



## Needs Verification Report



Report Payment Deliverable FP 1

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## LIST OF ACRONYMS

ANM	Auxiliary Nurse Midwife
BEONC	Basic Essential Obstetric and Neonatal Care
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CPR	Contraceptive Prevalence Rate
DDC	District Development Committee
DFID	Department for International Development (UKaid)
DHO	District Health Office
DP	Depo-provera
FCHV	Female Community Health Volunteer
FHD	Family Health Division
HFI	Health Facility In-Charge
FP	Family Planning
FPS	Focus Product Scheme
HFOMC	Health Facility Operation and Management Committee
HMIS	Health Management Information System
IUCD	Intrauterine Contraceptive Device
LARC	Long Acting Reversible Contraceptive
MCH	Medical College Hospital
MoHP	Ministry of Health and Population
MWRA	Married Women of Reproductive Age
NHSP-2	Second Nepal Health Sector Programme (2010–2015)
NHSSP	Nepal Health Sector Support Programme
NSV	Non-scalpel Vasectomy
PHCC	Primary Health Care Centre
PHCORC	Primary Health Care Outreach Clinic
PHN	Public Health Nurse
SBA	Skilled Birth Attendant
SIFPO	Support for International Family Planning Organizations
SWAp	Sector Wide Approach
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
VP	Visiting Provider
VSC	Voluntary Surgical Contraception

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## **1.0 INTRODUCTION**

### **1.1 Purpose of this Report**

This report aims to summarise the activities carried out at central and district levels during the initial assessment of family planning (FP) needs and gaps in five earthquake affected districts. The approach taken involved district consultation and planning for the rehabilitation, recovery, and strengthening/expansion of family planning (FP) services (with a focus on Long Acting Reversible Contraception [LARC]) in five earthquake affected districts being implemented by NHSSP in coordination with the respective District Health Offices (DHOs). The report is divided into three sections:

Section 1: Introduction

Section 2: Activities for planning and need assessment

Section 3: Annexes

Submission of this report aims to satisfy the requirements of NHSSP payment deliverable FP1: Verification report of family planning needs and gaps in five earthquake affected districts through district consultations and planning meetings.

### **1.2 Background**

The Government of Nepal (GoN) is committed to improving the health status of its citizens and has made impressive gains despite conflict and other difficulties. The Nepal Health Sector Programme-1 (NHSP-1), the first health sector-wide approach (SWAp) in Nepal, ran from July 2004 to mid-July 2010. It was successful in bringing about considerable health improvements. Building on these successes, the Ministry of Health and Population (MoHP) and its external development partners designed a second phase of the programme (NHSP-2, 2010-2015). Its purpose was to increase access to and utilisation of quality essential health care services and other health services, especially by women, and poor and excluded people.

Despite gains in the contraceptive prevalence rate (CPR) and a decline in fertility rate, the unmet need for FP in Nepal remains high with 27% of married women of reproductive age (MWRA) reporting unmet needs in 2011 (10% for birth spacing, 17% for limiting births). Large disparities exist in rates of contraceptive use while levels of unmet need vary substantially by place of residence.

As a result of the Spring 2015 earthquakes, family displacement from home, villages being further isolated from services, and pressures placed on the public health system have constrained the delivery of regular FP services resulting in many women struggling to receive the services they require. Such services urgently need to be strengthened particularly for those in hard-to-reach/affected areas and others living in temporary settlements.

The five priority districts were selected on the basis of:

- 1) FP support need (low CPR, fewer health facilities providing all five FP methods)

2) Whether other FP support partners are present in the district (see Annex 1a and 1b)

3) Recommendations from the FP focal person of the Family Health Division (FHD)

The districts were Okhaldhunga, Sindhuli, Nuwakot, Lalitpur, and Gorkha. Three more districts were supported by USAID Support for International Family Planning Organizations (SIFPO) (Kathmandu, Rasuwa, and Dhading), though not funded under this initiative. Similarly Sindupalchowk, Dolakha, and Ramechhap were funded separately by DFID.

The activities focused on hard-to-reach, and internally displaced population. A multipronged approach was used combining five strategies discussed and agreed with the FHD, GoN, and USAID, including those piloted by GoN/NHSSP/DFID/USAID, with an emphasis on increasing access to FP and improving quality of care.

The Visiting Provider (VP) approach, piloted in Ramechhap (under the DFID NHSSP-2 programme), has been embraced by FHD with a recommendation that the number of VPs per district be increased. This approach deploys VPs (senior auxiliary nurse midwives [ANMs] or staff nurses) who are skilled service providers of LARC services and have coaching/mentoring skills and experience, to birthing centres to support skilled birth attendants (SBAs) deliver LARCs or provide direct LARC services where skilled staff are not available.

Overall, the following recommended activities are proposed:

- Expand the FP strengthening programme to cover the five high priority districts
- Provide training on LARC methods to GoN recruited health workers
- Scale up VP approaches across the five high FP support need districts
- Scale up and increase the intensity of comprehensive mobile camps across the five districts.

### **1.3 Brief Descriptions of Programme Districts**

#### **Okhaldhunga**

Okhaldhunga is a hilly district in the eastern region of Nepal. It has 50 village development committees (VDCs) and one municipality. It shares a border with five other districts, Khotang to the east, Ramechhap to the west, Solukhumbu to the north, and Udayapur and Sindhuli to the south.

The district has one hospital (Rumjataar), one primary health care centre (PHCC), 54 health posts, 171 immunisation clinics, and 171 primary health care outreach clinics (PHCORCs) that provide health services. In addition there is a community hospital (Okhaldhunga community Hospital) and four polyclinics. There is one comprehensive emergency obstetric and neonatal care (CEONC) centre, two basic essential obstetric and neonatal care (BEONC) centres and 37 birthing centres. The district has a total of 713 female community health volunteers (FCHVs).

#### **Sindhuli**

Sindhuli is a hilly district in central region comprised of both hill and plains areas. It has 53 VDCs and one municipality (Kamalamai). There are three hospitals including one government district hospital, four PHCCs, 51 health posts, one ayurvedic centre, and five ayurvedic ausadhalayas. There are 20 birthing centres in the district which had a CPR in 2070/71 of 34.91%.

**Lalitpur**

Lalitpur district has two hospitals, Aanandaban and Patan, two institutional clinics for FP, and three PHCCs (Lele, Badaigaun, and Lubhu). It has 38 health posts and four urban health centres. There are 18 Birthing Centres and 372 FCHVs in the district.

