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# USAID's Strengthening Systems for Better Health Activity

## Year Five Annual Performance Report
## July 16, 2021 – July 15, 2022

Submitted: August 2022

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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 among 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 July 7, 2023

Submitted to: Dr. Jaganath Sharma
Agreement Officer's Representative (AOR)
USAID Nepal

Submitted by: Virginia Ellen Pierce
Chief of Party
Tel: +977-980-3977741
Email: Ellen_Pierce@SSBHNepal.org

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## Acronyms and Abbreviations

| | |
|---|---|
| CB-IMNCI | Community-based integrated management of newborn and childhood illnesses |
| CDCS | Country Development Cooperation Strategy |
| COVID-19 | Coronavirus Disease 2019 |
| DHIS2 | District Health Information Software 2 |
| eLMIS | Electronic logistics management information system |
| FY | Fiscal year |
| GESI | Gender equality and social inclusion |
| HFOMC | Health Facility Operations and Management Committee |
| HMIS | Health management information systems |
| IHIMS | Integrated Health Information Management System |
| IUCD | Intrauterine contraceptive device |
| LARC | Long-acting reversible contraceptive |
| LMIS | Logistics management information system |
| MEL | Monitoring, evaluation and learning |
| MNCH | Maternal, newborn, and child health |
| MNCH-FP | Maternal, newborn, and child health and family planning |
| MoHP | Ministry of Health and Population |
| MPDSR | Maternal and perinatal death surveillance and response |
| RDQA | Routine data quality assessment |
| SBA | Skilled birth attendant |
| SSBH | USAID's Strengthening Systems for Better Health Activity |
| USAID | United States Agency for International Development |

# Executive Summary

## Background

The United States Agency for International Development (USAID) awarded the 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.

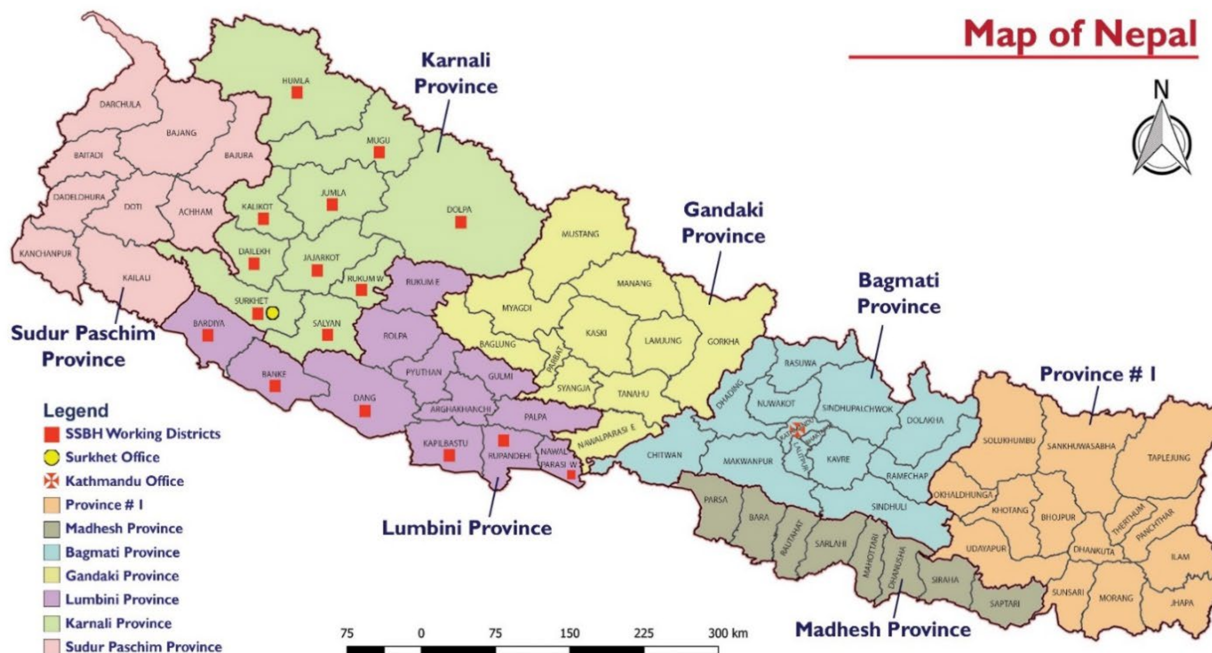
SSBH supports the Government of Nepal's efforts to improve health outcomes, particularly for the most marginalized and disadvantaged groups in the country. The Activity aims to improve health outcomes by enhancing access to and quality of maternal, newborn, and child health and family planning (MNCH-FP) services, with a special focus on newborn care. The Activity also strengthens 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 these goals by achieving three major outcomes:

- Outcome 1: Improved access to and use of equitable health care 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, presented in Figure 1, covers 138 municipalities from some of the country's most disadvantaged areas (79 municipalities in Karnali Province and 59 municipalities in Lumbini Province from the six districts of Banke, Bardiya, Dang, Kapilvastu, Nawalparasi West, and Rupandehi).

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



SSBH is pleased to present this Annual Performance Report for Year Five, covering the period from July 16, 2021 through July 15, 2022. The following sections of the Executive Summary describe achievements against planned activities and results throughout the reporting period and analyze implications of the Coronavirus Disease 2019 (COVID-19) pandemic on SSBH's progress and accomplishments. Subsequent sections describe major activities undertaken toward the achievement of Activity sub-results and outcomes; cross-cutting areas of intervention; monitoring, evaluation, and learning (MEL); and overall management. The next section covers ongoing and anticipated constraints to program implementation, safety and security issues, and major activities planned for Year Six. Annex 1 includes a matrix that presents annual achievement against the Activity's indicators. Annex 2 features two success stories.

## Selected Achievements toward Work Plan Targets and Intended Results

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

In Year Five, SSBH engaged counterparts at municipal and health facility levels to advocate for planning, policy, and programming to provide equitable health services to marginalized and unreached communities. The Activity conducted gender equality and social inclusion (GESI) training with 2,282 personnel in Year Five, three times the number of Year Four participants.

To strengthen health emergency planning, the Activity supported 65 municipalities to prepare Health Emergency and Disaster Preparedness Response Plans; 14 municipalities have fully implemented their plans. SSBH also organized workshops in 91 municipalities to facilitate their use of vulnerability assessment tools in identifying potential hazards, mapping at-risk populations, and determining municipal capacity and available resources for preparedness and response activities. SSBH supported 41 health facilities to ensure newborn services were regularly available and delivered by establishing Level I newborn care services.

**2,282**

Health workers and municipal staff trained on GESI considerations

**65**

Municipalities supported to develop Health Emergency and Disaster Preparedness and Response Plans

**41**

Health facilities across 13 districts supported to establish Level I newborn care services

**86**

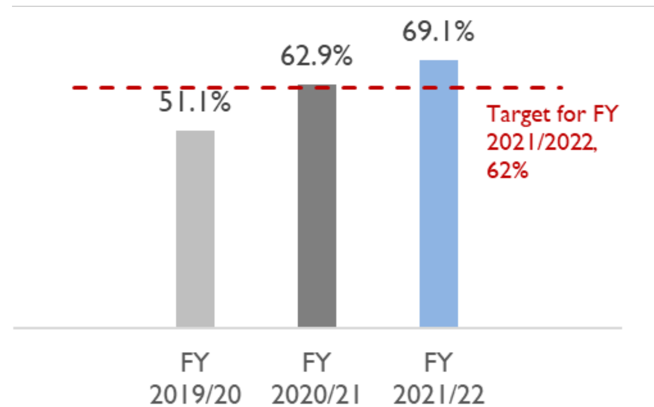
Health facilities and 18 municipalities supported to develop/update social maps

In addition to providing in-kind support to these health facilities, SSBH followed up throughout Year Five at all the sites to ensure equipment was functioning and conduct refresher coaching and mentoring as required.

Since fiscal year (FY) 2019/2020, SSBH has seen incremental increases in the use of health services by women from marginalized groups. As Figure 2 shows, the percentage of marginalized women attended by skilled health workers during their last birth increased from 51.1 percent to 69.1 percent in 2021/2022.

SSBH will continue to engage with municipal leaders and officials to ensure equitable and accessible health services in Year Six.

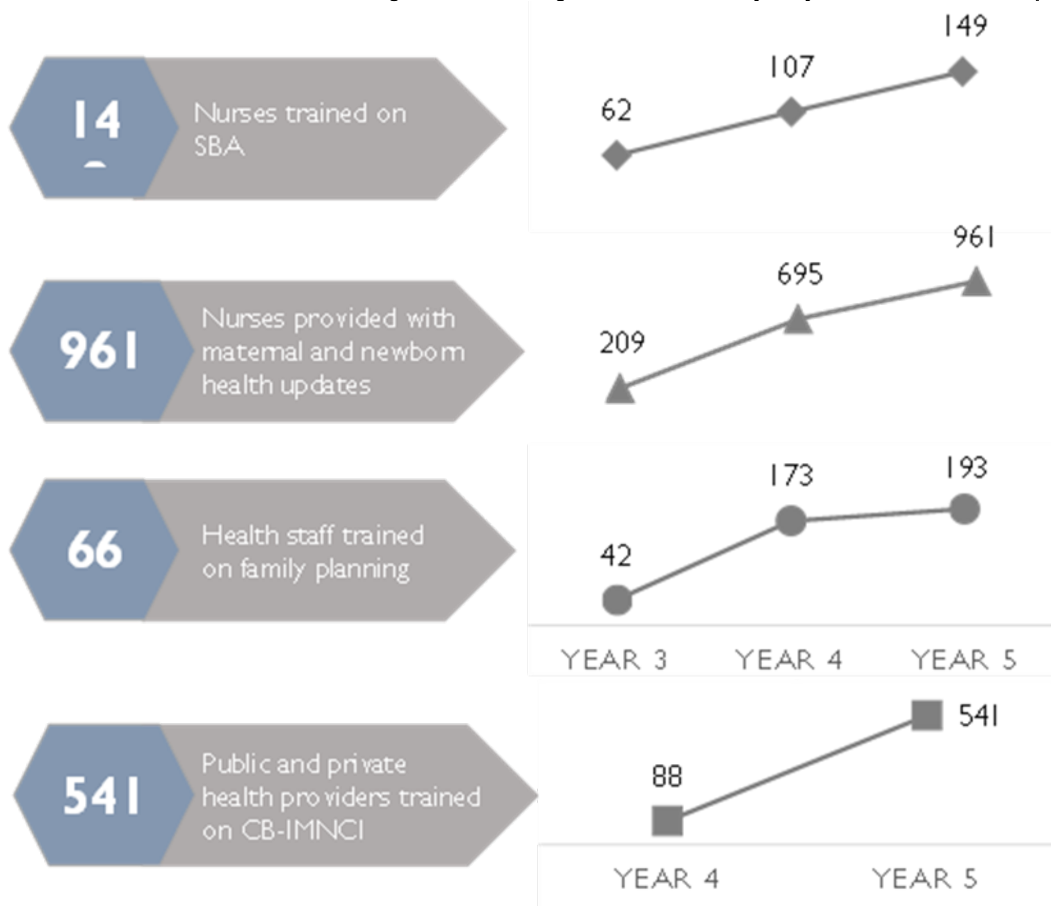
**Figure 2: Percent of women from marginalized groups attended by a skilled doctor, nurse, or midwife during their last birth**




### *Outcome Two: Improved Service Quality at Facility and Community Levels*

As Figure 3 shows, SSBH supported government counterparts to conduct training to certify skilled birth attendants (SBAs), provide long-acting reversible contraceptives (LARCs) and other FP services, manage newborn and child illnesses at community level (CB-IMNCI) for public and private sector service providers, and provide technical updates on maternal and newborn health. A total of 1,932 health workers participated in these clinical training sessions in Year Five.

**Figure 3: Number of health workers receiving clinical training in Year Five, and yearly trends in number of participants**



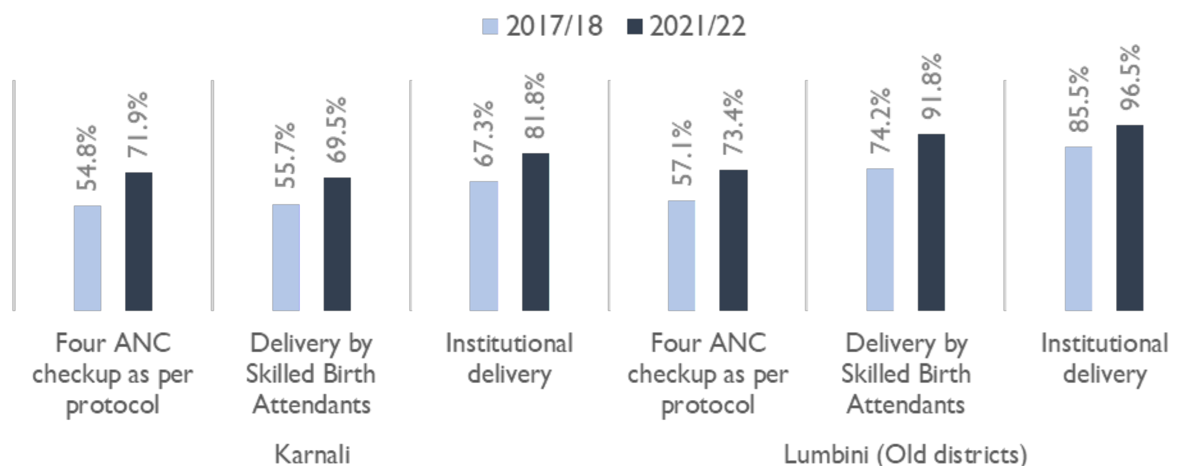
To supplement training, SSBH provides continuous follow-up in the form of clinical coaching and mentoring to strengthen health service providers' skills, knowledge, and confidence in delivering high-quality MNCH-FP services to their clients. SSBH also supported training for 10 nursing staff in *Comprehensive Newborn Care for Level II Hospitals* and a two-day orientation on maternal and perinatal death surveillance and response (MPDSR).

Figure 4 shows the changes in numbers of coaching and mentoring participants since Year Three. In Year Five, SSBH conducted 695 coaching and mentoring sessions across 518 health facilities, covering 80 percent of total health posts and primary health care centers in the Activity's working areas.

**Figure 4: Number of health workers supported with coaching and mentoring in Years Three, Four, and Five**

Since SSBH collected baseline data in 2017/2018, use of key maternal health services in Karnali and Lumbini provinces has increased, as Figure 5 illustrates. The indicators shown in the figure below are expressed as percentages of expected live births and have steadily increased since the Activity began interventions in 2017/18.

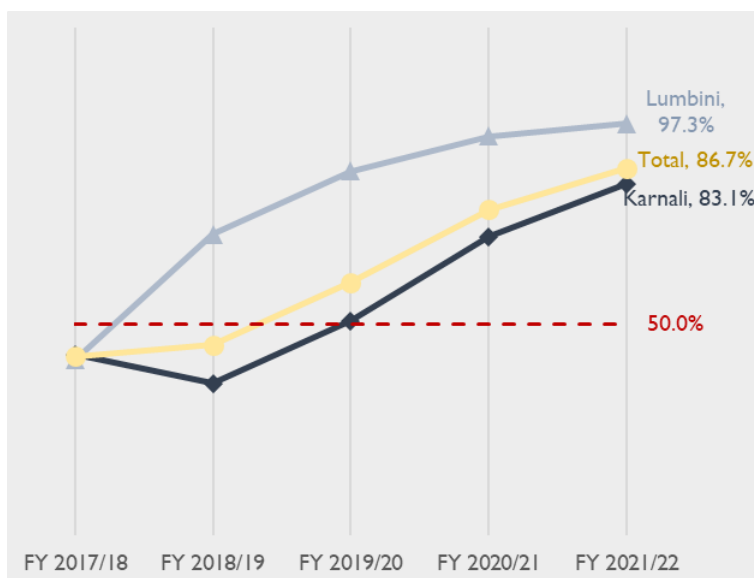
**Figure 5: Maternal health indicators of service utilization between baseline and Year Five)**




The Activity's work to enhance health facilities' readiness to deliver high-quality services has resulted in significant improvement in service readiness over time. Baseline figures obtained in 2017/2018 showed that overall, less than 50 percent of health facilities were meeting minimum standards of care. In comparison, as Figure 6 shows, almost 90 percent of the 437 health

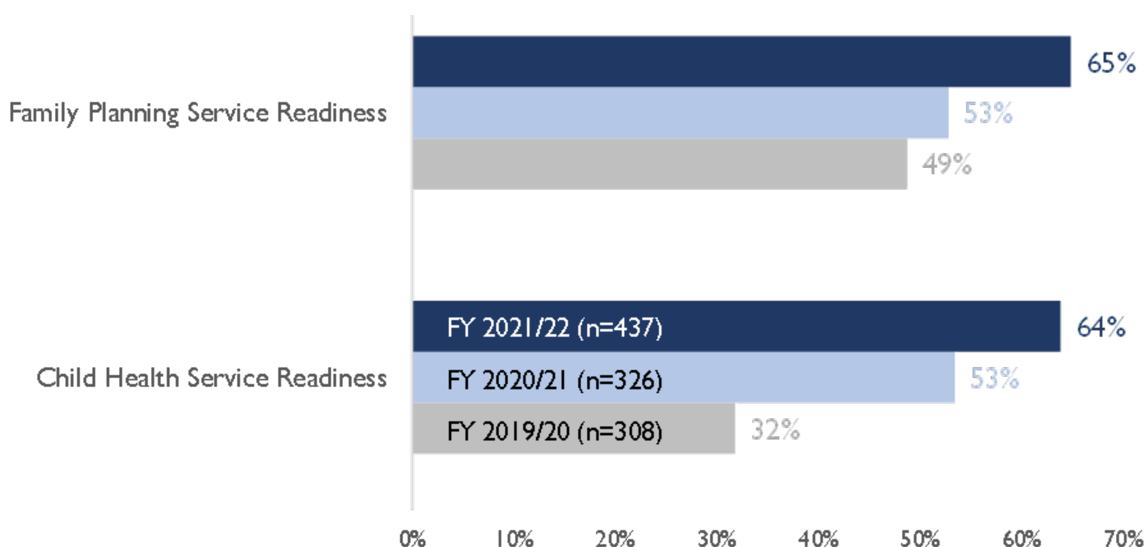
facilities surveyed in SSBH working areas now meet minimum standards readiness to deliver high-quality health services. SSBH developed a routine update tool to assess 30 items for health facility standards grouped into basic amenities, equipment, standard precaution capabilities, and medicines and commodities. In Rupandehi, Kapilvastu and Nawalparasi West districts, where baseline data was not collected in 2017/2018, almost half of the 159 assessed health facilities met the minimum standards for service readiness in Year Five.

