USAID's Strengthening Systems for Better Health Activity

Annual Progress Report, Year Four
July 16, 2020 – July 15, 2021

Submitted: August 2021

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USAID's Strengthening Systems for Better Health Activity is funded under Cooperative Agreement Number: 72036718CA00001. The purpose of the Activity is to assist the Government of Nepal to improve health outcomes, particularly amongst marginalized and disadvantaged groups, through enhancing access to and quality of maternal, child, and reproductive health services, with specific focus on newborn care. The Activity is implemented by Abt Associates, in partnership with Save the Children, Management Support Services, and the Karnali Academy of Health Sciences.

Activity Start Date and End Date: January 8, 2018 to January 7, 2023

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Acronyms and Abbreviations

CB-IMNCI	Community-Based Integrated Management of Newborn and Childhood Illnesses
CBLD-9	Capacity-Building Indicator 9
COVID-19	Coronavirus Disease 2019
DHIS2	District Health Information System 2
DQA	Data Quality Assessment
EHR	Electronic Health Recording
eLMIS	Electronic Logistics Management Information System
EOC	Emergency Obstetric Care
FP	Family Planning
FWD	Family Welfare Division
FY	Fiscal Year
GESI	Gender Equality and Social Inclusion
GHSC-PSM	Global Health Supply Chain – Procurement and Supply Management Project
HFOMC	Health Facility Operations and Management Committee
HMIS	Health Management Information System
HP	Health Post
IHIMS	Integrated Health Information Management Section
IMNCI	Integrated Management of Childhood Illness
LARC	Long-Acting Reversible Contraceptive
LMIS	Logistics Management Information System
MEL	Monitoring, Evaluation and Learning
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MoHP	Ministry of Health and Population
MoSD	Ministry of Social Development
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standards
NHTC	National Health Training Center
QA	Quality Assurance
RDQA	Routine Data Quality Assessment
SBA	Skilled Birth Attendant
SDC	Social Development Committee
SSBH	Strengthening Systems for Better Health
USAID	United States Agency for International Development

Executive Summary

Background

The United States Agency for International Development (USAID) awarded their five-year, Strengthening Systems for Better Health (SSBH) Activity to Abt Associates in January 2018. To implement the cooperative agreement, Abt Associates is partnering with Save the Children, the Karnali Academy of Health Sciences, and Management Support Services.

SSBH is designed to support the Government of Nepal's efforts to improve health outcomes, particularly for the most marginalized and disadvantaged groups in the country. The Activity will achieve improvements in health outcomes by enhancing access to and quality of maternal, newborn, and child health and family planning (MNCH and FP) services, with a special focus on newborn care. The Activity is also strengthening data-driven planning and governance of the decentralized health system, which in turn will increase the use of equitable, accountable, and quality health services. SSBH will meet its overall goals by achieving three major outcomes:

- Outcome 1: Improved access to and utilization of equitable healthcare services
- Outcome 2: Improved quality of health services at facility and community levels
- Outcome 3: Improved health system governance within the context of federalism

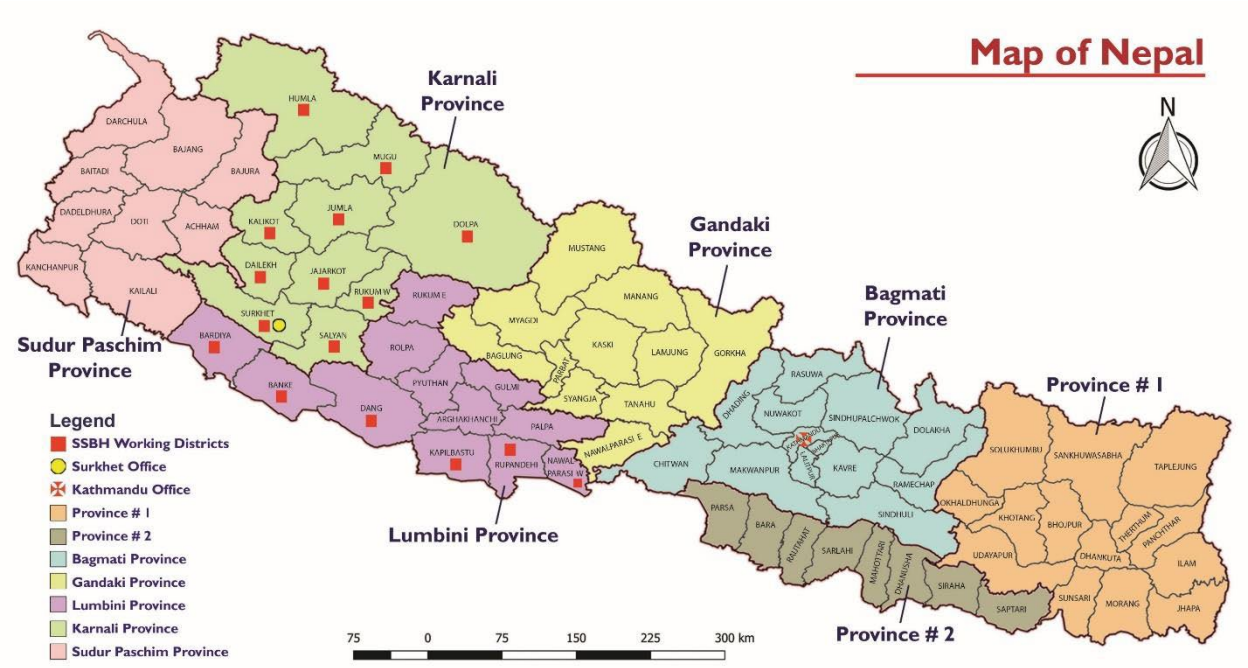
The Activity's geographic focus, as presented in Figure 1 on the following page, covers a total of 138 municipalities (i.e., 79 municipalities in Karnali Province and 59 municipalities in Lumbini Province from the six districts of Banke, Bardiya, Dang, Kapilvastu, Rupandehi, and Nawalparasi West[1]) from some of the most disadvantaged areas in the country.

SSBH is pleased to present this Annual Progress Report for Year Four, covering the period from July 16, 2020 to July 15, 2021. The following two sections of the Executive Summary contain some highlights of our achievements against planned activities and results throughout Year Four, along with implications of the Coronavirus Disease 2019 (COVID-19) pandemic for SSBH progress and accomplishments.

In the next sections, we describe major activities undertaken towards achievement of Activity sub-results and outcomes; cross-cutting areas of intervention; monitoring, evaluation, and learning (MEL); and overall management. We then cover anticipated constraints to program implementation, safety and security issues, and prospects for implementation in Year Five. Annex 1 includes a matrix that presents the Activity's annual reporting on indicators, Annex 2 lists the activities impacted by COVID-19 and the steps SSBH will take to achieve targets in Year Five, and Annex 3 includes two Success Stories. Finally, in Annex 4, we present the current organizational chart for the team implementing the original SSBH Program Description (activities covered in this report).

[1] Three districts in Lumbini Province—Kapilvastu, Rupandehi, and Nawalparasi West—were added to the SSBH area of geographic focus during Quarter One of Year Four, under the Activity's Supplemental Program for Emergency Response.

Figure 1: Geographic Focus of USAID's Activity – Karnali and Lumbini Provinces



Selected Achievements in Relation to Workplan Targets and Intended Results

In this introductory section, we highlight selected accomplishments that have contributed to positive changes in relation to Activity sub-results, outcomes, and indicators during Year Four.

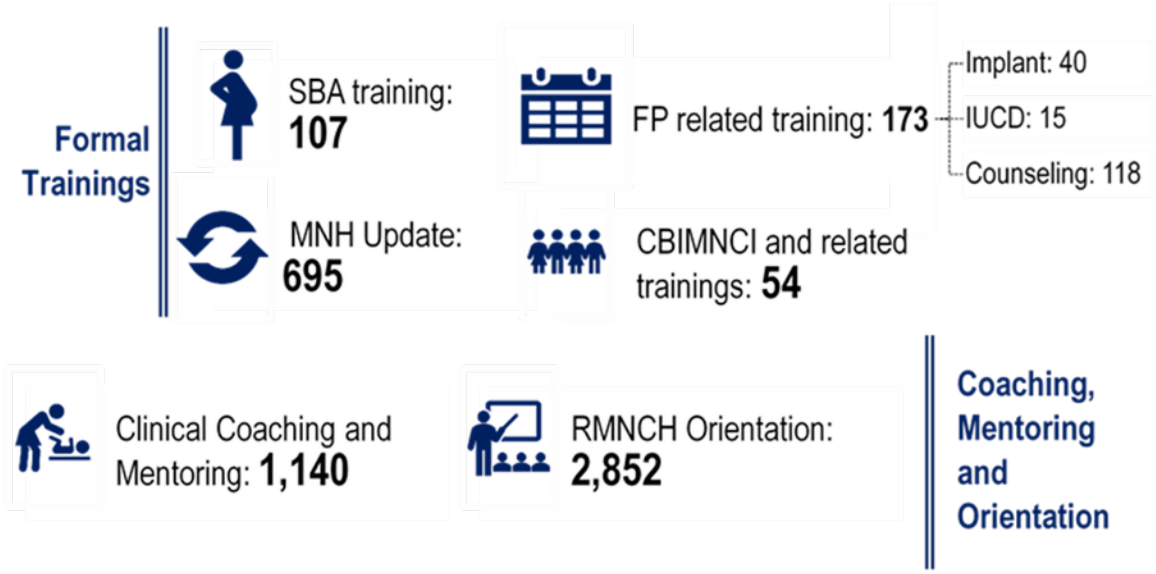
Outcome One: Improved Access to and Equitable Utilization of Basic Health Services

- In Year Four, SSBH facilitated training in Gender Equality and Social Inclusion (GESI) in 22 municipalities, engaging total of 738 elected officials at municipal level, health section staff, and health facilities in-charge, which surpassed the training target of 600 individuals in this Activity year. SSBH also included a GESI session in the orientation package for COVID-19 Case Investigation and Contact Tracing teams to help ensure that these teams approached their activities in a gender sensitive and socially aware manner.
- Indicators that monitor the reduction of barriers to access and utilization of services have seen improvement this year. Please see Table 1 for some examples of this.

Table 1: Indicator results related to Outcome One

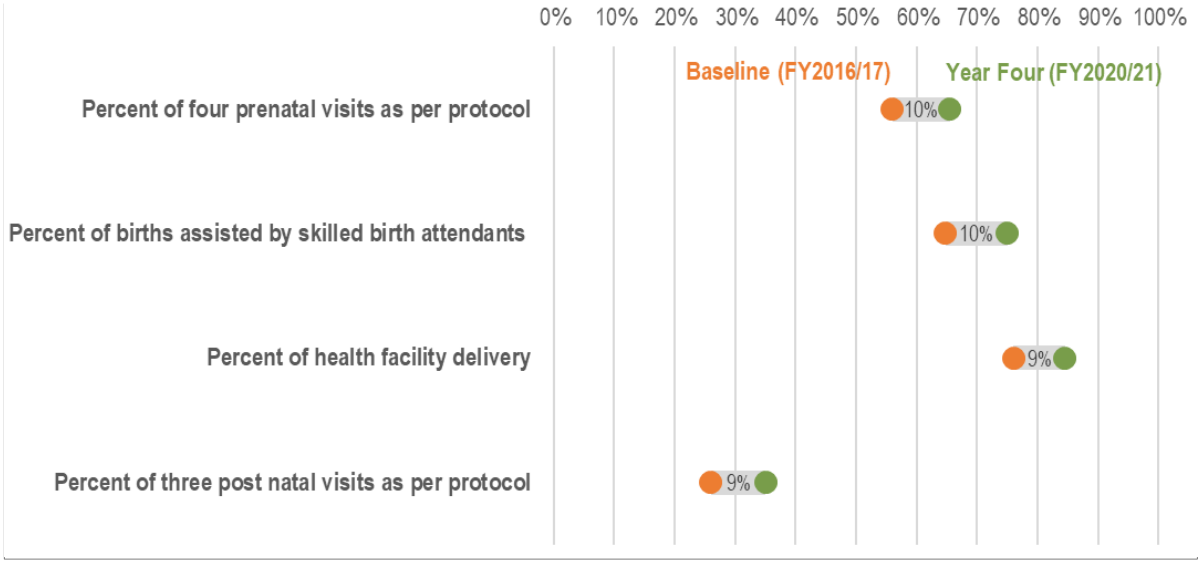
Indicators	Target for FY2020/21	Actual for FY2020/21
Percent of targeted municipalities that **develop, implement, and monitor micro-plans** to address **coverage and utilization barriers**	60%	**62%**
Percent of targeted municipalities with publicly available information about **the availability and cost of health services**, to help clients select their health providers or health facilities	60%	**71%**
Percentage of women from **marginalized groups attended by a skilled doctor, nurse, or midwife** during last birth	46%	**63%**

Outcome Two: Improved Service Quality at Facility and Community Levels



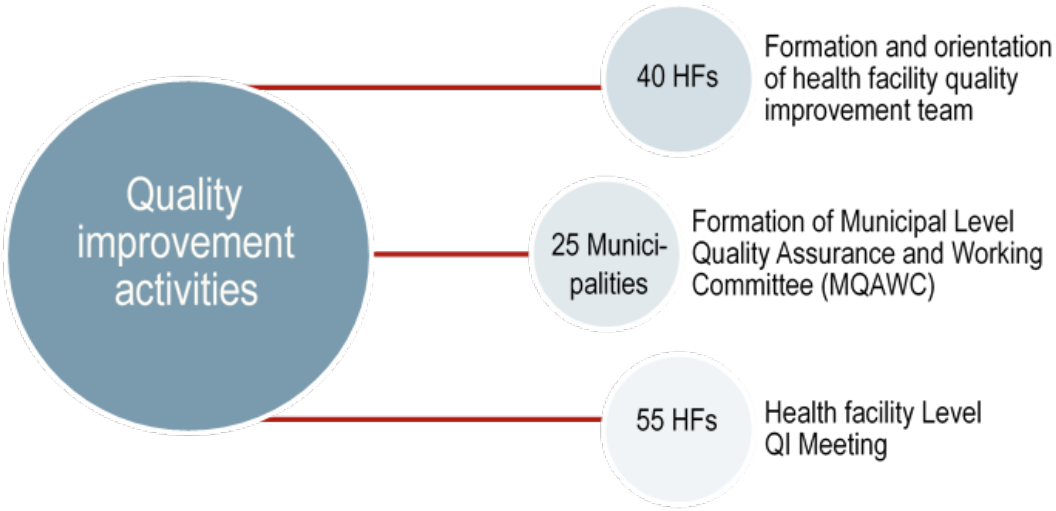
- SSBH organized formal clinical training for 1,063 health service providers in Year Four. Along with hands-on clinical coaching and mentoring, the training sessions helped to improve provider skills and introduced participants to updated protocols to enhance the quality of clinical care. These capacity building activities have been associated with consistent improvement in several maternal health indicators as shown in Figure 2.

Figure 2: Improvement in maternal health indicators between baseline and Year Four



- The Activity supported municipalities and health facilities to form 65 working committees this year to strengthen oversight and assurance of the quality of health services. SSBH facilitated meetings with managers and facility staff to highlight the importance of quality assurance, enhance knowledge and understanding of the mechanisms to monitor and improve quality, and outline the roles and responsibilities of municipal officials in improving service quality.

Figure 3: Quality Assurance activities in Year Four



- Figure 4 below includes the percentage of municipalities that have implemented quality improvement mechanisms, and service utilization rates of health facilities that have adopted these mechanisms, have exceeded Year Four targets. The percentage of health facilities with minimum standards for quality of care at point of delivery has also significantly improved from baseline, as shown in Figure 5, particularly among health facilities in SSBH working municipalities of Lumbini Province.

