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USAID's Strengthening Systems for Better Health Activity

Year Five, Semi-Annual Progress Report
July 16 – January 15, 2021

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

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

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Acronyms and Abbreviations

CB-IMNCI	Community-Based Integrated Management of Newborn and Childhood Illnesses
CDCS	Country Development Cooperation Strategy
COVID-19	Coronavirus Disease 2019
DHIS2	District Health Information Software 2
EHR	Electronic Health Recording
eLMIS	Electronic Logistics Management Information System
EOC	Emergency Obstetric Care
FP	Family Planning
FY	Fiscal Year
GESI	Gender Equality and Social Inclusion
HFOMC	Health Facility Operations and Management Committee
HMIS	Health Management Information System
HP	Health Post
IHIMS	Integrated Health Information Management Section
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
MoHP	Ministry of Health and Population
MoSD	Ministry of Social Development
MPDSR	Maternal and Perinatal Death Surveillance and Response
MQAWC	Municipal Quality Assurance Working Committee
NHTC	National Health Training Center
PHCC	Primary Health Care Center
PIRS	Performance Indicator Reference Sheet
RDQA	Routine Data Quality Assessment
RM	Rural Municipality
SBA	Skilled Birth Attendant
SSBH	Strengthening Systems for Better Health
USAID	United States Agency for International Development

Executive Summary

Background

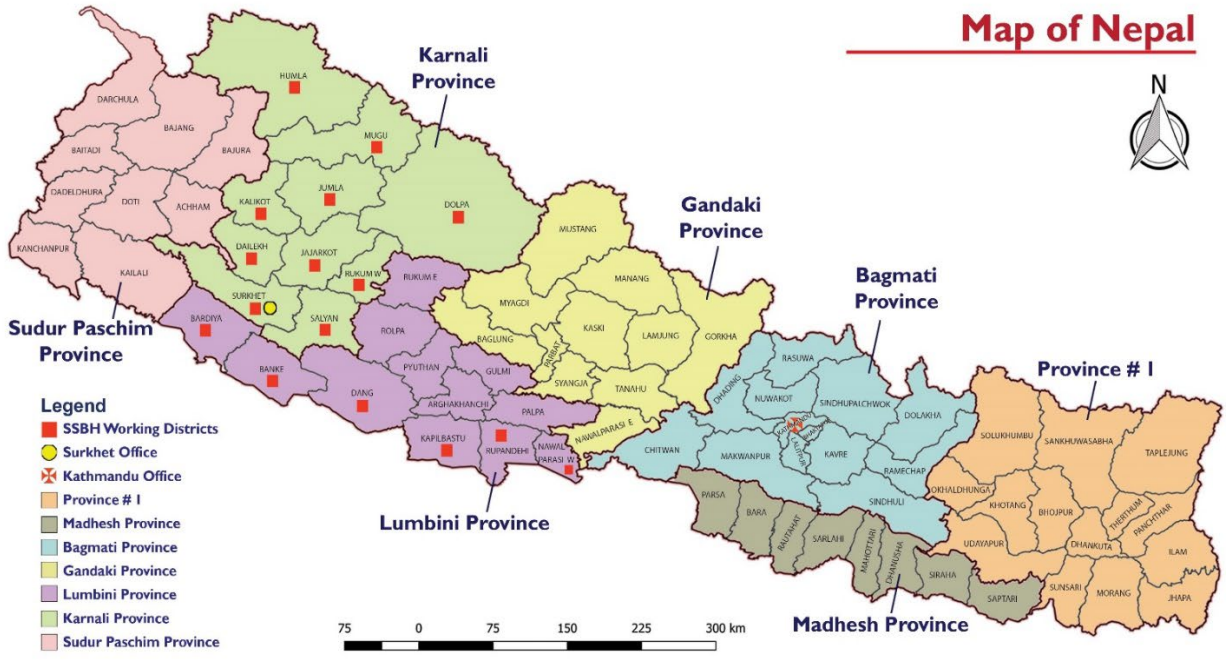
The United States Agency for International Development (USAID) awarded their five-year Strengthening Systems for Better Health (SSBH) Activity to Abt Associates in January 2018. To implement the cooperative agreement, Abt Associates is partnering with Save the Children, the Karnali Academy of Health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

SSBH is designed to support the Government of Nepal's efforts to improve health outcomes, particularly for the most marginalized and disadvantaged groups in the country. The Activity aims to improve health outcomes by enhancing access to and quality of maternal, newborn, and child health (MNCH) and family planning (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, as presented in Figure 1, covers a total of 138 municipalities from some of the most disadvantaged areas in the country (i.e., 79 municipalities in Karnali Province and 59 municipalities in Lumbini Province from the six districts of Banke, Bardiya, Dang, Kapilvastu, Rupandehi, and Nawalparasi West).

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



SSBH is pleased to present this Semi-Annual Progress Report for Year Five, covering the period from July 16, 2021, to January 15, 2022. The following two sections of the Executive Summary describe achievements against planned activities and results throughout the reporting period, and analyze implications of the Coronavirus Disease 2019 (COVID19) 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 Quarter Three. Annex 1 includes a matrix that presents the Activity's indicators, and Annex 2 includes two Success Stories.

Selected Achievements in Relation to Workplan Targets and Intended Results

Supported availability and continuity of quality health service delivery

During technical assistance visits to 336 health facilities in 13 districts of Karnali and Lumbini Provinces, SSBH assessed minimum standards of care using the "routine update" facility monitoring tool. As seen in Figure 1 below, the proportion of facilities meeting minimum standards has gradually improved. Eighty percent of the health facilities assessed in Karnali Province had the minimum required items available to provide quality care. In Lumbini Province, 97 percent met the minimum standards. In Nawalparasi West, Rupandehi, and Kapilvastu Districts, 48 percent of facilities met the minimum standards—comparable to the results from the initial baseline survey conducted in Fiscal Year (FY) 2018/2019. Service availability for child health has also improved; Figure 2 below demonstrates that the largest total improvement for this indicator occurred in this reporting period. Service readiness of health facilities in Karnali Province has steadily climbed, although it is still lower than Lumbini Province. In Nawalparasi West, Rupandehi, and Kapilvastu Districts, 46 percent of health facilities met all readiness criteria to provide child health services. The Activity will focus on improving readiness of health facilities in these districts and on sustaining improvements achieved in health facilities from the districts that were initially assessed.

Figure 2: Proportion of health facilities meeting quality of care standards

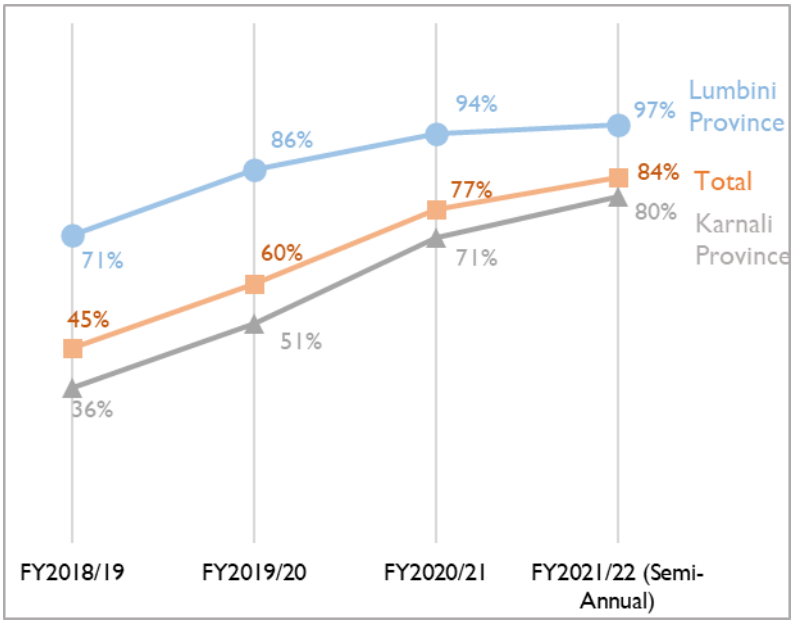
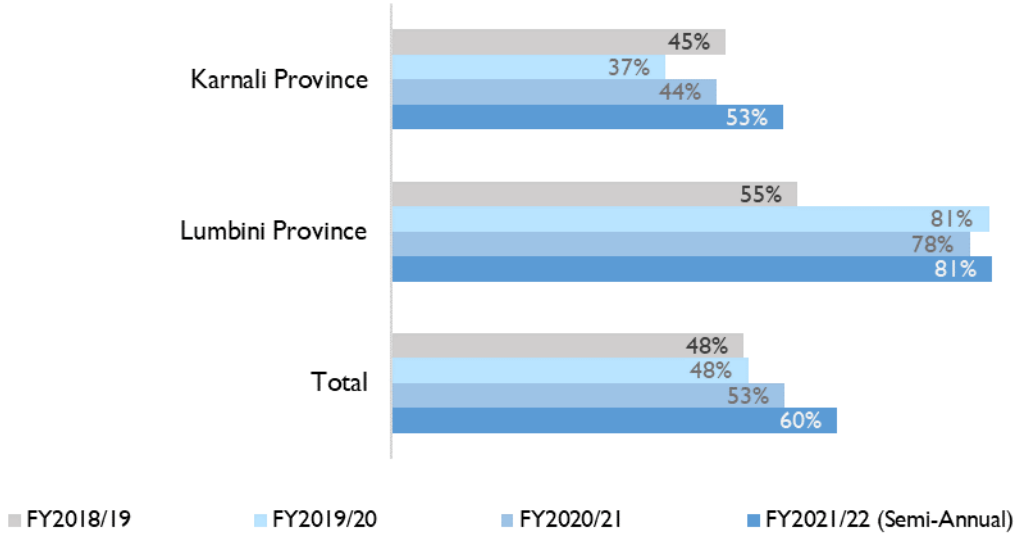


Figure 3: Proportion of health facilities meeting child health service standards



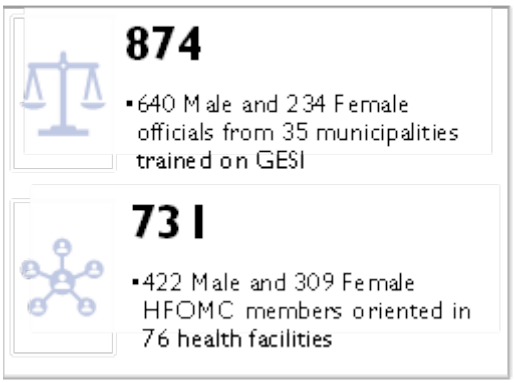
Supported capacity enhancement of service providers and municipal officials for quality health service delivery

Onsite coaching and mentoring reached 1,422 health service providers across 267 health facilities, as seen in Figure 3 below. This is a substantial improvement from the same period of the previous fiscal year, when 497 health workers received onsite coaching and mentoring. SSBH provided Maternal and Neonatal Health (MNH) update trainings to 383 service providers, and conducted training on implants, Intrauterine Contraceptive Devices (IUCDs), and family planning counselling for a total of 50 health workers. The Activity trained an additional 26 health workers from the public sector on Community Based Integrated Management of Newborn and Childhood Illnesses (CB-IMNCI), and certified 31 service providers to become Skilled Birth Attendants (SBA).

