district fund was used for: painting the HF building (inside and outside) including the toilet; repairing the main gate and window; maintaining the toilet; constructing the waste disposal ring pit; and providing a steam sterilizer and gas stove for IP practices. With this, the HF started providing services using HLD (boiled) instruments and improved IP practices including proper disposal of health care waste.



Inside Kawahi Goth Health Post in Bara -  
Before



Inside Kawahi Goth Health Post in Bara -  
After

#### **2.1.22 More accessible services for differently-abled clients**

NFHP supported in the construction of ramps at HFs in Rolpa and Bara to make services more accessible for differently-abled people and for those in wheelchairs and stretchers. Hospitals in Rolpa, Sindhuli and Parsa also received wheelchairs provided by NFHP.

#### **2.1.23 Skill upgrade training for private sector CMAs and HAs**

This activity was not carried out this reporting period.

#### **2.1.24 Commercial sector collaboration on full course packing of 1<sup>st</sup> and 2<sup>nd</sup> line pneumonia medicines**

This activity was not carried out this reporting period.



Dr. Sudha Sharma, Health Secretary  
handing over NFHP procured wheel  
chairs to Parsa DPHO

## **2.2 Community-Based Service Delivery**

### **CB-IMCI**

#### **2.2.1 District and community level refresher meeting**

The CB-IMCI desk review recommended provision of frequent technical support, refresher trainings and monitoring meetings at the district and community levels. The CHD and its partners have endorsed these recommendations in order to maintain and improve the quality of HWs/CHWs knowledge and skills on managing sick neonates and under 5 cases.

As a result, NFHP provided TA during CHW-level review/refresher meetings in 14 districts<sup>14</sup>. VHW,

<sup>14</sup> Morang, Dhanusha, Bara, Parsa, Sindhuli, Sarlahi, Siraha, Kalikot, Kailali, Dang, Mugu, Jumla, Kanchanpur, Baitadi  
*NFHP II SAR Apr-Sept 2010*

MCHW and FCHV performances were reviewed and participants were updated on community case management of pneumonia and diarrhea. They were also supplied with oral rehydration solution (ORS), cotrimoxazole, condoms, pills, zinc tablets, iron tablets and reporting forms.

### **2.2.2 CB-IMCI training to new FCHVs**

Community case management of pneumonia and diarrhea is provided by FCHVs under the CB-IMCI. A 4-day training on CB-IMCI was conducted for 138 new FCHVs from 6 districts<sup>15</sup>.

### **2.2.3 CB-IMCI refresher training to AHWs/ANMs and VHVs/MCHWs**

This will be covered in the next semi-annual report.

### **2.2.4 Intensive monitoring of CB-IMCI program performance**

This will be covered in the next semi-annual report.

### **2.2.5 Regional review monitoring meeting of CB-IMCI focal persons**

During this reporting period regional review/monitoring meetings for CB-IMCI focal persons was carried out in all regions with support from different partners<sup>16</sup>. As requested by the CB-IMCI program chief, NFHP provided facilitation support in all 5 regions. Focal persons presented their district's performance data, along with problems and constraints faced in the past year and prepared a 12 months action plan.

### **2.2.6 BCC Activities**

This will be covered in the next semi-annual report.

### **2.2.7 Print and supply of CB-IMCI/CB-NCP materials**

CHD organized a 3-day workshop during which representatives from CHD, NFHP, UNICEF, Save the Children (SAVE), CARE, PLAN and consultants reviewed and revised the CB-NCP/IMCI training materials. The CB-IMCI chart booklet, training modules and job aids were reviewed and revised to bring consistency and uniformity on neonatal case management at the HF-level e.g. treatment of possible severe bacterial infection (PSBI), LBI, low birth weight and feeding problems, jaundice and hypothermia.

NFHP provided support for the printing and supply of CB-IMCI/CB-NCP training materials and job aids (outpatient department [OPD] registers, training modules, job aids, facilitators guide, flex charts, recording/reporting form and formats) nationwide for the CB-IMCI program.

### **Drug retailer orientation on management of ARI and diarrhea**

The NDHS 2006 found that more than 50% of mothers seek Acute Respiratory Infection (ARI) and diarrhea services from private practitioners/drug sellers/retailers. NFHP conducted an orientation for drug salesmen in Jhapa, focusing on the rational use of drugs as per GoN policy to manage ARI and diarrheal cases in under-5 children, the use of ORS and zinc tablets to treat diarrhea, orientation on neonatal danger signs and how to correctly counsel mothers. In total, 60 drug salesmen participated in the orientation, which was facilitated by the D/PHO focal person and NFHP staff. During the orientation all participants were provided with counseling cards (cotrimoxazole dose card, zinc dose card and four home rules card, etc).

### **CB-IMCI training/orientation for new and transferred HF staff**

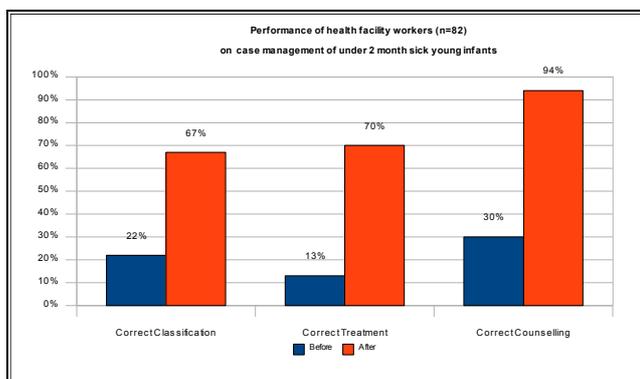
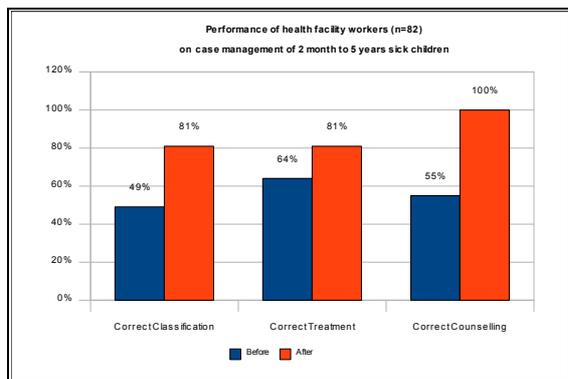
A total of 39 HWs from Kalikot, Jumla and Bara received CBIMCI training/orientation.

### **Intensive monitoring at health facilities on CB-IMCI program performance**

An intensive monitoring of CB-IMCI program performance was carried out in Rautahat and Parsa, as they were identified to be performing poorly. NFHP staff and D/PHO supervisors with clinical backgrounds, visited 21 health facilities in each district and monitored 82 HWs using the standard monitoring tools and guidelines. The graphs below represent 'before and after' performance levels observed after the intensive monitoring visits in the two districts.

<sup>15</sup> Rautahat, Bara, Sarlahi, Jumla, Salyan and Surkhet

<sup>16</sup> PLAN Nepal, NFHP, UNICEF, SAVE and CARE in the Eastern, Central, Western, Mid-Western and Far-Western regions, respectively



### Provide TA to maintain or improve performance of CB-IMCI in non-CPDs

A full time CB-IMCI field officer provides technical support in Doti and Dadeldhura, while NFHP provides TA to different non-CPDs as requested by the CHD and partners to conduct district level monitoring meetings and transferred-staff training.

### Incorporating CB-IMCI variables into HMIS

NFHP CH team coordinated with CHD and HMIS to include the CB-IMCI variables into the HMIS system and provided TA to revise the recording tools e.g HMIS 27, 31 and 32.

## CB-NCP

### 2.2.8 Implement CB-NCP

NFHP has committed to implement the CB-NCP program in 5 districts by 2012. In this reporting period, CB-NCP activities were carried out in 2 low HDI districts - Mahottari and Salyan.

