Cover Photo: Non-scalpel vasectomy (NSV) procedure in progress at Samundratar Health Post, Nuwakot

Health Sector Transition and Recovery Programme

Thirty comprehensive FP Mobile Camps conducted in 5 Earthquake affected Districts

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TPO Nepal PEACE OF MIND
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This report is submitted in compliance with NHSSP payment deliverable FP5:
" A total of 30 comprehensive FP mobile camps conducted in five districts".

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LIST OF ACRONYMS

AHW	auxiliary health worker
ANM	auxiliary nurse midwife
BC	birthing centre
CYP	couple years of protection
DFID	Department for International Development (UKaid)
DHO	district 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
HP	health post
IEC	information and education communications
IUCD	Intrauterine contraceptive device
LAPM	long acting permanent method
LARC	long acting reversible contraceptive
MEC	Medical eligibility criteria
ML	minilap
MoH	Ministry of Health
NHSSP	Nepal Health Sector Support Program
NMS	national medical standards
NSV	non scalpel vasectomy
PHCC	primary health care centre
QI	quality improvement
SN	staff nurse
SPN/MSI	Sunaulo Pariwar Nepal /Marie Stopes International
USAID	United States Agency for International Development
VSC	voluntary surgical contraception

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1. Introduction

1.1 Purpose of this report

This report presents details of Comprehensive Family Planning (FP) mobile camps conducted 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 through Sunaulo Priwar Nepal/Marie Stopes International (SPN/MSI, hereafter referred to as MSI) in coordination with respective District Health Offices (DHOs). The report is divided into five sections:

Section 1: Introduction
Section 2: Activities carried out
Section 3: VSC+ outputs and follow-up activities
Section 4: Cost-effectiveness, challenges and lessons learned
Section 5: Annexes

Its submission satisfies the requirements of NHSSP payment deliverable FP5: A total of 30 comprehensive FP mobile camps conducted in five districts.

1.2 Background

Providing outreach services to the community has been an effective approach to reach remote and rural communities with FP services. In particular, mobile outreach services, also known as mobile camps, have been recognised as a high impact intervention and an effective way of increasing access to FP services amongst hard to reach communities and rural populations. Mobile camps can be used depending on local demand in areas where regular facilities, such as clinics, do not exist due to unavailability of adequate sites, human resources and equipment.

In Nepal, the 25 April 2015 earthquake, measuring 7.8 magnitude and the many after-shocks of significant magnitude, have claimed the lives of more than 8,000 people and have left more than 18,000 people injured. Health services have been severely disrupted and more than 1,000 health facilities have been damaged. Delivery of primary health care has been severely disrupted.

Shortages of trained service providers that are skilled to offer choice of FP methods to underserved populations, generally low demand for FP services and limited awareness and knowledge on the availability and access to FP services are key bottlenecks to increasing FP utilisation in Nepal. To increase access to and utilisation of FP services by hard to reach and internally displaced populations, NHSSP designed (in coordination with Family Health Division-FHD) FP service interventions targeted to five earthquake affected districts. The Transition and Recovery FP strengthening project used two key approaches that were piloted by FHD/NHSSP in 2015: the visiting provider model (Ramechhap model) and comprehensive voluntary surgical contraception (VSC) camp model (VSC+ Darchula model).

2. Activities Carried Out

This section summarizes key activities conducted at preparatory stage, during the camp conduct and follow-up period.

2.1 Preparatory activities

i) Central level

- A memorandum of understanding (MoU) was signed between MSI and NHSSP and a Terms of Reference (ToR) outlining key activities and payment deliverables was agreed upon (Annex 5.1).
- A refresher training/orientation on the outreach program targeting the MSI outreach team was conducted by MSI from 3 to 6 April, 2016, at the MSI support office. NHSSP team facilitated a session on FP quality issues, USAID FP Compliance, and VSC+ approaches.

ii) District level

A one-day planning workshop/meeting was conducted in all five districts during December 2015 and January 2016. Health facility in-charges from respective districts were invited to district headquarters (two days in Gorkha).

The main objectives of the workshop were:

1. To brief on the USAID-DFID funded "Rehabilitation, recovery, and strengthening/ expansion of FP services (with a focus on LARCs) in five districts" program
2. To identify and verify FP needs and gaps
3. To explore overall program planning including scheduling Visiting Provider (VP) movement and conducting VSC+ events (approach, site (Annex 5.2), frequency (Annex 5.3)[1], follow up)

Soon after the district planning meeting representatives from MSI Nepal visited all 5 districts to sign a MoU with DHOs. An example of the MoU between DHO Gorkha and MSI is shown in Annex 5.5. The MoU outlined camp dates, roles and responsibilities of DHOs and MSI.

[1] *All districts agreed after re-negotiation to repeat VSC+ camps in at least 2 previous sites. Okhaldhunga will repeat only in one site.*

2.2 Demand generation activities

2.2.1 Pre-VSC meeting

Pre-VSC meetings with Female Community Health Volunteers (FCHVs) were organised in each selected site at least a week before the camp dates. NHSSP district coordinators from respective districts and DHO district supervisors and local health facility in-charges facilitated the pre-VSC meetings. Annex 5.4 shows pre-VSC meeting dates and number of FCHVs attending in different sites in the 5 districts. In the pre-VSC meeting, roles and responsibilities of FCHVs were discussed and FCHVs also committed to spread messages on the date and venue of camps to the clients who wanted to take VSC + services.

FCHVs were oriented also on the advantages, possible side effects and myths and misconceptions of vasectomy, minilap, implant, IUCD etc. Health facility staffs of respective health institutions were also actively involved and committed to support during VSC camps. Altogether, 438 FCHVs across 5 districts were oriented on the VSC+ approach and services. Table 1 shows number of FCHVs oriented in the five districts.

Table 1: District-wise number of FCHVs attending pre-VSC meeting

SN	Districts	Number of FCHVs oriented in Pre-VSC meeting
1	Sindhuli	63
2	Lalitpur	54
3	Gorkha	115
4	Okhaldhunga	82
5	Nuwakot	124
	Total	438

2.2.2 Radio-message and pamphlet distribution

In each district, a short radio-message regarding VSC+ camp location, dates, and available service was broadcast through local FM radio. In addition, pamphlets mentioning camp sites, dates, and available services were posted on walls at strategic public places such as bus-parks, schools and tea-shops. The information regarding VSC+ camp was also disseminated though school students. A pamphlet distributed in Nuwakot district is shown in Annex 5.8.

2.3 VSC+ Camp management and service delivery approach

Altogether three VSC+ service delivery compact teams were deployed to 5 districts by MSI. Each of the team comprised of 6 members including one doctor, two staff nurses, one auxiliary nurse midwife (ANM) coordinator, one driver, and one clinic aide. All team members were oriented on the requirements of the project and scope of work.

The MSI team reached camp sites one day before the camp-day to prepare rooms for registration, counselling, screening, procedure, recovery, and waste disposal arrangements.

The VSC+ service was delivered according to the standards laid out in Nepal Medical Standard Volume 1. After the registration of clients and provision of counselling on FP methods, a clinical assessment was carried out to assess their medical eligibility for suitable methods. Service providers used a Decision Making Tool (DMT), Medical Eligibility Criteria (MEC) wheel, and pregnancy screening job aid to provide counselling and eligibility screening for FP use. An appropriate method was then provided to clients depending on their voluntary and informed choice. Service providers also used the FP informed choice poster during FP counselling (Annex 5.6).

VSC+ Approach

NHSSP and MSI had previously been working in partnership in Nepal to deliver VSC+ services in remote districts of Nepal. The five TRP program districts lacked enough skilled in-house human resources to carry out the VSC+ camps. MSI Nepal with technical support from NHSSP jointly coordinated the implementation of the VSC+ activities in selected health facilities across 5 districts. A trained and skilled team from MSI travelled to district health care facilities to offer VSC+ services.

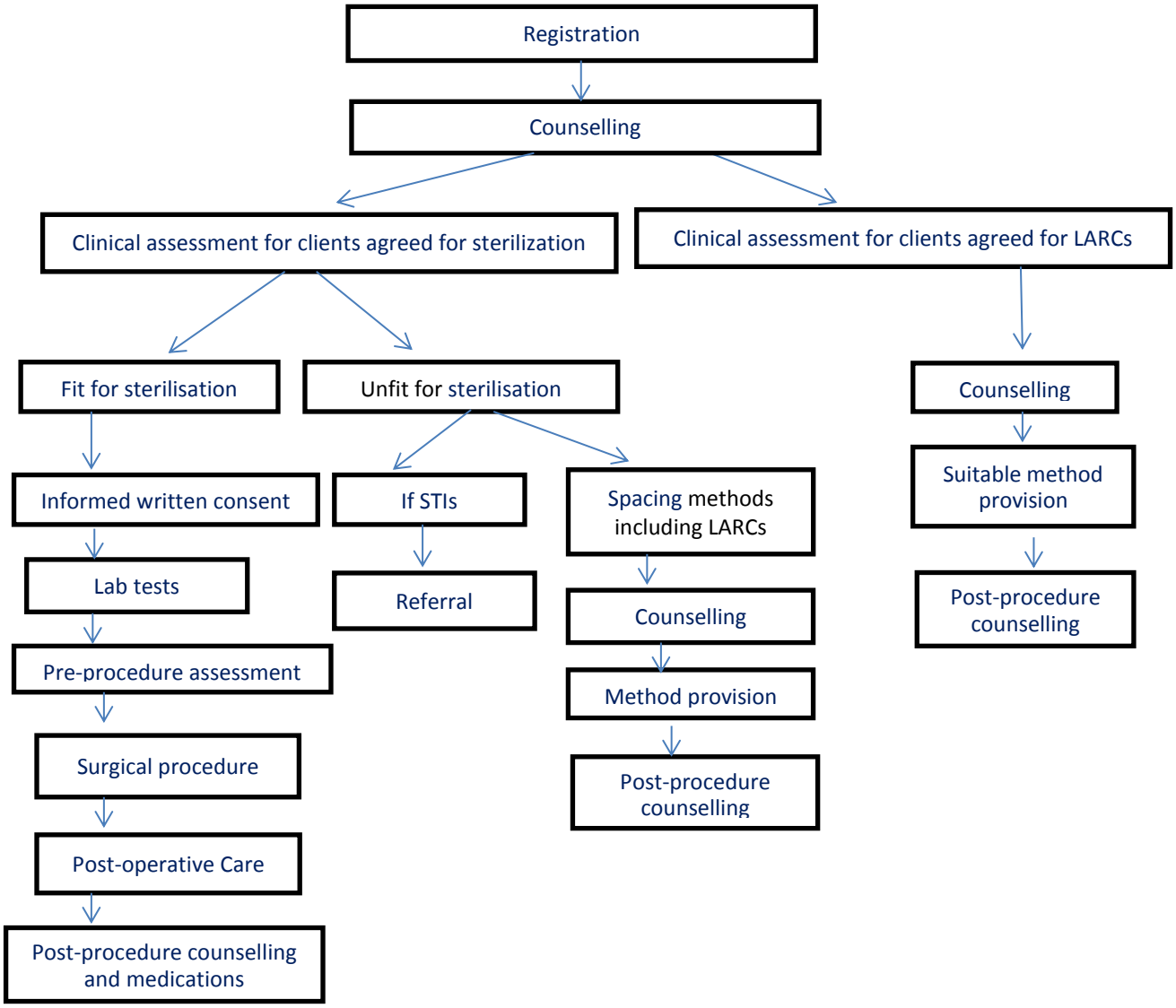
Under NHSP II, NHSSP had sub-contracted MSI to provide VSC+ service in Darchula district of Far-West Nepal for an operation research. In the current five program districts, a similar modality was adopted to conduct VSC+ camps as per the Darchula model with some differences, as mentioned in the table below.

