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USAID's Strengthening Systems for Better Health Activity



Year Six, Semi-Annual Progress Report July 16, 2022 – January 15, 2023

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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.

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Acronyms and Abbreviations

COVID-19	Coronavirus Disease 2019
DIS	Data Information Solution
EHR	Electronic Health Recording
eLMIS	Electronic Logistics Management Information System
FY	Fiscal Year
G2G	Government to government
GESI	Gender Equality and Social Inclusion
HER	Health Emergency Response
HFOMC	Health Facility Operations and Management Committee
HMIS	Health Management Information System
IHIMS	Integrated Health Information Management Section
LMIS	Logistics Management Information System
MEL	Monitoring, evaluation, and learning
MNCH and FP	Maternal, Newborn and Child Health and Family Planning
MoHP	Ministry of Health and Population
MoSD	Ministry of Social Development
MPDSR	Maternal and Perinatal Death Surveillance and Response
NHFS	Nepal Health Facility Survey
NHTC	National Health Training Center
PIRS	Performance Indicator Reference Sheet
PPR	Performance Plan Report
QGIS	Quantum Geographic Information System
RDQA	Routine Data Quality Assessment
SDC	Social Development Committee
SSBH	Strengthening Systems for Better Health
USAID	United States Agency for International Development

Executive Summary

Background

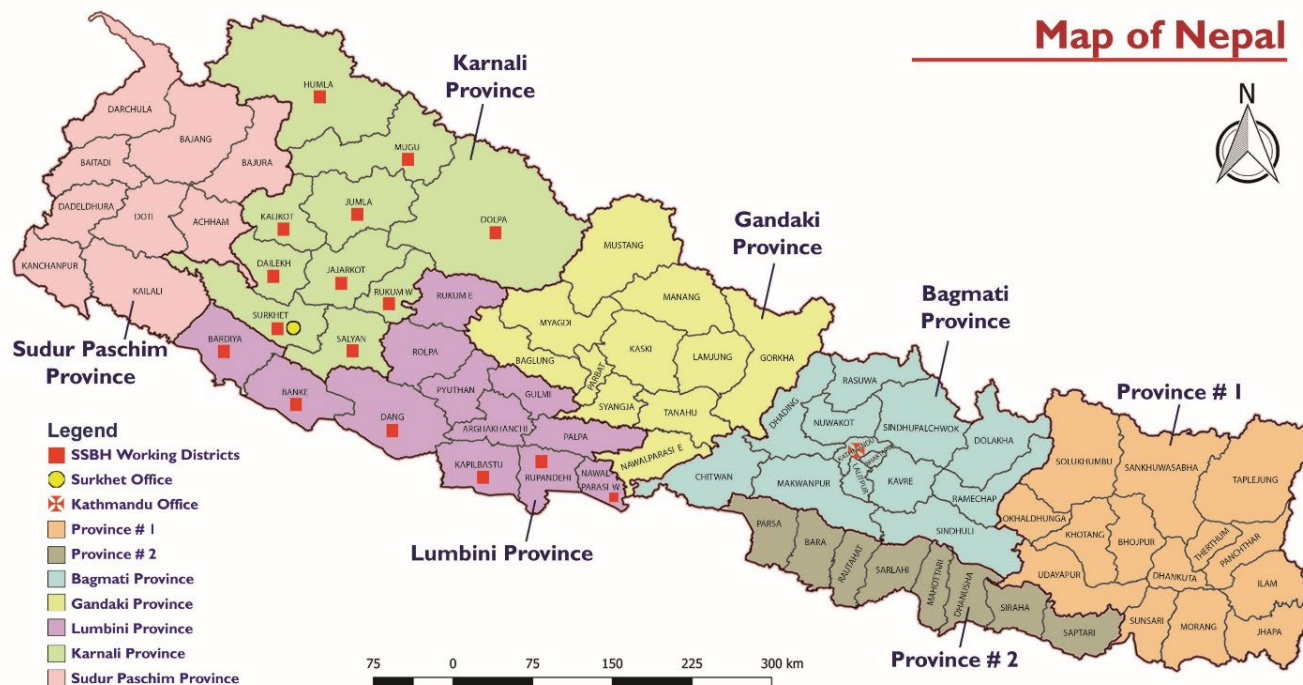
The United States Agency for International Development (USAID) awarded their five-year Strengthening Systems for Better Health (SSBH) Activity to Abt Associates in January 2018. To implement the cooperative agreement, Abt Associates is partnering with Save the Children, the Karnali Academy of Health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

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

- Outcome 1: Improved access to and utilization 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

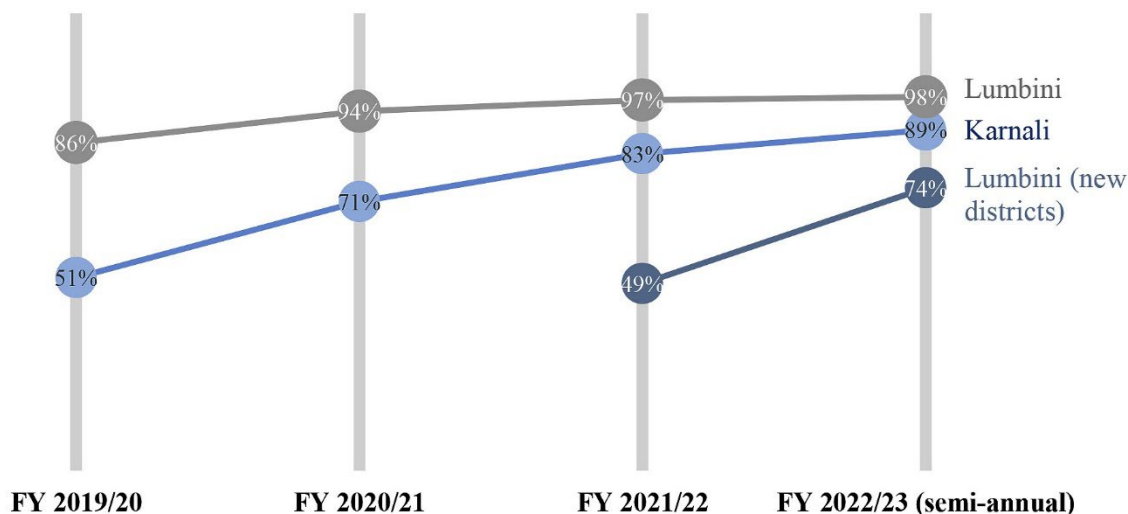


SSBH is pleased to present this Semi-Annual Progress Report for Year Six, covering the period from July 16, 2022, to January 15, 2023. The following sections of the Executive Summary contain some highlights of our achievements against planned activities and results throughout Quarters One and Two. The next sections describe major activities undertaken toward the achievement of Activity sub-results and outcomes; cross-cutting areas of intervention; monitoring, evaluation, and learning (MEL); documentation and dissemination; and overall management. Next, the report 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 reporting on indicators, and Annex 2 includes two Success Stories.

Selected Achievements in Relation to Workplan Targets and Intended Results

Improved standards for quality of care and service readiness

Figure 2: Percentage of health facilities maintaining minimum standards of quality of care in Karnali and Lumbini Provinces

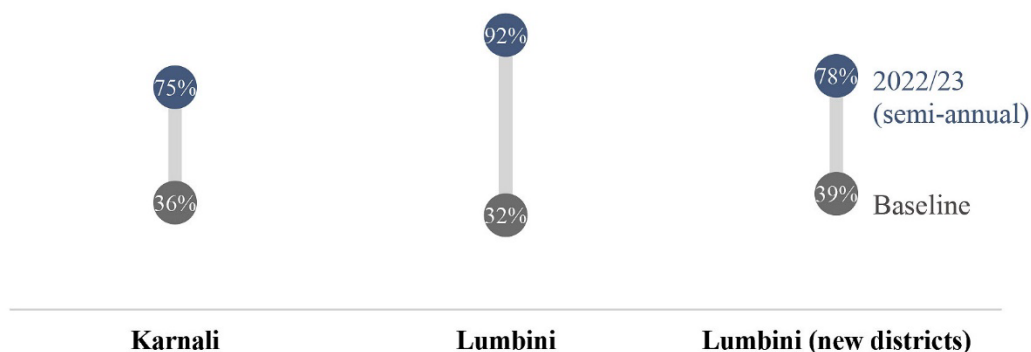


During the initial six months of Year Six, SSBH visited 441 health facilities to measure standards for quality of care and service readiness and observed improvements across both provinces, including the new districts of Rupandehi, Kapilvastu, and Nawalparasi West added to SSBH operations in 2021 (Figure 2). Facilities are required to have at least 27 out of 30 specific items, equipment, or medicines in place to meet minimum requirements. Almost all the health facilities visited in Lumbini Province (98 percent) and close to 90 percent of health facilities in Karnali Province met the minimum standards for quality of care and service readiness. The Activity also observed significant improvements in health facilities of Rupandehi, Kapilvastu, and Nawalparasi West Districts of Lumbini Province, where these assessments were conducted for the first time in fiscal year 2021/22.

In the context of this routine monitoring, the Activity assessed readiness to deliver child health services, which requires ten specific items—equipment, supplies and medicines—to be in stock at the health facility at the time of assessment. Compared to baseline values collected in 2018, child health service readiness in health facilities of Karnali Province increased by 39 percent, while health facilities in Lumbini Province showed an increase of 60 percent (Figure 2). For

Rupandehi, Kapilvastu, and Nawalparasi West Districts, child health service readiness also improved by 39 percent from the 2021 baseline to the current reporting period.

Figure 3: Increases in percentage of health facilities maintaining minimum standards of child health service readiness in Karnali and Lumbini Provinces



Analyzed changes in client counseling, privacy, and respectful maternity care

Comparative analysis of the two iterations of the Nepal Health Facility Survey (NHFS) in 2015 and 2021 showed progress in client counseling practices for recently delivered women at health facilities. The percentage of mothers who received counseling on post-partum danger signs, exclusive breastfeeding, and immunization procedures has increased between the two surveys. NHFS 2021 also showed that health facilities are getting better at ensuring auditory and visual privacy. As a result, privacy is less of a concern for clients visiting health facilities. Nine percent of surveyed women expressed their concerns about privacy in 2021 as opposed to 19 percent in 2015. While dignified and respectful care was not studied in 2015, 55 percent of clients reported respectful maternity care during their visits to health facilities in 2021. The Activity will start reporting on these indicators from this semi-annual period.