Figure 4: Quality improvement and service utilization

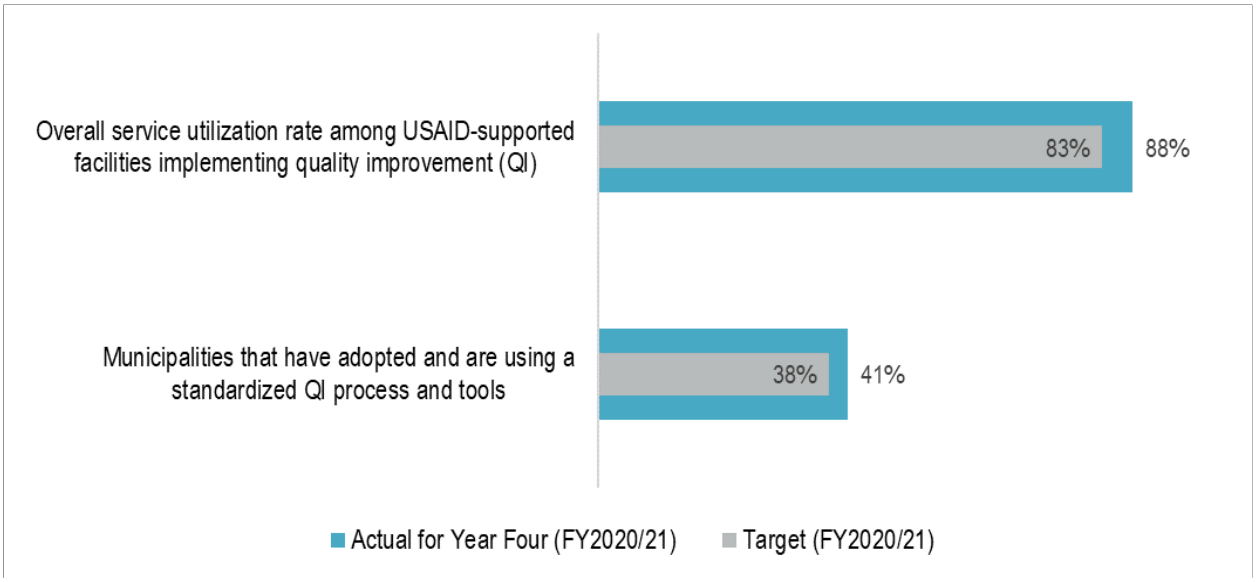
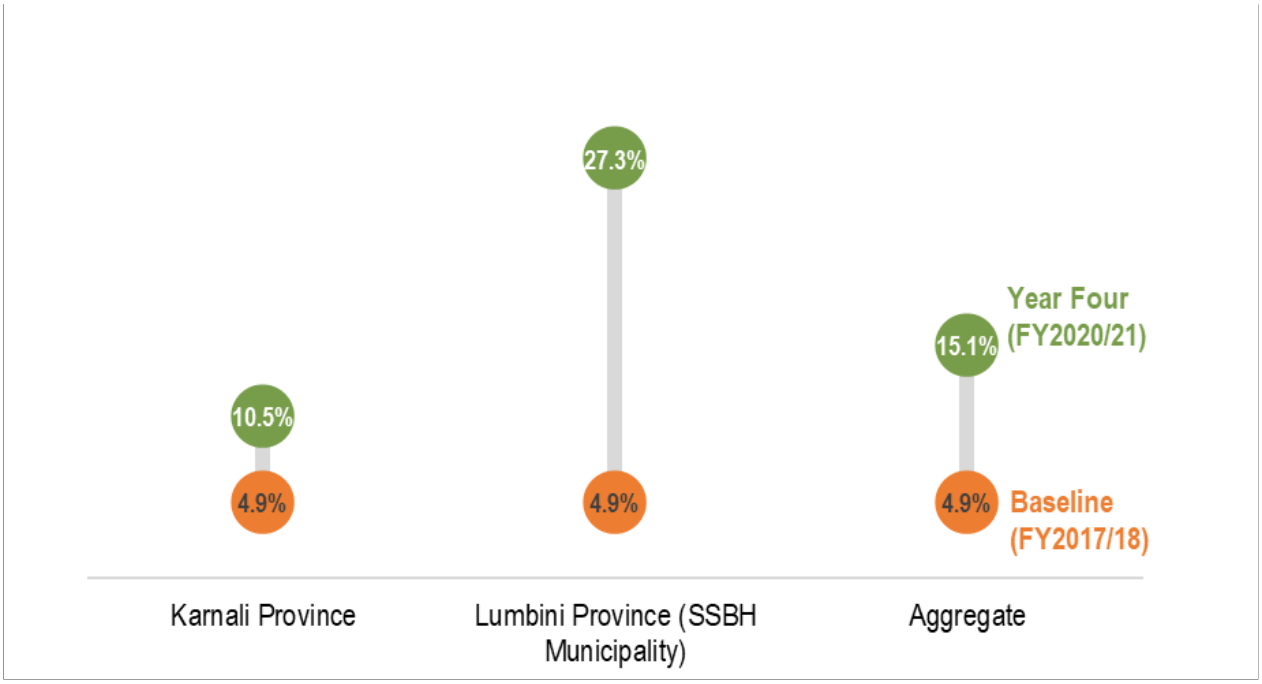
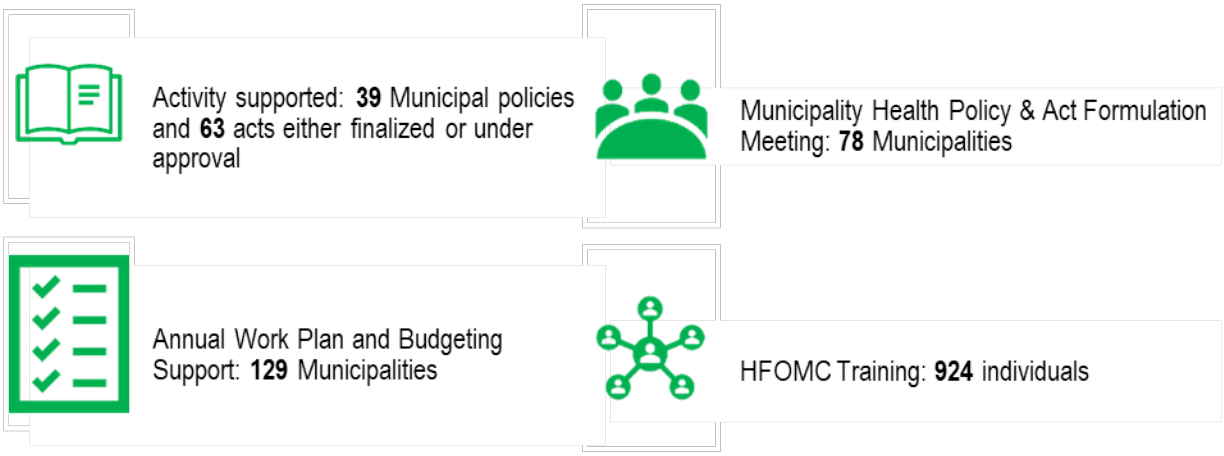


Figure 5: Increases in health facilities meeting minimum standards for quality of care



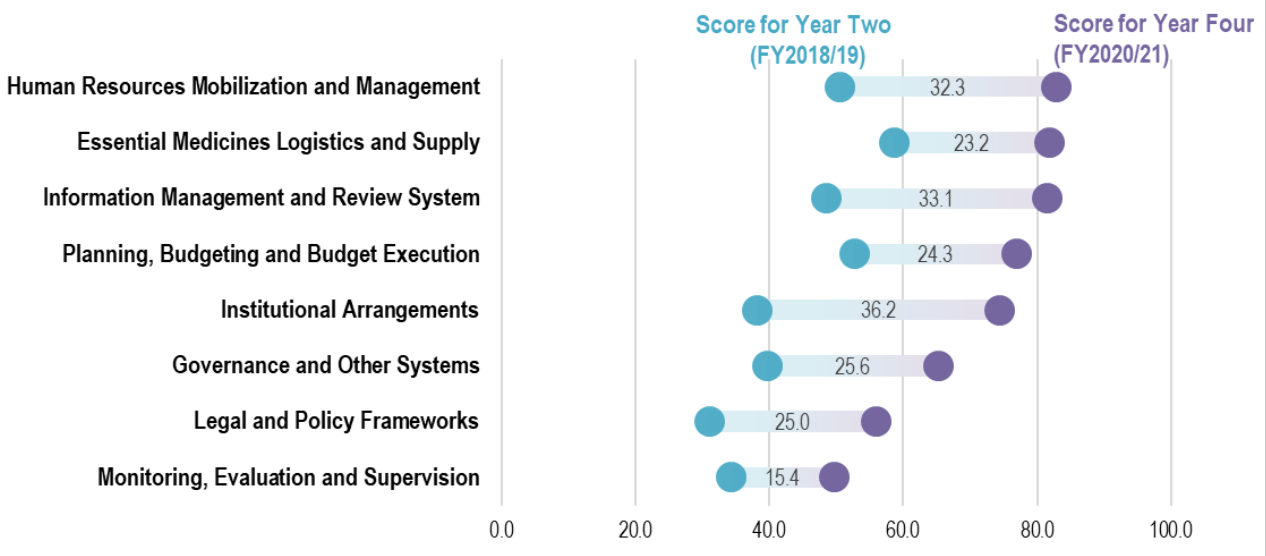
Outcome Three: Strengthened Health System Governance in the Context of Federalism



- SSBH closely engages with local and provincial governments to improve health governance. During Year Four, the team facilitated 78 municipal-level health policy and act formulation meetings that contributed to the drafting of 39 health policies and 63 health acts, which are at various stages of finalization or approval.

- During Year Four, SSBH performed follow-up Health Systems and Capacity Assessments to monitor change in key areas of capacity and systems functioning in all 105 municipalities. As shown in Figure 6, average municipal scores have improved in all eight capacity and systems dimensions since Year Two.

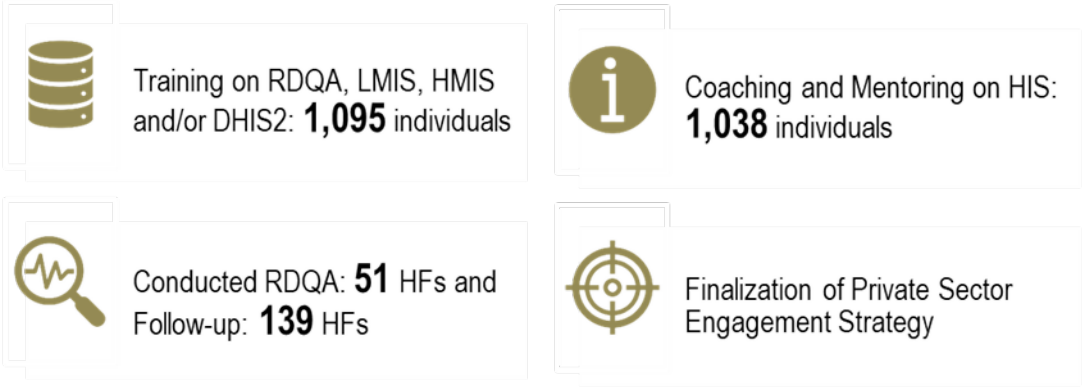
Figure 6: Change in average municipal capacity assessment scores since Year Two



- The Activity supported 129 municipalities to prepare annual health work plans and budgets for this current fiscal year. SSBH also supported 70 municipalities to develop annual health program operational calendars for Year Four, which included details on projected health service activities and expenditures. FY 2020/21 saw an average increase of 6.75% in municipal health budgets compared to the previous year in the 105 original SSBH municipalities.

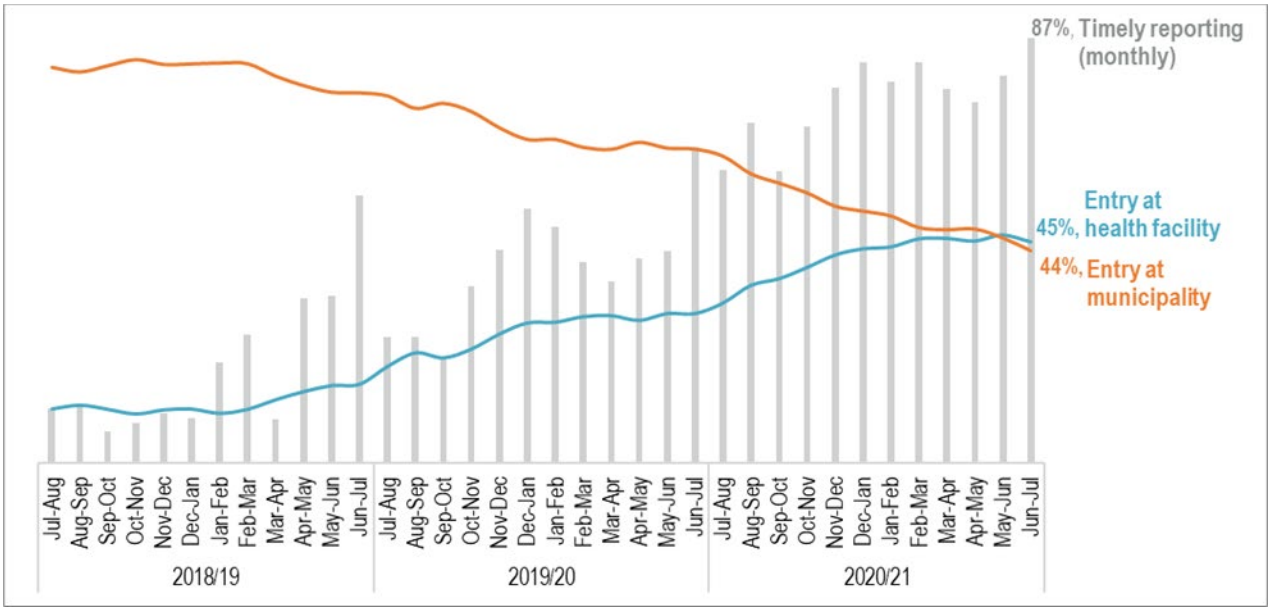
- To strengthen governance at health facility level, SSBH trained 924 Health Facility Operation and Management Committee members in 99 health facilities. Since the beginning of operations, the Activity has supported the formations of 240 HFOMCs. More than half (51.3%) of the positions in these HFOMCs are filled by women or members of vulnerable group, which has increased from 46.1% in Year Three.

Cross-Cutting Areas of Intervention



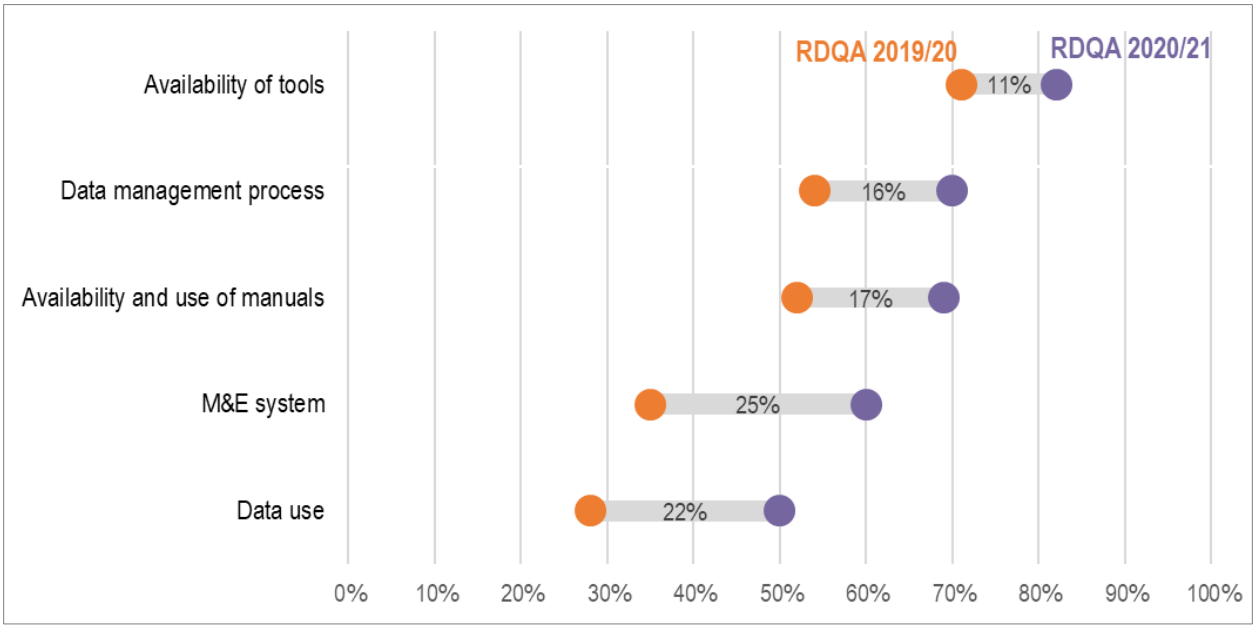
- To strengthen generation and use of health information, SSBH facilitated formal training for 1,095 individuals and coached 1,038 health workers and municipal staff on various aspects of the health information system, along with data quality, analysis and use. In SSBH working areas, both timely reporting by month and entry of health data in DHIS2 directly from health facilities have improved significantly, as shown in Figure 7. Using this software ensures that paper forms are no longer necessary for data entry and storage, which used to be done at themselves, while the DHIS2 platform allows municipal authorities to collectively analyze data from health facilities within their jurisdiction for evidence-based planning.

Figure 7: Timely reporting and entry of health data by health facilities and municipalities, 2018/19 - 2020/21



- The Activity conducted initial Routine Data Quality Assessments (RDQAs) in 51 health facilities in Year Three, followed by RDQAs in 139 health facilities in Year Four. These latter assessments showed improvement across all dimensions of data quality, as shown in Figure 8.

