



Ministry of Health & Population



Monitoring Framework for FP Implementation



Dr Rajendra Gurung



Monitoring Framework: has been prepared by the Ministry of Health (MoH), Government of Nepal with Technical assistance from NHSSP.

LIST OF ACRONYMS

CPR	Contraceptive prevalence rate
DFID	Department for International Development (UKaid)
DHO	District health office
DMT	Decision making tool
EHCS	Essential Health Care Services
FHD	Family Health Division
FP	Family Planning
HF	Health facilities
IUCD	Intrauterine Contraceptive Device
LARC	Long Acting Reversible Contraceptive
MEC	Medical Eligibility Criteria for contraceptives
MoH	Ministry of Health
NFPP	Nepal Family Planning Project
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
SBA	Skilled Birth Attendant
USAID	United States Agency for International Development
VP	Visiting Provider

Table of Contents

1. INTRODUCTION	1
1.1 Purpose of this Report	1
Section 3: NHSSP support to FHD & districts (2016/17)	1
1.2 Background	1
1.3 Purpose and Objectives	2
2. KEY INTENDED RESULTS OF FP PROGRAMME SUPPORTED WITH DFID FA (2016/17)	3
Outputs	3
3. NHSSP SUPPORT TO FHD & DISTRICTS (2016/17).....	4
3.1 Planning/coordination/partnership meetings	4
3.2 Development/update of guidelines, annual work-plan and budget	4
3.3 Technical support and institutional strengthening.....	4
3.5 Technical support to conduct trainings and update training package	5
3.6 IEC materials and Job Aids	5
3.7 Research, documentation, monitoring, review and dissemination	6
3.8 Timeline and reporting against this framework	6
4. ANNEXES	7
4.1 NHSSP support to FHD for implementing FP programs planned in AWPB 2016/17	7
4.2 FHD and NHSSP Joint (J) Monitoring Visit plan for FHD implemented FP programs (tentative).....	9
4.3 Key performance indicators and targets for the utilization of DFID FA support	10
4.4 FP activities work-plan 2016/17 (Districts and Centre)	11
4.6 : NHSSP Terms of Reference	13

1. INTRODUCTION

1.1 Purpose of this Report

This report presents a monitoring plan/framework for the family planning (FP) related activities that are funded by DFID's earmarked fund for FP to be implemented in fiscal year 2016/17. The monitoring framework has been jointly developed by the MoH Family Health Division (FHD)-FP section and NHSSP FP team. The purpose of this framework is to facilitate implementation of FP related activities, those funded by DFID FA money, which are planned in the fiscal year 2016/17 throughout the country.

The report is divided into three sections as follows:

Section 1: Introduction

Section 2: Key intended results of the FP program (2016/17)

Section 3: NHSSP support to FHD & districts (2016/17)

Section 4: Annexes

Its submission satisfies the requirements of NHSSP payment deliverable Ext 1: Monitoring framework for FP implementation by FHD, including DFID earmarked funds, developed with FHD.

1.2 Background

The April 2015 earthquake (EQ) and its many aftershocks caused considerable damage to hundreds of health facilities across Nepal. As a result, essential health care services (EHCS) in these districts became completely or partially unavailable at a time when the health needs of the population were greatest. Further, the provision of quality services was also hampered. Restoring and sustaining the functionality of EHCS, including FP services nation-wide including that of 14 EQ affected districts was crucial. Accordingly, NHSSP is supporting FHD in the assessment, planning, and implementation and monitoring of service expansion and quality improvements of EHCS/FP services.

The provision of wide range of FP services close to communities is a key component of quality FP service. Under NHSS (2015-20), MoH has committed to provide all five temporary methods of FP services through all health facilities. At present, the five types of FP methods are counselled or provided in 43% of health facilities¹. MoH has therefore adopted training and expansion of long acting and permanent methods (LAPM) in its rural health facilities in line with Nepal's National Health Policy (2014), Family Planning Policy (2011) and Nepal Health Sector Strategy (NHSS-3). Although total fertility rate has declined, contraceptive utilization has been stalled, wide disparities exist among geographical region and population groups, and the quality of services provided has been questioned in various studies^{2,3}.

DFID Nepal is providing financial aid to strengthen the public health system and technical support to help the MoH implement NHSS-3. DFID Nepal has been supporting FHD to design and scale up innovative strategies to reach unreached populations with quality FP services. The different types of FP services developed and evaluated by Technical Assistance (TA) component of Nepal Family Planning Project (NFPP)

¹ Ministry of Health, Nepal Health Facility Survey 2015, Preliminary Report, 2016.