**Figure 6: Percent of health facilities meeting minimum quality-of-care standards**

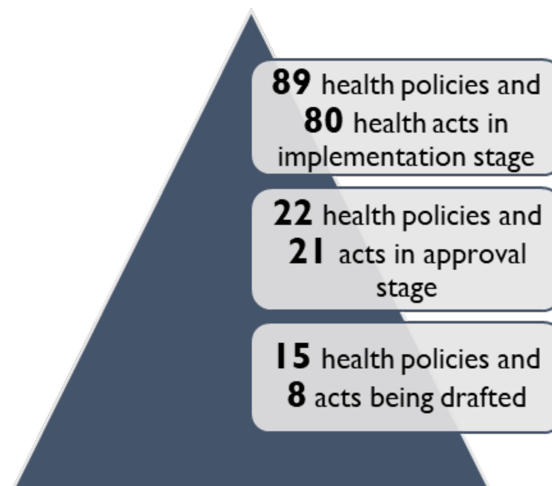



Health facilities' readiness to provide specific services, such as family planning and child health services, has also improved. As Figure 7 shows, the number of health facilities meeting all ten child health services criteria, which includes trained human resources and availability of required protocols, guidelines, drugs, and other commodities, doubled between Years Three and Five. For family planning services, 65 percent of the health facilities met all readiness criteria at the time of writing.

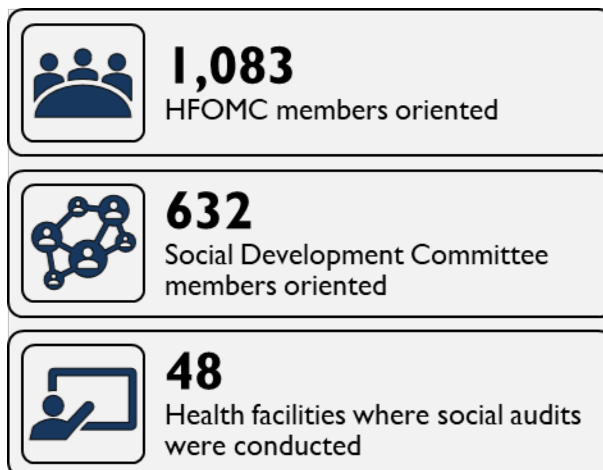
**Figure 7: Health facilities' readiness to provide family planning and child health services**



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




Throughout Year Five, as in previous fiscal years, SSBH engaged with local governments to strengthen health system governance to draft and revise health policies, acts, and guidelines at sub-national level. With SSBH support, 216 policies, health acts, and supervision guidelines are already being implemented. The Activity will continue to support health governance strengthening in Year Six. As part of this continued support, SSBH will orient newly elected leaders at municipal level to the health systems strengthening technical assistance provided by the Activity, and the roles and responsibilities of the new leaders to enhance health systems governance.




At the facility level, operation and management committees are crucial to institutionalize high-quality health services. SSBH trained 1,083 members of Health Facility Operations and Management Committees (HFOMCs) across 104 health facilities in Year Five. The Activity also supported participatory follow-up assessments for 210 HFOMCs that had received orientation in the previous fiscal year. The assessment measures gaps in health facility management and service delivery and supports action planning to close the gaps.

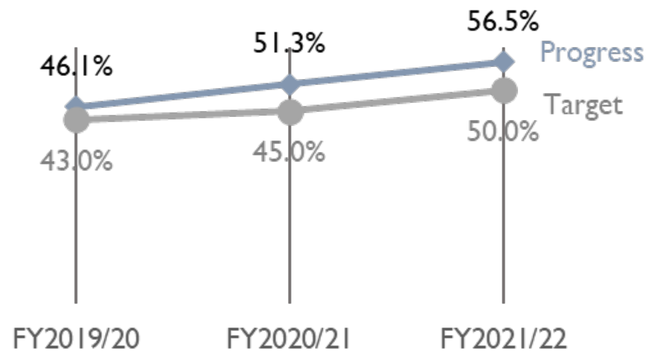
SSBH also oriented 632 Social Development Committee members on their roles and responsibilities in planning and allocating resources for health, developing inclusive health acts and policies to reflect the needs of marginalized groups, and supporting health systems' functionality.

*"When [the] new Federal system started, we were at blank state at municipal level. That is when SSBH provided substantial support to initiate, develop policies, acts, implementation plan and to enhance our capacity."*
—Health Section Chief, Kapurkot Municipality, Salyan

*"There are two aspects of support in [the] health sector: first is by providing material support and second is by improving awareness level[s]. We, the elected officials, have the responsibility to provide quality health services; but the details on what comes under our responsibility is made [clear] by SSBH, which I felt was very important."*
—Municipal Chairperson, Tatopani Rural Municipality, Jumla

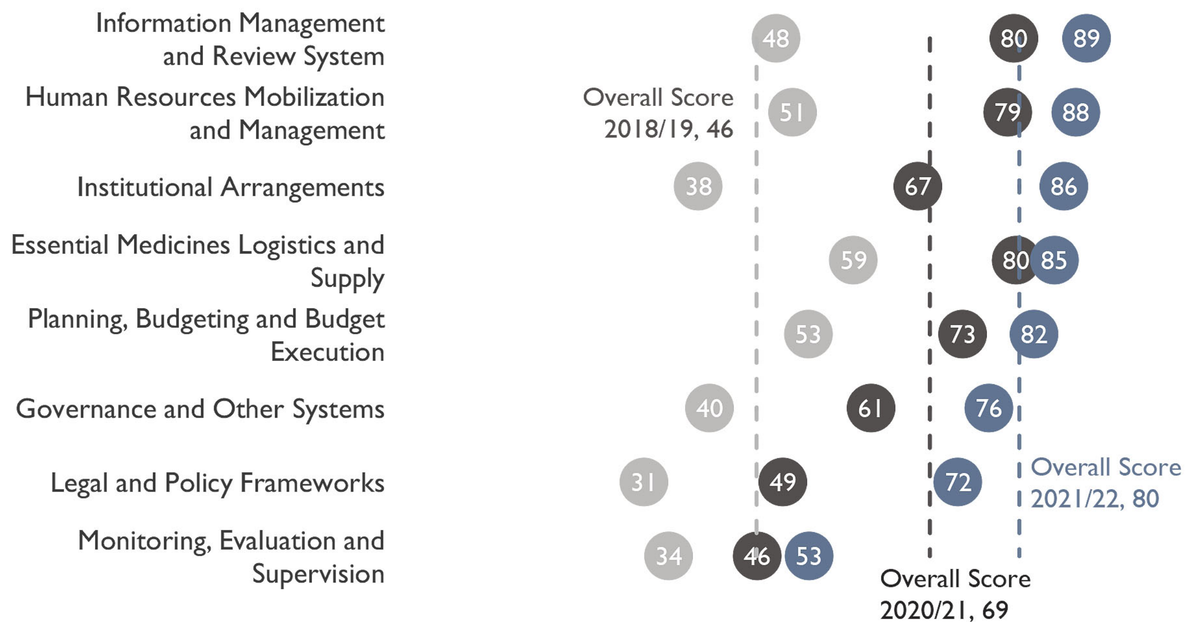
A key indicator for engaging with HFOMCs is the presence of women or members of a vulnerable group in leadership positions. This indicator has increased gradually, reaching 57 percent in Year Five across 543 health facilities in the Activity's working areas. Figure 8 illustrates progress over time for this indicator.

**Figure 8: Percentage of leadership positions in HFOMCs that are filled by women or members of vulnerable groups**




The annual Health Systems and Capacity Assessment conducted across all 138 municipalities also shows consistent improvement over the years. The participatory assessment aims to measure the status of institutional capacity and health systems functioning at municipal level. To calculate domain scores at municipal level, SSBH summed up the municipal scores for each of the eight domains, divided by maximum achievable scores for each domain, and multiplied by 100. Overall scores are averages of scores achieved by all municipalities involved in the assessment. As Figure 9 shows, domain-wise scores have consistently risen over time, which means overall scores have as well. This improvement reflects the collaborative efforts of SSBH and local government counterparts to strengthen overall health systems.

**Figure 9: Health Systems and Capacity Assessment Scores in 138 Municipalities**



***Crosscutting Intervention Areas***

To enhance local counterparts' capacity in data analysis and use, SSBH supported training for 2,456 health workers and municipal officials on health management information systems (HMIS), District Health Information Software 2 (DHIS2) and routine data quality assessments (RDQAs). This training is an essential part of strengthening the capacity of health data managers at local and health facility levels.

Beyond training, SSBH technical officers provide hands-on and virtual support to health workers and municipal officials on HMIS-related topics. During Year Five, SSBH conducted related coaching and mentoring visits at 415 health facilities. The Activity also coordinated with health sections to conduct initial and/or follow-up RDQAs in 410 health facilities—more than double the number of facilities in the previous year. Figures 10 and 11 illustrate the growing numbers of personnel and facilities equipped to use health information systems and contribute to data quality assurance.

**1,472**

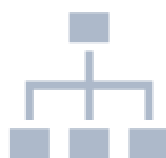
Health workers and municipal staff trained on HMIS

**654**

Health workers and municipal staff trained on DHIS2

**173**

Municipal health section officials trained on RDQA



**157**

Municipal staff trained on eLMIS/LMIS

**Figure 10: Number of health workers and municipal officials trained on HMIS, DHIS2, and RDQA: FY 2018/2019 to FY 2021/2022**

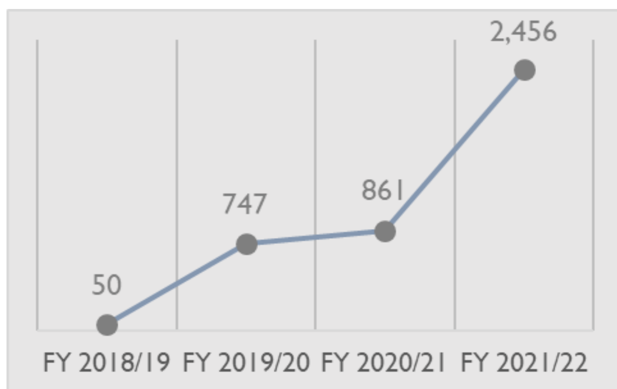



**Figure 11: Number of health facilities conducting RDQAs with SSBH support: FY 2018/2019 to FY 2021/2022**

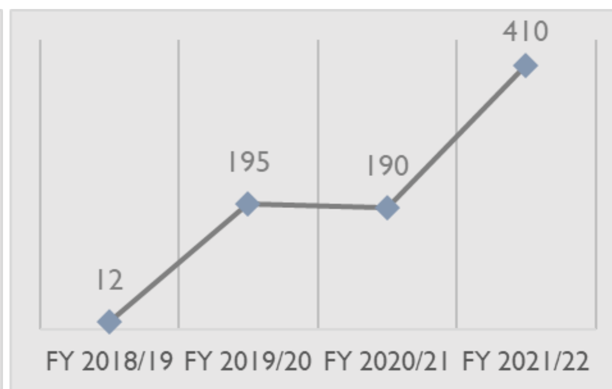


**Figure 12: Timeliness of DHIS2 reporting rates in Karnali and Lumbini provinces and the country as a whole**

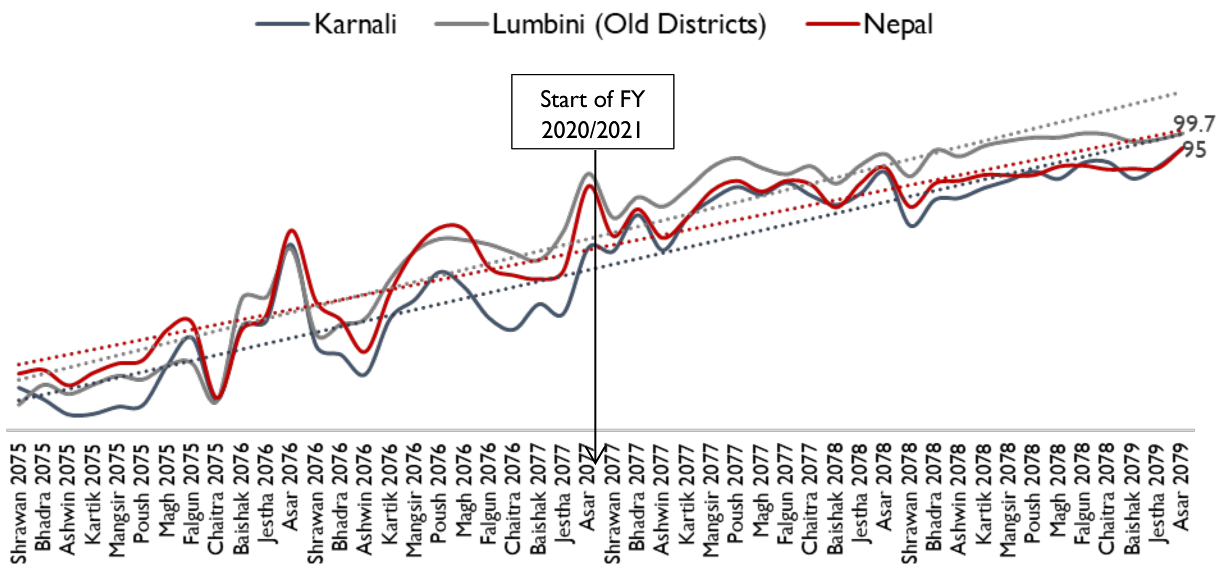



Figure 12 shows the increasing trend in timely reporting at health facilities across the SSBH working areas. Before FY 2020/2021, timely reporting rates in Karnali were lower than the national average. By FY 2019/2020, the province's reporting rates were mostly consistent with the national average and improving with each passing month. This is a significant achievement due to the various difficulties related to geography, infrastructure, and trained human resources throughout the province affecting reporting cycles. In Banke, Bardiya, and Dang districts, rates of timely reporting were consistently higher than the national average, especially after FY 2019/2020. Reporting rates at the end of Year Five stood at more than 90% for both provinces.

*"Previously my colleagues and I were unable to turn on the computer, but SSBH has made us competent in operating laptops. Now I am confident enough to facilitate my colleagues in DHIS2 data entry."* —Health Post In-Charge, Kudu Health Post, Jajarkot

## COVID-19 – Impact on Operations and Planned Activities

During the first half of Year Five, Nepal experienced a steady decline in both new cases of COVID-19 and test positivity rates in the most heavily affected areas in Kathmandu Valley and the districts bordering India. By the end of 2021, most of the isolation centers and all of the quarantine sites in the SSBH operational area had ceased operating, and there were only a few COVID-19 patients being treated in the larger hospitals (Bheri Hospital, Nepalgunj, and Surkhet Provincial Hospital) in Karnali and Lumbini provinces. By January 3, 2022, the seven-day average of new cases was down to 241.

As the Omicron variant of the virus spread globally, however, case numbers in Nepal rose steeply during the first three weeks of January 2022, with cases reaching the highest seven-day average of the pandemic—8,423—on January 25. By January 15, SSBH had temporarily halted field activities and all events not related to the health emergency and moved to remote, home-based work to comply with Government of Nepal directives to mitigate transmission of the virus. In January, SSBH recorded 60 new cases of COVID-19 among staff members despite these precautions.

After the peak of the Omicron surge in late January, cases steadily and rapidly declined until the beginning of the (relatively mild) surge associated with new, more contagious sub-variants of Omicron. The seven-day average of new cases in Nepal was at 143 by July 15, 2022, the end of this reporting period, and several staff members had contracted repeat cases of the virus. SSBH staff have continued to take the health and safety precautions outlined in the Activity's approved Risk Mitigation Plan and all staff have been working from their field-level duty stations since mid-February. All staff members were fully vaccinated before the recent surges, and none of those who contracted the virus in the past six months became seriously ill. Except for the brief hiatus in field-level activities in January, SSBH maintained the pace of activities established during the first half of the year and met most of the expected targets for Year Five.

Throughout Year Five, the SSBH Health Emergency Response Team continued supporting provincial and local counterparts to plan for and manage COVID-19 mitigation and response activities. The major areas of focus were (1) to support the government at federal, provincial, and local levels to achieve maximum coverage with COVID-19 vaccinations and (2) in December and January, to prepare hospitals and health facilities to manage the surge in new cases as the Omicron variant spread. SSBH prepares a separate monthly report on the Health Emergency Response Component, in accordance with USAID requirements.

The remainder of this report focuses on activities and results achieved under the original SSBH Program Description during Year Five. As reported previously, many Year Four activities (such as formal clinical training and on-site coaching and mentoring) were delayed or hampered due to pandemic-related restrictions, and because the health sector pivoted to focus on the COVID-19 response. Most of these activities were carried over to the Year Five Work Plan.

## Performance in Relation to Planned Activities

The following sections summarize the major activities undertaken toward achievement of each sub-result.

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

- Trained 2,282 participants on GESI topics in 85 municipalities
- Completed first drafts of Health Emergency and Disaster Preparedness and Response plans in 65 municipalities, with full implementation in 16 municipalities
- Supported 86 health facilities and 18 municipalities to develop or update their social maps

**Figure 13: Social map development at Chhumchaur Health Post, Jumla**

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

***Enhanced stakeholders' understanding of health equity measures and development of strategies to reach underserved populations***

Between October 2021 and July 2022, the Activity conducted GESI training for 2,282 participants in 85 municipalities. Training content included findings and recommendations from the *Analysis of Barriers to Utilization of MNCH-FP Services* report (developed by SSBH in FY 2018/2019) to advocate for municipal planning, policy, and program implementation to provide health services to marginalized and unreached communities. A key message from the GESI training is that gender, caste, ethnicity, location, and other factors of exclusion are interlinked and require an intersectional and integrated approach to address them.

After local elections in May 2022, the Activity targeted its municipal-level GESI training toward newly elected level representatives. As a result, training planned for municipal health staff, municipal committee members, and other local stakeholders will carry over into Year Six. Senior officials from the GESI section of Ministry of Health and Population (MoHP) participated as observers at the GESI training in Kohlpur, Banke District; they remarked on the need to scale up GESI activities in the health care system and showed their enthusiasm for doing so. In Year Six, SSBH will work with the MoHP to review the GESI training manual to ensure it incorporates Government of Nepal priorities—especially mechanisms to combat gender-based violence—with

the aim of producing an approved manual for use as a training resource to integrate GESI activities in the health sector.