Table 2: Differences in VSC+ camps in Darchula and current five districts

SN	Darchula Model	Post-earthquake VSC+ camps in 5 program districts
1	All sites had repeat camp 4 repeated camps at an interval of 2-4 weeks	Only few sites (district hospitals/high client flow) had a repeat camp
2	Camps were organized from August to December (Pre-winter season, festival months)	Camps were organized from April to June (warm and working/farming season)
3	Travel distance to district headquarter of Darchula was 2 days from Kathmandu (from where compact team were mobilized)	Each district headquarter could be reached within 1-6 hrs travel time from Kathmandu (from where compact team were mobilized)
4	Information dissemination was mainly through FCHVs and HFOMCs, and radio-broadcasting	Pamphlets were also used to complement FCHVs/HFOMC and radio-broadcasting
5	One MSI mobile team deployed	Except in Gorkha each MSI mobile team covered two districts

The following flow-chart (Fig.1) shows FP service procedure in VSC+ camps. All clients who visited the camp were first registered in the reception. They were then referred to a counsellor in the counselling room who supported the client to identify a suitable FP method. Clinical assessment was carried out to assess their medical eligibility for different FP methods and providers helped clients choose a suitable FP method. After the FP service was provided, clients were also given post-procedure counselling to ensure continuity of service, what to do for minor side effects and where to go for possible complications.

Fig.1: Flow chart for Comprehensive FP event



3. VSC+ outputs and Follow-up activities

VSC+ camps were organized in 39 sites in five districts as listed below in table 4: Among total 39 sites, 9 sites had a repeat event making a total of 48 camp events against the target of 30 camps for this PD. This section outlines key achievements and follow-up activities for service users.

Table 3: Number of VSC+ camps conducted by district (5 districts)

Sindhuli	Okhaldhunga	Lalitpur	Nuwakot	Gorkha
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	ThulaDurlung	Sallemaidan	Machhakhola HP
Belghari			DHO Hospital	Soti
				Khanchowk
				Takukot
				Barpak
				Bhachhek
				Chipleti
				Thalajung
7 sites	6 sites	6 sites	7 sites	13 sites
2 repeat sites	1 repeat site	2 repeat sites	2 repeat sites	2 repeat sites

In addition to VSC+ service delivery, the MSI team also contributed to local capacity building and transfer of clinical skills and knowledge by coaching local service providers on LARCs. Seven service providers (two on intrauterine contraceptive Devices [IUCDs] and five on implants) from Sindhuli, Okhaldhunga and Gorkha were coached and they independently performed LARC insertions.

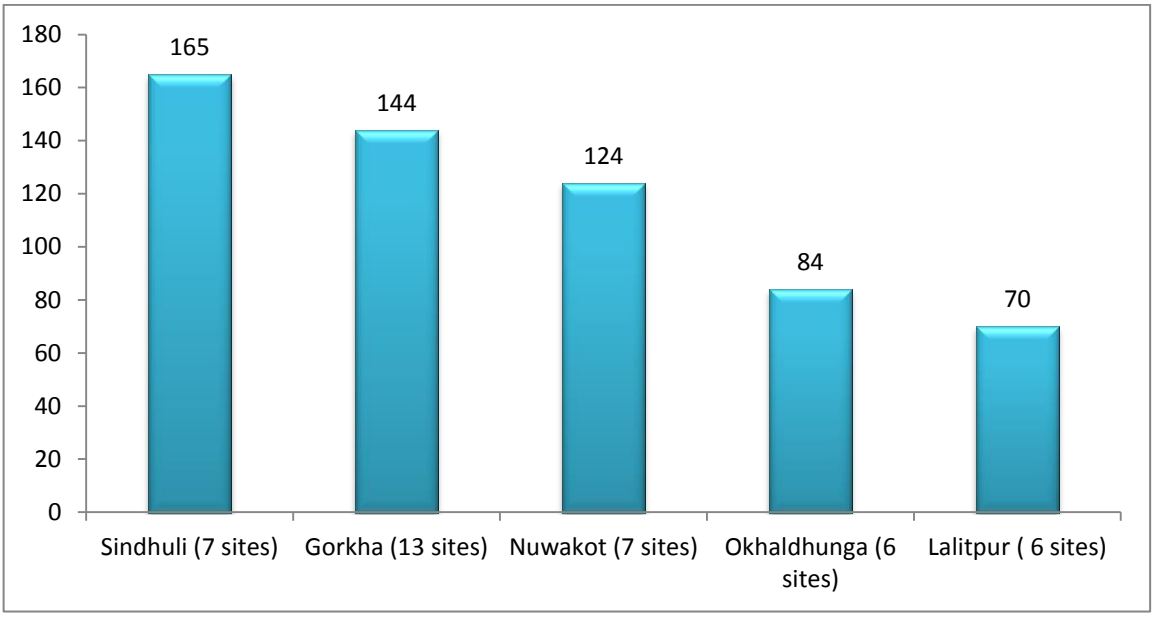
Table 4: Details of staff coached on LARC services during VSC+ camps

District	HF	Name of staff	Position	Coached on	Competency level
Sindhuli	Ranibas HP	Rukmini Baral	ANM	Implant	Satisfactorily performed/competent
Sindhuli	Belghari PHCC	Mohan Bahadur Dahal	Sr.AHW	Implant	Satisfactorily performed/competent
Sindhuli	Belgari PHCC	Sabitra Dahal	Sr. ANM	IUCD	Satisfactorily performed/competent
Gorkha	Machhakhola HP	Arbainda Shaha	AHW	Implant	Satisfactorily performed/competent
Okhaldhunga	Gamnangtar HP	Sita Karki	ANM	Implant	Satisfactorily performed/competent
OKhaldhunga	Khiji Chandeshwari HP	Malati Sunuwar	ANM	IUCD	Satisfactorily performed/competent
OKhaldhunga	Manebhanjyang HP	Manisha Sharma	ANM	Implant	Satisfactorily performed/competent

3.1 Analysis of service users

Till 30 June 2016, a total of 48 VSC+ camps were conducted in 39 sites across five districts. Altogether it took 84 camp days to conduct 48 VSC+ camps. Altogether 587 people were reached (received VSC+ services) through the camps (Annex 5.7). The average number of clients reached per camp was 12.2. Figure 2 shows district-wise number of people reached through VSC+ camps. The average number of people reached per camp-site was 23 in Sindhuli, 18 in Nuwakot, 14 in Okhaldhunga, 12 in Lalitpur and 11 in Gorkha[2].

Fig.2: Number of people receiving VSC+ services in five districts (39 sites)

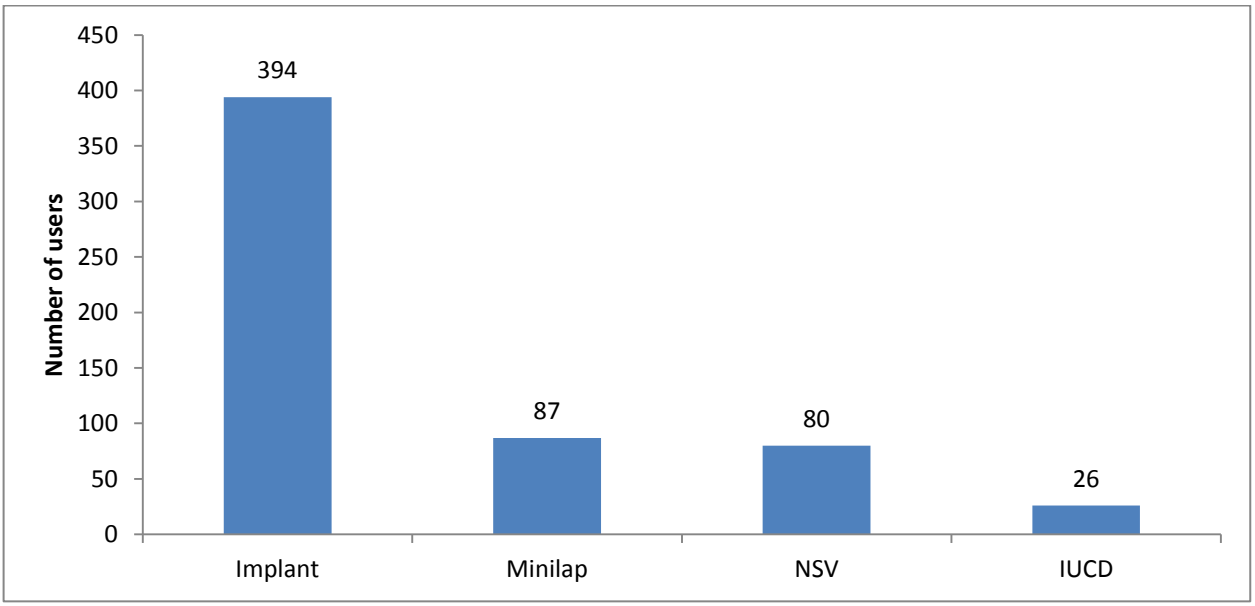


Among the clients who visited the camps (n=587), 394 (67%) received implants, 87 (14.8%) received minilap, 80 (13.7%) received non-scalpel vasectomy (NSV) and 26 clients (4.5%) received IUCD (Fig.3) service. This service utilisation pattern shows higher preference for implant and a low preference for IUCD.