In both districts, district planning and DDC orientation was carried out in coordination with CHD and respective DHOs. The 7-day HF level training was started in these 2 districts which focused on the seven major components of CB-NCP<sup>17</sup>. Altogether 118 participants, made up of doctors, paramedical staff and nurses, were trained in Salyan and 159 in Mahottari. Participants were provided an opportunity to practice with real cases to enhance their skills on management of neonatal infection, hypothermia and low/very low birth weight in the hospital. Due to low case load of sick neonates in Mahottari district hospital, 6 batches of HF level training was conducted in Janakpur, where trainers were able to carry out clinical practice sessions. Likewise, participants from Salyan were also provided with an opportunity to practice with real cases in Salyan district hospital. At the end of the training, participants were provided with commodities<sup>18</sup> to initiate the program in their HFs.



Clinical session of HF Level CB-NCP Training



Supervision visit by Dr R.P. Biccha, during CB-NCP Training

To ensure and maintain quality of service delivery following the training, frequent monitoring was carried out by regional and central level GoN officials and NFHP staff, with MASS providing management support. All training-related materials and equipment were found to be adequate.

Dr Jaganath Sharma, NFHP participated in the masters training of trainers (MTOT) training on "Helping Babies Breathe", a training package for birth asphyxia management at the community level, organized by the American Academy of Pediatrics in Washington DC, USA.

<sup>17</sup> BCC; promotion of institutional delivery; management of infections (LBI, PSBI); management of hypothermia; management of low birth weight; and management of birth asphyxia.

<sup>18</sup> Bag and masks, Delee suction tubes, insulin syringes, thermometers, gentamicin injection vials, job aids, and various reporting forms and formats

### CB-NCP Mid-Term Review:

CHD and partners organized a 3-day mid-term review workshop on CB-NCP in Dhulikhel (17-19 August 2010) with financial support from SAVE. Because only Bardiya presented CB-NCP related data, it was felt that data from one district cannot appropriately represent all pilot districts at this time. Upon completion of the workshop, a major decision was to continue implementation of the CB-NCP package separately, but anticipate merging the neonatal components into CB-IMCI and maternal components (BPP) into the Safe Motherhood program.

### 2.2.9 Procurement and supply of ARI timers and other commodities

To maintain the CB-IMCI program and implement the CB-NCP program, NFHP procured the following materials/equipment and supplied them during the training program: 1,665 clinical thermometers, 1,050 newborn weighing scales, 3,424 Delee suction tubes, 1,495 bag and masks, 200 CDKs, 260 safety boxes, 20,000 insulin syringes, 5,300 pairs of gloves, 30 resuscitation dolls, 20 ordinary dolls and 100 baby wrappers.

### Support for the EPI program

#### District level planning on NID in April 2010 round:

As requested by MoHP and approved by USAID, NFHP provided financial and TA to carry out district-level planning workshops in 34 districts on NID in the Central and Mid-Western regions for the April immunization round. MASS provided management support for this activity in both regions, while NFHP central and field staff monitored the campaign.

### MNH activities at community level

#### 2.2.10 Maintenance and expansion of MNH activities at community level

NFHP supported FHD to conduct a review meeting for MNH activities at the national level, where D/PHOs and focal persons from program districts participated. The meeting highlighted the intervention's achievements; high acceptance of MSC by mothers and the community as well as an increase in institutional deliveries and ANC/PNC services in program districts. After successful piloting of this model in Banke, the national implementation guideline has been published by FHD and the intervention has been introduced in 9 districts.

The MNH activities at community level are slightly different by district as detailed in the table below:

District	Population 2010	BPP/ PNC	LBW identification and management	hypothermia identification and management	MSC	CHX
Jhapa	839.660	√				
Kanchanpur	472.978	√	√	√		
Sindhuli	337437	√	√	√	√	
Kalikot	125.930	√	√	√	√	
Mugu	52.605	√	√	√	√	
Banke	474.239	√	√	√	√	√
Jumla	106.419	√	√	√	√	√
Baihana	199.497	√	√	√	√	√
Dailekh	269.291	√	√	√	√	√
Total	2.878.056					

During this reporting period, boxes/bags were provided to 3,109 FCHVs of 6 districts<sup>19</sup> to store CBMNH and other program materials at home.

Coverage data from the 3 districts that carried out MNH activities at community level during this reporting period are summarized in the following table.

<sup>19</sup> Sindhuli, Banke, Kanchanpur, Bajhang, Mugu and Jumla  
NFHP II SAR Apr-Sept 2010

**Program coverage by district (Baisakh 2067 to Bhadra 2067 or April 2010 to August 2010)**

	Sindhuli		Banke		Kanchanpur	
	N	%	N	%	N	%
Total expected pregnancies (5 months)	3698		4686		5577	
<b>Total women contacted by FCHVs during pregnancy (among expected pregnancies)</b>	1638	44	3171	67	2273	40
Women received TT (among total forms closed by FCHVs)	1476	90	3153	99	2154	94
Women received deworming tablets (among total forms closed by FCHVs)	1508	92	3158	99	2181	96
Women received full course of iron tables in pregnancy (among total forms closed by FCHVs)	1370	83	3105	97	2104	92
Women delivered at HFs	311	19	1301	41	1398	61
Women delivered at home with assistance of HWs	336	20	166	5	399	17
Women received MSC among form closed	1449	88	3157	99	NA	NA
<b>Uterotonic coverage for prevention of PPH at birth</b>	1416	86	3162	99	NA	NA
<b>Post-natal follow-up by FCHVs within 3 days of birth</b> (among total forms closed by FCHVs)	1449	88	3068	96	1901	83

Total forms closed by FCHVs (April to June) in Jumla, Mugu and Bajhang are as follows: 282, 372 and 815, respectively. Data on total forms closed from the remaining districts will be reported in the next semi-annual report.

The total number of CBMNH related TSVs conducted by districts during the reporting period are summarized in the table below.

**Total no. of TSVs conducted by districts**

	Sindhuli	Banke	Kanchanpur	Bajhang	Mugu	Jumla	Kalikot
FCHVs	260	110	42	54	NA	71	NA
Pregnant women	143	85	36	17	NA	45	NA
Recently delivered women (RDW)	93	84	35	14	NA	35	NA

*Note: Program specific TSVs were discontinued in Jhapa from this reporting period  
NA: Not Available. The training in Kalikot was just recently completed.*

**District Specific MNH activities at community level:**

**Jhapa:**

During this reporting period district supervisors, HWs and FCHVs received refresher training. Similarly, 239 HWs (129 males, 110 females) and 589 FCHVs were trained on the revised BPP/PNC.

**Sindhuli:**

Review meetings were organized jointly for MNH activities at community level and the NVA pilot program during which 263 traditional healers/religious leaders (255 males, 11 females) from 35 VDCs were oriented. The orientation mostly focused on identification of danger signs in mothers during antenatal, delivery and postpartum periods and identification of danger signs in newborns to promote timely referral.

NFHP also supported a 1-day stakeholder meeting in Sindhuli. The meeting was attended by 33 participants (27 male and 6 female) which included D/PHOs, district supervisors, representatives from CDO, LDO, WDO and representatives from NGOs/INGOs working in Sindhuli. It was found that absenteeism of HWs at duty stations still remains a big challenge for improving MNH services

in Sindhuli.

### **Banke:**

Activities related to MNH at community level during this reporting period included annual review meetings for HWs and FCHVs, TSVs at health facilities and communities and support for supply of commodities.

A 2-day review meeting for all the components of MNH activities including NVAS was conducted for 68 HWs (46 males, 22 females), 82 VHWs/ MCHWs (47 VHW, 35 MCHW) and 656 FCHVs. During the community-level review meeting, a 1-day orientation on MNH activities at community level was given to 264 (256 male and 8 female) traditional healers/religious leaders at the ilaka level. The orientation focused on identification of danger signs in mothers during antenatal, delivery and postpartum periods and identification of danger signs in newborns to promote timely referral.



FCHV counseling PW on MSC in Banke

TSVs continued as a part of program maintenance. Technical support was also provided to monthly FCHV meetings in 18 health facilities and 11 ilaka level meetings.