Figure 8: Differences in RDQA scores in health facilities, 2019/20 - 2020/21



COVID-19 – Impact on Operations and Planned Activities

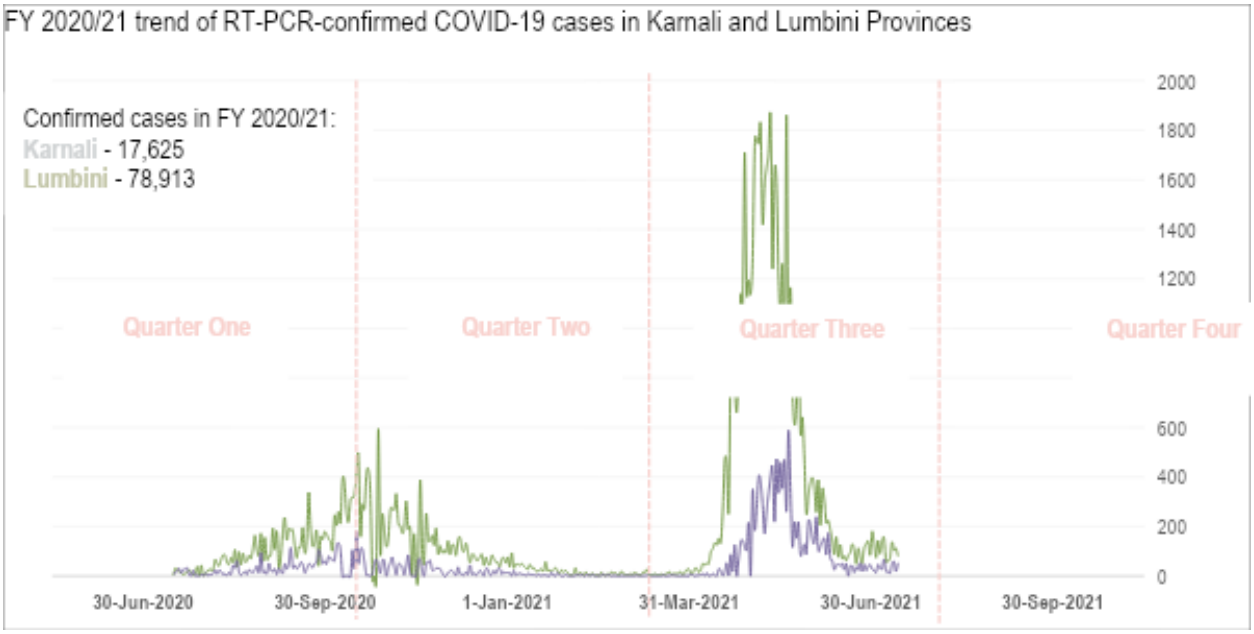
During Quarters One and Two of Year Four, COVID-19 spread rapidly in Nepal. Some of the highest case numbers were reported in the Kathmandu Valley, and there were steady increases across SSBH operational areas. Hospitals in the Lumbini and Karnali Provinces were hit hard in October and November 2020, and designated COVID-19 wards and intensive care units were full. High rates of infection among medical and support staff in hospitals and other health facilities resulted in skilled human resource shortages as significant numbers of health workers were forced to isolate and quarantine.

By mid-January 2021, new cases and pandemic-related hospital admissions had slowed considerably in comparison to the previous months. By Mid-May, however, the surge in cases in neighboring India impacted Nepal, and the daily average of new cases reached 9,000. Figure 9 on the following page presents the trajectory of confirmed cases in the SSBH operational area during the reporting period.

During this period, SSBH provided hands-on coaching to health facility staff in all 138 municipalities on infection prevention measures, and assisted municipalities to supply facilities with masks, exam gloves, sanitizer, and hand-washing stations. Throughout this fiscal year, SSBH used electronic communication platforms to conduct routine activities, visits, meetings, trainings, and orientations when in-person sessions were not possible.

Figure 9: COVID-19 data for Karnali and Lumbini Provinces (FY 2020/21)

Data source: Provincial Health Directorates (Karnali and Lumbini)



After the government imposed a lockdown in April 2021, the Activity greatly increased the use of these remote methods. Using multiple methods of direct support for Nepal's COVID-19 response, particularly through the Activity's Health Emergency Response Supplemental Program, enabled SSBH to maintain credibility with counterparts during the pandemic. The Activity continued to collaborate with counterparts by assisting provincial and local-level governments to address emergency needs raised by the pandemic. These relationships allowed us to continue implementing planned systems strengthening and service delivery interventions related to MNCH and FP during the pandemic. Throughout the past year, SSBH interventions have focused on supporting health facilities to continue delivering important MNCH and FP services by instituting strong infection prevention and control measures to mitigate spread of the virus, enabling providers to keep themselves and their clients safe.

During the period between the first and second waves of the pandemic in Nepal—January through March 2021—the Activity was able to resume most provincial and field-level activities, while continuing to comply with the risk mitigation measures outlined in our USAID-approved Risk Mitigation Plan. During this period, SSBH engaged counterparts in policy and strategy development related to private sector engagement and hospital planning in Karnali Province, organized numerous sessions of formal clinical training, initiated the establishment of electronic health records in several Karnali Province hospitals, and continued municipal-level training and microplanning in support of Gender Equality and Social Inclusion (GESI). Senior technical and management staff from the Kathmandu and provincial offices were able to travel to the field for a brief period before the situation worsened towards the end of Quarter Three.

During the third and fourth quarters of this fiscal year, Nepal received donations of COVID-19 vaccines from India and China, and launched the country's vaccination program, targeting frontline workers and citizens over 65 years of age with the initial doses. The Activity provided technical and logistic support to the vaccination program with a focus on systems and capacity-strengthening interventions to help provincial and municipal governments deliver vaccinations to

their eligible constituents. Vaccine rollout was the primary focus of the health sector across SSBH's operational area from late January through early March 2021 and has recently taken precedence again with the increase in COVID-19 cases nationwide.

Despite SSBH efforts to continue planned technical assistance and capacity building activities remotely and to double down on the pace of activities during periods of field-level presence, the pandemic made it very challenging for SSBH to undertake and complete planned activities that were not directly related to COVID-19 response efforts. In addition, roughly 40% of SSBH staff tested positive for COVID-19, and the resulting periods of isolation and recovery hampered the abilities of the entire team to accomplish set targets. Many of the activities that were not completed in Year Four have been carried over to the Activity's Year Five Workplan. Under descriptions of performance in relation to planned activities, we highlight particular activities that were hampered due to COVID-19. Please also see Annex 3 of this report for highlights of key activities that were hampered by the health emergency and actions planned to make up for any shortfalls in achievement.

Performance in Relation to Planned Activities

In the following sections, we summarize the major activities undertaken during the reporting period toward achievement of each sub-result.

1. Outcome 1: Improved Access to and Utilization of Equitable Health Services

- Annual operational calendars developed in all initial 13 working districts
- Supported 69 municipalities to incorporate emergency response-related strategies in Health Policies and Acts
- Provided Gender Equality and Social Inclusion (GESI) training to 738 participants in Karnali and Lumbini Provinces
- Provided clinical coaching and mentoring to 1,140 nursing staff

Figure 10: Demonstration of disinfection methods in Pakha Health Post, Kalikot District

Sub-Result 1.1: Improved Routine Availability of Effective, Quality MNCH and FP Services at Health Facility/Community Levels, with Special Focus on Newborns

Delivered customized technical assistance to municipalities to improve management and delivery of quality MNCH and FP services, with a focus on GESI.

During Year Four, the Activity prioritized support for maintaining delivery of essential MNCH and FP services at health facilities in the context of the continuing COVID-19 pandemic. Early in the year, the Activity revisited the municipal-level Customized Technical Assistance Plans with counterparts across 105 municipalities. The team confirmed our planned capacity strengthening, policy development, health systems governance, and service quality improvement activities for the year with municipal leaders and Health Section Chiefs. These discussions were largely virtual during the first quarter, with increasing numbers of in-person meetings towards the end of the second quarter. During the reporting period, SSBH managed to conduct technical assistance visits or virtual meetings with all 105 of the original target municipalities. Some of the major activities we undertook with municipalities during the reporting period were conducting annual health review meetings (100 in total); updating the electronic municipal profiles and linking them with municipal websites; facilitating development and finalization of municipal Health Policies and Acts; developing annual operational calendars; coaching and mentoring on electronic reporting of health data and essential medicines logistics and supply; and orientation and training on gender equality and social inclusion (GESI) considerations for health planning, budgeting, and resource allocation. SSBH also provided either virtual or hands-on clinical coaching to health workers in 215 facilities, through a total of 283 visits. Technical staff also reached a total 251 health facilities and 78 municipalities with activities such as training for Health Facility Operation and Management Committees (HFOMCs); coaching on use of the Health Management Information System (HMIS); training on recording and reporting; and routine data quality assessments (RDQA).

The Activity provided technical support to Provincial Health Emergency Operation Centers of both Karnali and Lumbini Provinces and their respective Rapid Response Teams in developing tailored Disaster Risk Reduction Plans. As the COVID-19 pandemic spread with even greater vigor toward the end of this year, SSBH supported 69 municipalities to incorporate emergency response-related strategies in their Health Policies and Acts. These provisions provided municipalities with policy tools and a legal mandate to develop evidence-based health emergency contingency plans and initiate emergency response activities accordingly, including establishment of emergency health funds to manage infectious diseases. In Year Five, SSBH will provide technical support to develop specific plans and policies related to health emergency preparedness and response in all 138 municipalities.

The Activity continued to provide training in GESI, reaching 738 participants in 13 municipalities of Karnali Province and nine municipalities in Lumbini Province. The consultative training sessions focused on equality and inclusion considerations for health planning, budgeting, and resource allocation. The Activity used an original, animated video about GESI concepts and approaches for better health outcomes in municipalities and health facilities during training and policy formulation meetings to make these sessions more engaging for the participants.

Helped to ensure availability of quality, essential newborn services in Birthing Centers.

After suspending this activity during the initial stages of the pandemic, SSBH continued to support municipalities and facilities to establish Newborn Corners, having completed procurement of basic and essential equipment, furniture, and supplies required to deliver quality maternal and newborn services in 45 high-volume Birthing Centers in Core+ municipalities. Basic equipment and supplies for the Newborn Corner include a resuscitation table with a warmer, a digital weighing scale, two sizes of bags and masks, a baby stethoscope, a penguin

suction device, a room thermometer and room heater, sterile gloves, and cord clamps. SSBH initially identified gaps in the availability of these items during Health Systems and Capacity Assessments in 2019, which were later confirmed in consultation with municipal authorities and in on-site clinical coaching sessions.

The Activity established three Newborn Corners in Bagnaha and Bhimmapur Health Posts in Bardiya District, and Seriwada Health Post in Dailekh District. SSBH expects to complete delivery of Newborn Corner supplies to the remaining 42 Birthing Centers by the end of Quarter One of Year Five. Field teams will ensure that items are properly received and provide refresher coaching on correct use of the equipment as required. During this time, The Activity also provided coaching and mentoring to 1,140 nursing staff on essential newborn care, kangaroo mother care for pre-term newborns, and newborn resuscitation.

Sub-Result 1.2: Increased Utilization of Services by Addressing Social, Cultural, and Financial Barriers

Helped municipalities to identify marginalized and unreached populations, inform and engage these communities to improve service utilization, and address barriers to care.

Throughout Year Four, the Activity facilitated the processes of updating municipal health profiles of 105 municipalities and conducting routine performance review meetings in 100 municipalities. The municipal health profile data is used for planning and performance reviews to steer allocation of health resources toward priority programs and fill needs of underserved communities. SSBH online coaching and mentoring of concerned personnel at municipal level, specifically the focal persons appointed to update municipal profiles, usually the chiefs of the municipal health sections, has generated greater interest in updating municipal health profiles. SSBH will continue monitoring this activity to assess the sustainability of these efforts.

Analysis of facility-level coverage, utilization, and performance helped municipal officials to better understand critical health system needs in low-performing areas, and to develop focused interventions to address gaps. This is underscored by findings from the Activity's Analysis of Barriers to Utilization of MNCH and FP Services, which provided evidence to help finalize Karnali Province's *Reaching the Unreached Strategy* and accompanying implementation plan. Both the strategy and the implementation plan have been submitted to Ministry of Social Development (MoSD) leadership for review and final approval. As an advocacy and publicity tool at local level, SSBH also developed a technical brief highlighting the findings of the barrier analysis. This has been used in training and orientation programs, periodic health program reviews, and policy discussion meetings.

The Activity supported four health facilities in developing social maps to identify marginalized and disadvantaged communities within their constituencies, the findings of which are shared with the municipal authorities by the ward chairpersons. HFOMC members, Female Community Health Volunteers, and ward-level representatives collaborated to develop social maps; they drew a physical map of their ward to identify remote areas, discuss road accessibility, and distance from nearest health facilities to determine groups and catchment areas that need to be prioritized. SSBH also provided technical support to municipalities and health service offices to develop integrated micro-plans for all municipalities in Surkhet District and select municipalities in Dang and Kalikot districts. The Activity also supported micro-planning for MNCH and FP services in Darma Rural Municipality of Salyan District and helped to develop action plan to

solve identified gaps. Additionally, the Activity supported Mugu Health Service Office to conduct immunization micro-planning for all municipalities and health facilities. Micro-planning helped to highlight issues in the immunization program, including mismatches in requested and supplied numbers of essential vaccines to target groups. The same issue was seen in the supply of syringes to administer these vaccines. The immunization micro-planning was also useful to identify unreached or under-serviced areas within the district for prioritization in future immunization efforts.

Supported strengthening of referral mechanisms including public and private service delivery sites from all levels.

Despite continued advocacy, the Activity made slow progress on developing and finalizing a systematic, province-wide referral strategy in Karnali Province. SSBH has not yet succeeded in engaging the provincial government in efforts to strengthen referral mechanisms, due in large part to the COVID-19 pandemic. In addition, the provincial assembly has not yet fully ratified the Heath Act, the legal basis for developing the referral policy. The MoSD and Health Services Directorate have indicated that they will be ready to address the need for establishing a rational referral system once the legislative basis for doing so exists at the provincial level.

Despite lack of progress at the provincial level, the Activity has supported local-level efforts to address the need for timely referral of women and newborns in need of higher levels of care. During Quarter One of this fiscal year, the Banke Health Office organized a two-day stakeholder meeting to discuss the increase in maternal deaths that has occurred since COVID-19 was declared a global pandemic. Nineteen participants from eight municipalities observed that inadequate and untimely referrals had contributed to many of the deaths among women experiencing obstetric complications. In response, SSBH coordinated with the Bardiya Hospital, the Bheri Hospital, and the Bardiya Health Office to conduct a meeting for 35 participants from peripheral-level health facilities and referral hospitals to help establish more effective communication channels and improve coordination to strengthen referral mechanisms. Participants included the medical superintendent of the Bardiya Hospital, health facility in-charges, hospital managers, and nursing staff from select birthing centers in Bardiya District.

To ensure that women—particularly from marginalized communities—have ready access to transportation in the event of an obstetric emergency, the Activity advocated with municipalities to establish Emergency Obstetric Care (EOC) funds. This includes the use of the Ambulance Nepal mobile application to connect health facilities and families with ambulance services at the local level. In Banke District, SSBH led discussions and planning sessions in Narainapur, Baijanath, Duduwa, and Janaki Rural Municipalities for the establishment of EOC funds. Authorities in all four municipalities committed to allocating a portion of their budgets for this purpose in the upcoming fiscal year. In Humla District, authorities in Kharpunath and Simkot Rural Municipalities also made similar commitments. SSBH also increased awareness among municipal offices, HFOMCs, and health facilities about the importance of these funds and of ensuring that they are used to transport women and families to receive higher levels of care.

2. Outcome 2: Improved Quality of Health Services at Facility and Community Levels

- Drafted national-level framework for Quality Assurance incorporating Minimum Service Standards
- Supported roll-out of the Minimum Service Standards (MSS) for Health Posts by conducting training on the MSS tools for 346 health workers and managers in nine districts
- Municipal Quality Assurance Working Committees established in 25 municipalities
- Quality improvement teams formed and oriented in 40 health facilities
- Reproductive, Maternal, Newborn, Child Adolescent Health orientation provided to 2,852 health workers
- Formal clinical training provided to 1,063 health workers

Figure 11: Quality improvement orientation at Chhayachhetra Health Post, Salyan District

Sub-Result 2.1: Quality Approaches Further Developed, Strengthened, and Institutionalized

Helped to strengthen and refine quality assurance (QA) approaches, processes, and mechanisms.

Building on previous discussions with the Ministry of Health and Population (MoHP) and key external development partners, SSBH facilitated several meetings during Year Four with national-level stakeholders under the leadership of the MoHP's Director of Quality Standards and Regulation Division. Initial discussions covered the current state of QA mechanisms in Nepal's health system, the lack of a unifying and guiding strategy to manage QA in the federal context, and the need to articulate clear roles, mechanisms, and functions.

During these consultative stakeholder meetings, SSBH proposed a framework to help inform a cohesive QA strategy incorporating Minimum Service Standards (MSS) and other quality improvement approaches to address gaps under five key themes: (1) the knowledge and skills of providers, (2) physical standards of facilities (including equipment and supplies), (3) service availability per expectations and standards, (4) communication and counseling, and (5) patient satisfaction. The Activity hired a local expert to consolidate these concepts by conducting a thorough desk review, the findings of which were presented along with the quality gap analysis to facilitate consensus between the Quality Standards and Regulation Division and development partners during a virtual consultative workshop. By the end of the reporting period, SSBH produced a draft national QA framework, which is currently being refined for presentation to the stakeholders, including the Quality Standards and Regulation Division Director. This framework, along with an implementation strategy and/or guidelines, will be finalized during the initial months of Year Five, for adoption at federal level and roll-out to sub-national levels.

