



Health Sector Transition and Recovery Programme

Trained visiting providers provide LARC services to at least 150 health facilities without birthing centres.

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This progress report has been prepared by the Ministry of Health (MoH), Government of Nepal with financial support from USAID and UKAid and technical assistance from the Nepal Health Sector Support Programme (NHSSP). However the views expressed within it do not necessarily reflect those of these agencies.

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ACRONYMS

ANM	auxiliary nurse midwife
BC	birthing centre
CPR	contraceptive prevalence rate
CYP	couple year protection
DC	district coordinator
DFID	Department for International Development
DHO	district health office
DMT	decision making tool
FCHV	female community health volunteer
FHD	Family Health Division
FP	family planning
GoN	Government of Nepal
HF	health facility
HFI	health facility in-charge
HMIS	Health Management Information System
LMD	Logistics Management Division
IEC	information, education and communication
IUCD	intrauterine contraceptive device
LARCs	long acting reversible contraceptives
MEC	medical eligibility criteria
NHSSP	Nepal Health Sector Support Programme
PHCC	primary health care centre
QI	quality improvement
SBA	skilled birth attendant
UHC	urban health centre
VP	visiting provider
WHO	World Health Organization

1 INTRODUCTION

1.1 Purpose of this Report

This report summarizes activities carried out in 5 earthquake affected districts under a programme for the rehabilitation, recovery, strengthening and expansion of family planning (FP) services with a focus on long acting reversible contraception (LARC). The programme is being implemented by the Nepal Health Sector Support Programme (NHSSP) with close coordination with respective district health offices.

The report is divided into four sections:

- Section 1: Introduction
- Section 2: Inputs and activities
- Section 4 : Outputs and discussion
- Section 5: Annexes

This report is submitted to satisfy the requirements of NHSSP payment deliverable FP9: ‘Trained visiting providers provide LARC services to at least 150 health facilities without birthing centres (non-birthing centre).’

1.2 Background

The earthquakes of April and May 2015 and subsequent aftershocks caused displacement of families from their homes, and further constrained an already fragile public health system. These factors affected regular delivery and availability of FP services. Such services urgently needed to be restored and strengthened, in line with the building back better approach, particularly for those in hard-to-reach and severely affected areas and for displaced persons living in temporary settlements.

NHSSP, with funding interest from USAID, initiated a dialogue for implementing a FP service strengthening program in a few earthquake affected districts. Five priority districts were selected on the basis of: FP support needs (low CPR, fewer health facilities providing five FP methods); status of FP support partners present in the district; and recommendations from the Family Health Division (FHD). The selected districts were Okhaldhunga, Sindhuli, Nuwakot, Lalitpur, and Gorkha and activities focused on hard-to-reach, and internally displaced populations. A multipronged approach, with an emphasis on increasing access to quality FP services (eg. LARCs), was used combining 5 strategies discussed and agreed with the FHD, Government of Nepal (GoN), and USAID, and DFID.

The following 5 recommended activities were:

- LARC expansion through training and mentoring/coaching.
- Service delivery through VPs in remote areas.
- Scale-up and increasing intensity of comprehensive mobile camps.
- Demand generation through female community health volunteers (FCHVs) and the media.
- The distribution and placement of condom boxes at appropriate places.

The visiting provider (VP) approach, successfully piloted in Ramechhap in 2015 (under DFID’s NHSSP-2 programme), has been embraced by FHD with some recommendations. This approach deploys dedicated VPs (senior auxiliary nurse midwives [ANMs] or staff nurses) who are skilled service providers of LARC services and have coaching and mentoring skills experience, to birthing centres (BCs) to support skilled birth attendants (SBAs) to deliver LARCs or provide direct LARC services where skilled staff are not available. Delivery of health care services through these dedicated VPs was expected to make a considerable contribution to service uptake, especially among those who have had limited access to these services.

The following chapters describe the delivery of LARCs by VPs at health facilities across the five districts.

2 INPUTS AND ACTIVITIES

2.1 Planning, Coordination and Partnership Meetings

Planning/coordination meetings were held between and among government bodies, funding agencies, and NHSSP from the beginning of the programme to gain consensus on type of interventions/activities and district selection. NHSSP's district coordinators, embedded within the district health office (DHO) system at the district level, coordinated with DHO and VPs for effective implementation of the program.

2.2 Development and distribution of Family Planning IEC Materials and Job Aids

Different FP related information, education and communication (IEC) materials and job aids (decision making tools (DMT), WHO medical eligibility criteria (MEC) wheel, FCHV flipcharts, informed choice posters, pregnancy rule out) were supplied to the 5 programme districts based on districts' needs.

2.3 Procurement of Materials and Equipment

Implants and IUCD insertion/removal sets were supplied to the 5 districts as per their requirements (details in payment deliverable FP3 report). Infection prevention equipment such as autoclaves were also supplied (see details in payment deliverable FP3 report).

2.4 Facilitation to ensure supply of FP commodities

The NHSSP team embedded in FHD, Teku helped program districts to ensure the timely supply of FP commodities (especially implants and IUCDs) to the 5 districts. There was regular coordination between FHD and Logistics Management Division (LMD) in this regard.

2.5 Refresher Training and Orientation for Visiting Providers

Visiting providers were provided 2-day refresher training by an experienced trainer on coaching and counselling skills in Chhetrapati Family Welfare Clinic (CFWC), Kathmandu and Paropakar Maternity and Women's Hospital (PMWH), Thapathali, Kathmandu before initiating LARC service provision and coaching for service providers.

Furthermore, the VPs were briefed at NHSSP's Teku office in FHD/Kathmandu before their departure to the districts, on various aspects of the program including objectives of the program, VP's roles and responsibilities, practical tips on coaching/mentoring and movement plan within their clusters/districts. They were also oriented on preparedness, management and referral of complications and adverse events after LARC service delivery; and use of FP quality improvement (QI) tools including the DMT flip chart and the WHO MEC wheel, and use of the 'buddy system' for their security and protection while travelling in the field. They also got an opportunity to learn from VPs who had worked on the Ramechhap VP pilot in 2015.

2.6 Initial Quality Assessment

VPs made a rapid assessment of the health facilities in their respective clusters using FP QI tools. The main objectives of this initial assessment were:

- to learn the routes to health facilities and to be introduced to local service providers;
- to identify and verify the number of health workers needing implant and IUCD coaching and mentoring; and
- to assess and verify the current status of health facilities (training status of human resources, infrastructure, equipment and commodities).

