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USAID's Strengthening Systems for Better Health Activity



Year Five, Quarter One Progress Report July 16 – October 15, 2021

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

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Acronyms and Abbreviations

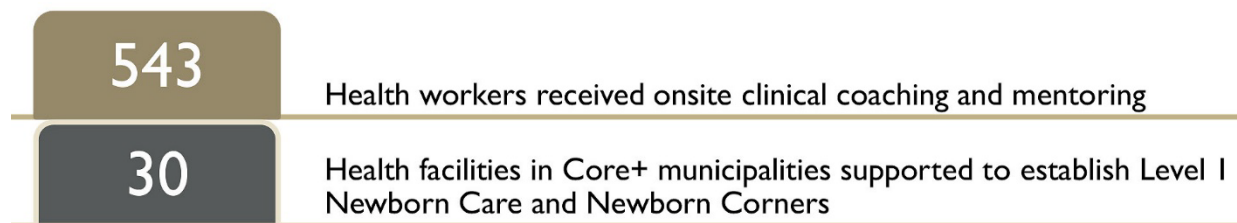
CB-IMNCI	Community-Based Integrated Management of Newborn and Childhood Illnesses
COVID-19	Coronavirus Disease 2019
DHIS2	District Health Information Software 2
DIS	Data Information Solution
EHR	Electronic Health Recording
eLMIS	Electronic Logistics Management Information System
EOC	Emergency Obstetric Care
FY	Fiscal Year
GESI	Gender Equality and Social Inclusion
HFOMC	Health Facility Operations and Management Committee
HMIS	Health Management Information System
HP	Health Post
IHIMS	Integrated Health Information Management Section
LARC	Long-Acting Reversible Contraceptive
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
MQAWC	Municipal Quality Assurance Working Committee
NHTC	National Health Training Center
PEC	Patient Experience of Care
PHCC	Primary Health Care Center
RDQA	Routine Data Quality Assessment
SBA	Skilled Birth Attendant
SDC	Social Development Committee
SSBH	Strengthening Systems for Better Health
USAID	United States Agency for International Development

SSBH is pleased to present this Progress Report for Quarter One of Year Five, covering the period from July 16 to October 15, 2021. The following two sections of the Executive Summary contain some highlights of our achievements against planned activities and results during the reporting period, and summarize the implications of the Coronavirus Disease 2019 (COVID-19) pandemic for SSBH progress and accomplishments. In the next sections, we describe major activities undertaken toward the achievement of Activity sub-results and outcomes; cross-cutting areas of intervention; monitoring, evaluation, and learning (MEL); and overall management. We then cover ongoing and anticipated constraints to program implementation, safety and security issues, and major activities planned for Quarter Two. 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

Supported availability and continuity of quality health service delivery

During the first quarter of 2021/22, the Activity supported the delivery of high-quality MNCH and FP services by conducting 95 onsite clinical coaching and mentoring session for 543 health service providers. SSBH supported the provision of Level 1 Newborn Care in 30 health facilities of Core+ municipalities, which requires the availability of resuscitation kits, kangaroo care materials, and basic antibiotics as per protocol. The Activity also provided in-kind support to these facilities to establish Newborn Corners and provided orientation to nursing staff in essential newborn care and resuscitation of asphyxiated babies by demonstrating the use of resuscitation kits and newborn warmers on NeoNatalie simulators.



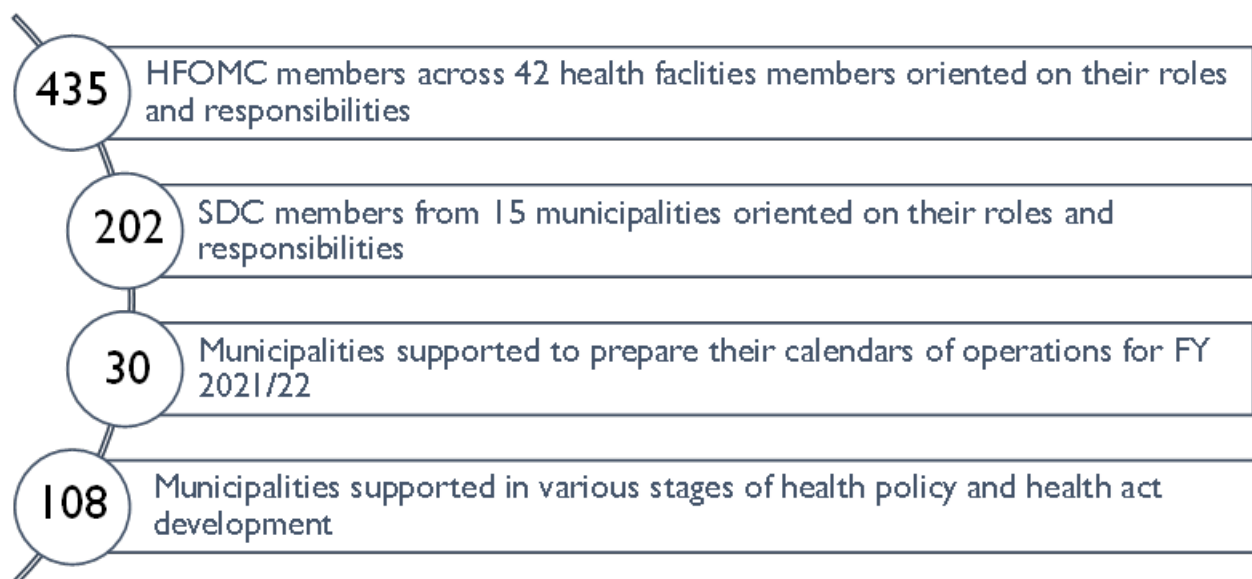
Supported capacity enhancement for quality health service delivery

The Activity facilitated the establishment of Municipal Quality Assurance Working Committees (MQAWCs) in 28 municipalities to enhance quality assurance mechanisms. In addition, SSBH supported implant services training for 17 health workers, and provided Maternal and Newborn Health Update to 62 health workers. To expand the availability of training for critical MNCH and FP services, SSBH is helping to establish a new training site for Skilled Birth Attendants (SBAs) and provision of Long-acting Reversible Contraceptives (LARC) in Rapti Provincial Hospital of Dang District. Once the hospital receives accreditation from the National Health Training Center (NHTC), these in-service training programs will commence.



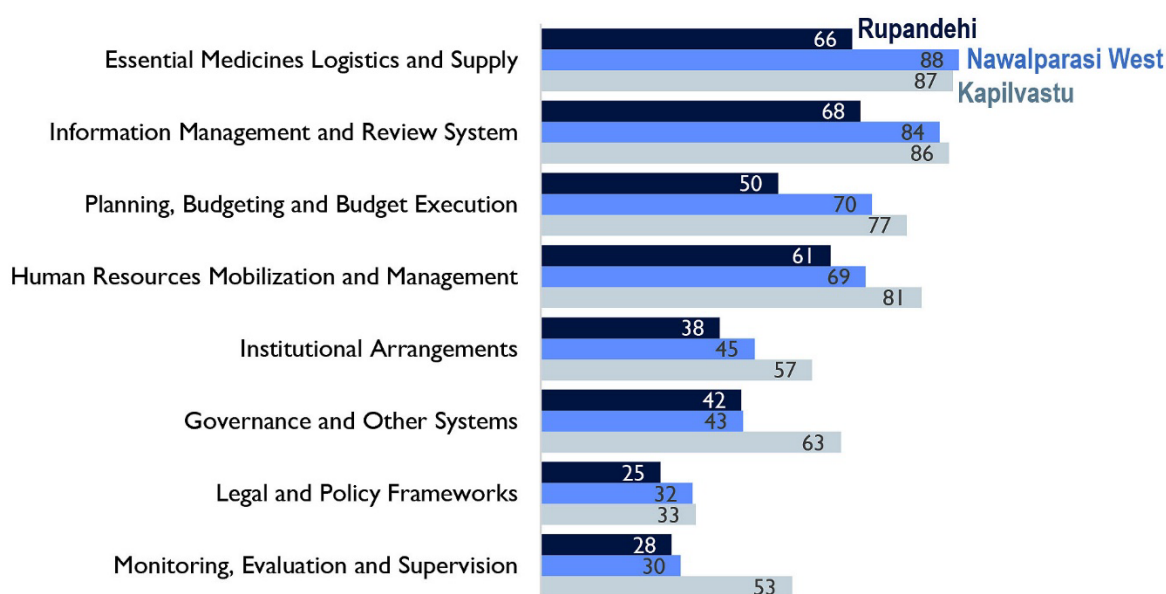
Strengthened governance through orientation of health oversight and management committees and consultative assessments of health systems and local capacity