### **Kanchanpur:**

Regular monitoring of MNH activities at community level continued through TSVs and annual review meetings for HWs and FCHVs. NFHP supported the organization of a 1-day review meeting for 31 district supervisors/HF in-charges (30 males, 1 female), 62 HWs (43 males and 19 females) and 735 FCHVs. Annual data for each VDC was reviewed and challenges in recording and reporting were discussed. During the community-level review meeting, an additional day was allocated for program orientation to traditional healers in each VDC, where a total of 287 traditional healers (240 male, 47 female) were oriented about the danger signs in mothers during antenatal, delivery and postnatal periods and danger signs in newborns to promote timely referral.

### **Bajhang & Mugu:**

Regular monitoring continued in partnership with UMN. District staff conducted TSVs to FCHVs, pregnant women and RDW and support was provided to re-supply MSC tablets and other commodities up to the FCHV level. District supervisors were also oriented on the monitoring tools and database. Timely reporting of service data from health facilities is a big challenge in Mugu.

### **Jumla:**

The 5-day FCHV level training was completed in the remaining 12 VDCs (the other 18 VDCs received training during the last reporting period). Regular monitoring of the program is ongoing. 71 FCHVs, 45 pregnant women and 35 RDW received TSVs.

### **Kalikot:**

MNH activities at community level in Kalikot started this reporting period. District stakeholders, which included 21 personnel (all male) from CDO and LOD, were oriented about the need and possible interventions in the district. The district team also prepared the training implementation plan.

As part of this intervention, 23 participants (22 males, 1 female) including district supervisors and HF in-charges participated in the 3-day district trainers' preparation, where they were trained on the technical content and facilitation skills needed for CB-MNH training. The participants then facilitated subsequent 3-day trainings, in 4 batches, for 46 HWs (30 males, 16 females), HF and district hospital staff and FCHVs.

A total of 23 MCHWs and 25 VHWs (all male) were trained on CB-MNH for 3 days in 2 batches. FCHV level CB-MNH training was conducted for 263 FCHVs in their respective HF for 5 days. A total of 537 Health Facility Management Committee members and 672 members of Mothers

Groups also received orientation on CB-MNH.

### **Conduct primary school teacher orientation on MCH program activities in Kalikot**

The potential of teachers as informal community leaders, advisers and agents to raise awareness, led NFHP, in coordination with the D/PHO and District Education Officer, to organize a 2-day orientation on the MNCH program, to 48 female primary teachers in Kalikot. The orientations, facilitated and monitored by D/PHO Kalikot and NFHP, focused on pregnancy, maternal and newborn danger signs, immediate newborn care, ANC and PNC visits, birth preparedness, promotion of institutional delivery, ARI and diarrhea management for under-5 children. The orientation also included support to FCHVs in national level health events (e.g. vitamin A supplementation, polio vaccination) and mothers group meetings. At the end of the orientation all participants expressed their commitment to disseminate MNCH related messages to the community and refer cases to the HFs and CHWs. NFHP needs to monitor this intervention and expand it in other districts if the result is found encouraging.

### **Dailekh:**

Stakeholders planning meeting and briefing were carried out in Dailekh.. In total, 40 participants (35 male and 5 female) attended the meetings, which successfully oriented them on upcoming CB-MNH activities in the district.

The other planned activities will be carried out in the next reporting period.

### **Rolpa & Salyan:**

MNH activities at community level will be implemented during the next reporting period.

In summary, MNH activities at community level have been able to increase access to services and information at the family and community level, where FCHVs are playing a vital role. During the review/refresher meetings, HWs and FCHVs revealed that service utilization and household level behaviors regarding maternal and neonatal care (ANC, delivery and PNC) had improved. Proper recording by FCHVs, timely reporting from HF to D/PHOs and stock and re-supply of MCS still remain major challenges.

### **TA to GoN and Partners for MNH Activities**

NFHP continued to support GoN and partners in scaling up MNH activities at community level. TA was provided to UNICEF for scaling up those activities, including MSC, in Bajura and Darchula districts.

### **Disseminate program lessons learned**

NFHP supported officials from FHD and participated in the Global Maternal Health conference in Delhi, India to disseminate Nepal's experience on MNH including the pilot study on the use of MSC for prevention of PPH in case of home births. Dr. Shilu Aryal, Sr Gynaecologist, FHD presented the "Community-based Approaches for Increasing Uterotonic Coverage for Prevention of Post-Partum Haemorrhage with Misoprostol" during the conference.

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

Gentamicin in Uniject design stage trial, a feasibility study for the use of Gentamicin in Uniject for management of newborn sepsis by FCHVs, was disseminated as part of a panel presentation during the Global Health Conference, Washington DC, USA by Dr. Jaganath Sharma, NFHP. The publication of the final feasibility study report and publication of the findings in peer reviewed journals will be carried out in the next reporting period.

#### **2.2.12 Newborn Vitamin A supplementation**

NFHP support to CHD in the pilot study to explore the best distribution mechanism to reach the maximum number of newborns for dosing them with 50,000 IU vitamin A within 48 hours of birth, continued during this reporting period.

NFHP continued its monitoring support in Banke (FCHV dosing model) and Sindhuli (mother/family member dosing model) where as UNICEF, through NTAG, continued its monitoring

support in Nawalparasi (FCHV dosing model) and Tanahun (Mother/family dosing model). The annual review meetings of the pilot program for HWs and FCHVs was integrated with the MNH activities at community level review in Banke and Sindhuli, which was very useful to identify the gaps in recording and reporting and also allowed for the collection of reports from HF especially in Sindhuli.

NVAS related TSVs was done among 49 HF staff, 100 FCHVs, 85 RDW, 28 VHWs and 29 FCHVs in Banke received TSVs. In Sindhuli 41 HF staff, 304 FCHVs and 92 RDW received similar TSVs.

The preliminary findings for six months (December 09-May 2010) from four districts were disseminated as a poster presentation by Dr. R.P. Bichha, the Director of CHD and Dr. Jaganath Sharma, NFHP during the 2<sup>nd</sup> Congress of Public Health Nutrition in Porto, Portugal.

The overall coverage of newborns receiving vitamin A supplements, based on expected live births, was 47% and 70% for Sindhuli and Banke, respectively. In Banke, FCHVs dosed 49% of newborns, whereas 51% were dosed at hospitals and HFs. In Sindhuli, 52% of newborns were dosed by mothers or family members, 32% at HFs, 12% by FCHVs and 4% by HWs at home.



FCHV dosing newborn with vitamin A

2.2.13 Maintenance and expansion of pilot CHX  
NFHP entered into an agreement with Plan Nepal to share information and increase collaboration between the two organizations to implement CHX activities. Chlorhexidine intervention is ongoing in 6 districts<sup>20</sup>.

NFHP and CHD working group also carried out CHX presentations during NESOG and NEPAS conferences. UNICEF and Plan Nepal received orientations about CHX, while UNICEF also received technical support for conducting district trainer's preparation in Bajura.



Service provider applying CHX to newborn

#### 2.2.14 Prevention of Pre-eclampsia/Eclampsia with Calcium

Maternal and Child Health Integrated Program (MCHIP) with FHD and NFHP conducted an acceptability study to determine pregnant women's preference for 2 different calcium forms (tablets or powder) in two VDCs (Udhaharapur and Titiharia) in Banke. Findings from this study revealed that out of 75 pregnant women, 57 (76%) preferred the calcium tablets, whereas 12 (16%) preferred the calcium powder, 2 (2.7%) had no preference and 4 (5.3%) chose not to continue. Discussion is underway to share the findings with larger stakeholders and scale up this intervention in other districts.

<sup>20</sup> Banke, Parsa, Jumla, Bajhang, Dailekh & Rolpa  
NFHP II SAR Apr-Sept 2010

## Nutrition

### 2.2.15 Semi-annual VAC distribution

#### *Supply of VAC and de-worming tablets*

NTAG supported CHD in providing VAC and de-worming tablets for the April 2010 round of capsule supplementation to FCHVs through LMD, via RMSs, HPs and SHPs. This was to ensure FCHVs received them two weeks prior to distribution.