² Ministry of Health and Population (2011) 'Service Tracking Survey'

³ Ministry of Health and Population, New Era, Macro International, USAID (2011) 'Nepal Demographic and Health Survey'

are gradually being embraced by FHD/MoH. A series of evaluations have shown that different kinds of services delivered in innovative ways have increased the use of FP services by the most excluded and vulnerable women⁴⁵. The FP service delivery activities that have worked well are now being included in FHD's annual work-plan and budgets (AWPB) with financial aid from DFID. Financial aid allocated through red book, is specifically intended to support FHD with earmarked funds for Family Planning. However, DFID's Annual Review conducted in December 2015, graded performance on the financial aid component in the year 2015 with a 'B' implying performance is below expectations. A time-bound monitoring framework with clear division of roles and responsibility is needed to improve the performance of FP related activities.

1.3 Purpose and Objectives

The overall purpose of the monitoring framework for FP activities using DFID's earmarked fund on Family Planning is to support the FHD/DHOs in implementing FP related activities planned in AWPB (2016/17) to achieve the objectives of the FP programme in terms of improved outputs and outcomes⁶(See Section 2 below and Annex 4.3). This purpose will be achieved through monitoring of activities and the process of implementation for DFID's earmarked fund at central, regional and district level, specifically:

- I. Support FHD to design FP annual work plan, develop AWPB implementation guideline and its effective implementation incorporating the activities to be funded by DFID FA
- II. Technical support in institutional strengthening (e.g. urban health clinics, institutionalized clinics) with reference to activities supported by DFID FA
- III. Support districts to provide on-site coaching and mentoring to implement VP and IUCD coach/mentor program focusing on the districts identified to benefit from DFID FA support
- IV. Technical support to FHD and districts for procurement and supply of key supplies/commodities as agreed for utilization of DFID FA monies
- V. Support FHD/NHTC to follow-up service providers who received FP related trainings, with particular reference to those health workers trained in the previous round of DFID FA support.
- VI. Support FHD/regions and districts to conduct FP related capacity building activities (support in Decision Making Tool (DMT) & Medical Eligibility Criteria (MEC) wheel ToT, FP/EPI integration ToT, FP advocacy to Ob/Gynae doctors, FP orientation to Private/ NGO sector service providers) focusing on the districts identified to benefit from DFID FA support.
- VII. Support to distribute IEC/BCC materials to districts (DMT Tool, MEC wheel) as agreed with FHD for utilization of DFID FA monies
- VIII. Support FHD in FP related research, documentation and evaluation activities including joint supervision and telephone monitoring to districts and health facilities to ensure DFID FA money is effectively utilized to increase access to and utilization of FP services:
- IX. Support FHD to organize those national level reviews/conference and workshops to be supported with DFID FP funds
- X. Technical support to FHD/NHTC/LMD where necessary and on request
- XI. Support FHD to monitor service statistics nation-wide with a focus on districts allocated DFID's earmarked fund.

⁴ <http://www.herdint.com/publications/4>

⁵ <http://www.herdint.com/publications/5>

⁶ Note that the results focus of the DFID FA support will be on FP outputs. These will contribute to improved FP outcomes but it will not be possible to measure outcomes in the time frame available.

2. KEY INTENDED RESULTS OF FP PROGRAMME SUPPORTED WITH DFID FA (2016/17)

Outputs

Following are the key outputs and indicators for monitoring the FP program supported with DFID FA money in the fiscal year 2016/17 (see Annex 4.3 below) .

Output 1: Increased access to FP services especially among disadvantaged and hard to reach populations through DFID's earmarked fund for FP in the focus districts

Indicators

- 1.1 Number of FP new acceptors (national reference)
- 1.2 Total number of clients receiving Family Planning methods through roving ANMs
- 1.3 Total number of LARCs service provided by VPs in 18 +TBC districts
- 1.4 Total number of clients receiving comprehensive VSC service through static sites

Output 2: Increased DFID FA budget (FP) utilization

Indicators

- 2.1 % of DFID's financial assistance FP budget absorption rate

Output 3: Systems in place to increase access to and utilization of FP services to disadvantaged and hard to reach populations using DFID FA money

