



# Health Sector Transition and Recovery Programme

FP Project Completion Report,  
highlighting overall progress  
and lessons learned

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## ACRONYMS

AHW	auxiliary health worker
ANM	auxiliary nurse midwife
BC	birthing centre
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CPR	contraceptive prevalence rate
CYP	couple year protection
DC	district coordinator
DFID	Department for International Development (UKaid)
DHO/DPHO	district health office/district public health office
DMT	Decision making tool
FCHV	Female community health volunteer
FHD	Family Health Division
FP	Family Planning
HF	Health facility
HFI	Health facility in-charge
HFOMC	health facility operation and management committee
HP	health post
HW	health worker
IEC	information and education communications
IP	infection prevention
IUCD	Intrauterine contraceptive device
LARC	long acting reversible contraceptive
LMD	Logistics Management Division
ML	minilap
MoH	Ministry of Health
NFCC	Nepal Fertility Care Centre
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NSV	non scalpel vasectomy
PHCC	primary health care centre
PHCORC	primary health care outreach clinic
QI	quality improvement
SPN/MSI	Sunaulo Priwar Nepal /Marie Stopes International
USAID	United States Agency for International Development
VP	visiting provider
VSC	voluntary surgical contraception

# 1. INTRODUCTION

## 1.1 Purpose of this report

This report presents details of activities and outputs/outcomes accomplished in five earthquake affected districts (Sindhuli, Lalitpur, Gorkha, Okhaldunga, Nuwakot) for the purpose of the rehabilitation, recovery and strengthening/expansion of FP services with a focus on Long Acting Reversible Contraception (LARC). This program is being implemented by NHSSP in coordination with Family Health Division (FHD) and respective District Health Offices (DHOs). The report is divided into six sections:

Section 1: Introduction

Section 2: Activities and Inputs

Section 3: Process of program implementation

Section 4: Outputs/outcomes

Section 5: Lessons learned, challenges and recommendations

Section 6: Annexes

Its submission satisfies the requirements of NHSSP payment deliverable FP10: FP Project Completion Report, highlighting overall progress and lessons learned.

## 1.1 Background

The devastating earthquake of April and May 2015 took a serious toll of the health sector in Nepal. It resulted in disruption of health services in affected areas as well as significant damage to health infrastructure. In the earthquake nearly 8,898 people lost their lives (45% male, 55% female) and nearly 23,000 were injured. A total of 446 public health facilities and 16 private facilities were completely destroyed while a total of 765 health facilities were partially damaged. This represents 43% of country's health institution directly affected by the earthquake. While the immediate post-earthquake response of the health sector was impressive, it nevertheless stretched the capacity of the sector to its limit. Family Planning (FP) services urgently needed to be strengthened to reach those in hard-to-reach/affected areas and in temporary settlements.

United States Agency for International Development (USAID) was keen to support interventions to strengthen FP services in the 14 earthquake affected districts. Five priority districts were selected on the basis of high FP support need, unavailability of supporting partners and limited availability of long acting FP service sites.

The activities were intended to focus on hard-to-reach and internally displaced populations. A multipronged approach was used combining 5 strategies discussed and agreed with the FHD, Government of Nepal and USAID, including those piloted by Government of Nepal (GoN)/ Nepal Health Sector Support Program (NHSSP)/Department for International Development (DFID)/USAID, with an emphasis on improving quality of care.

## 1.2 Approach

In line with the National Family Planning Costed Implementation Plan (2015-20) and National Family Planning Policy (2011), the post-earthquake FP support program was aimed to contribute to expansion of long acting reversible contraceptives (LARC) services, tailored to the needs of earthquake affected districts and to unreached populations with a focus on availability of LARCs. The following strategies for increasing access to FP in the 5 earthquake affected districts were agreed with USAID and DFID. All 5 approaches were implemented in all districts. However the combinations of these strategies in terms of intensity and volume were implemented based on the assessed needs of the districts.

1. LARC expansion through coaching/mentoring (Ramechhap approach)
2. LARC expansion through Visiting Providers (VP) (Ramechhap approach)
3. Regular comprehensive voluntary surgical contraceptive plus (VSC+) camps (Baitadi and Darchula approach)
4. Demand generation through FCHV and media
5. Installation of condom box at appropriate places

One of the key strategies to expand LARCs services was capacity building of providers using on site coaching/mentoring as well as group-based training. This was delivered through the following approaches:

- Deploying dedicated Visiting Providers (VP)—senior Auxiliary Nurse Midwives (ANMs) or Staff Nurses (SNs) who are skilled service providers of LARCs services and have coaching/mentoring skills and experience. VPs visit birthing centres (BCs) and assess the clinical competency of the skilled birth attendant/attendance (SBAs) for LARC service provision and coach/mentor them to build confidence and competency to deliver LARCs services independently.
- Shadowing of LARCs service providers through on-the-job coaching/mentoring in high volume intrauterine contraceptive device (IUCD) service sites. SBAs not confident in providing IUCD are coached/mentored by another experienced service provider at selected sites.
- Capacity building of SBAs and paramedics through provision of group competency-based National Health Training Centre (NHTC) approved IUCD and implant insertion and removal training.

As DHO/DPHOs in Sindhuli, Okhaldhunga, Lalitpur, Nuwakot, Gorkha had limited in-house human resources, skills and capacity to carry out the VSC+ camps, NHSSP contracted Sunaulo Pariwar Nepal /Marie Stopes International (SPN/MSI) Nepal to carry out the VSC+ camps in these districts. LARCs were also provided through VSC+ camps in addition to male (non-scalpel vasectomy—NSV) and female sterilization (minilap—ML). To ensure quality service availability,

the programme procured and distributed equipment and supplies for infection prevention (including autoclaves) and IUCD and implants insertion/removal sets. These were provided in sets to health facilities (HF) across the 5 districts where these items were damaged and not available. DHOs in coordination with technical support from NHSSP jointly monitored the VSC+ events and coordinated smooth implementation.

### 1.3 Introduction of districts and its health services

Table 1 below shows basic demographic and administrative structures in the program districts. Of the 5 districts, Lalitpur has the highest population, while Okhaldhunga has the least population. Population of married women of reproductive age also followed a similar trend. While 3 districts had a population growth rate above national average (1.2%), Sindhuli and Okhaldhunga has lower than national average. Interestingly, Okhaldhunga had a negative population growth rate as shown by census 2011. Nuwakot (63) and Gorkha (60) had the highest number of village development committees (VDC) and Lalitpur had only 19 VDC.

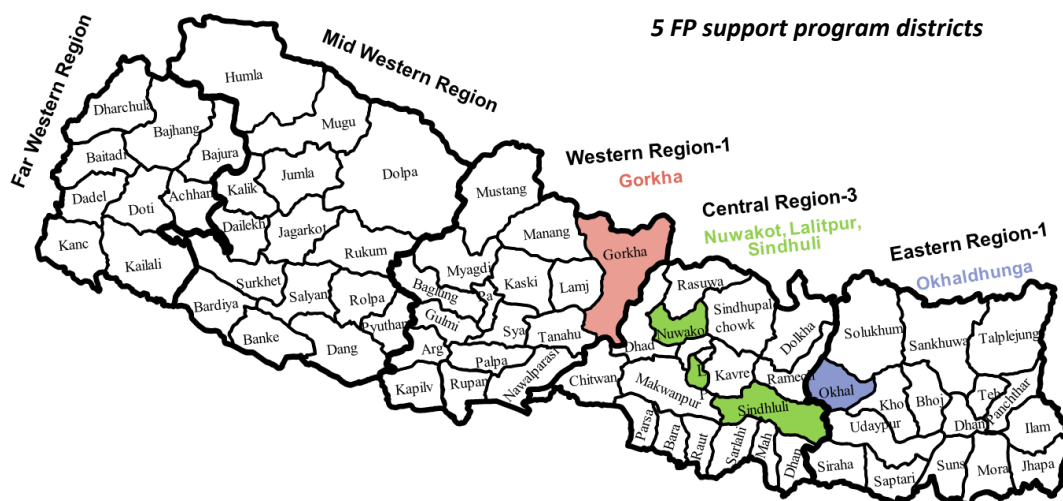
**Table 1 Key administrative divisions and demographic characteristics of program districts**

SN	Key Information and target population	Lalitpur	Nuwakot	Sindhuli	Okhaldhunga	Gorkha
1	VDC	19	63	51	50	60
2	Municipality	5	1	2	1	2
3	Total population	468,132	277,471	305,800	148,812	271,061
4	MWRA population (HMIS projection)	108,420	62,581	67,317	32,434	60,400
5	Total household number	109,797	56,155	57,581	30,121	66,506
6	Population growth rate (per annum)	3.3	1.7	0.6	-0.6	2.5
7	Average family size	4.3	5	5.1	4.6	4.1
8	Sex ratio (# of males per 100 females)	103.5	91.8	92.3	86.6	80.7

*VDC: village development committee*

*Source: Census 2011*





**Fig.1 Map of Nepal showing FP support program districts (shaded)**

Table 2 depicts number of health facilities and their service status in the program districts at the time of district planning meeting. Gorkha and Okhaldhunga districts had higher number of birthing centers compared to other districts. However, there were very few birthing centers (n=18) with both implant and IUCD services in all districts.

**Table 2: Number of HFs and services in 5 districts**

SN	Health Service outlet	Lalitpur	Nuwakot	Sindhuli	Okhaldhunga	Gorkha	Total
1	District Hospital	0	1	1	1	1	4
2	PHCC	4	3	4	1	3	15
3	HP	38	60	50	54	66	268
4	Urban Health Clinic	4	4	2	1	3	14
5	PHCORC	108	165	195	171	240	879
6	Birthing Centers (BC)	18	28	20	37	40	143
7	BCs with both implant and IUCD services	2	3	2	6	5	18
8	CEONC	8	1	1	0	2	12
9	FCHV	502	1,128	495	710	624	3,459

*CEONC: Comprehensive Emergency Obstetric and Neonatal Care*

Analysis of facility-wise information showed that of the total 294 HFs in 5 districts, 143 were birthing centers-BCs (Table 3). Of the 143 BCs, 98 (69%) had at least one SBA trained service provider, 66 (46%) have at least one implant trained service provider. However, only 28 (20%) and 47 (33%) of them are providing IUCD and implant services respectively. At the time of the planning meeting, BCs of Lalitpur followed by Gorkha had the lowest IUCD service delivery coverage. Furthermore, only 39 BCs (27%) had IUCD sets available (lowest Gorkha 18%), while 45 (31%) of them had implant sets available. Altogether 120 (84%) of 143 BCs had at least one functional autoclave.

**Table 3: FP service status in program districts**

District	# total HF's	# of BC	# 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	# of HF's with Functional toilet for clients/patients
					IUCD	Implant				
Lalitpur	40	18	16	11	2	5	5	5	17	28
Nuwakot	63	28	17	13	9	9	10	10	20	39
Okhaldhunga	56	37	31	17	6	17	8	13	30	53
Sindhuli	56	20	8	10	5	5	9	5	15	52
Gorkha	79	40	26	15	6	11	7	12	38	66
<b>Total</b>	<b>294</b>	<b>143</b>	<b>98</b>	<b>66</b>	<b>28</b>	<b>47</b>	<b>39</b>	<b>45</b>	<b>120</b>	<b>238</b>

## 2. ACTIVITIES AND INPUTS

### 2.1 Human Resource Support (Visiting Providers)

The program aimed to increase availability of long acting FP methods and their utilization. However, districts lacked enough trained/competent human resources to provide LARC services. Therefore, dedicated FP service providers were felt to be necessary and 3 VPs were deployed in each district. Each VP covered 9-23 VDCs. Three VPs were deployed in each district and the work burden was divided in such a way that where access was easy the VPs covered many VDCs. In difficult clusters the VPs covered less VDCs.

VPs conducted coaching in BCs/HFs with trained service providers whereas they provided direct LARC service in HF's with no BCs/HFs and with no trained service providers. Table 4 shows VP's movement in their cluster. Details of VP's movement, their responsibilities and outputs were presented in FP PD 2.

**Table 4: District-wise VPs and their working areas**

SN	Name of VP	Cluster Name	Number of BCs in cluster	Number of NBCs in cluster
Sindhuli	Seeta Budhathoki	Sindhuli HQ	9	10
	Hemkala Dhakal	Sindhuli HQ	4	15
	Richa Shrestha	Sindhuli HQ	7	11
Okhaldhunga	Goma Karki	Fulbari	10	5
	Sanita Thapa	Okhaldhunga HQ	13	6
	Nirmala Tolangi	Okhaldhunga HQ	13	9
Lalitpur	Sarita Gurung	Bhattadanda	7	2
	Anjana Manandar	Gotikhel HP	8	2
	Laxmi acharya	DPHO	6	16

Nuwakot	Manisha Bist	DPHO	10	9
	Tulsi Paudel	Kharanitar PHCC	9	14
	Harikala Khadka	Kakani PHCC	9	11
Gorkha *	Kalawati Chaudhary	Ghairung HP	10	8
	Rita Dhakal	Harmi HP	9	10
	Gita Paneru	Aaruchanaute PHCC	13	3

BC: birthing center; NBC: non-birthing center; HQ: head quarter

\* 8 BCs were not covered by VPs due to remoteness/security risks

**Table 5: Suggested common field visit pattern to be used by VPs in all three cluster model**

Start HF visits to a sector <sup>1</sup> from the 1 <sup>st</sup> week of Nepali month from cluster center/station (1 <sup>st</sup> round/route)	VP is back from a sector to cluster center/station, has interval of 1-2 days after completion of 1 <sup>st</sup> round/route visit	VP continues 2 <sup>nd</sup> round/route of HF visits to another sector from cluster center/station	VP is back from a sector to cluster center/station, have time interval of 1-2 days after completion of 2 <sup>nd</sup> round/route visit
Activities: Site assessment using QI checklist Coach FP service providers on LARCs Provide LARC service in non-BC on round/route -1	Activities : Prepare & submit report to DC Communicate with DC/DHO and mentees Prepare for next round visit (round/route-2)	Activities: Site assessment using QI checklist Coach FP service providers on LARCs Provide LARCs services in non-BC sites on round/route-2	Activities: Prepare & submit report to DC Communicate with DC/DHO and mentees Prepare for next round visit (round/route-3)

## 2.2 Capacity Building:

### 2.2.1 IUCD/Implant coaching

VPs were responsible for coaching SBA/IUCD/implant trained health workers who were not competent in inserting/removing Implant and IUCD. Initial district need/gap assessment finding showed that there was a need for IUCD coaching in 72 BCs of 5 program districts (table 6). However, VPs could coach service providers on IUCDs only in 54 BCs due to short project implementation period, lack of IUCD clients and remoteness of health facilities. A total of 66 SBA/IUCD trained providers were coached by VPs in 54 BCs. VPs also conducted repeat coaching in number of HFs (Annex 6.5) because to achieve satisfactory competency level by local service providers in these HFs took more than one coaching/mentoring visit by VPs. Details of coaching process and outputs were explained in FP payment deliverable FP7.