#### *Emergency management & logistic of capsules/tablets*

NTAG assisted LMD in supplying VAC and de-worming tablets to districts where the RMS could not deliver on time, due to technical difficulties. NTAG supplied the capsules and tablets on an emergency basis to 5 districts<sup>21</sup>.

#### *Program promotion prior to capsules supplementation*

Leaflets, posters, registers and scissors were distributed at the community level in various districts through NFHP, NTAG and the Nutrition Section staff. Radio, television and miking were used to inform communities about the upcoming supplementation event. Two TV spots were telecast from two television channels – Nepal Television and Kantipur Television to promote the event. The spots were telecast 40 times (10 times/day) for 4 days from Nepal Television and 36 times (12 times/day) for 3 days from Kantipur Television.

Radio spots were broadcast in Maithali, Bhojpuri, Awadhi and Nepali from Dhankuta, Kathmandu, Surkhet and Pokhara/Dipayal regional radio stations, respectively. The messages were broadcast 21 times from national radio stations between 10-22 April, 2010 and 170 times from 5 regional radio stations between 1-18 April, 2010. Furthermore, messages about the event were broadcast through 6 local FM radio stations in Kathmandu, Koshi, Dang, Dhangadi, Kaski and Chitwan. The messages were broadcast 300 times from 14-18 April 2010, before every local news broadcast. Some D/PHOs also used other local FM stations on their own initiation to broadcast the message.



FCHV counseling on Vitamin A rich food during VAC campaign

Audio cassettes containing information about the event were developed in Nepali, Maithali, Bhojpuri and Awadhi languages and used during miking prior to the VAC supplementation event. Miking was carried out by NTAG staff in Kathmandu valley, especially in the slum areas and several other districts.

#### *Supply of program materials*

Program materials such as FCHV registers, posters, pamphlets, leaflets, scissors, stickers, T-shirts, and tikas, were distributed for the April 2010 round of VAC supplementation. 2000 FCHV registers and 30,000 pairs of scissors were procured and 75 T-shirts were printed.

### Monitoring/Supervision of capsule supplementation

#### *Supervision of capsule supplementation from central level*

VAC supplementation and de-worming tablet dosing were carried out on April 19 and 20, 2010 in all 75 districts of Nepal. Based on the sample survey conducted after April 2010 supplementation, an estimated 3.35 million children (97.6% coverage) were dosed with VAC and 2.88 million children (96.8% coverage) were given de-worming tablets by 48,500 FCHVs during the campaign.

As directed by CHD, central and regional officials supervised VAC supplementation activities. These officials ensured that required capsules for the VAC supplementation event and case treatment reached RMSs.

<sup>21</sup> Khotang, Okhaldhunga, Sankhuwasabha, Solukhumbu and Bhojpur  
*NFHP II SAR Apr-Sept 2010*

40 NTAG staff were deployed to 32 districts for the promotion, monitoring and supervision of the VAC supplementation activities. Based on the supervision reports submitted by NTAG staff, along with other I/NGO officials, a comprehensive report was prepared and shared among partners and stakeholders.

NFHP staff were involved in monitoring of the distribution campaign. Altogether 426 sites in 26 districts were monitored. NFHP staff also supported in the provision of VAC, Albendazole tablets, scissors, registers, posters and leaflets.

#### *Supervision of capsule supplementation from district level*

District health personnel and PHCC/HF staff were involved in the district level supervision activities. They checked the records and reports and ensured that capsules reached the FCHVs for supplementation. They also encouraged and mobilized the community to provide support to FCHVs during the capsule supplementation days.

#### *Mobilize multi-sectoral staff at all levels to support NVAP activities*

NTAG requested different ministries such MoHP, MoLD, Ministry of Education and Sports and other institutions such as Municipality Association of Nepal, Women Development Office, Federation of District Development Committee and Federation of VDCs to mobilize their line agencies and staff at different levels to support VAC supplementation.

Personnel from different organizations supervised the capsule supplementation event in different districts and provided their feedback through supervision forms.

#### *Vitamin A coverage survey (Micronutrient Survey)*

After the April 2010 round of the VAC supplementation event, a survey was conducted in 8 randomly selected districts<sup>22</sup> and results are awaited.

### **Other support in Nutrition:**

#### ***Support to celebrate breastfeeding week***

Using the NFHP district funds, NFHP supported D/PHOs to celebrate breast feeding week in Aug 1-7, 2010 by preparing and displaying banners for the event. District based field officers participated in the rallies and observed the *dohori* song competition, which focused on messages about breastfeeding.

#### ***Zinc for management of diarrhea in all 75 districts***

NFHP provided TA in district planning/orientation, HF level training, VHW/MCHW level training and FCHV level training to introduce zinc for the management of diarrhea in remaining 3 districts, namely, Siraha, Sarlahi and Banke.

### **2.2.16 Develop and Pilot Module on IYCF Behaviour**

NFHP started preliminary work to initiate a pilot study in nutrition in one district of Nepal, focusing on the documentation of behavior change in IYCF practices through community level screening using MUAC tape. The pilot study will be discussed with USAID and CHD before finalizing it for the next reporting period.

### **2.2.17 Develop and Pilot a Multisectoral, Integrated Nutrition Program**

As continuation of its support during the Nutrition Assessment and Gap Analysis meetings and to promote multisectoral coordination and collaboration to address general malnutrition in under-5 children, NFHP provided TA and participated in a series of workshops on nutrition organized by NPC and CHD to identify nutrition program focal officers in different line ministries (MoHP, Ministry of Agriculture, Ministry of Education and Social Welfare, Ministry of Finance) and to develop their job description. NFHP continues to provide TA for the evolution of the policy and implementation mechanisms for the anticipated increase in multisectoral nutrition activities.

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<sup>22</sup> Jhapa, Udaypur, Sarlahi, Nuwakot, Parsa, Gulmi, Rolpa and Kalikot

### **2.2.18 Develop and Pilot an Intervention to Reduce Maternal Low BMI Prevalence**

In light of the USAID request for application for nutrition, NFHP will not pilot this activity. However, NFHP continues to provide TA to the FHD on maternal nutrition and may assist with exploratory efforts to improve nutrition among adolescents as a means to better prepare them for future pregnancies.

## **FCHV**

### **2.2.19 Biannual FCHV review meeting**

The revised FCHV strategy 2010 states that FCHV review meetings will be conducted every six months. These activities will commence from the next quarter. A guideline that will propose alternative approaches to make review meetings more effective and participatory for the benefit of FCHVs will be developed by the next quarter.

### **2.2.20 Two-day regional meetings**

This activity has been planned for the next quarter.

### **2.2.21, 2.2.22, & 2.2.23 FCHV Fund**

A draft training package has been developed by FHD with support from NFHP. This package will be field tested in the next quarter in four districts<sup>23</sup> and finalized accordingly.

Other activities will be included in the next reporting period.

### **2.2.24 FCHV Program Management Workshop for Focal Persons**

This two-day workshop will be conducted in the next quarters.

### **2.2.25 Calculators for FCHVs**

Calculators for FCHVs in 34 non-CPDs are being procured through FCHV SWP for distribution to each VDC level fund management committee.

### **2.2.26 Strengthen Mothers Groups**

This activity is being planned and will be initiated and implemented in the next quarter.

### **2.2.27 Print FCHV Training Materials**

Some of the FCHV materials are being revised, therefore this activity will be completed in the next quarter.

### **2.2.28 Transportation of materials and procure ID cards with holders for FCHVs**

Transportation of FCHV fund-management related forms and calculators to district headquarters of 22 CPDs has been completed (see section 2.2.25). Transportation of similar materials to other non-CPDs are being planned. Printing and procuring of FCHV cards and holders will be completed in the next quarter.