2.7 Provision of LARCs

Table 1 shows the number of health facilities without BC (NBC) services in the 5 districts. During the implementation period, VPs visited these NBC facilities periodically and directly provided LARCs to

eligible clients. The local service providers who had received FP training (IUCD and implant) had the opportunity to learn about LARCs; to build on their skills if they were implant or IUCD trained but were unable to provide services due to lack of confidence; and to learn basic follow-up requirements to ensure that follow up activities are carried out with clients even in the absence of a VP.

Table 1: District-wise NBCs and interventions

SN	Districts and number of NBCs	Interventions
1	Okhaldhunga-20	<ul style="list-style-type: none"> Initiate IUCD and implant services Monitor the quality of LARC provision Coach service providers on implant and IUCD services as per need
2	Sindhuli-36	
3	Lalitpur-22	
4	Nuwakot-35	
5	Gorkha-39	

Table 2 shows the movement schema for VPs. The number of sectors was laid out for ease of movement within each cluster. In one sector or route, some health facilities were birthing centres and some were NBCs. Before visiting the health facilities, VPs developed a field visit plan.

Table 2: Visiting provider's scheme of movement

1. Start health facility visits to a sector ¹ at the beginning from cluster centre/station (1 st round/route)	2. VP returns from sector to cluster centre/station and has interval of 1-2 days after completion of 1 st round/route visit	3. VP starts second round/route of health facility visits to another sector from cluster centre/station.	4. VP returns from a sector to cluster centre/station and has time interval of 1-2 days after completion of 2 nd round/route visit
Activities: <ul style="list-style-type: none"> Site assessment using QI checklist. Coach family planning service providers on LARCs. Provide LARC service in N/BCs on round/route 1. Recording of services 	Activities : <ul style="list-style-type: none"> Prepare and submit report to district coordinator. Communicate with district coordinator, DHO and mentees. Prepare for next round visit (round/route 2). 	Activities: <ul style="list-style-type: none"> Site assessment using QI checklist Coach FP service providers on LARCs Provide LARCs services in NBC sites on round/route-2. Recording of services 	Activities: <ul style="list-style-type: none"> Prepare & submit report to district coordinator Communicate with district coordinator, DHO and mentees Prepare for next round visit (round/route-3).

VPs made the movement plan in coordination with the DHO, the NHSSP's district coordinator (DC), and the in-charges of the NBC facilities. They also pre-informed local service providers about their planned date of visit so that the health workers would instruct the female community health volunteer (FCHVs), health facility operation and management committee (HFOMC) members, and outreach workers to inform interested mothers about the availability of LARC services.

While visiting NBC facilities, VPs carried LARC commodities and LARC insertion and removal sets as needed. The providers sterilized instruments required for implants/IUCDs in the nearest BCs in the district. VPs followed standard clinical procedures during LARC service provision and also used the adapted version of the WHO's DMT flipchart and WHO's MEC during LARC counselling and screening. VPs focused on advantages of methods, possible side effects, follow up information and what to do, where to visit if complications arise during counselling. VPs also suggested local service providers to refer clients to closest health facility with follow-up/removal service and management of complications

¹ A sector is a group of health facilities within a cluster where visiting provider visits in a trip (route/round)

should they arise after the LARCs service provided by VPs. In addition, DHOs will organize a LARC satellite camp in the current fiscal year to address follow up needs in some HFs that are in remote locations.

VPs also supported service providers to maintain proper records of the FP services in the HMIS registers. After providing LARC services in the NBC facilities, VPs along with local service providers filled in the face sheet (health management information system—HMIS form 3.1) for all new users. VPs also supported service providers to maintain the records of FP users in the HMIS 3.3 service register. All respective health facilities submitted their progress data on FP users in their monthly reporting on HMIS 9.3 to respective DHO.

VPs requested the HFI or service providers to follow up with clients who had received LARC services if complications occur. They also informed the HFI, NHSSP's district coordinator, or DHO if facilities needed any essential drugs and logistics other than LARC commodities.

During each visit to a sector, VPs coached staff members from health facilities (if needed) and provided LARC services. They filled up the site assessment FP QI checklist and method-specific QI tools for self-performance improvement. After completing this task in one sector, VPs returned to their cluster centres. They then prepared and submitted reports to the NHSSP's district coordinator and planned for their next visit to another sector (Table 2).

The frequency of VPs visits and the movement plan to these facilities was agreed with district officials, local HFIs and HFOMCs. The DHO or FP supervisors approved the monthly movement plans (Annex 4.1).

3 OUTPUTS AND DISCUSSION

This section briefly summarizes service delivery by VPs and presents some discussion.

3.1 Direct service delivery in HFs

A total of 135 of the planned 137 NBC visits were carried out by the VPs between February and July 2016 (Table 3). At least one LARC service was provided in 123 NBCs (see details in Annex 4.2, table 6-10). Therefore, out of 150 non-birthing centre facilities targeted for this PD, 135 (90%) were visited. A total of 15 NBCs from Gorkha were not planned to be visited by VPs by the DHO team due to remoteness and security issues. Twenty four NBCs were visited more than once, but two of the NBCs from Nuwakot were not visited since VPs were not invited from HF either due to availability of trained service provider in the HF or lack of interested clients or due to remoteness/security risk.

Table 3: NBC facilities and VP visit status

District	Total NBC facilities	Total NBC facilities planned to visit	Total NBC facilities visited until 29 May	Remaining NBC facilities
Lalitpur	22	22	22	0
Nuwakot	35	35	33	2
Okhaldhunga	20	20	20	0
Sindhuli	36	36	36	0
Gorkha	39	24	25†	0
Total	152	137	135	2

† 1 service provided from 1 community health unit

Analysis of service statistics showed that a total of 1,410 LARC services were provided until July end 2016 from 132 NBCs facilities of the 5 programme districts (Figure 1). On average 11 LARC insertions were made per NBC site. Of those 1,359 (96.4%) were implants and 51 (3.6%) IUCDs. The highest number of LARC services was provided in Sindhuli followed by Gorkha and Nuwakot. It is to be noted that the number of NBC facilities planned for VP visit is higher in Sindhuli and Nuwakot than in the other 3 districts. VP mobilization in 5 districts yielded 5,398 CYPs through BCs.