Figure 3: Clinical training and coaching and mentoring for MNCH and FP service delivery

The Activity also trained 874 officials from 35 municipalities on Gender Equality and Social Inclusion (GESI) principles, and oriented 731 Health Facility Operations and Management Committee (HFOMC) members from 76 health facilities to functionalize respective committees in accordance with revised guidelines, as seen in Figure 4 below.

Figure 4: GESI training and HFOMC orientation



The Activity continued to strengthen health information systems at the local level by training 1,384 health service providers and municipal officials on the District Health Information Software (DHIS2) and the Health Management Information System (HMIS). SSBH also trained 157 providers in the Logistics Management Information System (LMIS) and Electronic Logistics Management Information System (eLMIS). This training is vital for accurate and timely reporting of data from health facilities and municipalities, which has improved substantially across SSBH working areas. Along with training in these systems and software, SSBH also conducted coaching, mentoring, and data verification trainings for 1,241 officials and health workers from 96 municipalities, as seen in Figure 5 below.

Figure 5: Health information systems and software training and coaching

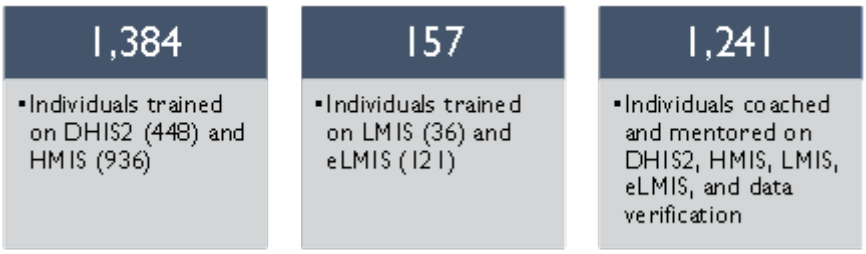


Figure 6: Initiatives to strengthen performance tracking and use of technology at local level

Strengthened performance tracking and use of technology at the local level

To strengthen performance tracking in the health sector, the Activity supported 125 municipalities to implement periodic review meetings by assisting with preparation of presentations, data analysis, development of action plans, and logistics management. SSBH supported 138 municipalities to update their web-based municipal profiles, out of which 124 are currently linked with respective municipal websites. SSBH partnered with Nyaya Health to implement Electronic Health Recording (EHR) in select hospitals of Karnali Province. Rukum Hospital has already started implementing the EHR system, and three other hospitals, specifically district hospitals in Dailkeh and Kalikot, and Mehelkuna Hospital in Surkhet, are close to completing the installation of

required hardware and software. The Activity is also implementing the AamaKoMaya application in Surkhet District to link providers and patients and enabling health workers to follow the progress of pregnant patients and patients who recently delivered babies. AamaKoMaya, a mobile software program that provides a digital platform to facilitate management of maternal, newborn, and child health services at both the community and health facility levels, is a useful tool that enables health workers to follow the progress and care of their pregnant patients and patients who recently delivered babies. The application allows providers to watch for danger signs and conditions requiring urgent medical attention or referral. SSBH trained all relevant stakeholders to use the app, and expectant mothers will enroll in this program starting in the next quarter.

Enhanced funding for health service delivery in Municipalities

The Activity continued to identify gaps in the health system and support municipal level planning and budgeting. The overall health budgets improved by 40 percent in Karnali Province and 67 percent in Lumbini Province (from baselines established in FY 2018/2019 and FY 2021/2022). Out of 105 municipalities in Karnali, 89 percent increased their overall municipal health budgets, and 79 percent increased unconditional health budgets. Out of 26 municipalities in Lumbini, 89 percent increased their overall municipal health budget, and 54 percent increased their unconditional health budgets in 2021/2022.

Figure 7: Comparison of Municipal level Health Budget

	Overall health budget (2018/2019) (In hundreds of thousands)	*Overall health budget (2021/2022) (In hundreds of thousands)*	*Number and percentage of municipalities with increased overall health budgets in 2021/2022*	*Number and percentage of municipalities with increased unconditional health budgets in 2021/2022*
Karnali Province (N=79)	NRs. 20,250.70 (USD $169.00)	NRs. 28,283.37 (↑40%) (USD $236.00)	70 (89%)	58 (73%)
Lumbini Province (N=26)	NRs. 9,053.52 (USD $75.00)	NRs. 15,154.57 (↑67%) (USD $126.00)	23 (89%)	14 (54%)

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 January 3, the seven-day average of new cases was down to 241. By the end of 2021, most of the isolation centers and all the quarantine sites in the SSBH operational area had ceased operations, and there were only a few COVID-19 patients being treated in the larger hospitals (Bheri Hospital, Nepalgunj, and the Surkhet Provincial Hospital) in Karnali and Lumbini Provinces.

As the Omicron variant of the virus spread globally, however, case numbers in Nepal rose steeply during the first three weeks of January 2022. Case number increased from the seven-day average of 241 on January 3, to the highest seven-day average of the pandemic—8,423—on

January 25. By January 15, SSBH had temporarily halted all non-health emergency-related events and field activities and moved to remote, home-based work to comply with Government of Nepal directives to mitigate transmission of the virus. During the month of January, SSBH recorded 52 new cases of COVID-19 among staff members despite these precautions.

Since the exponential rise in cases took place at the very end of the reporting period, this latest surge had little to no effect on the Activity's ability to undertake planned activities and achieve activity targets during the semi-annual period covered by this report. Early in Year Five, all SSBH staff members were able to return to the field and resume normal activities, while maintaining the public health and safety precautions in line with the Activity's approved Risk Mitigation Plan. These precautions include mask wearing at all times when in the office, during meetings, and while in contact with other people, physical distancing whenever possible, limiting the number of people in meetings and vehicles, avoiding use of public transportation, and frequently washing or sanitizing hands. Staff members continued to rotate attendance in the Kathmandu and provincial offices to avoid lengthy contact with multiple colleagues and worked remotely when possible. Twenty-one staff members tested positive for COVID-19. All these individuals had been fully vaccinated, and all experienced mild symptoms. At the end of the reporting period, all 210 SSBH staff had been fully vaccinated against COVID-19—either with the initial two-dose regimen, or one dose in the case of the Janssen/J&J vaccine.

The SSBH Health Emergency Response team continued providing support to provincial and local counterparts to plan for and manage COVID-19 mitigation and response activities. The major areas of focus were to support the government at federal, provincial, and local levels to achieve maximum coverage with COVID-19 vaccinations and, during December and January, prepare hospitals and health facilities to manage the surge in new cases associated with the spread of the Omicron variant. SSBH reports on implementation of the Health Emergency Response Component on a separate, monthly schedule in accordance with USAID requirements.

The remaining sections of this report are focused on activities and results achieved under the original SSBH Program Description. As detailed in the Annual Performance Report for Year Four, many of the planned activities (e.g., 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 the planned activities that were not completed in Year Four have been carried over to the Year Five Workplan. During the first half of Year Five, SSBH prioritized the expansion of field-level technical assistance teams and ramping up activities to make up for time and momentum lost during the pandemic-related slowdown.

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

- Conducted GESI training for 874 participants in 35 municipalities
- Facilitated development workshops in 12 municipalities across eight districts to support initial assessments and drafting of disaster preparedness plans
- Supported establishment of Level 1 Newborn Care and functioning Newborn Corners in 36 health facilities in 12 districts
- Supported 40 health facilities and ten municipalities to develop or update their social maps

Figure 8: Group activity during GESI training in Narainapur Rural Municipality (RM), Banke District

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

Supported stakeholder understanding of health equity measures and development of strategies to reach unreached populations.

Between October 2021 and January 2022, the Activity conducted GESI trainings for 874 participants in 35 municipalities. SSBH included findings and recommendations from the Analysis of Barriers to Utilization of MNCH and FP Services report—conducted by SSBH in FY 2018/2019—during these training programs to advocate for planning, policy, and program implementation at the municipal level to provide health services to marginalized and unreached communities. One of the key messages in 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.

The Activity also organized follow-up sessions on GESI interventions in six municipalities to reflect on major progress, challenges, and opportunities for mainstreaming GESI in the respective catchment areas. This is an opportunity to refresh commitments and action plans developed by municipal authorities during the initial GESI training and discuss changes in approaches to increase access to health care services. Some of the commitments local governments have been working on as per municipal action plans in these select municipalities

include 1) social security funds established by some municipal authorities for people with disabilities and women from marginalized groups, 2) use of social mapping tools to identify marginalized communities within constituencies, 3) establishment of community health units in remote or hard-to-reach areas, 4) collection, analysis, and use of disaggregated data for evidence-based planning and budgeting, 5) increasing the number of women from marginalized communities that are attended by doctors, nurses, or midwives during labor, 6) filling HFOMC leadership positions with women or representatives from vulnerable groups, and 7) development of inclusive health acts and policies.