### **2.2.29 Advocacy Regarding FCHV Program**

A concept note for a television drama has been drafted and will be finalized in consultation with FHD/NHEICC. Its production will commence in the next quarter and will be aired on prime time from national television channels

1 to 2-day orientation workshops were organized in 3 regions (Eastern, Central and Mid-Western) to inform health journalists about the important part FCHVs have played in improving the health status of Nepal for over two decades. A 1-day orientation was held in Kathmandu, while a 2-day orientation was held in Nepalgunj and Biratnagar. The workshops focused on FCHV policies and programs and allowed for interaction with FCHVs. More in-depth and focused news appeared in the papers after the sessions, with 25 stories about FCHVs in the news from June 16 to September 15, 2010, whereas prior to the workshops, only 29 stories appeared in the news in one year.

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<sup>23</sup> Morang, Mahottari, Rolpa and Surkhet

### **2.2.30 FCHV Day Celebration**

Existing radio spots/jingles will be revised and aired on prime time from radio networks prior to FCHV day celebration which is scheduled to be celebrated on December 5 (International Volunteers Day) as specified in the revised FCHV program strategy.

### **2.2.31 Print and Disseminate Revised FCHV Strategy**

NFHP supported in the printing of 4,000 Nepali and 1,000 English copies of the revised FCHV strategy. A dissemination workshop at the center has been planned for the next quarter. Reprinting of 5000 Nepali copies has begun with support from NFHP.

### **2.2.32 Revise and Print FCHV Guidelines**

Please see 2.2.31 above.

## **3.0 COMMUNITY PROGRAMS**

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

#### **3.1.1 Review and revise HFMSD training manuals**

Based on lessons from the field, the HFOMC capacity building package was further revised and refined resulting in the decision to adopt a 1-year intensive approach: changing the 2-day training session to a 3-day training session, followed by 2 review workshops at 5-month intervals and continuous follow-up for one year. The HFOMC capacity building approach was also revised with technical and financial support from NFHP. 3 types of revised training manuals were produced by NHTC, where contents on GESI were added.

#### **3.1.2 Expansion of HFMSD approach**

NTAG, Sustainable Development Initiative Network (SUDIN) Nepal, and NRCS were contracted to conduct the HFMSD expansion activities in 9 districts. NTAG carried out the activities in Rolpa, Salyan, Banke, Dang, Surkhet. Sarlahi and Rautahat were assigned to SUDIN and Jumla and Kalikot were assigned to NRCS. To date, 260 HFs have received a 3-day training. All HFs in Banke and Kanchanpur received the 3-day training.

#### **3.1.3 Maintenance of HFMSD**

During this period TSVs were carried out at 101 VDCs. Overall, the regularity (80% of HFOMCs) and effectiveness of monthly meetings, sharing progress of previous meetings, preparation of action plans (60%) and their implementation (80%) has declined slightly compared to the previous reporting period. This is due to the introduction of new HFOMCs, which are still improving to reach optimum performance.

Prior to introduction of the GESI perspective in HFOMC, dalits and women were under-represented. After the introduction, restructuring/reformation took place, resulting in at least 1 dalit member and 4 female members in HFOMCs in all program VDCs. Furthermore, these dalit/women members were oriented and trained on HF management and provided with special coaching during TSVs. The proportion of dalit members participating in HFOMC meetings was 85%, slightly higher than the previous reporting period (78%), while women participation was universal. In many cases, dalit members conducted community mobilization activities targeting dalits communities who under-utilize HF services and worked as co-facilitators in HFOMC training. Use of health services by Dalits is 1.35 times higher in program VDCs than in non-program VDCs. During interviews with 72 different HFOMC members, mostly dalits, 63% declared bringing issues from their community to discuss during monthly meetings.

During this period 137 HFOMCs generated a total of NRs 15,330,818 in cash and kind, mostly from VDCs. The cash was used to support additional staff at the HFs and improve infrastructure and purchase of drugs/equipment. Similarly, 75% of HFOMCs provided FCHVs with dress and snacks during meetings.

### **Role of HFOMC in Human Resource Management: Experience from Kanchanpur**

Human resource shortage in peripheral government HFs is a major challenge in Nepal. Mobilization of local resources to manage the health sector is a good solution to address this pressing problem.

The HFOMC of Kanchanpur has set a good example of what can be possible if there is active community mobilization.

In Kanchanpur, the total sanctioned posts for regular staff in 21 government health facilities is 113 of which 11 are vacant. There are 72 locally hired staff (ANM-26, AHW-7, Lab assistant-10, MCHW-1, Sweeper-13, Driver-2, Watch man-2, Peon-11) at all 21 HFs. The proportion of locally contracted staff is 39%. Of the 72 local hired staff, 50 (70%) are hired through the initiation of HFOMC, while the rest are hired by VDCs, DDCs or D/PHO/RHD. Before HFOMC intervention, only 9 staff were hired by 7 HFs.

Due to the hire of local staff, there is increased support in service delivery at the peripheral level. The support of locally hired staff has helped expand delivery services, provide clinical/investigation services and other administrative support.

However, challenges remain, especially continuity of the hired staff in the long run, conflict of interest while hiring the staff, transfer of duty by regular staff to the locally hired staff. In some cases, there is evidence of increasing absenteeism of regular staff in health facilities because of this.

#### **3.1.4 Provide TA to NHTC/other stakeholders(I/NGOs/NGOs)**

As mentioned above under section 3.1.1, NFHP provided technical support to NHTC to revise and review the HFOMC capacity building manuals.

#### **3.1.5 Support HFOMC to Plan Activities Focusing on Marginalized People**

Community mobilization activities, were carried out - many of them by women and dalits - in 51 sites in 3 districts. The activities included: data analysis by HF staff/HFOMC, analysis of low program indicators, and finally, addressing identified problems. The major interventions were awareness-raising activities on different health subjects (ANC, PNC, delivery conducted by HWs, FP, EPI, HF services and roles of HFOMC), promotional activities and expansion/strengthening of out-reach services. As a result of some of these community mobilization activities, client flow for ANC especially in HF/PHCC/ORC and immunization from EPI clinics has increased.

#### **3.1.6 Strengthen Joint Field Visits**

NHTC/RHD/DPHO/DDC staff visited HFOMC programs and provided their valuable inputs. NFHP staff met with DDC members and VDC secretaries at their monthly meetings and discussed HFOMC activities in all VDCs. Similarly, the NHTC focal person visited Rolpa to observe the HFOMC expansion, while the LDO, planning officer from DDC, DHO from Pyuthan and Rolpa visited the HFOMC training program.

### **3.2 Community Efficacy, Literacy Life Skills**

#### **3.2.1 Plan and Implement GATE classes**

The remaining 65 GATE classes are being run in the third program cycle in five districts (Sarlahi, Mahottari, Dang, Banke and Surkhet) through 5 different NGOs. The NGOs also organized village orientation programs to share the objectives of the LLS program and generate support from the community, including schools teachers, HWs and village leaders.

The participants enrollment data for the third cycle are yet to be received. Please see the table below for details on current GATE, HEAL and LC activities.

#### **3.2.2 Plan and implement HEAL classes**

Currently, there are 239 HEAL classes being run in 8 districts (please refer to the table above for more details). Only 114 HEAL classes remain to be implemented in the fourth cycle.

### Details on GATE, HEAL, LC and Small Grant Activities

S.No.	District	Sub-Grantees	GATE	HEAL Basic/Post	LC	SGSP
1	Sarlahi	BWSN	27	30	72	24
2	Mahottari	LDTC	14	30	81	25
3	Dang	SWC	15	32	83	23
4	Salyan	SADIK		30	45	11
5	Rolpa	DECOS		30	63	21
6	Sindhui	SIDS		30	45	10
7	Banke	MUM	4	30	70	11
8	Surkhet	WAM	5	27	84	11
<b>Total</b>			<b>65</b>	<b>239</b>	<b>543</b>	<b>136</b>

#### Involvement of FCHVs in LLS

To date, 44 FCHVs have worked/are working as facilitators in HEAL in 8 districts. They received the opportunity to participate in the 7-day HEAL facilitators training.