Figure 1: LARCs service delivery in NBCs of 5 programme districts

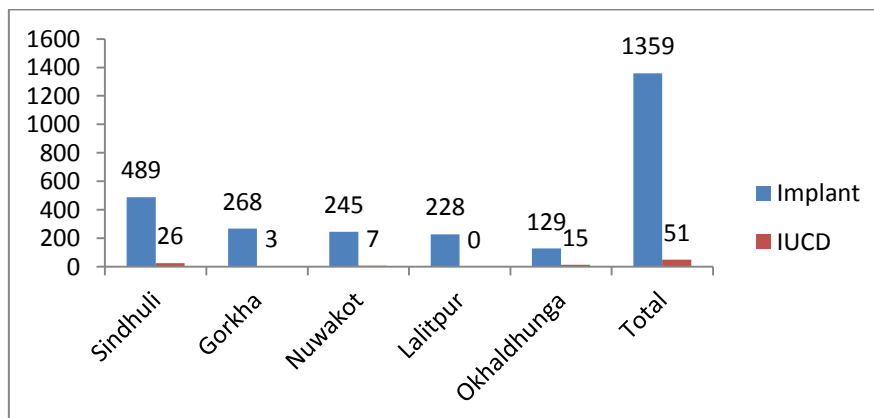


Figure 2: Direct LARCs service delivery by Visiting Providers in BCs

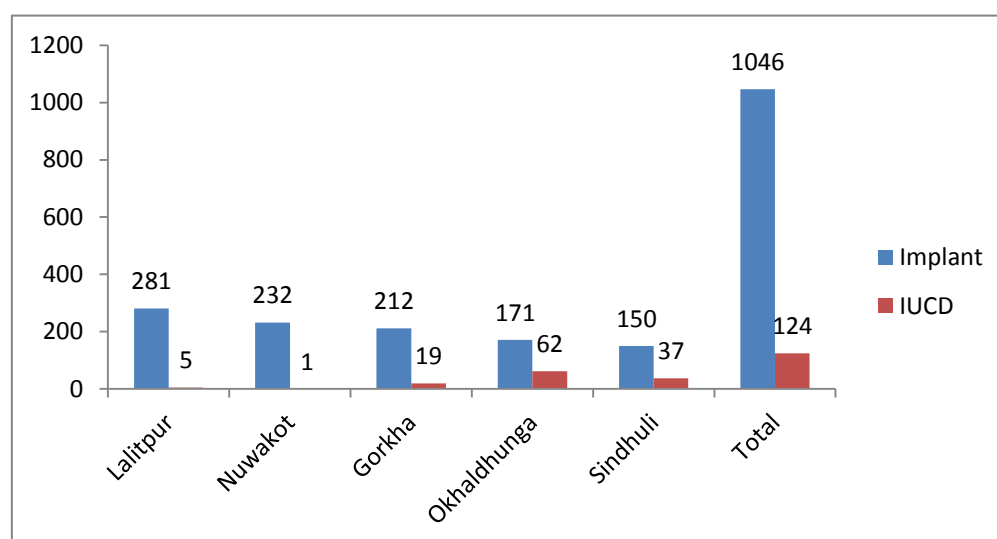


Figure 2 shows direct service delivery by VPs in BCs. Although, HF with BCs are expected to have at least one LARC service provider, many BCs in 5 program districts lacked trained LARCs service providers. Some of the trained LARC providers were not actively providing services due to various reasons. The initial needs assessment found that of the 143 BCs, 66 BCs (46%) had implant trained providers (that may include SBAs) but only 47 BCs (48%) were currently providing implant services indicating the need for competency based implant insertion/removal training (in 77 BCs) and coaching/mentoring of HWs on implant in 19 BCs. Therefore, VPs directly provided LARC services in BCs as well as coached service providers where needed.

Until end of July VPs directly provided LARCs service in 91 BCs (Table 4). Of them, VPs visited more than once for direct service delivery in 24 BCs (Annex 4.2, table 11- 15). Mobilization of VPs in 5 districts achieved 4,544 CYP through BCs.

Table 4: Progress of VP's direct service delivery in BCs

District	Total BC facilities	Total BCs with Implant service *	#BCs where direct service was provided
Lalitpur	18	5	15
Nuwakot	28	9	15
Okhaldhunga	37	17	14
Sindhuli	20	5	21
Gorkha	40	11	26
Total	143	47	91

**at the time of planning meeting*

Comparison of HMIS FP service statistics (10 months) shows that utilization of LARC services significantly increased in 2015/16 compared to 2014/15 in 5 earthquake affected districts: new acceptors of LARCs in 2015/16 has increased by approximately 2,600 from the level of 2014/15 (Table 5). Out of 6,371 new acceptors of LARCs, VPs directly provided a total of 2,580 (40.5%). Remaining LARC services (n=3,791) were provided by local service providers. The total number of new acceptors in 2015/16 remained on par with the achievement of 2014/15. Total number of new acceptors for temporary modern methods decreased in Sindhuli and Lalitpur districts mainly due to lower number of new acceptors for depo and pills. This could be due to method-switch from short-acting reversible and less effective methods such as depo and pills to implant. This statement is also corroborated by the fact

that number of new acceptors for implants has been increased in all districts and has almost doubled in comparison to previous year.

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

Districts	IUCD (new acceptors)			Implant (new acceptors)			LARCs (IUCD+implant) (new acceptors)			Total temporary modern methods (new acceptors)		
	2014/15	2015/16	% increase from 2014/15	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	25	105	320.0%	209	521	149.3%	234	626	167.5%	4,322	4,911	13.6%
Sindhuli	322	196	-39.1%	620	912	47.1%	942	1,108	17.5%	6,814	5,676	-16.7%
Lalitpur	457	488	6.8%	983	1,569	59.6%	1,440	2,057	42.8%	8,775	8,083	-7.9%
Nuwakot	402	368	-8.5%	482	1,063	120.5%	884	1,431	61.9%	6,708	6,766	0.9%
Gorkha	36	136	277.8%	255	1,013	297.3%	291	1,149	294.8%	6,812	7,725	13.4%
Total	1,242	1,293	4.1%	2,549	5,078	99.2%	3,791	6,371	68.1%	33,431	33,161	-0.8%

Source: HMIS data

Furthermore, method-distribution data (table 5 a) shows that a total of approximately 13,000 additional Couple Year Protection (CYPs) (all temporary 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 across all 5 districts.

Table 5 a: Comparison of CYP from total temporary methods in 2014/15 and 2015/16 in 5 program districts (10 months data based on commodity distribution)

Districts	CYP (total)		Additional CYP gained in 2015/16	% increase from 2014/15
	2014/15	2015/16		
Okhaldhunga	6,494.5	8,421.5	1,927.0	29.7%
Sindhuli	12,555.6	14,961.4	2,405.8	19.2%
Lalitpur	13,491.6	16,864.1	3,372.5	25.0%
Nuwakot	7,875.2	9,851.6	1,976.4	25.1%
Gorkha	8,043.5	11,365.1	3,321.6	41.3%
Total	48,460.4	61,463.6	13,003.2	26.8%

Source: HMIS data

The delivery of LARC services in NBCs directly through VPs has multiple benefits such as 1) needy women from rural and remote areas have the opportunity to accept, voluntarily, their choice of method which was hitherto not available (improved contraceptive method choice and equity of access), 2) LARC method discontinuation will be lower than other short term methods, and 3) LARC service delivery is cost effective when compared to other contraceptive methods.