Continued to deliver customized technical assistance at municipal level.

The Activity reviewed and revised the municipal Customized Technical Assistance Plans in all ten 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 activities to ensure quality MNCH and FP services for better health outcomes. SSBH shared the updated plans with Health Offices, municipal authorities, and other relevant stakeholders at both district and municipal levels. The Activity also finalized municipal technical assistance plans in Kapilvastu, Rupandehi, and Nawalparasi West Districts after completing Health Systems and Capacity Assessments and rollout of the Minimum Service Standards at the health post level.

Supported development and strengthening of referral mechanisms and health emergency planning.

SSBH provided technical support to develop an emergency fund guideline in two municipalities of Dolpa District. Municipal authorities in Kaike Rural Municipality endorsed the guideline and allocated NPR 50,000.00 (USD $417.15) to the Emergency Obstetric Care (EOC) fund. This includes 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 other transportation costs where ambulances may not be available. In Tripurasundari Municipality, the Activity provided an orientation to the HFOMC of Tripurakot Health Post on the importance of developing emergency referral mechanisms to ensure timely referral of maternal and newborn emergencies. The municipal authorities subsequently agreed to develop and endorse an emergency fund guideline and establish a referral fund in the next quarter.

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, along with medical officers and nursing staff from Dailekh District Hospital. Participants reviewed the existing referral process, defined the roles and responsibilities for a functional referral system, and discussed recommendations for timely referral. Elected leaders committed to strengthen the referral system in their respective municipalities, allocating required budgets for EOC funds, and building effective communication channels with referral sites.

The Activity worked to strengthen referral mechanisms in Lubmini Province by facilitating meetings between nursing staff and health coordinators of Thakurbaba, Bansgadhi, and Barbardiya Municipalities of Bardiya District, and staff from the labor ward at Nepalgunj Medical College Teaching Hospital, to enhance communication channels and develop a functioning referral system for maternal and newborn cases. SSBH also encouraged HFOMCs of 17 health facilities and their respective municipal governments in Banke District to allocate funds for emergency transportation for referrals.

The Activity organized a workshop in Sunawal Municipality of 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 identified vulnerable groups and geographic areas of greatest risk by using a vulnerability assessment tool. As a result of the workshop, municipal authorities formed a technical working committee to draft the plan, and SSBH will continue to follow up, providing technical assistance when required, to support drafting, review and finalization of the plan.

SSBH organized two similar workshops at the provincial level to share the lessons from Sunwal Municipality and refine the vulnerability assessment tool. The provincial workshops led to development workshops in 12 municipalities across eight districts to support their initial assessments and drafting of Health Emergency and Disaster Preparedness and Response Plans. Tribeni Rural Municipality of Rukum West District finalized their plan in January 2022.

The Activity also responded to a health emergency: a cholera outbreak in Kapilvastu District. SSBH helped health office and municipal health workers to conduct household surveys to investigate the outbreak and supported raising awareness for cholera prevention and care in affected areas by disseminating behavior change communication materials, public service announcements on FM radio, and the importance of procuring and using clean water. This included an orientation program to support health coordinators in planning cholera vaccination campaigns.

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

SSBH supported the establishment of Level 1 newborn care in 36 health facilities of 12 districts, as detailed in Table 1 below. At all these sites, SSBH 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 establish Newborn Corners in these facilities 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.

Table 1: Facilities supported for establishment of Level 1 newborn care

	District	Municipality	Health Facility
1	Surkhet	Birendranagar	Latikoili Health Post (HP)
		Barahatal	Kunathari HP
		Chaukune	Guthu HP
		Simta RM	Rakam HP
2	Jumla	Guthichaur	Depalgaun HP
		Hima RM	Mahabaipatarkhola HP
		Kanakasundari	Hatsinja HP
3	Salyan	Tribeni RM	Tribeni HP
		Siddhakumakh	Chande HP
		Darma	Bhalchaur HP
		Kalimati	Rampur HP
4	Rukum West	Aathbiskot	Aathbiskot Municipal Hospital
		Sanibheri	Sanibheri Municipal Hospital

	District	Municipality	Health Facility
		Tribeni RM	Muru HP
5	Kalikot	Pachalijharna	Ramnakot HP
		Sani Tribeni	Mahalmudi HP
		Narharinath RM	Rupsa HP
6	Jajarkot	Nalagad	Dalli Primary Health Care Center (PHCC)
		Junichde RM	Gharkhakot PHCC
		Bheri	Bhur HP
7	Dang	Rapti	Lalmatiya HP
		Babai	Purandhara HP
		Dangisharan	Shreegaun PHCC
8	Dailekh	Thatikadh	Lakandra PHCC
		Narayan	Tribeni HP
		Aathbish	Rakam Karnali HP
9	Banke	Baijanath	Titihariya HP
		Rapti Sonari	Fattepur HP
		Narainapur	Laxmanpur PHCC
		Duduwa	Bethani HP
10	Bardiya	Badaya Taal	Jamuni HP
		Thakurbaba	Thankudwara HP
11	Dolpa	Tripurasundari	Tripurakot HP
		Kaike RM	Shahatara HP
12	Humla	Sarkegad RM	Saya HP
		Chankheli RM	Melchham HP

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

Engaged communities to improve service utilization while supporting HFOMCs to analyze and use health data to address barriers to care among targeted populations.

In several municipalities, the Activity conducted and participated in programs to raise awareness and celebrate initiatives such as national Breast-Feeding Week and Family Planning Day. SSBH helped to organize a poem and quiz competition to promote youth awareness of family planning in Rukum West District. Activities like these promote health services to communities and encourage people to seek care as needed. In the Narayan Health Post of Dailekh District, SSBH supported the establishment of a family planning counseling corner, where the Activity provided information on family planning methods to community members and encouraged interactions with Female Community Health Volunteers to discuss the means of seeking these services. The Activity held similar programs in Simkot Rural Municipality in Humla District and Chaukune and Simta Rural Municipalities in Surkhet District during Nepal's Female Community Health Volunteer Day celebrations.

SSBH visited authorities and health facilities in four municipalities of Salyan and Jajarkot Districts to discuss implementation of social health protection schemes including the National Health Insurance Program, safe motherhood and institutional delivery incentives, free newborn care, and nutrition assistance. SSBH plans to visit other districts and will prepare a report detailing the findings and recommendations to improve coverage where necessary and promote sustainable practices.

The Activity also supported 40 health facilities and ten 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.

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

- Supported establishment of Municipal Quality Assurance Working Committees in 33 municipalities
- Supported rollout of Health Post Minimum Service Standards in 171 health facilities and 59 municipalities across both provinces
- Conducted onsite clinical coaching and mentoring sessions for 1,422 service providers
- Clinical trainings provided to 490 health workers

Figure 9: CB-IMNCI coaching for nursing staff at Rudhrapur Health Post, Rupandehi District

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.

SSBH finalized the Quality Assurance framework in consultation with the Ministry of Health and Population's (MoHP) Quality Assurance and Regulation Division and other relevant stakeholders. The Activity organized a workshop with this same group of stakeholders to develop an implementation guideline for the framework, which stakeholders will submit next quarter for accreditation by the Quality Assurance and Regulation Division.

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 (MQAWCs). The role of these committees is to enhance health service providers' knowledge and understanding of the mechanisms outlined in national quality assurance guidelines, raise awareness of the importance of quality assurance in health, and outline the responsibilities of municipal officials in helping to ensure quality of care in facilities under their jurisdiction.

The Activity facilitated the establishment of MQAWCs in 33 municipalities, as seen in Table 2 below. SSBH also provided support to municipal authorities during their quarterly meetings to discuss and revise action plans to address the issues of quality of care in their respective health facilities, and facilitated quality assurance meetings to support quality assurance and quality improvement committees during coaching and mentoring sessions, HFOMC meetings, and Minimum Service Standards rollouts.

Table 2: Municipalities that have established MQAWCs with SSBH support

SN	District	Local Administrative Units
1	Humla	Simikot RM
2	Bardiya	Gulariya Municipality, Madhuwan Municipality, Barbardaiya Municipality
3	Nawalparasi	Bardaghat Municipality, Pratappur RM, Sarawal RM, Susta RM, Sunawal RM, Ramgram Municipality, Palinandan Municipality
4	Rupandehi	Lumbini Sanskritik Municipality, Marchawari RM, Kotaimai RM, Sammarimai RM, Rohini Municipality, Omsatiya RM, Mayadevi RM, Siyari RM, Devdaha Municipality, Tilotamaa Municipality, Butwal Sub-metropolitan City, Sainamaina Municipality, Suddhodhan Municipality, Kanchan RM
5	Kapilvastu	Suddhodhan RM, Mayadevi RM, Sivaraj Municipality, Maharajgunj Municipality
6	Kalikot	Narharinath RM
7	Surkhet	Chaukune RM
8	Jajarkot	Bheri Municipality, Nalagadh Municipality

Supported introduction of the Minimum Service Standards for Health Posts.

The Activity supported the introduction and rollout of Health Post Minimum Service Standards in 171 health facilities and 59 municipalities across both provinces. SSBH oriented MQAWC and HFOMC members and health facility staff to the concepts, objectives, implementation methods, scoring processes, and tools for these standards. The participants performed self-assessments, identified key gaps in meeting the minimum standards, ranked their respective health facilities using color codes, and developed appropriate action plans. SSBH also coordinated with the Karnali Province Ministry of Social Development (MoSD) to conduct a two-day Training of Trainers at the district level to increase the use of Minimum Service Standards at municipal and health facility levels.