The Activity also organized follow-up sessions on GESI activities at the municipal level to reflect on major progress, challenges, and opportunities for mainstreaming GESI in the catchment areas. This was an opportunity to refresh commitments and action plans municipal authorities had developed during the training and discuss changes in the approaches to increase access to health care services. Local governments have been working on the following commitments, as outlined in their municipal action plans:

- Establishing social security funds (some municipal authorities) for people with disabilities and women from marginalized groups
- Using social mapping tools to identify marginalized communities within constituencies
- Establishing community health units in remote or hard-to-reach areas
- Collecting, analyzing, and using disaggregated data for evidence-based planning and budgeting
- Increasing the number of women from marginalized communities attended by doctors, nurses, or midwives during labor
- Filling HFOMC leadership positions with women or representatives from vulnerable groups
- Developing inclusive health acts and policies

***Continued to deliver customized technical assistance at the municipal level***

In Quarter One of Year Five, the Activity reviewed and revised the customized technical assistance plans in all 10 districts of Karnali Province and Banke, Bardiya, and Dang districts of Lumbini Province. These plans encompass technical assistance, training, coaching, mentoring, and in-kind support to ensure the delivery of high-quality MNCH-FP services for better health outcomes. SSBH shared the updated plans with Health Offices, municipal authorities, and other relevant stakeholders at district and municipal levels and provided technical assistance throughout the fiscal year. The Activity also finalized municipal technical assistance plans in Kapilvastu, Rupandehi, and Nawalparasi West Districts after completing Health Systems and Capacity Assessments and rolling out the Minimum Service Standards at the health post level.

***Strengthened referral mechanisms for obstetric and newborn care***

SSBH provided technical support to develop guidelines for an Emergency Fund in four municipalities of Dolpa, Humla, and Salyan districts, where the Activity provided an orientation to municipal authorities and HFOMCs on the importance of developing mechanisms to ensure timely referral of maternal and newborn emergencies. After the local level elections in May 2022, the Activity coordinated with the Health Service Office in Dailekh District to hold a referral systems workshop for deputy mayors, health coordinators, and public health nurses from 11 municipalities, medical officers and nursing staff from Dailekh District Hospital, and eight new HFOMC members. Participants reviewed the existing referral process, defined the roles and responsibilities in a functional referral system, and discussed recommendations for timely referrals.

In all of the above districts, elected leaders committed to strengthen the referral system in their municipalities, allocate required funds for emergency obstetric care, and build effective communication channels with referral sites. In Humla District, SSBH provided technical support to establish an emergency obstetric care fund and oversight committee in Simkot Rural Municipality. This includes support in the use of the *Ambulance Nepal* mobile application to

connect health facilities and families with ambulance services at the local level, as well as covering transportation costs where ambulances may not be available.

In Lumbini Province, SSBH helped strengthen referral mechanisms by facilitating meetings between nursing staff and health coordinators in Thakurbaba, Bansgadhi, and Barbardiya municipalities (Bardiya District) and staff from the labor ward at Nepalgunj Medical College Teaching Hospital. SSBH conducted joint visits with nursing administrators and superintendents of Bheri and Bardiya hospitals to enhance communication and develop a functioning referral system for maternal and newborn cases. In Ghorahi and Tulsipur sub-metropolitan cities of Dang District, 38 health workers attended the referral systems workshops, where they discussed the effective use of emergency obstetric care funds and identified referral focal persons at Rapti Provincial Hospital, the highest-level referral site for both sub-metropolitan cities.

The Activity also coached health workers from 15 health facilities on the use of referral slips and subsequent recording and reporting protocols to strengthen their capacity for decision-making and managing maternal and newborn emergencies. In Banke, the Activity supported the health office to form a district-level referral coordination committee and conducted joint monitoring visits with the public health nurse at the Health Office to review municipal and facility-level referral mechanisms. The visits revealed a strengthened system of communication between referring and referral sites, due in part to the presence and activities of the referral coordination committee.

***Strengthened planning for health emergency preparedness and response***

In Year Five, the Activity organized a workshop in Sunawal Municipality (Nawalparasi West) to facilitate development of the municipality's Health Emergency and Disaster Preparedness and Response Plan. Participants included the Disaster Management Committee, municipal executives, and external development partners, who used vulnerability assessment tool to identify vulnerable groups and geographic areas of greatest risk. As a result of the workshop, municipal authorities formed a technical working committee to draft the plan. SSBH provided technical assistance, when required, to support drafting, review, and finalization of the plan.

The Health Emergency and Disaster Preparedness and Response Plan in Sunawal Municipality was a prototype for SSBH support for first drafts of similar plans in 65 municipalities and full implementation in 16 municipalities. SSBH supported submissions of final draft plans in 15 municipalities and helped incorporate the health emergency component for these plans in 35 municipalities where external development partners are leading the drafting process. SSBH also organized workshops at 91 municipalities to enable disaster management committees, municipal executives, elected leaders, and other stakeholders to use vulnerability assessment tools. These tools help to identify potential hazards, map at-risk populations, and determine municipal capacity and resources available for preparedness and response. The results of the vulnerability assessments help municipalities develop their plans.

At the provincial level, the Activity served on a technical working committee led by the Ministry of Internal Affairs and Law in Karnali. In this capacity, SSBH supported drafting and finalizing the "Health and Nutrition" and "Monsoon Preparedness segments" of the Disaster Preparedness and Response Plan for Karnali Province.

***Supported municipalities, health facilities, and hospitals to ensure that newborn services are regularly available and delivered***

SSBH supported the establishment of Level I newborn care in 41 health facilities of 13 districts. At all these sites, the Activity provided onsite coaching to nursing staff in essential newborn care and resuscitation of asphyxiated babies by demonstrating the use of resuscitation kits and newborn warmers on NeoNatalie simulators. The Activity also provided in-kind support to help these facilities establish "Newborn Corners" with basic supplies to improve the quality of maternal and newborn care services, including resuscitation tables with warmers, digital weighing scales, an Ambu bag with two sizes of masks, baby stethoscopes, penguin suction devices, room thermometers, and room heaters, along with sterile gloves, cord clamps, and baby-sized wrist identification tags. Equipment for maternal care includes examination tables with mattresses for antenatal care and delivery beds that can be raised to allow a semi-seated position.

SSBH conducted follow-up throughout Year Five at all the sites supported with Level I newborn care capacity and equipment. Follow-up confirmed that equipment was functioning and included as needed refresher coaching and mentoring. Health facilities in the mountainous regions of the north reported that baby warmers were particularly useful in saving newborns from hypothermia, and that coaching and mentoring helped health workers resuscitate asphyxiated newborns.

In Karnali Province, the Activity supported the Health Directorate to conduct a six-day training on *Comprehensive Newborn Care for Level II Hospitals* for medical officers and nursing staff at Dailekh Hospital. Level II neonatal cases require more care and attention than normal, healthy newborns classified as Level I and require specific skills training to help hospital staff manage these more complicated cases. SSBH conducted a follow-up visit to Dailekh Hospital to review Level II services and provide refreshers and updates as necessary on how to manage newborn complications. SSBH plans further follow-up in Quarter One of Year Six.

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

***Engaged communities to improve service utilization***

The Activity supported 86 health facilities and 18 municipalities to develop or update their social maps. These maps are used to identify ward level-geographic areas where marginalized or hard-to-reach communities reside, so that the respective health facilities, HFOMCs, and municipal authorities can include initiatives in municipal micro-planning to enable health services to reach these communities.

In several municipalities, the Activity conducted and participated in programs to raise awareness and celebrate initiatives. In Rukum West District, for example, SSBH helped organize a poem and quiz competition to promote youth awareness for Family Planning Day. Activities such as these promote health services to communities and encourage people to seek care when they need it. At Narayan Health Post in Dailekh District, SSBH supported the establishment of a family planning counseling corner, which provides information on family planning methods to community members and encourages interactions with female community health volunteers to discuss how to seek these services.

The Activity held similar programs in Simkot Rural Municipality (Humla District) and Chaukune and Simta Rural municipalities (Surkhet District) during Nepal's Female Community Health Volunteer Day celebrations. In Thantikandh and Aathbis Municipalities of Dailekh District, the Activity helped organize folk song competitions highlighting women's empowerment and encouraging equity and inclusive practices on International Women's Day.

SSBH coordinated with local FM radio stations in Dolpa and Nawalparasi West Districts to broadcast public service announcements about the importance of family planning and the five recommended family planning methods: condoms, pills, implants, intrauterine contraceptive devices (IUCDs), and three-monthly injections. The announcements also listed health facilities and their locations to inform people where these family planning methods were available.

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

- Supported rollout of Minimum Service Standards in 269 health facilities across both provinces
- Conducted onsite clinical coaching and mentoring sessions for 3,238 service providers
- Provided clinical training for 1,932 health workers

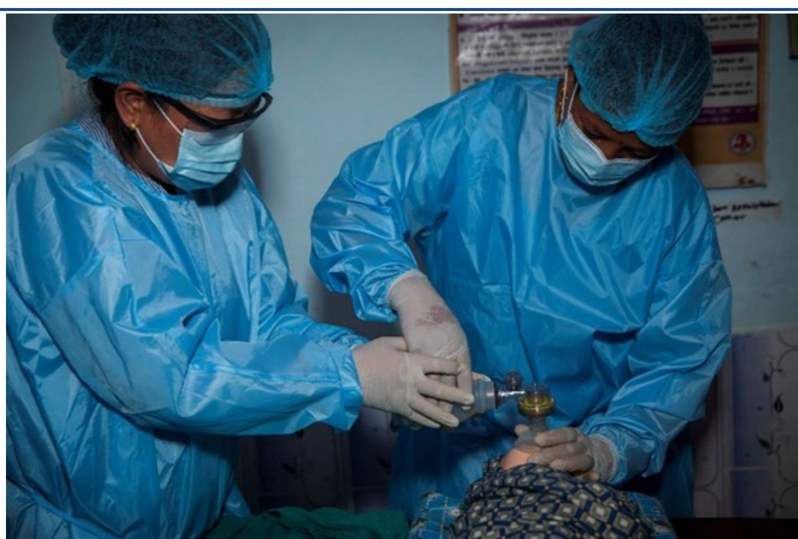


Figure 14: Onsite coaching and mentoring on resuscitation of asphyxiated newborns Pakha Health Post, Kalikot

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

***Supported functionality of quality assurance approaches, processes, and tools in municipalities and health facilities***

In Year Four, the Activity conducted orientation sessions for municipal health section chiefs and other members of local Social Development Committees in Karnali and Lumbini provinces to establish Municipal Quality Assurance Working Committees. The role of these committees is to enhance health service providers' knowledge and understanding of the mechanisms outlined in the national quality assurance guidelines, raise awareness of the importance of quality assurance in health, and outline municipal officials' responsibilities in ensuring quality of care in the facilities under their jurisdiction.

In Year Five, the Activity facilitated the establishment of Municipal Quality Assurance Working Committees in 47 municipalities. SSBH also facilitated quarterly meetings with municipal

authorities to discuss and revise action plans to address the issues of quality of care in respective health facilities. Field staff facilitated meetings to support quality assurance and quality improvement committees during coaching and mentoring sessions, HFOMC meetings, and sessions to support the adoption of Minimum Service Standards in facilities. After local elections in May 2022, the Activity also oriented new HFOMC members on their roles and responsibilities related to quality assurance.

Also in Year Five, the Activity helped the MoHP Quality Standard and Regulation Division draft implementation guidelines for the National Health Quality Assurance Framework. SSBH conducted a consultative meeting to share the draft and obtain feedback, which was incorporated in a revised set of guidelines and submitted to the Quality Standard and Regulation Division for approval. That approval is expected in Quarter One of Year Six.

***Supported introduction of the Minimum Service Standards for Health Posts***

In Year Five, the Activity supported the introduction and rollout of Minimum Service Standards in 269 health facilities across both provinces. SSBH familiarized members of Municipal Quality Assurance Working Committees and HFOMCs, and health facility staff, with the concepts, objectives, methods, scoring processes, and tools to implement the standards these standards. The participants performed self-assessments, identified gaps in meeting the minimum standards, ranked their health facilities using color codes, and developed action plans. SSBH also coordinated with the Karnali Province Ministry of Social Development to conduct a two-day training-of-trainers event at the district level to increase use of Minimum Service Standards at municipal and health facility levels.

**Figure 15: Minimum Service Standards scoring process at Kaprichaur Health Post, Surkhet**

Throughout the year, the Activity visited 109 health facilities to reassess their scores in governance and management, clinical service management, and health post support s ervice management. Most facilities showed improved scores in these categories, but improvement varies across categories and geography. This suggests a need to expand the reassessments to establish a better picture of health facilities' adherence to Minimum Service Standards. SSBH plans to do this in Year Six.

***Continued expansion of certified clinical training sites***

In Year Five, the Activity explored the possibility of establishing Rapti Provincial Hospital in Dang District as a training site for Skilled Birth Attendants (SBAs) and administering LARC (IUCDs and implants). In coordination with UK-funded Nepal Health Sector Support Program and officials from the National Health Training Center, SSBH conducted a two-day site assessment of existing MNCH-FP services. The National Health Training Center reviewed the

findings and accredited Rapti Provincial Hospital as a skilled birth attendance and LARC training site in Quarter Two.

The Activity team also visited existing training sites at Lumbini Provincial Hospital in Butwal and Bhim Hospital in Bhairahawa to identify any areas requiring quality improvement support. Throughout Year Five, SSBH provided a mix of technical assistance and in-kind support (laptops, projectors, screens, writing boards, simulation models, and medical equipment).

### Sub-result 2.2: Quality Services Delivered by Facilities and Providers in the Public and Private Sectors

#### ***Ensured the availability of updated clinical guidelines, standards, and protocols at municipal and health facility levels***

During technical working group meetings, the Activity worked with national-level counterparts in the Department of Health Services and the Family Welfare Division, along with other implementing partners, to develop guidelines for antenatal to postnatal continuum of care. SSBH continued to disseminate clinical standards and other normative guidelines for maternal and newborn health, reproductive health, and family planning to public and private health facilities throughout Year Five. Materials included Birth Preparedness Package flipcharts; reproductive health clinical protocols for nurses, paramedics, and doctors; and maternal and newborn health job aids.

In Quarter Four, the MoHP endorsed the *National Medical Standard for Reproductive Health and Maternal and Newborn Care, Volumes I and III*. The Activity printed and began distributing the volumes to public health facilities in Karnali and Lumbini; distribution should be complete by the middle of Year Six.

#### ***Supported reviews of maternal and perinatal deaths and near-miss cases to identify and support remedial actions***

In Year Five, the Activity provided the Family Welfare Division with technical support to organize two-day orientation sessions on hospital- and community-based MPDSR and recording of near-miss cases in Karnali and Lumbini provinces. Participants included MPDSR program committee members, doctors, nurses, medical recorders, and public health nurses.

SSBH clinical team members participated in MPDSR committee meetings at select facilities in ten districts to review cases, assess service providers' records and responses, and suggest improvements. SSBH worked with hospital managers to promote functionality of MPDSR committees and scheduling of timely meetings following notification of maternal deaths. The Activity provided orientation to MPDSR committees on updated guidelines and facilitated the development of action plans to address gaps in service delivery identified during the review sessions.

In Lumbini Province, the Activity provided the Provincial Health Directorate with technical support to organize onsite coaching and mentoring on MPDSR and near-miss cases at Bheri Hospital, Nepalgunj Medical College and Teaching Hospital, Bardiya Hospital, Prithvi Chandra Hospital in Nawalparasi, Bhim Hospital in Bhairahwa, Lumbini Provincial Hospital, and Siddhartha Children and Women's Hospital. This orientation targeted MPDSR committee members, nurses, and doctors. Bardiya Hospital and Siddhartha Children and Women's Hospital both received SSBH support to form MPDSR committees.

At district level, the Activity provided Health Service Office of Jumla with technical support to organize a one-day orientation on hospital-based and community-based MPDSR and near-miss cases at the Karnali Academy of Health Sciences. The 16 selected participants included MPDSR program committee members, doctors, nurses, medical recorders, and public health nurses. SSBH facilitated a similar orientation with MPDSR committee in Humla District. The Activity also supported the formation of a MPDSR committee at Rapti Provincial Hospital, in accordance with new federal guidelines.

At Kalikot Hospital and Rapti Provincial Hospital, the Activity supported MPDSR committees to review cases of maternal, neonatal, and perinatal death. Based on the investigation and identified causes of death, SSBH assisted the committees to develop action plans to respond to and prevent future maternal and perinatal deaths. In Year Six, SSBH plans to include a review of data on maternal and perinatal death in discussions with Municipal Quality Assurance Working Committees and HFOMCs to help these districts improve quality of care at the local level.

***Enhanced service providers' skills to deliver high-quality MNCH-FP services***

Throughout Year Five, the Activity conducted onsite clinical coaching and mentoring to help 3,238 service providers enhance skills, decision-making, and readiness to provide high-quality MNCH-FP services. Coaching and mentoring focused on family planning counseling, antenatal care, partograph use, essential newborn care, newborn assessment, newborn resuscitation, infection prevention and control, CB-IMNCI, waste management, and management of preeclampsia, eclampsia, and postpartum hemorrhage. Coaching sessions included a theory component plus demonstrations, hands-on skills practice with simulators, and discussions to clarify participants' doubts or concerns. SSBH also supported formal clinical training for 1,932 health workers, listed in Table 1.