**Nuwakot**

In Nuwakot district there is one district hospital, three PHCCs (Kharinitar, Kakani and Deurali), 59 health posts and one medical college hospital (MCH) clinic at the DHO. There are 27 birthing centres and, at 1085, a relatively high number of FCHVs.

**Gorkha**

Gorkha district lies in western region and is comprised of 60 VDCs and two municipalities (Gorkha and Palungtar). There are two hospitals, Gorkha and Aampipal, three PHCCs, 66 health posts, three urban health centres (Paslang, Laxmibazzar, and Chepetar), and two community health centres (Dharapani and Shera). The district has two CEONCs, three BEONCs, 39 birthing centres and 659 FCHVs.

## **2.0 ACTIVITIES FOR PLANNING AND NEEDS ASSESSMENT**

This section outlines the various activities undertaken at both district and central levels to identify FP needs in the five programme districts.

### **2.1 Planning/coordination/partnership meetings**

Various planning/coordination meetings were held at central level within and between government bodies, funding agencies, and the implementing agency. In developing the activities and budget, a detailed mapping of FP partner activities was carried out alongside consultations with a wide range of stakeholders. These indicated a significant need to increase the scope of FP strengthening activities across all five districts.

Key FP development partners reported working in a number of earthquake affected districts but covering only a small proportion of total VDCs. Their activities focused primarily on meeting post-earthquake relief needs including conducting mobile camps rather than on recovery and longer-term FP strengthening.

Discussions with FHD and United Nations Population Fund (UNFPA) focal persons indicated the need to expand the Voluntary Surgical Contraception (VSC+) model across target districts. This model promotes the integration of LARCs, short term contraceptive methods, and contraceptive counselling services through existing VSC camps, thereby expanding the range of services offered through this service outlet. The visiting provider model from Ramechhap also proved appropriate in by directly increasing access to and utilisation of FP services among women requiring services and helping to build the capacity of service providers.

Following approval of the proposal, district planning and coordination meetings were held in each of the five districts to inform planning and support implementation. This included prioritising individual VDCs based on their service needs and identifying specific requirements e.g. equipment needs in consultation with the DHO and district stakeholders.

### **2.2 Initial District Consultation Meeting**

The NHSSP FP team together with FHD representatives from some of the districts met with the DHO team prior to the planning meeting with the following objectives:

1. Provide a briefing on the objectives of the FP support intervention
2. Explore various possibilities and challenges related to programme implementation
3. Schedule a district implementation planning meeting

The district consultative meeting included:

- Representation from FHD in three of the five target districts
- DHOs and district focal persons (Focus Product Scheme [FPS], support officer (SO) and public health nurses [PHNs])
- Briefing on the rationale, objectives, and activities of the transitional programme
- Opportunities to clarify any queries



- Sharing programme documents including an introductory letter from PPICD/MoHP, and a draft FP assessment checklist (see Annex 3.3)
- Seeking tentative dates for a one day district planning meeting at the earliest possible opportunity.

### 2.3 District Planning Workshop

The current FP status of each target district and imperative to strengthen the FP programme were rigorously addressed in the planning workshop through group work and discussions. This section summarises the key issues raised:

Table 1: Initial district consultative meeting and district planning workshop/meeting

District	Consultative visit	Date of District Planning Meeting*	Notes
Lalitpur	December 7-8, 2015	December 20, 2015	<ul style="list-style-type: none"> <li>• Planning workshop at Summit Hotel</li> <li>• All FHIs participated</li> </ul>
Nuwakot	December 21, 2015	January 04, 2016	<ul style="list-style-type: none"> <li>• Planning workshop at Hotel Satanchuli, Batar, Nuwakot</li> <li>• All FHIs participated</li> </ul>
Okhaldhunga	December 23, 2015	January 07, 2016	<ul style="list-style-type: none"> <li>• Planning workshop at District Development Committee (DDC) meeting hall, Okhaldhunga</li> <li>• 1 HFI did not participate</li> </ul>
Sindhuli	December 24, 2015	January 17, 2016	<ul style="list-style-type: none"> <li>• Planning workshop at Sindhuli Fast-food and Catering Services Ratmata Sindhulimadi, Sindhuli</li> <li>• 6 HFIs did not participate</li> </ul>
Gorkha	December 27, 2015	January 22-23, 2016	<ul style="list-style-type: none"> <li>• 2 days in 2 batches</li> <li>• Planning workshop at Tamu Hall Haramtari Gorkha</li> <li>• All FHIs participated</li> </ul>

\* Negotiated dates after constant follow up

A district planning workshop/meeting was conducted in all five districts between December 2015 and January 2016. Health facility in-charges from the respective districts were invited to the district headquarters for a one day workshop (two days in Gorkha). The objectives of the workshop were to:

1. provide a briefing on the USAID/DFID funded “rehabilitation, recovery, and strengthening/expanding FP services (with a focus on LARCs) in five districts” programme
2. identify and verify FP needs and gaps
3. explore the overall programme planning including scheduling VPs’ movements and conducting VSC+ events (approach, site, frequency, and follow up).