Table 1: Comparison of indicators from Nepal Health Facility Survey 2015 and 2021 in SSBH working districts

MEL Plan Reference No.	Indicator	SSBH working districts in Karnali and Lumbini Provinces			
		2015 NHFS		2021 NHFS	
		Percentage	N	Percentage	N
2.2.5	Percent of recently delivered women who received pre-discharge counseling for mother and baby	8.4 percent	51	19.6 percent	132
2.3.2	Percent of antenatal care, postnatal care, and family planning clients reporting concerns about privacy	19 percent	342	9.1 percent	682
2.3.3	Percent of women who reported receiving dignified and respectful care for self and newborn during delivery			55.2 percent	132

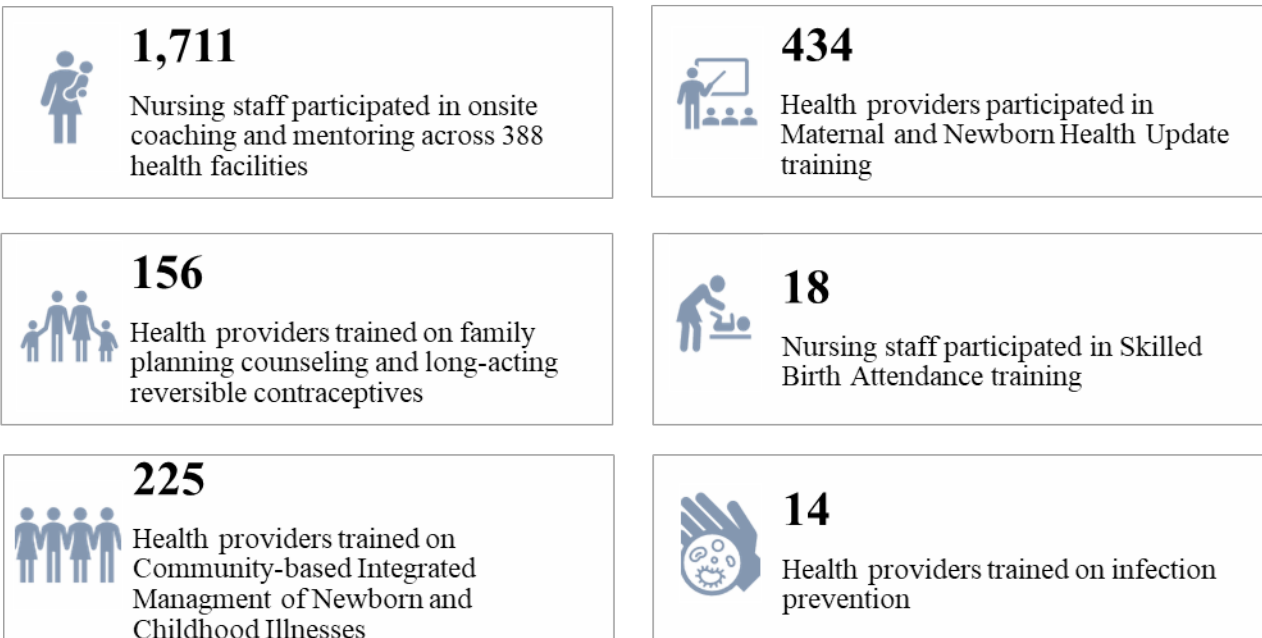
Supported development of local level Health Emergency and Disaster Preparedness Response Plans

During Year Five, SSBH supported the development of Health Emergency and Disaster Preparedness Response Plans, including assessing vulnerabilities, forming response clusters, and mapping local capacity. **These plans are intended to be reviewed annually and updated if needed to fit changing contexts.** This was a concerted effort to prepare municipalities to tackle health implications of natural disasters like earthquakes, floods, landslides, or major disease outbreaks. In this reporting period, SSBH continued to facilitate consultations with members of municipal Disaster Management Committee, municipal executives, and external development partners **on roles and responsibilities during drafting and implementing these plans.** As of this reporting period, 81 municipalities have already endorsed their Health Emergency and Disaster Preparedness Response Plans. Thirty-nine municipalities are still waiting on approval from executive committees, 17 municipalities are in the drafting stage, and one municipality is conducting stakeholder consultation prior to drafting their plans.



Enhanced clinical capacities of health workers

SSBH continued to enhance the clinical capacity of health service providers through various training events and coaching and mentoring sessions. During this reporting period, SSBH provided clinical training to 851 service providers on MNCH and FP services, which is an almost 73 percent increase in the number of trainees from the same reporting period in Year Five. In 388 health facilities, SSBH provided coaching and mentoring to 1,711 health staff to deliver quality health services, which is 20 percent more than same reporting period in the last fiscal year.



Enhanced health system governance and health information systems

During this reporting period, SSBH staff visited 370 health facilities to provide coaching and mentoring on functionality of information systems, data analysis and use, and data quality assessments. During this period, SSBH also supported provincial Health Directorate Offices to develop 67 DHIS2 coaches. Collaborative efforts between SSBH and provincial and municipal governments resulted in 620 out of 646 health posts and public health centers in SSBH working areas (96 percent) having at least one present staff member trained in DHIS2. The timely reporting rate into DHIS2 from SSBH working areas stands at 90 percent, while the overall reporting rate is 98.9 percent.

SSBH continued training of Health Facility Operations and Management Committees (HFOMCs) and Social Development Committees (SDCs) on their roles and responsibilities for oversight of quality health service delivery. In the first semi-annual period of Year Six, the Activity trained 1,234 HFOMC members and 768 SDC committee members. SSBH also supported municipalities to conduct annual review of progress and develop an annual calendar of operations and corresponding guidelines. SSBH continued to advocate for the use of social accountability tools such as citizen charters, client feedback mechanisms, and health-focused social audits. Seventeen municipalities have allocated funds for health-specific social audit events during this fiscal year.

Performance in Relation to Planned Activities

The following sections summarize key activities undertaken during the reporting period toward achievement of each sub-result.

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

- Trained 1,031 participants in 30 municipalities on Gender Equality and Social Inclusion (GESI) topics
- Helped municipalities draft their Health Emergency and Disaster Preparedness and Response plans. Eighty-one municipalities have endorsed these plans and an additional 39 municipalities' plans are in the approval stage
- Supported 96 health facilities to develop or update their social maps

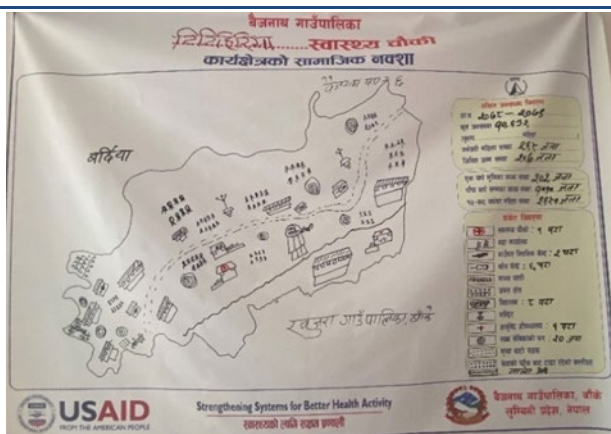


Figure 4: Social mapping done at Titihariya Health Post, Baijnath Rural Municipality, Banke District

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

Enhanced stakeholders' understanding of health equity measures

Between August and October 2022, SSBH led one-day GESI sensitization and planning workshops for 1,031 policymakers, programmers, service providers, and decision-makers in 30 municipalities. A key message of these workshops is that gender, caste, ethnicity, location, and other factors of exclusion are interlinked and require an intersectional and integrated approach to address them. During these workshops, participants develop action plans to implement their commitments to inclusive practices. In Kohalpur Municipality of Banke District, municipal authorities established a new outreach clinic specifically to serve the population of a remote village and agreed to provide free ambulance services to women at the time of delivery in order to encourage institutional delivery and make it possible for poor women from remote locations to reach the hospital. Jagadulla Municipality of Dolpa District endorsed its Social Inclusion Policy 2078, and allocated budget provisions to cover premium payments for impoverished and vulnerable families to enroll in the national health insurance scheme.

At the federal level, the Activity met with the GESI section of the Ministry of Health and Population (MoHP) to review the GESI training manual developed by SSBH for orientation of municipal officials and health facility staff. SSBH has incorporated feedback from the ministry and submitted a revised draft for **endorsement**, which is expected in Quarter Three. The MoHP intends to use the manual as a training resource for ministry and health staff to integrate GESI activities in the health sector.

Supported strengthening of referral mechanisms for obstetric and newborn emergencies and provided technical and material support for newborn care services

The Activity conducted one-day workshops on strengthening referral mechanisms with Health Service Offices in Dolpa, Jumla, Kapilvastu, Nawalparasi West, and Rukum West Districts. Participants included district-level administrators, municipal authorities, delivery room in-charges, gynecologists, nurse in-charges from hospitals, health facility in-charges, nurses, and other relevant stakeholders. Participants assessed the status of referral mechanisms in their respective regions, identified gaps, and developed action plans accordingly. Some of the gaps identified are lack of proper channels to communicate referrals with hospitals, difficulties in arranging for timely transport, and delays in information from hospitals about the referred cases. At the conclusion of these workshops, municipal representatives agreed to discuss referral issues with their respective HFOMC members and develop municipality-specific action plans to strengthen referral mechanisms.

To ease some of the communication issues, some municipalities have started using online mobile communication services for referral cases and publicly displaying contact information of referral site focal persons at health facilities. Tantikandh Rural Municipality in Dailekh District and Jagadulla Rural Municipality in Dolpa District mobilized ambulances to provide more effective referral services, particularly during emergencies. Jagadulla Rural Municipality officials are also collaborating with their district administrative office to provide helicopter services for emergency cases. In Banke District, Baijnath, Raptisonari, Janaki, Duduwa, and Narainapur Municipalities began providing free ambulance services for complicated maternal and newborn cases referred from health facilities within their respective jurisdictions.

SSBH conducted follow-up coaching and mentoring visits at health facilities that had established Newborn Corners in Year Five. Newborn Corners are designated areas of a health facility equipped to provide care to neonates. A Newborn Corner includes at least one resuscitation table with baby warmers, digital scales, an ambu bag with masks (self-inflating resuscitators), baby stethoscopes, penguin suction devices (high-quality suction bulbs designed to aid health workers to safely remove obstructing fluids from a newborn's nose and mouth), room thermometers, room heaters, sterile gloves, cord clamps, and baby-sized wrist identification tags. SSBH reviewed the functionality and utilization of these corners in all 43 health facilities during this reporting period and found that they are all functioning properly. In order to finalize this activity as planned (setting up a fully functioning Newborn Corner in one high-volume facility in each of the Core+ municipalities), SSBH also procured and began installing equipment for Newborn Corners in seven health facilities with high service volumes in Rupandehi, Kapilvastu, and Nawalparasi West Districts. The Activity selected these facilities in consultation with municipal health sections, with the understanding that they would serve as models for the remaining birthing centers in each municipality and inform planning and budgeting for newborn care services going forward.