**Table 1: SSBH Clinical Training Programs Completed in Year Five**

| Topic | Time Frame | Training Sites | Participants |
|---|---|---|---|
| Skilled Birth Attendance | July - October 2022 (2 batches) | KAHS, Chandannath, Jumla<br>Rapti Provincial Hospital, Tulsipur | 20 |
| Implant Services | August - September 2022 (4 batches) | Family Planning Association of Nepal, Dang<br>Family Planning Association of Nepal, Rupandehi | 16 |
| IUCD Services | August 2022 (1 batch) | Family Planning Association of Nepal, Rupandehi | 4 |
| Family Planning Counseling, Service Delivery, and Decision-Making | July - September 2022 (7 batches) | Family Planning Association of Nepal, Dang<br>Family Planning Association of Nepal, Rupandehi | 96 |
| Maternal and Newborn Health Updates | July - September 2022 (6 batches) | Municipalities in the following districts:<br>• Rupandehi<br>• Dang<br>• Bardiya<br>• Mugu<br>• Dailekh | 116 |
| Non-scalpel Vasectomy Services | September - October 2022 (2 batches) | Family Planning Association of Nepal, Dang<br>Family Planning Association of Nepal, Rupandehi | 4 |
| | | **Total participants, formal clinical training** | **256** |

Monitoring of comprehensive family planning counseling practices among trained health workers includes assessments of their compliance with U.S. family planning and abortion requirements. During routine visits for coaching and mentoring, SSBH's field-based MNCH-FP Technical Officers review and monitor facility-level family planning services, checking the availability of services, supplies, and educational materials and assessing referral practices. Kathmandu and provincial-level technical staff completed family planning compliance monitoring forms during field visits to municipalities and health facilities, based on the Compliance Monitoring Plan. Assessment teams did not file any reports of non-compliance with family planning or abortion requirements during this reporting period.

## Sub-result 2.3: Improved Patient Experience of Care

***Initiated implementation of "patient experience of care" principles in approaches to quality assurance***

In the previous fiscal year, SSBH developed a concept paper based on the global literature on patient experience of care. The paper outlines an approach to improve women's experiences with MNCH-FP services in Nepal and plans for piloting this approach in selected facilities in the SSBH operational area. The aim is to develop an evidence-based intervention to make maternal and newborn care services more welcoming, responsive, and acceptable for women, families, and communities. The intervention is conceptualized in four stages: (1) problem identification; (2) analysis and action plan development; (3) implementation of the planned activities; and (3) monitoring and evaluation.

In Year Five, the Activity selected 16 health posts (one in each of the SSBH operational districts) for the pilot intervention, based on visits to determine that facility staff and HFOMC members were ready and willing to participate. SSBH provided an orientation to HFOMC members and facility staff to initiate the four-stage process for improving patients' experience of care while accessing MNCH-FP services.

As of this reporting period, selected health facilities have completed action plans in Humla, Jajarkot, Jumla, Kalikot, Kapilvastu, Nawalparasi West, and Mugu districts, while implementation of the action plans has commenced in Banke, Dailekh, Dang, Rukum West, Rupandehi, Salyan, and Surkhet Districts. In Year Six, SSBH will implement a participatory training module to sensitize health workers, HFOMC members, and health section chiefs to the importance of client experiences in improving care seeking behaviors, and to enhance their skills in positive provider-patient interactions. SSBH will also evaluate the effectiveness of the pilot initiative in (a) enhancing patients' experience when seeking and receiving care in participating facilities, and (b) improving utilization of MNCH/FP services.

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

- Oriented 1,083 HFOMC members from 104 health facilities
- Oriented 632 Social Development Committee members in 38 municipalities
- Supported 16 municipalities to conduct social audits of 48 health facilities

Figure 16: Pre-planning meeting for annual planning and budgeting in Chhayanath Rara Municipality, Mugu

### Sub-result 3.1: Improved Governance and Accountability at Subnational Levels

***Supported development and dissemination of health-related policies, acts, regulations, and strategies to strengthen systems that track health sector performance***

The Activity continued to support policy consultation meetings to draft or revise health policies and acts at the municipal level. As of Quarter Four of Year Five, 89 health policies and 80 health acts were in the implementation stage and 22 SSBH-supported health policies and 21 health acts were at the approval stage. Another 15 health policies and eight health acts are being drafted with SSBH support.

SSBH also supported data analytics, presentation preparation, and action plan development at the municipal level during periodic health review meetings. The Activity uses municipal monthly review meetings as a forum for group coaching, data verification, and information sharing. The Activity also supported municipalities and health offices at district level to draft and finalize annual reports.

In Karnali and Lumbini provinces, the Activity supported the drafting of health strategies and implementation plans by facilitating policy consultation meetings to review technical documents, analyze data, and identifying priority activities:

- In Lumbini, SSBH supported the development and implementation of operational guidelines for the Sickle Cell Anemia Counselling Centre, drafting of the provincial action plan to combat antimicrobial resistance in hospitals, and drafting of the provincial hospital Equipment Audit Guideline and Quality Improvement Strategy.
- In Karnali, the Activity supported the development of a mental health strategy and implementation guidelines for telemedicine services.

In each province, the Activity supported the Ministry of Social Development to develop an annual work plan and budget by supplying health service data for evidence-based planning and helping draft the implementation guidelines.

To strengthen monitoring and evaluation systems, SSBH has supported municipal technical working groups to draft monitoring, evaluation, and supervision guidelines. By the end of Year Five, 51 municipalities had implemented the guidelines and 23 municipalities were awaiting approval of the guidelines. In Year Six, SSBH will support implementation in another 37 municipalities where the guidelines are in the analysis, stakeholder consultation, or drafting and revision stages.

***Continued to facilitate establishment and functionality of local committees responsible for health sector management and performance***

SSBH supported orientation for 632 Social Development Committee members from 38 municipalities, reviewing their roles and responsibilities in health planning and resource allocation, developing inclusive health acts and policies to reflect the needs of marginalized groups, and supporting the functionality of health systems. SSBH also supported two-day orientations in 104 health facilities to operationalize HFOMCs. Criteria for functionality include holding regular monthly meetings and conducting semiannual self-evaluations.

In total, the Activity oriented 1,083 HFOMC members on their roles and responsibilities in health service management, supplies of essential drugs and equipment, and monitoring the status and quality of health service delivery. SSBH also assisted HFOMC members to conduct self-assessments, identify gaps, and develop action plans. In Nawalparasi West and Rupandehi Districts, the Activity supported district-level training of trainers on HFOMC development.

For 210 HFOMCs that had received orientation in Year Four, SSBH supported participatory follow-up assessments of functionality, including a self-guided tool to gauge HFOMC performance in health facility management and service delivery before and after receiving the orientation from SSBH. Based on this updated self-assessment, HFOMCs revised their action plans to reflect new or urgent priorities, such as prioritizing the client exit interview tool—a useful method of gathering information from individuals who have recently used health services. Results from these interviews may be used to inform future health acts and policies.

***Promoted the use of technology and governance accountability tools to enhance service delivery, use, and management.***

In Year Four, SSBH and Nyaya Health Nepal visited hospitals in Rukum West, Dailekh, Kalikot, Mugu, Dolpa, and Humla districts for a preliminary assessment of hospital readiness to implement electronic health records, a system that collects patient records in a central database to allow medical departments to readily access and share information with referral sites. After preliminary assessments and piloting at Mehelkuna Hospital in Surkhet District, the Ministry of Social Development in Karnali Province allocated funds for procurement

**Figure 17: Electronic health records at Mugu District Hospital**

and other implementation activities in Year Five. As of the end of the fiscal year, Mehelkuna Hospital and district hospitals in Dailekh, Rukum, Kalikot, Mugu, Dolpa, and Humla have procured the equipment and begun implementation. SSBH plans to follow up with these sites during the first quarter of Year Six and will develop a detailed report on feedback from hospital staff and patients about the efficacy of electronic health records.

In Birendranagar Municipality of Surkhet District, the Activity supported implementation of AamaKoMaya, a mobile application that enables health workers to track the progress and care of their pregnant patients and those who have recently delivered babies. The application allows providers to watch for danger signs and conditions requiring urgent medical attention or referral. SSBH trained municipal authorities, health workers, HFOMC members, and female community health volunteers in Birendranagar Municipality to use AamaKoMaya; 3,366 pregnant women were enrolled by the end of Year Five. SSBH is monitoring the use and effectiveness of this application to prepare a report for Birendranagar Municipality by the middle of Year Six.

The Activity coordinated with 16 municipalities to conduct social audits of 48 health facilities. SSBH provided orientations for Social Development Committees, which have specific responsibilities for planning, management, and oversight of health sector programs and for advocating for adequate resource allocation for health during the annual planning and budgeting process. SSBH mobilized the social auditors to conduct the audit, which involves observing health facilities, analyzing health data and client exit interviews, conducting focus group discussions with service recipients, and hosting a public gathering to share findings. Based on the findings, the auditors prepared action plans for HFOMCs and municipal authorities, which received support from SSBH to implement the plans. In Kalikot and Mugu Districts, the Activity also supported two municipalities to follow MoHP guidelines and conduct social audits after municipals authorities released the necessary funds.

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

***Supported municipalities to execute FY 2078/2079 annual plans and prepare FY 2079/2080 plans and budgets.***

SSBH supported 51 municipalities to prepare their operating calendars for FY 2078/2079 (2021/22). The calendars allow municipalities to select and implement priority activities every month and minimize duplication of activities between municipalities and external development partners.

As a part of the execution of FY 2078/2079 annual plans, the Activity supported municipalities in Karnali Province to develop program implementation guidelines. Federal and provincial program implementation guidelines govern activities funded through conditional grants, but there were no specific local guidelines for activities funded with municipal resources. The new? local guidelines developed with SSBH support provide a detailed description of the process for activity implementation, recording, and reporting, and highlight responsible parties and allocated budgets.

After the local elections in May 2022, SSBH supported pre-planning meetings in preparation for FY 2079/2080 (2022/23) planning and budgeting in 111 municipalities of Karnali and Lumbini provinces. The Activity oriented newly elected municipal representatives on their roles during the Government of Nepal's seven-step process for municipal planning and budgeting. Health

section chiefs shared gaps and challenges facing their municipalities, as identified during orientations on the use of Minimum Service Standards, HFOMC meetings, onsite coaching and mentoring sessions, RDQAs, municipal review meetings, and routine field observations. Municipal Executive Committee members prepared annual work plans based on prioritized needs and committed to focusing budget allocations on marginalized and hard-to-reach populations. This pre-planning support from SSBH helped new municipal representatives prepare evidence-based annual plans and budgets in a timely fashion.

## Sub-result 3.3: Strengthen Management and Performance Improvement Processes

### *Strengthened local capacity for forecasting, procurement, and supply chain management*

At the start of Year Five, SSBH hired consultants to facilitate two training programs: a three-day course on basic health logistics (693 participants) and a two-day course on procurement and forecasting (319 participants). The Activity completed basic health logistics training for municipal health section chiefs, deputy chiefs, and focal persons of medical stores in all health facilities across all 10 districts of Karnali Province. SSBH conducted both programs in coordination with the Karnali Province Health Directorate.

### *Supported enhancement of technical, managerial, and leadership capacity*

The Activity conducted health system strengthening coaching and mentoring for 73 facilities in Jajarkot, Salyan, and Banke Districts, focusing on HFOMC functionality, store management, and accountability tools such as citizen charters, social maps, organograms, and behavior change communication materials. At the federal level, SSBH helped develop three training modules to strengthen local government capacity for the effective delivery of high-quality health services. The training modules will also enhance the capacity of health section chiefs to address health system issues they face in their day-to-day work. The Activity met with the National Health Training Center, Department of Health Services, and Ministry of Federal Affairs and General Administration to draft and revise the training content and plan for a pilot training program in Karnali Province in Year Six.

# 4. Cross-Cutting Program Elements

- Trained 1,472 health workers on HMIS
- Trained 654 health workers on DHIS2
- Coached and mentored 698 health workers on analysis and interpretation of HMIS and DHIS2 data
- Trained 79 health providers from 57 private health facilities on CB-IMNCI

Figure 18: DHIS2 coaching at Shubha Kalika Rural Municipality in Kalikot

## 4.1 Private Sector Engagement

***Supported finalization of private health sector regulatory guidelines for Karnali Province***

In Year Five, the Activity supported the Ministry of Social Development in Karnali Province to finalize the *Health Facilities Registration, Renewal, and Upgrade Guidelines and Standards*, which apply to all public and private health facilities. SSBH organized legal and technical reviews of the final draft to ensure the document addressed the requirements of the Karnali Province Health Act of 2020 and was in line with federal provisions. SSBH is also providing municipal-level technical support for the drafting and finalization of similar regulatory guidelines that will codify the processes, procedures, and systems for municipalities to oversee licensing, registration, and scopes of practice for private health sector entities. Two municipalities are drafting the guidance, six have submitted guidelines for approval from their executive committees, and five have approved their guidelines for implementation.

***Supported public institutions to engage effectively with private health sector***

During this reporting period, SSBH delivered updated child health clinical protocols to 90 private health facilities in Dailekh, Dolpa, Jajarkot, Rukum West, Salyan, and Surkhet districts of Karnali Province and to Banke, Bardiya, and Dang districts of Lumbini Province.

In the first half of Year Five, the Activity collaborated with the Public Health Service Office in Surkhet District to conduct DHIS2 orientation for 17 private health service providers in Surkhet District and 11 private health service providers in Dang District. To enhance timely recording and reporting of private sector data, SSBH visited Nepalgunj Medical College with the senior nursing officer of Kohalpur Municipality (Banke District) to discuss the facility's late DHIS2 reports. SSBH provided DHIS2 training to data recording and reporting focal persons of Nepalgunj Medical College. SSBH conducted three other meetings with private health service providers in this district to discuss recording and reporting, processes for registration and renewal, and overall management. Follow-up throughout Year Five showed that these facilities

were holding regular meetings with municipal officials to provide updates and discuss further improvements to data management.

The Activity collaborated with the health service offices in Rukum West, Salyan, Surkhet, Banke, Bardiya, and Dang Districts to conduct eight batches of a six-day CB-IMNCI training course to enhance service providers' ability to assess, refer, and manage neonate and child health cases. Seventy-nine private health providers from 57 private health facilities participated in CB-IMNCI training during this reporting period. SSBH also supported the Health Services Office in Dailekh District to orient 23 private health providers on case registration, recording, and reporting requirements as part of a one-day CB-IMNCI orientation.

***Continued private sector newborn/child health interventions and assessed private facility referral practices***

During Year Five, SSBH conducted four rounds of post-training follow-up in the private health facilities that had participated in the January 2021 CB-IMNCI training program. A team from SSBH and the Birendranagar Public Health Service Office used a tool from the CB-IMNCI program management module to provide tailored onsite coaching to clarify treatment protocols for specific components. During the fourth round of follow-up, the team used an interview guide in addition to the coaching tool to document changes in practice. Observations from post-training follow-up show improvements in the private health facilities' use of CB-IMNCI treatment protocols, recording and reporting of CB-IMNCI service information to municipal health sections, and clinical practices for treating newborn and children under 5 years.

In the first half of Year Five, SSBH finalized the concept and data security plan for an assessment of neonatal and child health referrals from private points of care in Karnali Province and received approval from the Nepal Health Research Council to conduct the assessment. SSBH selected 18 private health facilities to participate in the assessment in Birendranagar Municipality of Surkhet District, Khadachakkra Municipality of Kalikot District, Musikot Municipality of Rukum West District, and Narayan Municipality of Dailekh District. The Activity collaborated with the Ministry of Social Development in Karnali Province to conduct the assessment; the team completed data analysis and the assessment report in Quarter Four.

The assessment findings indicate opportunities and barriers related to referral processes, infrastructure resources, and guardians' care-seeking behaviors that affect the referral process and documentation practices. A key finding was the absence of institutional procedures for referrals, especially from lower-level points of care. The assessment concludes with determinants of successful referral pathways and recommendations for improvements, segmented by audience. The report recommends that public sector authorities engage closely with the private sector to establish effective referral mechanisms, including in emergency settings and for ambulance service networks.

## 4.2 Gender Equality and Social Inclusion

***Continued to implement internal strategies to integrate GESI into program activities***

During Year Five, SSBH organized training sessions for eight recently hired program staff on integrating GESI concepts and principles and health equity priorities into program approaches and activities. These sessions included reflection on societal gender norms that make it difficult for women to make and act on decisions about their health or that of their families, and the

potential impact of such norms on the use of MNCH-FP services in Karnali and Lumbini provinces.

On a periodic basis (annual, at minimum), the project organizes training for all staff on GESI principles and practices, focusing on both internal organizational dynamics and programmatic approaches. The most recent of these sessions took place in late October 2021, when all staff participated in a day-long program that covered the following topics, with the aim of creating a safe working environment, promoting gender equality within the project team and mainstreaming GESI across all of our project strategies and interventions.

- Conceptual understanding of equality, nondiscrimination, participation, anti-harassment, gender-based violence, and power relations among staff and with our program participants
- Prevailing social norms and their impact on all genders
- Self-reflection sessions on behaviors in the workplace to deepen understanding of potential harm and ways to counter it
- Gender socialization processes and the impact of socialization on girls, women, individuals identifying as LGBTIQ and socially disadvantaged groups – and our roles in promoting positive change"

The Activity also conducted virtual meetings with field-level Technical Officers to tailor SSBH-led GESI training to address specific gaps in their districts. These interactions also sought to provide evidence for including GESI in municipal health sections' pre-planning processes for annual work planning and budgeting. Multidisciplinary teams also discussed engaging HFOMC members as part of SSBH support during municipal annual work planning and budgeting to better highlight the needs of marginalized groups in specific catchment areas.

## 4.3 Data-driven and Evidence-based Programming

***Strengthened health management and logistics management information systems in provinces and municipalities***

At the federal level in Year Five, the Activity supported the Integrated Health Information Management System (IHIMS) section of the Department of Health Services to update HMIS tools and indicator booklets, develop a user access management policy for DHIS2, and draft standard operating procedure for HMIS operation. To enhance data quality at the point of data entry, SSBH submitted variables and validation rules to incorporate in DHIS2.

At the municipal level, the Activity facilitated training for 1,472 health workers on HMIS and 654 health workers on DHIS2. SSBH also facilitated provincial-level data verification, onsite coaching, and assessments. This included establishing data quality committees at the provincial level in Karnali and Lumbini and at the district level in Lumbini. The committees regularly monitor data uploaded to DHIS2 to identify errors and gaps and communicate with the municipalities to make corrections.

In addition, 36 health workers received logistics management information system (LMIS) training and 121 health workers received electronic LMIS (eLMIS) training in Year Five.

***Facilitated data analysis, interpretation, and use***

At the start of Year Five, SSBH provided municipal authorities with profile development guidelines and an instruction video. As a result, all 138 municipalities have updated their web-based municipal profiles. The Activity also helped provincial authorities complete web-based profiles. Municipal and provincial profiles have been used in annual review meetings and other forums. SSBH also distributes them during joints visits with counterparts and other development partners.

In Quarter Three, SSBH provided 698 health workers with coaching and mentoring on HMIS and DHIS2 data analysis and interpretation to facilitate drafting and finalizing annual reports for their municipalities. The Activity supported the dissemination of the reports in Quarter Four.