The VSC+ camps in 5 districts achieved a total of 3,788 couple years of protection (CYP). The CYP yielded was 2,171 for sterilization; 1,497 for implants and 120 for IUCD. None of the clients accepted short term FP methods (Depo, pills) in VSC+ camps.

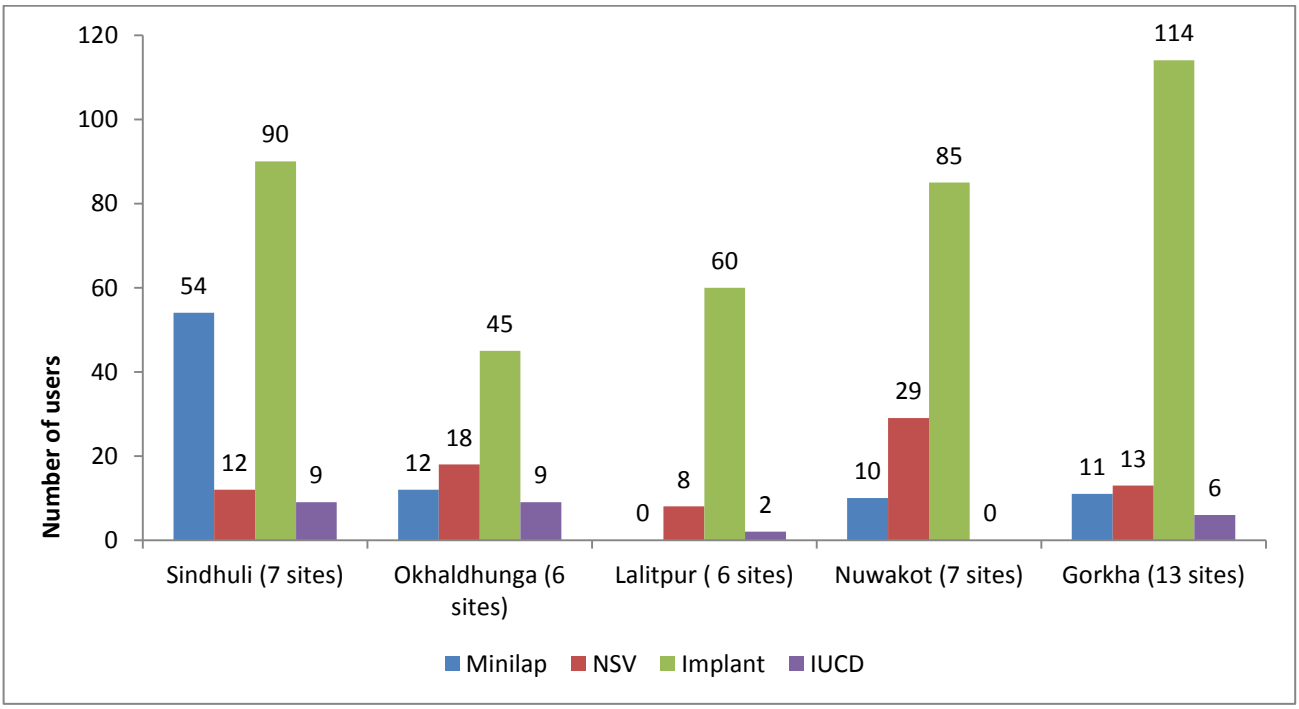
[2] *Gorkha had completed its regular VSC camps (fiscal year 2071/72) before end of December 2016*

Fig.3: Number of people receiving VSC+ service (method-wise)



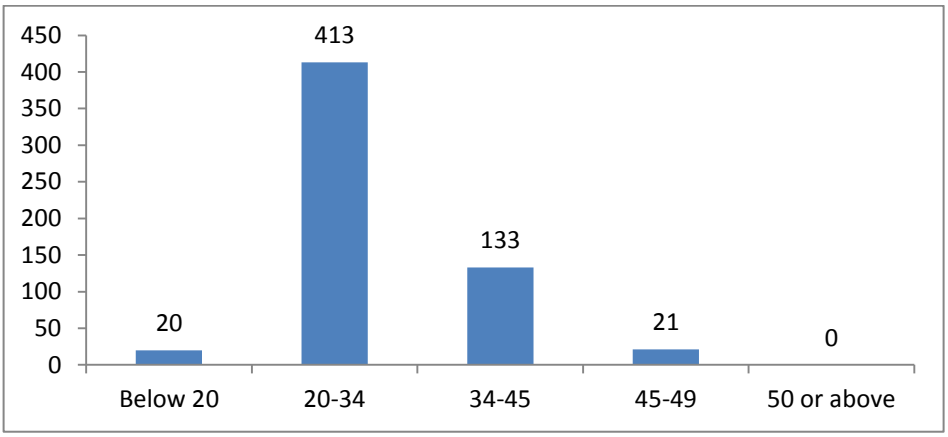
District-wise method use shows (Fig.4) the highest uptake of minilap in Sindhuli followed by Okhaldhunga. Similarly, highest uptake of NSV was observed in Nuwakot followed by Okahldhunga. In Gorkha, however, out of 144 VSC+ users, a majority of clients (79%) used implants and only 6-9% used NSV, minilap and IUCD.

Fig 4: Method-wise service users by districts



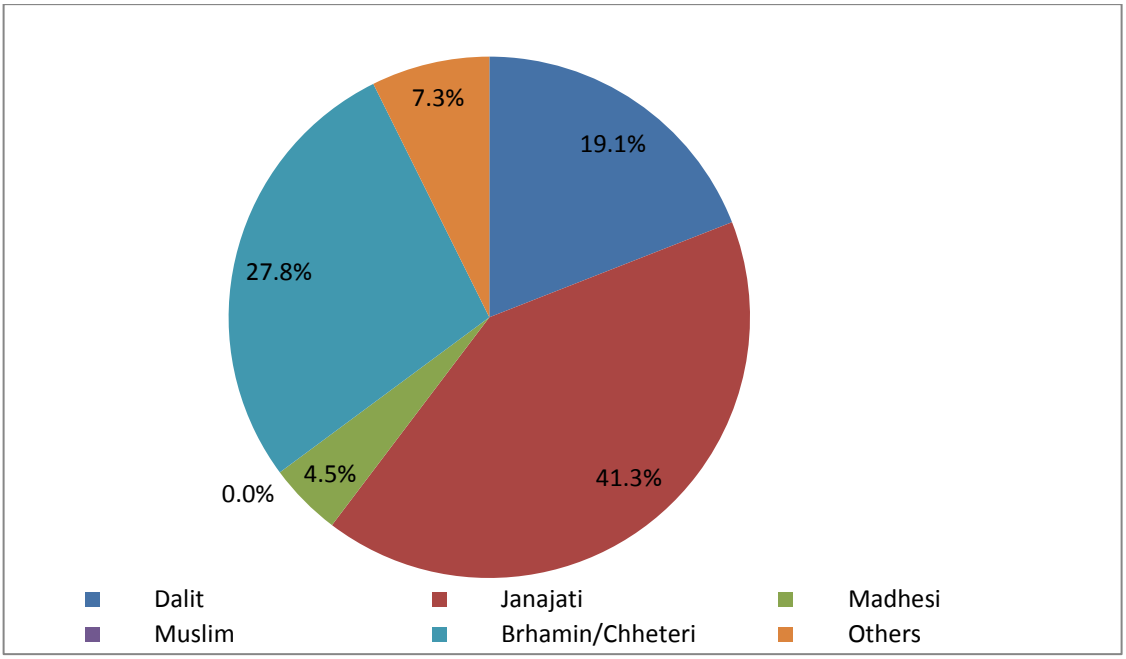
Age-wise disaggregation of service users shows the highest number of clients 413 (70.3%) in the age-group 20-34 years. Furthermore, 133 clients (22.6%) were between 34-45 years. Only 20 (3.4%) clients were below 20 years (Fig. 5).

Fig.5: Age-wise disaggregation of users



Disaggregated analysis by ethnicity showed that 41.3% of the VSC+ users were Janajati (relatively disadvantaged ethnicity), more than a quarter of clients (27.8%) were Brahmin/Chetri (relatively advantaged ethnicities) and 19.1% were Dalits (disadvantaged ethnicities) (Fig.6).

Fig.6: Ethnicity of service users



"I will do it: A Nirvana fan opts for vasectomy"

Prakash Rai (35 years) is a resident of Chaugadha VDC, one of the remote villages of Nuwakot. He got married when he was in his teen with an even younger girl. He already has 3 daughters and 1 son. Soon after his marriage, he went to Malaysia in search for a job. Unable to make enough money to support his family, he returned home before 2 years. His wife has been using a short term FP method (Depo-provera) for many years because long acting FP methods were not availability in her village.

When the couple heard about the VSC+ camp being held at their own VDC, Prakash wanted to have NSV, but his wife would not allow him to do it. She rather wanted to have minilap surgery. When asked about the reason for his wife not to allowing him to do NSV, Prakash said "she thought that I would get weak after NSV, and I will not be able to do hard/physical work, but I see other men in my community doing fine even after NSV, so, I decided to do it". He happily added "I escaped from the home without telling her and I came here, because I have heard that women's surgery is much difficult than ours." The vasectomy was successful and he return back home by walking on his own.

3.2 Quality and continuity of care, complication management

Although mobile services are usually delivered far away from better equipped permanent health facilities with emergency services, quality standards in these settings were not compromised. The VSC+ camps followed standards set in the fourth edition of the National Medical Standards (NMS) for Reproductive Health-Volume 1: Family Planning Services (MoHP, 2010). This document has specified medical criteria and standards for all FP services in Nepal, covering counselling, informed consent, client assessment, method provision, infection prevention, follow-up, management of side effects, medical supervision and monitoring, management, and requirements for facilities and providers.