SSBH conducted a follow-up visit to Dailekh Hospital, where medical officers and nursing staff participated in a six-day training on Comprehensive Newborn Care for Level II Hospitals last quarter. Activity staff reviewed Level II services and provided additional guidance on how to manage newborn complications. During this reporting period, SSBH staff conducted a second follow-up visit to Dailekh Hospital to review Level II services and provide necessary technical support for management of newborn complications. The Activity found that further coaching and mentoring is needed at Dailekh Hospital, particularly for nursing staff working in the Special Newborn Care Unit. The turnover in trained staff has made it difficult for the hospital to provide

specialized newborn care services, which is why it is so important that all available staff receive the training they need to ensure continuity in provision of specialized care for sick and small newborns.

Strengthened planning for health emergency preparedness and response

During Year Five, the Activity began supporting 138 municipalities in Karnali and Lumbini Provinces to assess and strengthen their plans and practices for managing health emergencies. The COVID-19 pandemic highlighted the need for flexibility and capacity for planning, preparation, and rapid response to protect people from current and potential health threats. Municipal governments are mandated under national legislation to develop and implement plans for disaster preparedness and response, including for health-related emergencies. During the process of supporting plans for health emergencies, the Activity found that many municipalities lack a disaster preparedness and response plan altogether. Even when they had plans in place, many did not address health implications of natural disasters like earthquakes, floods, landslides, or major disease outbreaks. To address this, SSBH facilitated an iterative process to support development of integrated Health Emergency and Disaster Preparedness and Response Plans. The process included assessing municipal vulnerability to health hazards, forming multi-sectoral response clusters, and mapping capacity within municipalities to respond to disasters and health emergencies. Local governments and other health sector actors have drawn important lessons from COVID-19, prompting them to strengthen local health planning to include multi-sectoral responses to health emergencies and ensure regular review and adjustment of their plans and actions.

As of this reporting period, with facilitation and assistance from SSBH, 17 municipalities held consultations with relevant stakeholders, including members of the municipal Disaster Management Committee, municipal executives, and external development partners, before drafting these plans. Thirty-eight municipalities are in the drafting and revision stage, 39 municipalities have plans in the final approval stage, and 81 municipalities have endorsed their Health Emergency and Disaster Preparedness and Response Plans.

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

Used data to address municipal-level barriers to health service use for marginalized groups

During orientations on roles and responsibilities with HFOMC and SDC members, SSBH raised awareness on how to reduce barriers to health care for vulnerable populations. The Activity helped health workers from 96 facilities prepare social maps that identify hard-to-reach populations. Social maps depict regions where underserved communities live, highlight health facility locations and their service coverage areas, and pinpoint the location of immunization clinics, schools, and other major landmarks. Anecdotal evidence from health section chiefs and facility staff indicates that the maps have been used to identify communities that have major difficulty in reaching the facilities, and municipalities have taken steps to (a) organize outreach activities to reach these communities; (b) mobilize community health workers and Female Community Health Volunteers to encourage better uptake of basic services such as immunization, antenatal care, and safe delivery; and (c) establish new Basic Health Service Units in some hard-to-reach settlements.

In several municipalities, the Activity and counterparts led events to raise awareness about and celebrate initiatives such as Breast-Feeding Week and National Family Planning Day. These

celebrations were also an opportunity for SSBH to highlight the health needs of disadvantaged groups at municipal, health facility, and community levels.

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

- Oriented Municipal Quality Assurance Working Committee members in 46 municipalities and HFOMC members in 184 health facilities on their roles and responsibilities for quality improvement in health services
- Supported the introduction of Health Post Minimum Service Standards in 55 health facilities and conducted follow-up visits in 44 health facilities
- Conducted onsite clinical coaching and mentoring sessions for 1,711 service providers in 388 health facilities
- Provided clinical training for 851 health workers



Figure 5: Patient Experience of Care orientation at Bhimmapur Health Post, Bardiya District

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

Supported institutionalization of Health Post Minimum Service Standards and oriented new local governments on quality assurance mechanisms in health

In Year Five, the Activity supported the rollout of Health Post Minimum Service Standards in health facilities across both provinces. SSBH familiarized Municipal Quality Assurance Working Committee and HFOMC members and health facility staff with the concepts, objectives, methods, scoring processes, and tools to implement these standards. During the semi-annual period of Year Six, the Activity and counterparts introduced these standards in an additional 55 health facilities and conducted follow-up visits in 44 health facilities to assist facility staff in assessing the implementation of the standards after their introduction. The follow up focused on the progress health facilities made in implementing their action plans. SSBH provided further coaching and technical assistance wherever gaps remained and advocated municipal authorities to release funds for procurement of equipment and drugs where needed.

The Quality Standard and Regulation Division at the MoHP finalized and endorsed implementation guidelines for the National Health Care Quality Assurance Framework with SSBH's support. SSBH coordinated with the MoHP to organize a federal-level dissemination event on the implementation guidelines. Participants included officials from the Department of Health Services and heads of other divisions and sections within the ministry. The Activity will work with the MoHP to plan and conduct similar dissemination events at provincial level. At the local level, the Activity oriented Municipal Quality Assurance Working Committees members in 46 municipalities and 184 health facilities on their roles and responsibilities for quality improvement in health services.

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

Provided Policy Libraries containing normative national guidelines for health to municipalities and health facilities

In Year Five, SSBH supplied policy resource libraries containing key health policy and legislative documents; clinical guidelines and standards; birth preparedness package flipcharts; reproductive health clinical protocols for nurses, paramedics, and doctors; and emergency obstetric care job aids to all public health facilities, health service and municipal offices, and health offices at the district level. In the Year Six semi-annual period, the Activity distributed these resources to 14 high volume hospitals, basic health service centers, community health units, and seven municipal offices.

Supported Maternal and Perinatal Death Surveillance and Response committees

Identifying and determining the cause of maternal and perinatal deaths in hospitals is essential to preventing future deaths. SSBH supported Maternal and Perinatal Death Surveillance and Response (MPDSR) committees in Kalikot, Kapilvastu, Humla, and Jumla Districts by helping them review maternal and neonatal deaths, develop action plans to address the causes of deaths, and prevent future maternal and perinatal deaths. In Dang District, the Activity team supported Rapti Provincial Hospital to review perinatal deaths. In Bardiya Hospital, the Activity team helped orient the MPDSR committee on updated guidelines.

At the provincial level, the Activity supported the Karnali Province health directorate to review monthly meeting practices of MPDSR committees. In Lumbini Province, SSBH supported the health directorate to review the causes behind a rise in maternal and perinatal deaths in hospitals with established MPDSR committees within SSBH working districts. The directorate committed to prioritizing strengthening referral sites, enhancing communication channels for referrals, and increasing free ambulance services. Provincial authorities also planned joint visits to these hospitals with SSBH in the next quarter.

Enhanced service providers' ability to deliver high-quality MNCH and FP services

The Activity conducted onsite clinical coaching and mentoring sessions for 1,711 service providers in 388 health facilities. These sessions are tailored to the needs and skill levels of service providers and coaching topics include family planning counseling and service provision; management of pneumonia, diarrhea, and febrile illnesses, etc. in infants and children under five; antenatal care; management of normal deliveries; essential newborn care; newborn resuscitation; infection prevention and control; waste management; and management of obstetric emergencies. Coaching sessions consist of a theory component and demonstrations, hands-on skills practice with simulators, and discussions to address participants' doubts or concerns. SSBH conducted the majority of these coaching sessions in collaboration with public health nurses and district and municipal mentors with the aim of building local capacity to increase local ownership and sustainability for this activity. SSBH also supported formal clinical training for 851 health workers, listed in Table 2 on the following page.

Table 2: SSBH Clinical Training Programs Completed during the Year Six Semi-Annual Period

Topic	Time Frame	Training Sites	Participants
Skilled Birth Attendance	May 2022 - January 2023 (2 batches)	Karnali Academy of Health Sciences, Chandannath, Jumla Provincial Hospital, Butwal	18
Implant Services	August - December 2022 (7 batches)	Family Planning Association of Nepal, Dang Family Planning Association of Nepal, Rupandehi Bheri Hospital, Nepalgunj	29
Intra-uterine Contraceptive Device Services	August - December 2022 (5 batches)	Family Planning Association of Nepal, Dang Family Planning Association of Nepal, Rupandehi	20
Family Planning Counseling, Service Delivery, and Decision-Making	July - September 2022 (8 batches)	Family Planning Association of Nepal, Dang Family Planning Association of Nepal, Rupandehi	107
Maternal and Newborn Health Updates	July 2022 - January 2023 (23 batches)	Municipalities in the following districts: <ul style="list-style-type: none"> • Rupandehi • Dang • Banke • Bardiya • Mugu • Dailekh • Nawalparasi West • Jumla • Rukum West • Surkhet • Humla • Kalikot 	434
Community-based Integrated Management of Newborn and Childhood Illnesses	October 2022 – January 2023 (10 batches)	Municipalities in the following districts: <ul style="list-style-type: none"> • Rupandehi • Dang • Banke • Bardiya • Nawalparasi West • Jumla • Rukum West • Kalikot 	225
Non-scalpel Vasectomy Services	September - October 2022 (2 batches)	Family Planning Association of Nepal, Dang Family Planning Association of Nepal, Rupandehi	4
Infection Prevention	November 2022 (1 batch)	Karnali Academy of Health Sciences, Chandannath, Jumla	14
Total participants, formal clinical training			851

Health workers trained in comprehensive family planning counseling practices are monitored to ensure they comply with U.S. family planning and abortion requirements. During routine visits for coaching and mentoring, SSBH’s field-based MNCH and FP Technical Officers review and monitor facility-level family planning services; check the availability of services, supplies, and educational materials; and assess referral practices. SSBH did not observe any instances of non-compliance with family planning or abortion requirements during this reporting period.

Sub-Result 2.3: Improved Patient Experience of Care

Helped health facilities integrate principles of respectful care and measures to improve patients’ experience of care

In Year Five, SSBH introduced an initiative for improving patients' experience of the health care services received in their local health facilities. This initiative, which the Activity is piloting in

one facility in each of its 16 operational districts, includes (a) problem identification by health facility staff, HFOMC members, and clients; (b) preparation and implementation—by facility staff and HFOMC members—of an action plan to address issues with negative impact on patients’ experience of the facility; and (c) monitoring and evaluation of the activities by HFOMCs and health facility staff. During follow-up visits in Quarter One, SSBH noted that many of the action items, such as freshening up the waiting areas, making client educational materials available in waiting areas, installing privacy curtains in consultation rooms, and ensuring that filtered drinking water, along with running water, soap, and clean toilets were available for client use, had already been accomplished.