Continued initiatives to expand the number of certified clinical training sites.

The Activity explored the possibility of establishing Rapti Provincial Hospital in Dang District as a training site for SBAs and administering Long-Acting Reversible Contraceptives (LARCs). In coordination with U.K.-funded Nepal Health Sector Support Program and officials from the National Health Training Center (NHTC), SSBH conducted a two-day site assessment of existing MNCH and FP services. The NHTC reviewed the findings of this assessment and accredited Rapti Provincial Hospital as an SBA, LARC, and Postpartum Intrauterine Contraceptive Device training site. The Activity also visited existing training sites of Lumbini Provincial Hospital in Butwal and Bhim Hospital in Bhairahawa to identify any areas requiring quality improvement interventions. Provincial authorities are planning to initiate trainings at all three sites next quarter, and SSBH will provide both technical and in-kind support, which includes laptops, projectors, screens, writing boards, simulation models, and other medical equipment.

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

Ensured that updated clinical guidelines, standards, and protocols are available at municipal and health facility levels.

The Activity worked closely with national-level counterparts in the Department of Health Services and the Family Welfare Division, along with other implementing partners, to contribute during Technical Working Group meetings to develop antenatal to postnatal continuum of care guidelines.

The Activity continued to disseminate clinical standards and other normative guidelines related to maternal and newborn health, reproductive health, and family planning, including Birth Preparedness Package flipcharts, reproductive health clinical protocols for nurses, paramedics, and doctors, and maternal and newborn health job aids. SSBH distributed clinical standards and protocols to 148 health facilities in 13 districts and conducted brief orientations for health service providers to facilitate the use of these standards and guidelines.

Supported review of maternal and perinatal deaths and near-miss cases to identify and support remedial actions.

The Activity provided technical support to the Family Welfare Division to organize a two-day orientation on hospital-based and community-based Maternal Perinatal Death Surveillance and Response (MPDSR) and near-miss cases in Karnali and Lumbini Provinces. The selected participants included MPDSR program committee members, doctors, nurses, medical recorders, and public health nurses. SSBH also facilitated the formation of a MPDSR committee at Bardiya Hospital in accordance with new federal guidelines. In Surkhet, Dailekh, Kalikot, Jumla, Humla, Mugu, Dolpa, Kapilvastu, Rupandehi, and Nawalparasi West Districts, the Activity attended MPDSR committee meetings of select facilities to review cases, assess the responses of service providers, and suggest future improvements. SSBH worked to ensure that the MPDSR committees are functional and that they hold timely meetings following notification of maternal deaths. The Activity supported the MPDSR committees to adopt new guidelines and facilitated the development of action plans to address gaps in service delivery. In Lumbini Province, the Activity provided technical support to the Provincial Health Directorate to organize onsite coaching and mentoring on MPDSR and near-miss cases at Bheri Hospital, Nepalgunj Medical College and Teaching Hospital, Bardiya Hospital, and Siddhartha Children and Women's Hospital to MPDSR committee members, nurses, and doctors. Bardiya Hospital and Siddhartha Children and Women's Hospital both received SSBH support to form MPDSR committees.

Figure 10: Coaching and mentoring session at Guru Health Post in Surkhet District

Supported enhancement of service provider skills to deliver quality MNCH and FP services.

The Activity conducted onsite clinical coaching and mentoring sessions for 1,422 service providers to enhance skills, decision making, and readiness to provide quality MNCH and FP services. Coaching and mentoring focuses on family planning counseling; antenatal care; partograph

use; essential newborn care; newborn assessment; newborn resuscitation; infection prevention and control; waste management; and management of preeclampsia, eclampsia, and postpartum hemorrhage. Along with a theory portion, coaching sessions included demonstrations, hands-on skill practice using simulators, and discussions to clarify any doubts or concerns that the participants may have.

Along with coaching and mentoring activities, SSBH supported formal clinical training for 490 health workers, as detailed in Table 3.

Table 3: SSBH clinical training programs during the semi-annual period of Year Five

Training Topic	Time Frame	Training Sites	Participants
Implant Services	August 2021 – October 2021 (3 batches) September 2021 (1 batch) December 2021 (4 batches)	Bheri Hospital, Nepalgunj Province Hospital, Surkhet District Family Planning Association of Nepal, Butwal	34
Maternal & Newborn Health Update	July 2021- January 2022	Municipalities in the following Districts: • Bardiya • Banke • Rupandehi • Kapilvastu • Dang • Jumla • Rukum West • Mugu • Kalikot	383
Community-Based Integrated Management of Newborn and Childhood Illnesses (CB-IMNCI)	December 2021 (2 batches)	Municipalities in the following Districts: • Dang • Surkhet	26
FP Counselling, Service Delivery, and Decision Making	December 2021 (1 batch)	Provincial Health Training Center, Butwal	12
Intrauterine Contraceptive Device Services	December 2021 (1 batch)	Province Hospital, Janakpur	4
Skilled Birth Attendant (SBA)	22 August – 20 October 2021 (1 batch) 23 August – 24 October 2021 (1 batch) 17 November 2021 – 15 January 2022 (1 batch)	Bheri Hospital, Nepalgunj Province Hospital, Surkhet District	31

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

Sub-Result 2.3: Improved Patient Experience of Care

Supported implementation of "patient experience of care" principles in approaches to quality assurance.

Last fiscal year, SSBH developed a concept paper based on the global literature on "patient experience of care" interventions. The concept paper outlines an approach to improve women's experience of MNCH and FP services in Nepal, and to pilot this approach in selected facilities in the SSBH operational area. The ultimate aim is to develop an evidence-based intervention designed to make maternal and newborn care services more welcoming, responsive, and acceptable to 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 4) monitoring and evaluation.

The Activity initially selected Kunathari Health Post in Barahtal Rural Municipality, Surkhet District, for the pilot intervention, based on a visit that determined the readiness and willingness of the health facility and its HFOMC to participate in this initiative. SSBH provided orientation to HFOMC members and facility staff to initiate the four-stage process for improving patients' experience of care while accessing MNCH and FP services in the facility. The pilot activity will be undertaken in one facility in each of the 16 SSBH operational districts. As of this reporting period, selected health facilities have completed action plans in Banke, Dailekh, and Surkhet Districts, while SSBH has initiated the process of orientation and problem identification in select health facilities of Dang, Jajarkot, and Rupandehi Districts.

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

- Oriented 451 Social Development Committee members from 29 municipalities
- Oriented 731 Health Facility Operations and Management Committee members from 76 health facilities
- Supported 51 municipalities to prepare their calendars of operations for FY 2078/2079

Figure 11: HFOMC meeting at Maila Health Post, Humla District

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 for tracking 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 this reporting period, 38 health policies and 52 health acts are in the implementation stage as a result of SSBH support. Municipal councils have submitted 23 health policies and 25 health acts for approval, and a further 68 health policies and 30 health acts are in various stages of development prior to being submitted for approval. At the provincial level, the Activity supported the drafting of health strategies and implementation plans for both Karnali and Lumbini Provinces by facilitating policy consultation meetings to review technical documents, analyze data, and identifying priority interventions.

At the municipal level, SSBH also assisted in developing monitoring, evaluation, and supervision guidelines, which 13 municipalities implemented during this reporting period. These guidelines are in the approval stage in 14 municipalities. An additional 14 municipalities are currently drafting these guidelines, and 33 municipalities are in preliminary discussions.

SSBH provided support in data analytics, presentation preparation, and action plan development in 125 municipalities during periodic health review meetings. The Activity uses municipal monthly review meetings as a forum for group coaching, data verification, and information sharing. SSBH provided support at the municipal level to adopt national and provincial criteria to achieve better assessment scores, which results in higher rankings and subsequent rewards. The Activity also supported ten health offices, 17 municipalities, and the Lumbini Province MoSD to draft and finalized annual reports. SSBH will provide the same support to municipalities and provincial authorities in Karnali Province next quarter.

Supported establishment and functionality of local committees responsible for health sector management and performance.

SSBH supported orientations for 451 Social Development Committee members from 29 municipalities. SSBH oriented committee members on their roles and responsibilities in planning and allocating resources in health, developing health acts and policies, and supporting the functionality of health systems. SSBH also supported two-day orientations in 76 health facilities to functionalize HFOMCs. In total, the Activity oriented 731 HFOMC members on their roles and responsibilities in health service management, supply of essential drugs and equipment, and monitoring the status and quality of health service delivery. In addition, SSBH assisted HFOMC members to enable them to perform their self-assessments, identify existing gaps, and develop action plans accordingly. Per the latest MoHP guidelines, HFOMCs include members from underrepresented groups such as adolescents, people with disabilities, and other marginalized populations.

The Activity supported participatory follow-up assessments for 73 HFOMCs that received orientation in the previous fiscal year. These assessments of functionality included a self-guided tool to gauge HFOMC performance in health facility management and service delivery before and after receiving orientation from SSBH. Based on the gaps identified through this self-assessment, HFOMCs revised action plans to reflect new or urgent priorities. This includes the client exit interview tool, which is a useful method of gathering relevant information from individuals who have recently used health services. Results from these interviews may ultimately be used to inform future health acts and policies.

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

SSBH and Nyaya Health Nepal visited six Karnali Province hospitals in Rukum West, Dailekh, Kalikot, Mugu, Dolpa, and Humla Districts for a preliminary assessment of hospital readiness to implement Electronic Health Recording (EHR), a system that collects patient records within a central database to allow relevant medical departments to access and share these records electronically with referral sites when required. After preliminary assessments and piloting at Mehelkuna Hospital in Surkhet District, the Karnali Province MoSD allocated funds for procurement and other implementation activities. Kalikot Hospital, Dailekh Hospital, and Rukum Hospital procured the required equipment to begin EHR implementation. SSBH plans to follow up with these sites in the coming quarter and support the installation of the system in the remaining hospitals selected in Dolpa, Humla, and Mugu Districts. The Activity will also support Mehelkuna Hospital to fully implement EHR.