In this quarter, SSBH reached 42 health facilities to orient 435 Health Facility Operations and Management Committee (HFOMC) members as to their roles and responsibilities of managing health facility service delivery. Two hundred and two Social Development Committees (SDC) members from 15 municipalities were also oriented on their roles and responsibilities in health sector planning, budgeting, and implementation. With SSBH support, 30 municipalities developed calendars of operation to prioritize and reduce duplication of activities, and 108 municipalities were supported in various stages of developing health policies and acts.



SSBH carried out participatory health systems and capacity assessments in all 33 municipalities of Kapilvastu, Rupandehi, and Nawalparasi West Districts of Lumbini Province. This assessment uses an 81-item tool categorized into eight systems and capacity dimensions, with overall scores ranging from 0-100. The assessment results will help SSBH and municipal officials to prioritize areas of capacity building and technical support for these municipalities. As seen in Figure 1 below, the scores for the dimensions of “monitoring, evaluation and supervision” and “legal and policy frameworks” were low across all three districts, whereas dimensions such as “essential medicines logistics and supply” and “information management and review system” had higher scores.

Figure 1: Municipal Capacity Scores by dimension in Rupandehi, Kapilvastu, and Nawalparasi West Districts



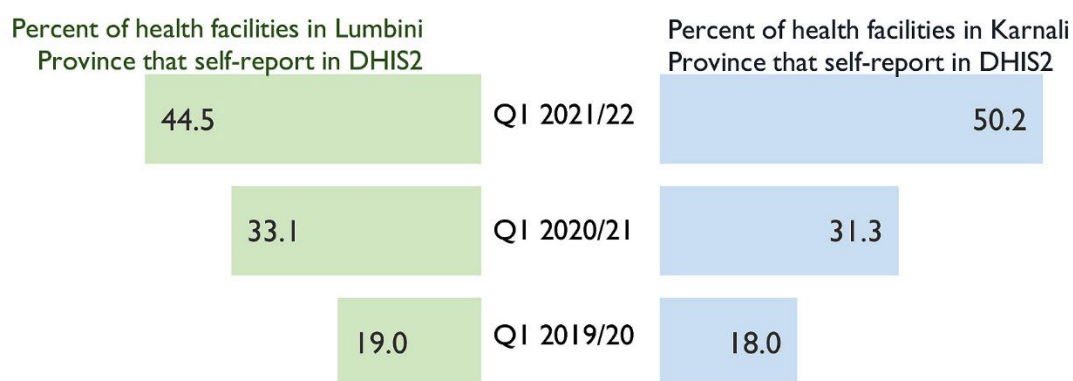
Improvements in timely reporting directly from health facilities

The Activity trained 326 health workers on Health Management Information System (HMIS) and 104 health workers, including private service providers, on District Health Information Software (DHIS2). Further coaching and mentoring on HMIS reached 125 health facilities, and 195 health facilities and 77 municipality offices received coaching on DHIS2. Since the start of the Activity’s operations, there has been consistent improvement in timely reporting in the DHIS2 platform from health facility level; timely reporting has increased from 30 percent in Quarter One of 2019/20 to 94 percent in Quarter One of 2021/22 in Lumbini Province. In Karnali Province, this rate increased from 24 percent to 81 percent within the same timeframe. Similar improvement is seen in self-reporting from health facilities, increasing from 19 percent to 45 percent in Lumbini Province, and from 18 percent to 50 percent in Karnali Province within the same timeframe.

Figure 2: Trend of timely reporting into DHIS2 from health facilities in Lumbini and Karnali Provinces

Period	Lumbini Province	Karnali Province
Q1 2021/22	94%	81%
Q1 2020/21	68%	64%
Q1 2019/20	30%	24%

Figure 3: Trend of self-reporting into DHIS2 from health facilities in Lumbini and Karnali Provinces



COVID-19 – Impact on Operations and Planned Activities

During Quarter One of SSBH Year Five, Nepal experienced a fairly steady decline in both new cases of COVID-19 and test positivity rates in the most heavily affected areas in Kathmandu Valley and the districts bordering India. By October 15, the seven-day average of new cases was down to 540 and has continued to decline since then. At the time of writing, most of the isolation centers and all the quarantine sites in the SSBH operational area have ceased operations, and there are only a few COVID-19 patients being treated in the larger hospitals (Bheri Hospital, Nepalgunj, and the Surkhet Provincial Hospital) in Karnali and Lumbini Provinces.

As the Government of Nepal lifted movement restrictions, all SSBH staff members were able to re-join their field-level positions and pursue normal activities, while maintaining the public health and safety precautions delineated in the Activity’s approved Risk Mitigation Plan. These precautions include mask wearing at all times when in the office, during meetings, and while in contact with other people, physical distancing whenever possible, limiting the number of people in meetings and vehicles, avoiding use of public transportation, and frequently washing or sanitizing hands. Staff members are still rotating attendance in the Kathmandu and provincial offices to avoid lengthy contact with multiple colleagues and are working remotely when possible. During the reporting period, five staff members tested positive for COVID-19. All these individuals had been fully vaccinated, and none experienced more than mild symptoms. At present, 198 out of 205 SSBH staff are fully vaccinated against COVID-19. The remaining staff members have taken the first dose and will take the second dose after the required interval.

During the reporting period, the SSBH Health Emergency Response team continued providing support to provincial and local counterparts to plan for and manage COVID-19 mitigation and response activities. SSBH reports on implementation of this component of the Activity on a separate schedule in accordance with USAID requirements. The remaining sections of this report are focused on activities and results achieved under the original SSBH Program Description. As detailed in our Annual Performance Report, many of the planned activities in Year Four (e.g., formal clinical training and on-site coaching and mentoring) were hampered due to pandemic-related restrictions, and because the health sector pivoted to focus on the COVID-19 response. Most of the planned activities that were not completed in Year Four have been carried over to the ambitious Year Five Workplan. This first quarter, SSBH prioritized completing the expansion of

field-level technical assistance teams and ramping up activities to make up for time and momentum lost during the pandemic-related slowdown in program progress.

Performance in Relation to Planned Activities

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

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

- Supported establishment of Level 1 Newborn Care and functioning Newborn Corners in 30 health facilities in 10 districts
- Supported eight municipalities and six health facilities to develop or update their social maps
- Commenced roll-out of the Health Post Minimum Service Standards



Figure 4: Orientation for Health Coordinators to Minimum Service Standards for Health Posts, Salyan District

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

Continued to deliver customized technical assistance at municipal level.