SSBH also developed and facilitated orientation activities on respectful patient-provider interactions to sensitize health workers, HFOMC members, and health section chiefs on this topic. During the sessions, participants practiced using positive communication and relationship-building skills, including the use of empathy, respect, and appreciation for clients, which is expected to improve patients’ experience of care in their respective health facilities. SSBH field staff were orientated on this package to prepare them to conduct the sensitization sessions with health facility staff, HFOMC members, and municipal health section staff. The Activity piloted the orientation in Majhgawa Health Post of Rupandehi District, made updates based on lessons learned from this initial experience, and completed the orientation in an additional 14 facilities during December and January. The Activity will orient staff and HFOMC members in the remaining two facilities (Surkhet and Dailekh) in the upcoming quarter.

Finally, SSBH has initiated a detailed process review of the patient experience of care activity. This review will document initial results from the perspective of facility staff and HFOMC members and identify potential aspects of the initiative that can be replicated in efforts to increase utilization of MNCH/FP services by making facilities and services more welcoming, respectful, and responsive to the needs of clients.

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

<ul style="list-style-type: none"> • Oriented 1,234 HFOMC members from 120 health facilities • Oriented 768 Social Development Committee members in 51 municipalities • Supported annual health review meetings in 134 municipalities 	 <p>Figure 6: HFOMC orientation at Syada Health Post, Humla District</p>
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Sub-Result 3.1: Improved Governance and Accountability at Subnational Levels

Continued to support provincial health authorities to draft key strategies and guidelines

SSBH facilitated workshops on the development of the **Provincial Health Sector** Strategic Implementation Plan in both provinces. The Activity finalized and submitted a draft to the working committee in Lumbini Province, who subsequently shared it with the Lumbini Province

Ministry of Health for approval. The Activity also supported the drafting of the Annual Health Program Implementation Guidelines for 2022/2023 in Karnali Province. In Lumbini Province, SSBH incorporated suggestions and feedback from provincial authorities to develop and share a second draft of the same guidelines for their review and finalization.

The Activity also collaborated with UNFPA, UNICEF, WHO, NHSSP, Save the Children, and Suaahara II to provide technical assistance to the Lumbini Province Ministry of Health and Health Directorate in drafting and finalization of a number of documents outlining standard operating procedures and guidelines for various province-led initiatives in health. These have included standard operating procedures for a supplemental food program for women who recently gave birth, entitled the “Nutritious Food Distribution Guideline for New Mothers;” a specific province-level guide for implementation of the federal financial assistance programs in health (the “Health Treatment Special Financial Support Guideline”); and the “Full Institutional Delivery Declaration Guideline,” which a technical working group under the Provincial Health Directorate (of which SSBH is a member) is currently drafting. It provides detailed implementation instructions for health facilities, municipalities, Health Offices, and the Provincial Health Directorate to promote, plan for, and monitor institutional delivery rates, and includes provisions for these entities to be declared as “100 percent institutional delivery” sites. This guideline is still in the drafting stage, and SSBH will continue to provide technical assistance, as required, to the deliberations of the technical working group.

Supported the implementation of approved health acts and policies and institutionalized systems for tracking health sector performance

As of the first half of Year Six, 115 health acts (76 in Karnali Province and 39 in Lumbini Province) and 113 health policies (76 in Karnali Province and 37 in Lumbini Province) are in the implementation stage. One municipality is in the process of analysis and stakeholder consultation for developing their health act, five municipalities are in the drafting stage, and 17 municipal health acts are awaiting approval from municipal executive committees.

Similarly, all 138 municipalities have completed analysis and stakeholder consultation for developing their health policies, nine municipalities are drafting their health policies, and 16 municipalities are at the final stage of approval.

SSBH organized annual health review meetings in 134 municipalities. SSBH helped municipalities review and analyze data, prepare presentations, determine performance ranking criteria of health facilities, identify gaps, and develop action plans. The Activity also facilitated Health Management Information System (HMIS) data verification and sharing of municipal policies, guidelines, and updated information during municipal monthly meetings.

The Activity also supported municipalities in developing monitoring, evaluation, and supervision guidelines. The objectives of these guidelines include enhancing results-based monitoring and evaluation systems at the local level. Municipalities use these guidelines to strengthen their monitoring and evaluation systems and generate verifiable evidence to inform planning and decision-making in the health sector. As of this reporting period, monitoring, evaluation, and supervision guidelines are in full and effective implementation in 73 municipalities and awaiting approval in 23 municipalities. The Activity also assisted municipalities to disseminate endorsed guidelines through orientation sessions, monthly meetings, and municipal websites to health professionals, local committees, and the wider public.

Ensured that newly formed, post-election local governments and committees are oriented on their responsibilities related to health sector management and performance

SSBH oriented 768 members from 51 SDCs and 1,234 members from 120 HFOMCs on their roles and responsibilities for oversight of quality health service delivery and performance. These orientation programs also introduced new committee members to approaches and activities with the potential for reducing barriers to care for vulnerable populations, based on *SSBH's Analysis of Barriers to Utilization of MNCH and FP Services*.

The activity also supported the National Health Training Center to prepare an orientation package for newly elected municipal officials by incorporating feedback from the Ministry of Federal Affairs and General Administration and the MoHP. This orientation package highlights evidence-based health priorities and the importance of allocating sufficient funding for the health sector. Pending official MoHP approval of the package, the Activity team will support as many municipal health sector orientation sessions as possible in the remaining months of field-level activity in Quarter Three.

Finalized establishment of electronic health recording in seven hospitals in Karnali Province

In Quarter One of Year Six, the Activity collaborated with Nyaya Health for follow-up visits to four out of the seven hospitals in Karnali Province implementing the Electronic Health Recording (HER) system called NepalEHR, namely Mehelkuna Hospital in Surkhet District, Rukum West Hospital, Kalikot Hospital, and Mugu Hospital. SSBH debriefed the Karnali Province Ministry of Social Development (MoSD) on the status of the NepalEHR rollout, and in Quarter Two, the MoSD conducted joint-monitoring visits with SSBH and Nyaya Health at the remaining three hospitals—Dolpa Hospital, Humla Hospital, and Dailekh Hospital. During both visits, facilities reported that while they had procured the recommended equipment for installing NepalEHR, they only had intermittent access to the internet and electricity, and they lacked a reliable power backup. These issues are preventing them from using the system regularly. Nyaya Health has trained staff in all seven hospitals on using NepalEHR and most of the hospitals are using it in many of their departments; however, some outpatient departments are hesitant to use the system as it is new, unfamiliar to most staff, and requires significant behavior change on the part of providers. Despite these challenges, all seven hospitals—particularly their laboratory and pharmacy departments—report that this system provides quick access to patient records and promotes digitization by reducing the use of paper-based records.

Institutionalized use of governance and accountability tools in municipalities

In Year Five, the Activity mobilized consultants to conduct social audits in 16 municipalities and continued to advocate for municipal governments to allocate funds in their budgets for social auditing in the health sector. As a result, 17 municipalities allocated funds for health-specific social audit events this fiscal year. The Activity team also continued to advocate for the use of governance and accountability tools such as citizen charters, client feedback mechanisms, and health-focused social audits by municipal authorities, HFOMCs, and community representatives. During the reporting period, SSBH supported HFOMCs from 97 health facilities to conduct client exit interviews.

Sub-Result 3.2: Annual Planning and Budgeting Strengthened at Provincial and Municipal Levels

Provided technical support to execute Nepal Fiscal Year 2079/2080 annual plans and budgets and implement government-to-government funded activities

In Year Five, SSBH provided support for the seven-step planning and budgeting process to develop annual health workplans and budgets for Nepali fiscal year (FY) 2079-2080 (2022-2023). In Year Six, the Activity continued to provide technical assistance to execute these plans and budgets. During the reporting period, the Activity helped 76 municipalities develop an annual calendar of operations and 21 municipalities develop implementation guidelines for the same. These guidelines detail the processes for activity implementation, designate responsible parties, inform budget allocation, and provide information on record keeping and reporting.

The Activity helped to plan USAID's government-to-government (G2G) health systems-related activities in Birendranagar Municipality of Surkhet District, including introducing electronic recording and reporting into the HMIS in four health facilities and conducting training for health facility staff on use of the revised HMIS tool. In Guras Municipality of Dailekh District, SSBH provided support during the planning and budgeting process, during which municipal officials allocated G2G budget resources for health sector performance review meetings, HMIS training, maternal and newborn update training, and procurement of equipment and medicines.

Sub-Result 3.3: Strengthen Management and Performance Improvement Processes

Finalized modular leadership and management course for municipal health section chiefs and strengthened local capacity for procurement and forecasting

During Year Five, SSBH worked closely with the National Health Training Center to develop a modular training course in leadership and management for municipal health section chiefs. The course is designed to enable health section chiefs to fulfill their responsibilities related to planning, management, and oversight of delivery of basic health services. In the semi-annual period of Year Six, SSBH collected feedback from the National Health Training Center and provincial government stakeholders and submitted the revised training package for approval, with the aim of training at least one batch in Quarter Three. The Activity will evaluate this initial training for effectiveness and feasibility and make recommendations for improvements to course materials, delivery, and training modalities as needed.

During the reporting period, the Activity also coordinated with the Karnali Province Health Directorate to conduct procurement and forecasting training for 43 municipal health section chiefs, deputy chiefs, and focal persons of medical stores in Salyan, Surkhet, and Kalikot Districts.

Supported the MoHP in finalization and dissemination of the Nepal Health Sector Strategic Plan 2022-2030

SSBH participated actively in the MoHP-led technical working group to finalize the Nepal Health Sector Strategic Plan 2022-2030. The National Planning Commission; the Ministry of Finance; and the Ministry of Law, Justice, and Parliamentary Affairs reviewed the final draft of this plan. The MoHP will formally submit the plan to the newly formed cabinet for endorsement after incorporating inputs from the federal stakeholders. Once formally endorsed, SSBH will support the MoHP to disseminate the plan in Lumbini and Karnali Provinces.