Indicators

- 3.1 Total number of roving ANMs mobilized
- 3.2 Total number of VPs mobilized
- 3.3 Total number of satellite camps conducted
- 3.4 Number of districts that have prepared work plan based on microplanning on FP
- 3.5 Total number of condom boxes distributed to HFs and strategic locations in 9 districts
- 3.6 Total number of PHCC initiating regular VSC+ service
- 3.7 Number of satisfied clients meetings organized
- 3.8 Number of districts initiating received on the site coaching on IUCD insertion/removal

Output 4: Increased advocacy on FP among key players through DFID's earmarked fund for FP

Indicators

- 4.1 Number of advocacy events to Ob/Gynae on FP
- 4.2 Number of Private/NGO hospitals oriented on FP service

Output 5: Organizational strengthening to expand FP services by utilizing DFID FA money for FP.

Indicators:

- 5.1 Number of urban health clinics initiating LARCs services
- 5.2 Number of training batches on LARCs in Lalitpur institutional clinic

The main risks affecting the achievement of these outcomes and outputs are

- The frequent transfer of staff at central, DHO and health facility levels leading to a need to re-train staff, particularly at health facility level
- Manmade or natural disasters in Nepal including landslides and accidents that may affect service delivery and improvements
- Political instability in the country
- Late budget release and authorization to FHD and districts
- Stock-out of commodities at districts and health facilities due to late procurement and supply chain issues

3. NHSSP SUPPORT TO FHD & DISTRICTS (2016/17)

This section briefly outlines how NHSSP FP team will support FHD to accomplish planned FP related activities that are supported by DFID's financial assistance in the fiscal year 2016/17. The details of work division and support plan are depicted in Annex 4.1. The detail terms of reference outlining NHSSP's role to facilitate FHD and districts for effective implementation of DFID's earmarked fund for FP has been included in annex 4.6.

3.1 Planning/coordination/partnership meetings

Various planning/coordination meetings were/will be held at central level between and among government bodies, DFID /other funding agencies and NHSSP for planning and review of the program.(item I in section 1.3 above). NHSSP will facilitate the organization of the meetings and reaching consensus. NHSSP will advocate for continuation of innovative activities (roving ANM, VPs, regular VSC service through static sites, FP/EPI integration) to include in FHD's AWPB for 2017/18. In addition, NHSSP will support FHD to design activities in line with NHSS-3, Costed Implementation Plan (2015-2020), and FP2020.

3.2 Development/update of guidelines, annual work-plan and budget

NHSSP FP team has supported FHD to prepare AWPB implementation guideline (2016/17). The guideline is intended to ease managers in effective implementation of FHD activities. NHSSP team will also work with FHD to prepare AWPB for fiscal year 2017/18 so that DFID's FA money is effectively utilized to serve disadvantaged populations with quality FP service. (item I in section 1.3 above)

3.3 Technical support and institutional strengthening

FHD will strengthen FP Institutional clinics in TBC sites (including Lalitpur) to provide quality FP services with the DFID FA money (see item II in section 1.3 above). NHSSP will provide technical support to conduct needs assessment, identify gaps and design service improvement plan and implement it. Lalitpur district FP institutional clinic is planned to be developed as a training centre. It has been planned to continue strengthening urban health clinics to provide FP service 10 districts. NHSSP will follow-up with the district to ensure planned activities are accomplished according to FHD implementation guideline. NHSSP technical assistance will also support some districts to improve infection prevention practice as an urgent stop-gap measure.

FHD has planned to conduct IUCD coaching to SBA/IUCD trained health workers in 10 districts through DFID's earmarked fund for FP. NHSSP will support program districts (if request comes) to identify potential IUCD coach/mentors in the districts. NHSSP will also support to enhance communication/coaching skills of selected IUCD coach (see item III in section 1.3 above).

Mobilization of VP to expand access to long acting reversible contraceptives (LARCs) has been planned in (18 +TBC) districts. NHSSP will support the program districts to select and orient VPs. VPs will be coached to provide LARCs service and coach other fellow health workers (see item III in section 1.3 above).

3.4 Technical support for procurement of commodities and supplies

A total of 10 (9 through DFID FA, 1 through GoN budget) districts are to install condom box at health facilities and strategic locations. NHSSP has an experience of preparing and distributing condom boxes to HFs of 5 districts during post-earthquake health TRP program. NHSSP can support districts providing specifications and other technical guidelines for condom box preparation and proper use (item IV in section 1.3 above). Furthermore, NHSSP will support FHD to procure FP commodities and prepare commodity forecast for the fiscal year 2017/18.