**Table 6: Number of HFs completed IUCD coaching**

District	# of BCs	# of BCs with at least 1 SBA available	# of BCs with competent IUCD service provider available	# of BCs needing IUCD coaching for SBAs	# of BCs where IUCD coaching was conducted
Okhaldhunga	37	31	6	25	20
Sindhuli	20	8	5	3	9
Lalitpur	18	16	2	14	6
Nuwakot	28	19	9	10	8
Gorkha	40	26	6	20	11

<sup>1</sup> Sector means group of health facilities within a cluster where VP visits in a trip (or route/round)

<b>Total</b>	<b>143</b>	<b>100</b>	<b>28</b>	<b>72</b>	<b>54</b>
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Similarly, initial need assessment showed that coaching in implants was needed in at least 19 BCs. Further, some of the recently trained health workers also needed onsite coaching to boost their confidence. Hence, VPs conducted coaching on implants in a total of 64 HFs.

**Table 7: Number of HFs completed implant coaching**

<b>District</b>	<b># of HFs</b>	<b># of HFs where implant coaching was conducted</b>
Okhaldhunga	56	10
Sindhuli	56	13
Lalitpur	40	11
Nuwakot	63	10
Gorkha	79	20
<b>Total</b>	<b>294</b>	<b>64</b>

## 2.2.2 Implant and NSV training

Health workers (HW) from 5 districts were provided NSV and implant training by NHSSP in different NHTC accredited training institutions. A total of 40 HWs received implant training 4 medical officers received NSV training (Table 8). These trained providers started service delivery in their respective districts (annex 6.4). A detail of training conduction and management is explained in FP payment deliverable FP6.

**Table 8: Number of HWs trained on Implant and NSV**

District and Batch	Basic training on Implants	NSV training
Okhaldhunga	6	1
Sindhuli	4	1
Lalitpur	4	0
Nuwakot	10	0
Gorkha	16	2
<b>Total</b>	<b>40</b>	<b>4</b>

## 2.3 Condom box installment

Condom box were prepared as per national standard specifications based on the initial district need/gap assessment findings for distribution in districts through local vendors. A total of 317 condom boxes were distributed to districts to be installed at HFs and public places. District stores are coordinating to supply the condom boxes to respective HFs. Until end of July 2016, condom boxes have been installed only in 72 sites. Some reasons for this lower number installed condom boxes are (1) it took longer time to identify local vendors as there were limited numbers of vendors that have the capacity and experience to prepare condom boxes in the respective districts, (2) it took time to prepare the condom boxes by the local vendors as per the standards provided and (3) this led to delayed delivery of condom boxes to district stores and sub-district level. (table 9).

**Table 9: Details of condom boxes handed over to district and HFs**

SN	District	# of condom box handed over to district stores	# of condom box handed over to HFs until now
1	Okhaldhunga	40	23
2	Sindhuli	40	20
3	Lalitpur	47	7
4	Nuwakot	40	12
5	Gorkha	150	10
	<b>Total</b>	<b>317</b>	<b>72</b>

## 2.4 Instrument/equipment support

Based on findings of initial district need/gap assessment, districts were supported with IUCD sets (n=200), implant insertion and removal sets (n=309). A total of 21 autoclaves were also supplied to districts (table 10). Further details are available in FP payment deliverable PD3.

**Table 10: Details of equipment/instrument supplied to districts**

District	# of BCs	# of IUCD sets	# of implant sets	# of autoclaves
Lalitpur	18	22	30	1
Nuwakot	28	36	60	8
Okhaldhunga	37	58	87	5
Sindhuli	20	22	36	5
Gorkha	40	62	96	2
<b>Total</b>	<b>143</b>	<b>200</b>	<b>309</b>	<b>21</b>

## 2.5 Comprehensive VSC+ camp

Three compact teams from SPN/MSI were mobilized to conduct VSC+ camps in 5 districts. VSC+ camps were organized in 39 sites in 5 districts as listed below in table 11: of the total 39 sites, 9 sites had a repeat event making a total of 48 camp events against the target of 44 camps for this PD. This section outlines key achievements and follow-up activities for service users (further details is available in PD5).

**Table 11: District-wise number of VSC+ sites**

Sindhuli	Okhaldhunga	Lalitpur	Nuwakot	Gorkha	Remarks
Sirthouli	Fulbari	Bungmati	Rautbesi	Batase	
Ranibas	Gamangtar	Manikhel	Samundratar	Palungtar	
Dudhouli	Chandeswori	Lubhu	Kharanitar PHC	DHO Hospital	
Gwaltar	Palapu	Bhattedanda	Chaugada	Ashrang	
Solphathana	Manebhanjyang	Ashrang	Ghorsyang	Sridibas	
Kapilakot	Pokhare	Thula Durlung	Sallemaidan	Machhakhola HP	
Belghari			DHO Hospital	Soti	
				Khanchowk	
				Takukot	
				Barpak	
				Bhachhek	
				Chipleti	
				Thalajung	
7 sites	6 sites	6 sites	7 sites	13 sites	39 sites
2 repeat sites	1 repeat site	2 repeat sites	2 repeat sites	2 repeat sites	9 sites

*VSC: voluntary surgical contraceptive*

## 2.6 IEC materials and Job Aids

Altogether 5 types of FP IEC materials and job aids were distributed to all 5 districts for strengthening FP information and counseling (Table 12). Service providers and VPs used these materials during provision of FP services. VSC+ teams were also oriented to use these IEC materials and job aids during VSC+ camps. All the FCHVs from 5 districts (n=3,343) were also distributed a flip chart containing FP information (Annex 6.8)

Table 12: Details of IEC materials supplied to districts

SN	Materials (# handed over)	Districts					Total
		Okhaldhunga	Sindhuli	Lalitpur	Nuwakot	Gorkha	
1	DMT Flip chart	37	56	40	63	79	275
2	Job aid for screening pregnancy	20	56	40	63	79	258
3	WHO MEC Wheel	20	68	55	83	99	325
4	FCHV flip chart	750	515	400	1200	700	3,565
5	Informed choice poster	56	56	40	63	79	294

DMT: decision making tool; MEC: medical eligibility criteria (for contraceptive use)

## 2.7 Demand generation activities

### 2.7.1 Pre-VSC meeting with FCHVs

A half-day pre-VSC+ meeting for FCHVs was organized in HFs, with planned VSC+ camps, one week prior to conducting the camp. In HFs with repeat VSC+ events (9 sites), pre-VSC meeting was also repeated. A total of 438 FCHVs from 5 districts participated in the pre-VSC meeting (table 13). FCHVs were requested to disseminate the message of camp date and venue and types of FP services available. They were requested to accompany the potential FP clients to the camp site on the camp date. FP supervisor (FPS), Public Health Nurse (PHN), along with NHSSP's District Coordinator (DC) facilitated the meeting. Chief of DHO/DPHO also facilitated in some sites. FCHVs shared past experiences, committed to relay the existing message to the clients who want to take the VSC + services. HF staffs of respective health institution were also actively involved and committed to support during the camp.

Table 13: District-wise number of FCHVs oriented in pre-VSC meeting

SN	Districts	# of VSC+ sites	# of FCHVs oriented in Pre-VSC meeting
1	Sindhuli	7	63
2	Lalitpur	6	54
3	Gorkha	13	115
4	Okhaldhunga	6	82
5	Nuwakot	7	124
	<b>Total</b>	<b>39</b>	<b>438</b>

## 2.7.2 LARC orientation to FCHVs

A one-day LARC Orientation for FCHVs was organized in all HFs of the 5 program districts. A total of 3,198 out of 3,343 FCHVs from 5 districts participated in the orientation (Table 14). HF-wise the number of FCHVs participating in LARC orientation is shown in Annex 6.3. The main objectives of this orientation were to update FCHVs with knowledge on FP methods especially implant and IUCD in the community in line with national FP policy 2011. The contents focused on different FP methods, their introduction, types, uses, advantages, side effects, indication, precautions and referrals for complication and management.

The specific objectives of this orientation were to make participants able to:

- Describe the meaning and importance of FP
- Explain about healthy timing and spacing of pregnancy
- List different modern FP methods and devices.
- Explain the status of FP service of their VDC and district.

**Table 14: District-wise number of FCHVs oriented on LARCs**

Districts	Total number of FCHVs	Number of FCHVs oriented
Sindhuli	495	495
Okhaldhunga	713	700
Gorkha	621	614
Lalitpur	369	367
Nuwakot	1,125	1,022
<b>Total</b>	<b>3,343</b>	<b>3,198</b>

### a) Process of orientation

Orientation was conducted in their own VDC/local health facility; therefore it was easy to involve them even in the monsoon and busy months. The orientation focused on review and update of FP, basically Implant and IUCD methods. Orientation was conducted following different learning methods such as group discussion and demonstration of samples of FP devices. The use of FP Flip chart with pictures made easier for FCHVs to understand the contents.

### b) Some issues and recommendations

Some FCHVs could not participate in the orientation because FCHVs had to be involved in their agriculture before and during monsoon season. If such orientation could be organized before monsoon, it would be more participatory. Due to physical destruction of some HFs, orientation was conducted in VDC hall, public places and schools etc. making difficult to organize orientation. During orientation, all the HF staff members also participated but there was no provision of transport cost for HF staff members (especially when orientation was organized outside of the HFs). Most of the participants and facilitators mentioned that two-days of orientation would be more fruitful. Involving nursing staff in the training and facilitation would improve the quality of orientation. Many FCHVs in the districts were new recruits and they needed a basic FCHVs training.



### 2.7.3 Radio-message broadcasting

FM stations aired the message (notice) of VSC+ camp by advertising the camp dates and venues 5 to 10 times daily for seven to ten days before the Camp. Public announcement through loudspeaker was also done in Sindhuli to disseminate information regarding VSC+ camp.

## 3. PROCESS OF PROGRAM IMPLEMENTATION

### 3.1 Joint Planning and coordination

DHO/DPHOs were the key partners for implementing this FP support program in the districts. Hence, a detailed coordinated planning and joint ownership was really important for the smooth implementation of the program. A one day planning workshop was organized in each district to review FP status of each district and their primary needs to recover and strengthen FP program. The table 15 shows district-wise dates and participant details.

**Table 15: Initial district consultative meeting and district planning workshop/meeting**

District/s	Date of district planning meeting	Remarks
Lalitpur	December 20, 2015	<ul style="list-style-type: none"><li>• Planning workshop at Hotel Summit</li><li>• All HFIs participated</li></ul>
Nuwakot	January 04, 2016	<ul style="list-style-type: none"><li>• Planning workshop at Hotel Satanchuli, Batar, Nuwakot</li><li>• All HFIs participated</li></ul>
Okhaldhunga	January 07, 2016	<ul style="list-style-type: none"><li>• Planning workshop at DDC meeting hall, Okhaldhunga</li><li>• 1 HFI did not participate</li></ul>
Sindhuli	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 HFI did not participate</li></ul>
Gorkha	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 HFIs participated</li></ul>

NHSSP's DCs, embedded in respective DHO/DPHO, worked in-tandem with district counter parts to implement the program activities. DHO/DPHO supported the current program by providing the FP commodities as well as supplies such as gloves, local anesthesia, syringes, hansaplast etc for LARC services. In addition, the district team participated in joint monitoring and supervision of the field work (Annex 6.6). They supported the field/HFs staff to effectively implement the FP program. Local HF staff also supported in collection of LARC clients and also in organizing pre-VSC+ FCHV meeting and LARC orientation. Local HF's staffs supported the SPN/MSI team for lodging and eating arrangements. District Supervisors and HF's staffs facilitated the FCHV LARC orientation as well as Pre-VSC+FCHV meeting.

Very importantly, the program was implemented in joint coordination with other FP partners working in the districts to harmonize external support, achieve maximum program synergy and effectiveness. Some examples of collaboration/coordination with other partners are shown in the table below.

**Table 16: Some collaborative efforts in the district with stakeholders**

SN	Name of supporting partners in health sector	Working area/sector (FP/SM/Nutrition)	Area of collaboration done with NHSSP
1	Jhipiego (Okhaldhunga)	GBV and Disaster response	<ul style="list-style-type: none"><li>• Jhipiego has supported in VSC+ camp message dissemination through their HFOMC meetings and FCHV orientations.</li><li>• Jhipiego also sent 4 health workers for implant training and SBA training in Okhaldhunga</li></ul>
2	PSI (Okhaldhunga/Sindhuli)	FP and Abortion Care	<ul style="list-style-type: none"><li>• IUCD training</li></ul>
3	Save the children-Nuwakot	FP	<ul style="list-style-type: none"><li>• Demand generation and Health education on FP</li></ul>
4	ADRA Nepal-Nuwakot	MCH	<ul style="list-style-type: none"><li>• Infection prevention (supply of autoclaves) in health facilities</li></ul>
5	RTI-Gorkha	MCH	<ul style="list-style-type: none"><li>• Demand generation about FP</li></ul>
6	NFCC-Gorkha	FP	<ul style="list-style-type: none"><li>• FP awareness program.</li></ul>

### 3.2 Recording/reporting arrangement

Some simple project-specific recording/reporting formats were prepared for use by VPs and VSC+ teams. In addition, VPs also supported local health workers to fill HMIS recording formats and service registers. VSC+ teams reported achievements of camps to respective DHOs. Reports from VPs and VSC+ teams were used to verify HMIS reports from districts.