Figure 12: Female Community Health Volunteers in Birendranagar learning to use AamaKoMaya app

The Activity conducted a preliminary assessment of implementation of the AamaKoMaya application in Birendranagar Municipality of Surkhet District. There is sustained interest from municipal authorities, health workers, HFOMC members, and Female Community Health Volunteers in Birendranagar Municipality, all of whom are

trained in using this application. Expectant mothers will begin enrollment in the AamaKoMaya program in the following quarter.

The Activity coordinated with nine municipalities to conduct social audits of 27 health facilities. SSBH provided orientations for Social Development Committees – who have specific responsibilities for planning, management, and oversight for health sector programs, and advocating for allocation of adequate resources to health during the annual planning and budgeting process – on the social audit process, and then social auditors conducted the audit. This process 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 these findings, the auditors prepare action plans for HFOMCs and municipal authorities. The Activity's role will be to support the selected municipalities to implement the interventions outlined in the action plans and follow up on a routine basis.

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

Support municipalities to execute FY2078/2079 annual plans.

SSBH supported 51 municipalities to prepare their calendars of operation for FY 2078/2079. These 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 15 Core+ municipalities in Karnali Province to develop their respective program implementation guidelines. Federal and provincial levels provided program implementation guidelines for activities funded through conditional grants, but there were no specific local level guidelines for the activities funded by municipal resources. The local level program implementation guideline provides a detailed description of the process for activity implementation, recording, and reporting, and highlights responsible parties and allocated budgets. The Activity will continue to monitor the adherence of municipalities in their local level program implementation guideline in the coming quarters.

Sub-Result 3.3: Strengthen Management and Performance Improvement Processes

Strengthened local level capacity for forecasting, procurement, and supply chain management.

SSBH completed the hiring of consultants to facilitate the basic health logistics, procurement, and forecasting training. The Activity completed basic health logistics training in 35 health facilities for municipal health coordinators, sub-coordinators, and focal persons of medical stores in Bardiya District. SSBH coordinated with the Karnali Province Health Directorate to implement this training, and procurement and forecasting training will be initiated in the following quarter.

Supported enhancement of technical, managerial, and leadership capacity.

The Activity conducted health system strengthening coaching and mentoring for 27 health facilities in Jajarkot and Banke Districts, focusing on HFOMC functionality, store management, and displays of key accountability tools such as citizen charters, social maps, organograms, and behavior change communication materials.

At the federal level, the Activity continued developing the modular training package. SSBH helped develop three training modules for health coordinators and deputy health coordinators to use to strengthen the capacity of local government in the effective delivery of quality health services. The training modules will also enhance the capacity of health coordinators to address health system issues they face in day-to-day work. The Activity conducted a round of meetings with the National Health Training Centre, the Department of Health Services, and the Ministry of Federal Affairs, and General Administration to draft and revise training content. SSBH will continue working with government stakeholders to approve and endorse this training package in the coming quarters.

4. Cross-Cutting Program Elements

- Trained 936 health workers on HMIS, and 448 health workers—including private service providers—on DHIS2
- Provided LMIS training to 36 health workers and eLMIS training to 121 health workers
- Conducted Routine Data Quality Assessments (RDQAs) in 211 health facilities and follow-ups in 35 health facilities

Figure 14: Onsite coaching on DHIS2 in Gela Health Post, Kalikot District

4.1 Private Sector Engagement

Supported finalization of the private health sector regulatory guidelines for Karnali Province.

The Activity supported the Karnali Province MoSD to conduct five technical working group meetings to further the process of developing and finalizing the Health Facilities Registration, Renewal, and Upgrade Guidelines and Standards. This guideline applies to all health facilities, both private and public, and technical support for the guideline, along with establishment of the processes and systems outlined in the document, is being led by the SSBH private sector team. SSBH has organized both legal and technical reviews of the final draft to ensure that the document addresses the requirements of the Karnali Province Health Act, 2020, and is in line with federal provisions. After a pause in these activities due to the recent surge in COVID-19, SSBH expects that the final guideline will be approved and endorsed by the MoSD during Quarter Three. SSBH is also providing technical support for drafting and finalization of similar regulatory guidelines in municipalities in Banke, Surkhet, Dailekh, Rukum West, Bardiya and Salyan Districts. These municipal-level regulations codify the processes, procedures and systems for municipalities to oversee licensing, registration and scopes of practice for private health sector entities.

Supported public institutions to effectively engage with private health sector.

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. SSBH also delivered updated child health clinical protocols to 70 private health facilities Surkhet, Dailekh, Rukum West, Bardiya, and Dang Districts.

The Activity visited Nepalgunj Medical College with the senior nursing officer of Kohalpur Municipality, Banke District, to discuss the facility's late reports in the DHIS2 platform. SSBH conducted three other private sector meetings in this district with health service providers to discuss recording and reporting, processes for registration and renewal, and overall management. SSBH also conducted meetings to discuss possible collaborations with USAID's MOMENTUM Private Healthcare Delivery, a project that seeks to reduce maternal, newborn, and child mortality and morbidity with a focus on strengthening capacity, sustainability, and local resilience.

Continued implementation of private sector newborn/child health demonstration activity and planned assessment of private facility referral practices.

SSBH finalized the concept and data security plan for the 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. After completing pretesting activities and reviewing the data collection tools and analysis methods, SSBH selected 18 private health facilities to participate in this 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 collected information on 25 referral cases of newborn and children under age five from these facilities, including interviews with the private sector caregivers that referred these cases to document their experience and discuss the end result of their referrals.

4.2 Gender Equity and Social Inclusion (GESI)

Continued implementing internal strategies to integrate GESI into program activities.

The Activity organized training sessions for recently hired program staff on the concept and principles of GESI, and health equity priorities integrated into program approaches and activities. These sessions revealed prevailing societal gender norms that make it difficult for women to make and act on decisions about their own health or their family's health and potential impact on the use of MNCH and FP services in Karnali and Lumbini Provinces.

SSBH also developed a separate three-hour orientation with the aim of sensitizing municipal representatives on GESI principles and integrating equity concepts while planning and implementing health interventions and drafting legislation. The Activity trained multi-disciplinary teams at the district level to deliver these sessions during their routine visits, which is how the Activity reached 874 people with GESI concepts (please refer to Section 1.1). Virtual meetings with district and provincial level staff to follow up on these trainings revealed health equity gaps and poor representation of marginalized populations in decision making. These discussions covered data analysis and policy revision activities in some municipalities, and the need to increase GESI sensitization in other areas to promote legislative agendas.

4.3 Data-driven and Evidence-based Programming

Strengthened HMIS and LMIS recording and reporting system in provinces and municipalities.

At the federal level, 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 the Standard Operating Procedure for HMIS operation. To enhance data quality at the point of data entry, SSBH submitted variables and validation rules to be incorporated in DHIS2. Under IHIMS leadership, SSBH is developing a DHIS2 video tutorial for training purposes, which will be disseminated by an application called Resource that is built into DHIS2.

At the provincial level, the Activity supported the Karnali Province Health Directorate to routinely identify data discrepancies and minimize errors. In Lumbini Province, SSBH worked to strengthen hospital recording systems by providing relevant training to focal persons in eight hospitals, including the Nepalgunj Medical College (a private facility). Reporting from the private sector remains a challenge and the Activity will regularly provide support to government counterparts to help create improvements.

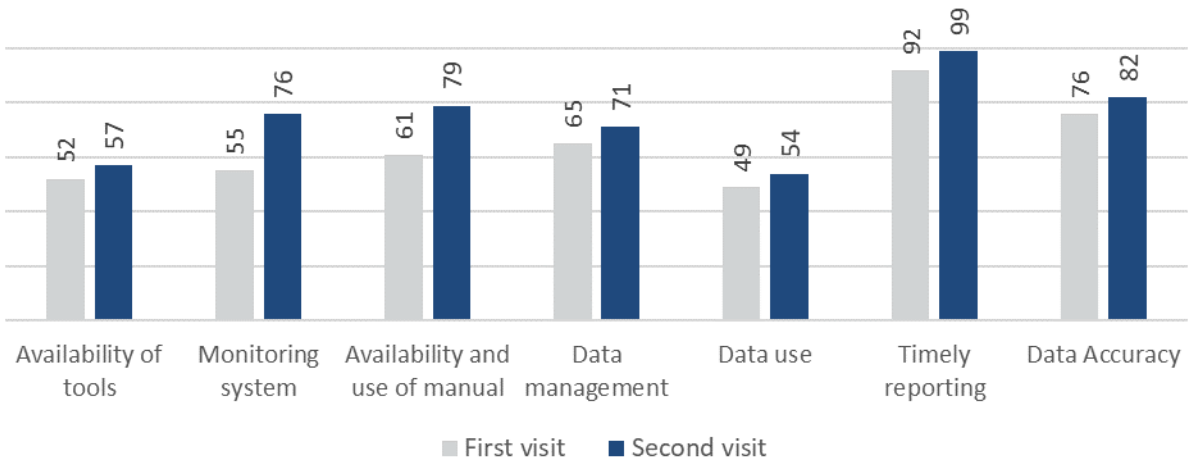
At the municipal level, the Activity facilitated training for 936 health workers on HMIS and 448 health workers on DHIS2, including private service providers in Dang and Surkhet Districts. The overall DHIS2 reporting rate of SSBH working areas is at 96 percent, and timely reporting is at 89 percent. The highest timely reporting rate was from Rupandehi District (96 percent), and the lowest was from Mugu District (53 percent). Thirty-six health workers received LMIS training, and 121 health workers received eLMIS training.