At the local level, SSBH conducted orientation sessions for municipal Health Section Chiefs and other members of the local Social Development Committees in 25 municipalities of Karnali and Lumbini Provinces to establish Municipal Quality Assurance Working Committees (see Table 2). These sessions were designed to improve knowledge and understanding of the mechanisms outlined in national QA guidelines, raise awareness of the importance of QA in health, and outline the roles and responsibilities of municipal officials in helping to ensure quality in facilities under their jurisdiction. Municipal authorities who participated in these sessions have committed to hold quarterly meetings with Social Development Committees in their respective municipalities to address issues of quality in local health facilities. SSBH also conducted onsite coaching and mentoring on establishment and functioning of quality improvement mechanisms, using current national guidelines. This year, the team supported formation and orientation of quality improvement teams in 40 facilities (see Table 3) and facilitated meetings on quality improvement in 55 facilities.

Table 2: Municipal Quality Assurance Working Committees Established

S. No	District	Municipality
1	Jumla	Hima Rural Municipality, Patarasi Rural Municipality
2	Bardiya	Thakurbaba Municipality, Bansgadhi Municipality, Barbardiya Municipality, Geruwa Rural Municipality
3	Humla	Namkha Rural Municipality
4	Kalikot	Khandachakra Municipality, Palata Rural Municipality, Sanni Tribeni Rural Municipality, Mahawai Rural Municipality, Subha Kalika Rural Municipality
5	Dailekh	Narayan Municipality, Gurans Rural Municipality
6	Salyan	Bagchour Municipality, Darma Rural Municipality Chhatreshwori Rural Municipality, Kapurkot Rural Municipality, Tribeni Rural Municipality, Kalimati Rural Municipality, Kumakh Rural Municipality
7	Mugu	Chhyanath Rural Municipality, Mugum Kamarong Municipality
8	Rukum West	Chaurjahari Municipality, Sanibheri Rural Municipality

Table 3: Health Facility Quality Improvement Teams Formed and Oriented

S. No	District	Health Post (HP)
1	Bardiya	Gola HP, Sivapur HP, Khairapur HP, Manau HP, Pasupatinagar HP, Patabhar HP, Deudakala HP, Sivapur HP, Motipur HP, Mathura Haridawar HP, Sanoshree HP, Taratal HP, Nayagaun HP, Dhadhawar HP, Bagnaha HP
2	Salyan	Laxmipur HP, Damachaur HP, Tharmare PHC, Bafukhola HP, Sibaratha HP, Kotbara HP, Jimali HP, Sarikot HP, Tribeni HP, Kavra HP, Hiwalcha HP, Korbang Jhimpe HP, Syanikhal HP, Kalimati HP
3	Humla	Dandafaya HP, Thehe HP, Maila HP, Madana HP, Kalika Lauthi HP, Shreenagar HP, Khagalgaun HP
4	Dang	Dhikpur HP
5	Kalikot	Chilkhaya HP, Ramanakot HP, Nanikot HP
6	Banke	Chisapani HP

Finally, SSBH also supported the MoHP in introducing the MSS tool at district, municipal, and health facility levels. We expect that following these orientation sessions, the authorities will establish a regular reporting system in districts, municipalities, and health facilities to further strengthen quality improvement practices. Training in the MSS methodology and tools was conducted in Humla, Dailekh, Kalikot, Surkhet, Rukum West, Mugu, Jumla, Jajarkot, and Banke Districts for a total of 346 participants. The Activity plans to support the rollout of the MSS tool in all 79 municipalities of Karnali Province, and in the 33 new working municipalities of Lumbini Province in Year Five.

Strengthened existing and new training sites and promoted effective use of these sites for clinical training.

With technical support from the Activity, the National Health Training Center (NHTC) accredited the Karnali Provincial Hospital in Surkhet as a training site for skills on long-acting reversible contraceptives (LARC). The NHTC has also accredited Chaurjahari Hospital in Rukum West District, and SSBH partner organization, the Karnali Academy of Health Sciences in Jumla District, as training sites for Skilled Birth Attendants (SBA). During the accreditation process for Chaurjahari Hospital, SSBH addressed logistical and skills gaps by supplying the site with essential training equipment and coordinating with NHTC to provide clinical skills training certification for two nursing staff to serve as onsite SBA trainers at the hospital.

While scheduling of in-person training was hampered by the pandemic over the past year, Karnali Provincial Hospital managed to conduct in-person LARC training for a total of 12 participants. Similarly, six participants were training in SBA skills at Chaurjahari Hospital between March and May 2021. SSBH followed up with these participants in July, during which time the SBAs reported that they were more confident in conducting deliveries and identifying and managing complicated cases independently. Two of the participants reported that they were able to successfully resuscitate asphyxiated newborns using techniques learned during the training.

Sub-Result 2.2: Quality Services Delivered by Facilities and Providers in Public and Private Sectors

Ensured availability of national MNCH and FP guidelines, standards, and tools in municipalities and health facilities, and supported Maternal and Perinatal Death Surveillance and Response.

The Activity provided technical input to a working group established by the Family Welfare Division (FWD) to develop Interim Guidelines for Reproductive, Maternal, Newborn, Child Adolescent Health Services in the context of COVID-19. In Year Four, SSBH provided virtual and in-person orientation on these guidelines to 2,852 health workers in 105 municipalities.

An analysis of maternal deaths done by the FWD's Maternal and Perinatal Death Surveillance and Response (MPDSR) working group revealed that post-partum hemorrhage cases were not managed properly in some regions. The FWD subsequently requested virtual refresher sessions on management of post hemorrhage cases, which SSBH provided to 170 physicians and nurses in 14 provincial and district-level hospitals.

At municipal level, the availability of clinical guidelines at the service delivery points is crucial for healthcare providers to deliver quality services in MNCH and FP services. Updated,

nationally approved clinical guidelines that SSBH printed and distributed this year, albeit sporadically due to movement restrictions, include the Birth Preparedness Package flip chart, EOC Job Aid, and the Reproductive Health Clinical Protocols for doctors, nurses, and paramedics. The Activity will continue to support health facilities on clinical guidelines and job aids during their regular visits for coaching and mentoring in Year Five.

SSBH collaboration with the FWD also included technical input to deliberations of working groups tasked with updating and revising both the MPDSR Guidelines and Volume III of the National Medical Standards, that focuses on maternal and newborn health. The Activity also provided technical support to revise and finalize the Integrated Management of Childhood Illness (IMNCI) clinical coaching guidelines and will be providing technical support to update this clinical protocol and the Nepal Newborn Action Plan.

SSBH was also part of a working group comprised of the United Nations Population Fund, the World Health Organization, and the FWD. This task force conducted joint monitoring visits with government counterparts to Bheri Hospital and Kohalpur Medical College, as well as Narainapur, Duduwa, Janaki, and Baijanath Municipalities in Banke District, to assess the reported increases in maternal deaths during the pandemic. These visits aimed to ensure that the MPDSR program was functional, to assess whether review meetings were held following a maternal death after receiving notification, to observe the status of the verbal autopsy process, and to identify the major causes of maternal mortality. These joint visits resulted in concerned municipalities preparing an action plan for improved MNCH services that would reduce maternal and neonatal morbidity and mortality, and a commitment to work on strengthening their referral systems and improving the functionality of their respective MPDSR committees. SSBH will provide technical support to monitor and identify gaps in the interventions outlined in the action plans.

In the Mugu District Hospital, many new staff were unaware of the MPDSR reporting process. Under the leadership of the Health Services Office, SSBH facilitated community-based MPDSR training at the district level for 62 participants made up of nursing staff from birthing centers, municipal Health Coordinators, Sub-Coordinators, and Health and Safety Officers. The training aimed to illustrate the main causes of maternal and neonatal mortality and morbidity, along with providing an orientation on MPDSR tools and reporting processes. The Activity also provided facilitation, technical, and financial support for a similar orientation led by the Public Health Service Office for 37 health workers and Information Technology Officers from eight municipalities in Jumla District.

Provided targeted skill-building for health workers in critical maternal and newborn clinical interventions and delivery of family planning services.

During Year Four, SSBH conducted onsite clinical coaching and mentoring sessions for 1,140 nursing and support staff across 13 districts. During these sessions, SSBH addressed gaps in clinical practice through discussion, demonstrations, and hands-on skills practice, using birthing simulators and standard Clinical Coaching Guidelines for Clinical Mentors. Coaching and mentoring sessions focused mainly on the following subjects: family planning counseling; normal delivery; antenatal care; partograph use (a commonly used labor monitoring tool); essential newborn care; newborn assessment; newborn resuscitation; infection prevention and waste management; and management of preeclampsia, eclampsia, and post-partum hemorrhage. MNCH and FP staff in the field have observed improvements in the decision-making and clinical

management skills among service providers, particularly in relation to partograph use and preparing for management of maternal and newborn complications.

The Activity also partnered with MoSDs and training centers of Karnali and Lumbini Provinces to organize formal training in SBA, comprehensive family planning service provision, with an emphasis on LARC, Maternal and Newborn Health updates, and Community-Based Integrated Management of Newborn and Child Illnesses (CB-IMNCI). A total of 1,063 auxiliary nurse midwives, nurses, and other health workers from public and privates sector health facilities across Karnali and Lumbini Provinces participated in these training sessions to improve their clinical skills and stay updated on new protocols to enhance patients' quality of care.

Table 4: Formal Clinical Training in Year Four

Training Topic	Time Frame	Training Sites	No. of Participants
Skilled Birth Attendance (SBA)	September 2020 – May 2021 (10 batches)	Bheri Hospital, Nepalgunj AMDA Hospital, Butwal Nepalgunj Medical College, Kohalpur Bhim Hospital, Bhairahawa Chaurjahari Hospital, Rukum West	107
LARC (Implant) Services	September 2020 – April 2021 (10 batches)	Bheri Hospital, Nepalgunj Province Hospital, Surkhet	40
LARC (IUCD) Services	January – April 2021 (5 batches)	Province Hospital, Surkhet	15
Comprehensive FP Counselling	September 2020 – July 2021 (10 batches)	Provincial Health Training Center, Butwal Hotel Marigold, Butwal Bheri Hospital, Banke	118
Maternal & Newborn Health Updates	September 2020 – July 2021 (52 batches)	Municipalities in the following Districts: ● Banke ● Bardiya ● Dang ● Jumla ● Dailekh ● Jajarkot ● Surkhet ● Rukum West ● Kalikot ● Mugu ● Humla ● Dolpa ● Salyan	695
Community-Based Integrated Management of Newborn & Child Illnesses	January – April 2021 (3 batches)	Province Hospital, Surkhet	54
Care of Sick and Small Newborns and Management of Childhood Illness	December 2020 – January 2021 (3 batches	Chandannath Municipality, Jumla Lamahi Municipality, Dang	34
Total Number of Participants for Formal Clinical Training			**1,063**

During monitoring of comprehensive family planning counseling practices among health workers who have already received training, their compliance with family planning regulations is also assessed. The field based MNCH and FP Technical Officers review and monitor availability and delivery of family planning services at the facility level during their routine visits for coaching and mentoring, whereupon they check the availability of family planning services, availability of supplies and educational materials, and referral practices. As per the Compliance Monitoring Plan, teams based in Kathmandu and Surkhet District are assigned to fill up family planning compliance monitoring forms during field visits to municipalities and health facilities. Although limited in-person visits were made by these teams in Year Four, no reports of non-compliance to family planning regulations have been filed.

Sub-Result 2.3: Improved Patient Experience of Care

Initiated development of patient experience of care principles in approaches to QA.

In Year Four, SSBH initiated a review of current national guidelines, available in-country data on patient perceptions of care, and international initiatives such as "respectful maternity care" (an approach centered on an individual and based on principles of ethics and respect for human rights that promotes practices that recognize women's preferences and women's and newborns' needs) to compile relevant evidence and ideas for introducing the concept of patients' experience of care in Nepal. A locally hired expert helped the Activity gather global and national literature to summarize key interventions that can be used in the local context. In Year Five, the Activity plans to conduct consultative meetings with health facility, municipal, and provincial stakeholders to reiterate the importance of this subject and to identify effective interventions and approaches that can be implemented at health facilities on patient experience of care. SSBH will also present a summary of the review findings to the QA working group in Kathmandu for consideration while developing a national strategic approach to quality of care.

3. Outcome 3: Improved Health Systems Governance in the Context of Federalism

- Supported 78 policy formulation meetings, resulting in finalization of 39 municipal health policies and 63 acts
- 99 Health Facility Operations and Management Committees re-oriented and made functional
- Orientated 188 members of Social Development Committees and Municipal Health Committees across eight districts
- Facilitated preparation of annual health program operational calendars in 70 municipalities
- Oriented 234 health workers in use of the Logistics Management Information System to improve forecasting and supply chain management

Figure 12: HFOMC training, Namkha Rural Municipality, Humla District

Sub-Result 3.1: Improved Governance and Accountability at Subnational Levels

Supported MoSDs and municipalities to develop and disseminate health-related policies, acts, regulations, and strategies.

During this reporting period, the Activity continued providing support to municipalities to draft and finalize health policies and acts. SSBH participated in seventy-eight policy formulation meetings and helped to draft 39 policies and 63 acts. The Activity facilitated discussion on situation analyses, major gaps as identified by key indicators, priority areas, and health needs of marginalized populations with the Technical Working Group formed at municipal level to draft specific policies and acts. SSBH also consulted with legal experts at provincial and federal levels to ensure that the narrative of these drafts are consistent with legal protocols. The legislative documents are in various stages of finalization or implementation, including some that are stalled in drafting or approval stages due to the COVID-19 pandemic restricting meetings of working groups and municipal councils. SSBH also supported municipalities in Bardiya and Salyan Districts to develop the EOC Fund Operations and Management Guideline and assisted the Nepalgunj Sub-Metropolitan City in drafting health facility regulation guidelines.

Public Policy Pathshala, a nongovernmental organization focusing on policy and legislation in the context of federalism, has been working with the Activity to review municipal-level health legislation. In Year Four, they provided technical support to finalize municipal policy and health act prototypes developed by the Activity, assisted in developing private health sector engagement and regulatory guidelines, and conducted virtual and in-person orientations for SSBH staff on health policy development.

At the provincial level, SSBH provided technical support to Lumbini Province in drafting the Province Health Act, which is currently under review by the drafting committee. This support included consultations with legal experts such as Public Policy Pathshala, and facilitation of meetings of the Technical Working Group assigned to draft the Health Act. The Activity is currently providing technical and facilitation support to a provincial group tasked with development of the Provincial Health Sector Strategy and Implementation Plan.

Strengthened systems for tracking health sector performance.

The Activity provided technical and logistic support to hold health sector review and planning meetings for 100 municipalities across all initial 13 operational districts in Karnali and Lumbini Provinces. Most of these sessions were held remotely. The Activity also assisted provincial- and district-level health offices to complete their annual health reports, which all districts presented during provincial review meetings. SSBH support for these meetings included help with finalization of presentations, data analysis, identification of gaps in performance, and development of proposed solutions.

To sustain the process of tracking health sector performance, The Activity held discussions with municipalities in Karnali Province to develop monitoring, evaluation, and supervision guidelines based on a prototype that SSBH developed. Sixteen municipalities have initiated the process to develop these guidelines; of those, seven are currently revising the document, two are finalizing it, and the remaining seven have endorsed it. SSBH will collaborate with the MoSD of Karnali Province to support the dissemination of these guidelines in electronic and printed forms upon endorsement and will advocate for its implementation in Year Five.

Continued support for formation and institutionalization of committees at health facility and municipal levels.

In Year Four, the Activity supported MoSDs and Health Offices to organize training of trainers for HFOMCs in 13 districts of Karnali and Lumbini Provinces, helping to functionalize 99 HFOMCs. After receiving this training, each HFOMC conducted a self-evaluation of their respective health facilities, focusing on three domains: committee performance, health facility management, and service delivery. Based on the training they received and the results of their self-evaluations, the HFOMCs prepared action plans to strengthen areas that need improvement. During routine facility visits, the Activity facilitated regular meetings of the HFOMCs, promoting discussion on issues such as health service delivery management, supply of essential drugs and equipment, monitoring service delivery quality, and seeking regular feedback from clients and local community representatives.

To collect this feedback, SSBH finalized a tool for client exit interviews and provided orientations to field staff during a routine review and knowledge management workshop. SSBH staff provided instruction on the use of this tool to HFOMC members during their training programs, and in select municipalities, the Activity also supported HFOMC members in conducting exit interviews and discussed lessons learned. The Activity also supported municipal authorities in designing, printing, and placing citizen charters in health facilities.

In addition to HFOMCs, SSBH facilitated the formation of Municipal Health Committees and oriented Social Development Committees (SDCs) to their responsibilities for oversight of health service delivery and performance. Municipal-level SDCs are responsible for planning, management, and oversight for health sector programs, and they advocate for allocation of adequate resources for health during the annual planning and budgeting process. SSBH provided orientation to 188 members of SDCs and Municipal Health Committees in Humla, Dailekh, Jajarkot, Jumla, Rukum West, Salyan, Dolpa, and Kalikot districts to enhance their knowledge, share the importance of a functioning health program in their respective municipalities, and understand their roles and responsibilities. In Year Five, the Activity will provide orientation to committee members in 116 municipalities and follow-up in the 13 municipalities where committees were oriented this fiscal year.