The Activity reviewed and revised the municipal Customized Technical Assistance Plans in all 10 districts of Karnali Province and Banke, Bardiya, and Dang Districts of Lumbini Province. These plans encompass technical assistance, training, coaching, mentoring, and in-kind support activities to ensure quality MNCH and FP services for better health outcomes. SSBH shared the updated plans with Health Offices, municipal authorities, and other relevant stakeholders at district and municipal levels. The Activity will finalize customized technical assistance plans for Kapilbastu, Rupandehi, and Nawalparasi West Districts after completion of the ongoing Health Systems and Capacity Assessments and rollout of the Minimum Service Standards (MSS) for Health Posts.

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

During the reporting period, SSBH supported the establishment of Level 1 Newborn Care in 30 health facilities of 10 districts, as detailed in Table 1 below.

Table 1: Facilities supported for establishment of Level 1 Newborn Care

SN	District	Municipality/Rural Municipality	Health Facility
1	Surkhet	Birendranagar	Latikoili Health Post (HP)
		Barahatal	Kunathari HP
		Chaukune	Guthu HP
		Simta Rural	Rakam HP
2	Jumla	Guthichaur	Depalgaun HP
		Hima Rural	Mahabaipatarakhola HP
		Kanakasundari	Hatsinja HP
3	Salyan	Tribeni Rural	Tribeni HP
		Siddhakumakh	Chande HP
		Darma	Bhalchaur HP
		Kalimati	Rampur HP
4	Rukum West	Aathbiskot	Aathbiskot Municipal Hospital
		Sanibheri	Sanibheri Municipal Hospital
		Tribeni	Muru HP
5	Kalikot	Pachalijharna	Ramnakot HP
		Sani Tribeni	Mahalmudi HP
6	Jajarkot	Nalagad	Dalli Primary Health Care Center (PHCC)
		Bheri	Bhur HP
7	Dang	Rapti	Lalmatiya HP
		Babai	Purandhara HP
		Dangisharan	Shreegaun PHCC
8	Dailekh	Thatikadh	Lakandra PHCC
		Narayan	Tribeni HP
		Aathbish	Rakam Karnali HP
9	Banke	Baijanath	Titihariya HP
		Rapti Sonari	Fattepur HP
		Narainapur	Laxmanpur PHCC
		Duduwa	Bethani HP
10	Bardiya	Badaya Taal	Jamuni HP
		Thakurbaba	Thankudwara HP

At all these sites, SSBH provided onsite coaching to nursing staff in essential newborn care and resuscitation of asphyxiated babies by demonstrating the use of resuscitation kits and newborn warmers on NeoNatalie simulators. The Activity also provided in-kind support to establish Newborn Corners in these facilities and emphasized adherence to protocol and record keeping HMIS and Integrated Management of Neonatal and Childhood Illness registers. SSBH will conduct follow-up visits to ensure the functionality of these newborn services in Quarter Two.

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

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

In several municipalities, the Activity conducted and participated in programs to raise awareness and celebrate initiatives such as Breast-Feeding Week and Family Planning Day. SSBH helped to organize a poem and quiz competition to promote youth awareness of family planning in Rukum West District, and in Narayan Health Post of Dailekh District, SSBH supported the establishment of a family planning counseling corner, where the Activity provided information on family planning methods to the community members and encouraged interactions with Female Community Health Volunteers to discuss the means of seeking these services.

In Quarter One, the Activity supported eight municipalities and six health facilities to develop or update their social maps. These maps are used to identify ward level-geographic areas where marginalized or hard-to-reach communities reside, so that the respective health facilities, HFOMCs, and municipal authorities can include initiatives in municipal micro-planning for reaching these communities with health services.

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

- Supported establishment of Municipal Quality Assurance Working Committees in 28 municipalities
- Delivered in-kind support to establish Newborn Corners in 30 health facilities in Core+ municipalities
- Conducted 95 onsite clinical coaching and mentoring sessions to 543 service providers
- Clinical training and coaching and mentoring provided to 79 health workers



Figure 5: Onsite clinical coaching in Badalkot Health Post, Kalikot District

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

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

In Quarter One, SSBH finalized the Quality Assurance framework in consultation with the Ministry of Health and Population's (MoHP) Quality Assurance and Regulation Division and

other relevant stakeholders. During Quarter Two, the Activity will organize a workshop with this same group of stakeholders to develop an implementation guideline for the framework.

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

In this quarter, the Activity facilitated the establishment of MQAWCs in 28 municipalities, as seen in Table 2 below. SSBH provided further support to municipal authorities during their quarterly meetings to discuss and revise action plans to address the issues of quality of care in their respective health facilities.

Table 2: Municipalities having established MQAWCs with SSBH support

SN	District	Local Administrative Units
1	Humla	Simikot Rural Municipality (RM)
2	Bardiya	Gulariya Municipality and Madhuwan Municipality
3	Nawalparasi	Bardaghat Municipality, Pratappur RM, Sarawal RM, Susta RM, Sunawal RM, Ramgram Municipality, and Palinandan Municipality
4	Rupandehi	Lumbini Sanskritik Municipality, Marchawari RM, Kotaimai RM, Sammarimai RM, Rohini Municipality, Omsatiya RM, Mayadevi RM, Siyari RM, Devdaha Municipality, Tilotamaa Municipality, Butwal Sub-metropolitan City, Sainamaina Municipality, Suddhodhan Municipality, Kanchan RM
5	Kapilvastu	Suddhodhan RM, Mayadevi RM, Sivaraj Municipality, Maharajgunj Municipality

SSBH facilitated a joint monitoring visit to a local health post with the MQAWC of Baijnath RM in Banke District. The monitoring visit resulted in an action plan that included a commitment from the committee to procure delivery beds and other equipment to enhance the quality of maternal and neonatal health services. The Activity also facilitated meetings with the HFOMCs, health facility staff, and health section representatives at Titirhiya, Chisapani, Mahadevapuri, and Baetahani Health Posts of Banke District. In these facilities, SSBH assessed the available amenities, identified gaps, and discussed possible solutions to enhance quality of maternal and child health services.

As noted above, the Activity distributed equipment and supplies for establishing Newborn Corners in selected higher volume birthing centers during the reporting period. Together with coaching and mentoring of providers to ensure skilled delivery of essential newborn serves, these basic supplies are critical for improving the quality of maternal and newborn care services , and include resuscitation table with warmer, a digital weighing scale, an ambu bag with two sizes of masks, a baby stethoscope, a penguin suction device, a room thermometer and room heater, along with sterile gloves, cord clamps, and baby-sized wrist identification tags. The supplies were procured in the last fiscal year and have been delivered to 30 health facilities. Distribution to the remaining health facilities will be carried out in the next quarter.

Supported introduction of the Minimum Service Standards for Health Posts.

During this reporting period, the Activity supported the introduction and rollout of Health Post Minimum Service Standards in 38 municipalities and 67 health facilities across both provinces. SSBH oriented MQWAC and HFOMC members and health facility staff to the concepts, objectives, implementation methods, scoring process, and tools for these standards. The participants performed self-assessments, identified key gaps in meeting the minimum standards, ranked their respective health facilities using color codes, and developed appropriate action plans. SSBH also coordinated with the Karnali Province Ministry of Social Development (MoSD) to conduct a two-day, district-level Training of Trainers to scale up the Minimum Service Standards for use at municipal and health facility levels. In Quarter Two, the Activity will continue its support for the rollout, follow up on the implementation of action plans, and monitor any changes in health facilities' rankings.