4. Cross-Cutting Program Elements

- Trained 537 health workers on HMIS
- Trained 214 health workers on DHIS2
- Reached 370 health facilities with coaching and mentoring on Logistics Management Information System (LMIS) and Electronic Logistics Management Information System (eLMIS)
- Reached 320 health facilities with onsite coaching and mentoring on DHIS2
- Conducted routine data quality assessments (RDQAs) in 366 health facilities

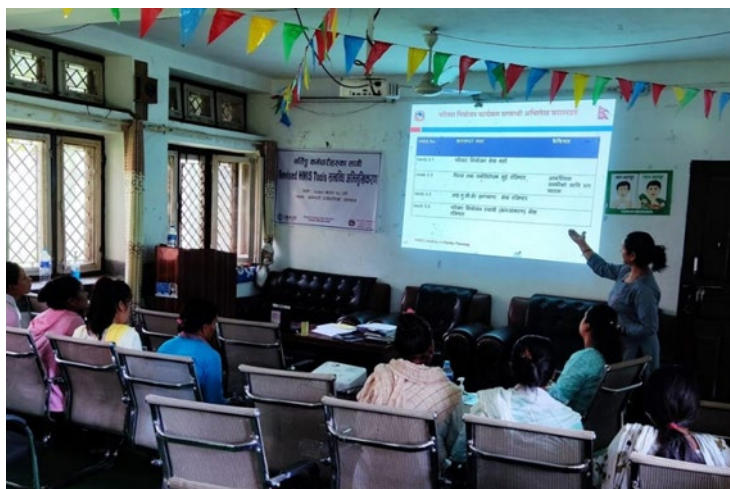


Figure 7: Orientation to nursing staff in Chhatreshwori Rural Municipality, Salyan District, on revised HMIS tools

1.1 Private Sector Engagement

Supported the integration of strategies and dissemination of regulatory guidelines for private sector engagement

During the reporting period, SSBH helped the MoSD in Karnali Province organize technical working group meetings to prepare the Health Policy Implementation Plan and Strategy. During these meetings, SSBH led discussions on the importance of including private sector engagement strategies in the overall implementation plan and strategy.

The Activity completed drafting and submission of the *Health Facility Registration, Renewal, and Upgradation Guidelines* for approval from the Karnali Province MoSD. These guidelines include information on where and how private health facilities can register to provide health services; registration and renewal fees; and requirements for human resources, infrastructure, recording, and reporting to government authorities on a monthly basis. The Activity supported nine municipalities to draft their own specific guidelines based on the MoSD-approved version, which executive committees of six municipalities have already approved and implemented.

Worked with municipal authorities for effective engagement with the private health sector

During the semi-annual period of Year Six, SSBH conducted follow-up visits to 34 private health facilities from Banke, Rukum West, and Surkhet Districts that participated in Community-Based Integrated Management of Newborn and Childhood Illnesses training in Years Four and Five. Most of the facilities showed consistent use of clinical protocols learned during the training program and timely recording and reporting of data to municipal health sections. Some facilities cited the turnover of trained staff as their reason for not following protocols closely or reporting incomplete data.

The Activity included private health providers in municipality-level GESI orientation sessions in four districts and will continue to include private health providers in these orientation sessions.

SSBH also prepared a technical brief on the assessment of newborn and child health referrals from the private health sector in Karnali Province highlight facilitators and barriers for effective referrals of newborns and children under five from private points of care and includes recommendations for strengthening referral systems. SSBH distributed the brief to the provincial and municipal authorities and private providers in Karnali Province, and also shared this brief during a federal private sector engagement consultative meeting in Kathmandu.

Conducted successful private sector dissemination event for stakeholders in Kathmandu

On November 7, 2022, the Activity organized a consultative meeting to discuss the role of the private sector in health service delivery. SSBH shared experiences and lessons learned from private sector engagement activities and facilitated a discussion on potential collaborations between the government, external development partners, and the private health sector to design interventions for enhancing access to quality health services. Directors and chiefs of various departments and divisions within the MoHP, provincial and municipal authorities, representatives from private sector umbrella organizations, and external development partners attended this meeting. Participants agreed that similar forums would be needed in the future for regular collaboration, and government officials encouraged stakeholders to make use of review meetings at federal, provincial, and local levels to discuss private sector interventions and initiatives. Private sector representatives requested greater inclusion in government-led training programs for health service providers, and all participants agreed that the private sector needed more orientation to government standards and protocols. The attendees appreciated the meeting as being timely and useful to discuss private sector success, challenges, and ways forward for all concerned stakeholders.

1.2 Gender Equality and Social Inclusion (GESI)

Conducted GESI sessions for staff and documented field activities to share successes, challenges, and lessons learned with stakeholders

During the reporting period, the Activity conducted virtual meetings with field-level Technical Officers to discuss the importance of including GESI sessions in SDC and HFOMC orientations and updated the technical brief detailing SSBH interventions towards mainstreaming GESI in Karnali and Lumbini Provinces. SSBH also conducted safeguarding sessions on the topic of safe, inclusive, and respectful workplaces for staff in Kathmandu, Butwal, Nepalgunj, and Surkhet. These sessions highlighted inclusionary practices and encouraged staff to discuss major equity gaps and brainstorm possible ways forward.

1.3 Data-driven, Evidence-based Programming

Institutionalized capacity for HMIS, DHIS2, and LMIS recording and reporting

In Year Five, the Activity supported both provinces to orient municipal and health office data managers on revised HMIS (2021/2022) tools. SSBH disseminated the revised tools in during the semi-annual period of Year Six by:

- Orienting nursing staff from 94 municipalities on the revised HMIS tools through group coaching, which included coaching on maternal and child health and family planning-related recording and reporting tools and indicators.
- Supporting municipalities to conduct HMIS onsite coaching (using revised HMIS tools) in 352 health facilities using a checklist.

- Supporting revised HMIS training for 537 municipal-level health workers.
- Orienting 95 municipalities on HMIS changes and updated features during monthly review meetings.

The Activity provided financial and technical support to conduct DHIS2 training for 214 health workers and onsite coaching on DHIS2 for 320 health facilities. SSBH also supported the Health Directorate Office of both Karnali and Lumbini provinces in developing 67 DHIS2 coaches—55 at the municipal level and 12 in health offices at the district level. At the local level, several municipalities allocated budgets for coaching and mentoring on HMIS, DHIS2, and eLMIS, and conducting RDQAs. These budgets reflect increased municipal ownership over these activities, which is crucial for sustainability beyond the Activity’s presence in these areas. The municipalities that released budgets during the semi-annual period of Year Six for health information systems-related activities are listed in the table below:

Table 3: SSBH Clinical Training Programs Completed during the Year Six Semi-Annual Period

SN	Municipality	District	Budget Allocated (NPR)	Purpose
1	Raptisonari	Banke	100,000	DHIS2 coaching
2	Ramgram	Nawalparasi West	50,000	DHIS2 coaching
3	Siyari	Rupandehi	100,000	DHIS2, eLMIS, and HMIS coaching
4	Siddharthanagar	Rupandehi	600,000	DHIS2 and HMIS coaching RDQA
5	Mayadevi	Rupandehi	80,000	DHIS2 and HMIS coaching RDQA

Due to the joint efforts of provincial and municipal governments, external development partners, and SSBH, almost 96 percent (620/646) of health posts and public health centers in SSBH working districts have at least one staff member trained in DHIS2. As of this reporting period, the timely reporting rate from SSBH working areas stands at 90 percent, while overall reporting rate into DHIS2 is 98.9 percent.

SSBH also supported the Lumbini and Karnali Province Health Directorates to routinely review service coverage data and identify data discrepancies and minimize errors. To institutionalize routine data reviews, The Activity supported the health directorates of both provinces to conduct monthly data management committee meetings to review data and provide feedback to municipalities through health offices.

SSBH continued providing onsite coaching on the proper use of LMIS and eLMIS in 370 health facilities to improve functionality. The coaching and mentoring primarily focused on the preparation of LMIS reports, updating LMIS formats and stock registers, and maintaining records in eLMIS. SSBH regularly monitored the LMIS reporting status and followed up with municipalities and health facilities to ensure the reporting completeness and timeliness. During the semi-annual period of Year Six, SSBH working districts achieved an overall eLMIS report rate of 95 percent, with 12 districts out of 16 achieving reporting rates higher than 90 percent.

Supported municipalities to update online municipal health profiles and facilitated routine data quality assessments

SSBH helped municipal health sections review, analyze, interpret, and use municipal health profile data, which enhanced their capacity to prepare annual progress reports and briefs and use this information for planning and decision-making. All 138 municipalities updated their profiles with FY 2078/2079 (FY 2021/22) data and 137 of these profiles are linked to municipal websites. Municipal health profiles are used during SDC orientation, and by other development partners and government counterparts to identify gaps, prioritize resources, and highlight successes in health sector performance. The Activity also conducted onsite coaching to municipal health sections on how to update municipal profiles and link them to respective municipal websites. As of January 2023, all 138 health sections have at least one staff member capable of updating their municipal profiles independently. To enhance the data analysis capacity of health workers, the Activity also provided data analysis coaching to 244 health facilities using an SSBH-developed data analysis tool, which was adapted from the municipal Public Health Analytics tool.

Early in Year Six, SSBH supported health services offices of all 16 working districts to finalize their annual health reports, which the health service offices presented in the provincial review meetings. The reports summarize program-specific progress of the previous fiscal year, along with existing issues and challenges and proposed solutions.

SSBH coordinated with municipal health sections to conduct RDQAs in 366 health facilities. The Activity found that after RDQAs, health facilities are more likely to display social maps, assign focal persons for recording and reporting, and maintain meeting minutes. As a result of this progress, data quality has also improved. The Activity also reached all 138 municipalities to orient municipal health section officials and health facilities in-charge on the MoHP's version of RDQA software. Some municipal offices have not been able to install software due to software incompatibility and lack of internet access and are using an offline version of the MoHP's RDQA tool. As of this reporting period, at least one staff member from each SSBH-supported municipality has participated in an RDQA orientation.

1.4 Collaboration and Synergy

Contributed to provincial health coordination team meetings and promoted coordination with health authorities and development partners

SSBH participated in eight provincial health coordination team meetings in both Karnali and Lumbini Provinces. These meetings provided a forum to share achievements and plan for annual provincial health review meetings, which were held in late September for both provinces. SSBH held periodic update meetings with Karnali Province MoSD and Lumbini Province Ministry of Health to discuss progress, priorities, and to plan for phasing over SSBH responsibilities at the provincial level. The Activity also met with provincial health training centers of both provinces to discuss major challenges and lessons learned while implementing clinical training activities, and to plan for further training activities. SSBH participated in a meeting with the Association of International Non-governmental Organizations to discuss potential areas of collaboration among stakeholders at provincial, district, and municipal levels in Karnali Province.