Promoted use of technology to enhance service delivery, utilization, and management.

Earlier this year, SSBH signed a partnership agreement with the local Nyaya Health organization to establish and support implementation of Electronic Health Recording (EHR) systems in selected hospitals of Karnali Province, namely Mehelkuna, Dailekh, Kalikot, Mugu, Rukum West, Mugu, and Humla Hospitals. In the reporting period, the Nyaya Health team made an initial visit to the Mehelkuna Hospital and provided their preliminary assessment report to the hospital administration and the Karnali Province MoSD. This facility began the EHR installation process—which should have been completed by the end of Quarter Four—but was interrupted by the pandemic. Inception visits in the remaining hospitals were hampered as well, and this activity will be carried over into Year Five.

SSBH contracted the AamaKoMaya Pvt. Ltd. company to develop a mobile application in the Birendranagar Municipality in Surkhet District, with municipal collaboration. The AmaKoMaya application is a mobile software program that provides a digital platform to facilitate management of maternal, newborn, and child health services at community and health facility levels. This app has been in use in several districts in Nepal for the past 12 years and is a useful

tool enabling health workers to follow the progress and care of their pregnant and newly delivered patients. It provides critical information on care during pregnancy, newborn and childcare, and danger signs for conditions requiring medical attention. In Quarter Four, SSBH facilitated introductory meetings for the application developers to submit their preliminary assessment report to the municipality before the procurement process can begin. The Activity has also advocated for cost-sharing with Birendranagar Municipality to implement this app, for which municipal authorities have allocated NRs. 500,000 (~ $4,206) in the next fiscal year.

Sub-Result 3.2: Annual Planning and Budgeting Systems Established and/or Strengthened at Provincial and Municipal Levels

Providing support to execute FY 2077/78 annual plan and to prepare FY 2078/79 plan and budget.

Analysis of the health budgets in the Activity's 105 original target municipalities shows an average overall increase of 6.75 percent in the total budget allocation for health between FY 2019/20 and 2020/21. In the context of COVID-19, especially to increase vaccination drives, it is possible that health budgets may see a further increase over the next fiscal year. The Activity developed formats and guidelines to assist with the planning process and compilation of information required to budget for and implement delivery of basic health services and support for special health programs, including technical support to the Karnali Province MoSD for drafting and developing the Annual Program Implementation Guideline for FY 2020/21.

SSBH provided in-person and remote support to municipalities for the development of annual health program operational calendars to 70 municipalities, which include details on major health service delivery and program activities and health program expenditures throughout the year. Adherence to the annual calendar of operations enables municipal health section chiefs to implement health activities and achieve planned targets in a timely manner, and to work with municipal executives on the scheduled release of budget amounts. Despite movement restrictions, SSBH also assisted in the planning and budgeting process in 129 municipalities for this current fiscal year (2021/22), specifically those that demonstrated weakness in this area in previous years.

Sub-Result 3.3: Strengthen Management and Performance Improvement Processes

Strengthened municipal capacity for forecasting, procurement, and supply chain management.

During the Year Four, the Activity team provided support to municipalities and Health [Services] Directorates to enhance use of the Logistics Management Information System (LMIS). SSBH trained 234 health workers in eight districts on basic health logistics and use of the LMIS. Field-level staff also provided on-site coaching at health facilities and municipal offices on planning and inventory management for essential medicines.

SSBH arranged for multidisciplinary team members to participate in training on use of the Electronic Logistics Management Information System (eLMIS), conducted by USAID's Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM) Activity. The purpose of this training was to transfer the skills required to provide coaching on eLMIS to counterparts at municipal and district levels, and conduct follow-up to assess effectiveness and

functionality of the system. All the initial 105 working municipalities are now using the eLMIS to plan, forecast, and report on supply logistics for essential medicines.

In coordination with the NHTC, SSBH developed a package of targeted skills-building sessions for municipal Health Section Chiefs and their deputies. SSBH has been working with the NHTC to draft the training content, which will be delivered in a modular format. We anticipate that the training package will be completed within the first quarter of Year Five, and roll-out of the training course will be initiated by the third quarter.

4. Cross-Cutting Elements

- Trained 54 health workers from public and private sectors in CB-IMNCI
- Trained 424 health workers in reporting and use of health data through the Heath Management Information System
- Trained 280 health workers in reporting health data through the District Health Information System (DHIS)-2 platform
- Updated electronic health profiles for 136 municipalities, including 33 new municipalities in Lumbini Province

Figure 13: DHIS2 and LMIS training , Birendranagar Municipality, Surkhet District

4.1 Private Sector Engagement

Supported the Karnali Province MoSD and municipalities to develop strategies to engage with and regulate the private health sector.

In Year Four, the Activity finalized an outline of the Private Sector Engagement Strategy in both English and Nepali for the Karnali Province MoSD. The goals and content of the finalized strategy will be informed by SSBH-led reviews of private sector health service delivery regulations, Nepal's National Health Sector Strategy, and the MoHP's Partnership Guidelines . The key strategic directions of the document are organized in accordance with the six health systems "building blocks": (i) leadership and governance, (ii) a skilled health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) service delivery. This organization of the strategy reflects the overall aim of bringing the private health sector more cohesively into the overall health system in Karnali Province, working with the public sector to meet the priority health needs of the provincial population.

The MoSD and Health Services Directorate have prioritized drafting of the regulatory guidelines and standards for private health facilities over the private sector engagement strategy, so SSBH is actively supporting a designated task force for this purpose. While work on the guidelines was suspended during the final four months of the year due to COVID-19, it has started up again and SSBH anticipates that the draft regulatory guidelines and facility standards will be completed during the initial quarter of Year Five. This work—along with drafting and finalization of the strategy document—has been carried over into the Year Five Workplan.

The Activity also reviewed and provided feedback on ten Municipal Health Acts to ensure regulation and collaboration with the private sector for expanding critical health services is adequately addressed. This technical assistance to municipal and provincial governments is guided by the Activity's internal strategy on private sector engagement. At provincial levels, SSBH provided District Health Information System (DHIS) 2 and HMIS training and disseminated clinical protocols of maternal and child health to selected higher-level private health facilities in Karnali and Lumbini Provinces.

Piloted activities to engage private providers to deliver neonatal and child health services.

During the reporting period, SSBH collaborated with SHOPS Plus and completed an analysis of the baseline information on institutional capacity of selected private facilities to deliver quality newborn and child health services. We presented key findings to USAID Nepal, which showed an overall lack of quality newborn and child health services provided by 40 private healthcare providers across three municipalities in Karnali Province. This analysis helped finalize an agreement with the Karnali Province Health Services Office to include private health service providers in government-led training for CB-IMNCI. SSBH and SHOPS Plus selected the private sector participants from polyclinics, nursing homes, and one hospital each in Surkhet and Dailekh Districts.

The purpose of the training is to improve the quality of clinical management and referral of infants and children in the selected private sector facilities. SSBH organized the two batches of public-private training at Karnali Province Hospital, and a third batch exclusively for private facilities; a total of 54 health service providers participated, of which 33 were from the private sector. In Year Five, SSBH will provide follow-up and on-site coaching for the private service providers, while also evaluating improvements in timely referrals of sick newborns and children from private facilities to higher levels of care.

The Activity finalized the concept note to conduct the assessment of neonatal and child health referrals from private facilities in Karnali Province. We will conduct the assessment in Year Five to help us better understand the following: (i) the reasons caregivers in Karnali Province take their newborns or children under-five to private facilities as a first point of contact for health concerns, (ii) the caregivers' experience in obtaining care from initial interaction to referral conclusion, iii) the barriers to access timely and quality neonatal and child health services, and iv) caregiver perspectives on components that facilitate better access to care. This will allow the Activity to make recommendations to the provincial government to develop interventions that address the drivers of preventable mortality of newborns and young children in Karnali Province.

4.2 Gender Equality and Social Inclusion

Built capacity of staff to integrate GESI into all program activities.

During this reporting period, the Activity held GESI training sessions and provided technical updates to all program staff, specifically highlighting issues relevant to the COVID-19 pandemic. Three GESI training sessions were conducted for SSBH Health Emergency Response team members. These sessions shared lessons learned and experiences from the field, and integrated GESI principles into program approaches and activities in the fight against COVID-19. SSBH also trained staff to support policy formulation at the municipal level from a GESI perspective.

The Activity introduced recent hires to GESI concepts during staff orientations. In addition, we conducted a two-day GESI training for program staff to strengthen understanding on integrating

GESI principles into program approaches, activities, and legislation formulation for better health outcomes.

In Year Five, SSBH will combine GESI training for staff with quarterly interactions to discuss opportunities and challenges incorporating GESI in program interventions. Similarly, the Activity will build capacity of field staff to deliver a condensed, three-hour GESI training session during routine visits to health facilities and municipalities.

4.3 Data-Driven and Evidence-Based Programming

Strengthened HMIS recording and reporting system in provinces and municipalities.

During this reporting period, the Activity trained 424 health workers on HMIS and 280 health workers on DHIS2. The Activity provided onsite coaching and mentoring in HMIS and DHIS2 for health workers in 151 health facilities and for staff in 89 municipal offices in 13 districts.

Movement restrictions meant that much of SSBH support this year was remote, including follow-up to municipalities on LMIS reporting status. During the year, SSBH supported training for 234 health workers on LMIS and basic health logistics. SSBH reached two health facilities for LMIS onsite coaching and three municipalities and one health service office for eLMIS onsite coaching.

The Activity provided logistic support to Lumbini Province to supply HMIS tools to health offices in Banke, Bardiya, Dang, and Kapilvastu Districts. SSBH also drafted a script for DHIS2 instruction videos using feedback from the Integrated Health Information Management Section (IHIMS) of the MoHP's Management Division. This video will be completed by Quarter One of Year Five, at which time the Activity team will disseminate it among health workers and public health professionals.

Strengthened capacity of provincial and municipal health managers for analysis, interpretation, and use of health data.

Electronic health profiles were updated for all 139 municipalities, including in the three new districts. Lumbini Province's official website contains links to their respective health profiles as well. In addition, SSBH developed a manual to guide municipal officials in updating their respective electronic profiles. SSBH also provided coaching on data analysis for authorities in 46 municipalities to optimize their ability to generate and use data within their respective constituencies. They were coached in updating their electronic health profiles and in data analysis, which will help to identify successes and gaps in their performance. SSBH also helped to update health data display posters at municipal offices and health facilities.

At provincial level, the Activity organized training on the R statistical software to national and provincial data managers. SSBH also supported the IHIMS to finalize the Public Health Analytics tool and supported analysis and interpretation of data to assist the health planning and budgeting process.

Facilitated routine data quality assessments (RDQAs) at health facilities.

In Year Four, SSBH conducted RDQA orientation for municipal representatives and Health Service Office staff in 58 municipalities. SSBH orientations helped support health offices in implementing RDQA activities at the district level. Overall, SSBH conducted RDQAs in 51 health facilities and conducted follow-ups in 139 health facilities. If inconsistencies were found during the data verification process, SSBH supplied data and cross-checked with HMIS and

other reporting tools prior to plugging the data into DHIS2. To reduce future inconsistencies, the Activity supported health facilities to prepare action plans for quality improvement of data.

Major findings of the RDQAs include incomplete and inconsistent records and reports, many staff have not been trained in HMIS, updated HMIS guidelines are missing in some health facilities, and data dissemination practices, such as routine updating of health data posters for public display, are not being followed. SSBH has observed improvement in data management and data quality during follow-up visits to facilities where RDQA was performed last year. Health facilities where RDQAs were conducted previously are generating more consistent and complete data, and some facilities have established cross-verification mechanisms for HMIS data. Monthly monitoring sheets are also being used more regularly, and submission of timely monthly reports has improved as well. The availability of tools and manuals, data management processes and usage, and a functional monitoring and evaluation system have also improved in Year Four.

Helped to improve private sector HMIS reporting.

SSBH trained 33 data entry managers in HMIS reporting and the DHIS2 platform at private hospitals, nursing homes, and polyclinics in Surkhet and Rukum West Districts. Reporting from private facilities has gone up from 11 percent in June 2019 to 34 percent at the end of Year Four.

4.4 Collaboration and Synergy

Facilitated coordination among health partners in Karnali and Lumbini Provinces.

During this reporting period, SSBH facilitated meetings with MoSDs in both Karnali and Lumbini Provinces to share experiences from the field and provide data for evidence-based decision-making to help establish Health and Nutrition Cluster Committees. The Activity also facilitated Provincial Health Coordination Team meetings, most of which were held virtually. These meetings included MoSD and Health Services Directorate staff and representatives from external development and implementing partners. The discussions centered on COVID-19 response activities, interventions to ensure continuity of essential health services, and agreements on future collaborative steps. The Activity directly supported 19 of these coordination meetings.

In Karnali Province, the Sexual and Reproductive Health Rights Technical Committee is a recently formed body under the leadership of the Health Directorate, and SSBH was nominated as a member. In this reporting period, the Activity attended eight Provincial Reproductive Health Sub-Cluster Coordination meetings, discussing the strengthening of sexual- and reproductive health and family planning services by collaborating closely with government counterparts and external development partners at the district level. In Rupandehi District specifically, partner agencies discussed MNCH and FP activities during the pandemic at the review meeting jointly initiated by SSBH and the Reproductive Health Coordination Committee.

At district level, SSBH facilitated the sharing of COVID-19 interventions and possible areas of collaboration with external development partners in 13 districts of Karnali and Lumbini Provinces. At the provincial level, the Activity organized five coordination meetings with development partners and government counterparts to share updates on respective COVID-19 responses and priorities, and to explore possible areas for collaboration. SSBH facilitated regular contact between USAID health implementing partners in Karnali Province by organizing virtual coordination and sharing meetings with Suaahara II, Swachhata, Ghar Maa Swasthya, and GHSC-PSM projects. Implementing partners discussed issues, challenges, and possible strategies

for conducting activities, particularly in the context of the COVID-19 pandemic. This collaboration aims to create a supportive environment to conduct joint field visits and improve collaboration, communication, and joint support to municipalities. The Activity team also participated in partners' debriefing and update meetings with MoSDs of Karnali and Lumbini Provinces.

5. Monitoring, Evaluation, and Learning (MEL)

During this reporting period, the Activity was engaged in updating the MEL plan based on data quality assessment recommendations from USAID, while including the three new districts in Lumbini Province to the plan. The Activity continued to monitor the output and outcome indicators through timely data collection, synthesis, reporting, and use. SSBH progressed in documenting learnings and achievements by developing briefs, infographics, and other communication materials to share internally and with external stakeholders.

Updated MEL Plan and Performance Indicator Reference Sheets in collaboration with USAID.

In Year Four, the Activity participated in USAID's data quality assessment on four indicators. SSBH developed an action plan based on USAID recommendations to improve indicator-specific data quality, as well processes, systems, and capacity for monitoring and evaluation. The expansion of three additional districts required additional baseline information and target information for upcoming years, which we addressed in the MEL plan. In Year Five, SSBH will include additional indicators as suggested by USAID, and submit the finalized MEL plan for approval in Quarter One. The Activity will amend the MEL plan for Health Emergency Response Supplemental Program with COVID-19 vaccine-related indicators and submit it for approval as well.

Continued routine data collection, review of progress, and capacity building activities.

Early in the fiscal year, the Activity conducted a focused review of Year Three to reflect on achievements and indicator status and share lessons learned among thematic specialists and district-based staff. SSBH held review meetings with Health Systems Strengthening and Health Information Systems Technical Officers to share selected indicator status and progress. Discussions during these review meetings included municipal-capacity assessment findings, internal Data Quality Assessment (DQA) findings, documentation strategies, and recommendations. Finally, SSBH organized a three-part webinar session to enhance staff capacity on data analysis, data visualization, and presentation of results. The Activity also updated its data in USAID's Development Information System reporting platform, providing baseline values and targets for the five new standard Performance Plan and Report indicators, and updating the targets and disaggregation for all other indicators.

Continued to produce learning products and plan assessments/research based on learning agenda.

During the reporting period, the Activity used both internal and external studies and assessments to develop learning briefs to help answer SSBH learning questions. Some of the learning topics were: i) assessment of management capacity of municipalities as compared to baselines, ii) analysis of Nepal Multiple Indicator Cluster Survey 2019 and development of learning briefs based on maternal health service utilization, iii) using internal assessments to produce technical

briefs, and iv) using HMIS and routinely collected data to produce achievements and output related documents.

In Year Four, SSBH re-initiated the Community Engagement study that was halted due the pandemic. The intervention will be monitored until Quarter Three of Year Five with a subsequent end line survey to follow. SSBH has also planned for further studies and assessments in Year Five to address the Activity's learning questions, including a study of the private health sector to understand barriers and facilitators of referral pathways.

Contributed to technical discussions on monitoring, evaluation, and learning among MoHP-led working groups, and USAID implementing partners.