As of the end of the fiscal year, the Activity conducted RDQA training for 173 municipal health section officials, ensuring at least one staff member in the health sections of all 138 municipalities had received this training. SSBH coordinated with health sections to conduct 627 RDQAs in 410 health facilities, assessing facility-level reporting of timely, accurate, and complete data into the HMIS. In Jajarkot District, Barekot and Kuse rural municipalities allocated budget funds and conducted the assessments independently for the first time—an encouraging sign for the sustainability of this practice.

## 4.4 Collaboration and Synergy

***Provided facilitation and secretariat support for provincial health coordination meetings***

During Year Five, the Activity continued to participate in meetings organized by health directorates and provincial ministries in Karnali and Lumbini provinces. SSBH attended three meetings to discuss routine updates, data and information sharing, monsoon preparation and response, and health emergency preparedness and response.

SSBH met with the Provincial Health Service Directorate in each province to provide updates on the COVID-19 situation and vaccination rollout and discuss collaboration with development partners. Participants also discussed clinical training sites and planning for training programs on skilled birth attendance, IUCDs, and contraceptive implants.

***Coordinated with development partners to leverage efforts to improve MNCH-FP services***

Throughout the fiscal year, SSBH conducted 79 district- and municipal-level meetings with partner agencies, health offices, and municipal health units to share updates on planning, successes, and lessons learned. In Lumbini Province, SSBH met with provincial partners such as FAIRMED Nepal, the United Nations Population Fund, the National Health Sector Support Program, and the Provincial and Local Governance Support Program to discuss the rollout of Minimum Service Standards and assessments of training sites.

SSBH is also collaborating with external development partners such as USAID’s Bhakari and Tayar activities, Practice Action, and the Nepal Red Cross Society to prepare municipal health emergency and disaster preparedness plans in Karnali and Lumbini provinces.

***Served as the point of contact between the Ministry of Social Development of Karnali Province and all USAID health partners implementing activities in the province***

The Activity met separately with the Suaahara II and Swachhata teams in Karnali Province to share the latest updates and plan for the coming quarters. SSBH also participated in USAID’s

"225" meetings initiative in Dang, Salyan, and Surkhet districts to discuss good practices and further areas of collaboration to scale up this initiative. USAID Nepal's 225 Working Group seeks to boost synergy and efficiency by promoting stronger collaboration across USAID mechanisms and with provincial and local governments. After these initial consultative meetings, USAID partners conducted 225 Working Group meetings in each working district.

# 5. Monitoring, Evaluation and Learning

In Year Five, the Activity reviewed Performance Management Plan indicators based on the USAID Nepal Country Development Cooperation Strategy (CDCS) 2020–2025 and updated the indicator list. SSBH continued timely collection, collation, and management of routine data, including reporting to USAID's Development Information Solution and periodic progress reporting. The documentation and dissemination strategy developed during Year Five guided the Activity's development of technical briefs, success stories, learning briefs, infographics, and district and municipal profiles. Using national and subnational platforms, the Activity disseminated learning and lessons from local technical assistance and helped enhance capacity of health data managers on using geographic information system mapping for HMIS.

### *MEL Plan, Performance Indicator Reference Sheets, and Data Quality Assessments*

In accordance with the new CDCS, the Activity updated the SSBH MEL Plan with relevant indicators for tracking and reporting from Year Five. The Activity submitted the updated MEL Plan to USAID, along with a review of the CDCS learning agenda. The Activity has updated the indicator pocketbook to reflect these changes and shared it with SSBH staff for their reference.

The Activity supported USAID to assess the quality of two indicators in the Performance Plan and Report; there were no major data quality issues identified. The Activity also conducted in-person visits to assess internal data quality in six districts and reviewed verification processes for routinely collected data from training events and visits to health facilities and municipalities. Overall, the data collected in the field were consistent and complete and the filing system was maintained according to internal guidelines.

### *Routine Monitoring Data for Progress Reviews and Timely Reporting*

During Year Five, SSBH updated routine monitoring tools to capture information for additional indicators and oriented staff on the updated tools. The Activity collected routine monitoring data at health facility level to complete a fourth round of Health Systems and Capacity Assessments in the initial 105 SSBH municipalities and completed a second round in 33 other municipalities in Lumbini Province. The Activity shared the results internally (to produce technical briefs and other programmatic documents) and externally through technical working group meetings, symposiums, and conferences. The SSBH MEL team led the discussion and sharing of indicator results during the all-staff meeting held in October 2021. The team also conducted orientation for new staff on MEL system and processes and on health post Minimum Service Standards.

SSBH also updated the newly designed Development Information Solution platform with achievements from Year Four and targets for Year Five. The Activity assisted USAID to review the platform and identify issues encountered during data entry. The team also contributed to the preparation quarterly and semiannual reports, completing indicator results tables and the key achievements section.

***Collaboration with the Government of Nepal and USAID through Monitoring and Evaluation Technical Working Groups and Meetings***

In Year Five, the Activity team participated in the 11th, 12th, 13th, and 14th sessions of USAID's Health Office MEL Working Group. During these meetings, SSBH presented the latest reporting status of HMIS, contributed to learning through sharing and discussion on topics such as the capacity assessment process and results, revised HMIS recording and reporting forms, monitoring and evaluation practices during COVID-19, and the CDCS results framework and indicators. This fiscal year, SSBH also conducted an orientation on its database for USAID's Physical Rehabilitation Activity; this was a chance to share and learn from the database development and implementation process.

The MEL team conducted quarterly coordination meeting with IHIMS to update IHIMS about the Activity's information system support activity and share progress from the efforts to strengthen health information system at local level through training, and coaching, and mentoring of health staff. The team also shared information about other SSBH efforts, such as support to hospitals to initiate electronic health records system and developing health information system coaches at subnational level. The meeting also led to the exploration of further support to IHIMS, such as training programs for government counterparts, for which the Activity collaborated with IHIMS to conduct training on QGIS—an open-source geographic information system software package—for district level health statistics focal persons from all seven provinces. Participants learned to use QGIS to present maps of HMIS data generated from DHIS2. The QGIS trainers also developed a detailed manual to aid the use of QGIS software by public health professionals.

**Figure 19: QGIS training for health statistics focal persons in Lumbini, Rupandehi**

The Activity also shared learning and achievements through a variety of forums, such as the following:

- *A panel session at the Nepal Health Research Council's annual conference in April 2022:* SSBH presented experience and learning from strengthening local health governance in Karnali and Lumbini provinces.

- *A federal-level learning and sharing session, organized in coordination with MoHP:* SSBH shared its implementation approach, achievements, and lessons learned with government counterparts and development agencies.
- SSBH submitted a story to USAID's 2022 Collaborating, Learning, and Adapting Case Competition, focusing on the Activity's customization of local technical assistance.

***Activities in Support of SSBH Learning Questions***

The SSBH MEL team provided a technical review of the service readiness section in the final report of the National Health Facility Survey 2021. The team conducted an internal reflection exercise to obtain an in-depth understanding of progress in strengthening local health governance, including local leaders' and officials' perspectives on management and accountability, and documenting challenges and ways forward. Following training on data collection tools and processes, the Activity's Kathmandu and provincial-level specialists interviewed 72 municipal officials and health workers from 21 municipalities. The team is translating and transcribing the interviews and expects to complete the report by the first quarter of FY 2022/2023, as planned.

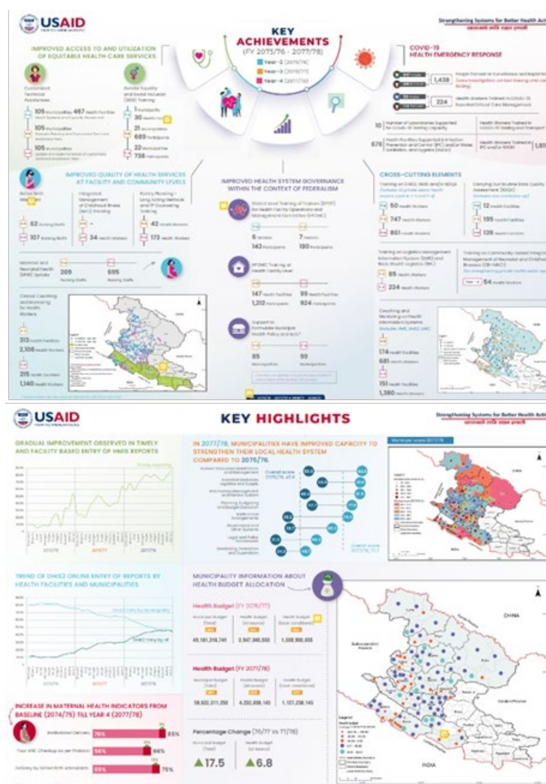
The team supported planning and implementation an assessment of neonatal and child health referrals from private points of care in Karnali Province. To conduct this assessment, SSBH obtained ethical approval from the Nepal Health Research Council, and approval for the data security plan from Abt Associates' internal institutional review board. The Activity was actively involved in the data collection and post-data collection phases of the study.

***Updated communication and documentation to highlight processes and results in line with the Activity's learning questions***

Activity prepared a documentation and dissemination strategy that highlights concepts, rationale, planned documentation and dissemination activities, and timelines. The following are some of the documentation activities SSBH completed during Year Five:

- *An infographic highlighting achievements and results from Year Two through the first half of Year Five* was printed and distributed during meetings and visits with government counterparts and development partners (Figure 20). An update to the infographic with complete Year Five data will be completed by the first quarter of Year Six.
- *District and municipal profiles* sharing demographic information, health indicators, and areas of focus; these are used in field visits, meetings, and sharing forums.
- *Health systems and capacity assessment learning briefs*, including a data visualization dashboard organized by district,

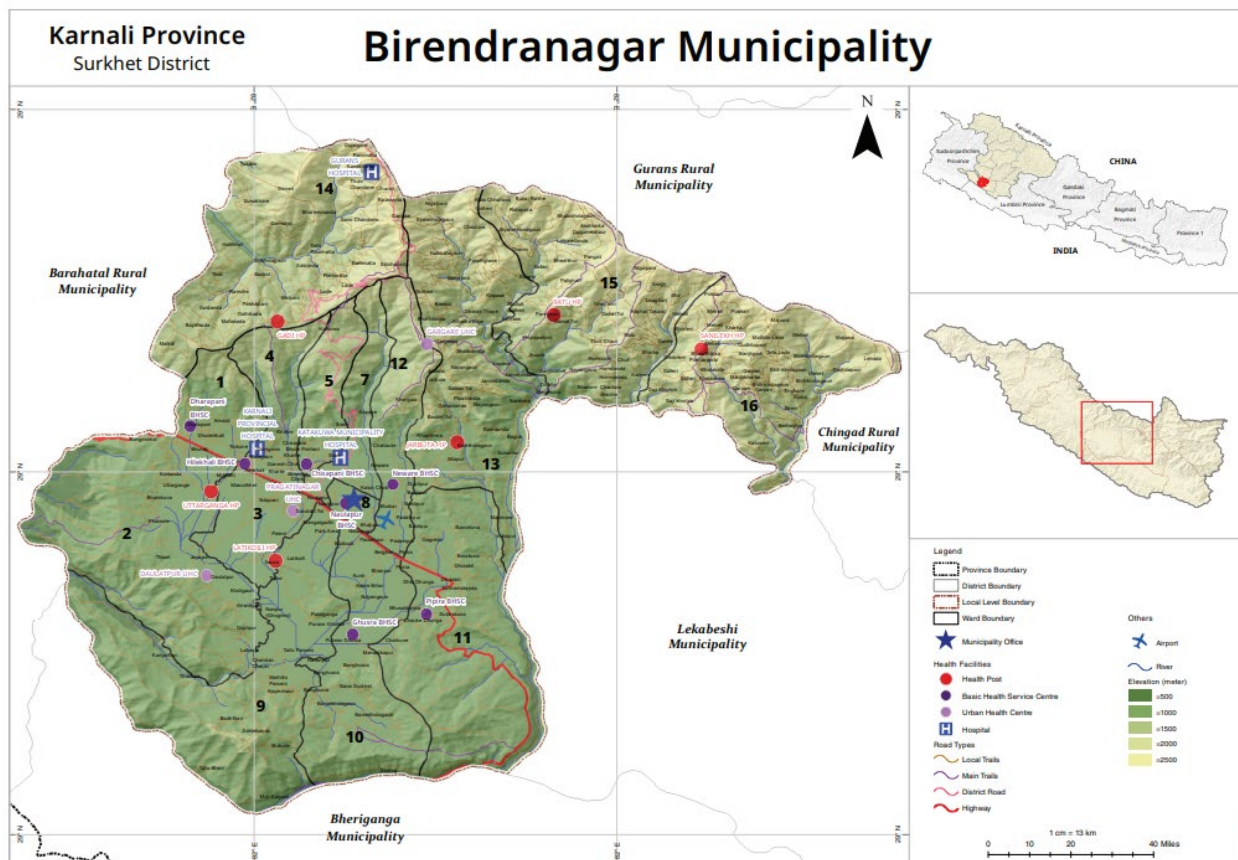
**Figure 20: Key achievements infographic with data from Year Five semi-annual period**



municipality, dimension, geographic region, and province.

- *A technical brief* on the Activity's approach, activities, results, lessons learned, and efforts to mainstream GESI throughout SSBH's work.
- *Collections of photographs, landscape, implementation activities and events* in the Activity's working areas. The photographer visited Kalikot, Mugu, Jumla, and Dailekh districts in June 2022. Before visiting each district, the team and the photographer met with USAID to obtain guidance on the protocols for photography. The photos are organized by topic in the Activity's internal database to enable the team to find relevant photos.
- *Preparation of a further analysis plan for Nepal Health Facility Survey 2021*, including dummy tables for major indicators with disaggregated variables by health facility level, province, program intensity, region, and managing authority. Once the data are available, SSBH will analyze the data and complete the tables with results for its use by the Activity.
- *Further analysis of coaching and mentoring data* from FY 2019/2020 through Quarter Three period of FY 2021/2022 to track visits per health facility for coaching and mentoring on clinical and health information systems. The results were used in the review of SSBH's approach to coaching and mentoring. The team will continue to use the latest data and learn from the results of the analysis.
- *An atlas of health facilities in Karnali* with maps of all 79 municipalities, including topographic and demographic details. (Figure 21 shows a sample map). District teams are verifying the atlas to the ensure the accuracy of locations and names.

**Figure 21: Sample map from the atlas depicting Birendranagar Municipality, Surkhet District**



# 6. Project Management

## 6.1 Refurbishing Project Offices

To accommodate the increase in staff in Year Five across the 16 operational districts, SSBH secured additional office "touch-down" spaces. In Jajarkot, Dailekh, Bardiya, and Banke districts, SSBH rented office space, arranged for security and wiring, and procured basic furnishings to allow field teams to use a clean, secure office when they are not traveling to municipalities and facilities. Maintaining these larger, separate offices has also enabled staff to better maintain COVID-19 safety precautions.

The Activity's original two- to three-person multidisciplinary teams were housed largely in local health offices, but there are now up to 12 staff members in some of the larger districts. SSBH continues to maintain these spaces in health offices and hospital complexes at no additional cost to the Activity. This allows for strong coordination with local counterparts and provides touch-down spaces for Health Emergency Response staff who are seconded to government entities.

## 6.2 Staff Recruitment and Hiring

As SSBH noted in the Annual Performance Report for Activity Year Four, recruitment was hampered considerably by the second wave of COVID-19 and the associated lockdowns and movement restrictions. Thus, the plan to significantly expand SSBH staff's presence at local government levels was completed largely during the first half of Year Five. The Activity completed its expansion of field-based technical assistance teams and the Health Emergency Response team and by mid-July 2022, SSBH consortium members employed 205 regular and Health Emergency Response staff.

SSBH filled 89 positions in Year Five, listed in Table 2, and is now fully staffed.

**Table 2: SSBH Hiring in Year Five**

| Base | SSBH Original Program Description | Health Emergency Response |
|---|---|---|
| Kathmandu | • MNCH/FP Specialist (1)<br>• Administrative Assistant (1) | • Health Emergency Disease Surveillance Officer (1)<br>• Program Support Officer (1)<br>• Senior Technical Officer – COVID-19 Vaccination Program (1) |
| Province | – | • Information Systems and Reporting Officer (1)<br>• Administration and Finance Assistant (1)<br>• Technical Specialist – Nursing (2)<br>• Emergency Medical Response Specialist (1)<br>• Program Support Officer (1)<br>• Vaccine Program Support Specialist (2) |
| District | • Technical Officers – Health Information Systems (4)<br>• Technical Officers - MNCH/FP (11)<br>• Technical Officers – Health Systems Strengthening (2)<br>• Driver (1) | • Health Emergency & Surveillance Technical Officers (3)<br>• Field Medical Officer (8)<br>• Surveillance Program Officers (16)<br>• Nursing Officer (13) |
| Municipality | • Health Systems Officers (17) | – |

## 6.3 Staff Orientation and Training

SSBH provided all new staff members listed above with virtual or in-person orientation to the Activity's goals, program approaches, structure, and support systems. This orientation included an overview of administrative, financial, ethical, and safeguarding processes required for staff to comply with Activity and USAID regulations as they carry out their work. After new staff members were posted to their duty stations, SSBH supervisors and experienced team members provided them with on-site orientation and coaching on their specific job responsibilities.

In early October 2021, SSBH's senior management team planned an in-person, Activity-wide series of training, orientation, and program review meetings for all staff members. The meetings took place in Surkhet and Nepalgunj from October 23 through November 1. They covered progress, challenges, and technical topics to support successful implementation. Staff also participated in team-building exercises to build a sense of ownership around program norms and approaches, particularly for new team members, who have worked primarily in virtual settings for more than a year. SSBH devoted a full day of the series to monitoring, reporting, and documenting activities for all technical team members, and another full day on GESI and the creation of a safe, respectful workplace for all SSBH staff. SSBH organized the meetings as staggered sessions, with participants in five groups to accommodate COVID-19 safety measures and allow session facilitators to cover the same material with the entire team.

## 6.4 Contractual Deliverables

SSBH developed summary versions of the Year Five Work Plan and a graphic presentation of some key achievements to share with Government of Nepal counterparts and other stakeholders at federal and subnational levels. Using these materials, the Activity conducted a series of briefing sessions with federal counterparts, including MoHP divisions and departments; the Department of Health Services; the Family Welfare Division; the Epidemic and Disease Control Division; the National Health Training Center; National Health Education, Information and Communication Center; and the Ministry of Federal Affairs and General Administration.