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

The Activity explored the possibility of establishing Rapti Provincial Hospital in Dang District as a training site for SBAs and administering LARCs. In coordination with U.K.-funded Nepal Health Sector Support Program and officials from the NHTC, SSBH conducted a two-day site assessment of existing MNCH and FP services. The findings are under review by NHTC and once the accreditation is complete, the Activity will support the commencement of SBA and LARC training at Rapti Provincial Hospital.

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

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

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

The Activity continued to disseminate clinical standards and other normative guidelines related to maternal and newborn health, reproductive health, and family planning, including Birth Preparedness Package flipcharts, reproductive health clinical protocols for nurses, paramedics, and doctors, and maternal and newborn health job aids. Along with distributing these materials, SSBH will conduct a brief orientation to health service providers to facilitate the use of these standards and guidelines. The Activity has delivered these materials to all districts except for Dolpa (due to inclement weather) and they will be handed over to select health facilities in Quarter Two.

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

The Activity provided technical support to the Family Welfare Division to organize a two-day orientation on hospital-based and community-based Maternal Perinatal Death Surveillance and Response (MPDSR) and near-miss cases in Lumbini Province. The selected participants included MPDSR program committee members, doctors, nurses, medical recorders, and public health nurses. SSBH also facilitated the formation of a MPDSR committee at Bardiya Hospital in accordance with new federal guidelines. In Surkhet, Kapilvastu, Rupandehi, and Nawalparasi

West districts, the Activity attended MPDSR committee meetings of select facilities to review cases, assess the responses of service providers, and suggest future improvements. SSBH worked to ensure that the MPDSR committees are functional, are holding timely meetings following notification of maternal deaths, and supported the MPDSR committees to adopt new guidelines and facilitated the development of action plans to address gaps in service delivery.

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

During the reporting period, the Activity conducted 95 onsite clinical coaching and mentoring sessions for 543 service providers. The sessions focused on comprehensive family planning counseling, antenatal care, essential newborn care, newborn resuscitation, management of referral cases, and infection prevention and control and waste management. Along with a theory portion, coaching sessions include demonstrations and hands-on skill practice using simulators, and discussion to clarify any doubts or concerns that the participants may have.

As detailed in Table 3 below, the Activity supported formal clinical training for 100 health workers during the reporting period.

Table 3: SSBH clinical training programs in Quarter One of Year Five

Training Topic	Time Frame	Training Sites	Participants
Implant Services	August 2021 – October 2021 (3 batches)	Bheri Hospital, Nepalgunj	12
	1- 8 September 2021 (1 batch)	Province Hospital, Surkhet District	5
Maternal & Newborn Health Update	July 2021- October 2021 (5 batches)	Municipalities in the following Districts: <ul style="list-style-type: none"> • Dang • Mugu • Kalikot 	62
Skilled Birth Attendant (SBA)	22 August – 20 October 2021 (1 batch)	Bheri Hospital, Nepalgunj	10
	23 August – 24 October 2021 (1 batch)	Province Hospital, Surkhet District	11
Total Health Workers Trained			100

Sub-Result 2.3: Improved Patient Experience of Care

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

The Activity developed a concept paper in Nepali based on a desk-review on patient experience of care in the last fiscal year. The aim of this review and subsequent concept paper is to develop an evidence-based intervention designed to make maternal and newborn care services more welcoming, responsive, and acceptable to women, families, and communities. The intervention is conceptualized in four stages: 1) problem identification, 2) analysis and action plan development, 3) implementation of the planned activities, and 4) monitoring and evaluation.

Kunathari Health Post in Barahtal Rural Municipality, Surkhet District, has been selected for the pilot intervention, based on a visit this quarter that determined the readiness and willingness of the health facility and its HFOMC to participate in this initiative. In the following quarter, SSBH will provide orientation, training, and in-kind support to initiate the four stage interventions for improving patients’ experience of care during MNCH and FP services.

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

- Supported 108 municipalities in various stages of developing health policies and acts
- Oriented 202 Social Development Committee members from 15 municipalities
- Oriented 435 Health Facility Operations and Management Committee members from 42 health facilities
- Supported 30 municipalities to prepare their calendars of operations for FY 2078/79



Figure 6: HFOMC member conducting client exit interview at Rakku Health Post, Kalikot District

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

Supported development and dissemination of health-related policies, acts, regulations, and strategies to strengthen systems for tracking health sector performance.

During this reported period, the Activity supported policy consultation meetings to draft or revise health policies and acts at the municipal level. As of Quarter One, 28 health policies and 45 health acts are in the implementation stage as a result of SSBH support. Fourteen health policies and 24 health acts have been submitted for approval from municipal councils, and a further 61 health policies and 17 health acts are in various stages of development prior to being submitted for approval.

At the provincial level, the Activity supported drafting and finalizing the Health Sector Program Implementation Guideline of Karnali Province. In Lumbini Province, the Activity supported drafting, analyzing data, and identifying priority interventions for the development of the Provincial Health Policy Strategic Implementation Plan. SSBH also supported the Ministry of Health and Population of Lumbini Province to prepare annual program implementation guidelines, but alterations to the budget and priorities due to political changes has necessitated revisions to these guidelines, which the Activity will support in Quarter Two.

In Quarter One, the Activity provided support in data analytics, presentation preparation, and action plan development in 121 municipalities and 15 Health Service Offices during annual health review meetings. Additionally, the Activity uses municipal monthly review meetings as a forum for group coaching, data verification, and information sharing. SSBH provided support at municipal level to adopt national and provincial criteria to achieve better assessment scores, which brings higher rankings and subsequent rewards. The Activity also supported five municipalities to endorse monitoring, evaluation, and supervision guidelines.

In Quarter Two, the Activity team will work with both Karnali and Lumbini provincial authorities and the remaining districts to conduct their annual health review meetings. SSBH will also support finalizing annual health reports at district and municipal levels.

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

During this reporting period, the Activity supported orientation for 202 SDC members from 15 municipalities. SSBH oriented committee members on their roles and responsibilities in planning and allocating resources in health, developing health acts and policies, and supporting the functionality of health systems. In the second quarter, the Activity will continue this orientation and follow up the performance of committees oriented in the previous fiscal year.

SSBH also supported two-day orientations in 42 health facilities to functionalize HFOMCs. In total, the Activity oriented 435 HFOMC members on their roles and responsibilities in health service management, supply of essential drugs and equipment, and monitoring the status and quality of health service delivery. In addition, SSBH assisted HFOMC members to perform their self-assessments, identify existing gaps, and develop action plans accordingly.

The Activity supported participatory assessments for 11 HFOMCs that received orientation in the previous fiscal year. These assessments of functionality include a self-guided tool to gauge HFOMC performance in health facility management and service delivery before and after receiving orientation from SSBH. Based on the gaps identified through this self-assessment, HFOMCs revised action plans to reflect new or urgent priorities.

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

In Quarter One, SSBH and Nyaya Health Nepal visited six Karnali Province hospitals in Rukum West, Dailekh, Kalikot, Mugu, Dolpa, and Humla Districts for a preliminary assessment to assess hospital readiness to implement Electronic Health Recording (EHR). This initiative was launched in the previous fiscal year in Mehelkuna Hospital in Surkhet District to facilitate recording protocols by collecting patient records within a central database, allowing access to these records by relevant medical departments, sharing these records electronically with referral sites when required, and maintaining accuracy of data before it is stored into HMIS. Most of the facilities assessed in this reporting period are amenable to the idea of using the HER system, and the Karnali Province MoSD has allocated the budget for procurement and other implementation activities.