### 3.3 Joint monitoring and supervision

A joint monitoring was organized in field activities by FHD/DHO/DPHO and NHSSP during the program implementation. They supervised and facilitated the field activities like Pre-VSC+ FCHV meeting, LARC orientation and VSC+ camps. FP QI tools were used a supervision checklist during the supervision of VSC+ camps.

### 3.4 Review and Reflection

NHSSP's DCs regularly attended various meetings and participated in respective district's quarterly review meetings and presented progress reports. Final project dissemination events have also been completed in Gorkha and Okhaldhunga districts. District managers and stakeholders appreciated the post-earthquake support FP program implemented by NHSSP especially the contribution in expansion of LARC service sites and on-site coaching by VPs.

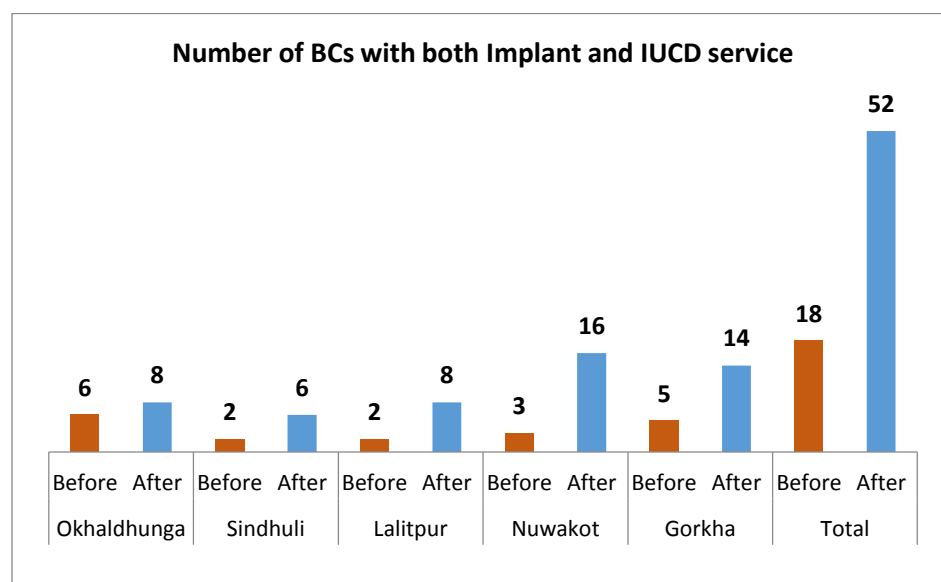
## 4. OUTPUTS/OUTCOMES

### 4.1 Number of Health Facilities providing implant and IUCD

The post-earthquake FP support project was implemented in five districts from February to July 2016. The table 17 shows a significant increase in number of HFs providing Implant services from 47 to 115. Similarly, number of BCs providing IUCD has been more than doubled from 28 to 58, while number of BCs providing both Implant and IUCD has been increased by nearly 3 times from 18 to 52. This expansion of LARC service sites has been possible due to training to service providers and coaching service providers. Furthermore, instrument/equipment support has also played a vital role in service site expansion.

**Table 17: Improvement in LARCs service availability in 5 program districts**

FP Services available	At planning meeting (Dec/Jan 2015/16)						Current status (July 2016)					
	Okhaldhunga	Sindhuli	Lalitpur	Nuwakot	Gorkha	Total	Okhaldhunga	Sindhuli	Lalitpur	Nuwakot	Gorkha	Total
BCs with implant services	17	5	5	9	11	47	18	11	15	37	34	115
BCs with IUCD service	6	5	2	9	6	28	9	7	9	19	14	58
BCs with both implant and IUCD	6	2	2	3	5	18	8	6	8	16	14	52
NBCs with implant services	2	2	4	3	0	11	2	5	5	4	4	20
NBCs with IUCD service	0	1	2	0	0	3	0	1	2	2	0	5
NBCs with both Implant and IUCD	0	0	1	0	0	1	0	1	2	1	0	4



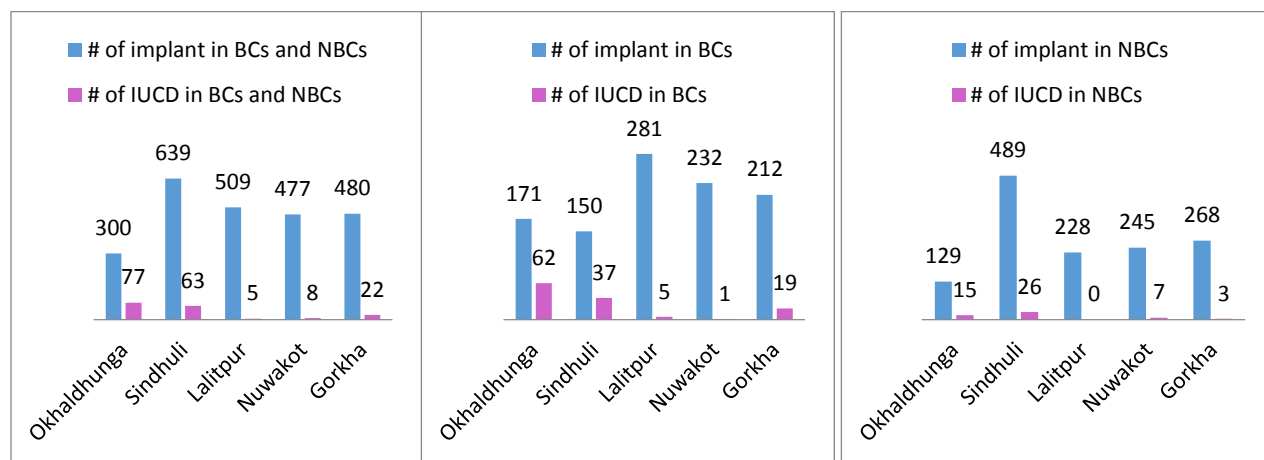
**Fig.2 Shows improved implant and IUCD service delivery from BCs after program intervention**

## 4.2 Implants and IUCD service provided (by visiting providers)

VPs provided direct LARC services by visiting HFs within their cluster where there were no trained LARC providers. Altogether 2,405 Implants and 175 IUCDs have been provided by 15 VPs (table 18). VP mobilization in 5 districts contributed to 9,944 CYPs through direct service delivery. One VP provided an average of 172 LARCs from February to July 2016 (nearly 6 months). Implant uptake was significantly higher than IUCD in all 5 districts (table 18 and figure 2). VPs provided LARC service in a total of 132 NBCs and 91 BCs of 5 districts. At least one LARC service was provided in 123 NBCs. Further details on direct service delivery by VPs are given in payment deliverable (FP9).

**Table 18: Direct service delivery of LARCs by VPs**

District	# of VP deployed	# of implant in BCs	# of implant in NBCs	# of IUCD in BCs	# of IUCD in NBCs	# of LARCs inserted per VP
Okhaldhunga	3	171	129	62	15	126
Sindhuli	3	150	489	37	26	234
Lalitpur	3	281	228	5	0	171
Nuwakot	3	232	245	1	7	162
Gorkha	3	212	268	19	3	167
Total	15	1,046	1,359	124	51	172
CYP		3,975	5,164	570	235	



**Fig.3 Shows higher uptake of implant, in comparison to IUCD, both in BCs and NBCs**

### 4.3 Implant and NSV service provided by trained service providers

Altogether 40 HWs were trained on implant insertion/removal services they provided a total of 288 Implants in their health facilities. Implant training to HWs contributed to a total of 1,037 CYPs until July 2016. In addition, 1 newly trained medical officer from Okhaldhunga performed 2 NSV procedures during VSC+ camps in Okhaldhunga. Remaining medical officers could not deliver post-training service mainly due to onset of hot weather (“off-season”) on their return to the workplace and inadequate supply of instrument/equipment in their workplace.

**Table 19: Post-training service delivery status by trained service providers**

District	# of implant trainees	Post-training service delivery (implant insertion)	# of NSV trainees	Post-training service delivery (NSV)
Lalitpur	4	32	-	-
Nuwakot	10	47	-	-
Okhaldhunga	6	34	1	2
Sindhuli	4	48	1	0
Gorkha	16	127	2	0
<b>Total</b>	<b>40</b>	<b>288</b>	<b>4</b>	<b>2</b>
<b>CYPs</b>		<b>1,094</b>		<b>26</b>

### 4.4 Comprehensive VSC+ camp and service details

A total of 587 people were reached through VSC+ camps. Average number of clients per camp was 12.2. The average number of people per camp-site was the highest (n=23) in Sindhuli, followed by Nuwakot (n=18), and Okhaldhunga (n=14). Among the clients who visited the camps (n=587), more than two-thirds (67%) received implants, 87 (14.8%) received minilap, 80 (13.7%) received non-surgical vasectomy and 26 clients (4.5%) received IUCD. This service utilization pattern shows higher preference for implant and low preference to IUCD. The VSC+ camps in 5 districts achieved a total of 3,788 couple years of protection (CYP). In total 2,171 CYPs were from sterilization, 1,497 from implants and 120 from IUCD.

**Table 20: Number of clients receiving VSC+ services from VSC+ camps**

Districts	Minilap	NSV	Implant	IUCD	Total LARCs
Sindhuli (7 sites)	54	12	90	9	165
Okhaldhunga (6 sites)	12	18	45	9	84
Lalitpur ( 6 sites)	0	8	60	2	70
Nuwakot (7 sites)	10	29	85	0	124
Gorkha (13 sites)	11	13	114	6	144
<b>Total</b>	<b>87</b>	<b>80</b>	<b>394</b>	<b>26</b>	<b>165</b>

## 4.5 Progress against expected outcomes

The main purpose of post-earthquake FP support program was to strengthen LARC and VSC services in 5 program districts. Annex 6.2 shows progress against expected outcomes. Out of a 14,967 CYPs expected from this project in 5 districts, a total of 14,852 (99%) were achieved. Of these, 1120 CYPs were achieved from trained providers, 9944 through VPs direct service delivery and 3,788 through VSC+ services. Furthermore, these interventions aimed to reach to a total of 2,456 new acceptors of LARCs and VSC services. A total of 3,457 FP users have been reached through these interventions in 5 districts. Assuming nearly 90% of LARC acceptors in BCs and 95% of LARC users from NBCs are either method-switcher from Depo/pills or never users<sup>2</sup>, a total of 3,211 (130% of expected 2,456) new acceptors were reached through these interventions. (see notes in Annex 6.2) .

### 4.5.1 A brief discussion on new acceptors of FP services

Comparison of service statistics (HMIS) of 10 months shows increased number of new acceptors of LARCs by 68% compared to same period in 2014/15. However, total number of new acceptors for all methods has been slightly reduced (2.7% lower) compared to 2014/15. However, one should note that the project will have sustained impact since it contributed to increasing the number of trained service providers and coached a number of trained service providers. Although the program was implemented just for 6 months (February-July) 2016, some possible explanations for lower number of new acceptors for all methods from HMIS data analysis and communication with NHSSP's DC compared to previous year are as follows.

1. Significant drop in number of new acceptors for Depo, Pills in Sindhuli, Nuwakot and Lalitpur. Possible reasons appear below.
2. HMIS data quality might have been deteriorated due to missing recording registers and difficulty in transporting recording/reporting registers. Missing reports of LARC users in Sindhuli, Nuwakot and Lalitpur are in the process of synchronization in HMIS reports. It has been observed that were some missing reports of VSC users in Sindhuli.
3. Furthermore, Sindhuli, Lalitpur and Okhaldhunga did not organize VSC camps from their regular GoN program budget. In the previous years, DHOs used to organize VSC camps in the winter when there used to be higher client flow for VSC services. Despite advocacy by NHSSP's DCs to organize camps from their own budget, they did not organize this year on peak season expecting NHSSP would organize in early January

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<sup>2</sup> Regmi S, Martinez J, Mahmood A, Joshi D, Giri S, Panta A, Baral S (2016). Mobilising Visiting Providers to expand access to Long Acting Reversible Contraception (LARC) in Ramechhap district, Nepal. Evaluation Report. HERD International and Mott MacDonald Ltd. Final report, June 2016

2016. However, administrative formalities and contracting procedure at central and district level with SPN/MSI and between DHOs caused the VSC+ camps to be delayed until April 2016.

4. Later mobilization of visiting providers than expected due to limited availability of trained visiting providers (LARC) requiring them to train in first place before mobilization.
5. Major disruption of FP services, commodity supply and recording/reporting arrangements due to earthquake and transportation/movement difficulties (after blockade) compounded to lower uptake of services compared to previous year.
6. Although it needs further confirmation, lower uptake of FP in these districts highly affected by earthquake could be due to a number of factors that have been documented internationally from other earthquake settings : mass displacement to less affected districts, slow recovery of FP services<sup>3</sup>, increased use of traditional methods<sup>4</sup> and limited availability of FP services post-earthquake.<sup>5</sup>
7. In general, it is observed, that the FP uptake in 5 districts has not decreased significantly after the April/May 2015 earthquake. Many women of reproductive age would choose not to be pregnant in humanitarian crisis situations, but they are often unable to obtain FP services<sup>6</sup>. But when FP services are available in such settings, they generally are limited to oral contraceptives and condoms, even though a broad choice of methods is an essential component of good FP programming. In Nepal context including that of highly earthquake affected districts, this scenario was already prevalent even before earthquake. Moreover, recent research in the humanitarian context, while not extensive, shows it is feasible to increase access to and use of a wide range of FP methods including highly effective LARCs. The timely implementation of VP and VSC+ approach of FP service delivery post-earthquake will have contributed in meeting the increased FP need, increased method choice and enabled recovery and strengthening of FP service delivery across 5 program districts.<sup>7</sup>. In addition, the relatively lower number of death toll including that of young people and children with the April/May Nepal earthquake could have reduced the need of replacement effect (increased birth rates)

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<sup>3</sup> Djafri D, Chongsuvivatwong V, Geater A. Effect of the September 2009 Sumatra Earthquake on Reproductive Health Services and MDG 5 in the City of Padang, Indonesia. *Asia-Pacific Journal of Public Health*. 2013 Oct 4:1010539513496841.

<sup>4</sup> Hapsari ED, Nisman WA, Lusmilasari L, Siswishanto R, Matsuo H. Change in contraceptive methods following the Yogyakarta earthquake and its association with the prevalence of unplanned pregnancy. *Contraception*. 2009 Apr 30;79(4):316-22.