3.5 Technical support to conduct trainings and update training package

Under health sector Transition and Recovery Program, it has been planned to conduct 2 batches of NSV training to medical officers from Sindhupalchok, Ramechhap and Dolakha districts (item V in section 1.3 above). NHSSP team will also support FHD to follow up trained health workers to ensure that they are delivering service at their workplace. NHSSP's FP team has provided technical inputs in the review and revision of NHTC led FP training packages (Annex 4.5 e.g. COFP/C, NSV, IUCD) and Management Division led quality improvement tools such as infection prevention and health care waste management and will continue to do so as per the request from divisions and centres under DoHS (item V in section 1.3 above)..

NHSSP team will support FHD and districts to conduct training of trainers in various FP related trainings (EPI/FP integration, FP micro planning, DMT/MEC wheel) and others (see item VI in section 1.3 above). Similarly, NHSSP will support FHD to organize advocacy workshop with key players such as Ob/Gynae doctors and private health service providers.

3.6 IEC materials and Job Aids

In the current fiscal year, FHD has planned to implement health workers' orientation on decision making tool (DMT) flip chart, medical eligibility criteria for contraceptives (MEC) wheel in 15 districts, and follow up program for previously implemented program in 17 districts through DFID FA money. NHSSP will provide technical support to print and distribute FP related IEC/BCC materials and job aids such as DMT flip chart, and MEC wheel to program districts (see item VII in section 1.3 above).

3.7 Research, documentation, monitoring, review and dissemination

Monitoring and review of FP program and service delivery will be carried out through following mechanism to ensure AWPB activities planned to be implemented using DFID FA money are in right track to achieve intended results.

1. Review of HMIS service statistics
2. Onsite supervision visit to district health/public health office and health facilities
3. Telephone monitoring to districts
4. District quarterly /annual review
5. Quarterly review of monitoring framework

Joint supervision and monitoring visit with FHD team to different districts has been planned in the fiscal year 2016/17 (see item VIII in section 1.3 above). Details of supervision/monitoring plan are depicted in Annex 4.2. Supervision visits to districts and health facilities will support to identify gaps in service delivery and design activities for improvement. Supervision and monitoring visits will contribute to enhance quality of FP service delivered by HFs and ensure availability of FP commodities, utilization of condom box, satellite clinics, visiting providers and others.

FHD and Safe Motherhood Network Federation Nepal are jointly organizing a 4th International Safe Motherhood Conference from 13-15 November 2016. FP will be one of the key themes of the conference. NHSSP FP team will provide technical support to make the conference a success. NHSSP team will support FHD to prepare presentation on FP themes and will also make presentations in the conference if required (see item I X in section 1.3 above).

Furthermore, FHD has planned to carry-out process evaluation of FP/EPI integration program (DFID fund) and FP-microplanning program (UNFPA fund). NHSSP team will support development of evaluation protocols, evaluation conduction and report finalization (see item X in section 1.3 above).

FHD will implement some new activities in the fiscal year 2016/17 by including them in the AWPB by utilizing DFID's FA money. The new approaches such as mobilization of VPs and Roving ANMs through district health system will be documented and case studies will be prepared.

3.8 Timeline and reporting against this framework

The Director, FHD will be kept informed of the progress made during this assignment. The NHSSP Team Leader will also be kept informed. NHSSP will provide updates on progress made in Quarterly Reports to DFID and will include a comprehensive report in the NHSSP Final Report (March 2016). The Handover Notes to the provider of the follow-on DFID support for NHSS III will include a comprehensive briefing to enable a full monitoring report to be completed by the end of the FY 2016-2017.