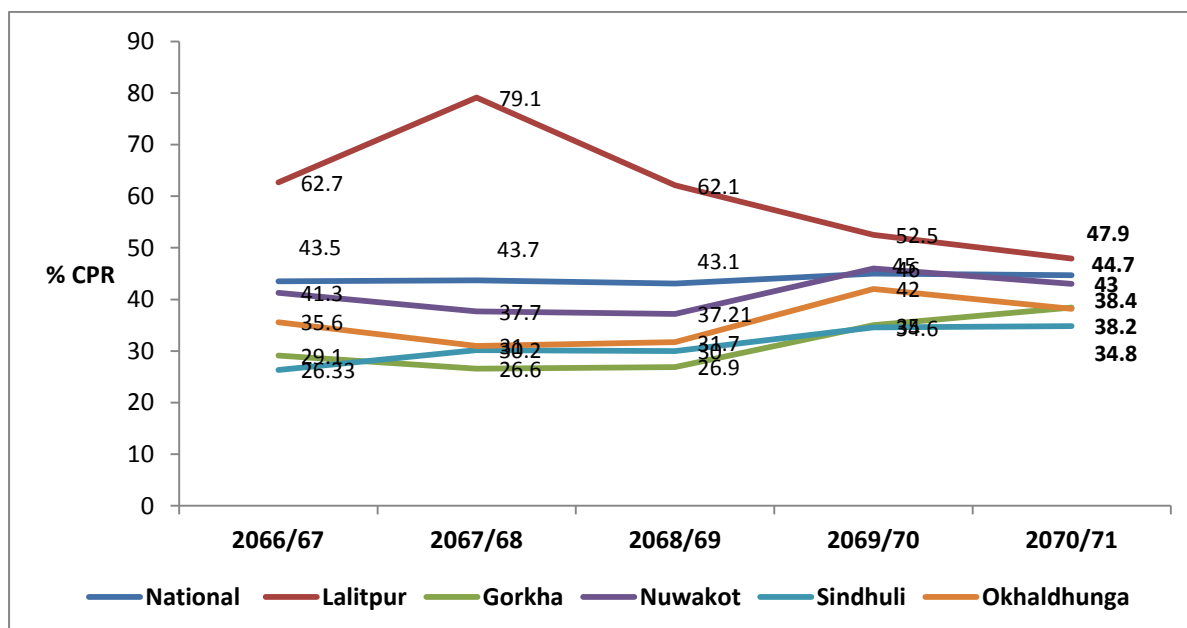
#### District Planning Meeting

- Participation and process:
  - GS Pokharel (FHD FP focal person) and two other FHD staff participated in Lalitpur
  - Representation from FHD in the other four districts was not possible due to recent changes in leadership at FHD

- Local development officer (LDO) SP Pudasaini, made remarks in Okhaldhunga
  - DHOs and district focal persons participated
  - DHOs chaired the opening session and made closing remarks at each workshop (with the exception of Sindhuli)
  - Active participation from district participants was observed. The FP supervisor, SO, and PHN led the facilitation in most of the districts.
  - Key non-state district partners were also represented at the meeting.
- Support and commitment:
    - One HFI from each district voluntarily spoke on behalf of participants and expressed their full commitment to support implementation of this new FP intervention in their district and VDCs.
    - All DHOs spoke positively and promised their full support and coordination to implement this new programme
- United States Government (USG) FP legislative and policy requirements:
    - A short presentation (using power point) highlighted key elements of USA's Abortion and FP Requirements - 2016 (FP compliance)
    - Key elements of FP compliance were presented as part of quality of care in FP such as: voluntarism/informed choice, the prohibition of targets/quotas and financial incentives in FP projects, ensuring the provision of comprehensible information on FP methods, the policy determination 3 (PD-3) component of voluntary sterilisation, and the discouragement of performing abortions as a method of FP or motivating or coercing any person into practicing/ getting an abortion.
- Additional benefits:
    - Each district took the planning workshop event as an important opportunity to meet and focus on FP, viewing this occasion as a district FP review and planning workshop
    - DHOs in Nuwakot and Gorkha expressed their appreciation for the excellent opportunity provided by USAID/DFID through the transitional programme to strengthen FP service delivery in their districts
    - Some districts also flagged the importance of this support after significant budget cuts in FP activities from the FHD/ DoHS in the current fiscal year
    - Knowledge update: the event provided an excellent opportunity to refresh knowledge on Health Management Information System (HMIS) recording and reporting related to FP and contraceptive updates.

### 2.3.1 FP status of programme districts (2070/71)

Fig.1. Trend of CPR in programme districts compared with national CPR



The year-wise trend shows that although the CPR of four districts (Gorkha, Sindhuli, Nuwakot, and Okhaldhunga) has increased over the years, it is still less than the national CPR. Moreover, the CPR of Lalitpur district is showing a decreasing trend.

As shown in Table 2, while the number of new acceptors of short acting reversible methods such as Depo-provera (DP) is high compared with the national average, the number of both new and current users of LARCs, such as IUCD and implants, is lower in planned/targeted programme districts compared to the national average. Okhaldhunga has the highest number of new acceptors (8.26%) and current users (18.16%) of DP. New acceptors of VSC methods in the programme districts are also lower than the national average. The current FP status of planned programme districts combined with the further deterioration in FP services after the earthquake is seen to justify the case for FP support in these districts with an emphasis on increasing access to and utilisation of long acting methods.

Table: 2 Comparison of FP status of programme districts

Variable	MCPR (%)	DMPA (e.g. Depo)		IUCD		Implant		VSC	
		New acceptor (%)	Current user (%)	New acceptor (%)	Current user (%)	New acceptor (%)	Current user (%)	New acceptor (%)	Current user (%)
National	44.9	4.2	7.6	0.6	2.5	0.7	2.3	0.7	25.7
Hill region	37.6	4.3	8.1	0.6	2.8	0.8	3.2	0.3	16.5
Gorkha	38.4	5.6	7.4	0.06	0.3	0.3	0.7	0.3	24.4
Nuwakot	43.0	5.9	8.6	1.1	2.6	0.8	1.3	0.4	26.5
Lalitpur	47.9	1.9	8.8	0.1	4.4	0.3	6.8	0.4	24.5
Sindhuli	34.8	3.1	7.4	0.8	2.3	0.5	2.7	0.2	16.3
Okhaldhunga	38.2	8.3	18.2	0.01	1.4	0.7	4.0	0.21	6.9

### **2.3.2 FP Service Availability in Programme Districts**

Table 3 shows the availability of FP services, the number of birthing centres, the number of trained human resources, and other related information on FP services. This information can help assess the necessary training and resources needed to capacitate birthing centres to provide all five temporary FP methods.

An analysis of facility-wise information showed that out of the total 294 health facilities in the five target districts, 143 are birthing centres. Of these, 98 (69%) had at least one SBA trained service provider and 66 (46%) had at least one implant trained service provider. However, only 28 (20%) and 47 (33%) respectively are providing IUCD and implant services. This clearly demonstrates the need for onsite IUCD coaching and implant training. Birthing centres in Lalitpur, followed by Gorkha, had the lowest IUCD service delivery coverage. Further, only 39 birthing centres (27%) had IUCD sets available (Gorkha was lowest at 18%), while 45 (31%) had implant sets available. In total 120 (84%) of 143 birthing centres had at least one functional autoclave (see Annex 3.2 and 3.4). Forty one per cent of health facilities (120 of 294) across five districts have condom boxes (lowest in Nuwakot at 22%) while 65% health facilities had a FP informed choice poster (lowest in Lalitpur at 38%).