In collaboration with USAID's Global Health Supply Chain Program – Procurement and Supply Chain Management, SSBH provided support to Birendranagar Municipality of Surkhet District, Geruwa Rural Municipality and Barbardiya Municipality of Bardiya District, Ghorahi Sub-metropolitan City in Dang District, and Nepalgunj Sub-metropolitan City in Banke District to scale-up eLMIS in health facilities in these regions.

Strengthened data analysis, interpretation, and use.

All 138 municipalities have updated their web-based municipal profiles, and 124 of these profiles have been linked to their respective municipal websites. SSBH provided profile development guidelines and instruction video to municipal authorities. The Activity also helped to complete web-based profiles at the provincial level. These municipal and provincial profiles have been used at multiple forums, including review meetings. The Activity conducted RDQAs in 211 health facilities in coordination with Municipal Health Offices. SSBH also followed up on 35 sites that previously received RDQAs to assess health facility reporting of timely, accurate, and complete data into HMIS. These repeat visits also reinforced data dissemination practices, use of social maps, and identified knowledgeable focal persons for data management as areas for improvement. As seen in Figure 15 below, incremental improvements are seen in the percentage of facilities meeting standards for each module assessed, with some improving much more than others.

Figure 15: Results of follow-up RDQA visits



4.4 Collaboration and Synergy

Provide facilitation and secretariat support for provincial health coordination meetings.

SSBH met with the Provincial Health Training Centers in both provinces to plan the annual provincial health review meetings, provide updates on the COVID-19 situation and vaccination rollout, and discuss collaborations between the provincial health service directorates and development partners. Participants also discussed clinical training sites and planning for SBA, IUCD, and contraceptive implant training programs.

Coordinate with development partners to leverage efforts to improve MNCH/FP services.

SSBH conducted 41 district and municipal level meetings with partner agencies, health offices, and municipal health units to provide updates on planning, successes, and lessons learned. The Activity also shared the workplan for this fiscal year, and all stakeholders discussed potential areas of collaboration. In Lumbini Province, SSBH organized meetings with provincial partners including FAIRMED Nepal, the United Nations Population Fund, 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 also supported the Lumbini Province MoHP to organize a meeting for development partners to share their working regions, the human resource support they are providing, major contributions, and potential areas of collaboration.

Serve 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 two meetings to discuss scaling up USAID's "225" initiative in Dang, Salyan, and Surkhet Districts to discuss the Terms of Reference of the 225 committees in all three districts. USAID Nepal's 225 Working Group is an initiative established to achieve 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

Updated MEL Plan, Performance Indicator Reference Sheet (PIRS), and Data Quality Assessment.

SSBH coordinated with USAID to review the new Country Development Cooperation Strategy (CDCS) and decide on the relevant indicators that the Activity will track and report on for FY 2021/2022. Out of the 22 CDCS health program indicators, the Activity will track nine. SSBH also updated the Performance Indicator Reference Sheet (PIRS), routine update tools, and the electronic database to reflect these additions. Other alterations include updating learning questions and adding content to reflect beneficiary feedback mechanisms.

SSBH also worked with USAID to assess the data quality of two indicators: 1) Number of women giving birth in a health facility receiving US Government support, and 2) Number of children who received their first dose of measles vaccine by 12 months of age in US Government-assisted programs. There were no major issues identified across the data quality dimensions, although USAID has suggested that the Activity should reflect the nature of these facilities (i.e., public or private) in PIRS.

The MEL team also conducted internal Data Quality Assessments in Humla, Dolpa, and Banke Districts. The team conducted these assessments in-person and went through data verification processes for routinely collected data from health facilities and municipalities and training data. Overall, the data collected in the field were consistent and complete, and the filing system was maintained according to internal guidelines.

Collected routine monitoring data for progress review and preparation of timely reports.

The Activity conducted routine data collection visits at health facility and municipal levels, ultimately collecting routine data from 423 health facilities. SSBH completed annual municipal capacity assessments in all 33 municipalities of Kapilvastu, Rupandehi, and Nawalparasi West Districts in Lumbini Province, and conducted orientations on Health Post Minimum Service Standards in 98 health facilities in these districts.

The Activity participated in virtual training on USAID's updated Data Information Solution platform. When entering data into the platform, the team discovered several issues and subsequently communicated them to USAID. Data entry resumed when USAID resolved these issues, and SSBH updated data for achievements for the previous fiscal year and targets for Year Five. The Activity also consulted with USAID to finalize and submit the annual Performance Plan and Report on selected indicators.

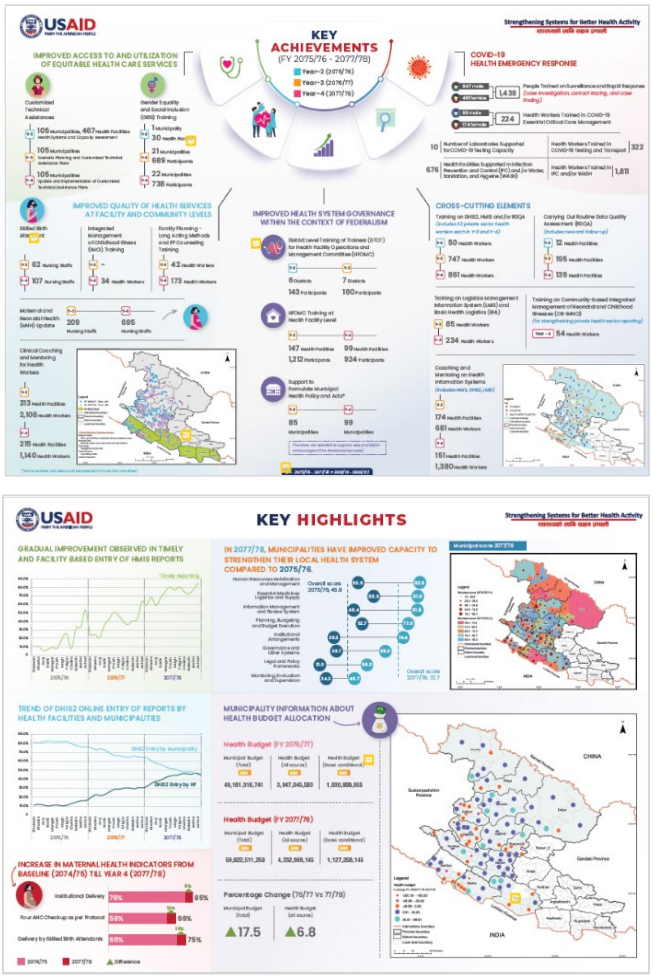
The Activity held an all-staff meeting in Nepalgunj, where participants discussed indicator progress; achievements; Collaborating, Learning, and Adapting maturity tools; and learnings from the field. SSBH also held a separate documentation workshop where staff learned about capturing cases and success stories and preparing municipal and district level profiles. SSBH also conducted virtual meetings to reflect on the progress of the indicators at district, municipal, and health facility levels.

Continued collaboration with Government of Nepal and USAID through monitoring and evaluation technical working groups and meetings.

SSBH participated in the 11th, 12th, and 13th sessions of USAID's Health Office MEL Working Group meetings. The Activity presented the latest reporting status of HMIS in the 11th session, focused on Performance Plan and Report in the 12th session, and presented capacity assessment tools for preparing technical assistance plans in the 13th session. Discussions focused on the continuation of monitoring and evaluation practices, and the combination of both virtual and in-person approaches during the COVID-19 pandemic and subsequent lockdown to conduct assessments and research studies. The Activity also conducted an orientation on the SSBH database for USAID's Physical Rehabilitation Activity. This meeting provided an opportunity to share the technical aspects of database management and user experience, which was well received as the Physical Rehabilitation Activity is attempting to establish an internal database of their own.

At the federal level, SSBH contributed to the review of HMIS tools during a meeting with the Integrated Health Information Management Section of the Department of Health Services. Further discussions included collaboration on capacity building activities and providing updates on information management at province and municipal levels, and an agreement to proceed with Geographic Information System training for district level statistical focal persons, finalize public health analytics guidelines, and prepare tutorial videos on updated HMIS indicators. At the provincial level, SSBH is a member of a technical working group established to monitor provincial health programs. This group held its first meeting to share the provincial monitoring and evaluation guidelines.

Figure 16: Infographic presentation of key results



Update communication and documentation to highlight process and results in line with the Activity's learning questions.

The Activity worked on a documentation and dissemination strategy that highlights the key concepts, rationales, planned documentation and dissemination activities,

and timelines. The Activity discussed and revised the strategy. Some of the documentation activities completed during this period include:

- SSBH updated the infographic document seen in Figure 16 to reflect key achievements and results between Years Two and Four. SSBH has printed and distributed the document during meetings and visits with government counterparts and development partners.
- For official visits to operational areas, SSBH developed district and municipal profiles to share demographic information, health indicators, and key areas of focus.
- The Activity also compiled process documentation to reflect implementation methods of numerous SSBH interventions at provincial, district, and municipal levels. These short drafts are prepared for counterparts, partners, and other potential programmatic visitors to have a summarized understanding of SSBH methods.
- SSBH drafted health systems and capacity assessment learning briefs that included a data visualization dashboard organized by district, municipality, dimension, geographic region, and province.
- The Activity drafted a technical brief that focused on SSBH's approach, specific activities, results, lessons learned, and described efforts to mainstream GESI throughout the project.

6. Project Management

6.1 Refurbish Project Offices to Accommodate the New Working Situation and Operations

To accommodate the increase in staff across the Activity's 16 operational districts, SSBH secured additional office "touch-down" spaces where required. In Jajarkot, Dailekh, Bardiya, and Banke Districts, SSBH rented office space, made the necessary arrangements for security and wiring, and procured basic furnishings to allow the field teams to use a clean, secure office when not traveling to municipalities and facilities. Maintaining these larger, separate offices also enables staff to maintain COVID-19 safety precautions.

While the Activity's original two-to-three-person multidisciplinary teams were housed largely by local health offices, there are now up to 12 staff members in some of the larger districts. SSBH is still maintaining these spaces in health offices and hospital complexes; however, this comes at no additional cost to the Activity. This allows for close liaison with local counterparts and provides touchdown space for Health Emergency Response staff who are seconded directly to the government entities.

