



Ministry of Health & Population



# Planning Report: Nepal Family Planning Project



**Report Payment Deliverable FP 3.2  
Baitadi and Darchula**

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This report is submitted in compliance with contract payment deliverable FP3.2: District consultation and planning meeting completed in two districts: Baitadi and Darchula.

## LIST OF ACRONYMS

ANM	auxiliary nurse midwife
BEONC	Basic Emergency Obstetric and Newborn Care
CEONC	Comprehensive Emergency Obstetric and Newborn Care
COFP	comprehensive family planning
CPR	contraceptive prevalence rate
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
FPAN	Family Planning Association of Nepal
GoN	Government of Nepal
HERD	Health Research and Social Development Forum
HF	Health Facility
HMIS	Health Management Information System
HP	health post
HTSP	healthy timing and spacing of pregnancies
IEC	Information, Education, and Communication
IUCD	Intrauterine contraceptive device
LAPM	long acting permanent method
LARC	long acting reversible contraceptive
M&E	monitoring and evaluation
MEC	medical eligibility criteria
MM	Mott Macdonald
MoHP	Ministry of Health and Population
MSI	Marie Stopes International
MWRA	married women of reproductive age
NFPP	Nepal Family Planning Project
NHSP-1	First Nepal Health Sector Programme (2004-2010)
NHSP-2	Second Nepal Health Sector Programme (2010-2015)
NHSP-3	Third Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NSV	non-scalpel vasectomy
OT	operation theatre
PHC	primary healthcare
PHCC	primary health care centre
PHCORC	primary health care outreach clinic
QI	quality improvement
SBA	skilled birth attendant
SWAp	sector wide approach
USAID	United States Agency for International Development
VDC	village development committee
VfM	value for money
VHW	village health worker
VSC	voluntary surgical contraception

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# 1 INTRODUCTION

## 1.1 Purpose of this Report

This report summarises the activities carried out at central and district levels during the initial consultation and planning phase of Family Health Division's comprehensive family planning pilot project. This involves the promotion of voluntary surgical contraception (VSC+) and is being implemented by the Nepal Health Sector Support Programme (NHSSP). The report is divided into four sections:

Section 1: Introduction

Section 2: Activities at central level

Section 3: Activities at district level

Section 4: Annexes

Its submission aims to satisfy the requirements of NHSSP's payment deliverable FP 3.2: *District consultation and planning meeting completed in two districts (Baitadi and Darchula)*.

## 1.2 Background

The Government of Nepal (GoN) is committed to improving the health status of its citizens and has made impressive gains despite conflict and other difficulties. The first Nepal Health Sector Programme (NHSP-1), the first health sector-wide approach (SWAp) in Nepal, ran from July 2004 to mid-July 2010. It was successful in bringing about considerable health improvements. Building on these successes, the Ministry of Health and Population (MoHP) and its external development partners designed a second phase of the programme (NHSP-2, 2010-2015). Its purpose is to increase access to and utilisation of quality essential health care services and other health services, especially by women, and poor and excluded people. Despite gains in the contraceptive prevalence rate (CPR) and a decline in the fertility rate, the unmet need for family planning in Nepal remains high with 27% of married women of reproductive age (MWRA) reporting unmet needs in 2011 (10% for birth spacing, 17% for limiting births). Large disparities exist in rates of contraceptive use while levels of unmet need vary substantially by place of residence.

Technical assistance to NHSP-2 is being provided from pooled external development partner support (Department for International Development [DFID], World Bank, Australian Aid [DFAT], KfW and GAVI) through NHSSP. NHSSP is a five-year programme (2010–2015) funded by DFID and managed and implemented by Options Consultancy Services Ltd. The programme is providing technical assistance and capacity building support to help MoHP deliver against the NHSP-2 Results Framework.

The overall objective of the Nepal Family Planning Project (NFPP) is to provide technical and financial assistance to the Family Health Division (FHD) to strengthen its national FP programme under NHSP-2 and to identify priority needs and approaches to be taken forward under the third Nepal Health Sector Programme (NHSP-3).