### **2.3.3 Need to Ensure Implant and IUCD Service in all BCs**

As shown in Tables 3 and 4, out of 143 birthing centres, 98 (69%) had SBAs. However, SBAs in only 28 birthing centres (29%) were providing IUCD services revealing a clear need to coach/mentor current SBAs on IUCD insertion skills (in 70 birthing centres). There may be other factors contributing to this poor rate of IUCD service delivery by SBAs such as a lack of supplies (insertion sets, commodities, and minor procedure rooms etc.).

Similarly, of the 143 birthing centres, 66 (46%) had implant trained providers (this may include SBAs), but only 47 birthing centres (48%) are currently providing implant services, indicating a need for competency based implant insertion/removal training (in 77 birthing centres) and coaching/mentoring of health workers on implants in 19 birthing centres. This two pronged approach of coaching and mentoring on IUCD and implants along with training on implants will ensure that all birthing centres have implant trained service providers.

In total, 45 birthing centres from five districts had no SBA trained service providers. This means that VPs cannot provide onsite coaching unless SBA/IUCD trained service providers are available at these sites. The NHSSP DC will facilitate and advocate with DHOs to ensure the availability and deployment of SBAs to these health facilities. Furthermore, 104 birthing centres need to be supported with IUCD sets and 98 birthing centres need implant sets in order to initiate LARC services. In particular, it was clear that Gorkha followed by Okhaldhunga need more IUCD sets than other districts.

A total of 23 birthing centres need to be provided with autoclaves to sterilise FP instruments and 174 condom boxes are needed across the five districts. However, the need for condom boxes will increase with the practice of installing additional boxes in public places including public toilets within the health facilities. Approximately 100 FP posters (assuming one poster per health facility) will be printed and distributed to respective health facilities. Further details of the findings from health facilities across the five districts are presented in Annex 3.2 and 3.4.

Table: 3 FP service status in programme districts

District	# total HFs	# of BCs	# of BCs with SBAs	# of BCs with Implant trained HW	# of BCs with services		# of BCs with IUCD sets	# of BCs with Implant sets	# of BCs with Functional Autoclaves	# HFs with Condom box	# HFs with FP Poster	# of HFs with Functional toilet for clients/patients
					IUCD	Implant						
Lalitpur	40	18	16	11	2	5	5	5	17	13	15	28
Nuwakot	63	28	17	13	9	9	10	10	20	14	48	39
Okhaldhunga	56	37	31	17	6	17	8	13	30	24	25	53
Sindhuli	56	20	8	10	5	5	9	5	15	23	49	52
Gorkha	79	40	26	15	6	11	7	12	38	46	55	66
Total	294	143	98	66	28	47	39	45	120	120	192	238

Table: 4 Need for coaching/mentoring, training, instruments, and FP posters support

District	# total HFs	# of BCs	# of BCs with SBAs	# of BCs with implant trained HW	# of BCs needing IUCD coaching	# of BCs needing implant training	# of BCs needing IUCD sets	# of BCs needing implant sets	# of BCs needing functional autoclaves	# HFs needing condom box	# HFs needing FP Poster
Lalitpur	40	18	16	11	14	7	13	13	1	27	25
Nuwakot	63	28	17	13	8	15	18	18	8	49	15
Okhaldhunga	56	37	31	17	25	20	29	24	7	32	31
Sindhuli	56	20	8	10	3	10	11	15	5	33	7
Gorkha	79	40	26	15	20	25	33	28	2	33	24
Total	294	143	98	66	70	77	104	98	23	174	102

### 2.3.4 Need for Direct LARCs Service Delivery

As shown in the Table 3, 143 birthing centres (49%) out of a total 294 health facilities should theoretically have both IUCD and implant services available. However, this is not the case for reasons explained above. The 151 health facilities (51%), mostly non-birthing centre health facilities, in most districts had limited LARC providers and hence a low provision of IUCD and implant services. These non-birthing centres need to initiate or expand LARC services through VP visits. It is anticipated that Gorkha followed by Sindhuli and Nuwakot will have higher numbers of health facilities needing direct LARC service delivery.

### 2.4 The Role of Stakeholders in the FP Support Programme

A detailed agenda of the workshop is attached in Annex 3.1. The responsibilities of different stakeholders as discussed and agreed during district planning workshop were as follows.

#### **2.4.1 Role of FCHVs**

- To disseminate information about the programme (VPs, VSC+ camps, condom boxes) through groups such as “Aama Samuha” and other user groups
- To share ideas and views within target groups such as “Saathi Sikshya/ Dautari Sikshya”
- To distribute FP devices such as pills and condoms
- To refer clients willing to receive long acting contraceptive methods to health facilities
- To collect data related to FP and report to health facilities
- To collect data of MWRA and report to health facilities
- To support the organisation and management of VSC+ camps

#### **2.4.2 Role of the Health Facility Operation and Management Committee (HFOMC)**

- To disseminate information on the FP support programme and its components
- To create an appropriate/ conducive environment in VDCs with different non-government/private organisations
- To evaluate, motivate, summarise, and monitor
- To coordinate with the community sector for financial support for improvement of health facility services
- To coordinate with different organisations
- To support the provision of LARC services

#### **2.4.3 Role of In-charge and Staff of Health Facilities**

- To share the one day planning workshop information with subordinates
- To organise an orientation programme for health staff as well as for FCHVs and the HFOMC.
- To manage all logistics and necessary commodities of FP
- To focus on Community Health Education and adequate counselling on FP
- To mobilise all FCHVs as needed
- To prepare, report, and record
- To coordinate and support the staff of the NHSSP
- To create a friendly environment during the programme
- To support in the movement of visiting providers to and from the health facility
- To coordinate with NGOs and other community organisations
- To publicise health camps, VPs’ services, and condom boxes

#### **2.4.4 Role of the DHO and NHSSP**

- To identify appropriate staff for training
- To supply commodities and necessary logistics after training
- To work in coordination with health facilities and provide feedback
- Human resource management, motivation, and supervision/ monitoring
- To improve the infrastructure status of health facilities
- To coordinate with related agencies for creating synergy of work and avoiding duplication
- To increase the quality and quantity of services in birthing centres
- Timely and appropriate communication
- Conduct a campaign for timely and regular sterilisation
- Provide necessary financial support and conduct review meetings for assessment of progress and challenges to identify caveats for mid-course correction.