6.2 Complete Recruitment and Hiring of Activity Staff

SSBH continued recruitment and hiring to fill all the new positions delineated in the Year Four Workplan. As noted in the Annual Performance Report for Year Four, planned recruitment was hampered considerably by the second wave of COVID-19 and the associated lockdowns and movement restrictions. SSBH completed the expansion of the field-based technical assistance teams and the Health Emergency Response team. As of this writing, there are 210 regular and Health Emergency Response staff employed by SSBH consortium members (Abt Associates, Save the Children, Management Support Services, and the Karnali Academy of Health Sciences).

SSBH filled an additional 77 positions, as follows:

SSBH Original Program Description	Health Emergency Response
Kathmandu Base	
MNCH/FP Specialist (1)	
Administrative Assistant (1)	
Province Base	
	Information Systems and Reporting Officer (1)
	Administration and Finance Assistant (1)
	Technical Specialist – Nursing (2)
	Emergency Medical Response Specialist (1)
District Base	
Technical Officers – Health Information Systems (4)	Health Emergency & Surveillance Technical Officers (3)
Technical Officers - MNCH/FP (7)	Field Medical Officer (8)
Technical Officer – Health Systems Strengthening (2)	Surveillance Program Officers (16)
Nursing Officer (13)	
Municipality Base	
Health Systems Officers (17)	

6.3 Develop and Submit All Contractual Deliverables

SSBH developed summary versions of the Year Five Workplan and a graphic presentation of some of the Activity's 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 counterpart entities, including MoHP divisions and departments, the Department of Health Services, Family Welfare Division, Epidemic and Disease Control Division, National Health Training Center, National Health Education, Information and Communication Center, and the Ministry of Federal Affairs and General Administration. SSBH held similar updates with the Ministry of Social Development and Health Services Directorate in Karnali Province and the Provincial Ministry of Health, Population, and Family Welfare and the Health Directorate in Lumbini Province. SSBH committed to organizing quarterly progress updates with key counterparts, particularly at the federal level, to ensure that they are well-informed and updated on the progress, achievements, and challenges related to technical assistance provided through the Activity.

SSBH submitted the Annual Performance Report for Year Four by the deadline of August 15, 202,1 and the Year Five, Quarter One Progress Report by the deadline of November 15, 2021.

6.4 Staff Orientation and Training

SSBH provided all new staff members listed above with virtual or in-person orientation to the Activity goals, program approaches, structure, and support systems. This orientation also included an overview of the administrative and financial processes required for new staff to comply with Activity and USAID regulations while implementing their assigned tasks and activities. After new staff were posted to their respective duty stations, SSBH supervisors and experienced team members provided them with on-site orientation and coaching on their specific job responsibilities.

In early October, SSBH's senior management team planned an Activity-wide in-person series of training, orientation, and program review meetings for all staff members. These meetings occurred in Surkhet and Nepalgunj from October 23 – November 1. They covered program progress, challenges, and technical topics for successful implementation. They also include team building sessions to help build a sense of ownership of program norms and approaches, particularly for new team members who have primarily worked virtually for over a year. Finally, the Activity devoted one full day to monitoring, reporting, and documenting activities for all technical team members. SSBH organized the meetings in a staggered fashion in which participants split into five groups to accommodate COVID-related safety measures and allow session facilitators to cover the same material for all staff members.

6.5 Overall Budget and Expenditures

The obligated amount for USAID's Strengthening Systems for Health Activity is USD $27,332,857, from a total award of USD $32,566,456 (including the SSBH Health Emergency Response Supplemental Program). Table 4 illustrates total estimated expenditures as of January 15, 2022

Table 4: Activity Expenditures as of January 15, 2022

7. Anticipated Future Problems, Delays, and Constraints

COVID-19 Pandemic

As the number of COVID-19 cases in Nepal declined throughout much of the reporting period, SSBH made significant progress on catching up on overall activity targets that fell behind because of strict lockdowns in 2020 and 2021. As described in the introductory section of this report, the return to normal operations allowed the Activity to deploy additional new staff to the field and to speed up implementation of priority interventions from the original Program Description. Throughout this period, SSBH continued to adhere to the guidelines stipulated in the Activity's approved Risk Mitigation Plan.

The ongoing surge in cases related to the spread of the Omicron variant is currently on a downward curve and SSBH expects to return to full field-level operations in the next two weeks. The team will be able to reschedule training sessions, meetings, workshops, and coaching sessions that were postponed during the past month. The Activity is cautiously optimistic that the steep surge associated with Omicron will be the last one of the pandemic. Over 70 percent of eligible citizens in Nepal have received two or more doses of a COVID-19 vaccine; however, the possibility of additional surges of the virus remains, 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 normal SSBH activities once again, divert Activity and health sector resources back to management of the pandemic, and expose staff and their family members to breakthrough cases of COVID-19.

Political Scenario

Another factor likely to disrupt SSBH's ability to plan and implement activities are the local elections planned for spring 2022. SSBH will consider planned political events when scheduling events, activities, or travel, but unforeseen circumstances will certainly cause some interruptions and cancellations. There continue to be changes in senior leadership at federal and provincial levels, requiring SSBH to orient and build relationships with new counterparts. This takes time, energy, and resources, and has the potential to undermine the pace of planned technical assistance and capacity-building activities—especially when new counterparts have divergent priorities. SSBH will continue to monitor the situation and inform USAID of any significant disruptions in program implementation. Delays in provincial decision-making have already occurred as new leadership has taken additional time to understand the purpose, status, and importance of some of the activities. The Activity has taken necessary measures to inform and engage the new leadership and to provide necessary cooperation and support.

Staff Turnover

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

8. Information on Security Issues

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

9. List of Major Upcoming Events for Year Five Quarter Three

USAID's Strengthening Systems for Better Health Activity will support the following major events during the upcoming period:

1. Workshop for reviewing draft Hospital Development Plan [February - March 2022].
2. Workshops for drafting Provincial Health Sector Strategic Plan in Lumbini and Karnali Provinces [February - March 2022]
3. Evidence and Learning Sharing Meeting in Kathmandu [March 2022]
4. Review of draft Health Facility Establishment, Operation, Renewal, and Monitoring in Karnali Province [March 2022].

Annex 1 – Indicator Reporting for Year Five, Quarter One

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year5 2020/21	Achievement* Semi annual (Jul 16, 2021 – Jan 15, 2022)	Notes
1	3	Percent of births assisted by skilled birth attendants (USAID/PMP proxy for MMR)	HMIS	Karnali Province	55.7% (2017/18)	67%	62.2%	Reporting rate for Karnali province is 96.5% and Lumbini Province is 100% for this period. The achievement might be slightly updated after all sites complete their remaining data entry into the DHIS2 systems. The estimated live birth of Lumbini province for this FY 2021/22 shared by IHIMS is 15% lower than the previous FY, resulting in high achievement.
				Lumbini Province (SSBH Municipalities)	74.19% (2017/18)	84.9%	118%	
2	4	Percent of institutional deliveries	HMIS	Karnali Province	67.31% (2017/18)	81%	75.3%	Same as above.
				Lumbini Province (SSBH Municipalities)	85.48% (2017/18)	92%	120%	
3	1.2	Percent of women receiving four antenatal care checkup as per protocol	HMIS	Karnali Province	54.9% (2017/18)	71%	64.8%	Same as above.
				Lumbini Province (SSBH municipalities)	57.3% (2017/18)	70.8%	87.2%	
4	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	13,449	
				Lumbini Province (SSBH municipalities)	28,444 (2017/18)	74,381	36,846	

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year5 2020/21	Achievement* Semi annual (Jul 16, 2021 – Jan 15, 2022)	Notes
5	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	14,497	
				Lumbini Province (SSBH municipalities)	33271 (2017/18)	75,958	42,812	
6	1.5	Number of newborns not breathing at birth that were resuscitated by USG-supported programs	HMIS/ SSBH monitoring/ document-ation	SSBH municipalities	952* (non-breathing babies born) (2017/18)	1,045	724	The Activity team reviewed the records from 344 birthing centers and found 261 cases of asphyxiated babies and out of which 252 (96.6%) were resuscitated (stimulation, suction, or bag & mask) in the last six months. In the same period, total 750 cases of asphyxia reported in the HMIS and 96.6% assumed to receive resuscitation. This number doesn't include babies born, asphyxiated, and resuscitated in the Private Medical College and Hospitals, in line with the process indicated in the PIRS.
7	1.6	Number of newborn infants receiving antibiotic treatment for infection through USG-supported program	HMIS	Karnali Province	2,786 (2017/18)	2,348	522	Reporting rate for Karnali province is 96.5% and Lumbini Province is 100% for this period. The achievement might be slightly updated after all sites complete their remaining data entry into the DHIS2 systems.
				Lumbini Province (SSBH municipalities)	2,035 (2017/18)	1,930	798	
8	1.7	Number of children under 5 years with pneumonia who received antibiotics	HMIS	Karnali Province	50,269 (2017/18)	16,944	12,545	Same as above
				Lumbini Province (SSBH municipalities)	23,450 (2017/18)	6,864	4,808	