49 FCHVs also participated in HEAL classes for 9 months, during which they developed reading and writing skills and were provided with the opportunity to discuss health related issues, which they found very useful to perform their duty as FCHV.

#### 3.2.3 HEAL post literacy

During the second cycle of the LLS program, eight NGO partners implemented 187 HEAL post-literacy classes after completion of the basic literacy classes. There were a total of 4,173 participants out of whom 94% completed the HEAL course. Continuing education, with 8 sessions over 2 months, has been completed. Participants were then given 4 health series to take home for self-reading.

#### GESI

The participants of HEAL, GATE and MG/LC are women and adolescent girls as are the facilitators and the program supervisors. The latter are recruited locally by the program implementing partners or NGOs. The facilitator of the MG/LC must be a FCHV from the respective ward, no matter whether she is literate or illiterate. Consequently, NFHP has developed the training material and training design accordingly, which help FCHVs to facilitate the MG/LC meetings effectively.

The program also aims to reach women from dalit communities, disadvantaged janajatis, disadvantaged non-dalit Terai castes, and religious minority groups. However, there are also women participants from relatively advantaged janajati and upper caste groups as their health situation is not much better than those of dalits and disadvantaged janajatis.

14.2% of women in HEAL are dalits, 69% from disadvantaged janajatis and disadvantaged non-dalit Terai castes, 3.5% from religious minority groups, 1.1% of women are relatively advantaged janajatis and 21.8% are from upper caste groups.

NFHP is also working with NGOs in Banke and Surkhet, which are led by women. Similarly, the vice president of the Local Development Training Center - NFHP's partner NGO in Mohattri - is also a janajati woman.

#### 3.2.4 Small Grant Support Program

SGSP is designed to provide opportunity for HEAL participants to carry out small scale projects or promotional activities related to health issues discussed in the HEAL classes. To date, NFHP has implemented 151 SGSP groups, with 15 completed and 136 still running in 8 districts.

Most of the activities carried out by the participants were related to MCH and general health practices. One such activity focused on encouraging and helping pregnant women take iron tablets during pregnancy, which included a performance drama, stressing the importance of iron tablets, where one can obtain them, when to take them and for how long.

### **3.2.5 Learning Circle approach in Mothers' group meeting**

Altogether 576 MG/LC in Rolpa, Surkhet, Salyan, Banke, Dang, Sarlahi, Mahottari and Sindhuli were implemented during the second cycle of the LLS program. The total number of participants were 12,872, all women of reproductive age. The program facilitators were FCHVs from their respective wards.

## **3.3 Communications & Behavior Change**

### **3.3.1 Review and Print FP/RH Communication Strategy**

A committee consisting of representatives from NHEICC, FHD, NFHP and other organizations finalized the draft FP communication strategy. They also agreed that once the English version has been finalized, it will be translated into Nepali and then distributed to all D/PHOs. The tentative date for final production has been scheduled for end of December 2010.

### **3.3.2 Review and Re-Print of FP/RH/MNCH IEC Materials**

This activity has not been completed.

### **3.3.3 Develop Health Message Content Document**

This will be covered in the next semi-annual report.

### **3.3.4 Re-printing of Health Promotional Materials**

The FP contraceptive methods promotional materials were effectively and efficiently distributed to all NFHP program districts during community based promotional activities and was out of stock by the end of the last fiscal year. Similarly, the flip-charts on well planned families was reported to be a very useful tool during interpersonal communication and counseling for FP methods in the community. MASS has been assigned with reprinting the materials and the product is expected to be delivered by the end of November 2010.

### **3.3.5 BCC/IPCC training for ilaka level HP in-charges**

This will be covered in the next semi-annual report.

### **3.3.6 Health Exhibitions**

This will be covered in the next semi-annual report.

### **3.3.7 Re-design and production of 6 Posters on MNH**

This will be covered in the next semi-annual report.

### **3.3.8 Installation of billboards on FP/MNCH**

To complement and reinforce FP messages to the local community and target audiences, two billboards were installed in prime locations of the district headquarters of 20 NFHP program districts. After 3 months of installation, a rapid assessment was carried out in 7 districts to see the effectiveness of the billboard and its message. Out of the 312 people asked if they saw the boards, 50% said yes. Those that saw them urged for more to be installed and also declared that they were effective and easy to understand.

### **3.3.9 Develop health song on MNCH**

This will be covered in the next semi-annual report.

### **3.3.10 Design, Production and Airing of Radio Jingles/Spots on FP/RH, MNH and CH**

A total of 12 radio spots/jingles were scripted and reviewed by NFHP, CHD and NHEICC. They have been endorsed and are in the development process. To air these radio spots and jingles, Ujayalo FM network, which has links with 63 FM radio stations around 47 districts of Nepal, has been contracted. They will be aired 5 times a day, morning and evening prime time for 60 days and is expected to reach around 14 million people with health messages.

These radio spots and jingles will also be aired from 40 local FM radio stations in 20 NFHP districts for 270 days. Before airing, they will be adapted into local languages and contexts, such as Bhojpuri, Maithali, Bajika, Tharu, Awadi, Kham and Khas to ensure that the local people

understand the health message easily, become aware and are encouraged to visit HFs to seek health services.

### **3.3.11 Airing of Radio Health Program “Jiwan Jyoti” Through FM Radio Stations**

The production and weekly broadcast of the local language radio program “Jeevan Jyoti” continued during this reporting period with technical support from Equal Access, who is partnering with 7 local FM radio stations. The radio health program in local languages i.e. Bhojpuri, Maithali, Bajika and Nepali is found to be popular among the communities of Parsa, Bara, Rautahat, Sarlahi, Mahottari, Dhanusha and Sindhuli. The FM radio stations follow the content document provided by NFHP to produce the radio program and get approval from Content Advisory Group (CAG), formed under the leadership of the respective D/PHOs.

Equal Access is working with its partners to increase listener-ship by developing and distributing promotional pamphlets and doing radio spots to encourage the community to listen to the program. The pamphlets and radio spots are also developed in local languages.

To maintain the quality of the radio program, Equal Access conducted a 3-day refresher training on radio program production vis-a-vis health topics and issues in Hetauda. There were 12 participants, of which 3 were female program producers. Two of the radio program producers were from disadvantaged communities.

Equal Access received technical support from NFHP's M&E team to develop the overall monitoring and evaluation plan for the project, with the aim to monitor and evaluate activities carried out at different levels during the program period.

### **3.3.12 Design and develop television drama on FP/RH/MNCH**

This will be covered in the next semi-annual report.

### **3.3.13 News Media Engagement - News Clipping Service on Different Health Issues**

HEJAN, with technical and financial support from NFHP started the health news clipping service from January 2009 for a period of one year, but has been extended until April 2011. One of the main reasons for this extension is to do a comparative analysis for two years. This study has helped to understand the news reporting trend in Nepal.

HEJAN, as the implementing agency for the health news clipping service, has subscribed to 18 news papers (11 dailies and 7 weeklies). Clipping is based on 41 key health words covering a spectrum of health related issues. In the second year of the clipping project, 2 additional dailies were added, considering the popularity and circulation volume of the newspaper, along with 3 additional key health words.

An increase in health news was found in recent months. This year, Kantipur daily was found to have the highest number of health news reporting followed by Gorkhapatra, Annapurna Post and Samacharpatra. Last year, there were 42 news reports on maternal and neo-natal health, which increased to 191 this year. Similarly, there were 9 news articles on the FCHV program last year, which increased to 23 this year. Out of 23 articles, 15 were on health financing, 3 on the vaccination program and 5 on child health. One of the possible reason for this increase in reporting trend is because of the orientation program, supported by NFHP, given to journalists in Biratnagar, Nepalgunj and Kathmandu.

### **3.3.14 News media engagement- capacity building of regional and local journalists**

This will be covered in the next semi-annual report.

### **3.3.15 Production of NFHP overview video**

This will be covered in the next semi-annual report.