### 3.0 Annexes

#### Annex 3.1: Agenda District Planning Meeting

**Consultation and planning meeting on “Rehabilitation, Recovery, and strengthening/ expansion of FP services (with a focus on LARCs) in five districts” programme**

Date: January, 2016

Time: 09:30 am-4:00 pm

#### Objectives:

1. To brief on the USAID-DFID funded “Rehabilitation, Recovery, and strengthening/expansion of FP services (with a focus on LARCs) in five districts” programme
2. To identify and verify family planning needs and gaps
3. To explore overall programme planning including scheduling VP movement and conducting VSC+ events (approach, site, frequency, follow up)

Time	Topic	Session Objectives	Methods	Materials	Facilitator(s)
10-10:15	<ul style="list-style-type: none"> <li>Registration</li> <li>Welcome and Introduction</li> </ul>	<ul style="list-style-type: none"> <li>To set the scene</li> <li>To welcome familiarise participants</li> </ul>		None	PHN/DPHO
-10:30	<ul style="list-style-type: none"> <li>Overview/objectives of the meeting</li> </ul>	<ul style="list-style-type: none"> <li>To introduce meeting objectives, agenda</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>PPT Presentation</li> </ul>	FPS/PHN/DPHO
-10:45	<ul style="list-style-type: none"> <li>Overview of “Rehabilitation, Recovery, and strengthening of FP services (with a focus on LARCs) in 5 districts” programme</li> </ul>	<ul style="list-style-type: none"> <li>To brief on “Rehabilitation, Recovery, and strengthening/expansion of FP services (with a focus on LARCs) in 5 districts” programme interventions and approach</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>PPT Presentation</li> </ul>	NHSSP/FHD
-11:00	<ul style="list-style-type: none"> <li>District presentation on FP</li> </ul>	<ul style="list-style-type: none"> <li>To brief on FP programme, birthing centres, service data, human resources, and recording reporting</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>PPT Presentation</li> </ul>	SO/DPHO
-11:10	Remarks & closure of opening session –DHO, FHD, Dfid/ USAID		Lecture		FHD/DHO
11:10-11:30	<b>TEA BREAK</b>				
-12:30	<ul style="list-style-type: none"> <li>District/VDC/health facility mapping on FP-1</li> </ul>	<ul style="list-style-type: none"> <li>To identify and verify FP needs- travel distance, human resources, skill mix (NSV, ML/LA, IUCD, Implant), external partner, equipment/supplies, reporting/recording</li> <li>To explore scheduling of VSC+ events and VP movements</li> </ul>	Discussion Group work	<ul style="list-style-type: none"> <li>Flip chart</li> <li>District/VDC/health facility mapping on FP</li> </ul>	FPS/PHN/SO/NHSSP
12:30-13:30	<b>LUNCH</b>				
-14:00	<ul style="list-style-type: none"> <li>District/VDC/health facility mapping on FP-2</li> </ul>	<ul style="list-style-type: none"> <li>To identify and verify FP needs- travel distance, human resources, skill mix (NSV, ML/LA, IUCD, Implant), external partner, equipment/supplies, reporting/recording</li> <li>To explore scheduling of VSC+ events, and VP movements</li> </ul>	Discussion Group work	<ul style="list-style-type: none"> <li>Flip chart</li> <li>District/VDC/health facility mapping on FP</li> </ul>	FPS/PHN/SO/NHSSP
-14:30	<ul style="list-style-type: none"> <li>Consensus: district implementation plan/approach</li> </ul>	<ul style="list-style-type: none"> <li>To find and agree on approaches in VSC+ camps and VP movement plan</li> </ul>	Discussion Group work	<ul style="list-style-type: none"> <li>Consensus presentation</li> </ul>	FPS/PHN/SO/NHSSP
-15:00	<ul style="list-style-type: none"> <li>Quality concerns of FP/ VSC+ services &amp; other technical updates</li> </ul>	<ul style="list-style-type: none"> <li>To brief on FP quality improvement using FP QI tools</li> <li>To share plan for monitoring, recording and reporting</li> <li>To describe on referral, and complication management</li> <li>To brief on FP Compliance Monitoring requirements</li> </ul>	Presentation Discussion	<ul style="list-style-type: none"> <li>PPT Presentation</li> <li>QI tools</li> </ul>	FPS/PHN/SO/NHSSP
15:00-15:15	<b>TEA BREAK</b>				
-15:45	<ul style="list-style-type: none"> <li>Shared responsibility</li> </ul>	<ul style="list-style-type: none"> <li>To agree on roles and responsibilities: HF, HFOMC, FCHV, HWs, DHO, DC, VPs, FHD, and NHSSP</li> </ul>	Presentation Group work	<ul style="list-style-type: none"> <li>Flipchart</li> <li>Marker</li> </ul>	FPS/PHN/SO/NHSSP
15:45-16:00	Summary of the Day: Closure				

### Annex 3.2: Summary of FP Gap Assessment Checklist: Five Districts

SN	Variables	Total	Lalitpur	Nuwakot	Okhaldhunga	Sindhuli	Gorkha
1	Number of HFs	294	40	63	56	56	79
1.1	Number of non-BCs	151	22	35	19	36	39
2	Number of BCs	143	18	28	37	20	40
3	Number of HFs with at least one trained IUCD provider (including SBA)	118	22	23	31	11	31
4	Number of HFs with at least one trained implant provider	95	18	18	26	16	17
5	Number of BCs with at least one SBA	98	16	17	31	8	26
6	Number of BCs with at least one implant provider	66	11	13	17	10	15
7	Number of BCs with IUCD services	28	2	9	6	5	6
8	Number of BCs with implant services	47	5	9	17	5	11
9	Number of BCs without trained IUCD provider (including SBA)	42	2	8	6	12	14
10	Number of BCs without implant provider	72	7	15	15	10	25
11	Number of BCs without IUCD sets	104	13	18	29	11	33
12	Number of BCs without implant sets	98	13	18	24	15	28
13	Number of BCs needing IUCD coaching	115	16	19	31	15	34
14	Number of BCs needing implant training	72	7	15	15	10	25
15	Number of HFs without a condom box	184	27	49	42	33	33
16	Number of BCs without an autoclave	23	1	8	7	5	2
17	Number of HFs without a FP poster	102	25	15	31	7	24
18	Number of HFs with functional toilet	56	12	24	3	4	13
19	Total number of FCHVs	3,340	372	1,094	711	504	659