SSBH held similar update sessions with the Ministry of Social Development and Health Services Directorate in Karnali Province and the Health Directorate and Provincial Ministry of Health, Population, and Family Welfare in Lumbini Province. SSBH committed to organizing quarterly progress updates with counterparts, particularly at the federal level, to ensure they are well informed and updated on the Activity's progress, achievements, and challenges.

SSBH met its deadlines for progress reporting and administrative reporting:

- Annual Performance Report for Year Four – submitted by the deadline of August 15, 2021
- Year Five, Quarter One Progress Report – submitted by the deadline of November 15, 2021
- Year Five Semiannual Progress Report – submitted by February 15, 2022
- Year Five, Quarter Three Progress Report – submitted by April 15, 2022
- Annual Inventory Report – submitted to USAID in November 2021
- Annual External Audit of Abt Associates Nepal Branch Office for Nepal FY 2077/2078 – completed and uploaded in January 2022
- Annual Tax Report – submitted to USAID in April 2022

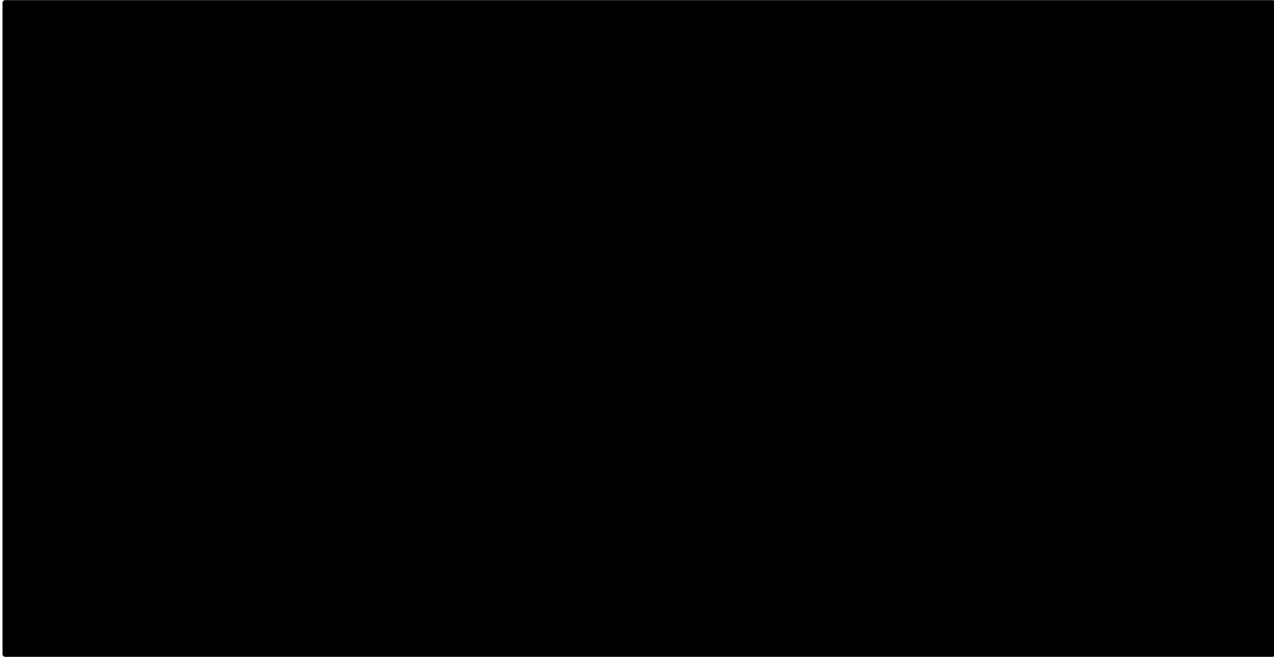
During Quarter Four, SSBH held stakeholder consultations in Kathmandu, Butwal (Lumbini Province) and Surkhet (Karnali Province) to review Year Five accomplishments and challenges with counterparts. During these sessions, the team obtained inputs and determined priorities for

the Year Six Work Plan. SSBH submitted its work plan and budget for the sixth and final year of implementation to USAID on June 24, 2022.

## 6.5 Overall Budget and Expenditures

The obligated amount for USAID's Strengthening Systems for Health Activity is $31,832,857 out of a total award amount of $32,566,456. Total estimated expenditures as of July 16, 2022, are provided in Table 3.

**Table 3: SSBH Expenditures as of July 16, 2022**



# 7. Anticipated Future Problems, Delays, and Constraints

## 7.1 COVID-19 Pandemic

As the number of COVID-19 cases in Nepal declined throughout much of the reporting period, SSBH made significant progress in catching up on overall targets that had fallen behind due to the strict lockdowns in 2020 and 2021. As described in the Executive Summary of this report, the return to normal operations in Year Five allowed the Activity to deploy additional staff to the field and to speed implementation of priorities from the original Program Description. Throughout this period, SSBH staff continued to adhere to the guidelines in the Activity's approved Risk Mitigation Plan.

The January 2022 surge in cases related to the spread of the Omicron variant presented a real hindrance to operations for about six weeks, but the team was able to reschedule training sessions, meetings, workshops, and coaching sessions that were postponed during the period. The Activity is cautiously optimistic that the steep surge in cases and subsequent illness associated with the original Omicron variant will not reoccur. More than 85 percent of eligible citizens in Nepal have received two or more doses of a COVID-19 vaccine; however, there remains the possibility of new surges, and SSBH staff whose work puts them on the frontlines will continue to be at risk of COVID-19. The spread of any future variants of the virus in Nepal has the potential to disrupt the pace of SSBH activities, divert Activity and health sector resources back to management of the pandemic, and expose staff and their families to breakthrough cases of COVID-19.

## 7.2 Political Scenario

Nationwide local elections, held in May 2022, were relatively smooth. The elections and associated political activity did not greatly hinder the Activity's ability to continue its planned activities. However, changes in leadership in most of the local governments where SSBH works has created a need to orient new mayors, deputy mayors and ward chairs to their health-related roles and responsibilities. Working with local Health Section Chiefs, the SSBH team is delivering sessions in up to 138 municipalities to introduce newly elected leaders to health system basics, evidence-based annual planning and budgeting processes for health, and their roles in ensuring the availability and quality of health services for constituent populations.

Continued leadership and attention will be required to sustain the gains made over the past four years in several areas:

- Real-time reporting and use of health data for planning and allocation of resources
- Ensuring minimum standards—skilled health workers, essential medicines, basic infrastructure and equipment—in health facilities
- Mainstreaming GESI considerations in health budgets and service delivery
- Empowering HFOMCs
- Championing the use of governance and accountability tools such as social audits and citizen charters

Helping to maintain and institutionalize the improvements in institutional capacity, systems functioning, and service delivery will be the major focus of all SSBH subnational team members during the final implementation year.

## 8. Information on Security Issues

There were no security incidents or threats to report on during the period under review.

## 9. Prospects for Year Six Performance

The proposed activities outlined in the Year Six Work Plan focus on completing outstanding activities from Year Five and handing over accomplishments and tools at national, provincial, and municipal levels. In Year Five, the Activity scaled up implementation of key activities in Core+ municipalities and mobilized additional staff to initiate and follow up on activities at municipal level. In Year Six, the Activity will pursue a gradual phase-over approach and will wrap-up its support at the facility, municipal, provincial, and federal levels, focusing on transferring the system and tools to government counterparts.

Major activities planned for FY 2022/2023 are summarized below.

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

- Support municipalities to incorporate and strengthen GESI activities.
- Support municipalities to strengthen referral mechanisms.
- Continue support to plan and prepare for and manage health-related emergencies.

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

- Support dissemination and adoption of the national health care quality assurance framework and guidelines at provincial level.
- Support to strengthen health facilities based on the findings from the Minimum Service Standards assesments.
- Institutionalize MPDSR capacity in selected hospitals of Karnali Province.
- Enhance the capacity of additional service providers to deliver high-quality MNCH-FP services, including training in comprehensive family planning, skilled birth attendance, LARCs, IUCD implantation, and providing maternal and newborn health updates.

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

- Orient newly elected leaders on health sector priorities, management, and performance enhancement.
- Support re-formation of HFOMCs and institutionalize their functions.
- Support planning, budgeting, and implementation of government-to-government–funded activities in selected municipalities.
- Support the MoHP to disseminate and roll out the new National Health Sector Strategy.

**Crosscutting Intervention Areas**

***Private Sector Engagement***

- Support to institutionalize systems based on the private sector regulatory guidelines in Karnali Province.

***Gender Equality and Social Inclusion***

- Conduct GESI training, incorporating messages from the MoHP's "Leaving No One Behind" document, and conduct follow-up.

- Document successes, challenges, and learning from health equity activities.

*Data-Driven, Evidence-Based Programming*

- Support and orient facility-based staff on revised HMIS recording and reporting tools and promote the use of DHIS2 and LMIS.
- Facilitate and support targeted municipalities to conduct RDQAs at health facilities.

*Collaboration and Synergy*

- Provide facilitation and secretariat support for provincial health coordination meetings, including with external development partners, USAID implementing partners, international non-governmental organizations, and non-governmental organizations working in Karnali and Lumbini provinces.

*Monitoring, Evaluation, and Learning*

- Support USAID's final performance evaluation of the Activity.
- Finalize technical briefs, review reports, and materials to disseminate at municipal, provincial, and federal levels.
- Complete final versions of tools, briefs, presentations, and reports and ensure they are used in dissemination events.

## Annex 1. Indicator Reporting for Year Five

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 1 | 3 | Percent of births assisted by skilled birth attendants (USAID/PMP proxy for MMR) | HMIS | Karnali Province | 55.7% (2017/18) | 67% | 69.5% | 103% | HMIS totals may be slightly revised on completion of health program reviews at municipal and district levels by Q1 of FY 2022/23 |
| | | | | Lumbini Province (SSBH Municipalities) | 74.19% (2017/18) | 84.9% | 96.2% | 113% | |
| | | | | Aggregate | 64.8% (2017/18) | 79.3% | 87.2% | **110%** | |
| 2 | 4 | Percent of institutional deliveries | HMIS | Karnali Province | 67.31% (2017/18) | 81% | 81.8% | 101% | Same as above |
| | | | | Lumbini Province (SSBH Municipalities) | 85.48% (2017/18) | 92% | 99.1% | 108% | |
| | | | | Aggregate | 76.3% (2017/18) | 89% | 90.4% | **102%** | |
| 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) | 70% | 65% | 93% | Same as above |
| | | | | Lumbini Province (SSBH municipalities) | 35% (2017/18) | 60% | 87.3% | 146% | |
| | | | | Aggregate | 41.6% (2017/18) | 62% | 80.7% | **130%** | |
| 4 | 1.2 | Percent of women receiving four antenatal care checkup asp per protocol | HMIS | Karnali Province | 54.9% (2017/18) | 71% | 72% | 101% | Same as above |
| | | | | Lumbini Province (SSBH municipalities) | 57.3% (2017/18) | 70.8% | 82.9% | 117% | |
| | | | | Aggregate | 56.1% (2017/18) | 71% | 79.3% | **112%** | |

[1] Note: All achievement data from HMIS source are accessed from DHIS2 on Aug 1, 2022. IHIMS estimation of live birth for FY 2021/22 for Lumbini Province was 12.5% lower than the previous year. This change in the denominator has made some achievements exceeding the targets.