The Activity conducted a preliminary assessment of implementation of the AamaKoMaya application in Birendranagar Municipality of Surkhet District. This is a mobile software program that provides a digital platform to facilitate management of maternal, newborn, and child health services at community and health facility levels. It is a useful tool enabling health workers to follow the progress and care of their pregnant and newly delivered patients, including danger signs for conditions requiring urgent medical attention or referral. Ninety-four percent of health workers surveyed reported that the application is easy to use, and the health facilities in which they work have steady access to electricity and internet connectivity. SSBH recommended that municipal authorities procure mobile tablets and conduct maintenance on existing electronic devices in health facilities within their jurisdiction, for which the budget has already been allocated.

In this reporting period, the Activity supported 45 HFOMCs to fill out the client exit interview checklist. The HFOMC members were oriented about the tool's utility to generate relevant information to help develop action plans and inform the drafting of health policies and acts. The Activity also supported the display of citizen charters in 30 health facilities.

The Activity coordinated with 20 municipalities to select high, medium, and low performing health facilities to conduct a social audit. Municipalities have hired three independent social auditors, and they have been assigned their respective municipalities. In the next quarter, the social auditors will work closely with municipality officials to conduct the social audit and develop action plans based on the gaps they identify. The Activity's role after that will be to support the selected municipalities to implement the interventions outlined in the action plans and conduct follow-up periodically.

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

Support municipalities to execute FY2078/79 annual plans.

In this reporting period, the Activity supported 30 municipalities to prepare their calendars of operation for FY 2078/79. These calendars allow municipalities to select and implement priority activities monthly and minimize the duplication of activities between municipalities and external development partners during the same timelines.

As a part of the execution of FY 2078/79 annual plans, the Activity supported some Core+ municipalities to develop their respective program implementation guidelines. Federal and provincial levels provided program implementation guidelines for activities funded through conditional grants, but there were no specific local-level guidelines for the activities funded by municipal resources. In Quarter Two, SSBH will provide further support to all Core+ municipalities to develop calendars of operations and local level program implementation guidelines.

Sub-Result 3.3: Strengthen Management and Performance Improvement Processes

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

In this reporting period, the Activity completed the hiring of consultants to facilitate the basic health logistics, procurement, and forecasting training. The Activity also completed mapping of the training sites and selecting potential participants. Throughout Year Five, the Activity is targeting basic health logistics training for 430 municipal health coordinators, sub-coordinators, and focal persons of medical stores at municipal and health facility levels in Core+ municipalities. The Activity will also conduct procurement and forecasting training for 276 participants, including municipal mayors, deputy mayors, chief administrative officers, and health section chiefs.

4. Cross-Cutting Program Elements

- Trained 326 health workers on HMIS, and 104 health workers—including private service providers—on DHIS2
- Provided LMIS coaching to 84 health facilities
- Conducted RDQAs in 70 health facilities



Figure 7: HMIS training at Naraharinath Rural Municipality, Kalikot District

4.1 Private Sector Engagement

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

In Quarter One, the Activity supported the Karnali Province MoSD to conduct five technical working group meetings to draft the Health Facilities Registration, Renewal, and Upgrade Guidelines and Standards. In Quarter Two, The Activity will review the draft guidelines from both legal and technical perspectives to ensure that they address requirements of the Karnali Province Health Act, 2020, and are in line with federal provisions. Once these guidelines are finalized, the Activity will support the development of the provincial Private Sector Engagement Strategy. SSBH also assisted in the drafting, review, and/or revision of the same guidelines at municipal level in Kohalpur and Khajura Municipalities of Banke District, Gurbakot Municipality of Surkhet District, Narayan Municipality of Dailekh District, and Musikot Municipality of Rukum West District.

Supported public institutions to effectively engage with private health sector.

During the reporting period, the Activity collaborated with the Public Health Service Office in Surkhet District to conduct DHIS2 orientation for 17 private health service providers. SSBH also coordinated with Bheri Hospital in Nepalgunj and the Provincial Health Training Center to initiate planning for Community Based Integrated Management of Neonatal and Childhood Illnesses (CB-IMNCI) training for both public and private health service providers. This training will be held in Banke, Bardiya, Dang, Rukum West, and Salyan Districts after the Family Welfare Division approves updated CB-IMNCI protocols and guidelines. In the meantime, updated child health clinical protocols have been distributed to 50 private health facilities Surkhet, Dailekh, Rukum West, Bardiya, and Dang Districts.

The Activity also visited Nepalgunj Medical College with the senior nursing officer of Kohalpur Municipality, Banke District, to discuss late reporting on the DHIS2 platform by this private facility. To address the gaps identified during this visit, SSBH coordinated with authorities at Nepalgunj Medical College to include their staff during Activity-led training on the HMIS and related software.

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

In Quarter One, the Activity finalized the concept and data security plan for the Assessment of Neonatal and Child Health Referrals from Private Points of Care in Karnali Province and received approval from the Nepal Health Research Council to conduct the assessment. The team coordinated with the Karnali Province MoSD for their collaboration in the study, for which two MoSD members have been assigned.

For the first phase of this assessment, SSBH hired consultants and trained them on the data collection tools and analysis methods they will be using; these tools were tested in two private health facilities. After the initial assessment of this pretesting, SSBH selected 18 private health facilities to participate in the assessment and interviewed them about their practices and experiences in referring neonatal and under-five children in need of higher levels of medical care. These facilities are located in Birendranagar Municipality of Surkhet District, Khadachakra Municipality of Kalikot District, Musikot Municipality of Rukum West District, and Narayan Municipality of Dailekh District.

4.2 Gender Equity and Social Inclusion (GESI)

Continued implementing internal strategies to integrate GESI into program activities.

In Quarter One, the Activity organized a two-day training session for recently hired program staff on the concept and principles of GESI, and health equity priorities integrated into program approaches and activities.

SSBH also developed a separate three-hour orientation with the aim of sensitizing municipal representatives to GESI principles and integrating equity concepts while planning and implementing health interventions and drafting legislation. The Activity trained multi-disciplinary teams at the district level on how to deliver these sessions during their routine visits, which will begin in Quarter Two. SSBH will also continue to orient new staff as they join and will conduct refresher training for previously oriented staff.

4.3 Data-driven and Evidence-based Programming

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

At the Federal level, the Activity team supported the Integrated Health Information Management System (IHIMS) section of the Department of Health Services to update HMIS tools and indicator booklets, develop user access management policy for DHIS2, and draft the Standard Operating Procedure for HMIS operation. To enhance data quality at the point of data entry, SSBH submitted variables and validation rules to be incorporated in DHIS2.

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

At municipal level, the Activity team supported municipalities to train 326 health workers on HMIS and 104 health workers on DHIS2, including private service providers of Birendranagar

Municipality in Surkhet District. SSBH reached 125 health facilities for HMIS coaching, as well as 195 health facilities and 77 municipalities for DHIS2 coaching.

In collaboration with USAID's Global Health Supply Chain Program – Procurement and Supply Chain Management, SSBH provided support to Birendranagar Municipality of Surkhet District, Geruwa Rural Municipality of Bardiya District, and Ghorahi Sub-metropolitan City in Dang District to scale-up electronic Logistics Management Information System (eLMIS) in health facilities of these regions. SSBH also provided LMIS coaching to 84 health facilities. As of the end of Quarter One, LMIS reporting rates of Karnali and Lumbini Provinces are 46 percent and 61 percent respectively, while the national average is 54 percent.

Strengthened data analysis, interpretation, and use.