The Activity continued to engage in consultation with IHIMS staff in the MoHP Management Division. SSBH held four meetings with the IHIMS team throughout the reporting period to understand priorities, explore areas of collaboration, and discuss issues and solutions related to information management systems in operational areas. The Activity supported IHIMS to analyze routine HMIS data on maternal health and family planning service coverage, and to disseminate the analysis to external partners and stakeholders. In collaboration with the section, SSBH facilitated training in R software and population projection to enhance data management and analysis skills of statistical officers at provincial and district levels. The Activity also supported IHIMS with technical review and publishing of the Annual Health Report of the Department of Health Services 2018/19.

During the reporting period, the Activity engaged with USAID partners by (i) providing orientation for USAID's Physical Rehabilitation Activity on the HMIS system and the SSBH MEL database, (ii) extracting and sharing HMIS data with Suaahara II, and (c) sharing the municipal health profile format and methodology with the Sajhedari-Support to Federalism project.

At the provincial level, the Activity supported the Lumbini Province MoSD to organize an evidence sharing workshop to develop a health sector strategy and implementation plan. SSBH held two meetings with the Steering Committee to present and discuss the progress of information collation, and preliminary consolidation and synthesis of information is complete. In Year Five, the Activity will share the finalized document with the provincial government to develop an evidence-based strategy. The Activity also responded to the request made by the Nepalgunj Sub-Metropolitan City to conduct rapid assessments of all health facilities in Nepalgunj. The Activity submitted the final report of this gap identification process to support the relevant authorities in health planning and budgeting for the next fiscal year.

The Activity participated in USAID's ninth and tenth Health Office MEL working group meeting by sharing experiences related with Performance Plan and Report reporting; trends in HMIS reporting; Collaborating, Learning, and Adapting practices implemented by SSBH; and processes of capturing client experience of care in operational areas. Other topics shared during these meetings included major findings of the municipal capacity assessment and the processes and methods used to document the capacity-building indicator (CBLD-9) with USAID. SSBH also participated in USAID's GESI Working Group meeting and explained its approach in a presentation titled "Caste and Ethnicity Disaggregation of Data and Use of Evidence."

6. Project Management

6.1 Refurbish Project Offices to the New Working Situation and Operations

During the reporting period and in anticipation of future recruitment, SSBH secured adequate office space for additional staff recruited under the Supplemental Health Emergency Response Program. SSBH, including establishing office space in Butwal. The Activity also expanded office space by renting offices in Kathmandu and in Surkhet, which has enabled SSBH to adhere to strict social distancing guidelines outlined in the Activity's approved Risk Mitigation Plan. Desks and offices are separated appropriately to allow staff to work in relative safety for as long as the COVID-19 risk persists. SSBH also adjusted operations so that staff are not congregating. We also frequently sanitize high-touch areas, and security staff measure the temperature of all staff and visitors before they enter office compounds.

By using these measures and continuing to work remotely whenever possible, most Kathmandu and Surkhet-based staff avoided exposure to COVID-19. Despite adherence to the measures outlined in the SSBH Risk Mitigation Plan, it has been difficult to protect field staff and staff who are seconded to government offices from exposure and infection. Even as government counterparts relaxed protective measures, SSBH continued to adhere to restrictions by reducing the number of people who could attend gatherings, holding virtual meetings whenever possible, always wearing masks, and maintaining social distancing protocols. The Activity will continue to give priority to the safety of staff and their family members. The latest numbers show that out of 172 staff at SSBH, 161 have been fully vaccinated, and 8 have taken their first dose. The remaining have not had access to the vaccine as of yet.

6.2 Complete Recruitment and Hiring of Activity Staff

In Year Four, SSBH completed recruitment and deployment of 49 professional and operations staff and consultants to implement the workplan under the Activity's Supplemental Health Emergency Response Program. The staff members have been posted in Kathmandu, MoSDs in Surkhet and Butwal, and at Health [Services] Offices and facilities in 16 districts throughout the operational areas.

The Activity hired a qualified individual to fill the position of Private Sector Engagement Technical Officer based in Karnali Province and filled four operational and program support positions—Administrative Assistant, Information Technology Assistant, Program Support Officer, and Documentation Officer—all based in Kathmandu. In addition, SSBH hired 12 Health Systems Officers based in Core+ Municipalities of Karnali Province. We have hired 15 MNCH and FP Technical Officers and nine Health Information Systems and Health Systems Strengthening Technical Officers to facilitate more frequent and intensive technical support and capacity building for counterparts in municipalities and health facilities. SSBH has also recruited and deployed Senior Technical Officers and Program Coordinators to provide more consistent technical and operational oversight for field activities from the SSBH provincial offices in Butwal and Surkhet. By the end of Year Four, SSBH had completed the recruitment of 41 additional field-level positions included in the Year Four Workplan and continued the planned expansion of the Activity's field presence. In accordance with the approved Year Four Workplan, these new team members were posted to locations at provincial, district, or municipal levels. The planned expansion of the Activity's presence throughout our sub-national operational

areas slowed considerably by the pandemic. SSBH is poised to fill the remaining 12 planned field positions during the first quarter of Year Five.

6.3 Develop and Submit All Contractual Deliverables

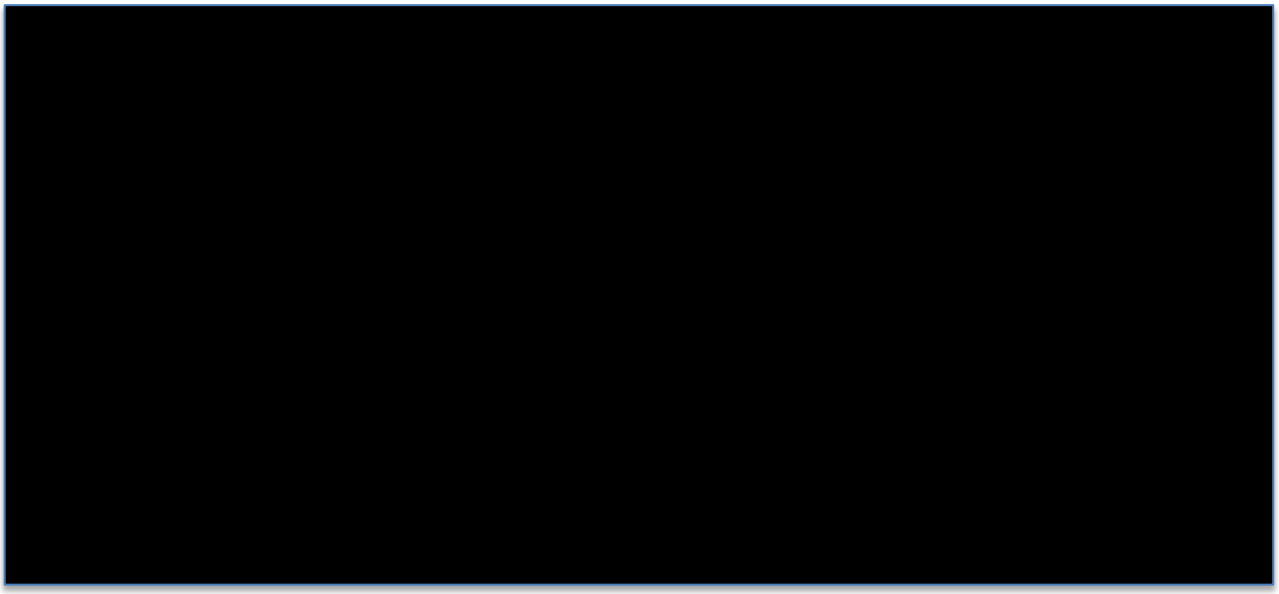
During Quarter One, SSBH presented condensed versions of the Activity Workplan for Year Four to key counterparts in the MoHP, the Department of Health Services, the Ministry of Federal Affairs and General Administration in Kathmandu, and to the Karnali and Lumbini Province MoSDs. The Activity also submitted the Year Three Annual Performance Report to USAID by the deadline of August 15, 2020, and the Year Four, Quarter One Progress Report on October 15, 2020.

On the administrative side, SSBH prepared and submitted the Activity's Annual Inventory Report to USAID in November 2020 and organized the mandatory Annual External Audit of Abt Associates' Nepal Branch for Nepal's FY 2076/77. On completion of the audit, we successfully renewed our Company Registration in January 2021. During Quarter Three, SSBH completed and submitted the Year Four Semi-Annual Performance Report to USAID by the February 15, 2021 deadline. Senior Management Team members met with key counterparts in the MoHP, the Department of Health Services and FWD, the Ministry of Federal Affairs and General Administration in Kathmandu, and the Karnali and Lumbini Province MoSDs to provide them with a summary of this report and brief them on progress and challenges outlined in the report. On the administrative side, SSBH prepared and submitted the Activity's Annual Tax Report to USAID on April 14, 2021. During Quarter Four, SSBH held stakeholder consultations to review Year Four accomplishments and obtained inputs for Year Five priorities. SSBH submitted the Year Four Quarter Three Progress report, as well as the Year Five Workplan to USAID, which we developed after conducting consultative work planning sessions.

6.4 Overall Budget and Expenditures

The obligated amount for USAID's Strengthening Systems for Health Activity is $27,332,857, from a total award of $32,566,456 (including the SSBH Health Emergency Response Supplemental Program). Table 5 illustrates total estimated expenditures as of July 15, 2021.

Table 5: Activity Expenditures as of July 15, 2021



7. Anticipated Future Problems, Delays, and Constraints

COVID-19 Pandemic

The impact on the Activity's ability to deliver targeted interventions and maintain momentum continue to be hampered by the COVID-19 pandemic. SSBH continues to place high priority on keeping staff and their family members safe. As a result, we have placed limitations on staff placement in government offices. We also developed COVID-19 policies around attending in-person meetings with counterparts and other partners, inviting visitors into our own office spaces, and traveling in public or rented vehicles where safety precautions cannot be guaranteed. While SSBH team members have demonstrated adaptability and resourcefulness in the face of these challenges, the pace and scope of our technical assistance for health systems strengthening and delivery of routine, quality services will continue to be hampered for as long as the pandemic persists, especially considering the possibility of a third wave of the pandemic. Test positivity rates are around 30 percent at the time of writing, with the rolling average of new cases surpassing 2,100 per day. These are unfortunately projected to increase in the coming months. Despite these challenges, we are hopeful that our ability to safely implement planned activities may improve with the growing availability of COVID-19 vaccines in Nepal.

Political Scenario

Another factor likely to disrupt SSBH's ability to plan and implement activities is the continued political upheaval in Nepal.. There have been many civil activities—including political meetings, marches, and demonstrations—since December 2020, which were only marginally affected by the lockdown imposed between April and June 2021. We will consider planned political events when scheduling any SSBH events, activities, or travel, but unforeseen circumstances will certainly cause some interruptions and cancellations. This will mostly likely be made evident during the upcoming general elections in February and March of 2022, which are expected to be particularly contentious. In addition, there have also been several changes in senior leadership at federal and provincial levels over the past few months, a trend that is likely to continue in Year Five. These changes in government will probably require SSBH to orient and build relationships with many new counterparts, which will take up time, energy, and resources, undermining the pace of planned technical assistance and capacity-building activities. SSBH will continue to monitor the situation and inform USAID of any significant disrupts in program implementation. We have already observed delays in decision-making at the provincial level as the new leadership wants to take additional time to understand the purpose, status, and importance of some of the activities. The Activity has taken necessary measures to inform and engage the new leadership and to provide necessary cooperation and support.

Staff Turnover

As the Activity gradually moves towards the latter phase of the program, some staff have left SSBH and moved on to new roles. Several organizations expanded their activities at provincial and local levels and are looking to hire experienced staff members. Some staff working in remote areas took positions in more urban environments or closer to their homes, especially during the pandemic. During Year Four, nine staff left the Activity to seek new opportunities or further studies. We anticipate a similar or heightened level of staff turnover in Year Five, which might affect some program accomplishments. SSBH is employing necessary strategies to retain and keep staff motivated to work in remote settings, especially as the pandemic continues, and we hope to retain as many team members as possible.

8. Information on Security Issues

The Activity has not experienced any notable safety or security issues during Year Four, with the exception, of course, of the risks related to COVID-19, covered under the previous section and elsewhere in this report. As of this writing, 40 staff members have tested positive for the virus, all of whom have since recovered. SSBH keeps USAID informed of the status of these staff members and consultants and will continue to do so during Year Five. In reporting to USAID, the Activity strictly maintained confidentiality in relation to the identity of staff affected by COVID-19.

More recently, we began sharing security notices with staff regarding any planned political activities, with strict instructions to avoid these events and maintain vigilance.

9. Prospects for Year Five Performance

As described above, the global pandemic greatly affected implementation of activities throughout Year Four. The Activity adopted remote support mechanisms to continue providing critical support to provincial and local-level government counterparts during this period. We continued coaching and mentoring events in most health facilities, and shared findings from reviews and data quality assessments with stakeholders to guide evidence-based planning. The Activity also engaged with respective Government of Nepal counterparts at all levels to support a variety of initiatives, including policy development, generation and use of health information, clinical quality of care, human resources management, capacity building, and health equity. These initiatives will continue in Year Five.

The proposed activities outlined in the Year Five Workplan include both the completion of outstanding activities from Year Four and the continuation of critical technical support at national, provincial, and municipal levels. The Activity will also enhance coordination between regular activities and the Health Emergency Response supplemental program to integrate efforts against COVID-19 at all levels. The Activity has expanded its operations to three new districts of Lumbini Province (Kapilvastu, Rupandehi, and Nawalparasi West), where we will adopt a targeted and streamlined approach of health systems and capacity assessment to guide detailed planning and implementation of activities. As indicated in the Year Five Workplan, the Activity will scale up implementation of key interventions in Core+ municipalities and will recruit and mobilize additional staff for initiation and follow-up of these activities.

Major interventions planned for FY 2021/22 are summarized below:

Outcome 1: Improved Access to and Utilization of Equitable Health Services

- Finalize Customized Technical Assistance Plans to improve service availability and utilization in 33 municipalities of three new working districts (Rupandehi, Kapilvastu, and Nawalparasi West) in Lumbini Province and continue updating and implementation of Customized Technical Assistance Plans in existing municipalities.
- Support municipalities to plan, prepare, and manage health-related emergencies.
- Support Karnali Province MoSD to review social health protection mechanisms and develop and finalize strategies to enhance functionality of these protections.

- Support municipalities and HFOMCs to develop micro-plans, update online health profiles, and facilitate review meetings.

Outcome 2: Improved Quality of Health Services at Facility and Community Levels

- Support QA approaches, processes, tools, and functionality, with particular focus on technical and in-kind support to 45 Core+ municipalities.
- Develop and institutionalize patient experience of care principles in QA approaches at targeted health facilities.
- Introduce Minimum Service Standards in health facilities of 79 municipalities of Karnali Province, and 33 new municipalities in Lumbini Province.
- Make available clinical standards and other national guidelines at all 674 public health facilities and 90 private facilities within operational areas.
- Enhance capacity of additional service providers to deliver quality MNCH/FP services, including training in Comprehensive Family Planning, SBA, Long-Acting Removable Contraceptives, Intra-Uterine Device implantation, and providing MNH updates.

Outcome 3: Improved Health Systems Governance in the Context of Federalism

- Support MoSDs and municipalities to develop and finalize health acts, policies, regulations, and strategies.
- Provide orientation for Social Development Committees on health sector management and performance.
- Form and institutionalize HFOMCs in 293 health facilities in 16 districts.
- Finalize the functionalization of Electronic Health Recording system, in collaboration with Nyaya Health, in six hospitals of Karnali Province.
- Promote governance accountability tools such as social audits, client exit interviews, and citizen charters, with particular focus on Core+ municipalities.
- Support MoHP to prepare the new National Health Sector Strategy.

Cross-Cutting Areas of Intervention

Private Sector Engagement

- Support MoSD Karnali Province to finalize and implement private sector engagement strategy and private sector regulatory guidelines.
- Complete private sector newborn/child health demonstration activity, including public-private CB-IMNCI orientations.

Gender Equality and Social Inclusion

- Conduct GESI training and conduct follow-up GESI activities to sensitize municipal stakeholders to the importance of equal and inclusive health service delivery.

Data-Driven, Evidence-Based Programming

- Facilitate supply and support the proper use of facility-based recording and reporting tools and promote the use of DHIS2 for all municipalities and, where feasible, health facilities.

- Provide technical support to strengthen LMIS reporting from municipalities and facilities and promote data use during planning and review meetings.
- Facilitate and support targeted municipalities to conduct RDQAs at health facilities.

Collaboration and Synergy

- Provide facilitation and secretariat support for provincial health coordination meetings, to include external development partners, USAID implementing partners, INGOs and NGOs working in Karnali and Lumbini Provinces.

Monitoring, Evaluation, and Learning

- Initiate data capture and/or study methodologies for the Activity's priority learning topics.
- Collect routine monitoring data using Activity data collection tools and standard operating procedures, and design, and roll-out new tools as required.
- Promote the use of evidence and communicate best practices through participation in national- and provincial-level technical working groups, as well as local and international conferences, seminars, and workshops.
- Support all research and assessment activities by providing technical input and QA for design, methodology, data collection, analysis, and reporting.