The provision of FP services, especially through mobile camps providing voluntary surgical contraception [VSC] has been one of the main pillars of Nepal's FP programme. The majority of FP mobile services in Nepal are provided by the public sector and VSC camps have long been used to reach rural populations. 33% of non-scalpel vasectomies (NSV) and 19% of female sterilisations in Nepal have been provided through mobile services. However, the services traditionally provided through mobile camps (both VSC and long term FP satellite clinics) do not offer much choice since most promote one or two methods only and provide a one-off service.

The VSC+ intervention aims to assess whether the provision of comprehensive family planning services at selected rural health facilities at a regular frequency will expand the availability and uptake of FP services in rural Nepal.

## 2 ACTIVITIES AT CENTRAL LEVEL

### 2.1 Planning/coordination/partnership meetings

Various planning/coordination meetings were held at central level between and among government bodies, funding agencies, the implementing agency, and the monitoring and evaluation partner (M&E) as follows:

Table 1. Meetings conducted and major decisions

Date	Participants	Agenda	Consensus/Decision
26 <sup>th</sup> March 2015	DFID, USAID, NHSSP & Mott Macdonald (MM)/HERD	Value for Money (VfM) study	<ul style="list-style-type: none"> <li>VfM analysis will be carried out by HERD/MM.</li> <li>Two districts may have two different approaches to carrying out the pilot intervention which have yet to be decided. A meeting with MSI on the 30<sup>th</sup> March will further clarify this issue.</li> </ul>
31 <sup>st</sup> March 2015	Marie Stopes International (MSI) and NHSSP	MSI's involvement in Darchula	<ul style="list-style-type: none"> <li>Direct service delivery by MSI is possible until December 2015 starting from May 2015.</li> <li>MSI will also send the cost information regarding NSV, minilap equipment, and VSC+ programme.</li> <li>MSI can use their equipment for conducting mobile camps if NHSSP's procurement takes longer.</li> <li>The NHSSP team leader proposed that NHSSP's budget can be used for facilitating data collection by hiring a national health economist. MM also proposed that an international consultant be hired by MM/HERD and costing data collected through an NHSSP budgeted fund.</li> </ul>
15 <sup>th</sup> May 2015	DFID and NHSSP	FP pilots in post-earthquake context	<ul style="list-style-type: none"> <li>NHSSP's FP advisor mentioned that once NHSSP receives concurrence on the Darchula implementation model (MSI as a service provider) from HERD/MM, and FHD, staff will be available to support district activities, and the planning workshop in Darchula and MoU signing with the District Health Office (DHO) in Baitadi can go ahead.</li> <li>According to verbal communication with HERD staff, the scoping report is not expected to lead to significant changes in the VSC+ concept note.</li> </ul>
21 <sup>st</sup> MAY 2015	USAID, DFID, MM, HERD, NHSSP	FP pilots in post-earthquake context	<ul style="list-style-type: none"> <li>Baitadi and Darchula are not affected by the recent earthquakes, hence it was decided to continue the pilot as originally designed.</li> <li>Considering district capacity, according to NHSSP's proposal, MM and HERD are okay with mobilising MSI in Darchula district.</li> <li>HERD will probably share findings of its analytical report next week.</li> <li>ToR will be updated to mention the two different approaches.</li> </ul>
18 <sup>th</sup> June 2015	USAID, DFID, HERD, NHSSP	FP pilots in post-earthquake context	<ul style="list-style-type: none"> <li>NHSSP to share further comments on the VSC analytical report by Friday June 19<sup>th</sup>, 2015.</li> <li>NHSSP to share final concept note and implementation guide by 21<sup>st</sup> June.</li> <li>NHSSP to submit revised ToR soon.</li> <li>The first VSC+ events are planned for in July in both districts.</li> <li>The process will begin after a joint agreement between DHO and NHSSP in Baitadi and a tripartite agreement among DHO, MSI, and NHSSP in Darchula.</li> <li>HERD will carry out initial information collection for VSC+ districts prior to implementation.</li> <li>VSC+ events will be held monthly in district hospitals and every two months in three peripheral sites (three per each site) of each district.</li> <li>HERD will carry out VfM study for the VSC+ model (VfM of VP is on hold now).</li> <li>HERD will carry out an evaluation of VSC+ MODEL after December 2015.</li> </ul>