FCHVs informed prospective clients about availability of comprehensive FP methods before the VSC+ teams arrived to ensure voluntary and informed choice. Furthermore, clients received comprehensive information on sterilisation and LARCs on the day of service delivery. During the VSC+ camp day, clients were provided with as much privacy as possible during counselling, service delivery and recovery. On-site, senior medical personnel (surgeons for sterilisation/medical officers, senior ANMs, and staff nurses (SNs) of the mobile team) supervised the VSC+ services.

The camp team followed standard guidelines as set in NMS Volume I for management of complications should they occur during the procedures. MSI mobile teams carried all supplies and equipment needed to immediately manage procedure related emergencies. In addition, these teams have formal relationships with established higher medical facilities in the areas closest to the mobile sites for client referrals and follow-up and care.

Furthermore, DHOs and Family Health Division (FHD)/NHSSP team supervised VSC+ services in each of the 5 districts, often using standardised checklists for the implant (Tool 6), IUCD (Tool 7), NSV (Tool 9), and ML/LA (Tool 10) during a VSC+ camp to ensure quality of care. The camp team were offered on-site coaching and feedback when necessary. The focal person from the MSI support office coordinated on daily basis with the team members and periodically with DHO and NHSSP to update on status of the camp. MSI central office conducted quality technical assessment (QTA) in camps at Gwaltar (Sindhuli) and Lubhu (Lalitpur). MSI management also provided feedback on quality of service and logistic issues.

3.3 Post camp activities

The MSI has a system to follow-up with all VSC+ clients at least once after a week to know if a complication has occurred. In addition, clients from camps were advised to return to the district hospital or a specific centre if they experienced specific symptoms or complications. Until now, one minor complication has been reported from Okhaldhunga (IUCD missing thread), which has been already managed and the client is continuing the IUCD service.

Alongside, local service providers were oriented to provide post-procedure care and support and appropriate handling or referral of complications, side effect management, and removal of the implant and IUCD should the client request this. Local service providers could also contact the MSI mobile outreach team and VSC clients, if needed. Repeat camps (9 camps) were organized in the district hospital, or a site with higher client load, to address possible complications and provide follow up services.

4. Cost-effectiveness, challenges and lessons learned

4.1 Cost-effectiveness

The total cost of implementing 48 camps was approximately NPR 5.8 million (US$ 58,677)[3]. The average cost per camp was significantly lower ($1223) in the current program compared to Darchula ($2,144). The lower average cost was mainly due to closer travel distance for MSI compact team and higher number of camps conducted. Table 5. shows that average number of clients reached per camp was slightly higher compared to Darchula. Furthermore, cost per CYP was significantly lower in current 5 districts compared to Darchula. This was partly due to higher number of clients reached and lower management costs compared to Darchula program.

Table 5: Comparison of outputs and cost-effectiveness in Darchula and current 5 districts

Dimension	Darchula (through MSI)*[4]	5 Districts (through MSI)
Number of camps	16	48
Number of users	169	587
Average number of users per camp	10.6	12.2
CYP delivered	1284	3788
Total cost ($)	34306	58677
Cost per VSC+ Camp ($)	2144	1223
Cost per CYP ($)	27	15.5

4.2 Challenges

Challenges in general and some specific to the implementation of this intervention are as follows:

1. In Nepal, finding an appropriate, reliable VSC+ service providing organisation in times of need is a continuing challenge. There are very few NGOs/not-for profit service providers who have a compact team to conduct VSC+ mobile camps. Furthermore, there are limited human resources who can provide LARCs and sterilisation methods.

2. Little support on camp organization/client management/ and logistics arrangement from local health workers was reported in some sites. This was further aggravated in some health institutions where fellow health workers were not informed of VSC+ camps by their in-charges.

3. Availability of an effective referral system (i.e. referral for services and referral for managing complications and adverse events) is still poor in Nepal with limited mechanisms to link clients/patients to higher referral centres and a lack of two-way communication between two health facilities.

4. Frequent transfer of trained HR causes difficulty for the clients when follow up care is needed as a skilled provider may no longer be available to provide services at that facility. There are few trained HR on long acting and permanent methods (LAPM---comprising of both LARCs and sterilisation methods) both in the public sector and private sector in Nepal.

[3] MSI email communication

*[4] Regmi S, Martinez J, Mahmood A, Joshi D, Giri S,Panta A, Baral S (2016). Expanding the range of family planning services through comprehensive VSC events (VSC+) in Baitadi and Darchula districts of Nepal. Evaluation Report, HERD International and Mott MacDonald Ltd. Final report, June 2016.

5. Geographic difficulty, lack of electricity and other amenities makes it difficult to deliver FP sterilization services in hard to reach areas, especially minilap.

6. 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.

7. Lack of post-operative beds in HFs for clients after the sterilization procedure.

8. 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.

9. Couples whose husband/spouse is away from home do not visit VSC+ camps for counselling and FP service.

4.3 Lessons learned

- VSC+ camps site need to be selected in strategic locations so that clients from all corners of the community can access services.

- 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.

- 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. Therefore, it can be inferred that the service availability would determine the service uptake despite hot weather in the month of April-June.

- People are usually occupied in the fields for agricultural/farming work during the months of April-June. Festivals and harvest season could be a suitable time for providing 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.

- Sufficient time should be allowed (i.e. at least 15 days) to inform the community people about VSC+ camp venue/ site/ date.

- FP use is highly influenced by satisfied users. Once friends and relatives have a good experience of receiving and using a method, s/he shares it with others and hence a general trend of preference to a particular method can be seen.

4.4 Recommendations

- The Government of Nepal should prioritise increasing the pool of active service providers for long-acting and permanent methods. A system of follow up and regular support to trained service providers is important to ensure appropriate motivation and continuity of care.

- VSC+ service delivery through use of competent, capable and experienced not for profit organizations (public private partnership) could be a sustainable and cost effective strategy.

- Comprehensive FP services including VSC services should be available throughout the year to ensure people's access to a wider range of FP services (increasing method mix).

- School (8, 9, and 10 grades) students can be utilised for communication of the VSC+ events by local HFs. Similarly, school teachers could be invited to pre VSC+ meeting.

- The VSC+ camp team/mobile camp team needs to carry an adequate quantity of equipment such as at least five complete sets of each for minilap, vasectomy, implant, and IUCD at planned service sites. It is recommended to use a pre-departure checklist to ensure all necessary items/drugs are carried with the camp-team.

- A short pre-VSC discussion/meeting among visiting compact team members with local health workers on the preparation of VSC+ camps is needed before the camp day.

- A brief post-VSC meeting session to review the day's performance, strengths and issues to improve should continue after each day or after each event.

- Visual and auditory privacy of clients before, during, and after procedures needs to be respected. Privacy in post operation rooms for VSC clients should be improved.

- Deploying compact teams from nearby districts seems to be more cost-effective since it reduces costs associated with travel and other management costs.

- Policy makers and district managers could consider including other RH services (STI, Uterine prolapse screening and others) with comprehensive FP camps to provide a broader range of services in some remote sites where less clients are expected.

- Service providers need to be regularly updated on counselling skills and infection prevention practices.

- Coordination with like-minded organizations at district level through RHCC meetings is critical to seek their support and involvement for VSC+ camps (information dissemination and other local level coordination).

- District level managers need to seek support from in-charges of health facilities of all catchment VDCs so that wider dissemination of information regarding VSC+ camp dates, venue and available services becomes possible.

5. Annexes

5.1 Terms of Reference to conduct VSC+ camps

Comprehensive Family Planning Camp Event (VSC+) activities in 5 earthquake affected districts Sindhuli, Okhaldhunga, Lalitpur, Nuwakot, Gorkha
Marie Stopes International (MSI) Nepal

1. Background

As a result of the earthquake, villages remain isolated from services and pressure placed on the public health system has constrained delivery of regular family planning services resulting in women struggling to receive the family planning (FP) that they need. FP services urgently need to be strengthened to reach those in hard-to-reach/affected areas and in temporary settlements.

USAID is one of external development partners (EDPs) supporting interventions to strengthen family planning services in 11 earthquake affected districts. This includes Gorkha, Sindhuli, Okhladhunga, Nuwakot, and Lalitpur. The three districts supported by USAID SIFPO (Kathmandu, Rasuwa and Dhading) will also be supported as part of this funding as requested by USAID, ensuring there is no duplication of work in the SIFPO VDCs of these districts. Three districts, Sindupalchowk, Dolakha, and Ramechhap will not be supported as part of this funding as DFID is providing support to these districts.

The activities to be funded will focus on hard-to-reach and post-partum women. A multipronged approach will be used combining 7 strategies discussed and agreed with the Family Health Division, Government of Nepal and USAID, including those piloted by Government of Nepal (GoN) /NHSSP/DFID/USAID, with an emphasis on improving quality of care.

Discussions with the GoN (Family Health Division) and UNFPA focal persons indicated the need to expand the VSC+ model in the 11 districts. The Visiting Provider (VP) approach, piloted in Ramechhap (under DFID NHSSP2 program), has also embraced by FHD and it has been suggested that the number of VPs per district should be increased.

Overall, the following recommended activities have resulted in an increase to the proposed budget:

- Expanding program to cover 11 districts
- Training and salary top-up for 'extended health workers' (Vaccinator/Visiting Provider (VP)
- Training on long-acting reversible contraception (LARCs) of GoN recruited health workers
- Scale-up of VP approach across all 11 districts
- Scale-up and increasing intensity of comprehensive mobile camps across 11 districts

The proposed activities outlined below will be delivered by the existing, highly experienced team and will build upon the approaches to increasing access to family planning services piloted by the team in districts across Nepal by NHSSP from DFID-USAID funding.

In line with the National Family Planning Costed Implementation Plan and National Family Planning Policy (2011), Options/NHSSP will support expansion of LARC services, tailored to the needs of earthquake affected districts, to unreached populations with a focus on availability of LARCs.

The following strategies for increasing access to FP in 5 earthquake affected districts were agreed with USAID. Combinations of these strategies will be implemented based on the needs of the districts.