<sup>5</sup> Harville EW, Do M. Reproductive and birth outcomes in Haiti before and after the 2010 earthquake. *Disaster medicine and public health preparedness*. 2016 Feb 1;10(01):59-66.

<sup>6</sup> McGinn T. Reproductive health of war-affected populations: what do we know? *Int Fam Plan Perspect*. 2000;26(4):174–180

<sup>7</sup> Casey SE, et al. Availability of long-acting and permanent family-planning methods leads to increase in use in conflict-affected northern Uganda: evidence from cross-sectional baseline and endline cluster surveys. *Glob Public Health*. 2013;8 (3):284–297.

as observed in other parts of the world<sup>8 9</sup>. This means families were eager to accept and continue FP methods or even switch method to more effective methods.

**Table 21: Comparison of FP new acceptors in 2014/15 and 2015/16 in 5 program districts (10 months data)**

Districts	LARCs (IUCD+implant, new acceptors)			Sterilization (NSV+Minilap)			Total modern methods		
	2014/15	2015/16	% increase from 2014/15	2014/15	2015/16	% increase from 2014/15	2014/15	2015/16	% increase from 2014/15
Okhaldhunga	234	626	167.5%	51	53	3.9	4,373	4,964	13.5
Sindhuli	942	1,108	17.5%	763	129	-83.1	7,577	5,805	-23.4
Lalitpur	1,440	2,057	42.8%	399	453	13.5	9,174	8,536	-7.0
Nuwakot	884	1,431	61.9%	308	114	-63.0	7,016	6,880	-1.9
Gorkha	291	1,149	294.8%	83	167	101.2	6,895	7,892	14.5
<b>Total</b>	<b>3,791</b>	<b>6,371</b>	<b>68.1%</b>	<b>1604</b>	<b>916</b>	<b>-42.9</b>	<b>35,035</b>	<b>34,077</b>	<b>-2.7</b>

Source: HMIS data

Furthermore, method-distribution data shows that a total of approximately 4,000 additional Couple Year Protection (CYPs) (all modern methods) have been gained in 5 districts, mainly through an increased distribution/utilization of LARCs. Although the total number of new acceptors (all temporary modern methods) has slightly reduced in 2015/16 the proportion of CYP has increased by 6% across all 5 districts.

**Table 22: Comparison of CYP achieved in 2014/15 and 2015/16 in 5 program districts (10 months data)**

Districts	CYP (total all modern methods)			
	2014/15	2015/16	Additional CYP	% increase compared to 2014/15
Okhaldhunga	7,157.5	9,110.5	1,953.0	27.3
Sindhuli	22,474.6	16,638.4	-5,836.2	-26.0
Lalitpur	18,678.6	22,753.1	4,074.5	21.8
Nuwakot	11,879.2	11,333.6	-545.6	-4.6
Gorkha	9,122.5	13,536.1	4,413.6	48.4
<b>Total</b>	<b>69,312.4</b>	<b>73,371.7</b>	<b>4,059.2</b>	<b>5.9</b>

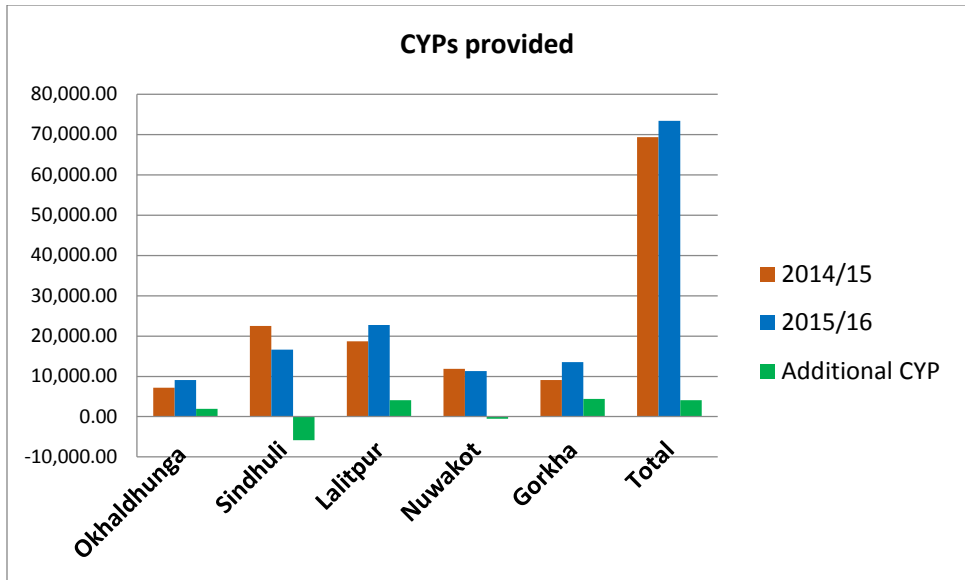
CYP: couple year protection

Source: HMIS data

<sup>8</sup> 17% (1,489 of 8,970) under five mortality reported as of 31 July 2016, accessed from <https://nepalpolice.gov.np/images/documents/updates/earthquake-details-2073-04-17.pdf>

<sup>9</sup> Jocelyn E. Finlay, Fertility Response to Natural Disasters: the Case of Three High Mortality Earthquakes Harvard School of Public Health February 25, 2009, accessed on 8 July 2016 from [https://www.researchgate.net/publication/46444037\\_Fertility\\_response\\_to\\_natural\\_disasters\\_The\\_case\\_of\\_three\\_high\\_mortality\\_earthquakes](https://www.researchgate.net/publication/46444037_Fertility_response_to_natural_disasters_The_case_of_three_high_mortality_earthquakes)





**Fig.4 Shows CYPs provided after the implementation of the program in 5 districts**

Annex 6.2 shows progress against other targets expected to be achieved by July 2016. While most of the targets have been achieved, there has been a underperformance against target in percentage of new acceptors for sterilization, number of BCs providing both LARCs, number of visitors registered in VSC camps, number of condom boxes installed, number of MOs trained on NSV and number of SBAs coached on IUCD. Some rationale/possible reasons for underperformance is explained in the far right column of Annex 6.2.

## 5 LESSONS LEARNED, CHALLENGES AND RECOMMENDATIONS

### 5.1 Lessons learned

- Visiting providers and VSC+ approach are effective approaches to provide long-acting and permanent method (LAPM) of FP in the post-earthquake context in Nepal. Since, full recovery of health system is still taking place, deploying of dedicated VPs and VSC+ compact team in the remote and worst affected districts provided women and men the opportunity to utilize LAPM services voluntarily and helped DHOs maintain overall FP performance.
- Visiting providers hugely contributed to health system strengthening by coaching/mentoring health workers in their workplace. They contributed to quality improvement in FP services. Moreover, they acted as a bridge between HFs and DHO/DPHOs, often informing DHO about the challenges experienced by HFs and suggesting appropriate solutions.
- Active involvement of the DHO team and related HF staff starting from district planning have greatly helped strengthened DHO ownership of program
- There is a high demand for LARCs (especially implant) services in the community and there is a need of a robust service delivery system with uninterrupted provision of quality LARC services. One of the approaches is to deploy dedicated providers like VPs.
- Increasing availability of contraceptives choices (i.e. to 5 methods) in service sites will help increase women's preferred method, increase method utilization, method satisfaction, longer continuation and reduce disconnection of FP method and address rights based FP service delivery.
- Method switches from short-term and less effective methods (i.e. Oral pills and Depo) to long term and more effective methods (especially implants and IUCD) has multiple advantages. First, at personal/individual level, there will be increase method utilization and method satisfaction. Second, at program level, there will be reduced method discontinuation, and increased gain of CYPs. Lastly, at policy level, it will be most cost effective way of providing FP services in the long run provided women continue to use IUCD and implants for longer period of time.
- Maintaining an adequate supply of contraceptive commodities and prevent the stock-out in HFs is crucial to ensure client's method choice and right to preferred contraceptive method and service.
- Implant is more popular and is more in demand than IUCD in Nepal. Some barriers for low IUCD uptake in Nepal context are: women's perception of more 'invasive' procedure than implant insertion, pelvic examination required, fear of side effect and complications, prevailing myths and misinformation about IUCD, provider's knowledge and skill gap, limited number of skilled providers and provider bias. So, despite its

several advantages and status as the most cost effective contraceptive, increasing the utilization/uptake of IUCDs will require considerable attention and effort that address all aspect of demand and supply aspects.

- There is a need for regular supportive supervision, both technical and program aspect, in service sites and feedback to the HWs to retain their acquired knowledge and clinical skills. This will also motivate the HWs. But this is the weakest element in the current public health sector program.
- It is observed that if VSC+ services become available at remote places, FP users visit even during “off season” (eg. in hot weather). VSC+ camp started from 11 April until June 2016. Although April-June is considered off season, an average of 12 clients per camp visited for VSC+ service in these districts. Provision of comprehensive FP services in a mobile or outreach setting is acceptable for women and men. Therefore, it can be inferred that providing year round or throughout the year delivery of quality FP service near to their residence/community must have reduced ‘missed opportunities’ and motivated community members to utilize FP services despite hot weather in the month of April-June.
- Festivals and harvest season could be a suitable time for providing VSC+ FP service since this provides opportunity for family gathering especially for couples who were living apart for reasons of migration, employment and business. Anecdotal reports from the field are that males prefer to undergo NSV operation around festivals thinking that they might get rest and nutritious food after the procedure.
- Using school students are effective approach to convey messages of VSC+ camp dates in the communities. Students can read the FP campaign leaflets or brochures in their houses and most houses at least have one or two people of reproductive age.
- FP use is highly influenced by satisfied users or peer opinion. Once friends and relatives have a good experience of receiving and using a method, s/he shares it with others and a general trend of preference to a particular method can be seen. It has been reported from the field that often women choose to implant despite her initial interest in IUCD and comprehensive counseling simply because her friend or relatives have used implant and are satisfied with it.
- It might provide higher value for money to conduct repeat camps in select sites only with higher number of clients rather than repeating VSC+ camps in all sites. However, ensuring access to services for those in harder-to-reach areas, based on equity principles, should also be considered when identifying strategic locations for camps.
- There is a need for innovative demand generation activities rather than continuing ‘business as usual’ approach. Demand generation approach to date in Nepal include: orienting FCHVs and HFOMCs, radio-message broadcasting and posters, and pamphlet distribution. However, with changing community dynamics and lifestyle, there is a

need to explore other possible approaches such as use of mobile health technology, satisfied client interaction and others to complement these traditional approaches.

- Installation and use of condom box is highly appreciated by district managers. Many HFs in Nepal do not have condom box. Therefore, this might be worth scaling up in all districts of Nepal to reach unreached groups including youth population.

## 5.2 Challenges

### i) Capacity building of HWs

- The frequent transfer of trained human resources makes it difficult for smooth operation of the program.
- The limited availability of FP training sites, training slots and crowded training sites in Nepal makes it difficult to find a training opportunity for health workers.
- Many HFs lack FP equipment for insertion and removal of implant/IUCD and functional autoclaves for infection prevention practices even if these facilities had trained service providers.
- There is a scarcity of skilled and dedicated human resources on implant and IUCD services delivery in Nepal.

### ii) VSC+ camps

- In Nepal, finding an appropriate, reliable VSC+ service providing organization in times of need is a continuing challenge. There are very few NGOs/not-for profit service providers at district level who have a compact team to conduct VSC+ mobile camps. Furthermore, there are limited human resources who can provide LARCs and sterilization methods.
- HWs from catchment VDCs often did not refer clients to VSC+ camps being organized in adjoining VDCs either due to lack of information or due to the fear that their FP achievement will be reduced if interested clients receive service from another HF. However, some local initiatives have been taken in one of the HFs in Okhaldhunga by HF-in charge. (Annex 6.1)
- Geographic difficulty, lack of electricity and other amenities makes it difficult to deliver FP sterilization services especially female sterilization in hard to reach areas, especially minilap. Risk of complication, adverse events and difficulty in transportation for referrals to tertiary care centers after minilap procedures in some districts may have influenced service delivery.

- Some district managers consider that offering comprehensive FP services reduces sterilization uptake (as potential clients for sterilization might opt for LARCs instead) and reduces their achievement on targets set by FHD.
- District health managers, service providers and clients expressed concerns regarding season for conducting camps. Hot weather, working season and occasional transportation limitations were cited as reasons for low uptake of services in April-June months.
- Couples whose husband/spouse is away from home do not visit VSC+ camps for counseling and FP service as they have less or infrequent sexual intercourse and do not usually think they need to use any effective FP method. There is also stigma attached to this as people will look suspiciously if a married woman would use a FP method in her husband's absence.

### iii) **Direct service delivery of LARCs**

- Scarcity of skilled human resources in the job market for implant and IUCD and VSC service is also a key challenge to implement VP and VSC+ interventions in a larger scale.
- Knowledge and skill gap: VPs mentioned that some local HWs were concerned about complication management and follow up services. Since VPs do not remain in HFs all the time, HWs requested that they be provided with implant/IUCD training and some were questioned how to address women's implant/IUCD removal request after VP program ceases.
- It was very challenging for 3 VPs to cover all HFs (both BCs and NBCs) of geographically remote districts such as Okhaldhunga and Gorkha. Travel by foot was often risky due to tough geographic terrain.
- There was a high need for coaching on IUCD but most HFs (BCs) had low client flow (for IUCD) and low turnout during VP's coaching visit. This limited actual practice/demonstration opportunities often leading to the need of repeat visit by VPs. It was seen that some implant trained local HWs also needed coaching in insertion and removal skills.
- Damaged infrastructure and lack of privacy: due to the earthquake and repeated aftershocks, many HF buildings were damaged that often led to unavailability of room or space for client counseling, screening and procedures (eg IUCD and implant insertion). This was particularly a problem for IUCD insertion services as this needs women's pelvic examination. Maintaining privacy was a challenge and this has also led to fewer IUCD insertion services. However, the VPs often tried to ensure privacy when providing services, even from temporary tents.