## **2.2 Development of Guidelines, Information, Education, and Communication (IEC) materials, and Job Aids**

The following materials were adapted as appropriate, printed and distributed to VSC+ sites:

- pregnancy screening job aid
- decision making tool (DMT) flip chart
- medical eligibility criteria (MEC) wheel

## **2.3 Procurement of Materials and Equipment**

The following items are in the process of being procured:

- minilap table
- NSV and minilap sets
- implant/intrauterine contraceptive device (IUCD) insertion/removal sets/equipment
- infection prevention equipment (e.g. autoclave and surgical drums)



### **3 ACTIVITIES AT DISTRICT LEVEL**

#### **3.1 Initial District Consultation for VSC+: Baitadi**

The objectives of the meeting were to:

1. Provide a briefing on the objectives of the pilot intervention
2. Explore the current status of FP in the district
3. Explore possibilities and challenges of programme implementation
4. Schedule a district implementation planning meeting

#### **Programme Details**

The initial district consultation meeting for the VSC+ pilot was conducted on the 6<sup>th</sup> March 2015 at DHO Baitadi. Participants were from the FHD, DHO Baitadi, NHSSP, and the district partners (UNFPA, Suaahara). The programme began at 2pm at the DHO meeting hall in Baitadi where the district team welcomed the FHD/NHSSP team. Dr. Gunaraj Awasthi, Chief of DHO Baitadi, briefly discussed the current FP and safe-motherhood status of the district. Mr. Ghanshyam Pokhrel, Chief of FP section, FHD, presented the objectives and aims of the FP pilots and clarified the roles and responsibilities of the DHO/NHSSP. Dr. Rajendra Gurung, NHSSP, presented the approach of the pilots and FP status of the district compared to the far-west and national averages; then the district FP supervisor presented the FP status of the district in detail. Thereafter, a discussion of the implementation plan (training required, equipment, and location) was held. The meeting agenda is presented in Annex 3.

#### **District status**

- Out of a total of 68 Health Facilities (HFs), one comprehensive emergency obstetric and newborn care (CEONC) site, two basic emergency obstetric and newborn Care (BEONC) sites, and five HFs in the district do not have birthing centres. Many HFs have safe delivery service sites as outreach birthing centres.
- CPR is low (37.37%) compared to the far-west and national averages, but there has been an increase in new acceptors recently, especially for implants.
- The adolescent pregnancy rate is high (nearly 15% of total pregnant women).
- The number of FP users from primary health care (PHC)/outreach clinic (ORC) is very high compared to other districts.
- Currently 11 HFs provide the implant, and nine HFs provide IUCDs.
- HFs do not have adequate implants to meet the target of 600 new acceptors.
- The VSC achievement to date for the year is 234 from a target of 300.
- IEC FP materials (counseling kit box, healthy timing and spacing of pregnancies [HTSP] poster, and balanced counseling flip chart) are provided by Suaahara in the district.
- Baitadi is 'self-sufficient' in providing VSC services by their own team. However, the DHO opined that all auxiliary nurse midwives (ANMs) of the proposed three sites need ML/LA assistant training.
- There is a training need for ML/LA assistant training for ANM or SN from three peripheral sites, infection prevention training for support staff, and implant training.
- In terms of equipment and instruments, there is a need for three operation theatre (OT) tables (for ML/LA), autoclave and drums, IUCD insertion sets, and implant removal forceps. The DHO opined that one OT table at the proposed three sites will reduce the difficulties of transporting OT tables, which are very heavy, during VSC + camps.

- There is a decreasing trend in MCPR. The slight difference between the proportion of new FP acceptors and current users may be due to high discontinuation rates. High discontinuation rates are due to the seasonal migration of male migrants whose spouses discontinue modern FP methods once their husbands leave. Reports from private sector suppliers are not satisfactory.
- The DHO opined that all ANMs should also receive implant training. IUCD service delivery from skilled birth attendants (SBAs) is not reliable since they are not competent. The demand for IUCDs is lower than for the implants which are in short supply. Baitadi needs about 500 implants immediately. Implant services are provided at 11 sites and it is essential that 11 service providers from ten HFs receive implant training. Nine sites provide IUCD services. Mobilising SBAs for IUCD coaching within the district may not be productive as IUCD client flow is low in most HFs. The budget allocated for SBA coaching is NRs 6,000, which is insufficient.
- The Baitadi DHO team is providing VSC services so Family Planning Association of Nepal (FPAN) and MSI support is not needed so far.
- The number of comprehensive abortion care (CAC) cases has not significantly dropped as medical abortion services have just begun in this district. Post-abortion FP uptake may be very low (e.g. 10% according to DHO).