**Annex 3.3: Sample of FP gap assessment check list**

*Transition and Recovery Support on FP  
Preliminary assessment*

**DHO:** Okhaldhunga

S. No.	Name and type of HF/VDC	Birthing Centre-BC (Yes/No)	# BCs with SBA (# available)	# of BCs with Implant trained (# of HW)	# of BCs with IUCD trained (# of HW)	Services currently available (Y/N)		IUCD sets (# available)	Implant set (# available)	Functional Autoclaves (#)	Condom Box available (Yes/No)	# of total HFOMC members	# of total FCHV	FP poster available (Y/N)	Functional toilet for clients/patients available (Y/N)	Remarks
						IUCD	Implant									
1	Salleri HP/SM-8	no	1	1	1	no	yes	no	yes	no	no	11	10	no	yes	
2	Kuibhir HP/Kuibhir-5	yes	1	1	1	no	no	no	no	no	yes	14	14	yes	yes	
15	Toksel HP	yes	1	1	1	no	yes	yes	1	1	no	13	10	no	yes	
21	Shrechaur HP	yes	1	1	1	no	yes	no	4	1	no	15	14	yes	yes	
25	Bigutar HP	yes	0	0	1	no	no	no	no	yes	no	11	12	no	yes	
31	Madhapur HP	no	0	0	0	no	no	no	no	no	no	11	11	no	yes	
35	Khijikati HP	yes	1	0	1	no	no	0	0	0	no	9	9	no	yes	
41	Jyamire HP	no	1	1	1	no	no	0	2	0	no	14	16	yes	yes	
45	Maanebhanjyang HP	yes	2	2	2	no	yes	no	2	yes	no	19	15	no	yes	
51	Prapcha HP	yes	1	1	1	no	yes	no	no	yes	no	15	9	no	yes	
52	Ratmate HP	yes	0	0	0	no	no	no	no	no	no	13	9	no	yes	
53	Yasam HP	no	0	0	0	no	no	no	no	no	no	11	18	yes	yes	
54	Narmadeswor HP	no	0	0	0	no	no	no	no	no	no	15	10	yes	yes	
55	Singdevi HP	no	1	0	1	no	no	no	no	no	yes	11	18	yes	yes	
56	Rumjataan Hospital	yes	5	4	5	no	yes	1	10	1	no	9	10	yes	yes	

**Annex 3.4: FP service status of BCs**
**a. Lalitpur**

S. No.	Name of HF with BC	BC with SBA (#)	BC with Implant trained (# HW)	IBC with IUCD trained (# HW)	Services currently available		IUCD sets (Available #)	Implant sets (Available #)	Functional Autoclaves (#)	Condom box available	# of HFOMC members	# of FCHV	FP Poster available	Functional toilet for clients/patients	Remarks	Cluster
					IUCD	Implant										
1	Bhaadev HP	1	1	1	0	0	0	0	1	0	8	9	0	1		Gotikhel Cluster
2	Chaughare HP	1	1	2	0	0	0	0	1	0	9	9	0	1		
3	Bukhel HP	1	0	1	0	0	0	0	1	0	9	9	0	0		
4	Manikhel HP	1	1	1	0	1	0	1	1	0	9	9	0	1		
5	Gotikhel HP	3	2	3	0	0	1	0	1	0	11	9	0	1		
6	Thuladurlung HP	1	0	1	0	0	0	0	1	0	9	9	0	0		
7	Chandanpur HP	0	0	0	0	0	0	0	1	0	11	9	0	0		
8	Ashrag HP	1	0	1	0	0	0	0	1	1	9	9	0	1		Bhattedanda Cluster
9	Pyutar HP	1	0	1	0	0	0	0	0	0	11	9	0	0		
10	Bhattedada HP	1	1	1	0	1	0	1	1	0	11	9	0	1		
11	Malta HP	1	1	1	0	0	0	0	1	0	9	9	0	0		
12	Dalchoki HP	1	1	1	0	0	0	0	1	0	11	9	0	1		
13	Gimdee HP	0	0	0	0	0	0	0	1	0	11	9	0	1		
14	Lele PHC	1	1	1	1	1	1	1	1	1	9	9				DPHO Lalitpur cluster
15	Dukuchhap HP	1	0	1	0	0	0	0	1	0	7	9				
16	Badegaun PHC	1	1	1	0	1	1	1	1	1	9	16	1	1		
17	Bungmati HP	1	1	1	0	0	1	0	1	1	7	9	1	1		
18	Lubhu PHC	1	1	1	1	1	1	1	1	1	9	9	1	1		
	Total 18	16	11	16	2	5	5	5	17	5	169	169	3	11		

**b. Okhaldhunga district**

S. No.	Name of HF with BC	BC with SBA (#)	BC with Implant trained (# of HW)	IUCD trained (# HW)	Services currently available (Y/N)		IUCD sets (# available)	Implant set (# available)	Functional Autoclaves (#)	Condom Box available (Yes/No)	# of total HFOMC members	# of total FCHV	FP poster available (Y/N)	Functional toilet for clients/patients available (Y/N)
					IUCD	Implant								
1	Kuibhir HP/Kuibhir-5	1	1	1	no	no	no	no	no	yes	14	14	yes	yes
2	Ketuke HP	0	0	0	no	no	no	no	no	no	12	12	yes	yes
3	Balakhu HP	1	1	1	yes	yes		no	1	yes	11	17	yes	yes
4	Pokali HP	1	2	1	yes	yes	no	yes	1	no	13	15	no	yes
5	Kuntadevi HP	0	1	1	no	yes	no	yes	1	no	15	17	no	yes
6	Pokhare HP	1	0	1	no	no	no	yes	2	yes	11	15	no	yes
7	Sisnery HP	0	0	1	no	no	no	no	2	no	13	12	yes	yes
8	Tarkerabari HP	1	0	1	no	no	2	no	2	no	11	10	no	no
9	Khijichandeswori HP	1	1	1	no	yes	no	1	1	yes	11	9	no	yes
10	Ragini HP	1	1	1	no	yes	no	0	1	no	9	13	no	yes
11	Rampur HP	1	1	1	no	yes	no	1	no	no	19	15	no	yes
12	Chyanum HP	2	1	2	no	no	no	0	1	no	13	14	no	yes
13	Toksel HP	1	1	1	no	yes	yes	1	1	no	13	10	no	yes
14	Waksa HP	1	0	1	no	no	no	0	no	no	13	11	yes	yes
15	Rangadeep HP	0	1	1	no	no	no	0	1	no	14	11	no	yes
16	Thakle HP	2	0	2	no	no	no	0	no	no	13	11	no	yes
17	Shrechaur HP	1	1	1	no	yes	no	4	1	no	15	14	yes	yes
18	Katunje HP	2	0	2	no	no	no	0	1	no	13	15	yes	yes
19	Palapu HP	2	1	2	yes	yes	yes	yes	yes	no	15	18	yes	yes
20	Bigutar HP	0	0	1	no	no	no	no	yes	no	11	12	no	yes
21	Thulachap HP	1	1	1	yes	yes	no	no	yes	Old	13	14	yes	yes
22	Bilandu HP	1	0	1	no	yes	yes	no	yes	no	11	13	yes	yes
23	Jantarkhani HP	1	0	1	no	no	no	no	yes	yes	9	11	yes	yes
24	Bhadaure HP	1	1	1	no	yes	no	2	1	no	17	13	no	yes
25	Gamnangtaar HP	2	0	2	yes	no	yes	no	1	yes	9	12	yes	yes
26	Raniban PHC	3	1	3	no	no	no	no	2	yes	15	10	yes	yes
27	Phulbari HP/Phulbari VDC	3	1	3	yes	yes	1	1	1	no	15	13	no	yes
28	Khijikati HP	1	0	1	no	no	0	0	0	no	9	9	no	yes
29	Narayansthan HP/Narayansthan	3	2	3	no	no	0	0	yes	yes	13	11	yes	yes
30	Okhaldhunga HP	2	0	2	no	no	0	0	1	yes	13	14	yes	yes
31	Betinee HP	2	1	2	no	no	no	no	yes	no	15	13	no	yes
32	Maanebhanjyang HP	2	2	2	no	yes	no	2	yes	no	19	15	no	yes
33	Khijipalate HP	1	0	1	no	no	no	no	yes	no	11	16	no	yes
34	Harkpur HP	1	1	1	no	yes	no	yes	yes	no	13	14	no	yes
35	Prapcha HP	1	1	1	no	yes	no	no	yes	no	15	9	no	yes
36	Ratmate HP	0	0	0	no	no	no	no	no	no	13	9	no	yes
37	Rumjataar Hospital	5	4	5	no	yes	1	10	1	no	9	10	yes	yes
	Total 37	31	17	31	6	17	7	13	30	9	478	471	15	36