At the district and municipal level, the Activity organized and facilitated 15 stakeholder meetings with partner agencies and health service offices. Participants shared progress and priorities and identified additional areas for collaboration and partnership. SSBH participated in USAID's 225 meetings initiative in Dang, Salyan, and Surkhet districts to discuss good practices and identify additional areas for collaboration to scale up this initiative. USAID Nepal's 225 Working Group

seeks to boost synergy and efficiency by promoting stronger collaboration across USAID mechanisms and with provincial and local governments.

SSBH conducted district- and municipal-level meetings with partner agencies, health offices, and municipal health units to share updates on planning, successes, and lessons learned. SSBH met with provincial partners such as USAID’s Bhakari, Suaahara II, and Tayar Nepal Activities, Practical Action, and the Nepal Red Cross Society to draft municipal health emergency and disaster preparedness plans. SSBH also engaged with One Heart Worldwide to better coordinate and plan MNCH and FP related activities that they are initiating in Dolpa, Salyan, and Rukum West Districts.

SSBH organized and facilitated a USAID health partners’ meeting in September as part of regular sharing and coordination. Agenda items included providing updates on last month’s progress and priorities for the coming months, reviewing and discussing the status of coordination and collaboration efforts in working districts and municipalities, and discussing shared priorities and issues. SSBH also shared its Year Six workplan and plan for phasing out operations at provincial and municipal levels.

5. Monitoring, Evaluation, and Learning

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

In August 2022, SSBH worked with USAID to assess the data quality for 13 indicators, including eight Performance Plan Report (PPR) indicators. USAID did not identify any major issues across data quality dimensions.

Due to recent updates in Nepal’s HMIS tools SSBH has made several changes, in consultation with USAID, to indicator definition and targets. For example, the indicator titled “Number of cases of childhood pneumonia treated in USG-assisted programs” had to be updated as the HMIS will now only report treatment with amoxicillin only as opposed to amoxicillin and other antibiotics. SSBH has made the required revisions to the Activity MEL Plan, the PIRs and the indicator reporting table that appears in Annex 1 of this report.

Collected routine monitoring data

The Activity conducted routine data collection visits at 441 health facilities during the first half of Year Six. SSBH also completed data entry into the Data Information Solution (DIS) platform for FY 2021/22 and identified several issues, which were resolved after consultation with USAID. SSBH also prepared, finalized, and submitted the PPR to USAID. Following clarification of feedback, SSBH resubmitted a second version of the report.

Continued collaboration with the government of Nepal and USAID

SSBH participated in USAID’s 16th and 17th Health Office MEL Working Group meetings and discussed HMIS reporting requirements and status, PPR reporting, data quality assessment summary and findings, and data entry into DIS. SSBH also met with the Integrated Health Information Management Section (IHIMS) team at the Department of Health Services to discuss health information



Figure 8: Cover of QGIS Training Manual

system-related interventions supported by SSBH and potential areas of collaboration and support. One key output of the recent collaboration with IHIMS is the finalization of the Quantum Geographic Information System (QGIS) training manual for health data users. Using this manual, IHIMS independently conducted training on QGIS. During this reporting period, SSBH also supported IHIMS to produce the first Nepali-language version of the Summary and Factsheet of IHIMS Annual Report 2077/2078.

Promoted use of evidence by contributing to review meetings, conferences, seminars, and workshops

The Activity updated the infographic document reflecting key results and achievements between Years Two and Five and distributed it during meetings and visits with government counterparts and development partners. For official visits to operational areas, SSBH continued to develop or update district and municipal profiles to share demographic information, health indicators, and key areas of focus. For instance, during USAID’s portfolio visit, SSBH prepared profiles of four municipalities of Banke District.

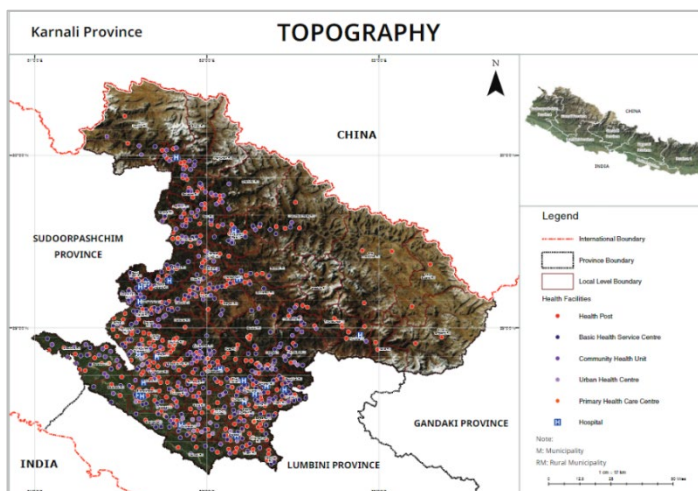


Figure 9: Karnali Province map in the health atlas showing locations of public health facilities

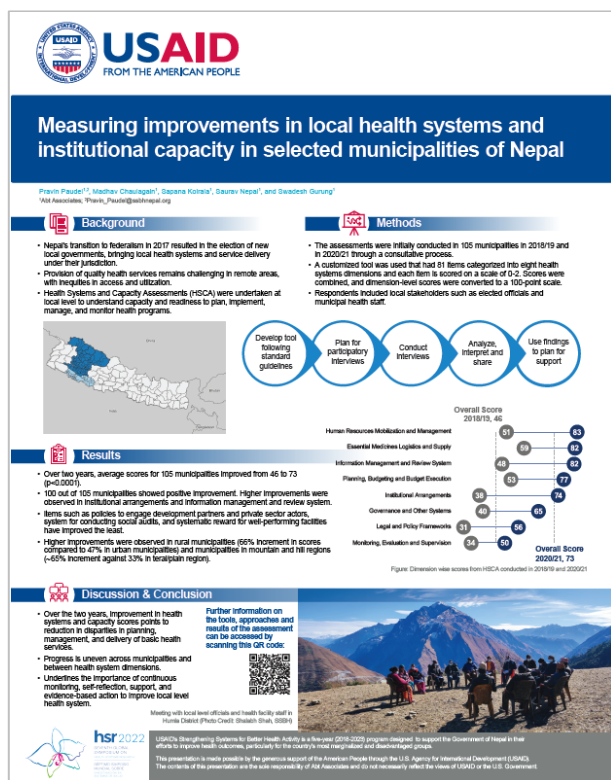


Figure 10: SSBH poster presented at the Health System Research Symposium 2022

During this reporting period, SSBH also finalized the health atlas of Karnali Province that showcases the actual locations of public health facilities in each municipality. This atlas reflects changing elevations from one region to the next and also shows rivers and roads. The Activity plans to distribute respective maps to all municipal offices in Karnali Province in Quarter Three.

Three Activity staff participated in the Nepal Health Facility Survey 2021 data analysis workshop organized by USAID’s DHS Program (Round 8). The workshop provided an opportunity to delve into the details of the Nepal Health Facility Survey dataset, analysis approach, and possible research questions pertinent to the Activity’s learning questions. SSBH used the dataset and skills acquired during the workshop to perform additional analysis on respectful maternity care indicators, reported in the Indicator Table in Annex 1.

During Quarter One, SSBH also completed transcription and translation of key informant interviews collected during a review of SSBH working districts to assess improvements in health governance and health systems at the local level. After sharing the preliminary results internally, SSBH produced a full report along with a supporting technical brief based on major findings from the review.

The Health System Research Symposium 2022, held in Columbia from October 31 - November 4, accepted three abstracts from SSBH. SSBH had both virtual and in-person presence at the Symposium to highlight the Activity's role in strengthening local level health systems and contributing to the COVID-19 response in Nepal.

6. Documentation and Dissemination

6.1 Develop and Submit All Contractual Deliverables

During this reporting period, the Activity disseminated tailored versions of the Year Six Workplan to federal and provincial government counterparts. This workplan included information about phasing-out the Activity's Health Emergency Response supplemental program and SSBH provided the requisite notice for this process at municipal, provincial, and federal levels. SSBH conducted provincial dissemination events in Surkhet and Butwal and conducted a federal dissemination event in Kathmandu in late September. SSBH also submitted the Year Five Annual Performance Report to USAID on August 15, 2022, and the Year Six, Quarter One Progress Report on November 15, 2022.

6.2 Produce and Disseminate Final Technical and Communication Materials per SSBH Documentation and Dissemination Plan

The Activity produced two technical briefs and a final report for the Health Emergency Response component and an infographic highlighting the work done over two years of the supplemental program. In Quarter Two, SSBH finalized full reports on evaluations of Health Emergency Response activities and coaching and mentoring initiatives, as well as reports and technical briefs on regulatory guidelines and referral assessments in the private sector, mainstreaming GESI, and the availability and utilization of medical equipment in Karnali and Lumbini hospitals. The Activity also completed a full report and accompanying technical brief on the review of health systems and governance designed and conducted by SSBH prior to local level elections in May 2022.

6.3 Prepare for and Conduct Final Project Sharing and Handover Events and Submit Final Project Report to USAID

SSBH delivered notices to municipal authorities to inform them that the Activity will cease operations at the local level after the semi-annual period, and SSBH has already held dissemination and hand-over ceremonies in 93 out of 138 municipalities at the time of writing. The Activity will phase out all staff and operations from both provinces by the end of April, and provincial closing events are planned in both Butwal (Lumbini Province) and Surkhet (Karnali Province). After that, the Activity will hold a dissemination event in Kathmandu **to share achievements, challenges, and lessons learned from implementation of the full SSBH Program Description over the past five years.** This event is tentatively scheduled for May 26.

7. Management and Operations

7.1 Prepare for and implement phased closing of all office premises

SSBH has finalized the move-out plan for each office and the touchdown spaces. The Activity formally closed touchdown spaces at each health office for the Health Emergency Response (HER) component in all 16 districts by the end of September 2022. In Kathmandu and Surkhet, SSBH also closed out the additional office premises leased for supporting the HER component.

Similarly, all leases for the remaining SSBH touchdown spaces and office premises have been extended only through February for districts, March (Butwal) and April (Surkhet) for the provincial offices, and June 30, 2023 for the Kathmandu office. SSBH will turn over all rented physical premises in good condition to the listed property owners after cleaning and removal of project furniture, fixtures, and equipment for disposition in accordance with approved plans.

7.2 Prepare for and implement disposition of all physical assets

SSBH submitted the disposition plan to USAID for the HER component and handed over the items from the HER offices.

Upon separation of 51 field-level staff members at the end of November 2022, SSBH began distributing furniture and IT assets in accordance with the approved disposition plan. Thus far, the Activity has distributed furniture and IT assets among municipal health counterparts, a local implementing partner, and a newly awarded USAID activity implemented by Deloitte. The Activity has completed a final full physical check and inventory listing for all assets and will continue disposing of items in accordance with planned closeout of offices and separation of staff members.