4. ANNEXES

4.1 NHSSP support to FHD for implementing FP programs planned in AWPB 2016/17

SN	Activities	Person in-charge	Target	Sep-16	Oct	Nov	Dec	Jan (017)	Feb	Mar
1. Planning and guidelines preparation										
1.1	Support in Annual program Implementation guideline finalization	RG/GP/YP	1 time							
1.2	Monthly Internal planning NHSSP	RG/GP/YP	7 times							
1.3	Joint Annual and Quarterly planning with FHD	RG/GP/YP	1 time							
1.4	Finalization of monitoring framework for DFID funded FP activities for FHD	RG/GP/YP	1 times							
2. Technical support and support in institutional strengthening										
2.1	FP/EPI integration ToT to districts (Sindhuli and Salyan)	RG/GP/YP	2 districts							
2.2	Technical support to districts for FP/EPI integration-IEC materials, program implementation (5 districts)	RG/GP/YP	5 districts							
2.3	Coordinate with NHTC/FHD for mobilizing district clinical mentors (IUCD coaching 10 districts)	RG/GP	10 districts							
2.4	Technical support in VP recruitment, orientation and mobilization in 18+? districts	RG/GP/YP	18 districts+TBC districts							
2.5	VP knowledge and technical assessments	RG/GP	1 times							
2.6	Technical backstopping for VPs	GP	54 VPs							
2.7	Technical support to districts to conduct PPP orientation	RG/GP/YP	5 regions							
2.8	Technical support in expansion of FP service in urban health clinics of 10 districts	RG/GP/YP	10 districts							
2.9	Technical support visit to districts to conduct orientation to Obs. Gynae and key players in KTM and Biratnagar	RG	2 districts							
2.10	follow-up and technical support to Chhetrapati family welfare clinic and Lalitpur Institutional clinics	RG/GP	2 sites							
2.11	IP related instrument and supplies support for urgent stop gap measures	GP/YP	As necessary							
3. Trainings										
3.1	NSV training to medical officers	GP	4 MOs							
3.2	Training follow-up	GP	As necessary							
3.3	Technical support in DMT TOT in regional health directorates & follow up in districts	RG/GP	5 regions & districts							
4. IEC and BCC activities										
4.1	FP, IEC/BCC materials and job aids printing and procurement support for central and district level	GP/YP	1 time							
4.2	Follow up distribution of IEC/BCC materials to HFs	GP/YP	ongoing							
5. Research/Monitoring and documentation and Evaluation and dissemination										

5.1	Regular update and compiling VP, roving ANM, satellite camps, service update	GP/YP	Ongoing								
5.2	Develop case studies related to mobilization of VP and roving ANMs	GP/YP	1 times							*	
5.3	Protocol finalization and technical support as required for evaluation of FP/EPI integration, and FP microplanning	RG/GP/YP	1 times								
5.4	Support in regional review, annual review for FHD	RG/GP/YP	3 regions, and center								
5.5	Quarterly review meeting at poor performing districts	RG/GP/YP	As necessary								
5.6	Telephone monitoring and support (initiation of activities and their outputs to program districts)	RG/GP/YP	ongoing								
5.7	Regular update and review with FHD	RG/GP/YP	4 times								
5.8	Joint supervision/monitoring to program districts	RG/GP/YP	attached sheet								
5.9	Technical Support to FHD/SMNF to organize 4th International Safe Motherhood conference (FP sessions)	RG/GP/YP	As necessary								
6 Technical Support to FHD and districts Procurement and supply of key supplies/commodities											
6.1	Technical support for Condom box distribution	RG/GP/YP	10 districts								
6.2	Technical support to districts and FHD for Implant insertion/removal sets, NSV/Minilap kits	RG/GP/YP	1 times								
7 Other technical support											
7.1	Support FHD/districts to build capacity of VPs by FP training	RG/GP/YP	As necessary								
7.2	Support and participate in National Review Meeting	RG/GP/YP	1 time								
7.3	Technical support to FHD/NHTC/LMD where necessary and on request	RG/GP/YP	As necessary								