c. Sindhuli district

S. No.	Name of HF with BC	BC with SBA (#)	BC with Implant trained (# of HW)	BC with IUCD trained (# of HW)	Services currently available (Y/N)		IUCD sets (# available)	Implant sets (# available)	Functional Autoclaves (#)	Condom Box available (Yes/No)	# of total HFOMC members	# of total FCHV	FP poster available (Y/N)	Functional toilet for clients/patients available (Y/N)	Remarks
					IUCD	Implant									
1	Dudhuli HP	1	2	1	yes	no	1	0	1	no	9	9	yes	yes	
2	Sirthauli PHC	2	2	2	yes	yes	1	1	1	yes	9	9	yes	yes	
3	Solpatana HP	0	1	1	no	yes	1	1	1	yes	10	9	yes	yes	
4	Jangajholi Ratmata HP	1	1	1	yes	no	yes	no	1	no	11	9	yes	yes	
5	Lamataar PHC	no	no	1	no	no	no	no	no	no	9	9	yes	yes	
6	Bhimeswor HP/ Khurkot	no	no	1	no	no	0	0	1	0	9	9	yes	yes	
7	Belghari PHC	1	2	1	yes	yes	1	1	1	yes	15	9	yes	yes	
8	Kapilakot PHC	2	1	2	no	no	1	0	1	yes	15	9	yes	yes	
9	Ambote HP	no	1	1	no	yes	0	15	1	no	13	9	yes	no	
10	Bastipur HP	0	no	1	no	no	2	no	1	yes	11	9	yes	yes	
11	Gwaltaar HP	no	no	1	no	no	yes	no	no	yes	13	9	yes	yes	
12	Chapauli HP	no	no	1	no	no	yes	no	1	yes	10	9	yes	yes	
13	Raanibas HP	yes	no	yes	no	no	no	no	1	yes	11	9	yes	yes	
14	Nipane HP/Nipane	no	no	1	no	no	no	no	no	no	9	9	yes	yes	
15	Bhiman HP	no	no	1	no	no	no	no	no	yes	9	9	yes	yes	
16	Hatpate HP	1	1	1	1	no	no	no	1	yes	11	9	yes	yes	
17	Balajor HP	1	1	1	no	no	no	no	1	yes	13	9	yes	yes	
18	Chapauli HP	no	no	1	no	no	no	no	yes	yes	10	9	yes	yes	
19	Arunthakur HP	no	no	1	no	no	0	0	0	no	9	9	no	yes	
20	Bahuntipung HP	no	yes	1	no	yes	no	y	yes	yes	9	9	yes	yes	
	Total 20	8	10	18	5	5	9	5	15	13	215	180	19	19	