- BCs without SBAs: not all BCs have a SBA and some were even transferred elsewhere. VPs could not coach/mentor for IUCD services. This also led to situation where VPs had to directly provide IUCD service themselves. However, coordination and advocacy efforts are underway with DHOs/DPHOs to ensure that all BCs have a trained SBA soon.
- Inadequate infection prevention (IP) practices: the lack of IP related equipment and materials in most NBCs made it difficult for VPs to provide services; however, they managed to do so by carrying sterilized equipment from nearest BCs or by boiling (high level disinfection—HLD) the equipment using local resources. In addition, there was not enough supply of logistics such as virex powder (chlorine powder), gloves, betadine, hansaplast and others to these HFs from DHO/DPHO. Irregular supply of electricity and gas further constrains the IP practices.
- Continuity of services: provision of LARCs follow up services such as IUCD/implant removals and especially from NBCs will be challenge as clients need to travel long distances to another HF for removal and other follow up services after phase-out of the programme. Although GoN has a policy to scale-up LARCs service in all the HFs, it is challenging to train sufficient number of HWs (including that from NBCs) due to limited capacity of training institutes. For the time-being, VPs have informed clients about the closest HF where they could visit should a follow up care/removal is needed. Furthermore, FCHVs were oriented during LARC orientation about the closest HFs where LARCs services are available to refer interested clients or recommend for follow up service.
- Stock-out of FP commodities: ensuring the continuous availability of FP commodities in remote districts and HFs remains a challenge. In addition, there was a short period of reduced implant supply from the central and regional medical stores. However, satisfying the increased implant request from these program districts needed increased coordination and advocacy efforts at different level.
- Some VPs also faced difficulties accessing the autoclaves and high level disinfection (HLD) services, at local HFs or even at nearest BCs, that were needed to sterilize LARC insertion/removal sets for direct service delivery at HFs lacking LARC providers. The reasons most commonly given for this were scarcity of gas and electricity.
- Recording/reporting: since many NBCs do not usually offer LARCs, there were no IUCD and implant recording registers in NBCs. VPs found that face-sheets were also missing in many HFs.

**iv) Coaching/mentoring on LARCs**

- Less IUCD clients available: VPs visited needy BCs for on-site coaching to local service providers such as SBA. However, very few, and occasionally no, IUCD clients appeared in some facilities which inevitably affected the quality of coaching/mentoring. The providers theoretically coached service providers in such cases and also attempted to invite service providers to nearby health camp or HF where IUCD client flow was relatively higher.
- Repeat coaching/mentoring: some of the Implant/IUCD coached service providers are not still confident to provide service on their own. They need further repeated coaching.
- It was also noted that some senior HWs were reluctant to learn from young and 'less experienced' VPs. Some local service providers felt shy to learn about insertion and removal techniques during working hours out of fear that fellow HWs might notice that they lacked the appropriate skills. In such cases, providers arranged times in the evenings or mornings for coaching and mentoring. (Annex 6.1).
- Incorrect recording/reporting and data inconsistencies were serious problems in all of the intervention districts. Contraceptive prevalence data from routine recording and reporting systems often lack the desired quality due to a variety of reasons. While, lack of availability of timely data from HFs affected in progress monitoring, immediate feedback and suggestions to service providers was also lacking from district team. In some sites FP face sheet were not completely filled.
- Insufficient monitoring and supervision in HFs/VSC+ sites was a serious concern due to different constraints i.e.; major earthquake, frequent aftershocks, land slide, shortage of fuel and limited vehicles for transportation.

**v) Sustainability/scale up**

- FHD has included VP mobilization in selected districts in AWPB for 2016/17. VP mobilization is in line with new NHSS-3 coaching and mentoring approach using district's human resources as well as current satellite clinics approach. In the longer run, scale-up of VP mobilization through GoN fund requires further advocacy and planning.
- Districts with limited availability and capacity of conducting VSC+ camps might face difficulty to conduct VSC+ camps without external partner's support. Therefore, districts with limited capacity will need continued support from external partners and FHD.

- Use/monitoring and refilling condom boxes located in HFs and especially in public places remains a challenge.

### 5.3 Recommendations

#### i) **To FHD/NHTC/NHSSP**

- To address the growing FP training request from districts, NHTC and FHD need to increase the number and strengthen FP training sites on LARCs and permanent methods (LAPM).
- FHD and NHTC needs to strengthen regular follow up of LARCs trained human resources to help retain their acquired clinical skills.
- FHD need to coordinate with LMD/regional medical stores and respective districts to ensure year round availability of FP commodities and insertion/removal sets.
- FHD and NHSSP team need to closely follow-up activities implemented under FP-Health Transition and Recovery Program in 5 districts.

#### ii) **To DHO/DPHO**

- After this project phase out, DHO/DPHO need to ensure continuity of LARC services from HFs where staffs are trained and coached. For this to happen, DHO/DPHO need to regularly follow up trained/coached HWs and ensure they receive an enabling environment for service delivery.
- DHO store should manage adequate items needed or requested by HFs. Therefore, an effective pull and push system needs to be functioning at all times.
- Need to supply IP and FP equipment and adequate commodities where there are trained/coached health staffs. Supply IP materials like autoclaves, Virex, gloves, chlorine etc to all HFs irrespective of their BC status.
- Periodic effective supervision and monitoring is needed from district to lower level facilities (eg. PHCC and HP)
- Monitoring the use of condom boxes and encouraging HFs to regularly refill the condoms needs to be a priority.

#### iii) **To Health Facilities**



- HFs need to assure sufficient FP commodities to run regular FP services. In-charges of HFs must update records of drugs/commodities regularly to prevent stock-out. HFs should request commodities and equipment from the DHO in time and DHO also should supply the HF's need in time.
- Every HF should maintain standard IP practices for a quality FP services. HFs need to coordinate with DHO/DPHO for repair/maintenance of autoclaves as there are many autoclaves in HFs which can work after some minor repair.
- HFs need to maintain proper recording and reporting to help DHO/DPHO to make evidence- based decisions about allocation of resources.
- HFs need to intensify community mobilization activities through FCHVs and HFOMC members so that enough clients interested for IUCD can be gathered.
- Close monitoring of status of condom boxes, their use, refill and recording/reporting of condom use through these boxes need to be in place.

**iv) Implications for future policy, program and research**

- In the light of existing evidence and current experience, it is worth scaling up VP and VSC+ approach in rural districts and in communities with low FP utilization.
- Multi-year contracting needs to be in place to ensure regular availability of services from VPs throughout the year.
- Longitudinal studies focusing on LARCs continuation rates and method-switch pattern are necessary to assess LARC effectiveness
- It is worth exploring effectiveness of mobilizing VPs separately for service delivery and coaching/mentoring rather than joint responsibility (coaching and direct service delivery) through further operational research.
- Action research to design innovative demand generation activities to reach unreached groups is urgently needed in Nepal. This may include use of mobile technologies, use of workplace related interventions or providing home based counseling/services, provision of injectable contraceptives in a non-clinical setting, introduction new contraceptives (one rod sub dermal implant, intrauterine hormonal system-IUS) or others.



## 6. ANNEXES

### 6.1 Case studies/Success stories

#### **“Enhancing effectiveness does not always need a lot of money “**

Manebhanjyang HP was one of the VSC+ camp sites in Okhaldhunga. A Pre-VSC meeting with FCHVs was organized on 4-May 2016. A different approach to organize a pre-VSC meeting was adopted in this HF, i.e all the HF-in charges from catchment areas were invited to Manebhanjyang HP for pre-VSC meeting as proposed by in-charge of Manebhanjyang. He requested all the HFs in-charges from his ilaka to join the pre-VSC meeting with FCHVs. In the meeting, he asked them to send potential clients to the VSC+ camp. Although there was no budget to pay for DSA to the peripheral HF's in-charges to travel up to Manebhanjyang HP by travelling for many hours, he managed to invite them on the agreed terms to provide nominal transportation cost and snacks (instead of DSA). All the HF's in-charges participated in the meeting (pre-VSC+ FCHV meeting) and they committed to send potential clients by informing community people through HFOMCs and FCHVs. The community mobilization became effective and covered a larger area. As a result, highest client flow was observed in Manebhanjyang HP compared to other sites in Okhaldhunga.

#### **A SBA trained service provider prefers evening shift for IUCD coaching**

Sita Karki (name changed), is a staff nurse at Lubhu PHCC Lalitpur. She received SBA training 5 years ago and also received 8-days interval IUCD training from the NHTC. However, she was not confident to provide IUCD service. When visiting provider Laxmi Acharya reached the PHCC and carried out her skill competency assessment using the IUCD QI tool, Laxmi found Sita lacking some key skills on IUCD insertion including practicing an incorrect withdrawal technique. When the VP Laxmi wanted to coach her on the same day, Sita was quite reluctant since she did not want her other colleagues to know that she lacked skills, although she was eager to learn. She requested PV Laxmi to come on an evening shift so that she could learn when her colleagues were not around. VP Laxmi thus went to the PHCC in the evening as requested and provided coaching on a real client. Now, after receiving coaching, she has already inserted two IUCDs on her own. She is very happy and thanked VP for re-gaining skills confidence on administering IUCD services.

## 6.2: Progress against expected outcomes and objectives

SN	Outcomes	Indicators	Baseline	Target (July 2016)	Current status/Achievement	Source	Rationale/possible reasons for underperformance
1	CYP and number of new acceptors	CYP delivered by these interventions across the 5 districts	NA	14, 967 CYPs	14,852	HMIS/Project report	
		Number of new acceptors of family planning methods (IUCD, implants, VSC) reached in 5 districts	NA	2,456	3,211	HMIS/Project report	
<b>Objectives</b>							
1	Increase utilization of modern FP methods	1.1 % current users of i) LARCS ii) pills, iii) depo, iv) sterilization among MWRA in 5 districts	i) 6.5 % ii) 2.3 % iii) 9.1% iv) 21.7% CPR=40.4	41.2 %	NA*	HMIS	
		1.2 % of new acceptors of LARCS, pills, depo, sterilization	LARCS=0.9% Pills= 1.8% Depo= 4.1% Sterilization=0.35%	LARCS=1.3 % Sterilization: 0.5%	LARCS=1.9% Sterilization: 0.27%		Sterilization new acceptors less than expected due to conduction of VSC+ camps in hot weather, and short implementation period
2	Increased access to FP services focusing on LAPM	2.1 Number of health facilities providing both implant and IUCD i) health facility with BC ii) health facility with Non BC by VPs	i) 18 ii) 0	i.100 ii.150	58 132	HMIS/Project report	Short implementation period, lack of clients for IUCD coaching and security risks for movement in some HF's due to remoteness/landslide
		2.2 Number of health facilities with at least one trained LARC provider	66	100	119		
		2.3 Number of comprehensive family planning mobile/outreach services to remote sites conducted	Na	30	48		
		2.4 Number of visitors registered in VSC+ camps	Na	700	587		As explained in 1.2
		2.5 Number of condom boxes installed in strategic locations/HFs	Na	1,000	72		less demand from districts compared to targets, unavailability of local vendors for condom box preparation, later preparation of condom box
		2.6 Number of VPs mobilized in remote areas	Na	15	15		
3	Strengthened district health system to	3.1 Number of technical support/monitoring visits to VSC+ events by FHD/DHO/NHSSP team	Na	25	21	Project report	

	provide quality FP services	3.2 Number of health facilities distributed job aids to counsel MWRA	Na	283	294		
4	Competency of health workers improved	4.1 Number of MOs trained on VSC		5	4	Project report	Packed training sites, unavailability of training slots
		4.2 Number of service providers trained on implants	Na	40	40		
		4.3 Number of SBA trained providers coached for IUCD	Na	75	66		As explained in 2.1
5	Demand generation through FCHV and media	5.1 Number of FCHVs oriented on FP	Na	3,343	3,198	Project report	Working season, other priorities for FCHVs
		5.2 Number/frequency of radio message aired per district	Na	200	>500		

Note: A total of 3457 FP users have been reached through these interventions in 5 districts. Of which 1460 are in BCs and 1997 are in NBCs. VP evaluation report from Ramechhap shows that nearly 90% of LARC acceptors in BCs are either method-switchers from Depo/pills or never users<sup>10</sup>. Therefore, 1314 acceptors can be assumed to be new acceptors of LARCs from BCs. From NBCs, where there were no LARCs services were available before, almost all users (~95%) can be assumed to be method switchers and new acceptors of LARCs (1,897 out of 1,997). Altogether, this cumulates to a total of 3211 (130% of expected 2456) new acceptors of LARCs and VSC reached through these interventions.