### **3.3.16 BBC WST**

The integrated communication program that BBC WST is implementing includes a) community interaction program in 15 districts (including 3 CPDs Jumla, Dailekh and Kalikot) b) public hearing

events in 5 districts and c) radio programs from 32 local FM radio stations. BBC WST, with its local partners, has conducted 289 community interaction programs in 15 districts in Western Nepal. The interaction program has been effective in generating dialogue about MCH issues in the community, which previously, people were not comfortable in doing. The community members who participated in the interaction program have realized the importance of ANC, PNC, institutional delivery and support to pregnant women. To measure the knowledge level on MCH related issues, BBC WST has developed a pre and post test tool which will be implemented in November 2010, during the community interaction program.

To provide comprehensive knowledge on MCH issues, BBC WST has been running the “Ghar Aangan” radio magazine program and has almost completed 36 episodes. BBC WST follows the content provided by Technical Advisory Group (TAG), NFHP, UNICEF, NHEICC and FHD. The radio program, which receives nationwide coverage from 32 radio stations, has been very popular, as it is participatory and covers case studies of the target audience. The use of colloquial language, informal chat, life stories, drama and different location of hosting are the key characteristics that make Ghar Aangan listener-friendly.

### **3.4 Social Mobilization**

#### **3.4.1. Link and mobilize NRCS resources with NFHP programs**

NFHP coordinated with NRCS district chapters to mobilize NRCS volunteers at the community level and provided them with 3-day HFMS training programs. This has played a vital role to link community level Red Cross resources and volunteers with local level HFs.

#### **3.4.2. Link NRCS Community Level Volunteers with HFOMC**

NRCS/Community Eye-care and Health Promotion (CEHP) Program expanded the HFOMC Strengthening Program in Pyuthan, with technical support from NFHP, which included developing training materials and conducting the 1-day review meeting. NRCS/CEHP also conducted district TOT, 3-day training and review meetings in Dang, Kanchanpur, Surkhet and Jumla.

#### **3.4.3 Involve NRCS district chapters in VSC preparatory meetings and VSC camps**

This will be covered in the next semi-annual report.

#### **3.4.4 Support to Establish BTS**

NFHP coordinated and collaborated with DHO Pyuthan to provide the land for constructing a blood transfusion building, in the district hospital premises.

#### **3.4.5 Support NRCS/BTS to Maintain IP and Quality Improvement for Service Delivery**

Technical support from NFHP was provided to NRCS/BTS Parsa, Banke, Kanchanpur and Rautahat to maintain IP in the BTS laboratories.

#### **3.4.6 Coordination Regarding BTS**

This will be covered in the next semi-annual report.

#### **3.4.7 TA to Strengthen Organizational and Service Delivery Capacity of NCRS BTS**

This will be covered in the next semi-annual report.

#### **Other Support:**

##### **Link NRCS and Other Emergency Means of Transportation with Local Level HFs**

Information of all ambulance vehicles running in Kanchanpur district was collected and disseminated throughout the district using FCHVs, MNHs, VHWs training and meetings as forums. Every FCHVs, HFs and public telephone booths in the district have information about ambulance, service providers, service charges, etc.

##### **Coordination with NRCS and Other Line Agencies as Response to Emergencies**

Coordination and collaboration with DPHO, DDRC, NRCS and other agencies were made by NFHP to respond to the diarrhea outbreak in Banke district. Similarly, support was provided to

develop district and regional plans for disasters in Surkhet and the Mid-Western region, respectively.

## **4. CROSS CUTTING**

### **4.1 Field Coordination**

The main objectives of NFHP are to 1) strengthen district health systems and 2) enhance the performance of health facility staff and community-based volunteers to provide quality health services in all technical focus areas. For this, NFHP's district-based staff provide technical assistance in the districts and use the TSV approach to monitor the services/activities. In addition, the Field Coordination staff and different teams visit program districts and interact with both NFHP field staff and district counterparts to review NFHP's effectiveness and support to the districts.

#### **4.1.1 Annual Review/Planning Meeting with D/PHO Staff**

The annual district-specific workplan and activity-wise budget sharing meeting has been conducted successfully in all CPDs with participation and support from concerned RD/D/PHO and district supervisors. NFHP was directly involved in the preparation and presentation process, which has developed NFHP's district-based staff capacity to share and justify district specific activities with their counterparts. Sarlahi, Siraha and Rautahat have already incorporated NFHP activities in their D/PHO annual plans, while the remaining districts are making plans to do so. The workplan sharing meeting made district counterparts realize that NFHP provides substantial support to the districts. D/PHOs and district supervisors appreciated NFHP's efforts in monitoring the program with effective TSVs and declared that the working strategies of NFHP are effectively supporting district and HF level programs.

#### **4.1.2 Conduct team building workshop in one of the CPDs**

This will be covered in the next semi-annual report.

#### **4.1.3 Establish I/NGO Networking and Conduct Review and Planning Meeting**

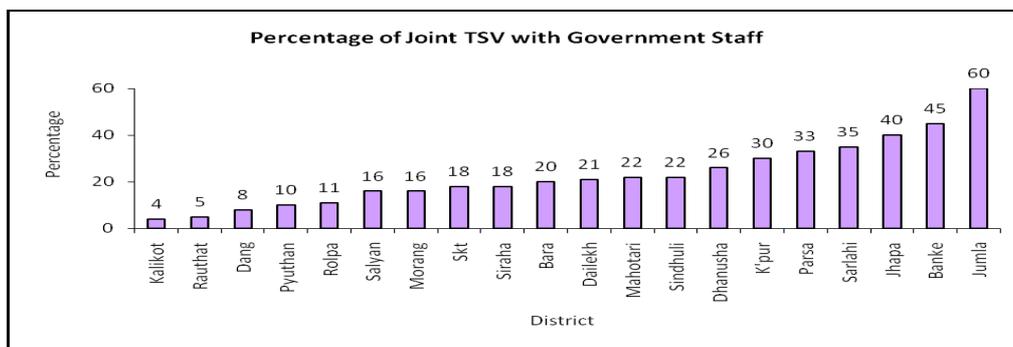
NFHP initiated a pilot I/NGO networking and coordination meeting in Dang with other INGOs that work to support district health systems, such as UNFPA, UNICEF, INF, etc. The monthly meeting objectives include: developing good coordination and relationship between district based INGOs/and other stakeholders; sharing program activities between organizations; avoiding duplication of program activities by different organizations; providing collaborative effort/support to related fields; facilitating program activities effectively; and providing TA to related organization/stakeholders for sustainability of implemented activities.

Four such meetings were conducted in Dang, where I/NGO members prepared presentations about their respective projects and also reviewed past and upcoming activities. As a result of the meetings, cost sharing among NFHP and UNICEF started, with UNICEF providing need-based IP whole site orientation in 5 sites; NFHP in 6 sites, along with construction of placenta pits in 3 HF and waste pits in 5 HF.

#### **4.1.4 Technical Support Visits to HFs and Community**

In order to enhance the performance of facility-based service providers and community-based workers/volunteers, NFHP uses the TSV approach - which includes need-based planning of field visits, gathering information, analyzing the data, identifying the performance gaps, identifying solutions and monitoring implementation of Action Plans.

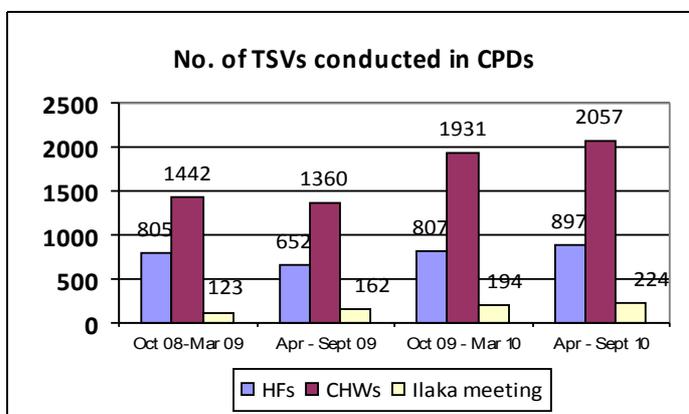
NFHP staff also encouraged government staff members (D/PHO supervisors) to participate in joint TSVs, which has resulted in the transfer of skills and enhanced the latter's problem solving abilities. The following graph shows joint TSVs were conducted in 23% of TSVs to HFs, with the lowest numbers in Kalikot and highest in Jumla.