**Summary: issues relating to VSC+**

- Existing health workers (HWs) are enough to manage vasectomy and minilap procedures if nursing staff are provided with minilap/vasectomy assistant training.
- Implant training is needed for HWs.
- Minilap tables and some equipment need to be supported.
- The HFs where the camp is proposed to be conducted are:
  1. District Hospital
  2. Patan Primary Healthcare Centre (PHCC)
  3. Kulaau Health Post (HP)
  4. Hat HP

The list of participants attending the meeting is presented in Annex 1.

### **3.2 District Planning workshop for VSC+: Baitadi**

A district planning workshop for VSC+ was conducted in the meeting hall of DHO Baitadi on the 11<sup>th</sup> April 2015. The FHD representative, NHSSP, and DHO team, along with other partners, were present together with participants from the proposed VSC+ sites. A total of 20 participants were present (see Annex 2).

#### **Objectives of the planning workshop were to:**

- orient on VSC+ model (detail interventions, mapping, recording/reporting and monitoring, capacity building and transfer of knowledge, roles/responsibility, and essential supply support)
- schedule VSC+ pilot interventions (site confirmation, frequency, follow up, and mid-term review)

#### **Programme Details**

The programme started at 10.30am at DHO Baitadi. The DHO FP supervisor welcomed all participants and presented the objectives of the meeting. Dr. Gunaraj Awasthi, Chief of the DHO, welcomed all participants, expressed his commitment to supporting the programme, and thanked the FHD/NHSSP for visiting the district. The FP supervisor made a presentation on district FP/reproductive health RH status. Afterwards, the NHSSP FP advisor Dr. Rajendra Gurung presented the approach of the VSC+ pilot and oriented participants on the use of DMT flip charts and MEC wheels along with the pregnancy screening job aid. He also led a discussion on various operational issues of VSC+.

After lunch, a session on Village Development Committee (VDC) mapping and VDC planning continued and participants made presentations on individual VDCs. These focused on the context of villages (health indicators, FP status, equipment and commodities available in VDCs, and infrastructure of HFs). After the presentations on individual villages, the NHSSP FP advisor oriented participants on the use of quality improvement (QI) tools for monitoring VSC+ events. Then, the recording/reporting process for the VSC+ intervention was discussed. The programme ended at 5.00pm (see agenda in Annex 6).

Some key points of the district presentations were:

#### **Target population and service delivery outlets**

Baitadi has a total of 54,942 MWRA and 59,291 adolescents aged 10-19 years. There is one CEONC, two BEONC/PHCCs, 60 birthing centres, and altogether 12 safe delivery service sites. There are 65 health posts, two urban health clinics, 322 PHC/ORC clinics, 332 expanded programme of immunisation EPI Clinics and a total of 831 female community health volunteers (FCHVs).

#### **Service Indicators**

- SBA delivery: 42.5% of expected pregnancies (2071/72, second quarter)
- Institutional delivery: 46.5% of expected pregnancies (2071/72, second quarter)
- CPR: 37.4% of MWRA, spacing method current users: 24.3% of MWRA (2070/71)
- VSC achievement: 94% (283 out of 300 target for VSC)- (2071/72 up to second quarter)
- Implant IUCD achievement: 48% (288 out of 600 target)- (2071/72 up to second quarter)
- Teenage pregnancy: 15%

### **Some points to be noted**

- Due to difficult geography, transportation of OT tables is very difficult and expensive. Therefore, the district team suggested buying an OT table for each HF where VSC+ will be conducted.
- Kulaau and Haat HPs need gas and an autoclave.
- The district hospital and Patan PHCC need electric autodaves (three drums if possible).
- The government budget for VSC is almost finished; NHSSP needs to provide incentives to users and service providers.
- The district team proposed that door to door counseling by HWs be conducted. NHSSP FP advisor suggested that since the pilot is more focused on system strengthening, only FCHV mobilisation and a few radio advertisements will be possible.
- There is inadequate equipment for VSC (esp. minilap), inadequate service sites/HR for long acting methods, and an inadequate IUCD set. However, VSC+ can be started with existing resources.