Notes: RG- Dr. Rajendra Gurung, GP- Grishma Pradhan, YP- Yuba Raj Paudel

4.2 FHD and NHSSP Joint (J) Monitoring Visit plan for FHD implemented FP programs (tentative)

SN	Monitoring Activity	J	Where	2016			2017			Who	Remarks
				Oct	Nov	Dec	Jan	Feb	March		
Strengthening FP program implemented by FHD from DFID's Financial Assistance											
1.1	Condom box monitoring	J	Achham, Kailali, Surkhet and Sunsari and Jhapa, Makwanpur			x	x			RG/GP/YP/FHD	
1.2	Support FHD/districts in orientation on VP approach to VPs, FP coach/mentors	J	Selected districts		X	X	X	X	X	RG/GP/YP/FHD	
1.3	Supervision/monitoring visit to Roving ANM districts	J	Siraha and Rautahat			x				RG/GP/YP/FHD	
1.4	Supervision/monitoring visit to VP mobilization districts	J	Dolpa, Salyan, Taplejung, and Lamjung, Khotang and adjoining districts on the way			x		x	x	RG/GP/YP/FHD	
1.5	Supervision/monitoring visit to FP satisfied client interaction	J	Jajarkot, Kalikot, Mahottari				x			RG/GP/YP/FHD	
1.6	Supervision/monitoring visit to FP microplanning and satellite camps and DMT /MEC wheel use	J	Ilam, Terhathum, Baglung, Jumla, Solukhumbu, Lamjung, Myagdi,		x			x	x	RG/GP/YP/FHD	
1.7	Supervision/monitoring visit to FP expansion in urban health clinic	J	Parsa and Dailekh			x				RG/GP/YP/FHD	
1.8	Supervision/monitoring visit to FP/EPI integration monitoring	J	Doti and Parbat		x					RG/GP/YP/FHD	

Notes: RG- Dr. Rajendra Gurung, GP- Grishma Pradhan, YP- Yuba Raj Paudel

Note:	Minimum of 2 person will participate in each supervision visit
	FHD participation is necessary in all visits
	Although, a specific program has been mentioned, the team will conduct an integrated supervision of all FP programs in all visited districts
	District chief and focal persons will also participate where necessary
	J: Joint Monitoring

4.3 Key performance indicators and targets for the utilization of DFID FA support

SN	Program Activities	Annual target (Up to July 2017)	First Quarter target	First Quarter achievement	Second Quarter	Second Quarter	Third Quarter target	Cumulative achievement	Source of verification
Output 1: Increased access to FP services especially among disadvantaged and hard to reach populations									
1.1	Number of FP New acceptors (national)	742,416 (for reference)							HMIS
1.2	Total number of clients receiving Family Planning methods through roving ANMs	3,000			1,350		1,650		District report
1.3	Total number of LARCs service provided by VPs in 18 +TBC districts	12,225	500		5,500		6,225		District report
1.4	Total number of clients receiving comprehensive VSC service through static sites	50	10		30		10		District report
Output 2: Increased DFID FA budget utilization									
2.1	% of DFID's financial assistance FP budget absorption rate	85%							
Output 3: Systems in place to increase access to and utilization of FP services to disadvantaged and hard to reach populations									
3.1	Total number of roving ANMs mobilized	15			15				District report
3.2	Total number of VPs mobilized	54	6		49				District report
3.3	Total number of satellite camps conducted	171			171				District report
3.4	Number of districts that have prepared work plan based on microplanning on FP	32			32				District report
3.5	Total number of condom boxes distributed to HF's and strategic locations in 9 districts	400	100		300				District report
3.6	Total number of PHCC initiating regular VSC+ service	2			1		1		District report
3.7	Number of satisfied clients meetings organized	150			100		50		District report
3.8	Number of districts initiating received on the site coaching on IUCD insertion/removal	10			8		2		District report
Output 4: Increased advocacy on FP among key players									
4.1	Number of advocacy events to Ob/Gynae on FP	2	1		1				Event reports
4.2	Number of Private/NGO hospitals oriented on FP service	20			10		10		Event reports
Output 5: Organizational strengthening to expand FP services									
5.1	Number of urban health clinics initiating LARCs services	5			3		2		District report
5.2	Number of training batches on LARCs in Lalitpur institutional clinic	5			2		3		Training report