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | 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) | 26,375 | 29,776 | 113% | Same as above |
| | | | | Lumbini Province (SSBH Municipalities) | 28,444 (2017/18) | 74,381 | 70,089 | 94% | |
| | | | | Aggregate | 53,359 (2017/18) | 100,756 | 99,865 | **99%** | |
| 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) | 33,384 | 30,278 | 91% | Same as above |
| | | | | Lumbini Province (SSBH Municipalities) | 33,271 (2017/18) | 75,958 | 72,445 | 95% | |
| | | | | Aggregate | 62,094 (2017/18) | 109,342 | 102,723 | **94%** | |
| 7 | 1.5 | Number of newborns not breathing at birth that were resuscitated by USG-supported programs | HMIS/ SSBH monitoring | SSBH Municipalities | 952 (asphyxiated babies born in 2017/18) | 1,045 | 1,112 | **106%** | Records counted from 454 birthing centers, excluding hospitals. Out of 728 cases of asphyxiation, 686 (94%) were successfully resuscitated. Total asphyxiation cases reported in HMIS were 1,180, and the assumption is that 94% of them were resuscitated.<br><br>This number does not include babies born asphyxiated and resuscitated in private medical colleges and hospitals, as outlined in PIRS. |
| 8 | 1.6 | Number of newborn infants receiving antibiotic treatment for infection through USG-supported programs | HMIS | Karnali Province | 2,786 (2017/18) | 2,348 | 953 | 40% | Underachievement was due to sharp decline in the number of reported cases of infection in infants in this year. In Karnali, there was a 27% decline in cases compared to the previous fiscal year. |
| | | | | Lumbini Province (SSBH Municipalities) | 2,035 (2017/18) | 1,930 | 1,368 | 71% | |
| | | | | Aggregate | 48,21 (2017/18) | 4,278 | 2,322 | **54%** | |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement 1 | Variance | |
| 9 | 1.7 | Number of cases of childhood pneumonia treated in USG-assisted programs | HMIS | Karnali Province | 50,269 (2017/18) | 16,944 | 17,780 | 105% | |
| | | | | Lumbini Province (SSBH Municipalities) | 23,450 (2017/18) | 6,864 | 6,833 | 100% | |
| | | | | Aggregate | 73,619% (2017/18) | 23,808 | 24,613 | **103%** | |
| 10 | 1.8 | Number of cases of child diarrhea treated in USG-assisted programs | HMIS | Karnali Province | 123,016 (2017/18) | 135,767 | 100,500 | 74% | We observed a continued decline in reported diarrhea cases in this year. There was a 9% and 6% decline in diarrhea cases as compared to the previous fiscal year in Karnali and Lumbini respectively. COVID-19 preventive measures may also have contributed to this reduction. |
| | | | | Lumbini Province (SSBH Municipalities) | 70,473 (2017/18) | 129,160 | 113,250 | 87% | |
| | | | | Aggregate | 193,489 (2017/18) | 264,927 | 213,750 | **81%** | |
| 11 | 1.9 | Modern method Contraceptive Prevalence rate | HMIS | Karnali Province | 30% (2017/18) | 36% | 33.6% | 92% | Although there has been a slight increase in overall contraceptive prevalence rates of Karnali and Lumbini, these rates are particularly low in Humla, Jumla, Rupandehi, and Banke Districts. A focused review of family planning data will be done in upcoming health sector review meetings. |
| | | | | Lumbini Province (SSBH Municipalities) | 26% (2017/18) | 33% | 26.2% | 79% | |
| | | | | Aggregate | 28% (2017/18) | 35% | 28.1% | **80%** | |
| 12 | 1.10 | Couple years of protection | HMIS | Karnali Province | 111,217 (2017/18) | 119,205 | 98,009 | 82% | |
| | | | | Lumbini Province (SSBH Municipalities) | 104,761 (2017/18) | 213,402 | 211,585 | 99% | |
| | | | | Aggregate | 215,978 (2017/18) | 332,607 | 309,594 | **93%** | |
| 13 | 1.11 | Percent of USG assisted service delivery sites providing family planning counselling and/or services | HMIS/ HF Readiness Survey | Lumbini Province (SSBH Municipalities) | 99% (2018) | 100% | 98.7% | **99%** | |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement 1 | Variance | |
| 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) | 6% | 7% | 117% | |
| | | | | Lumbini Province (SSBH Municipalities) | 9% (2018/19) | 6% | 6% | 100% | |
| | | | | Aggregate | 10% (2018/19) | 6% | 6% | **100%** | |
| 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) | 33,920 | 34,726 | 102% | |
| | | | | Lumbini Province (SSBH Municipalities) | 68,006 (2019/20) | 71,447 | 69,563 | 97% | . |
| | | | | Aggregate | 101,258 (2019/20) | 105,367 | 104,289 | **99%** | |
| 16 | 1.14 | Number of women giving birth in a health facility receiving USG support | HMIS. | Karnali Province | 29,524 (2019/20) | 30,414 | 29,737 | 98% | |
| | | | | Lumbini Province (SSBH Municipalities) | 73,345 (2019/20) | 75,561 | 72,189 | 96% | |
| | | | | Aggregate | 102,869 (2019/20) | 105,975 | 101,310 | **96%** | |
| 17 | 1.1.1 | Percent of targeted health facilities that experienced stock out of essential MNH commodities or drugs | HF Readiness Survey/ SSBH monitoring | SSBH municipalities (old) | 77.78% (2018) | 15% | 61.6% | 411% | Data collected from 596 health facilities during routine visits by SSBH staff. Only 31% of facilities had ALL essential MNH drugs available. Any facility showing lack of any one essential MNH drug was listed as being stocked out. Instances of increased availability of individual drugs have increased from the previous year, as seen below:<br><br>Inj, Calcium Gluconate (44.8%), Magnesium Sulfate (52.5%), Dexamethasone (54.4%) Oxytocin (71.6%), and Chlorohexidine (78.4%) |
| | | | | SSBH municipalities (new) | 50% (2021) | 40% | 89.9% | 225% | |
| | | | | Aggregate | | 22% | 69.1% | **314%** | |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 18 | 1.1.2 | Percent of targeted health facilities that experienced stock out of essential child health commodities or drugs | HF Readiness Survey/ SSBH monitoring | SSBH municipalities (old) | 25.69% (2018) | 10% | 33.2% | 332% | Data collected from 596 health facilities during routine visits by SSBH staff. Only 59.4% of facilities had ALL 5 essential child health drugs available. Any facility showing lack of any one essential child health commodity or drug was listed as being stocked out, particularly due to a short supply of Gentamicin despite an increase in its supply over the previous fiscal year. Instances of increased availability of individual drugs have increased from the previous year, as seen below:<br><br>Vitamin A (90 %), Inj. Gentamicin (75%), ORS (88.8%), Zinc (89.4%), and Tab. Amoxicillin Ped (93%) |
| | | | | SSBH municipalities (new) | 23.9% (2021) | 15% | 61% | 407% | |
| | | | | Aggregate | - | 11% | 40% | **364%** | |
| 19 | 1.1.3 | Percent of PHCCs providing all 7 BEONC signal functions | HF Readiness Survey/ SSBH monitoring | SSBH municipalities (old) | 61.5% (2018) | 90% | 59.1% | **66%** | Out of 22 PHCCs in the initial 105 municipalities, 13 PHCCs are providing all 7 BEONC signal functions. Most commonly unavailable service is removal of retained products of conception.<br><br>NONE of 9 PHCC in 33 new municipalities of Lumbini have all the 7 BEONC signal functions.<br><br>We'll continue coaching and mentoring visits to BEONC sites and engage local government to address this gap. |
| | | | | SSBH municipalities (new) | NA | 80% | 0 | **0%** | |
| 20 | 1.1.4 | Percent of health facilities with availability of at least one trained provider for IMNCI, ANC, and FP services | | Karnali Province | 53.8% (2020/21) | 60% | 70.9% | 118% | |
| | | | | Lumbini Province (SSBH municipalities) | 97.7% (2020/21) | 90% | 83.3% | 93% | |
| | | | | Aggregate | 65.6% (2020/21) | 70% | 76.5% | **109%** | |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 21 | 1.1.5 | Percent of Birthing Centers ready to provide quality delivery services | | Karnali Province | 11.6% (2021) | 30% | 37% | 123% | This is new a indicator. Most facilities met the criteria of readiness. Increased variances may have been the result of people seeking services after the lifting of COVID 19 restrictions in second half of the Year Five. |
| | | | | Lumbini Province (SSBH municipalities) | 32.4% (2021) | 40% | 56.6% | 142% | |
| | | | | Aggregate | 23.1% (2021) | 35% | 43.8% | **125%** | |
| 22 | 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 | 75% | 76.8% | **102%** | 106 out of 138 municipalities have this information available. |
| 23 | 1.2.2 | Percent of municipalities with specific plan or activities to improve access for and utilization of health services by marginalized groups | SSBH monitoring | SSBH Municipalities | NA | 75% | 74.6% | **99%** | 103 out of 138 municipalities have developed specific plans or activities to address barriers to utilization among marginalized groups. |
| 24 | 2.1 | Percent of health facilities meeting minimum standards of quality of care at point of delivery | HF Readiness Survey/ SSBH monitoring | Karnali Province | 43% (2018) | 70% | 83.1% | 119% | Out of 596 health facilities where data was collected, 457 facilities (Karnali Province = 271; Lumbini Province = 186) have met 90% of the criteria of minimum standards of quality of care.<br><br>In Lumbini Province, achievements in Rupandehi, Kapilvastu, and Nawalparasi West Districts are low (49.1%) when compared to initial working districts (97.3% ) |
| | | | | Lumbini Province (SSBH Municipalities) | 41% (2018) | 90% | 69% | 77% | |
| | | | | Aggregate | 42% (2018) | 82% | 76.7% | **94%** | |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 25 | 2.2 | Percent of health facilities meeting all service readiness criteria for FP services | HF Readiness Survey/ SSBH monitoring | Karnali Province | 21.36% (2018) | 80% | 17.8% | 22% | Out of 596 health facilities where data was collected, 93 facilities (Karnali Province = 58; Lumbini Province = 35) have met all readiness criteria for FP service provision.<br><br>Low achievement was mainly due to unavailability of National Medical Standards (NMS) Vol I; it was available in only 141 health facilities. The achievement will improve in the future when NMS Vol. I is disseminated. |
| | | | | Lumbini Province (SSBH Municipalities old) | 46.34% (2018) | 85% | 25.3% | 30% | |
| | | | | Lumbini Province (SSBH Municipalities new) | 38.6 (2021) | 50% | 4.4% | 9% | |
| | | | | Aggregate | 28.42% (2018) | 72% | 15.6% | **22%** | |
| 26 | 2.3 | Percent of health facilities meeting all service readiness criteria for ANC services | HF Readiness Survey/ SSBH monitoring | Karnali Province | 29.1% (2018) | 85% | 15.3% | 18% | Out of 596 health facilities where data was collected, 91 facilities (Karnali Province = 50; Lumbini Province = 41) have met all readiness criteria for ANC service provision.<br><br>Low achievement was mainly due to unavailability of National Medical Standards (NMS) Vol III; it was available in only 99 health facilities. The achievement will improve in the future when NMS Vol. III is disseminated. |
| | | | | Lumbini Province (SSBH Municipalities old) | 48.78% (2018) | 85% | 29.7% | 35% | |
| | | | | Lumbini Province (SSBH Municipalities new) | 23.9% | 30% | 5% | 17% | |
| | | | | Aggregate | 34.72% (2018) | 70% | 15.3% | **22%** | |
| 27 | 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) | 80% | 60.1% | 75% | Out of 596 health facilities where data was collected, 196 facilities in Karnali Province and 186 facilities in Lumbini Province have met all readiness criteria for child health service provision. |
| | | | | Lumbini Province (SSBH Municipalities old) | 31.71% (2018) | 80% | 74.8% | 94% | |
| | | | | Lumbini Province (SSBH Municipalities new) | 38.9% | 50% | 64.8% | 130% | |
| | | | | Aggregate | 34.72% (2018) | 72% | 64.1% | **89%** | |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 28 | 2.5 | Percent of newborns that received five elements of essential newborn care (immediate breastfeeding, drying and wrapping, chlorhexidine application, delayed bathing, and skin-to-skin contact) | Nepal MICS | SSBH Core + Municipalities | 55.2% (2015) | | | | SSBH had planned to collect this information during the mid-term health facility readiness survey, but it has been postponed indefinitely because of COVID-19.<br><br>Recently published NMICS data for both provinces show the following status:<br><br>Immediate breastfeeding within one hour- 45.4%<br>Drying and wrapping - 44.6%<br>Chlorohexidine application - 53.8%<br>Delayed bathing - 71.6%<br>Skin to skin contact - 53.8%<br><br>However, only 13.4 % of newborns received ALL 5 elements of essential newborn care. |
| 29 | 2.6 | Quality improvement-Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI) | HMIS | Core+ Municipalities | 79% (2019) | 90% | 92.6% | **103%** | |
| | 2.7 | Percent of USAID-assisted facilities in compliance with Infection Prevention and Control (IPC) and/or WASH COVID-19 guidelines | | Karnali Province | 35% (2021) | 40.3% | 47.3% | 117% | |
| | | | | Lumbini Province (SSBH municipalities) | 32.3% (2021) | 37.1% | 27.9% | 75% | |
| | | | | Aggregate | 33.3% (2021) | 38.3% | 39% | **102%** | |
| 30 | 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 | SSBH Municipalities (old) | 3 (2019) | 60 | 57 | **95%** | Out of 138 municipalities, 44 in Karnali Province, 13 in the initial working municipalities of Lumbini, and 22 in the new municipalities of Lumbini, were found to be adopting and using standard QI process and tool based on nationally approved framework. |
| | | | | SSBH Municipalities (new) | 2 (2020/21) | 20 | 22 | **110%** | |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 31 | 2.1.2 | Percent of facilities with regular QI activities with observed documentation | NHFS / SSBH monitoring | Karnali Province | 17.7% (2015) | 60% | 33.2% | 55% | Out of 557 health facilities visited, 103 in Karnali Province and 48 in Lumbini Province conducted regular QI activities and subsequent documentation.<br><br>QI teams have been formed in 83% of health facilities, but records of regular QI activities is low. |
| | | | | Lumbini Province (old) | 21.5% (2015) | 60% | 24.3% | 41% | |
| | | | | Lumbini Province (new) | 8 (2020/21) | 40% | 16% | 40% | |
| | | | | Aggregate | 20.2% (2015) | 54% | 27.1% | **50%** | |
| 32 | 2.2.1 | Number of health workers trained in priority health areas (including safe delivery, FP, newborn care, and management of sick newborns, etc.) | SSBH monitoring | All SSBH Municipalities | NA | 988 | 1,478 | **150%** | Achievement exceeded the targets due to more SBA training, MNH updates, and CB-IMNCI training.<br><br>We've counted all training events for which the Activity provided both technical and financial support:<br>● SBA training = 149<br>● Implant training = 91<br>● FP Counselling=66<br>● IUCD training=36<br>● MPDSR training=16<br>● CB-IMNCI=478<br>● MNH update training = 642 |
| 33 | 2.2.2 | Percent of facilities that received supportive supervision or clinical mentoring visits in the previous 6-month period | SSBH monitoring | SSBH Core + Municipalities | NA | 80% | 57% | **71%** | Out of 200 health facilities in Core + municipalities, 114 health facilities received supportive supervision or clinical mentoring visit in the **last six months**.<br><br>The follow up visits were affected because of the COVID 19 surge in January 2022. |
| 34 | 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 | NA | 80% | 95.1% | **118%** | According to Family Welfare Division, 42 maternal deaths and 101 perinatal deaths are reported in the MPDSR system. 35 out of 42 maternal death reviews, and all perinatal death reviews, were done by the MPRSR implementing hospitals of Karnali and Lumbini Province. |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 35 | 2.2.4 | Facility stillbirth rate | HMIS | Karnali Province | 1.57% (2017/18) | 1% | 1.4% | 140% | |
| | | | | Lumbini Province (SSBH Municipalities) | 2.21% (2017/18) | 1% | 1.9% | 190% | |
| | | | | Aggregate | 1.92% (2017/18) | 1% | 1.7% | **170%** | |
| 36 | 2.2.5 | Percent of recently delivered women who received pre-discharge counselling for mother and baby | HF Readiness Survey, SSBH monitoring | SSBH Municipalities | 7% (2018) | 50% | - | - | Waiting for NHFS 2021 data to be released to report this indicator. |
| 37 | 2.3.1 | Number of clinical guidelines/protocols updated to reflect client-centered and respectful care standards | SSBH documentation | National, provincial and all SSBH Municipalities | N/A | 1 | 1 | 100% | National Quality Assurance Framework and Implementation Plan |
| 38 | 2.3.2 | Percent of ANC, PNC and FP clients reporting concerns about privacy (physical or auditory) | HF Readiness Survey/NHFS | SSBH municipalities | 33% (2018) | 10% | - | - | Waiting for NHFS 2021 data to be released to report this indicator. |
| 39 | 2.3.3 | Percent of women who report receiving dignified and respectful care for self and newborn during delivery | NHFS | SSBH municipalities | NA | 80% | - | - | Waiting for NHFS 2021 data to be released to report this indicator. |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 40 | 3.1 | Number of policies / regulations / administrative procedures in each of the following stages of development as a result of USG support<br>a. Analysis<br>b. Stakeholder consultation / public debate<br>c. Drafting or revision<br>d. Approval (legislative or regulatory)<br>e. Full and effective implementation | SSBH monitoring | National, provincial and all SSBH Municipalities | N/A | 134 | 182<br>Stage a=0<br>Stage b=6<br>Stage c=27<br>Stage d=43<br>Stage e=106 | **135%** | **Stage a:** - none<br>**Stage b:**<br>• Municipal Health Policies (4)<br>• HRH Strategy Karnali Province (1)<br>• Health policy implementation strategy Karnali Province (1)<br>**Stage c:**<br>• Karnali Province Health Service Regulation (1)<br>• Province Health Sector Strategic Implementation Plan Lumbini Province (1)<br>• Health Facility Establishment, Upgrading, Operation and Renewal Regulation 2019 of Karnali Province (1)<br>• Health Act of Lumbini Province (1)<br>• Municipal Health Policies (15)<br>• Municipal Health Act (8)<br>**Stage d:**<br>• Municipal Health Policies (22)<br>• Municipal Health Act (8)<br>**Stage e:**<br>• Health Act of Karnali province (1)<br>• Municipal Health Policies (65)<br>• Municipal Health Act (40) |
| 41 | 3.2 | Percent of USG-assisted organizations with improved performance | SSBH monitoring | SSBH Municipalities (old) | NA | 90% | 73.3% | **81%** | A checklist covering 8 domains of health systems and 19 core competencies were measured for this indicator and compared with data from the previous fiscal year.<br><br>Out of 138 municipalities, 105 municipalities (51 in Karnali and 54 in Lumbini Province) have improved performance scores as compared to the previous year. |
| | | | | SBH Municipalities (new) | NA | 70% | 84.8% | **121%** | |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 42 | 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 | 675 | 2,266 | **336%** | Achievement exceeded the targets because more GESI-related training was conducted as per requests from municipal authorities. |
| 43 | 3.4 | Number of people trained in health system strengthening through USG supported programs | SSBH monitoring | SSBH Provinces/ Municipalities | NA | 4,500 | 6,710 | **149%** | Achievement exceeded the targets because more training in HMIS, DHIS2 and HP-MSS was conducted in collaboration with provincial governments. Disaggregation of results by types of training is as follows:<br>● HFOMC = 1,055<br>● HMIS training = 1,142<br>● DHIS2 training = 396<br>● RDQA training = 173<br>● LMIS training = 69<br>● Basic Health Logistics training = 681<br>● HP-MSS = 2,833<br>We've counted all training events for which the Activity provided both technical and financial support: |
| 44 | 3.1.1a | Percent of municipalities mobilizing resources locally to support health services in last FY | SSBH monitoring | SSBH Municipalities (old) | 39.4% (2019) | 75% | 50.5% | 67% | Out of 138 Municipalities, 74 Municipalities (37 in Karnali and 37 in Lumbini Province) have mobilized resources locally to support health services. |
| | | | | SSBH Municipalities (new) | 36.4% (2021) | 45% | 63.6% | 141% | |
| | | | | Aggregate | - | 68% | 53.6% | **79%** | |
| 45 | 3.1.1b | Amount of local resources mobilized by the municipalities to support health services in the last FY | SSBH monitoring | SSBH Municipalities (old) | USD 6,942,000 (2019/20) | USD 8,613,500 | USD 9,979,361 | **116%** | Exchange rate used in calculations stands at NPR 126.36 to USD 1.00. |
| | | | | SSBH Municipalities (new) | USD 4,107,594 (2020/21) | USD 4,518,353 | USD 4,417,729 | **98%** | |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement [1] | Variance | |
| 46 | 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 | 50% | 57% | **114%** | SSBH observed more women and members of a vulnerable groups joining as member of HFOMCs in Year Five since the committees were reformed in the last fiscal year. GESI-related training supported by SSBH has also addressed the importance of inclusive committees. |
| 47 | 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 | SSBH Municipalities (old) | 17.3 (2019) | 80% | 73.3% | 92% | Out of 138 Municipalities, 92 (61 in Karnali and 31 in Lumbini Province) had used their own health program performance data as an input in planning and budgeting. |
| | | | | SSBH Municipalities (new) | 33.3% (2021) | 60% | 45.5% | 76% | |
| | | | | Aggregate | | 75% | 66.7% | **89%** | |
| 48 | 3.2.2 | Percent of municipalities with at least 85% budget execution | SSBH monitoring | All SSBH Municipalities | NA | 70% | - | - | Normally, municipal budget execution details for FY 2078/79 are available by the first quarter of next fiscal year. This information will bey provided in October 2022 during PPR reporting. |
| 49 | 3.3.1 | Percent of municipality health offices with core competencies in health sector planning and management | SSBH monitoring | SSBH Municipalities (old) | 2% (2019) | 51% | 23.8% | 47% | Out of 138 Municipalities, only 25 Municipalities have met all 5 core competencies in health sector planning and management.<br><br>Low score because only 43.5% of municipalities authorities visited health facilities regularly to monitor health programs.<br>As fiscal year 2021/22 was the last year of the tenure of local governments elected in 2017, SSBH observed that monitoring and field activities in health were not prioritized by municipal governments prior to the election in May 2022. We expect rise in visits when new government officials and committees begin implementing their planned interventions. |
| | | | | SSBH Municipalities (new) | 3% (2021) | 50% | 0 | 0% | |
| | | | | Aggregate | - | 50% | 18.1% | **36%** | |
| 50 | 3.3.2 | Number of people trained or mentored in management skills | SSBH monitoring | SSBH Provinces/ Municipalities | NA | 1,500 | 3,125 | **208%** | This includes onsite coaching and mentoring on DHIS2, HMIS, and LMIS. It also includes group coaching, which caused the high achievement. |