3.2 Quality Improvement Process for Direct LARC Service Delivery

The VPs initially used the FP QI checklist (Tool 1, General Physical Facility) in the NBC facilities to take stock of the sites to assess appropriateness to start the provision of LARC services. The VPs also administered LARC QI tools (Tool 6, Implant and Tool 7, IUCD) for the services they provided at the beginning and at certain intervals to assess progress against baseline quality score. The VPs and NHSSP's

district coordinators attempted to involve local HFIs, HFOMCs, and the DHOs to improve quality of LARCs services. VPs presented the findings from QI assessment with HF and DHO team and developed an improvement plan as well as division of responsibilities in areas where poor performance was found.

3.3 Challenges

- Difficult terrain: 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.
- Increased demand: there was a high need for coaching on IUCD and many health facilities lacked implant trained service providers.
- Inadequate infection prevention practices: the lack of infection prevention equipment and materials in NBC facilities 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. There was not enough supply of logistics such as virex powder, gloves, betadine, hansaplast and others in health facilities from DHO/DPHO. Many health facilities lacked FP equipment for insertion and removal of implant and IUCD even if these facilities had trained service providers. Irregular supply of electricity and gas further aggravated infection prevention practices.
- Knowledge and skill gap: VPs mentioned that some local health workers were concerned about complication management. Since VPs do not remain in health facilities all the time, health workers requested that they be provided with implant/IUCD training.
- Continuity of services: health workers and VPs flagged the challenge of continuing LARC service availability and follow up services in all NBC facilities after programme completion. There is no provision of removal services of IUCD/Implant and clients need to travel long distances to another HF for removal and other follow up services after phase-out of the programme. VPs have informed clients about the nearest HF where they could visit should a follow up care/removal is needed. Furthermore, FCHVs were oriented during LARC orientation about the nearest HFs where LARC services are available to refer interested clients or recommend for follow up service. Although GoN has a policy to scale-up LARC service in all the HFs, it is challenging to train sufficient number of health workers due to limited capacity of training institutes.
- Irregular supply of commodities: there were many instances of scarcity of commodities especially implants even in the district store. Ensuring the continuous availability of FP commodities in remote districts and health facilities remains a challenge.

3.4 Recommendations

- There is a strong need to expand the number of LARC service providers in the public health sector of Nepal. Therefore, VP mobilization should go hand in hand with increasing the number of local service providers who can provide LARCs so that regular LARC service will be available.
- Districts and LMD need to manage enough implant stock and functionalise an effective pull system.
- There must be a separate room for FP services to ensure privacy and quality of care.
- Periodic supervision and monitoring is needed from higher authority (DHO) to health facilities
- LMD and DHO/DPHO need to supply IP and FP equipment where there are trained/coached health workers.
- NHTC/RHTC and DHO/DPHO should follow-up/monitor the trained health staff whether they are providing services or not after receiving coaching/ training.
- Provision of certain incentives to the FCHVs during LARC satellite camp/ VP service days might support community mobilization activities.

Overcoming misconceptions on LARCs increases its uptake

Sabita Bhandari (name changed) aged 42 years is a resident of Sindhuli district. She came in contact with VP Hemkala Dhakal on her regular visit to the health facility on 11 April 2016. She came to receive counselling on a FP method and had been using oral contraceptive pills for a long time. There had been no LARC service provider in the health facility. "Having heard about long term reversible contraceptive methods from her friends Sabita came to the facility to get an idea about long term contraceptives," says Hemkala. "I also knew that her husband had negative thinking/misconceptions such as that these methods can cause cancer or move to other parts of the body. So, he didn't want her to use it." I informed her about all FP methods, mentioned about the benefits and possible side effects and cleared all misconceptions and she was satisfied and decided to use implants cheerfully.

4. ANNEXES

Annex 4.1: Example of VP monthly movement plan, approved by DPHO Gorkha

Work Sheet

Invoice No. _____ Contract No.: 7845154130

Date	Description of Works	Place of Works	Day
may-1	Holi day		
may-2	Travell day	Gorkha to Harmi	↓
may-3	Travell day	Harmi to mirkot	↓
may-4	To counsel the LARC to coordinate the support with H.F staffs.	mirkot H.P	↓
may-5	Travell day	mirkot to Itajung	↓
may-6	To coach Implant. to follow up IUCD	Itajung H.P.	↓
may-7	Half day		
may-8	To coach implant to follow up IUCD	Harmi H.P	↓
may-9	Travell day	Harmi to Shimbokot	↓
may-10	To insert implant.	Shimbokot H.P	↓
may-11	Travell day	Shimbokot to Gorkha	↓
may-12	Reporting day	DPHO	↓
may-13	Leave		
may-14	Travell day	Gorkha to Gaikhuri.	↓
may-15	To insert implant IUCD.	Gaikhuri H.P	↓
Total No. of days @ 8 hours/day			12

Authorized Signature (Name): Rita Bhakal
 Visiting Provider
 NHSSP

Checked By: Bir Bahadur Shrestha
 FP SO
 DPHO Gorkha

Approved By: Mahendra Dhase Adhikari
 Senior P.H.A.
 S. D.P.H.A
 DPHO Gorkha

Note: The above hours are for actual hours worked and including the travel time

Work Sheet

Invoice No. _____ Contract No.: _____

Date	Description of Works	Place of Works	Day
may-16	Travell day	Gaikhuri to Bhachhak	↓
may-17	Travell day	Bhachhak to Bhachhak	↓
may-18	To coach implant & orient on assessment	Bhachhak H.P	↓
may-19	Travell day	Gaikhuri to Bhachhak	↓
may-20	Travell day	Bhachhak to Gorkha	↓
may-21	Travell day	Gorkha to mirkot	↓
may-22	To insert implant & IUCD. mirkot H.P	mirkot H.P	↓
may-23	Travell day	mirkot to Harmi	↓
may-24	Travell day & to insert implant. to coach IUCD & orient on assessment	Harmi to Appial Appial H.P	↓
may-25	Travell day	Appial to chyangli	↓
may-26	To coach implant & IUCD	Chyangli H.P	↓
may-27	Travell day	Chyangli to Gorkha	↓
may-28	Holiday		
may-29	Reporting	DPHO day.	↓
Total No. of days @ 8 hours/day			13