Annex 1 – Indicator Reporting for FY 2020/21

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
1	3	Percent of births assisted by skilled birth attendants (USAID/PMP proxy for MMR)	HMIS	Karnali Province	55.7% (2017/18)	62.64%	68.6%	110%	
				Lumbini Province (SSBH Municipalities)	74.19% (2017/18)	79.6%	75.3%	95%	
				Aggregate	64.8% (2017/18)	72.1%	72.3%	100.3%	
2	4	Percent of institutional deliveries	HMIS	Karnali Province	67.31% (2017/18)	73.54%	86%	117%	
				Lumbini Province (SSBH Municipalities)	85.48% (2017/18)	88.6%	77.1%	87%	
				Aggregate	76.3% (2017/18)	83.6%	81%	97%	
3	1.1	Percentage of women from marginalized group attended by skilled doctor, nurse and midwife during last birth	HMIS	Karnali Province	52.4% (2017/18)	60%	76%	127%	Some facility deliveries are not reported with adequate ethnicity disaggregation in the HMIS 9.3 report. We have observed this issue in Banke, Surkhet, Dang, Salyan, Jumla and Mugu districts and have flagged the problem to address in future.
				Lumbini Province (SSBH municipalities)	35% (2017/18)	39.6%	57.8%	146%	
				Aggregate	41.6% (2017/18)	46.3%	61.1%	132%	
4	1.2	Percent of women receiving four antenatal care checkup asp per protocol	HMIS	Karnali Province	54.9% (2017/18)	66.3%	74.4%	112%	
				Lumbini Province (SSBH municipalities)	57.3% (2017/18)	67.2%	57%	85%	
				Aggregate	56.1% (2017/18)	67%	65%	97%	

[2] Note:

a) All achievement data from HMIS source are accessed from DHIS2 on Aug 4, 2021. Achievement may be slightly revised and updated when Health Program Reviews are completed at Municipalities and Districts by Q1 of FY 2021/22.

b) For all HMIS-based indicators, the target for Lumbini Province includes value for six districts but intervention is not fully rolled-out in three new districts.

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
5	1.3	Number of babies who received postnatal care within 24 hours of birth in USG supported programs	HMIS	Karnali Province	24,915 (2017/18)	25,915	31,117	120%	
				Lumbini Province (SSBH Municipalities)	28,444 (2017/18)	42,019	30,655	73%	
				Aggregate	53,359 (2017/18)	67,934	61,772	91%	
6	1.4	Number of women giving birth who received uterotonics in the third stage of labor (or immediately after birth)	HMIS	Karnali Province	28,823 (2017/18)	30,892	33,470	108%	
				Lumbini Province (SSBH Municipalities)	33,271 (2017/18)	44,540	37,973	85%	
				Aggregate	62,094 (2017/18)	75,431	71,443	95%	
7	1.5	Number of newborns not breathing at birth that were resuscitated by USG-supported programs	HMIS/ SSBH monitor-ing	SSBH Municipalities	952* (asphyxiated babies born, (2017/18)	794	766	96%	Records counted from 326 birthing centers excluding hospitals. Out of 259 cases of asphyxiated babies 251 (97%) were resuscitated. Total asphyxiated babies reported in HMIS was 790. So, we used proxy by assuming that 97% of them received resuscitation. This result is from existing 13 districts only.
8	1.6	Number of newborn infants receiving antibiotic treatment for infection through USG-supported program	HMIS	Karnali Province	2,786 (2017/18)	2,696	1,353	50%	Reported number of cases have declined by about one third compared with the previous year. More decline is observed in FCHV reporting (34%). It indicates decreasing trend of child ARI cases in the communities. Likely to be affected by COVID-19 control measures.
				Lumbini Province (SSBH Municipalities)	2,035 (2017/18)	1,987	937	47%	
				Aggregate	48,21 (2017/18)	4,683	2,290	49%	
9	1.7	Number of cases of childhood pneumonia treated in received USG-assisted program	HMIS	Karnali Province	50,269 (2017/18)	39,225	17,053	43%	Reported number of cases declined by 40% both in facility reporting and FCHV reporting from communities compared with the previous year.
				Lumbini Province (SSBH Municipalities)	23,450 (2017/18)	19,816	5,538	28%	
				Aggregate	73,619% (2017/18)	59,041	22,591	38%	

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
10	1.8	Number of cases of child diarrhea treated in USG-assisted programs	HMIS	Karnali Province	123,016 (2017/18)	132,816	110,569	83%	Slight decline in diarrhea cases both in health facilities and reported by FCHVs.
				Lumbini Province (SSBH Municipalities)	70,473 (2017/18)	88,391	74,847	85%	
				Aggregate	193,489 (2017/18)	221,207	185,416	84%	
11	1.9	Modern method Contraceptive Prevalence rate	HMIS	Karnali Province	30% (2017/18)	34.4%	25%	73%	mCPR of Karnali province has slightly increased from last year. Very low in Mugu, Humla, Jumla and Dailekh districts compared to other districts. The Activity will address this issue by increasing focus on FP in Year Five through training, coaching, and mentoring, logistics and supply and highlighting FP service data during review meetings.
				Lumbini Province (SSBH Municipalities)	26% (2017/18)	27.5%	24.3%	88%	
				Aggregate	28% (2017/18)	30.9%	26.5%	86%	
12	1.10	Couple years of protection	HMIS	Karnali Province	111,217 (2017/18)	11,6417	103,131	89%	Low CYP was result of low uptake of FP methods especially permanent methods in Q4. Between Q3 and Q4 there is a 33% decline. This may be attributed to cancellation of FP camps due to COVID-19.
				Lumbini Province (SSBH Municipalities)	104,761 (2017/18)	134,667	100,234	74%	
				Aggregate	215,978 (2017/18)	251,084	203,365	81%	
13	1.11	Percent of USG assisted service delivery sites providing family planning counselling and/or services	HMIS/ HF Readi-ness Survey	Lumbini Province (SSBH Municipalities)	99% (2018)	100%	94%	94%	This result is from the HMIS. Facilities providing at least one method among condoms, pills and injectable are counted to report this indicator
14	1.1.2	Responsiveness-continuity of care: Average of the service gap between; a) ANC1 and ANC4; b) DPT1 and DPT3 in USAID supported districts	HMIS	Karnali Province	10% (2018/19)	7%	8%	114%	Average gap in continuity of services is high because of high dropout rates between ANC1 and ANC4 in Lumbini Province. There is 30% ANC dropout rate in Lumbini province, likely to due to COVID-19 related declines in health seeking behaviors.
				Lumbini Province (SSBH Municipalities)	9% (2018/19)	7%	12%	171%	
				Aggregate	10% (2018/19)	7%	10%	143%	

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
15	1.13	Number of children who received their first dose of measles-containing vaccine (MCV1) by 12 months of age in USG-assisted programs	HMIS	Karnali Province	33,252 (2019/20)	33,585	34,570	103%	
				Lumbini Province (SSBH Municipalities)	68,006 (2019/20)	40,479	42,531	105%	
				Aggregate	101,258 (2019/20)	74,061	77,101	104%	
16	1.14	Number of women giving birth in a health facility receiving USG support	HMIS	Karnali Province	29,524 (2019/20)	29,966	32,747	109%	
				Lumbini Province (SSBH Municipalities)	73,345 (2019/20)	44,109	37,613	85%	
				Aggregate	102,869 (2019/20)	74,075	70,360	95%	
17	1.1.1	Percent of targeted health facilities that experienced stock out of essential MNH commodities or drugs	HF Readi-ness Survey/ SSBH monitor-ing	All SSBH Municipalities	77.78% (2018)	20%	60%	300%	Data collected from 326 health facilities during program visits by the staff. Only 40% of facilities had ALL essential MNH drugs available. It was 20% of the facilities in last FY. Availability of specific drugs was better, as follows: Inj, Calcium Gluconate (60.7%), Magnesium Sulfate (70%), Dexamethasone (67%) Oxytocin (84.4%), and Chlorohexidine (79.8%)
18	1.1.2	Percent of targeted health facilities that experienced stock out of essential child health commodities or drugs	HF Readi-ness Survey/ SSBH monitor-ing	All SSBH Municipalities	25.69% (2018)	10%	41.7%	417%	Data collected from 326 health facilities during program visits by the staff. Only 58.3% of facilities had all 5 essential CH drugs available. It was 55% in last FY. Availability of specific drugs was better, as follows: Vitamin A (86 %), Inj. Gentamicin (89.3%), ORS (90%), Zinc (76.1%), and Tab. Amoxicillin Ped (85.3%)

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
19	1.1.3	Percent of PHCCs providing all BEONC signal functions	HF Readiness Survey/ SSBH monitoring	All SSBH Municipalities	61.5% (2018)	90%	64%	71%	Out of 22 PHCCs, 16 are providing all 7 BEONC signal functions. Mainly MVA was not available.
20	1.2.1	Percent of targeted municipalities with publicly available information about the availability and cost of health services, to help clients select their health providers or health facilities	SSBH monitoring	All SSBH Municipalities	0	60%	70.5%	118%	Out of 105 Municipalities where the assessment was done recently, 74 municipalities have this available.
21	1.2.2	Percent of targeted municipalities that develop, implement and monitor micro-plans to address coverage and utilization barriers	SSBH monitoring	SSBH Municipalities	38%	60%	61%	102%	Out of 105 Municipalities where the assessment was done recently, 64 municipalities reported developing, implementing and/or monitoring of micro-plans to address barriers to utilization. In 43 Core+ Municipalities, the result is 67.4%.
22	2.1	Percent of health facilities meeting minimum standards of quality of care at point of delivery	HF Readiness Survey/ SSBH monitoring	Karnali Province	4.85% (2018)	60%	10.5%	18%	Out of 326 health facilities where data was collected, 49 facilities (25 in Karnali Province; 24 in Lumbini Province) have met all 31 criteria of minimum standards of quality of care. Low achievement, mainly in Karnali Province, was due to unavailability of IP guidelines, means of communication, and some key tracer drugs.
				Lumbini Province (SSBH Municipality)	4.88% (2018)	60%	27.3%	46%	
				Aggregate	4.86% (2018)	60%	15.1%	25%	

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
23	2.2	Percent of health facilities meeting all service readiness criteria for FP services	HF Readiness Survey/ SSBH monitoring	Karnali Province	21.36% (2018)	70%	10.9%	16%	Out of 326 health facilities where data was collected, 60 facilities (26 in Karnali Province; 34 in Lumbini Province) have met all readiness criteria for FP service provision. Low achievement was mainly due to unavailability of National Medical Standards (NMS)Vol I.
				Lumbini Province (SSBH Municipalities)	46.34% (2018)	75%	38.6%	51%	
				Aggregate	28.42% (2018)	71%	18.4%	26%	
24	2.3	Percent of health facilities meeting all service readiness criteria for ANC services	HF Readiness Survey/ SSBH monitoring	Karnali Province	29.1% (2018)	75%	15.7%	21%	Out of 326 health facilities where data was collected, 58 facilities (37 in Karnali Province; 21 Lumbini Province) have met all readiness criteria for ANC service provision. Low achievement was mainly due to unavailability of NMS Vol 3.
				Lumbini Province (SSBH Municipalities)	48.78% (2018)	75%	23.9%	32%	
				Aggregate	34.72% (2018)	75%	17.8%	24%	
25	2.4	Percent of health facilities meeting all service readiness criteria for Child Health services	HF Readiness Survey/ SSBH monitoring	Karnali Province	35.92% (2018)	70%	14.7%	21%	Out of 326 health facilities where data was collected, 65 facilities (35 in Karnali Province; 30 Lumbini Province) have met all readiness criteria for Child Health service provision. Low achievement was mainly due to unavailability of pediatric cotrimoxazole in 64% of HF.
				Lumbini Province (SSBH Municipalities)	31.71% (2018)	75%	39.8%	53%	
				Aggregate	34.72% (2018)	71%	19.9%	28%	
26	2.6	Quality improvement-Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI)	HMIS	Core+ Municipalities	79% (2019)	83%	87.7%	95%	
27	2.1.1	Number of municipalities that have adopted and are using a standardized QI process and tools, based on a nationally approved framework.	SSBH monitoring	All SSBH Municipalities	3 (2019)	40	43	107%	Out of 105 Municipalities, 43 (40 in Karnali Province; 3 in Lumbini Province) have adopted and are using standard QI process and tool based on nationally approved processes.

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
28	2.1.2	Percent of facilities with regular QI activities with observed documentation	NHFS / SSBH monitor-ing	Karnali Province	17.7% (2015)	65%	15.5%	24%	Out of 326 health facilities visited, 44 facilities (37 in Karnali Province and 7 in Lumbini Province have conducted and documented regular QI activities. QI teams have been formed in 75% of the HFs, but records of regular QI activities are low.
				Lumbini Province	21.5% (2015)	70%	8%	11%	
				Aggregate	20.2% (2015)	66%	13.5%	20%	
29	2.2.1	Number of people trained in priority health areas (including safe delivery, FP, newborn care and management of sick newborns, etc.)	SSBH monitor-ing	All SSBH Municipalities	NA	585	940	161%	Achievement exceeded the targets due to more SBA training and MNH Updates. MPDSR training (not targeted originally) was conducted on request from government. Counted all training sessions for which the Activity provided both technical and financial support: ● SBA training = 107 ● Implant training = 40 ● FP Counselling=118 ● IUCD training=15 ● MPDSR training=37 ● CB-IMNCI=54 ● MNH update training = 569
30	2.2.2	Percent of facilities that received supportive supervision or clinical mentoring visits in the previous 6-month period	SSBH monitor-ing	SSBH Core + Municipalities	NA	80%	31%	39%	Out of 200 health facilities in Core+ municipalities, 62 received supportive supervision or clinical mentoring visits in the **last 6 months**. Follow-up and coaching visits were halted due to COVID-19 related movement restrictions in Q4.
31	2.2.3	Number and percent of hospital-based maternal and perinatal deaths reviewed, and action plans developed and monitored	SSBH and MoHP documentation	SSBH Core + Municipalities	TBD	80%	66.7%	83%	Out of 48 maternal deaths, 32 were reviewed in the hospitals of Karnali and Lumbini Province currently implementing MPDSR.

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
32 33	2.2.4	Facility stillbirth rate	HMIS	Karnali Province	1.57% (2017/18)	1.25%	1.7%	136%	
				Lumbini Province (SSBH Municipalities)	2.21% (2017/18)	1.45%	2.1%	145%	
				Aggregate	1.92% (2017/18)	1.4%	1.9%	136%	
	2.2.5	Percent of recently delivered women who received pre-discharge counselling for mother and baby	HF Readi-ness Survey, SSBH monitor-ing	All SSBH Municipalities	7% (2018)	35%	-	-	This will be reported when data from the NHFS are available.
34	2.3.1	Number of clinical guidelines/protocols updates to reflect client-centered and respectful care standards	SSBH docume ntation	National, provincial and all SSBH Municipalities	N/A	2	2	100%	Updating NMS Vol 1 & 3, and QI/MSS harmonization exercises ongoing.
35	3.1	Number of policies / regulations / administrative procedures in each of the following stages of development as a result of USG support a. Analysis b. Stakeholder consultation / public debate c. Drafting or revision d. Approval (legislative or regulatory) e. Full and effective implementation	SSBH monitor-ing	National, provincial and all SSBH Municipalities	N/A	150	144 Stage a=0 Stage b=26 Stage c=35 Stage d=39 Stage e=44	96%	**Stage a:** - **Stage b:** ● Municipal Health Policies (20) ● Municipal Health Act (3) ● HRH Strategy Karnali Province (1) ● Health Facility Establishment, Upgrading, Operation and Renewal Regulation 2019 of Karnali Province (1) ● Health policy implementation strategy Karnali Province (1) **Stage c:** ● Karnali Province Health Service Regulation (1) ● Health Act of Province 5 (1) ● Municipal Health Policies (25) ● Municipal Health Act (8) **Stage d:** ● Health Act of Karnali Province (1) ● Municipal Health Policies (15)

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
									● Municipal Health Act (23) **Stage e:** ● Reaching the Unreached Strategy of Karnali Province (1) ● Municipal Health Policies (21) ● Municipal Health Act (22)
36	3.2	Percent of USG-assisted organizations with improved performance	SSBH monitor-ing	SSBH Provinces/ Municipalities	NA	60%	71.4%	119%	A checklist covering 8 health system domains and 19 core competencies (subset of SSBH Health Systems and Capacity Assessment measures) completed for this indicator and compared with previous year's data. Out of 105 Municipalities, 75 Municipalities (60 in Karnali and 15 in Lumbini Province) have improved performance scores.
37	3.3	Numbers of person trained with USG assistance to advance outcomes consistent with gender equality or women's empowerment through their roles in public or private sector institutions or organizations	SSBH monitoring	SSBH Provinces/ Municipalities	NA	600	738	123%	More GESI-related trainings were conducted as demand was high from Municipalities for this intervention.
38	3.4	Number of people trained in health system strengthening through USG supported programs	SSBH monitor-ing	SSBH Provinces/ Municipalities	NA	3,000	2,225	75%	Low achievement due to inability to conduct planned volume of HFOMC training sessions. Achievement includes those training sessions for which SSBH provided both technical and financial support: Types of training included: ● HFOMC = 924 ● HMIS training = 414 ● DHIS2 training =147 ● RDQA training = 140 ● LMIS training=119

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
									● Basic Health Logistics training=66 ● HP-MSS=227 ● SDC/MHC=188
39	3.1.1a	Percent of municipalities mobilizing resources locally to support health services in last FY	SSBH monitoring	All SSBH Municipalities	39.4% (2019)	60%	50%	83%	Out of 105 Municipalities, 52 (38 in Karnali and 14 in Lumbini Province) have mobilized resources locally to support health services
40	3.1.1 b	Amount of local resources mobilized by the municipalities to support health services in the last FY	SSBH monitoring	All SSBH Municipalities	USD 6,942,000 (2019/20)	USD 7,635,800	USD 9,472,758	124%	This information was collected from 103 Municipalities (77 in Karnali and 26 in Lumbini Province). NPR to USD conversion rate at 112.
41	3.1.2	Percent of leadership positions in USG-supported community management entities that are filled by a woman or member of a vulnerable group	SSBH monitoring	SSBH Provinces/ Municipalities	NA	45%	51.3%	114%	HFOMCs are reformed after orientation, with higher representation from women and marginalized groups.
42	3.2.1	Percent of municipalities using health program performance data (including GESI analyses) from their locality as an input to planning and budgeting to strengthen service delivery performance	SSBH monitoring	All SSBH Municipalities	17.3 (2019)	60%	57.1%	95%	Out of 105 Municipalities, 60 (42 in Karnali and 18 in Lumbini Province) had used their own health program performance data as an input in planning and budgeting (i.e., evidence-based planning)
43	3.2.2	Percent of municipalities with at least 85% budget execution	SSBH monitoring	All SSBH Municipalities	NA	60%	-		Normally, municipal budget execution details for FY 2077/78 is available by the first quarter of next fiscal year. SSBH will provide this data by October 2021 for PPR reporting.