\* Final data for current users for 2072/73 are still being reported by HFs to districts and being verified by districts

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<sup>10</sup> Regmi S, Martinez J, Mahmood A, Joshi D, Giri S, Panta A, Baral S (2016). Mobilising Visiting Providers to expand access to Long Acting Reversible Contraception (LARC) in Ramechhap district, Nepal. Evaluation Report. HERD International and Mott MacDonald Ltd. Final report, June 2016

## 6.3 District-wise number of participants for LARC orientation to FCHVs

### 1. Sindhuli

SN	Name of HF/site	Orientation date	Number of FCHVs present
1	Ranibas HP	12-May, 2016	9
2	Harsahi HP	13-May, 2016	9
3	Nipane HP	15-May, 2016	9
4	Bhiman HP	16-May, 2016	9
5	Siddheswor HP	18-May, 2016	9
6	Dudhauli HP	17-May, 2016	9
7	Ladavir HP	19-May, 2016	9
8	Sirthauli PHCC	20-May, 2016	9
9	Tandi HP	22-May, 2016	9
10	Hatpate HP	23-May, 2016	9
11	Kakurthakur HP	24-May, 2016	9
12	Arunthakur HP	25-May, 2016	9
13	Bastipur HP	3-June, 2016	9
14	Amale HP	5-June, 2016	9
15	Shanteswori HP	6-June, 2016	9
16	Tamajor HP	7-June, 2016	9
17	Netrakali HP	9-June, 2016	9
18	Bhimasthan HP	3-June, 2016	9
19	Belghari PHCC	5-June, 2016	9
20	Jarayotar HP	7-June, 2016	9
21	Balajor HP	9-June, 2016	9
22	Pipalmadi HP	5-June, 2016	9
23	Hariharpurgadhi HP	7-June, 2016	9
24	Kyaneswor HP	11-June, 2016	9
25	Kapilakot PHCC	5-June, 2016	9
26	Mahendrajhyadi HP	7-June, 2016	9
27	Kalpabrixya HP	15-June, 2016	9
28	Bahuntipung HP	5-June, 2016	9
29	Mahadevdanda HP	7-June, 2016	9
30	Kholagaun HP	9-June, 2016	9
31	Tosramkhola HP	11-June, 2016	9
32	Lampantar PHCC	5-June, 2016	9
33	Jinakhu HP	7-June, 2016	9
34	Ambote HP	16-June, 2016	9
35	Sumnampokhari HP	15-June, 2016	9
36	Dundbhanjyang HP	17-June, 2016	9
37	Bitijor HP	21-June, 2016	9
38	Purano Jhangajholi HP	21-June, 2016	9
39	Jhangajholi Ratmata HP	22-June, 2016	9
40	Kuseswor Dumja HP	24-June, 2016	9
41	Shitalpati Khurkot HP	27-June, 2016	9
42	Bhadrakali HP	21-June, 2016	9
43	Ranichuri HP	23-June, 2016	9
44	Dandigurase HP	24-June, 2016	9
45	Mahadevsthan HP	26-June, 2016	9
46	Ratanchura HP	27-June, 2016	9
47	Baseswor HP	26-June, 2016	9
48	Gwaltar HP	27-June, 2016	9
49	Chapauli HP	28-June, 2016	9
50	Majhuwa HP	29-June, 2016	9
51	Tinkanya HP	1-July, 2016	9
52	Ratnawati HP	28-June, 2016	9
53	Solpathana HP	30-June, 2016	9
54	Khangsang HP	3-July, 2016	9
55	Kamalamai Municipality	16-June, 2016	9
	<b>Total</b>		<b>495</b>

## 2. Okhaldhunga

SN	Name of HF/site	Orientation date	Number of FCHVs present
1	Balakhu HP	28-June, 2016	17
2	Betinee HP	8-June, 2016	13
3	Bhadaure HP	30-May, 2016	13
4	Bhusinga HP	27-June, 2016	11
5	Bigutar HP	27-June, 2016	12
6	Bilandu HP	21-June, 2016	13
7	Chyanum HP	5-June, 2016	14
8	Diyale HP	24-June, 2016	14
9	Gamnangtaar HP	17-June, 2016	12
10	Harkpur HP	24-June, 2016	14
11	Jantarkhani HP	24-June, 2016	11
12	Jyamire HP	26-June, 2016	16
13	Kalika HP	8-June, 2016	12
14	Katunje HP	7-July, 2016	15
15	Ketuke HP	9-June, 2016	11
16	Khijichandeswori HP	29-June, 2016	9
17	Khijikati HP	25-June, 2016	9
18	Khijipalate HP	21-June, 2016	16
19	Kuibhir HP/Kuibhir-5	22-June, 2016	14
20	Kuntadevi HP	28-June, 2016	16
21	Maanebhanjyang HP	10-June, 2016	15
22	Madhapur HP	12-June, 2016	11
23	Mamkha HP	10-July, 2016	10
24	Moli HP/Moli-3	6-July, 2016	13
25	Mulakharka HP	6-July, 2016	14
26	Narayansthan HP/Narayansthan	9-July, 2016	12
27	Narmadeswor HP	17- June, 2016	10
28	Okhaldhunga HP	20-June, 2016	14
29	Palapu HP	7-June, 2016	18
30	Patle HP/Patle	27-June, 2016	10
31	Phediguth HP	8-July, 2016	11
32	Phulbari HP/Phulbari VDC	20-June, 2016	13
33	Pokali HP	31-May, 2016	15
34	Pokhare HP	23-June, 2016	15
35	Prapcha HP	17- June, 2016	9
36	Ragini HP	23-June, 2016	13
37	Rampur HP	26-June, 2016	15
38	Rangadeep HP	25-June, 2016	11
39	Raniban PHC	23-June, 2016	10
40	Ratmate HP	20-June, 2016	10
41	Rawadolu HP	26-June, 2016	13
42	Rumjataan Hospital	10-July, 2016	10
43	Salleri HP/SM-8	7-June, 2016	10
44	Serna HP	22-June, 2016	12
45	Shrecha HP	25-June, 2016	14
46	Singdevi HP	22-June, 2016	18
47	Sisnery HP	24-June, 2016	12
48	Taluwa HP	8-July, 2016	14
49	Tarkerabari HP	11-June, 2016	10
50	Thakle HP	11-June, 2016	11
51	Thulachap HP	29-May, 2016	14
52	Toksel HP	9-June, 2016	10
53	Unbu HP/Unbu	14-June, 2016	12
54	Waksa HP	31-May, 2016	11
55	Barnalu HP	22-June, 2016	10
56	Yasam HP	12-June, 2016	18
	<b>Total</b>		<b>700</b>

### 3. Gorkha

SN	Name of HF/site	Orientation date	Number of FCHVs present
1	Aruchanaute PHC	18-July, 2016	9
2	Aarupokhari	15-July, 2016	9
3	Dhawa	17-July, 2016	9
4	Aarupokhari	15-June, 2016	9
5	Aaruabang	11-July, 2016	9
6	Thumi	14-July, 2016	9
7	Jaubari	15-July, 2016	10
8	Thalajung	10-July, 2016	9
9	Shrinathakot	17-July, 2016	9
10	Gankhu	18-July, 2016	9
11	Makaising	18-July, 2016	8
12	Bhumlichock	13-July, 2016	9
13	Taklung	15-July, 2016	9
14	Ghyalchock	8-July, 2016	9
15	Darbung	17-July, 2016	9
16	Fujel	13-July, 2016	9
17	Tanglichock	17-July, 2016	9
18	Ghairung	17-July, 2016	9
19	Manakamana	17-July, 2016	9
20	Bungkot	15-July, 2016	9
21	Asrang	11-July, 2016	9
22	Borlang	14-July, 2016	9
23	Nareshwor	15-July, 2016	9
24	Finam	15-July, 2016	6
25	Namjung	17-July, 2016	9
26	Khanchock	12-July, 2016	9
27	Tandrang	17-July, 2016	9
28	Taple	15-July, 2016	9
29	Baguwa	17-July, 2016	9
30	Panchukuwa Deurali	10-July, 2016	9
31	Pandrung	8-July, 2016	9
32	Manbu	16-July, 2016	9
33	Kashigaun	15-July, 2016	9
34	Lapu	22-June, 2016	9
35	Gumda	14-July, 2016	9
36	Laparak	9-July, 2016	9
37	Uhiya	14-July, 2016	9
38	Chhekampar	4-July, 2016	9
39	Chumchet	2-July, 2016	9
40	Sirdibas	26-June, 2016	9
41	Larkebazaar	30-June, 2016	9
42	Samagaun	4-July, 2016	9
43	Larkebazzar	2-July, 2016	9
44	Bihi	28-June, 2016	9
45	Takumajlakuribot	11-July, 2016	9
46	Barpak	9-July, 2016	9
47	Saurpani	14-July, 2016	9
48	Swara	19-July, 2016	9
49	Takukot	17-July, 2016	9
50	Bhacheck	4-July, 2016	9
51	Kerabari	12-July, 2016	9
52	Ghyachock	10-July, 2016	9
53	Simjung	9-July, 2016	9
54	Muchock	4-July, 2016	9
55	Kharibot	2-July, 2016	9
56	Baddanda	16-July, 2016	10
57	Choprak	17-July, 2016	9
58	Aampipal	15-July, 2016	9
59	Gaikhur	7-July, 2016	9
60	Khoplang	17-July, 2016	9
61	Harmi	14-July, 2016	9
62	Dhuwakot	12-July, 2016	9
63	Changli	9-July, 2016	9
64	Mirkot	14-July, 2016	10
65	Bakrang	2-July, 2016	9
66	Majuwa Deurali	14-July, 2016	9
67	Gorkha Municipality	20-July, 2016	21
	<b>Total</b>		<b>614</b>



#### 4. Lalitpur District

SN	Name of HF/site	Orientation date	Number of FCHVs present
1	Bhattadanda PHCC	22-June, 2016	9
2	Ikudol	26-June, 2016	9
3	Dalchoki	18-June, 2016	9
4	Devichaur	19-June, 2016	9
5	Chaughare	27-June, 2016	9
6	Nallu	25-June, 2016	9
7	Manikhel	23-June, 2016	9
8	Bhardeu	17-June, 2016	9
9	Sankhu	19-June, 2016	9
10	Bukhel	21-June, 2016	9
11	Godabari	27-June, 2016	9
12	Chapagaun	23-June, 2016	9
13	Badegaun	21-June, 2016	7
14	Dhapakhel	29-June, 2016	9
15	Imadol	30-June, 2016	9
16	Harrisiddi	20-June, 2016	9
17	Jharaurashi	24-June, 2016	9
18	Bisankhunarayan	25-June, 2016	9
19	Thecho	22-June, 2016	9
20	Lele	19-June, 2016	9
21	Godamchaur	18-June, 2016	9
22	Badekhel	26-June, 2016	9
23	Malta	11-June, 2016	9
24	Gimdi	9-June, 2016	9
25	Pyutar	5-June, 2016	9
26	Ashrang	7-June, 2016	9
27	Thuladurlung	7-June, 2016	9
28	Chandanpur	9-June, 2016	9
29	Gotikhel	13-June, 2016	9
30	Kaleshwor	11-June, 2016	9
31	Siddipur	2-July, 2016	9
32	Tikathali	1-July, 2016	9
33	Sunakothi	5-July, 2016	9
34	Saibu	10-July, 2016	9
35	Dukhuचााप	8-July, 2016	9
36	Ghusel	20-June, 2016	9
37	Khokana	10-July, 2016	9
38	Champi	11-July, 2016	9
39	Bungmati	12-July, 2016	9
40	Lubhu	13-July, 2016	9
41	Lamatar	14-July, 2016	9
	<b>Total</b>		<b>367</b>

## 5. Nuwakot

SN	Name of HF/site	LARC orientation date	Number of FCHVs present
1	Deupipal	29-May, 2016	22
2	Raatmate	30-May, 2016	14
3	Jiling	1-June, 2016	23
4	Belkot	2-June, 2016	28
5	Kumari	3-June, 2016	31
6	Chauthea	4-June, 2016	20
7	Okharpawwa	5-June, 2016	23
8	Kakani	6-June, 2016	26
9	Thansingh	8-June, 2016	22
10	Chauthrali	10-June, 2016	13
11	Suryamathi	11-June, 2016	13
12	Madanpur	12-June, 2016	35
13	Thanapathi	15-June, 2016	15
14	Sunakhani	16-June, 2016	13
15	Samundradevi	18-June, 2016	14
16	Sikre	21-June, 2016	9
17	Mahakali	28-June, 2016	15
18	Likhu	2-July, 2016	13
19	Chaap	4-July, 2016	11
20	Talakhu	8-July, 2016	16
21	Ganeshthan	30-May, 2016	15
22	Narjamandav	1-June, 2016	20
23	Urleni	3-June, 2016	12
24	Lachyang	4-June, 2016	14
25	Bageshwori	6-June, 2016	20
26	Haldikalika	7-June, 2016	18
27	Gerkhu	9-June, 2016	30
28	Khanigaun	15-June, 2016	22
29	Kharanitar	16-June, 2016	9
30	Chaughada	21-June, 2016	22
31	Bhadratar	25-June, 2016	20
32	Kabilash	28-June, 2016	14
33	Panchkayh	30-June, 2016	10
34	Thaprek	3-July, 2016	16
35	Balkumari	6-July, 2016	11
36	Betini	7-July, 2016	14
37	Rautbesi	8-July, 2016	13
38	Gaunkharka	9-July, 2016	12
39	Raluka	10-July, 2016	18
40	Sundradevi	11-July, 2016	11
41	Samundratar	8-June, 2016	10
42	Shikharbesi	10-June, 2016	14
43	Gyanfedi	11-June, 2016	12
44	Deurali	6-July, 2016	12
45	Bungtang	7-July, 2016	10
46	Kimtang	8-July, 2016	9
47	Barsunchet	27-June, 2016	8
48	Samari	28-June, 2016	20
49	Kalyanpur	29-June, 2016	17
50	Tupche	30-June, 2016	26
51	Manakamana	1-July, 2016	14
52	Fikuri	2-July, 2016	13
53	Kahule	4-July, 2016	16
54	Bhalche	5-July, 2016	16
55	Salme	6-July, 2016	9
56	Charghare	8-July, 2016	22
57	Khadagabhanjang	10-July, 2016	24
58	Gorshang	11-July, 2016	13
59	Dansingh	7-July, 2016	15
60	Budhasingh	8-July, 2016	15
61	Taruka	9-July, 2016	21
62	Nuwakot	10-July, 2016	9
	Total		1,022

## 6.4: NSV and Implant Training participants and post-training service delivery

### 1. NSV training participants and service provided

SN	Participants name	HF name	Post	NSV service provided after training
1	Dr. Saroj Ghimire	Raniban PHC (BC), Okhaldhunga	Medical Officer	2
2	Nischal Shaha	Kapilakot PHCC, Sindhuli	Medical Officer	0
3	Dr Bishnu Paudel	Makaising PHCC, Gorkha	Medical Officer	0
4	Dr Santosh Duwal	Gorkha Hospital, Gorkha	Medical Officer	0

### 2. Service delivery after implant training –Okhaldhunga

SN	Participants name	HF name	Post	Number of implant inserted after training in own health facility
1	Chapauli Health Post (BC)	Mahananda Yadav	Sr. AHW	16
2	Ranibas Health Post (BC)	Rukmidi Baral	ANM	12
3	Tandi Health Post (Non BC)	Santosh Budhathoki	AHW	4
4	Bhimeswor HP/khurkot ( BC)	Manmaya Puri	ANM	16
	<b>Total</b>			<b>48</b>

### 3. Sindhuli District: Implant trained participants and service provided

SN	Participants name	HF name	Post	Number of implant inserted after training in own health facility
1	Supriya Yadav	Barnalu Health Post ( Non BC)	HA	3
2	Dipak Chapagain	Bilandu Health Post (BC)	AHW	10
3	Nar Bahadur BK	Kalika Health Post (Non BC)	AHW	2
4	Indira Pahadi	Balakhu Health Post( BC)	AHW	4
5	China Kumari Lama	Kettuke Health Post (BC)	AHW	0
6	Ajina Shrestha	Raniban PHC (BC)	AHW	15
	<b>Total</b>			<b>34</b>