### **Some highlights from presentations by HWs from proposed VSC+ sites**

The district hospital:

- has three minilap service providers and two vasectomy service providers
- has one IUCD service provider, three implant providers, six trained in COFP counseling
- has enough vasectomy and minilap sets to start VSC+
- needs a three drum autoclave
- has clients that are expected from all over the district
- has a catchment area that covers the whole district, specifically ten VDCs
- ML/LA and implant demand is more than that for IUCDs
- NRs 300 allocated per ML/LA operation is not sufficient. The catgut price has gone up so it should be NRs 348 at least (FHD to review in future)
- costs allocated for transportation are inadequate (by number of days and amount)
- funds allocated for refreshment are also insufficient
- some of the PHC/ORCs in Baitadi attract more clients than a HF but there is no budget allocated for PHC/ORC services - as per the new revised PHC/ORC guidelines reactivation will be done but FHD must support at least once for PHC/ORC logistics
- DHO Baitadi has used all of the budget allocated for VSC camps

Patan PHCC:

- has one medical officer, one SN, two HA/SAHWs, four ANMs, two AHWs, and one lab technician
- proposed to organise VSC+ camp every two months (each event lasting two to three days)
- minilap service provider from the district
- vasectomy service provider needs initial coaching
- Patan covers seven VDCs
- PHCC has an OT table and four autoclave machines but needs two or three drums and an electric autoclave
- no vasectomy and minilab sets are available

Haat HP:

- catchment area is 12 VDCs and the HP is located 1.5 hours distance from a motorable road
- 100 potential male/female VSC clients a year
- if twice a year, each event should last four days, if organised every three months, each event should last two days

- best timing to organise camp is Mangsir, Baisakh, Shrawan/Bhadra
- has two IUCD insertion sets and one implant insertion set

#### Kulaau HP:

- nearly five hours walk from a motorable road (Melauli to Kulaau by walking)
- catchment area is five VDCs
- best time to organise camp is Kartik/ Mangsir
- HF has one IUCD insertion set but no implant set

A summary of equipment needed is presented in Annex 7

#### **Other issues raised/discussed**

- The DHO opined that they could conduct VSC+ in other VDCs with internal resources and could provide the VSC+ service in district hospitals every day if clients come. It was discussed that FP IEC materials (FP kit box, informed choice poster, and HTSP poster) would be supplied by Suaahara, and they need to be delivered to health facilities soon

#### **Consensus**

- The NHSSP will do the necessary budgeting (HR, equipment, supplies) and plan for the organisation of VSC+ camps
- The DHO will mobilize the necessary human resources (HR) for the camps
- Available equipment and supplies at the DHO will be used
- The NHSSP will purchase other necessary equipment and supplies
- A QI checklist will be filled in at VSC+ camp sites
- Recording of service will be carried out in existing HMIS forms (HMIS 3.3 and HMIS 3.4) and will be reported on a separate sheet, while the total achievement will be reported in HMIS 9.3

#### **Next Steps**

- collect remaining information from district
- budget for both districts
- agree on the budget from donors/partners
- purchase equipment and medicine
- prepare tentative work plan/time plan for VSC+ camps (see Annex 8)
- conduct VSC+ camps as soon as possible

## Status of human resource skills and proposed interventions

The table below shows the current status of skills among service providers from proposed VSC+ sites in Baitadi district. It was decided that VSC+ services would be provided through the DHO's own team due to the availability of skilled human resources.