Discussion of danger signs during antenatal, delivery and postnatal checkup, use of sterilized equipments, availability of oxytocin and gentamicin, ORT corner and timer in HF's improved overall compared to the last reporting period.

Examples of TSVs (conducted over the past 24 months) are illustrated below, to demonstrate program performance improvements in CPDs over time with NFHP support.

Through TSVs, NFHP staff reviewed 2381 recent cases from CB-IMCI OPD registers and observed 395 actual cases at HF's during the reporting period. Among the observed cases, 88% were correctly assessed and among the reviewed cases from the CB-IMCI OPD registers, 73% were correctly treated by HWs. Similarly, among the 10 most recent cases within the CHW treatment book, 95% were correctly treated. Among the total HF's visited, 98% had second line antibiotics and 56% had Gentamycin.



As another example, the Central Logistics Team staff visited a total of 26 district stores<sup>24</sup>. 60% were visited with GoN counterparts, including the Director LMD. On site coaching on day to day logistics activities was provided to store keepers as necessary. On the job training was provided to new comers and stock situation of key FP and MCH commodities was discussed with district-level managers and store keepers. This type of TSV helped store keepers resolve logistical obstacles and helped improve NFHP profile in the districts. NFHP staff also attended and provided technical support to facilitate the 3<sup>rd</sup> trimester logistics review meeting in Dhankuta, during which participants discussed and came up with solutions for challenges and problems faced in logistics management.

## 4.2 Strategic Information/Monitoring & Evaluation

### 4.2.1 TA to DPHO to Initiate VDC level HMIS data entry

NFHP has been supporting software installation and orientation to computer operators and statistical assistants at VDCs, for VDC wise data entry, planning and monitoring at the micro level (See activity 1.2.13). In many districts, despite installation of the software, VDC level data entry has not been initiated. This reason for this is being followed-up by NFHP staff. Moreover, technical problems with the current software is being currently revised by HMIS. Thus, this activity will be carried out more effectively only after the revised software is installed and computer operators are re-oriented at the district level.

### 4.2.2 Design Flex Chart

In order to make ilaka level meetings more effective, NFHP has developed, printed and distributed flex charts to DPHOs in Parsa, while the remaining 3 CPDs (Jhapa, Morang and Kanchanpur) will receive them in the next reporting period. The flex chart includes information on all programs for 3

<sup>24</sup> Myagdi, Baglung, Parbat, Syanga, Kaski, Pyuthan, Rolpa, Dang, Salyan, Gorkha, Tanahun, Sindhuli, Mahotari, Bara, Parsa, Dhanusha, Lamjung, Gulmi, Palpa, Kapilbastu, Nuwakot, Dhankuta, Morang, Arghakhanchi, Ilam, Dhading  
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fiscal years. They are being used continuously and consistently during ilaka-level meetings, making these meetings more effective, as the flex charts allow for comparisons between yearly HF performance and encourages them to focus on low performing programs.

#### **4.2.3 Technical Support in Data Verification Meetings at District and Regional Levels**

NFHP supported D/PHOs in CPDs during the sub-district level data verification programs, held in ilakas, during which district supervisors, SHP, and ilaka in-charges participated. The major data quality problems found were: poor use of nutrition and primary health care ORC registers; incomplete recording in general and for IMCI (OPD), FP and maternal health registers specifically; inconsistencies between registers and reports; low use of tally sheets; and continued use of older HMIS forms. Ways for overcoming these problems were discussed, after which participants developed action plans and declared their commitment to improve HMIS data quality in the future.

Similarly, NFHP also provided technical support in the regional-level data verification workshop, during which statistical assistants from all concerned districts gathered and verified HMIS data. During the workshop, the importance of HMIS, complete, accurate and timely reporting of service statistics and minimizing human errors in recording and reporting were highlighted.

#### **4.2.4 Pre and Post-Test Among HEAL Participants**

NFHP reports on the percentage point increase in current use of contraceptives or contraceptive prevalence rate (CPR) among newly literate married women of reproductive age (MWRA) who have joined HEAL classes. Pre-test findings show that among the 4,173 HEAL participants in 8 districts, 44% are currently using a form of contraceptive. This figure will be used as a baseline in order to measure program impact.

#### **4.2.5 TA to M&E of CB-NCP**

HF level CB-NCP training has concluded in Salyan and Mahottari but community level training is yet to be completed. There is a strong M&E system built into the program, including 7 recording and reporting forms, which are being used during regular TSVs, monitoring of FCHV and HF services.

#### **4.2.6 TA to Monitoring and Evaluation of Calcium Implementation**

The pilot study on acceptability and compliance of calcium was completed in 4 VDCs of Banke district. The final evaluation report of the calcium pilot program has been drafted by VaRG with TA from NFHP M&E team and MCHIP. Results show that women prefer tablets over powder formulation. Based on this study the program will be expanded, with M&E designed to scale.

#### **4.2.7 End Line Survey of MNH activities at community level including NVAS**

Not conducted during this reporting period.

#### **4.2.8 Study on Low Use of IUCD**

Although IUCD is a long acting, reversible contraceptive method which does not need continuous re-supply, thereby lessening the burden on the health system, its use in Nepal has been consistently low. Therefore, a concept paper on exploring the barriers of using IUCD is being developed by NFHP. This will be a qualitative study and its result is anticipated to contribute in the development of the national FP strategy. The study will be implemented in early 2011.

#### **4.2.9 Coverage and Compliance Survey of CHX Use**

Study on CHX pilot will be carried out in the next reporting period to find out the coverage. NFHP has begun designing a household level survey to understand the coverage and compliance of CHX that will be conducted in early 2011.

#### **4.2.10 Evaluation of HFMS**

Not conducted during this reporting period.

#### **4.2.11 Assessment of performance of local or private technicians**

This will be covered in the next semi-annual report.

#### **4.2.12 Pre and post assessment of VHWs/MCHWs refresher training**

This will be carried out in the next reporting period.

#### **4.2.13 Post training assessment of VSC trained service providers**

This will be carried out in the next reporting period.

#### **4.2.14 Develop a modified nutrition surveillance system**

NFHP works closely with other EDPs to facilitate the evolution of a multisectoral approach to eliminate under-nutrition. Given the upcoming USAID funded Integrated Nutrition Program, this activity will not be undertaken.

#### **4.2.15 Develop a core nutrition monitoring strategy**

NFHP, along with other EDPs, is working closely with GoN on a multisectoral nutrition action plan, which will include an M&E plan.

#### **4.2.16 Develop rapid assessment tools to assess nutrition determinants**

Please see activity 4.2.14.

#### **4.2.17 Document NFHP household level impact**

Not conducted during this reporting period.

#### **4.2.18 Technical support to MoHP to design and implement NDHS 2011**

NFHP, as a member of the Technical Advisory Committee to the 2011 NDHS, provides technical support in the design and implementation of the survey. NFHP's particular input has been on the questionnaire design and sampling, along with input on the contents and a review of the core questionnaire for the Service Provision Assessment model.

#### **4.2.19 Technical Support to FHD to Project Family Planning Users**

FHD requested NFHP to project FP users in the next 5 years (up to 2015) as the previous projection was irrelevant due to availability of new demographic data. The NFHP M&E team has been working on this using a computer-based model called Spectrum software (Demproj and Famplan module) developed by the Policy Project, to project FP users. As required by this model, necessary information/data for the projection was input into the computer and a first round of projections was shared with the NFHP technical team for their input. Final results will be shared with FHD for their technical feedback during the next reporting period.

#### **4.2.20 Assessment of FCHV fund utilization**

This will be covered in the next semi-annual report.

#### **4.2.21 Monitor, review and document lesson learned of LHGSP**

This will be covered in the next semi-annual report.