#### 4. Gorkha District: Implant trained participants and service provided

SN	HF	BC/N BC	Number of Implant (Insertion)	Number of Implant (removal)	Number of IUCD (insertion)	Number of IUCD (removal)	Name of trained /coached HWs
1	Ghairung HP	BC	30	-	-	-	Mr Ishwor Shrestha Sr AHW
2	Baddanda HP	BC	5	-	-	-	Mrs Sanu Devi Girel , AHW
3	Deurali HP	NBC	8	-	-	-	Mr. Dipendra Bhandaii AHW
4	Kerabari HP	NBC	12	-	-	-	Mr Ramchandra Ghimire Sr AHW
5	Takumajlakuribot HP	BC	0	-	-	-	Mr Ratna Prashad Lamichhne HA
6	Taple HP	NBC	0	-	-	-	Ms Nishu Karna HA
7	Manbu	BC	0	-	-	-	Mr.Sunil Chanda Sr AHW
8	Dhawa HP	BC	12	-	-	-	Mr.Gunraj Lamichhane Sr AHW
9	Khoplang hp	BC	8	-	-	-	Ms.Lalita Gurung AHW
10	Harmi HP	BC	5	-	-	-	Ms.Parbati Bhandari AHW
11	Aaruabang Birthing Centre	BC	5	-	-	-	Mr Rajkumar Rajak Sr AHW
12	Machhakhola HP	BC	12	-	-	-	Mr. Arabinda Shah AHW
13	Gumda HP	BC	8	-	-	-	Mr. Sapana Kumar BishwokarmaAWH
14	Uhiya HP	NBC	6	-	-	-	Kamal Bahadur Rahut AHW
15	Baguwa HP	BC	5	-	-	-	Iru Thapa AHW
16	Takukot HP	BC	11	-	-	-	Krishna Bhatta AHW
	<b>Total</b>		<b>127</b>				

#### 5. Lalitpur District: Implant trained participants and service provided

SN	Participants name	HF name	Post	Number of implant inserted after training in own health facility
1	Kamuna KC	Dhukuachaap HP	ANM	10
2	Puspa Oli	Ashrang HP	ANM	3
3	Roshani Lama	Pyutar HP	ANM	16
4	Deepa Bhandari	Badegaun PHCC	Staff nurse	3
	<b>Total</b>			<b>32</b>

## 6. Nuwakot District: Implant trained participants and service provided

SN	Participants name	HF name	Post	Number of implant inserted after training in own health facility
1	Bhojan Dhakal	Raut besi HP	HA	12
2	Charitra Dhami	Taruka HP	HA	2
3	Debaki Dotel	Gekhu HP	AHW	7
4	Bhoj Raj Dhungel	Deupipal HP	AHW	1
5	Prakash Bhandari	Jiling HP	AHW	3
6	Ganga Paudel	MCH clinic	ANM	22
7	Mira Silwal	Sunkhani HP	ANM	0
8	Dilip Yadav	Chaugadha HP	AHW	0
9	Balkumar Ojha	Kimtang HP	HA	0
10	Lalit Budhathoki	Samari HP	HA	0
	<b>Total</b>			<b>47</b>

## 6.5: Coaching on IUCD/Implant

### 6.5.1. IUCD Coaching details

#### a) Coaching details on IUCD insertion Sindhuli district

SN	Birthing centre	Coached SBAs	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Sirthauli PHCC	Babi Adhakari	13 Mar 2016	1	Satisfactorily performed/competent	Richa Shrestha
2	Mother and child health clinic	Urmila Kafle	15 Mar 2016	1	Satisfactorily performed/competent	Sita Budhathoki
3	Balajor HP	Rabita Sah	17, 18 Mar 2016	2	Need improvement/more coaching needed	Sita Budhathoki
4	Belghari PHCC	Sabita Dahal	28 Feb 2016	1	satisfactory	Sita Budhathoki
5	Kapilakot PHCC	Chatra Khadka	26 Feb 2016	1	Need improvement/more coaching needed	Hemkala Dhakal
	Kapilakot PHCC (repeated)	Chatra Khadka	20 Apr 2016	1	Satisfactorily performed/competent	Hemkala Dhakal
	Kapilakot PHCC	Pabitra Girel Pabitra Girel	7 July 2016	1	Competent	Hemkala Dhakal
6	Hatpate HP	Anita Adhikari Samjhana Dahal	19 Apr 2016	1	Need improvement/more coaching needed	Seeta Budathoki
7	Dudhauri HP	Semanta Shah	1 Apr 2016	1	Satisfactorily performed/competent	Richa Shrestha
8	Lampantar PHCC	Rudri Kingring	28 Apr 2016	1	Satisfactorily performed/competent	Richa Shrestha
9	Balajor HP	Rabita Shah	17 Mar 2016	2	Satisfactorily performed/competent	Sita Budathoki

**b) Coaching details on IUCD insertion Okhaldhunga district**

SN	Name of BC	Coached SBAs	Date of coaching			Coaching days	Competency level	Name of VP
			1st	2nd	3rd			
1	Fulbari HP	Parijat Shrestha (ANM)	Feb	14-Apr		2	Competent	Goma Karki
2	Narbadeswor HP NBC	Sangita Dhungel (ANM)			17-June	1	Need 1 more coaching	Goma Karki
3	Tarkerabari HP	Sunita Aryal (ANM)	22-Feb	29-Apr		2	Competent	Goma Karki
4	Pokali HP	Anju Adhikari (ANM)	Feb			1	Need 1 more coaching	Goma Karki
5	Chyanam HP	Hema Baniya (ANM)	Mar	13-Apr	25-Apr	3	Competent	Sanita Thapa
		Dilli Rana Magar (ANM)	Mar	29-Mar	13-Apr	3	Competent	Sanita Thapa
		Indira Kurmi (ANM)	13-Apr		25-Apr	2	Competent	Sanita Thapa
6	Bhadaure HP	Rita Pokharel (ANM)	21-Mar			1	Need 1 more coaching	Nirmala Tolangi
7	Bhadaure HP	Rita Pokharel (ANM), Muna Devi Magar (ANM)		23-Jun		1	Rita (competent)	Nirmala Tolangi
8	Narayansthan HP	Sharada Basnet (ANM)	6-Apr			1	Competent	Nirmala Tolangi
9	Betini HP	Chuna Phuyal (ANM)	8-Apr			1	Competent	Nirmala Tolangi
10	Thulachap HP	Tara Tamang (ANM)	5-Apr			1	Need 1 more coaching	Nirmala Tolangi
11	Taluwa HP(NBC)	Anjana Shrestha (ANM)	27-Jun			1	Need 1 more coaching	Nirmala Tolangi
12	Thakle HP	Manga Kumari Rai (ANM)	13-Apr	6-May		2	Competent	Sanita Thapa
		Binita Rai (ANM)	6-May			1	Need 1 more coaching	Sanita Thapa
13	Katunje HP	Sharmila Bhattarai (ANM), Asmita Shrestha (ANM)	20-Apr	10-Jul		1	Competent	Sanita Thapa
14	Khijichandeswori HP	Malati Sunuwar (ANM)	Mar			1	Need 1 more coaching	Goma Karki
15	Khijifalate HP	Sharada Khatri (ANM)	Mar	8 May		1	Competent	Goma Karki
16	Bilandu HP	Sunita Shrestha (ANM)	Mar			1	Need 1 more coaching	Goma Karki
17	Raniban PHCC	Durga Dhungel (ANM)	16-Apr	23-May		1	Competent	Goma Karki
18	Gamngatar HP	Mithila Adhikari (ANM)	28-Apr			1	Need 1 more coaching	Goma Karki
19	Prapcha HP	Anita Phuyal (ANM)	20-Jun			1	Need 1 more coaching	Sanita Thapa
20	Jantarkhani HP	Binu Magar(ANM)	30-Jun			1	Need 1 more coaching	Sanita Thapa

**c) Coaching details on IUCD insertion Gorkha district**

SN	Birthing centre	Coached SBAs	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Hermi HP	Kamala Parajuli	7 Mar 2016	1	Need improvement/more coaching needed	Rita Dhakal
2	Bhachhek HP	Padma Rai	30 Mar 2016	1	Satisfactorily performed/competent	Rita Dhakal
3	Khoplang HP	Samjhana Thapa	16 Mar 2016	1	Need improvement/more coaching needed	Rita Dhakal
4	Simjung HP	Devi Rasaili	31 Mar 2016	1	Need improvement/more coaching needed	Rita Dhakal
5	Takumajh HP	Sanu Khadaka	16 Mar 2016	1	Need improvement/more coaching needed	Gita Paneru
6	Saurpani PHCC	Rajmati Shrestha	21 Mar 2016	1	Need improvement/more coaching needed	Gita Paneru
7	Baguwa HP	Sabina Lamichhne	30 Mar 2016	1	Need improvement/more coaching needed.	Gita Paneru
8	Baluwa HP	Anusha Adhikari	25 & 27 Mar 2016	2	Satisfactorily performed/competent	Gita Paneru
9	Finam HP	Sumitra Thapa	3 April 2016	1	Need improvement/more coaching needed	Kalawati Chaudhary
10	Thatipokhari BC	Sumitra Dhakal	11 April 2016	1	Need improvement/more - coaching needed	Rita Dhakal
11	Barpak HP	Anusha Adhikari	25 Mar 2016	1	Satisfactorily performed/competent	Gita Paneru

**d) Coaching details on IUCD insertion Lalitpur district**

SN	Birthing centre	Coached SBAs	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Lubhu PHCC	Gita Rai, Kalpana khadka	2, 4 Feb 2016	2	Satisfactorily performed/competent	Laxmi
2	Bungmati HP	Sita Tripathi, Sita Kumara Singh	11 Mar 2016	1	Satisfactorily performed/competent	Laxmi
3	Thuladurlung HP	Pratima Chaulagie	13 Mar 2016	1	Satisfactorily performed/competent	Anjana
4	Pyutar HP	Roshani Lama, Sharswati Timilsena	25 Mar 2016	1	Satisfactorily performed/competent	Sarita
5	Ashrang HP	Suprava Ghimire	16 Mar 2016	1	Satisfactorily performed/competent	Sarita
6	Dalchoki HP	Ambika sanjel and Goma	19 April 2016	1	Satisfactorily performed/competent	Sarita



e) Coaching details on IUCD insertion Nuwakot district

SN	Birthing centre	Coached SBAs	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Kaule HP	Babita Rai	24 Mar 2016	1	Satisfactorily performed/competent	Manisha Bista
2	Fikuri HP	Tulsi Bhatta	12 Mar 2016	1	Satisfactorily performed/competent	Manisha Bista
3	Samari HP	Pratikcha Pokhrel	21 Mar 2016	1	Satisfactorily performed/competent	Manisha Bista
4	Bageshwori HP	Sarita Rijal	15, 19 Mar 2016 (at Lachyang HP)	2	Satisfactorily performed/competent	Tulsi Paudel
5	Taruka HP	Sandhaya Shrestha	29 April 2016	1	Satisfactorily performed/competent	Manisha Bista
6	Nuwakot HP	Laxmi parajuli	2 May 2016	1	Satisfactorily performed/competent	Manisha Bista
7	Chathurali HP	Gyane pathak	4 May 2016	1	Satisfactorily performed/competent	Harikala Khadka
8	Kumari NBC	Shanti Shah	21 April 2016	1	Satisfactorily performed/competent	Harikala khadka

## 6.5.2 Coaching details on implant

### a) Coaching details on implant insertion Lalitpur district

SN	Name of HF	Date of coaching	Competency level	Name of VP	Name of coached staff
1	Malta BC	28-Feb	Satisfactorily performed/competent	Sarita	Nabaraj Sanjel
2	Gotikhel BC	18- April	Satisfactorily performed/competent	Anjana	Sita KC
3	Bhardau BC	12-Feb	Need one more coaching /1 staff	Anjana	Sharswati Silwal
4	Bungmati BC	12- May	Satisfactorily performed/competent	Laxmi	Pursottam Naupane
5	Lubhu BC	2-Feb	Satisfactorily performed/competent	Laxmi	Yadav Ghimire
6	Badegaun BC	16-feb	Satisfactorily performed/competent	Laxmi	Kala Rai
7	Bhardau BC	4-Apr	Satisfactorily performed/competent	Anjana	Sharswati Silwal
8	Chaughare BC	6-Apr	Satisfactorily performed/competent	Anjana	Ramkagi Lama
9	Dalchoki BC	19-Apr	Satisfactorily performed/competent	Sarita	Rishi raj Dahal
10	Dhapakhel NBC	22-Jun	Satisfactorily performed/competent	Laxmi	Min Bdr Chaulagie and Bina Karki
11	Saibhu NBC	15 May	Satisfactorily performed/competent	Laxmi	Punmaya Shrestha
12	Thecho NBC	13-May	Satisfactorily performed/competent	laxmi	Susila Timalsina