Table 2: HR skill status and proposed interventions: Baitadi

Health Facilities	Current status of HR	Proposed interventions	Catchment area	Remarks
District Hospital	NSV trained- 2 Minilap trained- 3 (2 Doctors+ 1 ANM) IUCD trained- 1 Implant trained- 3	Comprehensive FP event each month	n=9 VDCs Barakot, Thaligada, Khalanga, Dasarathchanda, Tripurasundari, Jagannath, Gurukhola, Dehimandu, Joshibunga, Basuling	n/a
Patan PHCC	NSV trained- 1 Minilap trained- 0 IUCD trained- 1 Implant trained- 1	Comprehensive FP event bimonthly	n=11 VDCs Patan, Gujar, Sakar, Silanga, Basantapur, Bhumeshwor, Rauleswor, Salena, Basuling, Durgasthan, Kailpal	VSC service provider mobilized from District Hospital
Hat HP	NSV trained- 0 Minilap trained- 0 IUCD trained- 1 Implant trained- 1	Comprehensive FP event bimonthly	n=7 VDCs Haat, Mahadevsthan, Malladehi, Nwadeu, Bhatana, Kuwakot, Kotila	VSC service provider mobilized from District Hospital
Kulau HP	NSV trained- 0 Minilap trained- 0 IUCD trained- 1 Implant trained- 0	Comprehensive FP event bimonthly	n=6 VDCs Kulau, Pancheshwor, Mahakali, Aamchaura, Shivanath, Sharmali	VSC service provider mobilized from District Hospital

### 3.3 Initial District consultation meeting: Darchula

The objectives of the meeting were to:

1. provide a briefing on the objectives of the pilot intervention
2. explore the current status of FP in the district
3. explore possibilities and challenges of programme implementation
4. schedule a district implementation planning meeting

The programme started at 10.30am in the DHO hall, Darchula, on the 8<sup>th</sup> March 2015. The DHO acting FP supervisor welcomed all participants then Mr. Ghanshyam Pokharel, chief of the FP section, FHD, presented on the background, objectives, and rationale of the VSC+ pilot. He stressed the need for active involvement and support from the DHO for an effective programme. Subsequently, the NHSSP FP advisor, Dr. Rajendra Gurung, presented the approach of the VSC+ pilot. Thereafter, a discussion of the implementation plan (training required, equipment, and location) was held. A total of 28 participants took part in the meeting (see Annex 4).

## District status

- There is a low CPR rate in the district (26%) compared to neighboring districts, the far-western region, and the national average
- None of the existing health workers are trained in NSV and minilab
- No vasectomy or minilab sets are available in the district
- There is a lack of strong leadership
- The IEC FP materials (counseling kit box, HTSP poster, and balanced counselling flip chart) are provided by Suaahara in the district
- The FP supervisor is on study leave and the acting FP supervisor is planning to leave soon
- Some Nepalese women find the ML/LA scheme available in India attractive. However, males do not usually want to go for sterilisation
- Increasing numbers of women appear to have adopted sterilisation after Suaahara's HTSP programme in the community
- Suaahara's district focal person acknowledged that some HFs must not have received FP posters
- Sunaulo Parivar Nepal (SPN)/MSI is providing VSC services (both NSV and ML/LA) which totals about 86 VSCs so far
- The DHO is ready to mobilize long acting reversible contraceptive (LARC) providers but needs training for doctors for VSC
- The district team proposed five sites for the VSC+ pilot. They are: District Hospital-1, Gokuleswor Hospital-1, Latinath HP-1, Pasti HP-1 (Shankarpur VDC), and Hikila HP-1.
- The Darchula team cannot implement VSC+ intervention as of now. There is a possibility of implementing SPN/MSI but this needs to be discussed with the SPN/MSI team in Kathmandu.

## VSC+

- Access to the minilab service is low, hence many women may adopt minilab if VSC+ is implemented
- Seasonal workers are likely to visit home during the winter season and during Dashain/Tihar
- Implant/IUCD providers can be arranged from within the district
- The district has 200 implants currently in stock
- Satellite clinics are providing implant/IUCD services

The district team proposed the following sites for VSC+

1. District Hospital
2. Gokuleswor Hospital
3. Lattinath HP
4. Pasti HP
5. Hikila HP

## Next Steps:

- further assessment of training and equipment needs
- select four out of the five sites proposed
- train one doctor and one nurse each from the district hospital and Gokuleswor hospital on ML/LA and NSV
- provide IUCD and implant sets
- prepare a tentative work plan/time plan for VSC+ camps (see Annex 8)
- mobilising NGO partner/private agencies could be the best alternative