By the end of Quarter One, 79 out of 138 municipalities had updated their web-based municipal profiles, most of them with coaching and technical support from SSBH. The Activity also helped to complete web-based profiles at the provincial level. These profiles have been shared at multiple forums, including review meetings, and by the end of Quarter Two, all municipal health profiles will be updated and used for planning and budgeting.

During annual review meetings, SSBH continued the practice of emphasizing the importance of data quality. The Activity conducted Routine Data Quality Assessments (RDQAs) in 70 health facilities in coordination with Municipal Health Offices. 30 of these sites (43 percent) were SSBH-supported RDQA for the first time, out of which 18 health facilities were from Core+ municipalities. The findings from these assessments indicate that most facilities have done well to report timely, accurate, and complete data into HMIS for the last fiscal year. The RDQAs also identified data dissemination practices, use of social maps, and designation of knowledgeable focal persons for data management as areas for improvement. SSBH has supported each site where these improvements are required to develop an action plan to address the shortcomings and will follow up during future technical assistance visits. The Activity will prioritize onsite coaching on HMIS for health facilities that have yet to receive this kind of coaching and facilities where data discrepancies were highest. Group coaching on HMIS and DHIS2 is also planned for facilities in Core+ municipalities.

4.4 Collaboration and Synergy

4.4.1 Provide facilitation and secretariat support for provincial health coordination meetings.

During the reporting period, SSBH met with the Provincial Health Training Centers in both provinces to plan the annual provincial health review meetings, provide updates on the COVID-19 situation and vaccination rollout, and discuss collaborations between the provincial health service directorates and development partners. The meeting in Lumbini Province also included discussions on challenges and preparations required to expand MNCH and FP-related training in that province.

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

SSBH conducted ten district-level meetings during the reporting period with partner agencies and Health Offices to provide regular updates on planning, successes, and lessons learned. The Activity also shared the workplan for this fiscal year, and all stakeholders discussed potential areas of collaboration. In Lumbini Province, SSBH organized meetings with provincial partners including FAIRMED Nepal, the United Nations Population Fund, National Health Sector Support Program, and the Provincial and Local Governance Support Program to discuss the roll out of Minimum Service Standards and assessments of training sites. SSBH also supported the

Lumbini Province MoHP to organize a meeting where development partners could share their working regions, the human resource support they are providing, major contributions, and potential areas of collaboration.

4.4.3 Serve as the “point of contact” between the Ministry of Social Development of Karnali Province and all USAID health partners implementing activities in the province.

During this reporting period, the Activity met separately with the Suaahara II and Swachhata teams in Karnali Province to share the latest updates and plan for the coming quarters. SSBH also participated in two meetings to discuss scaling up USAID’s 225 initiative in Salyan and Surkhet Districts. USAID Nepal’s 225 Working Group is an initiative established to achieve synergy and efficiency by promoting stronger collaboration across USAID mechanisms and with provincial and local governments. Future meetings will discuss and finalize the Terms of Reference of the 225 committees in both districts.

5. Monitoring, Evaluation and Learning

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

During Quarter One, SSBH coordinated with USAID to review the new Country Development Cooperation Strategy (CDCS) and decide on the relevant indicators that the Activity will track and report on for FY 2021/22. Out of the 22 CDCS health program indicators, the Activity will track nine. SSBH has also updated the Performance Indicator Reference Sheet to reflect these additions, for which routine data collection will begin from Quarter Two.

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

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

The Activity conducted routine data collection visits at health facility and municipal levels, collecting routine data from 288 health facilities. SSBH completed annual municipal capacity assessments in all 33 municipalities of Kapilvastu, Rupandehi, and Nawalparasi West Districts in Lumbini Province, and conducted orientations on Minimum Service Standards in 58 health facilities.

The Activity participated in virtual training on USAID’s updated Data Information Solution (DIS) platform. Upon commencing data entry into DIS, several issues were found and subsequently communicated to USAID. Data entry will resume when the solutions to these issues are found. During this quarter, the Activity also consulted with USAID to finalize and submit the annual Performance Plan and Report on selected indicators.

The Activity held a semi-annual program review meeting in Kathmandu, where participants discussed indicator progress, achievements, and learnings from the field, among other topics. SSBH also conducted virtual meetings during this quarter to reflect on the progress of the indicators at district, municipal, and health facility levels.

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

During USAID’s 11th Health Office MEL Working Group meeting, SSBH presented the latest reporting status of HMIS. Further discussions focused on the continuation of monitoring and evaluation practices, as well as the combination of both virtual and in-person approaches during the COVID-19 pandemic and subsequent lockdown to conduct assessments and research studies. SSBH also contributed to the review of HMIS tools during a meeting with IHIMS of the Department of Health Services.

The Activity also conducted an orientation on the SSBH database for USAID’s Physical Rehabilitation Activity. This meeting provided the opportunity to share the technical aspects of database management and user experience, which was well received as the Physical Rehabilitation Activity is attempting to establish an internal database of their own.

6. Project Management

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

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

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

6.2 Complete Recruitment and Hiring of Activity Staff

During Quarter One, the Activity continued recruitment and hiring to fill all of the new positions delineated in the Year Four Workplan. As noted in the Annual Performance Report for Year Four, planned recruitment was hampered considerably by the second wave of COVID-19 and the associated lockdowns and movement restrictions. SSBH has now nearly completed the expansion of the field-based technical assistance teams, as well as the Health Emergency Response team. As of this writing, there are 205 regular and Health Emergency Response staff employed by SSBH consortium members (Abt Associates, Save the Children, Management Support Services, and the Karnali Academy of Health Sciences).

During the reporting period, SSBH filled an additional 49 positions, as follows:

SSBH Original Program Description	Health Emergency Response
Kathmandu Base	
MNCH/FP Specialist (1)	
Province Base	
	Information Systems and Reporting Officer (1)
	Administration and Finance Assistant (1)
	Technical Specialist – Nursing (2)
District Base	
Technical Officers – Health Information Systems (3)	Health Emergency & Surveillance Technical Officers (2)
Technical Officers - MNCH/FP (4)	Field Medical Officer (8)
Technical Officer – Health Systems Strengthening (1)	Surveillance Program Officers (11)
Municipality Base	
Health Systems Officers (15)	

6.3 Develop and Submit All Contractual Deliverables

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

SSBH submitted the Annual Performance Report for Year Four by the deadline of August 15, 2021.