7.3 Implement timely, organized scale-down of human resources

SSBH has prepared a detailed plan for scale-down of staffing. After HER staff were terminated in September 2022, SSBH notified consortium partners about the drawdown of remaining staff starting in November 2022. The next phaseout of staff will occur in February (districts and municipalities) and March (provincial offices), 2023, and the final closedown will occur in June 2023.

SSBH ensured all consortium partners would provide notices to staff at least one month ahead of time. All staff have received the required tax and Citizen Investment Trust documentation upon separation. SSBH is also closely monitoring the Activity's consultancy tracker to ensure that deliverables are completed, and contracts are closed.

7.4 Prepare and Submit All Financial and Contract-Related Deliverables

The Annual External Audit for FY 2078/2079 (FY 2021/22) was completed successfully for SSBH, and all required audit and tax documentation has been duly filed with the tax and company registration offices.

SSBH also completed its annual project inventory report for submission to USAID in November 2022. In addition, the Activity has submitted a proposed disposition plan for all Activity assets valued over \$5,000, which is pending approval with USAID.

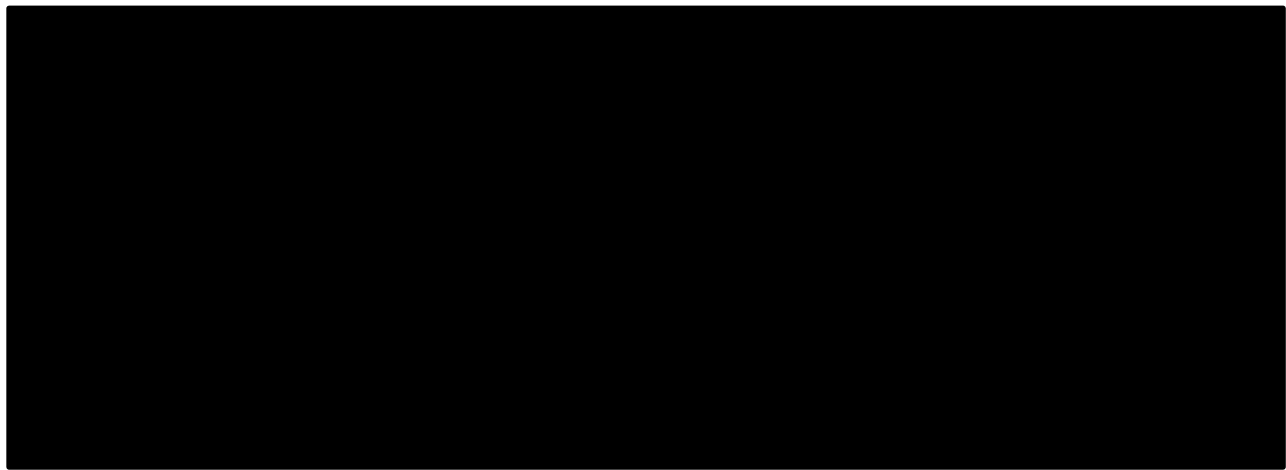
7.5 Staff Orientation and Training

SSBH is working with Real Solutions, a local human resources management and recruiting firm, to provide skill-building sessions for departing staff on preparing resumes, identifying new jobs, applying for appropriate positions, and performing well in interviews. Real Solutions held one session with more than 60 staff members from the Health Emergency Response team before their departure at the end of September, and again with the 51 staff members who separated from the Activity on November 30, 2022.

7.6 Overall Budget and Expenditures

The obligated amount for USAID’s Strengthening Systems for Health Activity is \$31,832,857 out of a total award amount of \$32,566,456. Total estimated expenditures as of January 15, 2023, are provided in Table 3.

Table 3: Activity Expenditures as of January 15, 2023



8. Anticipated Future Problems, Delays, and Constraints

SSBH does not anticipate any significant delays or constraints during the upcoming quarter (January 16 – April 15, 2023). As of this writing, planned dissemination and hand-over events are going smoothly and in accordance with plan in municipalities. SSBH expects this to continue during the remainder of February and into March.

A significant constraint to achieving planned targets during Year Six has been the National Health Training Center (NHTC)’s delay in finalization and approval of the revised guide for orienting new mayors, deputy mayors, and ward chairs on their health-related roles and responsibilities. Just prior to the local elections in May 2022, SSBH coordinated with the NHTC to initiate design of revised orientation sessions, adapted from the original 2018 package, and using lessons learned from the last four years of technical assistance provision at the municipal level. The Activity also facilitated production of a video that captures guidance and words of advice of senior leaders in the MoHP and Department of Health Services, to share with local leaders during the orientation sessions. The sessions are designed to cover the basics of the health system, the process of evidence-based annual planning and budgeting for health, and the roles of municipal leaders in ensuring the availability and quality of health services for constituent populations. SSBH also intended to use these sessions and subsequent interactions

with new local leaders to orient them to progress made in health sector performance in their municipalities over the past four years with technical support from SSBH and other USAID partners.

Unfortunately, the full orientation package has yet to receive final endorsement from the MoHP, so SSBH has not been able to roll it out formally as planned. Consequently, SSBH has conducted orientation of new municipal counterparts to their role in planning and delivery of basic health care services on a more ad hoc basis. SSBH staff have provided some of this basic information to newly elected leaders in the course of routine technical assistance visits for interventions such as planning and budget support, policy development and finalization, and health sector performance review meetings. With the phasing out of field-level staff at the end of February 2023, however, it is unlikely that the Activity will be able to provide technical and logistics support for the formal orientation sessions across Karnali and Lumbini Provinces as planned.

Finally, since recruitment and hiring for several new projects has taken place over the past few months, skilled and experienced SSBH program and operational staff have been in demand. In addition to the planned reduction in force events that took place in September and November of 2022, a significant number of mid- to senior-level program and operational staff have left to take up opportunities with new projects. At this writing, the Activity stands to lose several other important staff members in the near future. SSBH has been able to manage thus far, through task sharing and task shifting, but this will become more difficult in the months to come if more critical staff members leave before their planned exit dates. The Senior Management Team may have to draw on short-term technical assistance from Abt Associates' home office or other country site offices to assist during the final three months of the period of performance.

9. Information on Security Issues

There were no significant security incidents or threats to report during the period under review. The national and provincial parliamentary elections were conducted without major incident in the SSBH operational areas, and caused minimal disruption to planned program activities. Staff members observed all precautions and practices strict avoidance in relation to planned and spontaneous political events, minimized vehicle use during the periods immediately before and during the elections, and refrained from engaging in any direct political activities while working in their assigned geographical areas.

10. List of Major Upcoming Events for Year Six, Quarter Three

The Activity will support the following major events in the upcoming quarter:

1. Support for USAID Bangladesh Team visit [January 23-26, 2023]
2. USAID's SSBH Municipal Closeout events in all municipalities [February 2023]
3. A project celebration and staff farewell event [February 25-27, 2023, Surkhet]
4. Sharing of Review of MPDSR and Patient Experience of Care Initiatives to Family Welfare Division [February 2023]
5. USAID's SSBH final performance evaluation [February-March 2023]

Annex 1 – Indicator Reporting for Year Six Semi-Annual Period

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year 6 2022/23	Achievement* Semi annual (Jul 16, 2022 – Jan 15, 2023)	Notes
1	3	Percent of births assisted by skilled birth attendants	HMIS	Karnali Province	55.7% (2017/18)	70%	73.6%	The high achievement in Lumbini Province is caused by a 10 percent decrease, on average, of live births in the province over the last two fiscal years.
				Lumbini Province (SSBH Municipalities)	74.19% (2017/18)	85.9%	109.2%	
2	4	Percent of institutional deliveries	HMIS	Karnali Province	67.31% (2017/18)	85%	81.7%	
				Lumbini Province (SSBH Municipalities)	85.48% (2017/18)	94%	112.2%	
3	1.2	Percent of women receiving four antenatal care checkups per the national protocol	HMIS	Karnali Province	54.9% (2017/18)	75%	97%	
				Lumbini Province (SSBH municipalities)	57.3% (2017/18)	75%	103.7%	
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)	13,794	14,327	
				Lumbini Province (SSBH municipalities)	28,444 (2017/18)	37,748	38,376	
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)	17,168	13,378	
				Lumbini Province (SSBH municipalities)	33,271 (2017/18)	37,870	38,986	

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year 6 2022/23	Achievement* Semi annual (Jul 16, 2022 – Jan 15, 2023)	Notes
6	1.5	Number of newborns not breathing at birth that were resuscitated by USG-supported programs	HMIS/ SSBH monitoring/ documentation	SSBH municipalities	952* (non-breathing babies born) (2017/18)	524	776	The Activity reviewed records from 342 birthing centers and found 325 cases of asphyxiated babies in the last six months, out of which 316 (97.2%) were resuscitated (stimulation, suction, or bag & mask). In the same period, a total of 798 cases of asphyxia were reported in HMIS and 97.2% are assumed to have received resuscitation. This number does not include those babies born, asphyxiated, and resuscitated in private medical colleges and hospitals, in line with the process indicated in PIRS.
7	1.6	Number of newborn infants receiving antibiotic treatment for infection through USG-supported program	HMIS	Karnali Province	2,786 (2017/18)	1,456	668	
				Lumbini Province (SSBH municipalities)	2,035 (2017/18)	1,170	759	
8	1.7	Number of children under 5 years with pneumonia who received antibiotics	HMIS	Karnali Province	50,269 (2017/18)	7,644	6,496	From 2022/23, pneumonia treatment only includes treatment by amoxicillin.
				Lumbini Province (SSBH municipalities)	23,450 (2017/18)	3,112	3,257	
9	1.8	Number of cases of child diarrhea treated in USG-assisted programs	HMIS	Karnali Province	123,016 (2017/18)	61,095	39,109	Year Five targets for this indicator were revised, with a 10 percent reduction targeted for Year Six. This was done to align with the overall reduction in diarrhea prevalence in the country (as reported in HMIS). Diarrhea cases also generally peak between April and June, which might have resulted in lower numbers of treated cases observed in this reporting period.
				Lumbini Province (SSBH municipalities)	70,473 (2017/18)	58,122	48,951	