Authorized Signature (Name): Rita Bhakal
 Visiting Provider
 NHSSP

Checked By: Bir Bahadur Shrestha
 FP SO
 DPHO Gorkha

Approved By: Mahendra Dhase Adhikari
 Senior P.H.A.
 S. P.H.A
 DPHO Gorkha

Note: The above hours are for actual hours worked and including the travel time

Annex 4.2: Details of Services Provided in Health Facilities
Table 6: Details of services provided in Gorkha

	Health facilities	BC/NBC	Number of implant insertions	Number of IUCD insertions	Names of visiting providers	Date of services	Remarks
1	Namjung HP	NBC	7	0	Kalawati Chaudary	2/21/2016	
	Namjung HP	NBC	20	0	Kalawati Chaudary	27/3/2016	
2	Chhepetar	NBC	7	0	Kalawati Chaudary	3/23/2016	
	Chhepetar	NBC	4	0	Kalawati Chaudary	3/24/2016	
	Chhepetar	NBC	11	0	Kalawati Chaudary	5/24/2016	
3	Taple HP	NBC	11	0	Kalawati Chaudary	4/5/2016	
	Taple	NBC	7	1	Kalawati Chaudary	2016/6/1	
4	Bakrang HP	NBC	11	0	Kalawati Chaudary	12/4/2016	
5	Nareshwor	NBC	11	0	Kalawati Chaudary	6/4/2016	
6	Chhoprek HP	NBC	4	0	Kalawati Chaudary	3/20/2016	
	Chhoprak	NBC	3	0	Rita Dhakal	2016/3/21	
	Chhoprak	NBC	1	0	Rita Dhakal	2016/6/24	
7	Sara	NBC	6	0	Rita Dhakal	3/10/2016	
8	Deurali HF	NBC	6	0	Rita Dhakal	3/15/2016	
9	Ghankhu	NBC	14	0	Rita Dhakal	4/7/2016	5 impl removed
	Gankhu	NBC	6	0	Rita Dhakal	4/18/2016	2 impl removed
10	Dhuwankot	NBC	6	0	Rita Dhakal	3/10/2016	
11	Kharibot	NBC	6	0	Rita Dhakal	3/27/2016	
12	Chhoprak HF	NBC	3	0	Rita Dhakal	3/20/2016	1 impl removed
13	Deurali HP	NBC	1	0	Rita Dhakal	4/26/2016	
	Deurali	NBC	6	0	Rita Dhakal	2016/3/15	
14	Mirkot	NBC	1	0	Rita Dhakal	5/10/2016	
	Mirkot	NBC	5	0	Rita Dhakal	5/22/2016	
15	Gaikhur HF	NBC	5	0	Rita Dhakal	5/16/2016	
	Ghyachock	NBC	4	2	Rita Dhakal	2016/5/20	
16	Muchock	NBC	3	0	Rita Dhakal	3/23/2016	
	Muchock	NBC	3	0	Rita Dhakal	2016/6/19	1 impl removed
	Muchock	NBC	3	0	Rita Dhakal	2016/3/29	
17	Takukot HP	NBC	12	0	Gita Paneru	2/29/2016	
	Takukot	NBC	12	0	Gita Paneru	2016/3/6	
	Takukot HP	NBC	3	0	Gita Paneru	5/5/2016	
18	Aarupokhari	NBC	4	0	Gita Paneru	3/1/2016	
	Aarupokhari	NBC	12	0	Gita Paneru	5/11/2016	
19	Taklung	NBC	25	0	Kalawati Chaudary	2016/2/27	
	Taklung	NBC	3	0	Kalawati Chaudary	2016/7/19	
	Taklung	NBC	11	0	Kalawati Chaudary	2016/5 24	
20	Shrinathkot	NBC	1	0	Rita Dhakal	2016/5/10	
21	Kharibot	NBC	6	0	Rita Dhakal	2016/3/27	
22	Kerabari	NBC	2	0	Rita Dhakal	2016/4/4	1 impl removed
23	Pandrung	NBC	2	0	Gita Paneru	2016/6/22	
24	Manakamana HP	NBC	0	0	Kalawati Chaudhary	4/20/2016	
25	Aappipal HP	NBC	0	0	Rita Dhakal	5/6/2016	
	Total		268	3			

Table 7: Details of services provided in Sindhuli District

SN	Health facilities	BC/NBC	Number of implant insertions	Number of IUCD insertions	Name of visiting providers	Date of services
1	Ranichuri HP	NBC	11	2	Seeta Budathoki	1-2 Apr 2016
2	Dundbhanjyang HP	NBC	33	1	Seeta Budathoki	28-Apr-16
3	Jarayotar HP	NBC	18	5	Seeta Budathoki	March
4	Baseswor HP	NBC	13	1	Seeta Budathoki	16-May-16
5	Bimasthan HP	NBC	8	1	Seeta Budathoki	18-May-16
6	Bhadrakali HP	NBC	15	0	Seeta Budathoki	20-May-16
7	Ratanchura HP	NBC	3	2	Seeta Budathoki	22-May-16
8	Bitijor HP	NBC	5	0	Seeta Budathoki	27-May-16
9	Tinkanya HP	NBC	10	1	Seeta Budathoki	29-May-16
10	Siddeswori HP	NBC	0	0	Seeta Budathoki	5-Feb- 2016
11	Mahadevsthan HP	NBC	43	0	Hemkala Dhakal	25-Feb-16
12	Majhuwa HP	NBC	24		Hemkala Dhakal	10-11 Apr 2016
13	Shitalpati HP	NBC	34	3	Hemkala Dhakal	17-Mar-16
14	Kalpabrixya HP	NBC	22	0	Hemkala Dhakal	28-Feb-16
15	Tamajor HP	NBC	8	0	Hemkala Dhakal	8-May-16
16	Purano Jhangajholi HP	NBC	19	0	Hemkala Dhakal	20-Mar-16
17	Kyaneswor HP	NBC	26	0	Hemkala Dhakal	22-Apr-16
18	Netrakali HP	NBC	10	2	Hemkala Dhakal	6-May-16
19	Mahendrajhyadi HP	NBC	7	2	Hemkala Dhakal	22-May-16
20	Shanteswori HP	NBC	19	0	Hemkala Dhakal	4-May-16
21	Kuseswor Dumja HP	NBC	17	0	Hemkala Dhakal	25-Mar-16
22	Pipalmadi HP	NBC	15	0	Hemkala Dhakal	24-May-16
23	Hariharpurgadhi HP	NBC	14	0	Hemkala Dhakal	26-May-16
24	Dandigurase HP	NBC	5	0	Hemkala Dhakal	16-May-16
25	Kakurthakur HP	NBC	14	2	Richa Shrestha	15-Mar-16
26	Tandi HP	NBC	3	0	Richa Shrestha	11-May-26
27	Jinakhu HP	NBC	15	0	Richa Shrestha	29-Apr-16
28	Harsahi HP	NBC	6	0	Richa Shrestha	3-May-16
29	Ratnawati HP	NBC	7	0	Richa Shrestha	19-Mar-16
30	Ladavir HP	NBC	2	0	Richa Shrestha	13-May-16
31	Mahadevidanda HP	NBC	13	3	Richa Shrestha	8-9 May 2016
32	Tosramkhola HP	NBC	8	1	Richa Shrestha	23-Mar-16
33	Kholagaun HP	NBC	17	0	Richa Shrestha	5-Jun-16
34	Sumnampokhari HP	NBC	20	0	Richa Shrestha	7-Jun-16
35	Khangsang HP	NBC	5	0	Richa Shrestha	8-Jul-16
36	Amale HP	NBC	0	0	Hemkala Dhakal	31-March-16
	Total		489	26		