4.4 FP activities work-plan 2016/17 (Districts and Centre)⁷

SN	Monthly work plan -FP	Unit	Target	1st Quarter			2nd Quarter			3rd Quarter			Fund		
	Program Activities			August	Sept	Oct	Nov	Dec	Jan	Feb	March	April		May	June
1	Condom box distribution	Districts	10=9+1												DFID+GON
2	Expansion of FP in urban health clinic (शहरी स्वास्थ्य सस्थामा परिवार नियोजन सेवा विस्तार (१० जिल्ला)	Districts	10												DFID
3	Strengthening FP through DMT including DMT and Job aid printing (DMT Tool र MEC को माध्यम बाट परिवार नियोजन सेवा सुदृढीकरण (Tool, Wheel, Job Aid छपाई समेत)	Districts	16=15+1												DFID+GoN
4	Strengthening FP through DMT and MEC Wheel (follow-up) (DMT, EC, MEC Wheel मार्फत परिवार नियोजन सेवाको सुदृढीकरण, Follow-up)	Districts	10												DFID
5	FP Satisfied Client Interaction Program	Districts	15												DFID
6	Update FP program to Obs. Gyne and key player (Obs Gyne र Key Player लाई परिवार नियोजन सेवा अपडेट तालिम)	Districts	2												DFID
7	Roving ANM for FP in disadvantaged community (Musahar, Dom, Chepang, Chamar[]etc.)	Districts	5												DFID
8	FP/EPI integration program initiation (2 districts) and continuation (3 districts) (परिवार नियोजन र खोप कार्यक्रम Integration (फ्लो चार्ट र जब एड छपाई समेत)	Districts	5												DFID
9	Onsite coaching program for FP (परिवार नियोजनको Onsite Caching Program)	District	¹⁰												DFID
10	VP service to expand access to FP service (परिवार नियोजनको सेवाको प्रयोगदर वढाउन VP सेवा)	Districts	18+TBC												DFID
11	FP microplanning in low CPR district (लक्षित समुदायमा परिवार नियोजनको अपरिपुर्त माग सम्बोधन गर्न सूक्ष्म योजना (low CPR district)	Districts	18=17+1												DFID/USAID/GoN
12	FP satellite service (लामो अवधिको जन्मान्तरको लागि सेटलाइट सेवा)	Districts	57 (260)												DFID
13	Develop training center in one IFPSC (Lalitpur) (संस्थागत क्लिनिक लाइ तालिम केन्द्रको रुपमा बिकाश गर्ने (ललितपुर)	Districts	1												DFID
14	Public private partnership to expand FP services in private and NGO hospital (धेरै जनसंख्या भएका जिल्लामा परिवार नियोजन सेवा को लागि पी पी पी कार्यक्रम संचालन)	Regions	5												DFID
15	Regular comprehensive FP service throughout the year in selected HF's (नियमित परिवार नियोजन सेवा (vsc)	Districts	5=4+1												GON/DFID
Central Level															
16	CFWC support (क्षेत्रपाटी परिवार कल्याण केन्द्रलाई संचालन खर्च अनुदान)	Sites	1												DFID
17	DMT ToT for regional health directorate (परिवार नियोजन सुदृढीकरण (TOT FP in DMT, EC, etc.)	Regions	5												DFID

⁷ FP activities in English are the un-official translated version of the official and approved Nepali version of AWPB 2073/74 (2016/17)

4.6 : NHSSP Terms of Reference

HEAD TERMS OF REFERENCE

FOR

Monitoring framework for FP implementation, using DFID earmarked funds, developed with FHD.

NHSSP Payment Deliverable EXT1

1. BACKGROUND

The 7.8 magnitude earthquake that struck Nepal on the 25th April, 2015 and many after-shocks that followed, claimed the lives of more than 9,000 people and left more than 23,000 injured. Thirty one districts were affected, fourteen of them severely.

The Nepal Health Sector Support Programme (NHSSP) has been providing technical assistance (TA) to Nepal's Ministry of Health (MoH) and Department of Health Services (DoHS) to build capacity to implement core components of the second Nepal Health Sector Programme (NHSP-2) since 2010. In the immediate aftermath of the earthquake, the NHSSP team worked closely with MoH and DoHS counterparts to address the severe disruption that impacted health service provision and the transition to Nepal's new health sector strategy (NHSS, 2015-20).

2. SPECIFIC BACKGROUND

The earthquake and its many aftershocks caused considerable damage to hundreds of health facilities across Nepal. As a result, essential health care services (EHCS) in these severely affected districts became wholly or partially unavailable at a time when the health needs of the population were greatest. Further, the provision of quality services was also hampered. Restoring and sustaining the functionality of EHCS, including family planning (FP) services, across affected areas is crucial. Accordingly, NHSSP is supporting Family Health Division (FHD) in the assessment, planning, and implementation and monitoring of service expansion and quality improvements of EHCS/FP services.

The provision of wide range of FP services close to communities is a key component of quality FP service. Under NHSS (2015-20), MoH has committed to provide all five temporary methods of FP services through all health facilities. At present, five types of FP methods are available in 43% of Health facilities. MoH has therefore adopted training and expansion of long acting and permanent methods in its rural health facilities in line with Nepal's National Health Policy (2014), Family Planning Policy (2011) and NHSS-3. Although total fertility rate has declined, contraceptive utilization has been stalled and wide disparities exist among geographical region as and population groups, and the quality of services provided has been questioned in various studies.