SN	MEL Plan Ref #	Indicator	Data Source	Location	Baseline (Year)	Year 4 FY 2020/21			Note /Justification
						Target	Achievement [2]	Variance	
44	3.3.1	Percent of municipality health offices with core competencies in health sector planning and management	SSBH monitor-ing	All SSBH Municipalities	2% (2019)	40%	16.2%	41%	Out of 105 Municipalities, only 17 have met all 5 core competencies in health sector planning and management. While higher than last year (4%), continuing low scores due to 43% of municipalities having disaggregated data in place and the data is used to review service delivery performance and utilization, with a focus on gender equality and social inclusion.
45	3.3.2	Number of people trained or mentored in management skills	SSBH monitor-ing	SSBH Provinces/ Municipalities	NA	1,000	1,038	104%	This includes onsite coaching and mentoring on DHIS2, HMIS, and LMIS. It also includes virtual sessions and group coaching.
46	3.3.3	Percentage of USG-supported primary health care facilities that submitted routine reports on time	HMIS	All SSBH Municipalities	Karnali Province 87%	95%	95.4%	100%	This includes the percentage of facilities reporting all 12 months of routine health data into the system.
					Lumbini Province 94%	95%	99.3%	105%	
					Aggregate	95%	97.2%	102%	

Annex 2 – COVID-19 Impact on Year Four Activities, and Proposed Actions for Year Five

Year 4 Workplan Activity No.	Activities Affected by COVID-19	Status	Remarks and Proposed Year 5 Actions to Address Shortfalls
1.1.1	Conduct GESI sensitization and planning workshops.	Target: 800 participants in 40 municipalities Actual: 738 participants in 22 municipalities	Mitigation plan as well as priority of municipal executives in COVID-19 response restricted for conducting GESI orientation. By the end of Year Five, SSBH will reach all municipalities by integrating GESI training into municipal visits or the agenda of other activities and events. We will provide follow-up coaching in all municipalities where we implemented training sessions to remind municipal leaders of commitments made during the workshops.
1.1.2	Support development and finalization of referral guidelines.	In progress	Dialogue between hospital and peripheral health facility has been initiated but guideline development process was not completed in Year Four. Karnali Health Regulation stalled due to change in secretary and pandemic. Activity will push for this endorsement, as it contains detailed component on referrals, after which consultative process can begin to finalize referral guidelines. SSBH will also continue EOC fund establishment initiatives in 2 districts in Lumbini, and introduce the concept in 2 districts of Karnali, to standardize arrangements for emergency transport needs.
1.1.4	Support local government efforts to design and complete district- and municipal-level Disaster Risk Reduction Plans.	Target: 45 Core+ municipalities Actual: Initiated in 69 municipalities	As the component of disaster risk reduction is included in municipal policy and act of 69 municipalities - 39 policies and 63 health acts are either in approval or implementation stage. Second wave of the pandemic hindered implementation in recent months. SSBH plans to complete this task in all 138 municipalities during Year Five; the original SSBH program team will take responsibility in Core+ municipalities, Health Emergency Response team will undertake this work in the remaining 93 municipalities.

Year 4 Workplan Activity No.	Activities Affected by COVID-19	Status	Remarks and Proposed Year 5 Actions to Address Shortfalls
1.1.5, 2.1.4	Support municipalities, health facilities, and hospitals to ensure newborn services are regularly available and delivered.	Target: 45 facilities in Core+ municipalities Actual: Completed in 3 facilities, progressed in 42 facilities	Equipment and supplies delivered, and technical assistance provided to ensure functionality of newborn services in three facilities. Procurement of necessary equipment is completed and will be dispatched by Q1 of Year Five. All newborn corners to be fully functional by end of Year Five.
2.1.1	Hold national-level workshop on harmonizing QA processes and tools.	In progress	Draft QA framework prepared. Workshop postponed due to pandemic situation. SSBH will hold small group meetings and a workshop if feasible due to COVID-19 situation, discuss desk review findings and proposed framework. By the end of Year Five, national framework document will be finalized.
2.1.3	Strengthen existing training sites, and explore the possibility of helping to establish additional training sites.	Target: 3 Actual: 2 completed, 1 in progress	Training sites in Chaurjahari and Surkhet were supported but support for Banke could not be completed. Assessment of Rapti Province Hospital is halted due to pandemic which will be complete in Q1 of Year Five. Activity will continue to collaborate with NHTC to expand strengthening activities to 6 new and existing training sites in Surkhet, Rukum West, Banke, Bardiya, Dang, and Rupandehi.
2.2.2	Deliver sets of current health guidelines, protocols, and tools to municipalities and facilities.	Target: 555 facilities Actual: Printing and dispatch ongoing for all 555 facilities	Finalizing and printing of guidelines and protocols completed, distribution ongoing. The guidelines and protocols have been compiled and printed, and SSBH will initiate dissemination and orientation for all 674 public health facilities, and 90 private facilities, in working districts.
2.2.3	Support review of maternal and perinatal deaths and near-miss cases to identify and support remediable actions.	Target: 13 districts, 3 hospitals Actual: 2 districts	Technical support on MPDSR provided to Banke Health Office and to Jumla. Policy dialogue was planned in collaboration with Family Welfare Division; however, was postponed due to pandemic. In Year Five, the Activity will support review of maternal and perinatal deaths and work with stakeholders to review and strengthen the Maternal and Perinatal Death Surveillance and Response (MPDSR) mechanism in 6 hospitals in Karnali Province and 4 in Lumbini Province, revitalize the MPDSR committees at the district level and supporting them to review and strengthen the MPDSR mechanism, and include training and on-site coaching for health workers to review MPDSR findings and develop action plans in facilities.

Year 4 Workplan Activity No.	Activities Affected by COVID-19	Status	Remarks and Proposed Year 5 Actions to Address Shortfalls
2.2.4	Organize formal clinical trainings, orientations, and updates.	SBA: Target 50, Actual 107 Comprehensive FP: Target 60, Actual 118 LARC: Target: 40 Actual 55 MNH Update: Target 200, Actual 695 IMNCI: Target 100, Actual 54	Some of the training achievements were higher in Year Four, as the Activity collaborated with Provincial Training Centers to cost share some of these training events. The Activity has readjusted Year Five targets as below: Comprehensive FP – 195 health workers LARC – 75 health workers SBA – 100 health workers Integrated management of childhood illnesses – 100 health workers MNH update – 250 health workers
3.1.1	Develop, finalize, and initiate municipal health policies and acts in 45 municipalities.	Target: 45 municipalities Actual: 69 municipalities	69 municipalities have either a policy or health act (total 39 policies and 63 health acts) in approval or implementation stage. By the end of Year Five, we anticipate that an additional 67 municipalities will finalize their health policies and 28 will finalize health acts. SSBH will also assist at least 17 of the 33 new municipalities in Lumbini Province to initiate development of health policies and acts during the coming year.
3.1.6	Support municipalities and facilities to use governance accountability tools.	Target: 45 municipalities Actual: none	Facilitating these events at the local level was not possible due to pandemic situation. In Year Five, SSBH will support 20 municipalities to implement social audits, ensure that at least 1 facility in each of the 43 Core+ municipalities adopt the practice of obtaining patient feedback through client exit interviews, and ensure that 215 facilities display new or updated citizen charters.

Year 4 Workplan Activity No.	Activities Affected by COVID-19	Status	Remarks and Proposed Year 5 Actions to Address Shortfalls
3.2.1	Support municipalities to execute FY2078/79 annual plan and to prepare FY2079/80 plan and budget.	Target: 105 municipalities Actual: 129 municipalities	Supported (few face-to-face, mostly virtual) to prepare annual work plan and budget in 129 municipalities (103 municipalities of previous working area and 26 municipalities of Kapilvastu, Rupandehi, and Nawalparasi-west) The team members made good use of their time during the lockdown to provide remote support to municipal health coordinators for planning and budgeting this year. We shared planning processes and templates, assisted with proposing budget allocations for key health activities, and followed up to troubleshoot and ensure that the plans were completed on time. The first activity for most of our district/municipal level staff will be to review plans and budgets for the FY to see whether adjustments can/should be made, and work with the health coordinators to develop their operational calendars for the year.
3.3.1	Partner with GHSC-PSM to deliver tailored skills training in essential drug logistics and supply management to municipalities.	Target: 45 municipalities Actual: none	These events could not be conducted due to pandemic situation. SSBH is targeting 430 participants from Core+ municipalities in all 10 districts for Basic Health Logistics and Supply training, and 267 participants for training in procurement and forecasting.
3.3.4	Support MoSDs and Municipalities to enhance technical, managerial and leadership capacity.	Target: 105 municipalities Actual: None	SSBH has worked with NHTC to develop modular training package for municipalities. In Year five, we plan to pilot the modular package in core-plus municipalities. SSBH will continue working with the NHTC to endorse and accredit this training package as a required course for all municipal health section staff.
4.1.1, 4.1.2	Finalize and support implementation of private-sector engagement strategy for Karnali Province and develop regulatory guidelines.	Target: 1 strategy Actual: Outline for 1 strategy agreed	Outline of the private-sector engagement strategy agreed with MoSD. However, finalization of the strategy was put aside by the Karnali Province MoSD, because of shuffle of provincial cabinet, COVID-19 pandemic and lockdown. Technical Working Group formed under MoSD leadership to draft the strategy, which SSBH will support to finalize by organizing consultative meetings with stakeholders from public and private sectors. Regulatory guidelines (1 at provincial level, 12 at municipal level) will be supported.

Year 4 Workplan Activity No.	Activities Affected by COVID-19	Status	Remarks and Proposed Year 5 Actions to Address Shortfalls
4.3.1	Support provinces and municipalities to develop HMIS and DHIS2 trainers and mentors, continue training and follow-up coaching and mentoring.	Target: 520 health workers in HMIS and 256 on DHIS2 Actual: 424 health workers in HMIS and 280 in DHIS2	In Year Five, the Activity will select poor-performing health facilities in Core+ municipalities for HMIS and DHIS2 onsite coaching and mentoring and provide support for developing HMIS and DHIS2 coaches. Due to movement restrictions, the Activity will conduct remote follow-up and coaching on DHIS2.
4.3.4	Facilitate municipalities to undertake RDQAs.	Target: 259 facilities Actual: 128 facilities	RDQAs conducted in 48 health facilities and follow-ups in 128 health facilities. Additional events could not be conducted due to pandemic. The Activity collaborated with Save the Children's Saving Newborn Lives program to draft and finalize the RDQA guidelines for Karnali Province in Year Four. The Activity will support the MoSD to endorse and disseminate these guidelines in Year Five and will also share RDQA results among municipal authorities to inform municipal planning and budgeting. Conduct RDQAs in 200 health facilities.
4.3.5	Engage MoSDs with private health entities to improve private sector HMIS reporting.	Target: 25 facilities Actual: 33 facilities	26 private health facilities in Surkhet District and 7 in Rukum West District received training in health information systems to improve their recording and reporting.

Successful Outreach Improves Postnatal Care for Women and Newborns in Salyan District

Government of Nepal protocols recommend three postnatal care check-ups for all mothers and their newborns within seven days of giving birth. The first check-up should occur within 24 hours of delivery, the second within three days, and a third check-up within the first week. Fiscal Year 2019/20, municipal authorities in Salyan District of Karnali Province identified postnatal care visits as an issue requiring immediate intervention.

With technical assistance from USAID's Strengthening Systems for Better Health (SSBH) Activity, Tribeni and Kapurkot Rural Municipalities were able to analyze barriers to postnatal check-ups and plan accordingly to address them. Discussions on barriers to postnatal care were held during annual review meetings, where DHIS2 data showed reduced numbers of women receiving this care. One of the major barriers identified was the local cultural practice of prohibiting mothers with newborns from leaving the household. The authorities in these areas allocated a portion of their health budgets to mobilize nursing staff from local health facilities to visit households with new mothers and conduct initial postnatal examinations and recommend visiting the nearest facility for further check-ups.

At the end of the fiscal year 2020/21, both municipalities saw significant improvements in the percentages of women receiving three postnatal check-ups as per protocol. Tribeni Rural Municipality has seen an increase from 15.1% to 70.2% within the span of a year, while Kaputhkot Rural Municipality has seen an increase from 5.6% to 44.5% in the same timeframe. Overall, Salyan District has almost doubled the percentage of new mothers who have received postnatal care, from 14.1% to 24.8%. Mr. Prabhat Kumar Shrestha, municipal Health Chief of Tribeni Rural Municipality, said while discussing the initiations, "*We spent many years trying to improve postnatal check-ups as per the protocol, but made no significant progress. We are happy with the progress achieved this year, and that our small efforts made significant changes in postnatal care*."

Both rural municipalities have allocated portions of their health budget to continue this intervention in 2021/22. Due to the success of this evidence-based planning, Bagchaur, Kalimati, Siddhakumakh, and Bangad Kupinde Municipalities have also allocated resources for interventions to improve postnatal care in the upcoming fiscal year.

Evidence-Based Planning Leads to Improved Health Service Delivery

Rabindra Sejuwal was unsure of how best to use health information systems software when he was appointed as Health Coordinator of Khadachakra Municipality, the headquarters of Kalikot District in Karnali Province. This changed when he received training from USAID's Strengthening Systems for Better Health (SSBH) Activity in the use of the Health Management Information System (HMIS) and District Health Information Software (DHIS)2, a web-based platform to collect, analyze, and share health data. Mr. Sejuwal is now a mentor to health workers within his jurisdiction on how to use DHIS2, and is capable at facilitating Routine Data Quality Assessments (RDQAs) to address deficiencies in recording and reporting from health facilities in his municipality.

Mr. Sejuwal has used DHIS2 data for evidence-based planning of health interventions and initiatives in Khadachakra Municipality for the last two years. While tracking trends in health service utilization, he identified poorly performing indicators in the municipality and suggested solutions to improve them during planning meetings with the mayor, deputy mayor, and Chief Administrative Officer. One of the trends he noticed in FY 2020/21 were fewer visits to pregnant and post-partum women by Female Community Health Volunteers (FCHVs), who are mobilized to make these visits to ensure the health and well-being of expectant or new mothers and their children. Furthermore, while antenatal and postnatal care check-ups are slowly on the rise, Mr. Sejuwal has identified several steps to help increase these numbers more quickly.

One of the methods to increase ante- and postnatal care check-ups is to distribute printed invitation cards and to households with expectant or new mothers. The information on the cards helps to inform decision makers within the family about the importance of these check-ups and to promote inter-generational dialogue between pregnant women or new mothers, their husbands, and their elders. FCHVs can facilitate this dialogue during their visits, which have been increased by requiring FCHVs to report on them in monthly health meetings, identifying hard-to-reach areas within the municipality, and preparing specific micro-plans to reach these remote populations.

For Mr. Sejuwal, DHIS2 has become indispensable. Not only has he become adept at using this software and teaching others how to use it, but also convincing municipal authorities to adopt evidence-based practices. In his words, "*In planning for the next fiscal year, DHIS2 data was used to show progress and lessons learned, as well as health-related issues and challenges that still exist. Elected leaders and administrative officials were able to understand the health scenario in our municipality, and they approved the proposed interventions that were created in coordination with health facilities and with technical assistance from SSBH. I will continue to use the data analytics methods I have learned to develop evidence-based planning in the future.*"

Annex 4 – Updated Organizational Chart