6.4 Staff Orientation and Training

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

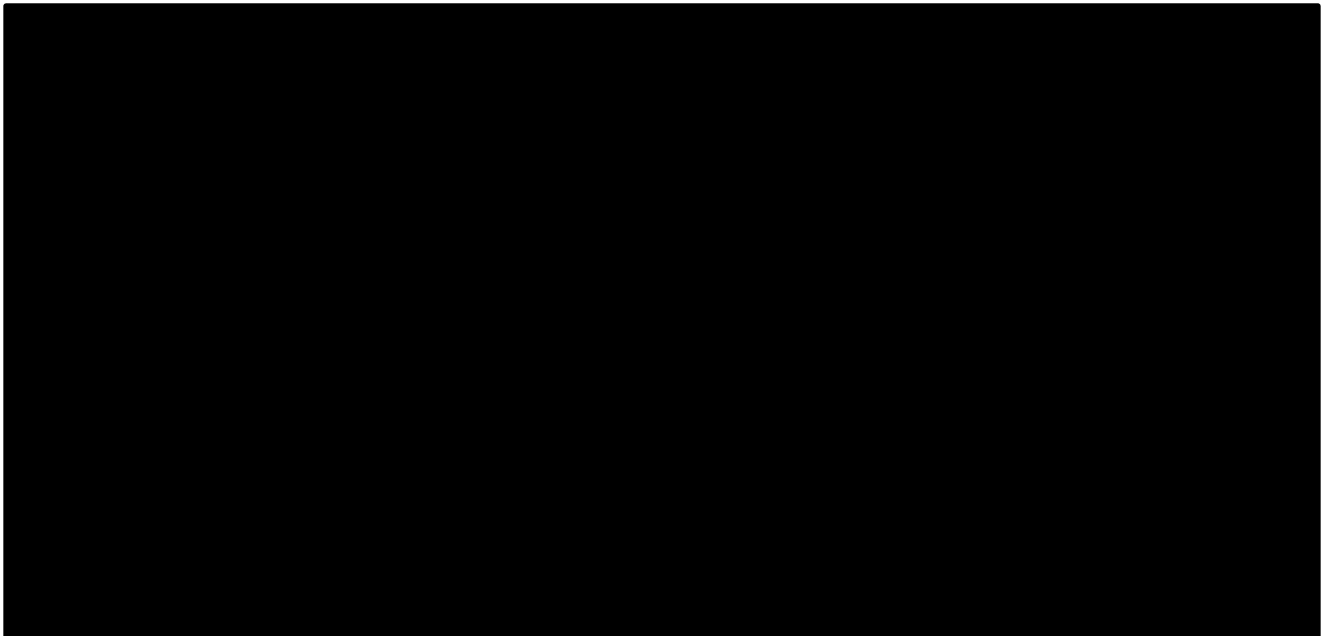
supervisors and experienced team members provided them with on-site orientation and coaching on their specific job responsibilities.

In early October, SSBH’s senior management team planned an Activity-wide in-person series of training, orientation, and program review meetings for all staff members. Taking place in Surkhet and Nepalgunj, these meetings will cover program progress, challenges, and technical topics of importance for successful implementation. They will also include team building sessions to help build a sense of ownership of program norms and approaches, particularly for new team members who have primarily worked virtually for over a year. SSBH will organize the meetings in a staggered fashion with five groups to accommodate COVID-related safety measures and allow session facilitators to cover the same material for all staff members. The content and outcome of the meetings will be covered in the Activity’s Semi-Annual Report, as they occurred in the first weeks of Quarter Two.

6.5 Overall Budget and Expenditures

The obligated amount for USAID’s Strengthening Systems for Health Activity is \$27,332,857, from a total award of \$32,566,456 (including the SSBH Health Emergency Response Supplemental Program). Table 4 illustrates total estimated expenditures as of October 15, 2021.

Table 4: Activity Expenditures as of October 15, 2021



7. Anticipated Future Problems, Delays, and Constraints

COVID-19 Pandemic

As the number of COVID-19 cases continues to decline in Nepal, SSBH hopes that the government's relaxation of movement restrictions and renewed focus on providing basic health services will continue. This has allowed the Activity to deploy additional new staff to the field and to speed up implementation of priority interventions from the original Program Description, while continuing to place importance on keeping staff and their family members safe.

At the time of this writing, however, the weeks long Dashain and Tihar festival season is ending, and health authorities are predicting a rise in case numbers because of travel and family and public gatherings that normally occur during these festivals. The reduction of case numbers has resulted in wide-spread relaxation of precautions among the public. Given that only about 25 percent of the population is fully vaccinated at this point, there is still potential for future surges in the number of infections, particularly among children—most of whom are heading back into crowded classrooms after months of remote learning. Any additional surges in the virus in Nepal have the potential to disrupt the pace of normal SSBH activities once again, divert Activity and health sector resources back to management of the pandemic, and expose staff and their family members to breakthrough cases of COVID-19.

Political Scenario

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

Staff Turnover

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

8. Information on Security Issues

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

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

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

1. Provincial Review Meetings in Butwal, Lumbini Province (October 26-28, 2021), and Surkhet, Karnali Province (October 28-30, 2021)
2. MoHP and external development partner's joint Annual National Review (November 30-December 1, 2021)
3. Workshops for drafting hospital development plan (November-December 2021)
4. Workshop to review final draft of National Quality Assurance Framework in Kathmandu (December 2021)
5. Discussions on development of health facility establishment, operation, renewal and monitoring in Karnali Province (December 2021–January 2022)

Annex 1 – Indicator Reporting for Year Five, Quarter One

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year 5 2021/22	Achievement Quarter I (July 16 – October 15, 2021)	Notes
1	3	Percent of births assisted by skilled birth attendants (USAID/PMP proxy for MMR)	HMIS	Karnali Province	55.7% (2017/18)	67%	66%	Reporting rate for Karnali Province is 91.6% and Lumbini Province is 99.6% for this quarter. This achievement will be updated after all sites complete their data entry.
				Lumbini Province (SSBH Municipalities)	74.19% (2017/18)	84.9%	90.2%	
				Aggregate	64.8% (2017/18)	79.3%	82.6%	
2	4	Percent of institutional deliveries	HMIS	Karnali Province	67.31% (2017/18)	81%	77.8%	Same as above
				Lumbini Province (SSBH Municipalities)	85.48% (2017/18)	92%	92.9%	
				Aggregate	76.3% (2017/18)	89%	88.2%	
3	1.2	Percent of women receiving four antenatal care checkup asp per protocol	HMIS	Karnali Province	54.9% (2017/18)	71%	62.1%	Same as above
				Lumbini Province (SSBH municipalities)	57.3% (2017/18)	70.8%	73.8%	
				Aggregate	56.1% (2017/18)	71%	70.1%	
4	1.3	Number of babies who received postnatal care within 24 hours of birth in USG supported programs	HMIS	Karnali Province	24,915 (2017/18)	26,375	6,708	Same as above
				Lumbini Province (SSBH municipalities)	28,444 (2017/18)	74,381	18,025	
				Aggregate	53,359 (2017/18)	100,756	24,733	

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year 5 2021/22	Achievement Quarter I (July 16 – October 15, 2021)	Notes
5	1.4	Number of women giving birth who received uterotonics in the third stage of labor (or immediately after birth)	HMIS	Karnali Province	28,823 (2017/18)	33,384	7,366	Same as above
				Lumbini Province (SSBH municipalities)	33,271 (2017/18)	75,958	19,253	
				Aggregate	62,094 (2017/18)	109,342	26,619	
6	1.5	Number of newborns not breathing at birth that were resuscitated by USG-supported programs	HMIS/ SSBH monitoring/ documentation	SSBH municipalities	952* (asphyxiated babies born, (2017/18)	1,045	288	The Activity reviewed the records from 175 birthing centers and found 85 cases of asphyxiated babies, out of which 77(90.1%) were resuscitated (stimulation, suction, or bag & mask) in the last three months. In the same period, 316 total cases of asphyxia were reported into HMIS, and 90.1% are estimated to have received resuscitation. This number doesn't include babies born, asphyxiated, and resuscitated in private medical college 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)	2505	370	
				Lumbini Province (SSBH municipalities)	2,035 (2017/18)	1,968	536	
				Aggregate	4,821 (2017/18)	4,475	906	
8	1.7	Number of children under 5 years with pneumonia who received antibiotics	HMIS	Karnali Province	50,269 (2017/18)	16,944	7,075	
				Lumbini Province (SSBH municipalities)	23,450 (2017/18)	6,864	2,712	