3. RATIONALE

The different types of family planning services developed and evaluated by Technical Assistance component of Nepal Family Planning Project (NFPP) are gradually being embraced by FHD/MoH. A series of evaluations have shown that different kinds of services delivered in innovative ways have increased the use of family planning services by the most excluded and vulnerable women. A number of the family planning service delivery activities that have worked well are being included in FHD's Annual Work-Plan and Budget to be funded by DFID Financial Aid (FA).

Nepal's FP program is underfunded and there is patchy support from donors. DFID's NFPP aims to complement the work of other donors and Government of Nepal. The Financial Aid component of NFPP, allocated through the red book, is specifically intended to support FHD with earmarked funds for FP. However, DFID's annual review showed performance on Financial Aid component in the year 2015 has been graded 'B' implying performance is below expectations. It has been realized that a time-bound monitoring framework with clear division of roles and responsibility is needed to support FHD to improve the performance on family planning related activities funded by DFID FA.

4. PURPOSE AND OBJECTIVES OF THE WORK

The overall purpose of this work is to support the FHD and DHOs in effective implementation of FP related activities funded by DFID's earmarked fund for FP.

This purpose will be achieved through monitoring of activities and process of implementation for DFID's earmarked fund at central, regional and district level, specifically:

- Support FHD to design FP annual work plan, develop AWPB implementation guideline and its effective implementation incorporating the activities to be funded by DFID FA
- Technical support in institutional strengthening (e.g. urban health clinics, institutionalized clinics) with reference to activities supported by DFID FA
- Technical support to FHD and districts for procurement and supply of key supplies/commodities as agreed for utilization of DFID FA monies
- Technical support to FHD/NHTC/LMD where necessary and on request
- Support FHD/NHTC to follow-up service providers who received FP related trainings, with particular reference to those health workers trained in the previous round of DFID FA support.
- Support FHD/regions and districts to conduct FP related capacity building activities (support in Decision Making Tool (DMT) & Medical Eligibility Criteria (MEC) wheel ToT, FP/EPI integration ToT, FP advocacy to Ob/Gynae doctors, FP orientation to Private/ NGO sector service providers) focusing on the districts identified to benefit from DFID FA support.
- Support districts to provide on-site coaching and mentoring to implement VP and IUCD coach/mentor program focusing on the districts identified to benefit from DFID FA support
- Support to distribute IEC/BCC materials to districts (DMT Tool, MEC wheel) as agreed with FHD for utilization of DFID FA monies
- Support FHD in FP related research, documentation and evaluation activities including joint supervision and telephone monitoring to districts and health facilities through following mechanism to ensure DFID FA money is effectively utilized to increase access to and utilization of FP services:
 - Review of HMIS service statistics

- On site supervision visits to district/public health offices and health facilities in districts in receipt of DFID FA support
 - Telephone monitoring to districts
 - District quarterly/annual review
 - Quarterly review of monitoring framework
 - Support to carry out research and evaluation
- Support FHD to organize those national level reviews/conference and workshops to be supported with DFID FP funds
 - Support FHD to monitor service utilization of following service statistics nation-wide with a focus on districts allocated DFID's earmarked fund that may include:
 - Contraceptive Prevalence Rate, and CYP distributed
 - FP New users-all methods and method-specific (nation-wide)
 - FP current users-all methods, and method-specific (nation-wide)
 - FP discontinuation rate

5. DELIVERABLES

- A monitoring framework for FP implementation by FHD and districts using DFID's earmarked fund – October 2016
- Though not forming part of the Payment Deliverable, service utilization data from all districts including 14 earthquake affected districts will continue to be presented in NHSSP Quarterly Reports.

6. TIMEFRAME

The monitoring framework for the DFID Financial Aid supported Family Planning activities will be submitted at the end of October 2016.

7. REPORTING

Family Health Division will be kept informed of the progress made during this assignment. The NHSSP Team Leader will also be kept informed.

8. RISKS

The main risks affecting this work stream are:

- The frequent transfer of staff at central, DHO and health facility levels leading to a need to re-train staff, particularly at health facility level
- Manmade or natural disasters in Nepal including landslides and accidents that may affect service delivery and improvements
- Political instability in the country
- Late budget release and budget authorization to FHD and districts
- Stock-out of commodities at districts and health facilities due to late procurement and supply chain issues