Table 8: Details of services provided in Okhaldhunga District

SN	Health facilities	BC/NBC	Number of implant insertions	Number of IUCD insertions	Name of visiting providers	Date of services
1	Patle HP	NBC	9	0	Sanita Thapa	11-May-16
2	Jyamire HP	NBC	2	0	Sanita Thapa	23-May-16
3	Madhavpur HP	NBC	7	3	Sanita Thapa	27-Apr-16
4	Kalika HP	NBC	5	0	Sanita Thapa	17-Feb-16
5	Salleri HP	NBC	3	0	Sanita Thapa	27-May-16
6	Mulkharka HP	NBC	2	0	Sanita Thapa	18-May-16
7	Unbu HP	NBC	1	3	Sanita Thapa	25-May-16
8	Rawadolu HP	NBC	24	0	Goma Karki	12-13 May 2016
9	Bhusinga HP	NBC	2	0	Goma Karki	15-May-16
10	Singhdevi HP	NBC	1	0	Goma Karki	19-Feb-16
11	Narmadeswor HP	NBC	4	3	Goma Karki	23-Feb-16
12	Fediguth HP	NBC	19	0	Goma Karki/Sanita Thapa	28-Feb-16
13	Yasam HP	NBC	3	2	Goma Karki	7-Apr-16
14	Barnalu HP	NBC	3	0	Nirmala Tolangi	29-May-16
15	Sherna HP	NBC	0	2	Nirmala Tolangi	17-May-16
16	Kuibhir HP	NBC	5	0	Nirmala Tolangi	26-May-16
17	Diyale HP	NBC	8	0	Nirmala Tolangi	25-May-16
18	Moli HP	NBC	2	0	Nirmala Tolangi	23-May-16
19	Mamkha HP	NBC	3	0	Nirmala Tolangi	18-May-16
20	Taluwa HP	NBC	26	2	Nirmala Tolangi	25-Mar-16
	Total		129	15		

Table 8: Details of services provided in Nuwakot District

SN	Health facilities	BC/NBC	Number of implant insertions	Number of IUCD insertions	Name of visiting providers	Date of services
1	Manakamana	NBC	1	0	Manisha Bist	16-Mar-16
	Manakamana	NBC	2	0	Manisha	2 July
2	Budsing	NBC	11	0	Manisha	18-Mar-16
3	Ghorsingh	NBC	9	2	Manisha	22-Mar-16
4	Basuntej	NBC	5	0	Manisha	3-Mar-16
6	Daansingh	NBC	34	4	Manisha	5- Mar-16
7	Kalenpur	NBC	2	0	Manisha	17-Apr-16
8	Kalenpur	NBC	5	0	Manisha	12-May-16
9	Salme	NBC	0	0	Manisha	28-May
10	Valche	NBC	2	0	Manisha	29-May-16
11	Thaprek	NBC	16	0	Manisha	9-May-16
12	Samundradevi	NBC	1	0	Harikala Khadka	1-Mar-16
13	Belkot	NBC	3	0	Harikala	16-Mar-16
14	Thanapathi	NBC	7	0	Harikala	3-Apr-16
15	Kumari	NBC	15	0	Harikala	21-Apr-16
16	Sikre	NBC	6	1	Harikala	23-Apr-16
17	Madanpur	NBC	3	0	Harikala	13-May-16
18	Suryamati	NBC	20	0	Harikala	20-May-16
	Thansingh	NBC	2	0	Harikala	25-May-16
19	Thansingh	NBC	9	0	Harikala	21-June-16
20	Talakhu	NBC	1	0	Harikala	29-Feb-16
21	Ghangphadi	NBC	4	0	Harikala	2-May-16
22	Sundra devi	NBC	12	0	Tulsi Paudel	16-Mar-16
	Sandradevi	NBC	3	0	Manisha	3 July
23	Haldikalika	NBC	8	0	Tulsi	22-Mar-16
24	Raluca	NBC	19	0	Tulsi	4-Apr-16
25	Ganesthan	NBC	1	0	Tulsi	21-May-16
	Ganeshthan	NBC	2	0	Tulsi	14 July
26	Narjhamandav	NBC	24	0	Tulsi	18-May-16
27	Narjamandav	NBC	4	0	Tulsi	12 July
28	Urlani	NBC	14	0	Tulsi	23-May-16
29	Mahakali	NBC	0	0	Harikala	10-Jun
30	Chaap	NBC	0	0	Harikala	7-Jun
31	Khanigaun	NBC	0	0	Tulsi	18-Mar
32	Kabilash	NBC	0	0	Tulsi	14-Jun
33	Panchyakanya	NBC	0	0	Tulsi	16-May
	Total		245	7		

Table 10: Details of services provided in Lalitpur District (NBCs)