1. LARC expansion through mentoring/coaching (Ramechhap approach)
2. LARC expansion through VP (Ramechhap approach) – remote areas
3. LARC expansion through VP/vaccinator (extension health workers)
4. Regular comprehensive Voluntary Surgical Contraception + (VSC+) camps or satellite camps
5. Demand generation through Female Community Health Volunteers (FCHV) and media[5]
6. Condom box at appropriate places

[5] To discuss with HC 3 project for technical issues and IEC materials

Expansion will be achieved through capacity building of providers using on site coaching/mentoring/training as well as group-based training. This will be delivered through the following approaches:

- Deploying Visiting Providers—VPs (senior auxiliary nurse midwives (ANMs) or staff nurses (SNs)) who are skilled service providers of LARC services and have coaching/mentoring skills and experience. VPs will visit birthing centres (BCs) and assess the clinical competency of the SBAs for LARC service provision and coach/mentor them to build confidence and competency to deliver LARCs services.
- Shadowing of LARCs service providers to provide on-the-job coaching/mentoring in a high volume IUCD service sites. Skilled Birth Attendants (SBAs) not confident in providing IUCD will be coached/mentored by another experienced service provider at selected sites.
- Capacity building of SBAs and paramedics through provision of group competency-based NHTC approved IUCD and implant insertion and removal training.

LARCs will also be provided through VSC+ camps, either in same site or in different sites ,as well as FP methods, including LARCs, provided (as in VSC+ under DFID funding). Selected health facilities will also be supported to provide regular VSC services. Increased frequency of satellite camps, which were previously undertaken on a seasonal/ad hoc basis, will be provided as an interim measure to earth quake affected, remote and hard-to-reach locations to ensure LARC provision.

In addition, to ensure service availability NHSSP will use the funds to procure and distribute equipment and supplies for infection prevention (including autoclaves) and IUD and implants insertion/removal sets. This will be provided in sets to health facilities across the 5 districts where these items are damaged and not available.

2. Rationale

As DHO Sindhuli, Okhaldhunga, Lalitpur, Nuwakot, Gorkha has limited in-house human resources to carry out the VSC+ camps, NHSSP has contracted MSI Nepal to carry out the VSC+ camps in Sindhuli, Okhaldhunga, Lalitpur, Nuwakot, Gorkha . DHOs in coordination and technical support from NHSSP will jointly monitor the VSC+ events and coordinate smooth implementation.

MSI Nepal has the capability and experience to effectively operate comprehensive Mobile RH services in remote districts of Nepal.

3. Objectives

Objective of the assignment is for MSI to carry out VSC+ camps in the absence of sufficient DHO HR.
The objective of VSC+ camps is to enhance access and availability of comprehensive FP services especially VSC and LARC services to remote communities of 5 earthquake affected ditricts Sindhuli, Okhaldhunga, Lalitpur, Nuwakot, Gorkha.

4. Detailed Scope of Work

MSI Nepal will perform the following tasks:

- Prepare work plan in consultation/coordination with DHO and NHSSP's District Coordinator;
- Coordinate with NHSSP district coordinator, and DHO team on implementation
- Conduct a total of forty-four (44) Mobile VSC+ Camps in predetermined, prescheduled sites of 5 districts on rotational basis as per agreed work plan
- Provide delivery of highest possible quality of VSC+ services as per National Medical Standards and guidelines through a compact team of skilled mix of human resources, equipment/instruments, infection prevention standards and ensure logistics including FP commodities
- Provide VSC and LARC services as per National Medical Standards Vol I:
    - VSC services—information, education, counseling and VSC services based on voluntarism and informed choice
    - LARC services----IUCD and implant---information, education, counseling and VSC services based on voluntarism and informed choice
    - Use of relevant IEC/BCC materials and job aids

- Ensure privacy, and adhere to infection prevention standards
- Refer to appropriate institutions for services that are not included in VSC+ package.

- Transfer of clinical skills on VSC and LARC service delivery where applicable and possible to local government health care providers;
- Timely stabilization, management and appropriate referrals for possible complications and adverse events
- Timely recording and reporting of progress using existing HMIS and other related forms
- Provide regular progress, monitoring, and project completion report to NHSSP District Coordinator

5. Level of Effort

The contract period will be from February, 2016 to July 26, 2016.

6. Deliverables

5.1 Program: MSI Nepal should provide the following reports to NHSSP:

1. VSC+ camps operational work plan (PD 1)
2. One progress reports (after two months), within first week of May 2016, to demonstrate progress
3. Task (project) completion report both in hard and soft copies at the end of assignment (PD 3).

5.2 Payment Milestones:

Payment instalments	Payment Deliverable	MOV	Responsibility	Payment deliverable due date
1. First instalment: 30% of the total agreed contraced amount	Submission & agreed workplan applicable to this TOR.	MOU with concerned DHO/DPHO and agreed work plan	Options/NHSSP and Consultant	February 2016
2. Second istalment: 40% of the total agreed contracted amount	Report on completion of 30 of the 44 VSC+ camps (both program progress report and draft expenditure report)	Progress report and expenditure report	Options/NHSSP and Consultant	May 2016
3. Final instalment: remaining 30% after completion of agreed program activities supported by brief process report.	Completion report: agreed program activities supported by completion report both program and expenditure report).	Completion report and expenditure report	Options/NHSSP and Consultant	16 July 2016

To ensure smooth coordination at all levels, MSI Nepal will work closely with DHOs of the 5 earthquake affected districts Sindhuli, Okhaldhunga, Lalitpur, Nuwakot, Gorkha and other key stakeholders and follow the direction of NHSSP. MSI Nepal will coordinate and cooperate with relevant stakeholders at district level and concerned communities. MSI Nepal will work closely with the NHSSP's District Coordinators based at Sindhuli, Okhaldhunga, Lalitpur, Nuwakot, Gorkha at all stages. MSI Nepal will provide regular progress of the task to NHSSP through contacts with NHSSP's DCs and progress report (May 2016).

7. Technical Monitor Supervision and Support:

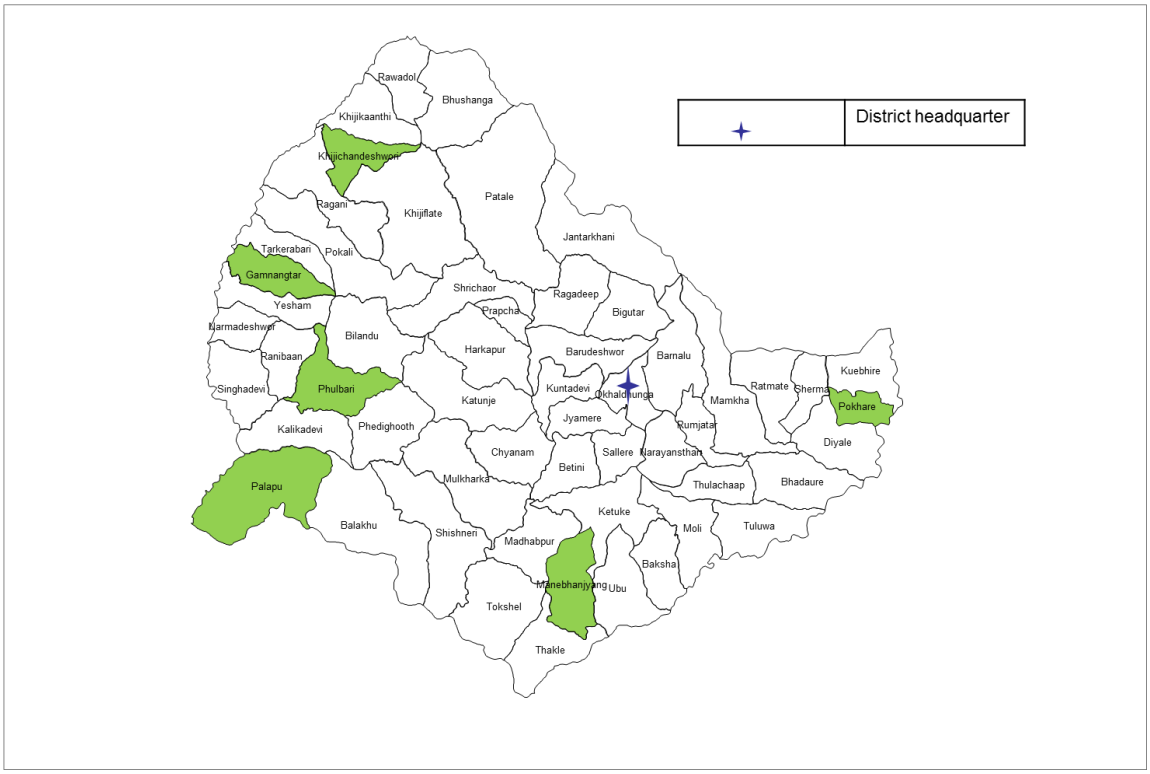
NHSSP's District Coordinator with support from Family Planning Advisor will provide support and supervise the VSC+ camps. DHO Sindhuli, Okhaldhunga, Lalitpur, Nuwakot, Gorkha are expected to provide necessary management and technical support to MSI in addition to supervisory visits to VSC+ camps.

8. Reporting Arrangements

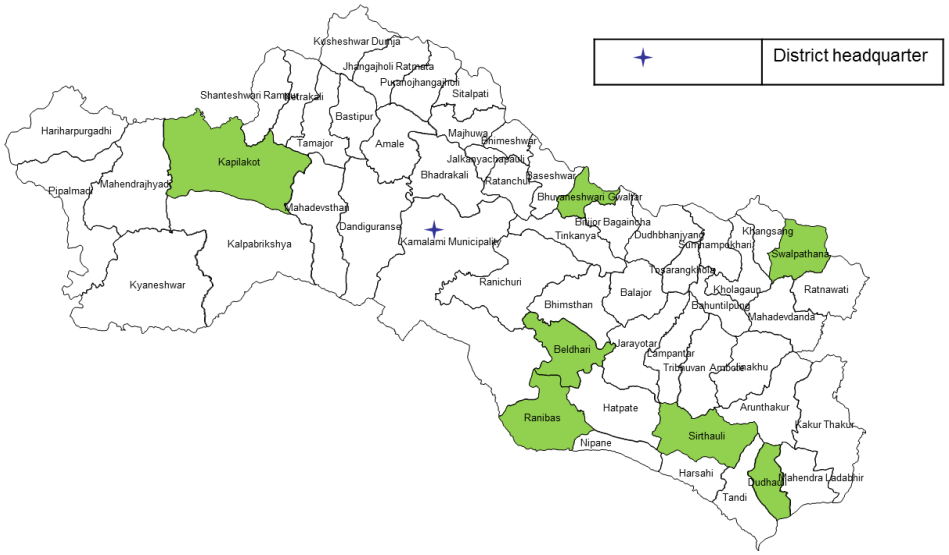
MSI Nepal will submit draft financial and activity reports to NHSSP Nepal by 15 July 2016. Final reports will be submitted to NHSSP not later than July 16, 2016.