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year5 2020/21	Achievement* Semi annual (Jul 16, 2021 – Jan 15, 2022)	Notes
9	1.8	Number of cases of child diarrhea treated in USG-assisted programs	HMIS	Karnali Province	123,016 (2017/18)	135,767	43,566	Same as above
				Lumbini Province (SSBH municipalities)	70,473 (2017/18)	129,160	53,270	
10	1.10	Couple years of protection	HMIS	Karnali Province	111,217 (2017/18)	120,397	40,958	Same as above
				Lumbini Province (SSBH municipalities)	104,761 (2017/18)	216,042	96,768	
11	1.11	Percent of USG assisted service delivery sites providing family planning counselling and/or services	HMIS/ HF Readiness Survey	All SSBH municipalities	99% (2018)	100%	97.4%	This is calculated from HMIS by counting the total number of HFs providing FP services *(at least one method)* and reported to HMIS from July 16, 2021, to Jan 15, 2022. Out of 1,331 facilities, 1,297 (97.4%) have provided at least one method.
12	1.12	Responsiveness-continuity of care: Average of the service gap between; a) ANC1 and ANC4; b) DPT 1 and DPT 3, in USAID-supported districts	HMIS	Karnali Province	10% (2018/19)	6%	7%	Reporting rate for Karnali province is 96.5% and Lumbini Province is 100% for this period. The achievement might be slightly updated after all sites complete their remaining data entry into the DHIS2 systems.
				Lumbini Province (SSBH municipalities)	9% (2018/19)	6%	5%	
13	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	16,591	Same as above
				Lumbini Province (SSBH municipalities)	30,245 (2019/20)	71,447	37,256	

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year5 2020/21	Achievement* Semi annual (Jul 16, 2021 – Jan 15, 2022)	Notes
14	1.14	Number of women giving birth in a health facility receiving USG support	HMIS	Karnali Province	29,524 (2019/20)	30,414	14,210	
				Lumbini Province (SSBH Municipalities)	73,345 (2019/20)	75,561	42,123	
15	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)	75%	80%	The Activity team visited 423 health facilities in the last six months, 325 HF (200 from Karnali Province and 125 from Lumbini Province) have met at least 90% of standards of Quality of Care as per the PIRS. Note: IP guideline, communication means are the items mostly lacking in these facilities.
				Lumbini Province (SSBH municipalities)	41% (2018)	90%	72%	
16	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%	14.4%	Out of 423 health facilities visited in last six-month, 65 HF (36 from Karnali Province and 29 from Lumbini Province) have met all readiness criteria for FP service. Low achievement was mainly due to unavailability of National Medical Standards (NMS)Vol I.
				Lumbini Province (SSBH municipalities)	46.34% (2018)	64%	16.8%	
17	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%	16%	Out of 423 health facilities visited in last six-month, 64 HF (40 from Karnali Province and 24 from Lumbini Province) have met all readiness criteria for ANC services. Low achievement was mainly due to unavailability of NMS Vol 3.
				Lumbini Province (SSBH municipalities)	48.78% (2018)	52%	13.3%	

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year5 2020/21	Achievement* Semi annual (Jul 16, 2021 – Jan 15, 2022)	Notes
18	2.5	Percent of health facilities meeting all service readiness criteria for Child Health services	HF Readiness Survey/ SSBH monitoring	Karnali Province	35.92% (2018)	80%	53.2%	Out of 423 health facilities visited in last six-month, 243 HF (133 from Karnali Province and 110 from Lumbini Province) have met all readiness criteria for Child Health services.
				Lumbini Province (SSBH municipalities)	31.71% (2018)	62%	63%	
19	2.6	Quality improvement-Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI)	HMIS	Core+ Municipalities	79% (2018/19)	90%	92%	
20	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/ documenta-tion	All SSBH municipalities	N/A	988	395	It includes participants from MNH update (305), Implant (34), FP counseling (12), SBA training (31) and CB-IMNCI training (9) and IUCD (4)
21	3.1	Number of policies / regulations / administrative procedures in each of the following stages of development as a result of USG support a. Analysis b. Stakeholder consultation / public debate c. Drafting or revision d. Approval (legislative or regulatory) e. Full and effective implementation	SSBH monitoring/ document-ation	National, provincial & all SSBH municipalities	NA	134	130 Stage a=0 Stage b=25 Stage c=30 Stage d=49 Stage e=26	This includes Municipal Level policy and Act (123) and 7 Provincial documents that includes Health Act, Policy, Strategy and Regulation.

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year5 2020/21	Achievement* Semi annual (Jul 16, 2021 – Jan 15, 2022)	Notes
22	3.3	Number of persons 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/ document-ation	SSBH provinces/ municipalities	NA	675	874	
23	3.4	Number of people trained in health system strengthening through USG supported programs	SSBH monitoring/ document-ation	SSBH provinces/ municipalities	NA	4,500	4,092	This includes participants from DHIS2 training (317), HMIS training (826), RDQA training (128), HFOMC training at HF (733), Basic health logistic training (71), LMIS/eLMIS (69) and HP-MSS training (1,948) This includes training conducted in new districts. HP-MSS training was not counted during target setting.
24	3.3.2	Number of people trained or mentored in management skills	SSBH monitoring/ document-ation	SSBH provinces/ municipalities	NA	1,500	1,241	It includes participants from onsite coaching including group coaching on DHIS2, HMIS, LMIS reporting management and data use conducted at HF and Municipal level.
25	3.3.3	Percent of USG-supported primary health care (PHC) facilities that submitted routine reports on time	HMIS	Karnali Province	87% (2017/18)	95%	92.2%	Out of 647 Health Facilities (HP and PHCC), 617 HFs have entered all monthly reports (6 reports for this semi-annual period) into the DHIS2 system.
				Lumbini Province	94% (2017/18)	95%	99.5%	

Annex 2 – Success Stories

Bringing basic healthcare closer to home: enhancing delivery services at Gum Health Post

Located just fifteen minutes from the Mugu district headquarters, Gum Health Post is an ideal location for antenatal care and safe delivery services for the people who live in Chhyanath Rural Municipality. While pregnant women routinely visited Gum Health Post for antenatal care and nutrition supplementation, they still traveled on foot for about three kilometers over difficult terrain to the Mugu Hospital for delivery. In 2018, there were no institutional births at Gum Health Post, despite its convenient location.

USAID's Strengthening Systems for Better Health (SSBH) Activity interviewed staff at Gum Health Post, members of the Health Facility Operations and Management Committee (HFOMC), and community members to understand why pregnant mothers were so reluctant to deliver their babies there. Interviews revealed that community members did not trust that health post staff had the skills to deliver babies or manage emergencies. They also reported delays in government-mandated delivery incentives that help cover the minimal travel costs to Gum Health Post.

SSBH-facilitated clinical coaching and mentoring session at Gum Health Post

To address this, SSBH assisted the HFOMC to develop action plans to help enhance quality of service, including lobbying municipal authorities to fulfill their mandate by providing cash-in-hand to cover travel costs. The Activity also supported capacity building of nursing staff at Gum Health Post by providing onsite clinical coaching and mentoring. Coaching topics included essential newborn care, newborn assessments, and management of complicated delivery cases. The Activity supported municipal authorities to train one of the nurses to certify as a Skilled Birth Attendant (SBA), and when expectant mothers arrived at Gum Health Post for their antenatal visits, nursing staff encouraged them to plan to deliver at the facility. After the trained SBA returned to the facility, the health post in-charge mobilized Female Community Health Volunteers to raise awareness of the health post's improved services.

These combined efforts proved successful; Gum Health Post's institutional deliveries increased from zero in FY 2018/2019 to 11 in 2019/2020. The following year saw ten more deliveries, and between July 2021 and January 2022, nursing staff at Gum delivered a record 16 newborns. Locals are grateful to have an accessible, safe, and reliable option for delivery.

"I feel happy to get this service at my doorstep. It was difficult to reach the district hospital, especially for pregnant women risking their lives. We are happy that we have skilled nurses in our health post." - Ms. Trishana Nepali, a patient who delivered her baby at Gum Health Post

Nursing in-charge of Gum Health post, Ms. Birsana Shahi, echoed these views by saying, *"We appreciate SSBH for their technical support, which has ultimately convinced our community to receive services from our health post."*

Improving the quality and timeliness of health data in Mahawai Rural Municipality

Verifiable data is critical in planning health interventions that address the specific needs of local populations, but in September 2021, the timely reporting rate for Mahawai Rural Municipality of Kalikot District was zero. Ms. Babita Batala, the Health Coordinator in Mahawai responsible for inputting data in District Health Information Software (DHIS2), was promoted from her previous position as a maternal and child health worker in 2019. She struggled to adapt to her new role and because she lacked the confidence and skill to work with computers, found it difficult to accurately record and manage health data. During the district-level annual health review meeting at the end of FY 2020/2021, Ms. Batala was unable to display indicator performance in her presentation, and it became clear to her that she needed to enhance her skills.

"Because I did not have knowledge or skills in using computers, Mahabai Rural Municipality was unable to submit timely monthly reports on the DHIS2 platform. I was acutely aware of these shortcomings when attending annual health review meetings and other gatherings where data needed to be presented." – Babita Batala, Health Coordinator

Babita Batala inputs data into DHIS2 at the Mahawai Rural Municipality Office

Ms. Batala participated in a comprehensive three-day training program conducted by USAID's Strengthening Systems for Better Health (SSBH) Activity in collaboration with the municipal health office. Training topics included the Health Management Information System; recording, reporting and data management using DHIS2; and performing Routine Data Quality Assessments. Participants also attended a health policy development workshop, and an orientation on COVID-19 case investigation, contact tracing, and the Information Management Unit application for collecting COVID-19 data. Post training, SSBH continued to provide onsite coaching to Ms. Batala to further enhance her skills.

"I was encouraged by SSBH staff to learn how to use this software. They included me in training on report preparation and onsite coaching on HMIS and DHIS2. Because of this, I am now routinely reporting into DHIS2. As the saying goes, where there is a will, there is a way!" – Babita Batala

Before submitting the online report in October 2021, Ms. Batala reached out to SSBH for verification of her work. She submitted 43 percent of the required data sets on time on her first attempt after training. In November and December 2021 and January 2022, the timely reporting rate for Mahawai Rural Municipality was 100 percent—remarkable progress that enables Ms. Batala to present accurate, up-to-date health information during monthly and annual review meetings for use by municipal authorities to identify gaps, allocate health resources and recognize good performance.