SN	Health facilities	NBC	Number of implant insertions	Number of IUCD insertions	Name of visiting providers	Date of services
1	Ikudol	NBC	13	0	Sarita	2-Mar-16
2	Devichaur	NBC	3	0	Sarita	11-May-16
3	Godavari	NBC	6	0	Sarita	19-May-16
	Godabari	NBC	3	0	Laxmi Acharya	18-April
	Godabari	NBC	10	0	Laxmi	20-June
4	Chapagaun	NBC	1	0	Sarita	25-May-16
	Chapagaun	NBC	6	0	Anjana	5-June
	Chapagaun	NBC	7	0	Sarita	26-june
5	Sankhu	NBC	17	0	Anjana	26-Apr-16,6-June, 15-July
6	Kaleshwor	NBC	1	0	Anjana	29-Apr-16
7	Chandanpur	NBC	14	0	Anjana	3-May-16
8	Jharuwarashi	NBC	5	0	Anjana	24-May-16
9	Sunakothi	NBC	18	0	Laxmi	29-Mar-16
	Sunakothi	NBC	17	0	Laxmi	26-Apr-16
	Sunakothi	NBC	12	0	Laxmi	28 June
10	Badekhel	NBC	1	0	Laxmi	10-Apr-16
	Badekhel	NBC	5	0	Laxmi	9-May-16
	Badekhel	NBC	11	0	Laxmi	10-June
	Badekhel	NBC	10	0	Laxmi	29 June
	Badekhel	NBC	1	0	Laxmi	11 July
11	Godamchaur	NBC	1	0	Laxmi	22-Apr-16
12	Siddipur	NBC	1	0	Laxmi	25-Apr-16
	Siddipur	NBC	15	0	Laxmi	21-Mar-16
	Siddipur	NBC	8	0	Laxmi	23-May-16
	Siddipur	NBC	8	0	Laxmi	27-June
13	Lamatar	NBC	1	0	Laxmi	17-May-16
14	Thecho	NBC	2	0	Laxmi	13-May-16
15	Saibu	NBC	1	0	Laxmi	15-May-16
	Saibu	NBC	1	0	Laxmi	11-May-16
16	Bisankhunarayan	NBC	5	0	Laxmi	2-May-16
	Bisankhunarayan	NBC	2	0	Laxmi	2-June
	Bisankhunarayan	NBC	7	0	Laxmi	4-July
17	Imadol	NBC	1	0	Laxmi	19-May-16
18	Dhapakhel	NBC	2	0	Laxmi	25-May-16
	Dhapakhel	NBC	5	0	Laxmi	22-June
19	Chhaampi	NBC	1	0	Laxmi	29-May-16
	Chhampi	NBC	6	0	Laxmi	30 June
20	Tikathali	NBC	0	0	Laxmi	19-Apr
21	Khokana	NBC	0	0	Laxmi	10-May
22	Nallu	NBC	0	0	Anjana	5-May
	Total		228	0		

Table 11: Details of services provided in Lalitpur District (BCs)

S.N	Name of HF	BC	Implant insert	IUCD insert	Name of VP	Date of service
1	Pyutar	BC	4	0	Sarita	22-June-16
	Pyutar	BC	16	0	Sarita	25- March-16
	Pyutar	BC	11	0	Sarita	30- April-16
2	Bhattadanda	BC	6	0	Sarita	6-March-16
3	Malta	BC	14	0	Sarita	27-Feb-16
4	Ashrang	BC	15	1	Sarita	18-19 March
	Ashrang	BC	26	0	Sarita	29-April-16
	Gimdi	BC	4	0	Sarita	20-march-16
5	Gimdi	BC	16	0	Sarita	27-April-16
	Gimdi	BC	13	0	Sarita	23-May-16
	Gimdi	BC	1	0	Sarita	20-June-16
6	Thuladurlung	BC	8	1	Anjana	13-March
7	Bhardeu	BC	14	0	Anjana	12-Feb
	Bhardeu	BC	12	0	Anjana	27-may
	Bhardeu	BC	7	0	Anjana	4-April
8	Bukhel	BC	10	0	Anjana	30-March
	Bukhel	BC	6	0	Anjana	25-April
9	Gotikhel	BC	10	0	Anjana	19-March
10	Bungmati	BC	6	0	Laxmi	9-March
	Bungmati	BC	4	0	Laxmi	11-April
	Bungmati	BC	8	0	Laxmi	12-April
	Bungmati	BC	7	0	Laxmi	12-may
11	Lubhu	BC	2	0	Laxmi	20-March
	Lubhu	BC	7	0	Laxmi	24-March
	Lubhu	BC	1	0	Laxmi	27-May
12	Dalchoki	BC	16	0	Sarita	19-April
13	Chaughare	BC	5	0	Anjana	6-April
	Chaughare	BC	4	0	Anjana	28-April
	Chaughare	BC	11	0	Anjana	26-May
	Chaughare	BC	2	0	Anjana	19-July
14	Harisiddhi	BC	4	1	Laxmi	18-May
	Harisiddhi	BC	2	1	Laxmi	19-June
	Harisiddhi	BC	-	1	Laxmi	23-June
15	Dukhuchaap	BC	1	0	Laxmi	8-May
	Dukhuchaap	BC	5	0	Laxmi	7-June
	Dukhuchaap	BC	3	0	Laxmi	10 July
	Total		281	5		

Table 12: Details of services provided in Nuwakot District (BCs)

S.N	Name of HF	BC	Implant insert	IUCD insert	Name of VP	Date of service
1	Fikuri	BC	2	0	Manisha	3 March
2	Kimtang	BC	28	0	Manisha	5 march
3	Charghare	BC	3	0	Manisha	7 March
4	Tupche	BC	14	0	Manisha	9 march
5	Samari	BC	56	0	Manisha	10 March
6	Nuwakot	BC	1	0	Manisha	2 may
7	Sunakhani	BC	17	0	Harikala	25- Feb
	Sunakhani	BC	7	0	Harikala	23 June
8	Deupipal	BC	19	0	Harikala	28 March
	Deupipal	BC	16	0	Harikala	27 April
9	Samundraratar	BC	19	0	Tulsi	17 march
10	Latang	BC	17	0	Tulsi	19 March
11	Khadgabhanjang	BC	2	0	Manisha	24 April
12	Taruka	BC	19	1	Manisha	29 April
13	Kharanitar	BC	1	0	Tulsi	8 April
14	Bhadraratar	BC	1	0	Tulsi	21 April
	Bhadraratar	Bc	5	0	Manisha	10 July
15	Gerkhuh	BC	5	0	Tulsi	15 may
	Total		232	1		

Table 13: Details of services provided in Sindhuli DISTRICT (BC)

SN	Name of HF	Implant	IUCD	Name of VP
		Insertion	Insertion	
1	MCH,DPHO	3	2	Seeta Budathoki and Richa Shrestha
2	Balajor HP BC	21	5	Seeta Budathoki
3	Chapauli HP BC	5		Seeta Budathoki
4	Kapilakot PHCC BC	12	4	Hemkala Dhakal
5	Arun Thakur HP BC	28		Richa Shrestha
6	Belghari PHCC BC	4	2	Seeta Budathoki
7	Dudhali HP BC	5	5	Richa Shrestha
8	Bhimeswor HP BC/Khurkot	10	10	Seeta Budathoki
9	Hatpate HP BC	4	4	Seeta Budathoki
10	Lampantar PHC BC	6	2	Richa Shrestha
11	Ambote HP BC	3		Richa Shrestha
12	Jhangajholi Ratmata HP	4		Hemkala Dhakal
13	Bastipur HP BC	15	2	Hemkala Dhakal
14	Nipane HP BC	30	1	Seeta Budathoki
	Total	150	37	