5.2 VSC+ camp sites in 5 program districts

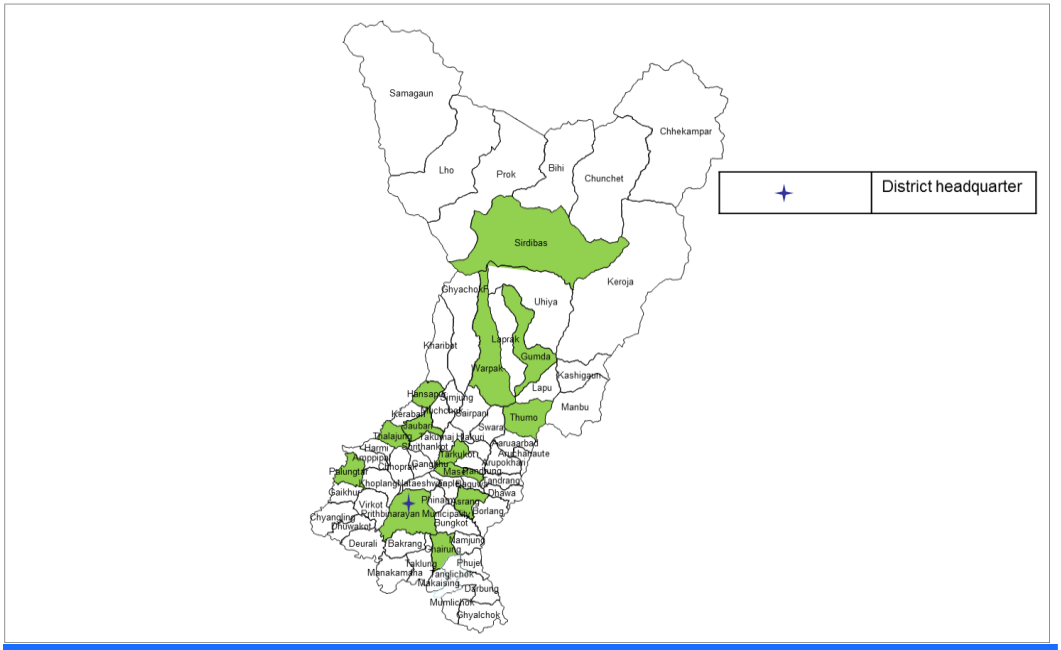
VSC+ sites in Okhaldhunga District



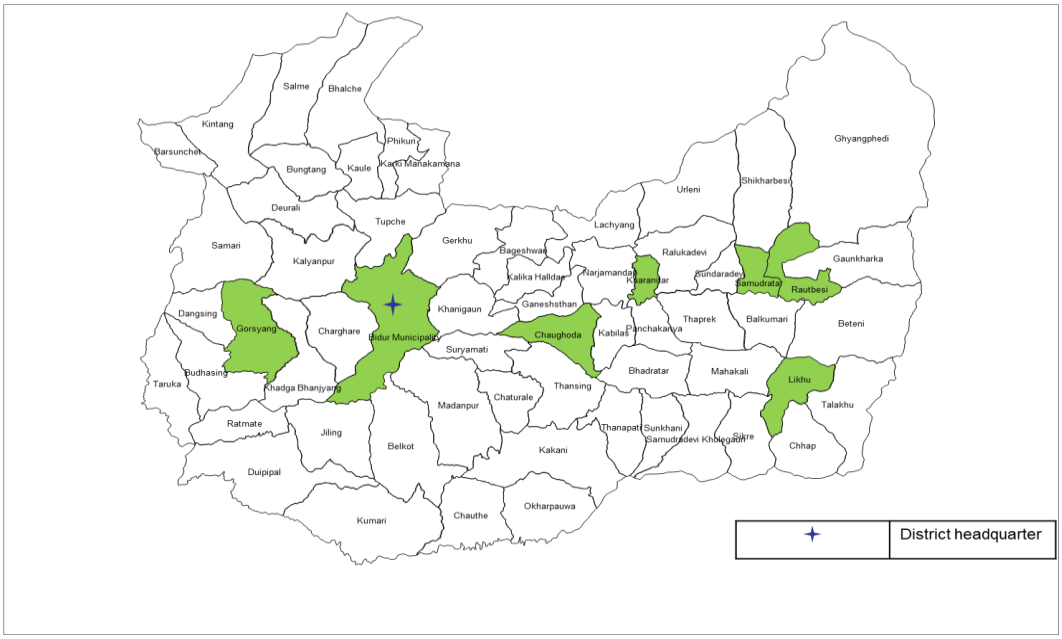
VSC+ sites in Sindhuli District



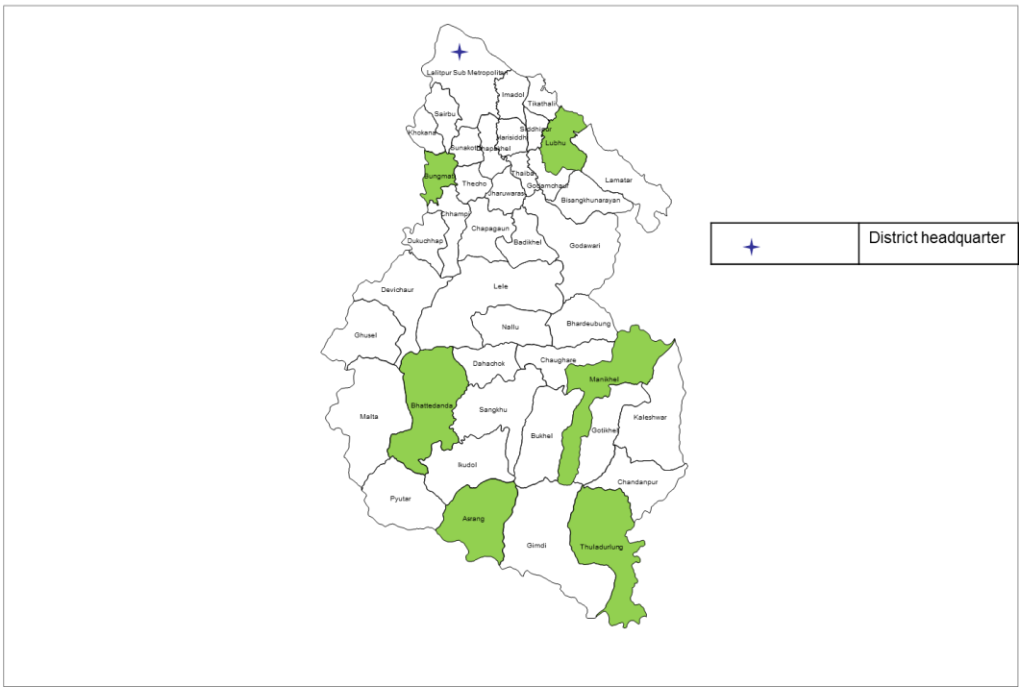
VSC+ sites in Gorkha District



VSC+ sites – Nuwakot District



VSC+ sites in Lalitpur District



5.3 NHSSP VSC+ camp Schedule

Camp Date	Lalitpur		Gorkha		Sindhuli		Okhaldhunga		Nuwakot	
	Place/Camp #	# of days	Place/Camp #	# of Days	Place/Camp #	# of days	Place/Camp #	# of days	Place/Camp #	# of days
11- Apr-16					Sirthouli PHCC	Day 1				
12- Apr-16					Sirthouli PHCC	Day 2				
13- Apr-16										
14- Apr-16					Ranibas HP BC	Day 1				
15- Apr-16					Ranibas HP BC	Day 2				
16- Apr-16										
17-Apr-16	Bungmati	Day 1	Batase	Day 1	Dudhouli HP BC	Day 1				
18-Apr-16	Manikhel	Day 1	Batase	Day 2	Dudhouli HP BC	Day 2				
19-Apr-16	Manikhel	Day 2								
20-Apr-16			Palungtar	Day 1	Gwaltar HP BC	Day 1				
21-Apr-16	Lubhu	Day 1	Palungtar	Day 2	Gwaltar HP BC	Day 2				
22-Apr-16										
23-Apr-16	Bhattedanda	Day 1	District Hospital	Day 1	Solphathana HP BC	Day 1				
24-Apr-16	Bhattedanda	Day 2	District Hospital	Day 2	Solphathana HP BC	Day 2				
25-Apr-16			District Hospital	Day 3						
26-Apr-16	Ashrang	Day 1			Kapilakot PHCC	Day 1				
27-Apr-16			Ashrang	Day 1	Kapilakot PHCC	Day 2				
28-Apr-16	Thuladurlung	Day 1	Ashrang	Day 2						
29-Apr-16					Belghari PHCC	Day 1				
30-Apr-16					Belghari PHCC	Day 2				
1-May-16			Sirdibas HP	Day 1						
2-May-16			Sirdibas HP	Day 2						
3-May-16			Machhakhola HP	Day 1			Fulbaari HP	Day 1		
4-May-16			Machhakhola HP	Day 2			Fulbaari HP	Day 2		
5-May-16										
6-May-16							Gamnangtar HP	Day 1	Raautbesi HP	Day 1
7-May-16			Thumi (shoti)	Day 1			Gamnangtar HP	Day 2	Raautbesi HP	Day 2
8-May-16			Thumi (shoti)	Day 2						
9-May-16							Chandeswori HP	Day 1	Samundratar HP	Day 1
10-May-16			Khanchock	Day 1			Chandeswori HP	Day 2	Samundratar HP	Day 2
11-May-16			Khanchock	Day 2						
12-May-16							Palapu HP	Day 1	Kharaanitar PHCC	Day 1
13-May-16							Palapu HP	Day 2	Kharaanitar PHCC	Day 2
14-May-16			Takukot (9)	Day 1						
15-May-16			Takukot	Day 2			Manebhanjyang HP (5)	Day 1		
16-May-16							Manebhanjyang HP	Day 2	Chaughadha HP (4)	Day 1
17-May-16			Barpak	Day 1						
18-May-16			Barpak	Day 2			Pokhare HP (6)	Day 1	Ghorasing HP (5)	Day 1
19-May-16							Pokhare HP	Day 2	Ghorasing HP	Day 2
20-May-16			Bhachheck	Day 1						