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10	1.10	Couple years of protection	HMIS	Karnali Province	111,217 (2017/18)	60,198	43,085	
				Lumbini Province (SSBH municipalities)	104,761 (2017/18)	108,020	104,551	
11	1.11	Percent of USG assisted service delivery sites providing family planning counselling and/or services	HMIS/ Health Facility Readiness Survey	All SSBH municipalities	99% (2018)	100%	98.6%	This refers to the total number of health facilities providing at least one method of family planning and reporting into HMIS between July 16, 2022, and January 15, 2023. Out of 1,405 health facilities, 1,386 (98.6%) are providing 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%	11%	SSBH observed a high coverage gap between the 1 st and 4 th ANC visits in Lumbini Province (from 3% in the last year to 19% in same period this fiscal year). This may be due to a change in the reporting of this indicator after the revision of HMIS tools this fiscal year. For example, there are no longer any means to capture the 1 st ANC visits (i.e., week 16 of pregnancy), which were used to report the ANC coverage gap in the previous fiscal year. For this reporting period, we have reported 1 ANC visit at all times to compute the coverage gap. This issue requires further discussion to updates the recording and reporting procedure in PIRS.
				Lumbini Province (SSBH municipalities)	9% (2018/19)	6%	14%	

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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)	17,130	14,987	
				Lumbini Province (SSBH municipalities)	30,245 (2019/20)	36,794	35,968	
14	1.14	Number of women giving birth in a health facility receiving USG support	HMIS	Karnali Province	29,524 (2019/20)	15,714	14,484	
				Lumbini Province (SSBH Municipalities)	73,345 (2019/20)	37,882	38,927	
15	2.1	Percent of health facilities meeting minimum standards of quality of care at point of delivery	Health Facility Readiness Survey/ SSBH monitoring	Karnali Province	43% (2018)	80%	89.4%	The Activity team visited 441 health facilities in the last six months, of which 389 health facilities (219 from Karnali Province and 170 from Lumbini Province) have met at least 90% of standards of quality of care as per PIRS.
				Lumbini Province (SSBH municipalities)	41% (2018)	90%	86.7%	
16	2.2	Percent of health facilities meeting all service readiness criteria for FP services	Health Facility Readiness Survey/ SSBH monitoring	Karnali Province	21.36% (2018)	90%	17.1%	Out of 441 health facilities visited in the last six months, 86 health facilities (42 from Karnali Province and 44 from Lumbini Province) have met all readiness criteria for family planning services.
				Lumbini Province (SSBH municipalities)	46.34% (2018)	90%	38.8%	
				Lumbini Province SSBH new Municipalities	38.6 (2020/21)	60%	4.3%	Low achievement was mainly due to unavailability of National Medical Standards (NMS) Vol I. Percentage of facilities meeting service readiness, except NMS Vol I, was 73.7 percent.

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17	2.3	Percent of health facilities meeting all service readiness criteria for ANC services	Health Facility Readiness Survey/ SSBH monitoring	Karnali Province	29.1% (2018)	90%	20.4%	Out of 441 health facilities visited in the last six months, 90 health facilities (50 from Karnali Province and 40 from Lumbini Province) have met all readiness criteria for ANC services. Low achievement was mainly due to unavailability of NMS Vol 3. Percentage of facilities meeting service readiness, except NMS Vol III, was 96.4 percent.
				Lumbini Province (SSBH municipalities)	48.78% (2018)	90%	35%	
				Lumbini Province SSBH new Municipalities	23.9%	50%	4.3%	
18	2.4	Percent of health facilities meeting all service readiness criteria for Child Health services	Health Facility Readiness Survey/ SSBH monitoring	Karnali Province	35.92% (2018)	90%	74.7%	Out of 441 health facilities visited in the last six months, 351 health facilities (183 from Karnali Province and 168 from Lumbini Province) have met all readiness criteria for child health services.
				Lumbini Province (SSBH municipalities)	31.71% (2018)	90%	92.2%	
				Lumbini Province (municipalities in Kapilvastu, Rupandehi, Nawalparasi West)	38.9%	60%	78.5%	
19	2.6	Overall service utilization rate among USAID-supported facilities implementing quality improvement	HMIS	Core+ Municipalities	79% (2018/19)	90%	68.9%	There was a 30 percent reduction in new OPD cases in Birendranagar Municipality in this period compared to the same period of previous fiscal year, resulting in lower achievement.

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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/ documentation	All SSBH municipalities	N/A	805	610	This includes participants from MNH update (347), Implant (21), FP counseling (81), SBA training (18) and CB-IMNCI training (141) and No-scalpel vasectomy (2)
21	2.2.5	Percent of recently delivered women who received pre-discharge counselling for mother and baby	Health Facility Readiness Survey, SSBH monitoring	SSBH municipalities	7% (2018)	50%	19.6%	The result is based on further analysis of Nepal Health Facility Survey 2021. 132 women who recently delivered in health facilities from SSBH working areas were interviewed. If a mother agreed to receive counseling on danger signs, exclusive breastfeeding, immunization, family planning and newborn care, then she was counted to have received pre-discharge counseling. Comparatively lower proportion of recently delivered women received counseling on family planning and danger signs.
22	2.3.2	Percent of ANC, PNC and FP clients reporting concerns about privacy (physical or auditory)	Health Facility Readiness Survey/ SSBH monitoring	SSBH municipalities	33% (2018)	10%	9.1%	The result is based on further analysis of Nepal Health Facility Survey 2021. Total 682 clients were included from health facilities in SSBH working areas.
23	2.3.3	Percent of women who report receiving dignified and respectful care for self and newborn during delivery	SSBH monitoring/ periodic client exit surveys	SSBH municipalities	NA	80%	55.2%	The result is based on further analysis of Nepal Health Facility Survey 2021. It includes 132 women who recently delivered in health facilities from SSBH working areas. This indicator includes four queries related to receiving caring and appropriate behavior, client understanding of explanations regarding treatment, any discriminatory behavior from service providers, and client level

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								of comfort with visual and auditory privacy. About one-fourth (26.6 percent) of the interviewed women reported that they did not understand the explanation of treatment given by service providers.
24	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/ documentation	National, provincial & all SSBH municipalities	NA	160	188 Stage a= 1 Stage b= 1 Stage c= 22 Stage d= 33 Stage e=131	This includes 172 municipal level, 14 province level, and 2 federal level health acts, policies, strategies, and regulations.
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/ documentation	SSBH provinces/ municipalities	NA	750	979	Of the total, 520 participants were from Lumbini Province and 459 were from Karnali Province. About 30 percent of the participants were female.
23	3.4	Number of people trained in health system strengthening through USG supported programs	SSBH monitoring/ documentation	SSBH provinces/ municipalities	NA	2,400	1,661	This includes participants from DHIS2 training (87), HMIS training (31), HFOMC training (1,093), basic health logistic training (17), procurement and forecasting of health commodities and supplies (28) and Health Post Minimum Service Standards (405)

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24	3.3.2	Number of people trained or mentored in management skills	SSBH monitoring/documentation	SSBH provinces/municipalities	NA	2,000	3,210	This number includes participants from onsite coaching, including group coaching on DHIS2, HMIS, LMIS, reporting management, and data use conducted at health facility 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%	96.5%	Out of 647 health facilities (health posts and primary health care centers), 631 have entered all six monthly reports for this semi-annual period into the DHIS2 system.
				Lumbini Province	94% (2017/18)	95%	98.7%	

Annex 2 – Success Stories

Coaching and mentoring enhances family planning services in Humla



Urgen Buti Lama providing implant services at Thehe Health Post

Urgen Buti Lama is a service provider at Thehe Health Post of Simkot Rural Municipality, Humla District, one of the most remote and least developed districts in Nepal. As a certified Skilled Birth Attendant, Urgen’s presence at the health post allows the facility to offer safe delivery services.

Through the USAID’s Strengthening Systems for Better Health (SSBH) Activity, Urgen received clinical training on provision of contraceptive implants in December 2021. A contraceptive implant is a small plastic rod placed under the skin of the upper arm by a trained medical professional. Implants offer effective, long-term contraception for up to five years and can be removed at any time, followed by a quick return to fertility.

During a routine SSBH visit to Thehe Health Post in September 2022, Urgen admitted that she had not provided any implant services since receiving training the previous December. She cited a lack of adequate equipment to provide the services and was hesitating to procure these materials due to her lack

of confidence in her own skills. The Activity provided coaching and mentoring at Thehe Health Post on September 23, 2022, and Urgen reported feeling more confident after being refreshed on the concepts she learned during her clinical training, particularly in providing implant services. She arranged for the necessary equipment to be procured and began providing implant services at Thehe Health Post on December 25, 2022. As of January 2023, Urgen provided implants to two clients, while also removing one for another client.

“I now have more confidence regarding family planning, especially for implants. I am better able to counsel women on family planning options thanks to SSBH training and mentoring.”

– Urgen Buti Lama, Skilled Birth Attendant, Thehe Health Post, Humla District

Training and advocacy for inclusiveness promote municipal changes

Gender equality and social inclusion (GESI) activities aim to address unequal power relations between women, men, children, and various other marginalized social groups. As determined by the Analysis of Barriers to Maternal, Newborn, and Child Health Service Utilization study conducted by USAID’s Strengthening Systems for Better Health (SSBH) Activity, deep-rooted normative and cultural beliefs, compounded by difficult geographical terrain, are major determinants for low utilization of health care service in Karnali and Lumbini Provinces. SSBH is working to ensure equitable service delivery in our working areas by supporting municipalities to mainstream GESI in the health sector.

The Activity developed training programs advocating for inclusive policies and GESI sensitization for municipal-level policymakers, service providers, and decision-makers during the formulation of policies, guidelines, and strategies. GESI training and advocacy from SSBH has led to incorporation of inclusive interventions during municipal annual workplan and budget meetings, resulting in numerous local level advancements. For example, during this reporting period, Kohalpur Municipality in Banke District revised its municipal health act to include GESI provisions and established an outreach clinic specifically to provide health services for remote or marginalized populations. In Rupandehi District, Gaidahawa Rural Municipality instituted an insurance program for young girls to ensure their parents provide them with education, and Suddhodhan Rural Municipality established a treatment fund specifically for the most impoverished populations within its constituency.

This sensitization and advocacy aim to create an enabling environment for mainstreaming GESI concerns into local plans and budgets. The Activity has been working diligently in this regard since 2018, and municipal attitudes towards allocating budgets for activities promoting inclusion are changing.

“SSBH has provided a lot of support in promoting GESI in the health sector. This support has also helped the municipality to orient newly elected leaders on this concept. As a result of GESI training, we not only plan interventions for women, but also think about specific activities for marginalized castes, disabled people, and senior citizens. The health section worked with the mayor’s office to map the areas where the most marginalized people live, and the mayor committed to providing health services to each of these households. The GESI training was very useful, and Kohalpur Municipality will use this criterion to allocate more of the health budget in the next fiscal year for GESI-related activities. There is no going back from this now!”

– Anil Thakuri, Health Section Chief, Kohalpur Municipality, Banke District



Participants develop action plans during GESI training in Rupandehi District