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year 5 2021/22	Achievement Quarter I (July 16 – October 15, 2021)	Notes
				Aggregate	73,179 (2017/18)	23,808	9,787	
9	1.8	Number of cases of child diarrhea treated in USG-assisted programs	HMIS	Karnali Province	123,016 (2017/18)	135,767	22,692	
				Lumbini Province (SSBH municipalities)	70,473 (2017/18)	129,160	27,438	
				Aggregate	193,489 (2017/18)	264,927	50,130	
10	1.10	Couple years of protection	HMIS	Karnali Province	111,217 (2017/18)	119,205	19,302	
				Lumbini Province (SSBH municipalities)	104,761 (2017/18)	213,402	42,180	
				Aggregate	215,978 (2017/18)	332,607	61,482	
11	1.11	Percent of USG assisted service delivery sites providing family planning counselling and/or services	HMIS/ HF Readiness Survey	All SSBH municipalities	99% (2018)	100%	91.2%	The source of data is HMIS. This number is calculated by counting the facilities that provided FP services (at least one method) and reported to HMIS between July 16 and Oct 15, 2021. Low achievements are the result of underreporting of HMIS data.
12	1.12	Responsiveness-continuity of care: Average of the service gap between; a) ANCI and ANC4;b) DPT 1 and DPT 3, in USAID-supported districts	HMIS	Karnali Province	10% (2018/19)	6%	10%	
				Lumbini Province (SSBH municipalities)	9% (2018/19)	6%	4%	
				Aggregate	10 (2018/19)	6%	6%	

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year 5 2021/22	Achievement Quarter I (July 16 – October 15, 2021)	Notes
13	1.13	Number of children who received their first dose of measles-containing vaccine (MCV1) by 12 months of age in USG-assisted programs	HMIS	Karnali Province	33,252 (2019/20)	33,920	7,993	
				Lumbini Province (SSBH municipalities)	30,245 (2019/20)	71,447	19,902	
				Aggregate	63,497	105,367	27,895	
14	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	988	79	This includes participants from MNH update training (62) and Implant training (17)
15	2.2.6	Quality improvement- Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI)	HMIS	Core+ Municipalities	79% (2018/19)	90%	94%	
16	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	N/A	134	106 Stage a=0 Stage b=22 Stage c=36 Stage d=39 Stage e=9	This includes municipal health policy and acts (100), and 6 provincial documents, namely health acts, HR strategy, and health regulations.

SN	MEL Plan Ref #	Indicators	Data Source	Location	Baseline (Year)	Target Year 5 2021/22	Achievement Quarter I (July 16 – October 15, 2021)	Notes
17	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	N/A	675	29	
18	3.4	Number of people trained in health system strengthening through USG supported programs	SSBH monitoring/documentation	SSBH provinces/municipalities	N/A	3,437	842	This includes participants from DHIS2 training (74), HMIS training (284), LMIS (18), RDQA training (31), HFOMC training (435)
19	3.3.2	Number of people trained or mentored in management skills	SSBH monitoring/documentation	SSBH provinces/municipalities	N/A	1,500	612	This includes onsite and virtual coaching on DHIS, HMIS, and LMIS reporting management and data use.
20	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%	87.6%	This includes the facilities that have submitted all reports for this quarter in DHIS2.
				Lumbini Province	94% (2017/18)	95%	97%	
				Aggregate	92.1 (2017/18)	95%	92%	

Annex 2 – Success Stories

Enhanced COVID-19 Protocols Save Lives in Tulsipur Isolation Center

As the second wave of COVID-19 struck Nepal in spring 2021, Tulsipur Sub-Metropolitan City in Dang District saw a steep rise in patients coming from neighboring hilly districts to the north. Health officials moved quickly to establish a COVID-19 isolation center at the Tulsipur Metro Hospital in April 2021. As the hospital’s intensive care unit reached capacity, the hospital responded by adding a 50-bed high dependency unit to accommodate more patients.

Case management quickly became an issue as overworked hospital staff struggled to implement infection prevention and control protocols. The rapidly constructed isolation center relied on a single point for both entry and exit; upon exiting, most health workers moved straight to the waste disposal trench, removed their personal protective equipment, and disposed of them without proper disinfection. Poor adherence to donning and doffing guidelines for personal protective equipment and waste management increased the risk of transmission of COVID-19, and six of the health workers at the facility became infected.

USAID’s Strengthening Systems for Better Health (SSBH) Activity conducted onsite coaching on clinical case management and infection prevention and control for the health workers at Tulsipur Metro Hospital’s isolation center. SSBH oriented hospital staff to safety protocols and guidelines for treating COVID-19 patients, including proper disinfection, waste management, and using PPE safely. As a result, health workers at the isolation center developed necessary skills to better treat their patients while minimizing risk of transmission. **Between April and September 2021, 178 out of 183 COVID-19 patients were discharged from the hospital, with average recovery times of 8 days. There were no reports of deaths after SSBH onsite coaching was conducted.** The nursing in-charge of Tulsipur Metro Hospital said:

“After receiving orientation from SSBH, we have followed standard donning and doffing procedures. We even created separate entry and exit points from the isolation ward. Since we started to follow good infection prevention and control practices in our homes and our workplace, none of us have been infected from COVID-19. Our support staff are also using disinfectants to clean the ward properly. Now, we feel safe and confident while treating COVID-19 patients.”



Nursing Staff receiving onsite coaching on proper donning and doffing of protective equipment and infection prevention and control

Standardizing Annual Health Review Meetings in Surkhet Improves Data Quality for Better Decision Making

After restructuring administrative responsibilities following the nationwide transition to federalism, Municipal Health Sections are now responsible for planning and conducting annual municipal health review meetings. These are crucial forums to discuss challenges in providing health services to constituents, achievements, lessons learned, and plans for the following fiscal year.

USAID's Strengthening Systems for Better Health (SSBH) Activity has been providing technical support for these meetings since 2018. In Surkhet District, a lack of experience meant municipal authorities initially regarded these meetings as a mere formality and conducted meetings without providing any agenda or structure for them. The meetings lacked proper documentation, including records of the presentations made by health service workers. Most of the time, presenters spoke without appropriate slides or data to support their claims. Even when data were presented, there were significant variations between the data from the health facilities and data uploaded into the Health Management Information System; there were errors and inaccuracies in the data from health facility levels because most of it was collected manually.

To address these issues, SSBH held regular discussions with municipal counterparts to develop action points with clear timelines and responsibilities. Each participant had clear instructions to follow in preparation for these review meetings. The Activity coached health service workers on developing PowerPoint slides to facilitate their presentations, and to ensure data quality, the Activity conducted training on using computers to store data on District Health Information Software (DHIS2), the platform that hosts data from health facilities. SSBH assisted municipal authorities in analyzing major health indicators at ward and municipal levels and developing and uploading local health profiles to municipal websites. Finally, SSBH also supported municipalities to set yearly targets to adequately track progress in providing quality health services.

SSBH has continually implemented these interventions in Surkhet District for the past three years. Over time, health workers' presentation and data interpretation skills have notably improved. Annual review meetings at municipal levels are now more structured because the health sections now provide agendas, record meeting notes, and SSBH provides templates for participants to facilitate the development of presentation slides. As a result, health service workers approach these meetings with greater enthusiasm. Health facilities have also improved timely reporting into DHIS2, and municipal authorities greatly appreciate the detailed analysis of this data, as it allows them to make better informed decisions around critical health priorities. During the most recent health review meeting, the Chief Administrative Officer of Barahatal Rural Municipality of Surkhet District, Mr. Tek Bahadur Oli, said:

"This is the first time I have ever observed such in-depth analysis of health indicators. We will seek technical support from SSBH to expand this meeting modality during monthly review meetings as well, which the municipality will include in the forthcoming budgeting and planning process."