Camp Date	Lalitpur		Gorkha		Sindhuli		Okhaldhunga		Nuwakot	
	Place/Camp #	**# of days**	**Place/Camp #**	**# of Days**	**Place/Camp #**	**# of days**	**Place/Camp #**	**# of days**	**Place/Camp #**	**# of days**
21-May-16			Bhachheck	Day 2						
22-May-16					Dudhauli HP (Repeat)	1 Day			Sallemaidan HP	Day 1
23-May-16			Chhipleti	Day 1					Sallemaidan HP	Day 2
24-May-16			Chhipleti	Day 2	Ranibas HP (Repeat)	1 Day				
25-May-16									District Hospital	Day 1
26-May-16			Thalajung	Day 1					District Hospital Nuwakot	Day 2
27-May-16			Thalajung	Day 2			Fulbari HP (repeat)	Day 1		
28-May-16	Manikhel HP Repeat)									
29-May-16			Paluntar (Repeat)	Day 1						
30-May-16	Bungmati HP(Repeat)									
31-May-16			District Hospital (Repeat)	Day 1						
1-Jun-16									Chaugadha HP (repeat)	(1 day repeat)
2-Jun-16									District Hospital	(day 1 repeat)
3-Jun-16									District Hospital	(day 2 repeat)
Sub Total	6 sites	8 days	13 sites	27 days	7 sites	14 days	6 sites	12 days	7 sites	13 days
Repeat site/camp		2 days	2 (in Pakungtar and District hospital)	2 days	2 sites (not fixed)	2 days	1 in Fulbari	1 day	2 sites (Chaugadha and District Hospital)	3 days
number of sites and days	number of camp sites=39	Total events=39 (first)+9 (repeats)=48		Toatal camp days= 84						

5.4 Pre-VSC meeting participants (FCHVs)

Lalitpur District

SN	Name of HF/site	Pre-VSC meeting date	Number of FCHVs present	Remarks
1	Bungmati	11 April	8	
2	Manikhel	14 April	9	
3	Lubhu	17 April	9	
4	Bhattadanda	18 April	9	
5	Ashrang	19 April	9	
6	Thuladurlung	20 April	9	
7	Bungmati	22 May	9	Repeat pre vsc
8	Manikhel	20 May	9	Repeat Pre vsc
	Total		**54***	

Nuwakot District:

SN	Name of HF/site	Pre-VSC meeting date	Number of FCHVs present	Remarks
1	Rautbesi	28 April	13	
2	Samundratar	29 April	11	
3	Kharanitar	1 May	9	
4	Chaughada	2 May	24	
5	Gorsingh	3 May	15	
6	Sallemaidan	4 May	14	
7	MCH clinic(District hospital)	5 May	31	
8	Chaughada	24 May	23	Repeat Pre vsc
9	District hospital	25 May	39	Repeat Pre vsc
	Total		**124***	

Sindhuli

SN	Name of HF/site	Pre-VSC meeting date	Number of FCHVs present	Remarks
1	Sirthauli PHCC	5-Apr-16	9	
2	Ranibas HP	6-Apr-16	9	
3	Dudhauli HP	7-Apr-16	9	
4	Gwaltar HP	10-Apr-16	9	
5	Solpathana HP	8-Apr-16	9	
6	Kapilakot PHCC	19-Apr-16	9	
7	Belghari HP	22-Apr-16	9	
8	Dudhauli HP	12-May-16	9	Repeated
9	Ranibas HP	15-May-16	9	Repeated
		Total	63*	

Okhaldhunga

SN	Name of HF/site	Pre-VSC meeting date	Number of FCHVs present	Remarks
1	Fulbari HP	26-Apr-16	13	
2	Gamnangtar HP	27-Apr-16	12	
3	Khijichandeswori HP	28-Apr-16	9	
4	Palapu HP	2-May-16	18	
5	Manebhanjyang HP	4-May-16	15	
6	Pokhare HP	9-May-16	15	
7	Fulbari HP	18-May-16	13	Repeated
		Total	82*	

Gorkha

SN	Name of HF/site	Pre-VSC meeting date	Number of FCHVs present	Remarks
1	Ghairung HF	9th April 2016	9	
2	Palungtaar	11th April 2016	9	
3	District Hospital	14th April 2016	9	
4	Ashrang HF	21st April 2016	9	
5	Sirdibas HF	24th April 2016	7	
6	Machhakhola HF	26th April 2016	9	
7	Thumi HF	28th April 2016	9	
8	Barpak HF	6th May 2016	9	
9	Khanchock HF	2nd May 2016	9	
10	Takukot HF	4th May 2016	9	
11	Jaubari HF	8th May 2016	10	
12	Bhachheck HF	10th May 2016	8	
13	Thalajung HF	12th May 2016	9	
Total			115 *	

*FCHVs oriented twice in repeat sites were not double counted.

5.5 MoU between DPHO Gorkha and MSI for conducting VSC+ camp

जिल्ला (जन) स्वास्थ्य कार्यालय, गोरखा र सुनौलो परिवार नेपाल (मेरी स्टोप्स्) को संयुक्त आयोजनामा मिती २०७३/०१/०५ देखि २०७३/०२/१८ गते सम्म संचालन गरिने वृहत स्थायी तथा अस्थायी परिवार नियोजनको निःशुल्क वन्ध्याकरण घुम्ती शिवीरको लागि निम्न बुंदाहरुमा दुवै तर्फबाट सहमति भई कार्यक्रम संचालन गर्ने समझदारी भयो ।

सुनौलो परिवार नेपाल (SPN/MSI) को तर्फबाट	जिल्ला स्वास्थ्य कार्यालयको तर्फबाट
१. एकिकृत स्थायी तथा अस्थायी परिवार नियोजन वन्ध्याकरण घुम्ति शिवीरमा काम गर्ने जन शक्तीहरुको व्यवस्था गरिनेछ । उक्त जनशक्तिहरुलाई सुनौलो परिवार नेपाल मेरी स्टोप्स्को तर्फबाट शिविरको लागि लागू हुने दैनिक भत्ताको व्यवस्था गरिनेछ ।	१. Client हरुलाई प्रदान गरिने श्रम क्षतीपुर्ति तथा खाजाको व्यवस्था मिलाईनेछ । साथै प्रति केश वापतको OT Incentive नियमानुसार सुनौलो परिवार नेपालबाट खटिएका कर्मचारीहरुलाई पनि उपलब्ध गराईनेछ ।
२. शिविरमा काम गर्ने जनशक्तीहरुको लागि खाना तथा खाजाको व्यवस्था गरिनेछ ।	२. प्रचार प्रसारको लागि सम्वन्धित संस्थाहरुमा पत्राचार गर्नुका साथै स्थानिय जनशक्तिहरु परिचालन गरिनेछ ।
३. ओ.टी. तथा पोष्ट-अफमा लाग्ने सम्पुर्ण औषधीहरुको व्यवस्था गरिनेछ ।	३. शिविर सम्पन्न भएपछि सोको प्रगति सुनौलो परिवार नेपाल लगायत सरोकारवाला निकायलाई पनि जानकारी दिइनेछ ।
४. शिविर प्रयोजनको लागि चाहिने ईन्धन सहितको १ गाडीको व्यवस्था गरिनेछ ।	
५. शिविरको लागि चाहिने सम्पूर्ण औजार, लत्ता कपडा, कागजातहरुको व्यवस्था गरिनेछ ।	
६. शिविरमा काम गर्ने जनशक्तिहरु बाहेक जिल्लाको प.नि व्यवस्थापनमा काम गर्ने २ जनालाई क्याम्प व्यवस्थापनमा संलग्न भए अनुसार सुनौलो परिवार नेपालको नियमानुसार दैनिक भ्रमण भत्ताको व्यवस्था गरिनेछ ।	
७. महिला स्वास्थ्य स्वयमसेविकाहरुलाई ग्राहक ल्याए वापत खाचा खर्च स्वरुप प्रति केश रु. ५०/– रेफरल इन्सेन्टिभको व्यवास्था गरिनेछ ।	
८. शिविरमा हुन आउने कुनै किसिमको clinical complication (Minor/Major) को व्यवस्थापन गरिनेछ ।	
• नेपाल मेडिकल स्ट्याण्डर्ड् अनुसार दिनको ३० केश मात्र गरिने • शिविरमा Client Flow सन्तोषजनक नभएमा तथा असहज परिस्थिति आई परेमा दुवै पक्षको सहमतिमा शिविर निर्धारित समय भन्दा अगाडी नै रद्ध गरिनेछ ।	