### b) Coaching details on implant insertion Nuwakot district

SN	Name of HF	Date of coaching	Competency level	Name of VP	Name of coached staff
1	Samundratar BC	15 March 2016	Satisfactorily performed/competent	Tulsi Paudel	Rajendra Shah
2	Talakh NBC	29-Feb	Satisfactorily performed/competent	Harikala Khadka	Narayan Shrestha
3	Jiling BC	26-Apr	Satisfactorily performed/competent	Harikala Khadka	Prakash
4	Thanapathi NBC	3-Apr	Satisfactorily performed/competent	Harikala Khadka	Kamala Naupane
5	Duepipal BC	28-Mar	Satisfactorily performed/competent	Harikala Khadka	Bhojraj Dhakal
6	Taruka BC	29-Apr	Satisfactorily performed/competent	Manisha Bist	Charitra Dhami
7	Belkot NBC	16-Mar	Satisfactorily performed/competent	Harikala Khadka	Sunita
8	Nuwakot BC	2-May	Satisfactorily performed/competent	Manisha Bist	Laxmi Parajuli
9	Sunakhani BC	23-Jun	Satisfactorily performed/competent	Harikala Khadka	Mira Sijwal
10	Gerkhu BC	15 May 2016	Satisfactorily performed/competent	Tulsi paudel	Debika Dotel

c) Coaching details on implant insertion Gorkha district

SN	Name of HF	BC/N BC	Coached Staff	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Aarupokhari	NBC	Parbati Neupane	29 Feb. 2016	2	Need improvement/more coaching needed	Gita Paneru
2	Saurpani	BC	Anita Paneru	14 Mar. 2016	2	Satisfactorily performed/competent	Gita Paneru
3	Takukot	NBC	Krishna Bhatta	5 May. 2016	1	Need improvement/more coaching needed	Gita Paneru
4	Aaruchanaute	BC	Bijaya Kumar Shrestha	18 April. 2016	2	Satisfactory performed /competent	Gita Paneru
5	Khanchock	BC	Raju Shrestha	3 May. 2016	1	Need improvement/more coaching needed	Gita Paneru
6	Swara	BC	Saraswoti Shrestha	19 Mar. 2016	1	Need improvement/more coaching needed	Gita Paneru
7	Baguwa	BC	Iru Thapa	27 May. 2016	1	Need improvement/more coaching needed.	Gita Paneru
8	Dhawa	BC	Gunaraj Lamichheane	25 May.2016	2	Satisfactorily performed/competent	Gita Paneru
9	P. Deurali	BC	Kamala Bastakoti	20, June 2016	1	Need improvement/more coaching needed	Gita Paneru
10	Deurali	NBC	Dipendra Bhandari	15 March, 2016	1	Need improvement/more -coaching needed	Rita Dhakal
11	Thalajung	BC	Prakash Chandra Adhikari	3 March 2016	2	Satisfactorily performed/competent	Rita Dhakal
12	Kerabari	NBC	Ramchandra Ghimire	4, April 2016	2	Satisfactory Performance/competent	Rita Dhakal
13	Dhuwakot	BC	Chandra Maya Shrestha	16,June 2016	1	Need improvement/more -coaching needed	Rita Dhakal
14	Bhachheck HF	BC	Suresh Dawadi	30 March 2016	1	Need improvement/more -coaching needed	Rita Dhakal
15	Simjung	BC	Devi Rasayali	31 March 2016	1	Need improvement/more -coaching needed	Rita Dhakal
16	Ghyachock	NBC	Satya Narayan Dongoreya	20,May 2016	1	Need improvement/more -coaching needed	Rita Dhakal
17	Ghairung	BC	Mr Ishwor Shrestha		2	Satisfactory Performance/competent	Kalawati Chaudary
18	Bungkot	BC	Birendra Shrestha	3 March 2016	2	Satisfactory Performance/competent	Kalawati chaudary
19	Taple	NBC	Nishu Karna	5 May 2016	2	Satisfactory Performance/competent	Kalawati Chaudary
20	Darbung	BC	Ms. Kiran Singh	7 june 2016	1	Need improvement/more -coaching needed	Kalawati Chaudary

**d) Coaching details on implant insertion Okhaldhunga district**

SN	Name of HF	Date of coaching	Competency level	Name of VP	Name of coached staff
1	Barnalu HP	14-July 2016	Need one more Coaching	Nirmala Tolangi	Supriya Yadav
2	Bilandu HP	16-March 2016	Competent	Goma Karki	Dipak Chapagain, Madan Karki
3	Kalika HP	10-May 2016	Competent	Sanita Thapa	Nar Bahadur BK
4	Balakhu HP	12-June 2016	Competent	Sanita Thapa	Indira Pahadi
5	Kettuke HP	3-June 2016	Competent	Sanita Thapa	China Kumari Lama
6	Raniban PHCC	23-May 2016	Competent	Goma Karki	Ajina Shrestha
7	Fulbari HP	14-Apr 2016	Competent	Goma Karki	Parijat Shrestha
8	Khijichandeswori HP	29- March 2016	Competent	Goma Karki	Malati Sunuwar
9	Prapcha HP	20-Jun 2016	Competent	Sanita Thapa	Mitramuni Dhakal
10	Betini HP	8-Apr 2016	Competent	Nirmala Tolangi	Dakurnath Dhamala
11	Taluwa HP	27-Jun 2016	Competent	Nirmala Tolangi	Anjana Shrestha
12	Thakle HP	6-May 2016	Competent	Sanita Thapa	Megma Rai

**e) Coaching details on implant insertion Sindhuli district**

SN	Name of HF	Date of coaching	Competency level	Name of VP	Name of coached staff
1	Chapauli HP	26- May 2016	Competent	Seeta Budhathoki	Mahananda Yadav, Kabita Katuwal
2	Ranibas HP	12-May 2016	Competent	Seeta Budhathoki	Rukmini Baral
3	Tandi HP	3-May 2016	Competent	Richa Shrestha	Santosh Budathoki
4	Bhimeswor HP/Khurkot	27-April 2016	Competent	Seeta Budhathoki	Manmaya Puri
5	Balajor HP	17-March 2016	Competent	Seeta Shah	Rabita Shah
6	Bhiman HP	29-May 2016	Need more Coaching	Seeta Budhathoki	Sushma Gautam
7	Shitalpati HP	12-June 2016	Competent	Hemkala Dhakal	Gyan Chandra Chaudhary
8	Kapilakot HP	7-July 2016	Competent	Hemkala Dhakal	Nawal Kishor Shah, Chatra Khadka
9	Sirthauli PHCC	13-Mar. 2016	Competent	Richa Shrestha	Babi Adikari
10	Dudhauri HP	1-Apr. 2016	Competent	Richa Shrestha	Bindeswor Shah
11	Ambote HP	16-May 2016	Competent	Richa Shrestha	Rambechan Shah
12	Lampantar HP	5-June 2016	Competent	Richa Shrestha	Rudra Kumari Kingring
13	Bahuntilpung HP	28 Apr.2016	Competent	Richa Shrestha	Khagendra Pulami

## 6.6: Monitoring of VSC+ camps, and other events

SN	(Monitoring Date)	District	Monitoring purpose	Persons involved
1	4/5/2016 to 4/6/2016	Sindhuli	Monitor and facilitate the pre-VSC+ FCHV meeting	DR. Surendra Chaurasiya, Chief District Health Officer, Sher Bahadur Kalikote, FPS
2	26-27 April 2016	Okhaldhunga	To organize/monitor pre-VSC+ FCHV meeting	Mr. Gyan Bahadur Basnet DHO, Mayadevi Gurung PHNO, Naresh Yadav FPS from DHO Okhaldhunga
3	4-5 May 2016	Okhaldhunga	To monitor VSC+ Camp at Fulbari HP, Okhaldhunga	Mr. Gyan Bahadur Basnet DHO, Naresh Kumar Yadav, FPS and Maya Devi Gurung PHNO from DHO Okhaldhunga
4	8-10 May 2016	Okhaldhunga	To organize/monitor pre VSC+ FCHV meeting at Pokhare HP	Naresh Yadav FPS, Mayadevi Gurung PHNO from DHO, Okhaldhunga
5	18-19 May 2016	Okhaldhunga	To monitor VSC+ Camp at Pokhare HP	Bishnu Baskota from FHD and Grishma Pradhan from NHSSP
6	7-17 June 2016	Okhaldhunga	To monitor/Facilitate LARC Orientation	Naresh Yadav FPS and Maya Gurung PHNO from DHO, Okhaldhunga
7	25 Feb to 26 Feb	Nuwakot	LARC satellite camp	Basu Dev Adhikari
8	13-14 March	Lalitpur	LARC satellite camp	Sabak Nepal
9	6 July 2016	Nuwakot	FCHVs LARC orientation	Sanumaiya Tamang
10	12 May to 13 May	Nuwakot	LARC satellite camp	Basu Dev Adhikari
11	25 Feb to 26 Feb	Nuwakot	LARC satellite camp	Basu Dev Adhikari
12	25-31 March 2016	Gorkha	FP and VP programme supervision	Mahendra Dhose Adhikari
13	7-13 March 2016	Gorkha	VP IUCD coaching monitoring	Mahendra Dhose Adhikari
14	15-21 April 2016	Gorkha	VP activities and FP Services	Mahendra Dhose Adhikari
15	25-31 May 2016	Gorkha	Implant service site expansion and VP Program supervision	Mahendra Dhose Adhikari
16	9-15 April 2016	Gorkha	Implant service site expansion and VP Program supervision	Bir Bahadur Shrestha
17	24-30 June 2016	Gorkha	Implant service site expansion and VP Program supervision	Bir Bahadur Shrestha
18	7-9 April 2016	Gorkha	Implant service site expansion and VP Program supervision.	Bir Bahadur Shrestha

## 6.7: Photographs



Group FP information/education session by VP (Goma Karki), Okhaldhunga.



Implant insertion coaching by VP (Sanita Thapa), Prapcha HP, Okhaldhunga.



Local service provider of a HP inserting implant under supervision and coaching of VP (Geeta Paneru), Gorkha.



Pre-VSC meeting of FCHVs, Ghairung, Gorkha.





FP Supervisor facilitating LARCs orientation session to FCHVs, Salleri HP, Okhaldhunga.



Female sterilization/minilap procedure in progress, Manebhanjyang HP, Okhaldhunga.



Condom boxes handover, DHO store, Nuwakot.



District PHN organizing LARC orientation to FCHVs, Gotikhel BC/Lalitpur.

# 6.8: IEC materials used in the FP support program

## के तपाईंलाई थाहा छ ? तपाईंको लागि परिवार नियोजनको साधनहरू के के छन् ?

### सामान्य

1. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
2. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
3. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
4. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।

### सुरक्षा

1. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
2. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
3. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
4. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।

### आयुर्विज्ञान

1. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
2. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
3. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
4. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।

### अन्य

1. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
2. यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।
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आयुर्विज्ञान र विभिन्न स्वास्थ्य साधनहरू प्रयोग गर्दा स्वास्थ्य र वित्तीय खर्च नभएको रूपमा यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।

FP informed choice poster

## परिवार नियोजनका ग्राहक र सेवा प्रदायकका लागि निर्णय सामग्री

नेपाली संस्करण, २०७१

DMT flip chart

## WHO MEDICAL ELIGIBILITY CRITERIA WHEEL FOR CONTRACEPTIVE USE

2008 UPDATE  
ADAPTATION FOR NEPAL, 2014

The diagram is a wheel with four quadrants. The top quadrant is '1. No restriction' (green), the right is '2. Minor health concerns' (yellow), the bottom is '3. Moderate health concerns' (orange), and the left is '4. Significant health concerns' (red). Each quadrant contains a list of conditions and contraceptive methods that are safe or unsafe for use.

WHO MEC wheel

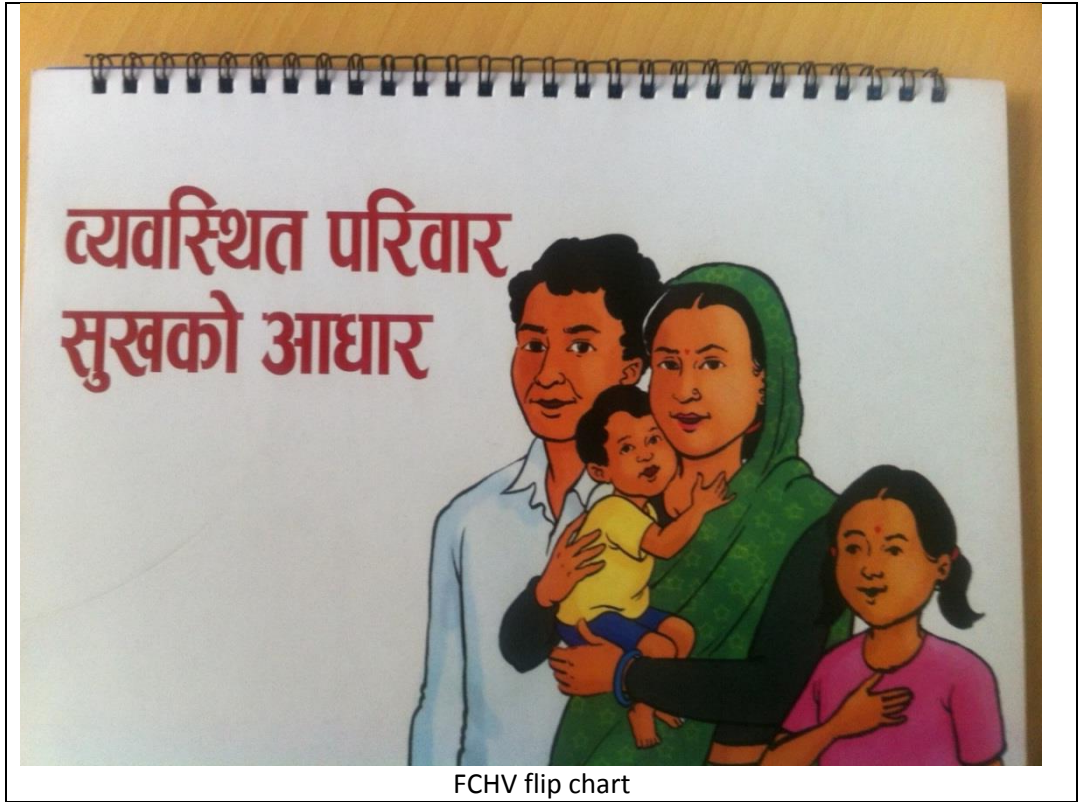
## परिवार नियोजन गर्न चाहने महिला सेवाग्राही जन्मवन्दी पढ्ने कार्यवाही सर्वाधिक तथी

सहितसमाजको विकासको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।

समस्या/प्रश्न	<p>1. तपाईंको स्वास्थ्य र परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।</p>	सही/गलत
समस्या/प्रश्न	<p>2. तपाईंको स्वास्थ्य र परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।</p>	सही/गलत
समस्या/प्रश्न	<p>3. तपाईंको स्वास्थ्य र परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।</p>	सही/गलत
समस्या/प्रश्न	<p>4. तपाईंको स्वास्थ्य र परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।</p>	सही/गलत
समस्या/प्रश्न	<p>5. तपाईंको स्वास्थ्य र परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो। यो परिवार नियोजनको लागि सबैभन्दा राम्रो साधन हो।</p>	सही/गलत

Pregnancy rule out job aid





FCHV flip chart