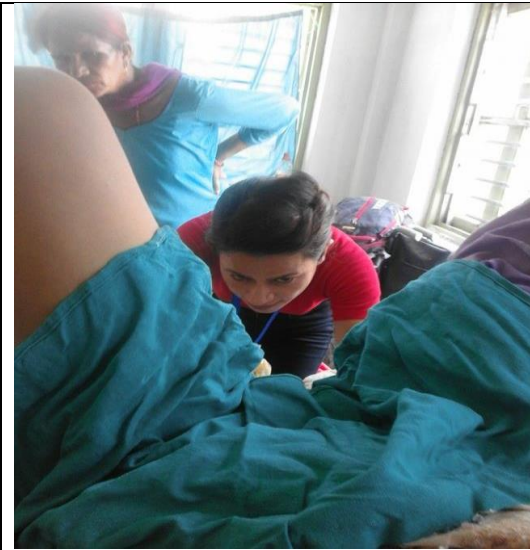
Table 14: Details of services provided in Okhaldhunga DISTRICT (BC)

SN	Name of HF	Implant	IUCD	Name of VP
		Insertion	Insertion	
1	Pokali HP BC	0	3	Goma Karki
2	Bilandu HP BC	21	2	Goma Karki
3	Khijifalate HP BC	13	3	Goma Karki
4	Khijichandeswori HP BC		2	Goma Karki
5	Ragani HP BC	16		Goma Karki
6	Katunje HP BC		5	Sanita Thapa
7	Thakle HP BC	2	5	Sanita Thapa
8	Bhadaure HP BC	25	4	Nirmala Tolangi
9	Narayansthan HP BC	1	2	Nirmala Tolangi
10	Betini HP BC	5	2	Nirmala Tolangi
11	Thulachap HP BC	1	2	Nirmala Tolangi
12	Phulbari HP BC	19	1	Goma Karki
13	Palapu HP BC	1		Goma Karki
14	Chyanam HP BC	2	15	Sanita Thapa
15	Raniban PHCC BC	12	5	Goma Karki
16	Gamnangtar HP BC	20	3	Goma Karki
17	Prapcha HP BC	5	4	Sanita Thapa
18	Ratmate HP BC	6	0	Nirmala Tolangi
19	Rangadip HP BC	11	0	Nirmala Tolangi
20	Tarkerabari HP BC	9	1	Goma Karki
21	Jantarkhani HP BC	2	3	Sanita Thapa
	Total	171	62	

Table 15: Details of services provided in Gorkha DISTRICT (BC)

SN	Health facilities	BC	Number of implant insertions	Number of IUCD insertions	Names of visiting providers	Date of services	Remarks
1	Saurpani HP	BC	9	0	Gita Paneru	2016/3/14	
	Saurpani	BC	1	1	Gita Paneru	2016/3/21	
2	Aaruchanaute	BC	1	0	Gita Paneru	2016/4/18	
3	Khanchock	BC	1	0	Gita Paneru	2016/5/3	
4	Swara	BC	1	0	Gita Paneru	2016/5/20	
5	Dhawa	BC	2	0	Gita Paneru	2016/5/25	
6	Baguwa	BC	9	0	Gita Paneru	2016/5/27,2016/3/30, 2016/3/31, 2016/4/10	
7	P. Deurali	BC	1	0	Gita Paneru	2016/6/20	
8	Tandrang	BC	1	0	Gita Paneru	2016/3/1	
9	Gumda	BC	12	0	Gita Paneru	2016/3/9	
10	Barpak	BC	13	0	Gita Paneru	2016/3/24	
	Barpak	BC	3	2	Gita Paneru	2016/3/25	
11	Baluwa	BC	2	2	Gita Paneru	2016/4/4	
12	Baluwa	BC	1	0	Gita Paneru	2016/4/27	
	Takumajlakuribot	BC	12	1	Gita Paneru	2016/4/15	
13	Thatipokhari	BC	3	0	Rita Dhakal	2016/2/29	
	Thatipokhari	BC	2	1	Rita Dhakal	2016/4/11	
	Thatipokhari	BC	1	0	Rita Dhakal	2016/6/1	
	Harmi	BC	1	0	Rita Dhakal	2016/3/1	
14	Harmi	BC	0	2	Rita Dhakal	2016/3/3	
15	Thalajung	BC	3	1	Rita Dhakal	2016/3/6	
	Thalajung	BC	3	0	Rita Dhakal	2016/6/9	
16	Khoplang	BC	8	1	Rita Dhakal	2016/3/16	
17	Bhachhack	BC	1	2	Rita Dhakal	2016/3/30	
18	Semjung	BC	7	1	Rita Dhakal	2016/3/31	1 Impl removed
19	Dhuwakot Birthing	BC	2	0	Rita Dhakal	2016/6/16	
	Dhuwakot	BC	2	0	Rita Dhakal	2016/7/10	
20	Finam	BC	5	0	Kalawati	2016/2/4	
	Finam	BC	9	0	Kalawati	2016/14/6	
	Finam	BC	14	0	Kalawati	2016/2/26	
	Finam	BC	4	5	Kalawati	2016/4/3	
	Finam	BC	1	0	Kalawati	2016/4/6	
21	Ghairung	BC	16	0	Kalawati	2016/2/23	
	Ghairung	BC	17	0	Kalawati	2016/2/28	
	Ghairung	BC	8	0	Kalawati	2016/2/29	
22	Borlang	BC	6	0	Kalawati	2016/3/20	
	Borlang	BC	7	0	Kalawati	2016/2/16	
23	Darbung	BC	6	0	Kalawati	2016/3/30	
	Darbung	BC	0	0	Kalawati	2016/7/9	1 impl removed
24	Fujel	BC	3	0	Kalawati	2016/3/28	1 IUCD removed
	Finam	BC	3	0	Kalawati	2016/4/12	
25	Bungkot	BC	10	0	Kalawati	2016/2/22	
26	Jaubari PHC	BC	1	0	Rita Dhakal	2016/7/6	
	Total		212	19			

Annex 4.3: Photographs



IUCD insertion by VP at Khurkot HP (Seeta, Sindhuli)



Vital sign checkup before implant insertion at Bhardeu BC/Lalitpur by VP- Anjana Manandar



Implant insertion service at Salleri HP by VP (Sanita, Okhaldhunga)



Visiting provider walking through rugged terrain on her way to Sirdibas HP, Gorkha