बोधार्थ : परिवार स्वास्थ्य महाशाखा : आवश्यक जानकारीको लागी

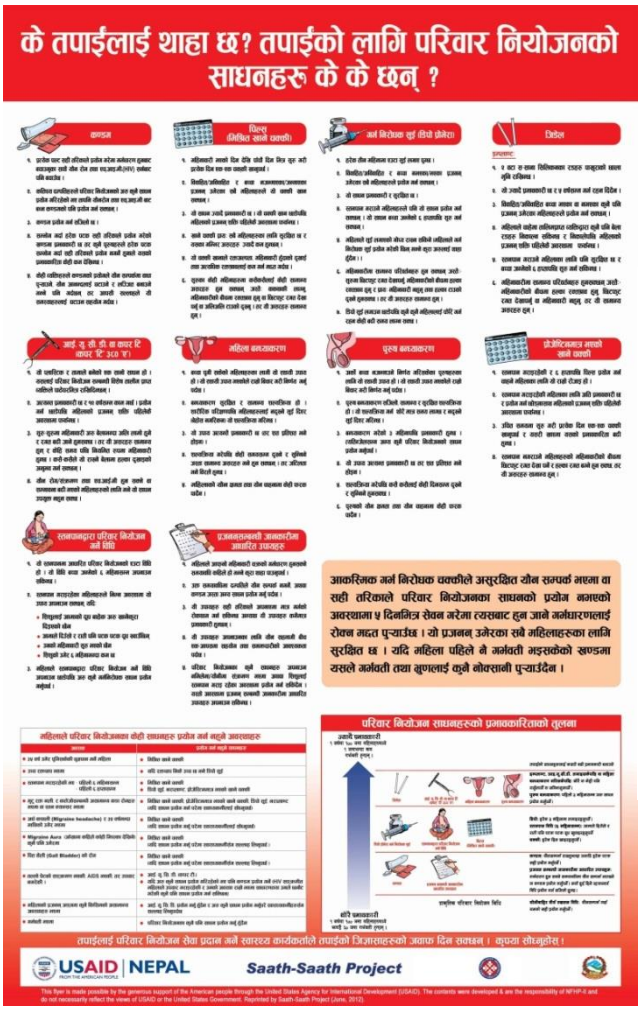
सुनौलो परिवार नेपालको तर्फबाट

.....
तुषार निरौला
अप्रेशन डाइरेक्टर

जिल्ला स्वास्थ्य कार्यालयको तर्फबाट

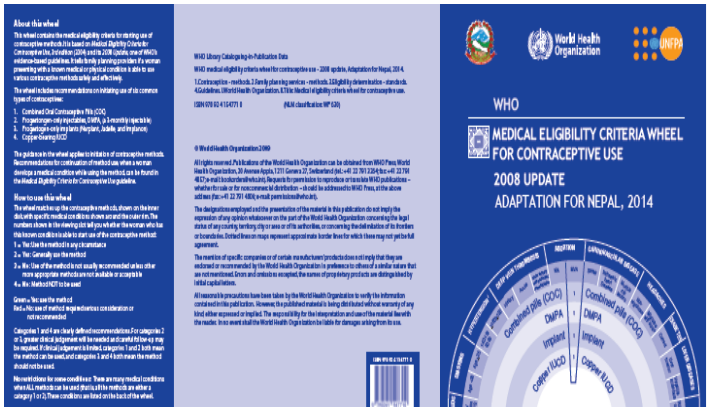
.....
प्रमुख
जिल्ला जन स्वास्थ्य कार्यालय, गोरखा

5.6 IEC materials and Job aids used during VSC+ camp



परिवार नियोजनका ग्राहक र सेवा प्रदायकका लागि निर्णय सामाग्री

नेपाली संस्करण, २०७१



5.7 Details of service users

District	SN	Name of Place	From	To	Performed Cases				Remarks
					ML	NSV	IMP	IUCD	
Sindhuli	1	Sirthouli PHC	11-Apr-16	12-Apr-16	11	0	0	0	
	2	Ranibas HP	14-Apr-16	15-Apr-16	11	3	29	1	
	3	Dudhouli HP	17-Apr-16	18-Apr-16	18	1	4	0	
	4	Gwaltar	20-Apr-16	21-Apr-16	0	0	10	0	
	5	Solphathana	23-Apr-16	24-Apr-16	1	4	9	0	
	6	Kapilakot	26-Apr-16	27-Apr-16	0	3	7	2	
	7	Belghari	29-Apr-16	30-Apr-16	0	1	11	4	
	8	Sirthouli PHC	22-May-16	22-May-16	5	0	6	2	Repeat
	9	Ranibas HP	24-May-16	24-May-16	8	0	14	0	Repeat
	Total				**54**	**12**	**90**	**9**	
Okhaldhunga	1	Fulbari	3-May-16	4-May-16	0	5	1	1	
	2	Gamangtar	6-May-16	7-May-16	0	2	15	0	
	3	Chandeswori	9-May-16	10-May-16	2	1	9	1	
	4	Palapu	12-May-16	13-May-16	0	1	1	0	
	5	Manebhanjyang	15-May-16	16-May-16	7	3	8	4	
	6	Pokhare	18-May-16	19-May-16	3	4	10	3	
	7	Fulbari	27-May-16	27-May-16	0	2	1	0	Repeat
	Total				**12**	**18**	**45**	**9**	
Lalitpur	1	Bungmati	17-Apr-16	17-Apr-16	0	0	9	0	
	2	Manikhel	18-Apr-16	19-Apr-16	0	3	3	0	
	3	Lubhu	21-Apr-16	21-Apr-16	0	1	8	1	
	4	Bhattedanda	23-Apr-16	24-Apr-16	0	1	3	0	
	5	Ashrang	26-Apr-16	26-Apr-16	0	1	12	0	
	6	Thula Durlung	28-Apr-16	28-Apr-16	0	0	25	1	
	7	Manikhel	28-May-16	28-May-16	0	0	0	0	Repeat
	8	Bungmati	30-May-16	30-May-16	0	2	0	0	Repeat
	Total				**0**	**8**	**60**	**2**	
Nuwakot	1	Rautbesi	6-May-16	7-May-16	0	6	11	0	
	2	Samundratar	9-May-16	10-May-16	2	6	13	0	
	3	Kharanitar PHC	12-May-16	13-May-16	0	7	0	0	
	4	Chaugada	15-May-16	15-May-16	2	2	8	0	
	5	Ghorsyang	17-May-16	18-May-16	1	0	29	0	
	6	Sallemaidan	21-May-16	22-May-16	2	3	20	0	
	7	DHO Hospital	25-May-16	26-May-16	2	2	0	0	
	10	Chaugada	1-Jun-16	1-Jun-16	0	2	4	0	Repeat
	11	DHO Hospital	2-Jun-16	3-Jun-16	1	1	0	0	Repeat
	Total				**10**	**29**	**85**	**0**	
Gorkha	1	Batase	17-Apr-16	18-Apr-16	0	0	12	0	
	2	Palungtar	20-Apr-16	21-Apr-16	2	1	4	0	
	3	DHO Hospital	23-Apr-16	25-Apr-16	6	3	3	1	
	4	Ashrang	27-Apr-16	28-Apr-16	1	0	9	0	
	5	Sridibas	1-May-16	2-May-16	0	0	8	0	
	6	Machhakhola HP	4-May-16	5-May-16	0	1	20	0	
	7	Soti	7-May-16	8-May-16	0	0	4	0	
	8	Khanchowk	10-May-16	11-May-16	0	1	6	5	
	9	Thakukot	13-May-16	14-May-16	2	1	21	0	
	10	Barpak	16-May-16	17-May-16	0	0	9	0	
	11	Bhachhek	19-May-16	20-May-16	0	1	5	0	
	12	Chipleti	22-May-16	23-May-16	0	0	0	0	
	13	Thalajung	25-May-16	26-May-16	0	1	12	0	
	14	DHO Hospital	28-May-16	28-May-16	0	1	0	0	Repeat
	15	Palungtar	30-May-16	30-May-16	0	3	1	0	Repeat
	Total				**11**	**13**	**114**	**6**	
	Grand Total				87	80	394	26	
	CYP				1131	1040	1497	120	

5.8 Pamphlet used to disseminate VSC+ camp information in Nuwakot district

निःशुल्क परिवार नियोजन शिविर सञ्चालन हुने सूचना

"व्यवस्थित परिवार : स्वास्थ्य र विकासको आधार, यसलाई
पार्छ परिवार नियोजनले साकार"

जिल्ला स्वास्थ्य कार्यालय नुवाकोटको आयोजनामा तथा Nepal Health Sector Support Program र सुनौलो परिवार नेपाल (मेरी स्टोप्स) को संयुक्त सहयोगमा अनुभवी चिकित्सक र नर्सहरुद्वारा तपसिलको स्थान र मितिमा निःशुल्क परिवार नियोजन अस्थायी (ईम्प्लान्ट र आई.यू.सी.डी.) तथा स्थायी बन्ध्याकरण (भ्यासेक्टोमी र मिनिल्याप) शिविर सञ्चालन हुने भएकोले लामो गर्भ अन्तर चाहने तथा सन्तानका रहर पुगेका पुरुष तथा महिलाहरुले आफुलाई पायक पर्ने स्थानमा गई उल्लेखित सेवाहरु लिई मौकाको फाइदा उठाउन हुन अनुरोध गरिन्छ ।

शिविर सञ्चालन हुने स्थान र मितिः

क्र.सं.	स्थान	मिति
१	राउतवेसी स्वास्थ्य चौकी	२०७३ बैशाख २४ र २५ गते
२	समुन्द्रटार स्वास्थ्य चौकी	२०७३ बैशाख २७ र २८ गते
३	खरानीटार प्राथमिक स्वास्थ्य केन्द्र	२०७३ बैशाख ३० र ३१ गते
४	चौघडा स्वास्थ्य चौकी	२०७३ जेष्ठ ३ गते
५	गोरसिङ्ग स्वास्थ्य चौकी	२०७३ जेष्ठ ५ र ६ गते
६	सल्लेमैदान स्वास्थ्य चौकी	२०७३ जेष्ठ ९ र १० गते
७	जिल्ला अस्पताल नुवाकोट	२०७३ जेष्ठ १२ र १३ गते

"परिवार नियोजनको साधन अपनाऔं,
सुखी र व्यवस्थित परिवार बनाऔं ।"

आयोजक
जिल्ला स्वास्थ्य कार्यालय, नुवाकोट

5.9 Photos of pre-VSC FCHV meeting and VSC+ camps

DPHO Kedar Parajuli facilitating pre-VSC FCHV meeting Lubhu PHCC, Lalitpur

Client registration in VSC+ camp at Kharanitar PHCC Nuwakot

Pre VSC + FCHV meeting Machhakhola HP, Gorkha

Service provider counselling a prospective client in Okhaldhunga

IEC materials and job aids used for FP counselling Sirthauli PHC, Sindhuli

Clients registration in VSC+ camps in Sindhuli

Preparing for NSV procedure in Samundratar HP, Nuwakot

VSC+ service provided under the tents in Rautbesi HP, Nuwakot