d. Gorkha district

S. No	Name of HF with BC	BC with SBA (# available)	BC with Implant trained (# HW)	IBC with IUCD trained (# HW)	Services available		IUCD sets (Available #)	Implant sets (Available #)	Functional Autoclaves (#)	Condom box available	# of HFOMC members	# of FCHV	FP Poster available	Functional toilet for clients/patients	Remarks	Cluster
					IUCD	Implant										
1	Ghairung HP	0	0	0	0	0	0	0	1	0	9	9	1	1		Ghairung cluster
2	Phujel HP	0	0	0	0	0	0	0	1	1	11	9	1	1		
3	Dorbung HP	2	0	2	0	0	0	0	1	0	9	9	1	1		
4	Ghyalchok HP	1	1	1	0	1	0	15	2	1	11	9	1	1		
5	Bhumlichok HP	1	1	1	0	1	0	1	2	0	9	9	1	1		
6	Tanglichok HP	1	1	1	0	1	0	1	1	1	9	9	1	1		
7	Makaising PHCC	2	1	2	1	1	16	18	0	1	9	9	1	2		
8	Bungkot HP	1	1	1	0	1	0	0	1	1	9	9	1	1	SBA is on training	
9	Phinam HP	1	0	1	0	0	0	0	1	0	9	9	1	1		
10	Asrang HP	0	0	0	0	0	0	0	1	1	13	9	1	1		
11	Manakamana HC	1	0	1	0	0	0	0	1	0	11	0	0	2		
12	Paluntar ( Baddandada)	1	0	1	0	0	0	0	1	1	11	10	1	1		
13	Chyangli HP	1	1	1	0	1	0	1	1	1	11	9	1	1		
14	Dhuwakot HP	1	1	1	1	0	1	0	1	1	11	9	1	1		
15	Khoplang HP	1	0	1	0	0	0	0	1	1	9	9	1	1		
16	Shrinathkot HP	0	0	0	0	0	0	0	1	1	9	9	0	0		
17	Thalajung HP	0	1	0	0	0	0	0	1	1	9	9	1	1		
18	Jaubari PHCC	1	1	1	1	1	8	2	2	1	9	10	1	1		
19	Simjung HP	1	0	1	0	0	0	1	1	0	11	9	1	1		
20	Bhachek(Hanspur)	1	1	1	1	1	1	1	1	1		9	1	1		
21	Dharapani HP	0	0	0	0	0	0	0	1	1	9		1	0		
22	Changli (Paluntar)	1	1	1	0	1	0	1	1	1	11	9	1	1		
23	Hermi HP	1	1	1	0	0	0	0	2	1	9	9	1	2		
24	Thanpu HP	2	0	2	0	0	0	0	1	1	9	9	1	2		
25	Baguwa HP	1	0	1	0	0	0	0	1	0	13	9	0	0		
26	Khanchok HP	1	1	1	0	1	0	1	1	0	11	9	1	1		
27	Swara HP	1	0	1	1	0	2	0	4	1	9	9	0	1		
28	Saurpani HP	1	0	1	0	0	0	0	1	0	9	9	0	1		
29	Barpark HP	0	0	0	0	0	0	0	2	0	11	9	1	0		
30	Gumda HP	0	0	0	0	0	0	0	1	0	9	9	0	1		
31	Sirdibas HP	1	0	1	0	0	0	10	1	1	9	9	1	1		
32	Manbu HP	0	0	0	0	0	0	0	2	1	12	9	1	0		
33	Aaruchanaute PHCC	2	1	2	1	1	1	1	1	1	9	9	1	1		
34	Dhawa HP	0	0	0	0	0	0	0	1	0	11	9	1	1		
35	Tandrang HP	0	0	0	0	0	0	0	1	0	9	9	0	0		
36	Takumaaj HP ( Tamalabot)	1	1	1	0	0	1	0	2	1	9	9	1	1		
37	Paakhkhuwa dey HP	1	0	1	0	0	0	0	1	0	9	9	1	1		
38	Aaruabang HP	1	0	1	0	0	0	0	0	0	9	9	1	1		
39	Ghumda HP	0	0	0	0	0	0	0	1	0	9	9	0	1		
40	Machakhola HP	0	0	0	0	0	0	0	1	0	9	0	0	1		
	Total 40	26	15	22	6	11	7	12	37	23	384	335	31	34		

e. Nuwakot district

S. No.	Name of HF with BC	BC with SBA (# available)	BC with Implant trained (# HW)	BC with IUCD trained (# HW)	Services		IUCD sets (Available #)	Implant sets (Available #)	Functional Autoclaves (#)	Condom box available	# of HFOMC members	# of FCHV	FP Poster available	Functional toilet for clients/patients	Remarks	Clusters
					IUCD	Implant										
1	Duepipal HP	0	0	1	0	0	0	0	0	0	16	25	0	0		
2	Raatmate ( HP)	1	1	1	0	0	2	2	2	1	9	15	1	0		
3	Jiling ( HP), BC	0	0	1	0	0	0	0	0	0	9	24	0	1		
4	Chauthea ( HP)	1	1	1	1	1	0	10	1	0	9	20	1	1		
5	Okharpaua (HP)	0	0	1	0	0	0	0	1	0	7	24	1	1		
6	Kakani ( PHC)	2	2	2	0	1	0	15	1	1	13	30	1	1		
7	Sunakhani ( HP)	1	0	1	0	0	0	0	1	0	11	13	0	1		
8	Likhu HP	0	1	0	0	1	5	0	1	0	11	14	0	1		
9	Lachyang HP	2	0	2	1	0	2	0	1	0	9	15	1	1		
10	Bageshwori HP	1	1	1	0	1	0	8	0	0	9	23	1	0		
11	Gherkhu HP	1	0	1	0	0	0	0	0	0	7	31	1	1		
12	Kharanitar PHCC	2	1	2	1	1	1	1	1	1	9	9	1	1		
13	Chauthada HP	1	0	1	0	0	0	3	1	0	7	24	1	0		
14	Bhadartar HP	1	1	1	1	1	2	10	1	0	5	21	0	1		
15	Rautbesi HP	1	0	1	1	0	10	0	1	0	11	13	1	0		
16	Samundratar HP	1	0	1	0	0	0	0	1	1	11	11	1	1		
17	Shikharbesi HP	0	1	1	1	0	4	0	0	0	11	15	0	0		
18	Kharanitar PHC	2	2	2	0	1	0	2	2	1	9	9	1	1		
19	Deurali PHCC	2	1	2	0	2	5	8	1	0	12	15	1	1		
20	Bung tang HP	1	1	1	0	0	0	0	0	0	7	10	1	1		
21	Kimtang HP	0	0	1	0	0	0	0	1	1	13	9	1	1		
22	Samary HP	1	0	1	1	0	0	0	1	1	9	24	1	0		
23	Tupche HP	1	1	1	1	0	0	0	0	0	13	29	1	1		
24	Fikuri HP	2	0	2	0	0	0	0	0	0	11	14	1	1		
25	Kahule HP	2	0	2	0	0	0	0	1	0	11	16	1	1		
26	Khadgabhanjang HP	1	1	1	0	1	0	2	1	0	11	26	0	1		
27	Taruka HP	0	0	1	0	0	10	0	2	1	9	24	1	1		
28	MCH clinic DHO	0	0	1	1	0	2	0	1	0	0	0	1	1		
	Total 28	17	13	27	9	9	10	10	19	8	269	503	21	21		

## Annex 3.5 Photographs

### PD 1 Verification of FP needs



GS Pokharel, FHD with Lalitpur DHO Kedar making remarks during opening session of planning meeting Lalitpur



HFIs presenting roles/ responsibilities after group work: Lalitpur



DHO, Bishworam making closing remarks: Nuwakot



Participants filling the FP gap assessment checklist: Nuwakot



HFIs filling FP gap assessment checklist: Lalitpur



HFIs presenting roles/ responsibilities after group work: Nuwakot



FPS presenting district FP information: Nuwakot



DHO, Mahendradhoj making closing remarks: Nuwakot



DHO, Gyan Bahadur making remarks: Okhaldhunga



LDO, SP Pudasaini's closing remarks: Okhaldhunga