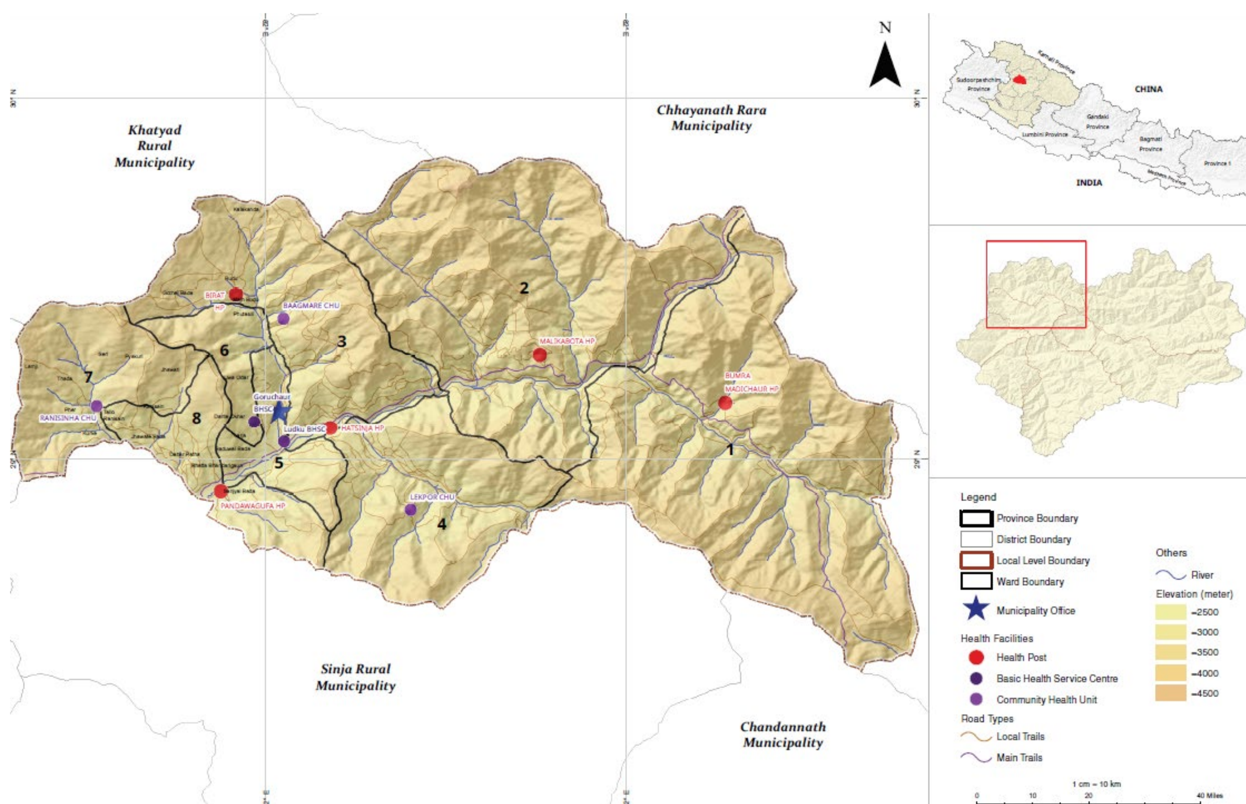
| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement 1 | Variance | |
| 51 | 3.3.3 | Percentage of USG-supported primary health care facilities that submitted routine reports on time | HMIS | Karnali Province | 87% (2017/18) | 95% | 98% | 103% | This includes the percentage of facilities reporting all 12 months of routine health data into the system. |
| | | | | Lumbini Province | 94% (2017/18) | 95% | 99% | 104% | |
| | | | | Aggregate | 92.1 (2017/18) | 95% | 98% | **103%** | |
| 52 | 3.3.4 | Presence of a functioning Health Emergency Operations Center at federal and provincial level | SSBH monitoring | SSBH provinces | 2 (2020/21) | 2 | 2 | **100%** | It only includes functionality of HEOC at province level. |
| 53 | 3.3.5 | Number of local governments that have developed and/or implemented emergency response plans | District Disaster Management Committee/ SSBH Documenta-tion | SSBH Municipalities | 4 (2020/21) | 69 | 14 | **20%** | Out of 138 municipalities, 14 municipalities finalized health emergency and disaster preparedness and response plans. The process is underway in other municipalities, as listed below:<br>- Analysis = 7<br>- Stakeholder consultation = 17<br>- Drafting and revision = 65<br>- Approval = 17<br>- Full Implementation = 14 |
| 54 | 3.3.6 | Number of provincial and local government with funds set aside for emergency preparedness and response plan. | AWPB of the municipalities | SSBH Municipalities | 92.8% | 95% | 96% | **101%** | Out of 138 municipalities, 133 have allocated budget for emergency response. |

| SN | MEL Plan Ref # | Indicator | Data Source | Location | Baseline (Year) | Year 5 FY 2021/22 | | | Note /Justification |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Target | Achievement 1 | Variance | |
| 55 | 3.3.7 | Number of municipal staff, health workers, school teachers trained on emergency response [expected in health facilities] | SSBH monitoring | SSBH Municipalities | 3,849 (2020/21) | 1,850 | 6,418 | **347%** | High achievement was due to more demand from provincial government to address emerging needs. Types of training include:<br>- CICT refresher and IMU = 564<br>- Early Warning and Reporting System training = 172<br>- Rapid Response Team (RRT) training = 284<br>- Sample collection, packaging,<br>- transport and preservation training = 215<br>- IPC training to Health Facilities staffs = 22<br>- Health Care Waste Management Training = 596<br>- Essential Certical Training in health facilities and isolation Center = 293<br>- Pediatric Essential Critical Training = 128<br>- Ambulance drill for safe patient transportation = 84<br>- Pfizer-BioNTech Vaccination Roll out training = 4,035<br>- Moderna Vaccination Training = 25 |

## Annex 2. Success Stories

### Technical Assistance in Kanakasundari Rural Municipality: An SSBH Case Study

**Figure 1: Kanakasundari Municipality of Jumla District, Karnali Province**




Kanakasundari Rural Municipality in Jumla District lies to the northwest of the district headquarters, Chandannath Municipality (Figure 1). Located in the hilly region just south of the high Himalayas, Kanakasundari's rugged terrain has few serviceable roads. This makes it one of the most remote and hard-to-reach administrative units in Karnali Province, where USAID's Strengthening Systems for Better Health (SSBH) Activity works to strengthen health systems by promoting and advocating for equitable access to high-quality care, timely and routine recording and reporting of health information, and using evidence to improve health governance.

In June 2022, SSBH support proved particularly useful at Hatsinja Health Post, which sits on a small island on the Hima river. This facility serves the largest catchment population of health posts in the municipality, covering up to five wards in Kanakasundari. It is also a birthing center, with skilled auxiliary nurses and midwives available 24 hours a day. In 2020/2021, Hatsinja Health Post oversaw facility-based deliveries for 90 women, far surpassing any other health post in Kanakasundari Rural Municipality.

To help the facility combat the risk of complications in neonates, SSBH had procured equipment to install a Newborn Corner at Hatsinja Health Post. The Newborn Corner has resuscitation tables with baby warmers, digital scales, an Ambu bag with two sizes of masks, baby stethoscopes, penguin suction devices, room thermometers, room heaters, sterile gloves, cord clamps, and baby-sized wrist identification tags. SSBH trained staff at the health post to use the new equipment and provided coaching and mentoring on neonatal care, especially on resuscitating cases of asphyxia.

On the night of June 16, 2022, Health Post In-Charge Birendra Prasad Upadhyay was caring for an asphyxiated newborn who had gone into hypothermia 10 minutes after birth. Mr. Upadhyay had been unable to find a vehicle to transport the 20-year -old mother and her baby to a higher-level facility. While he coordinated with SSBH to find transportation as soon as possible, Hima Shahi, an auxiliary nurse/midwife who had received coaching and mentoring from SSBH 45 days prior to prepare her for just such a case, used a resuscitation kit on the asphyxiated newborn and used the baby warmer to combat the newborn's hypothermia.

**Figure 2: Ms. Shahi (right) monitors a resuscitated newborn in the baby warmer.**

Just as SSBH found transportation for the patients, Mrs. Shahi provided stunning news: The baby was breathing! An oxygen cylinder and appropriately sized mask were found, allowing health workers to manually increase oxygen levels, and, after about 15 minutes of monitoring, Mrs. Shahi initiated skin-to-skin contact between mother and baby, who latched on to breastfeed. The baby received continuous oxygen throughout the night and was breathing without assistance the next day.

Mr. Upadhyay, the health post in-charge, described what it means to be able to treat mothers and newborns experiencing life-threatening complications:

> *As our health post is far from the nearest referral site, it was difficult for us to refer complicated cases which might result in the death of the child. However, SSBH has supported us with the Newborn Corner and provided skills to our staff through onsite coaching. We can now manage complicated cases here by ourselves and save the lives of mothers and their babies. We felt really happy to see happiness in the face of mothers and their relatives. We have been able to manage four other cases similar to this one at our health post, which would not be possible without SSBH support, for which I give heartfelt thanks.*

Mr. Upadhyay and other health facility managers have also received support from SSBH in data collection, recording, and reporting. To ensure timely, error-free data and enable data verification, evidence must be gathered and reported at the health facility level. Since Nepal established its federal system of government in 2017, health posts in Kanakasundari have submitted data reports to the municipal health section during monthly meetings rather than uploading them directly, because they lacked training in the correct reporting procedures. The health section chief, with support from the health section data assistant, would then upload the data into District Health Information Software 2 (DHIS2)—the Ministry of Health and Population's online portal for collecting and managing information on health service delivery. Given the rural municipality's remote location, it is unlikely that the health section chief was familiar with real-world scenarios at all health posts; the chief also may have

uploaded data without proper analysis and verification due to time constraints, resulting in consistent data errors.

To address this issue, SSBH collaborated with the Health Services Office to conduct a four-day training at district headquarters in November 2021. Participants included representatives of all 30 health posts and the health section chiefs of all eight municipalities in Jumla. Training sessions covered correct methods for collecting, verifying, recording, and reporting data in DHIS2, and trainers emphasized the importance of reporting data at the health post level.

In January 2022, after health workers in Kanakasundari received DHIS2 training, SSBH identified further challenges to timely recording and reporting during routine data quality assessments—outdated hardware at health posts, unreliable Internet connections, and confusion among health section staff on how to analyze and present the data. In response, SSBH provided an orientation on proper data analysis methods along with templates for conducting data presentations. As a result, health section staff are regularly analyzing and verifying data from each health post in Kanakasundari during monthly meetings and are presenting the data to help inform evidence-based interventions.

To improve reporting rates, SSBH advocated for newer computer hardware and more stable Internet connections at health facilities. The health section approached the municipal government with this agenda, and the authorities allocated funds for the purchase and installation of new laptops, printers, and Internet routers. This further encouraged health posts to report their data into DHIS2 on time, following analysis during monthly meetings, which they have been doing since December 2022.

The DHIS2 focal person for Kanakasundari, Netra Bahadur Khatri, is hopeful for continued improvements in his region:

> *At this time, we have not succeeded in reaching data reporting rates of 100%. However, we have managed to jump from 20% to 60%, which was made possible due to technical support from SSBH, and with continued support, we are sure that one day we will surely reach 100% in Kanakasundari [Rural Municipality].*

Municipal authorities are often focused on infrastructure development, so plans for procurement and hardware support for health facilities were easier to justify in municipal assemblies than most other health-related activities in Kanakasundari. During the latest annual work planning and budgeting process, which began in June 2022, SSBH advocated strongly for the allocation of sufficient funds to address the need for high-quality health service delivery and equitable access for marginalized groups. The Activity team collaborated with health workers to collect and analyze data on facility-specific service coverage, human resource requirements, and available equipment and commodities.

SSBH shared this analysis with the health section and assisted with the development of evidence-based plans to present to municipal authorities, starting with pre-planning meetings with municipal working committees and other stakeholders. Participants reviewed the health section's plans, identified and prioritized activities, and calculated an estimated budget. In July, at the close of the annual work planning and budgeting process, the municipal assembly disseminated the budget according to protocol. Of the budget, NPR 21,750,000 (about $170,476) is allocated for health.

Kanakasundari Rural Municipality is committed to facilitating access to care by expanding community health units in areas where constituents have to walk more than 2 hours to reach a health facility. The rural municipality is also committed to establishing more birthing centers

for hard-to-reach populations and to providing financial support to help at least one local student become a licensed general physician.

Municipal authorities allocated NPR 1,000,000 (about $7,838) to match SSBH funds and collaborate with SSBH on select activities in the coming fiscal year. These activities include training programs and routine coaching and mentoring visits to develop health workers' capacity to provide maternal, neonatal, and child health and family planning services.

According to Damodar Prasad Acharya, chair of the rural municipality:

> *SSBH has been working in this rural municipality to enhance quality services for mothers and children and strengthen our health information system. This has resulted in the improvement of health sector performance in Kanakasundari and we are really happy about that. We believe that we should continue to coordinate with SSBH to establish even better health systems in our municipality.*

Statements like this highlight the trusting relationship SSBH has built with Kanakasundari Rural Municipality through its continuous technical and in-kind assistance for health systems strengthening. Technical and in-kind support from SSBH provided Hatsinja Health Post staff with the means and the skills to help save the lives of asphyxiated newborns cases, and further technical assistance allowed health facilities throughout Kanakasundari to better collect, analyze, and use health data. This in turn provided evidence to inform municipal government interventions in health and improve the quality of health care services.

## Onsite Coaching and Mentoring and Raising Awareness of Family Planning Services: An SSBH Case Study

USAID's Strengthening Systems for Better Health (SSBH) Activity works with health workers in Karnali and Lumbini provinces to enhance their clinical skills and capacity to provide high-quality maternal, neonatal, and child health and family planning services. This involves clinical training programs to develop skilled birth attendants (SBAs) and provide family planning services for long-acting reversible contraceptives (LARCs) such as intrauterine contraceptive devices (IUCDs), implants, and subcutaneous devices placed on the upper arm that release a steady dose of hormones to discourage conception.

To reinforce skills the health workers build during training, SSBH conducts onsite coaching and mentoring programs during routine visits at health facilities. Along with a theory portion, coaching sessions include demonstrations, hands-on skill practice, and discussions to clarify participants' doubts or concerns. Coaching and mentoring can also be an effective method of increasing health workers' confidence in familiar work settings.

Raskot Municipality in Kalikot District is one of 79 local administrative units receiving SSBH technical assistance in Karnali Province. Staff from the municipality's three health posts have received clinical training in skilled birth attendance and administering implants. As part of the their training, health workers are trained and certified to administer IUCDs. Despite training, certification, and the availability of tools, protocols, and insertion kits, however, SBAs in Raskot reported uncertainty and lack of confidence in providing IUCD services. The municipality also had not recorded new recipients of IUCDs in fiscal years 2020/2021 or 2021/2022.

In March 2022, the Activity conducted a coaching and mentoring session for one SBA certified nurse from each health post in Raskot to provide updates on IUCDs and other family planning methods. The session included observation of IUCD insertion in a real client, which participants reported as helping alleviate their apprehensions and increasing their confidence. As Laxmi Singh, a nurse at Sipkhana Health Post, remarked,

> *My SBA training was many years ago, so I had lost my confidence to provide IUCD services. I had also felt the need for more guidance in this procedure. After this coaching and mentoring session, I have gained the confidence to provide IUCD services from now on.*

SSBH met with the health section chief, deputy chief, and nursing staff to discuss ways to increase awareness of the availability of IUCDs and other family planning methods in Raskot Municipality. During these meeting, the group identified some of the causes of low acceptance of IUCDs, such as myths about the devices' impact on the heart and on menstrual cycles. Municipal authorities agreed to mobilize female community health volunteers to help dispel these myths, highlight the family planning methods available in Raskot, and communicate about the importance of these services during committee and mothers' groups meetings and their regular visits in the community.

As a result, a municipality that had not seen a new IUCD recipient in almost two years, had three clients accept this service. Through a combination of coaching and mentoring to boost health workers' confidence and advocating with the municipality to increase awareness of these services, SSBH has helped increase women's access to quality family planning methods. Bimala Sanjyal, the deputy health section chief of Raskot Municipality, spoke about the improvements:

*SSBH has helped Raskot Municipality in capacity building and system strengthening. Today, due to technical assistance from SSBH, our nursing staff have gained confidence in providing IUCD. I truly believe that new acceptors of IUCD will increase further in Raskot Municipality.*

Like health workers in Raskot, service providers in Guthichaur Rural Municipality (Jumla District) needed coaching, mentoring, and assistance in raising awareness of family planning services. This municipality's rugged terrain makes travel difficult, particularly during the monsoon season. This also means some health facilities see far greater service uptake than others. Between fiscal years 2019/2020 and 2021/2022, for example, 167 clients received implants in the rural municipality, and 137 (about 82 percent) received this service at a single facility—Depalgaun Health Post.

Despite this volume of clients seeking implant services, Depalgaun Health Post was not providing IUCD as a family planning option. During a routine health facility visit by SSBH, nursing staff mentioned the long period since their last LARC training session had dulled their skills and their confidence. In April 2022, SSBH conducted a coaching and mentoring session on IUCDs for the nursing staff, along with refresher training on implants, quarterly contraceptive injections, and prescribing contraceptive pills. Adding these services to the distribution of condoms, Depalgaun Health Post is now providing all five recommended modern family planning methods to its catchment population. According to Rajya Laxmi Sharma, one of the nurses at the facility,

*After onsite coaching and mentoring provided by SSBH, we have been exposed to more learning opportunities that refresh and fill gaps in our knowledge. Furthermore, these sessions motivate and stimulate us, and gives us feedback to improve the quality of our work with confidence.*

Community members also appreciate health workers confidence in providing family planning services. A LARC recipient at Depalgaun Health Post expressed her gratitude:

*We are aware of short-acting family planning methods, but there is always a chance that we will forget or be unable to regularly visit the health post due to other priorities. I feel the risk of conceiving while using short-acting methods. LARCs feel more secure and provide ease of mind, and I am so happy and thankful to health workers at Depalgaun for providing these services.*

After seeing to the needs of nursing staff at the facility, SSBH turned its attention to increasing access to family planning services in Guthichaur Rural Municipality. The Activity team coordinated with Manorama Mahat, a public health nurse in the municipal health section whose responsibilities include planning, budgeting, and managing health and community services programs. Ms. Mahat informed SSBH that the municipality had allocated funds for family planning activities. The Activity provided technical support to conduct an implant camp in Gothigaun

**Figure 1: SSBH-supported implant camp at Gothigaun Basic Health Service Center**

Basic Health Service Center, a facility that is often difficult to access, even for local constituents.

On June 6, 2022, Gothigaun Basic Health Service Center was the site of a successful implant camp, where community members learned about the services available to them and received counseling on the family planning methods that would best suit them. In a health facility that had previously never administered a single implant, the camp inspired 12 clients to receive implants. The staff hope that many more clients will follow. Ms. Mahat described the Activity's role in the changes:

> *During our health facility visit with SSBH, we conducted a meeting, reviewed verified data from DHIS2, and planned this evidence-based activity to serve unmet needs. With continue[d] support from SSBH team, from planning to implementation, this LARC camp was completed successfully. It has long been accepted that the availability of family planning services saves lives. Where women have access to these services, children and families are healthier and society benefits as a whole.*

The Activity's coaching and mentoring support to increase access to LARCs and other family planning services also bore fruit in Tripurasundari Municipality of Dolpa District. Like Guthichaur, this municipality is in a remote area with rugged terrain and a single health post, Tripurakot, receiving much of its service volume. During a routine visit, SSBH discovered that the health post was providing only three of the five recommended modern family planning options, due to an extended period without significant training for health workers and a lack of confidence in their skills.

**Figure 2: Ms. Shanti Rawot provide implant insertion services at Tripurakot Health Post**

In December 2021, Shanti Rawot, a health assistant at Tripurakot Health Post received implant training facilitated by SSBH and also conducted onsite coaching and mentoring on LARC services and family planning counseling. Since then, Ms. Rawot has successfully inserted and removed implants for 147 clients in Tripurasundari. As in Guthichaur, clients are also satisfied with the services.

Ms. Rawot was pleased with her newfound confidence, saying,

> *The training that I received from SSBH helped me to provide this service to clients who visit the health post, and I am very happy I could serve my community. Through this service, birth spacing is taking place in Tripurasundari.*

As these cases show, SSBH's coaching and mentoring has helped enhance health workers' skills and confidence to provide high-quality family planning services. These services play an important role in birth spacing and improving the health status of women in SSBH working areas. The Activity has also been working to increase awareness of family planning and locations where community members can receive these services, emphasizing efforts to increase marginalized groups' equitable access to high-quality services.