### 3.4 District Planning workshop for VSC+: Darchula

#### Objectives:

- to orient on the VSC+ model (detailed interventions, mapping, recording/reporting and monitoring, capacity building and transfer of knowledge, roles/responsibility, and essential supply support)
- to schedule VSC+ pilot interventions (site confirmation, frequency, follow up, and mid-term review)

#### Programme Details:

The programme started at 2:50pm at the DHO, Darchula. DHO acting FP supervisor Mr. Jaya Bahadur Pharsawan started the meeting by facilitating the programme and introducing the participants. Public Health Officer (PHO), Mr. Arun Dutta Joshi, then welcomed all of the participants. Dr. Rajendra Gurung, FP advisor of NHSSP, presented the objectives of the planning meeting and Mr. Bishnu Baskota from the FHD gave a brief introduction to the Nepal Family Planning Project (NFPP) and VSC+ pilot. He also briefly explained the NFPP pilot interventions including the VSC+ intervention.

DPHO, Mr. Santosh Prakash Joshi, made a presentation on the district's FP/RH status. After this presentation, Dr. Rajendra Gurung from NHSSP laid out the proposed approach to, and process of, the VSC+ intervention. He also oriented the participants on how to use DMT flip charts and MEC wheels and answered participants' questions on the VSC+ intervention and pilot.

After the presentation, Mrs. Sapana Yadav, staff nurse (SN), Gokuleswor Hospital, gave the hospital's presentation on their FP/RH status, training status for FP, and equipment status of the hospital. Hikila HP In-charge Mr. Prem Singh Dhami and Latinath HP In-charge Mr. Dipendra Khadayat also gave their HF's presentations showing health indicators, FP status, equipment and commodities available in VDCs, and infrastructure of HFs. After the presentations from individual villages, the NHSSP FP advisor oriented participants on the use of QI tools for monitoring VSC+ events. Mr. Arjun Aryal from MSI explained the upcoming project on FP and also introduced the working model of VSC+ intervention. Mr. Netra Bhatta from USAID also introduced the upcoming FP projects and requested the FP scenario of the Darchula district. Following that, Mr. Yubaraj Poudel from NHSSP led a discussion session for the recording/reporting process for the VSC+ intervention. The programme closed at 6.45pm. (The detailed agenda of the programme is attached in Annex 6).

Number of participants- 32 from Family Health Division/NHSSP and DHO Baitadi (see Annex-5)

Key points from district presentations:

#### Target population and service delivery outlets

Population targets:

MWRA	28971
Female population 15- 44 years	34914
Female population 15-49 years	38222
Adolescent population 10- 19 years	31523



Facility targets:

BEONC/ PHCC	2
Birthing centres	26
HPs	19
SHPs	21
Urban health clinics	2
PHCs/ ORCs	150
EPI clinics	141
FCHVs	370

**Service Indicators:**

- SBA delivery: 40% of expected pregnancies (2071/72, second quarter)
- institutional delivery: 37% of expected pregnancies (2071/72, second quarter)
- CPR: 27% of MWRA
- VSC achievement: 92.2% (185 Out of 200 target for VSC)- (2071/72 up to third quarter)
- implant IUCD achievement: IUCD- 40 and implant- 72 (2071/72 up to third quarter)
- IUCD/implant service sites: 7/7

**Issues:**

- inadequate equipment for VSC and LARC
- inadequate service sites/HR for VSC service
- inadequate service sites/HR for long acting methods
- only ten implants in the district store - more implants have been ordered from the regional store
- no stock of IUCD/implant sets in the district store and other HFs
- DH has no NSV, minilap, or IUCD set and no proper implant sets except two removal sets (implant)
- Gokuleswor Hospital has two sets of IUCD and one implant set as well as a vasectomy and minilap set (but they have not been in use for a long time)
- Latinath HP has an autoclave but it is not in working condition
- the district hospital store has six autodaves in stock

**Some highlights from presentations by HWs from proposed VSC+ sites**

District Hospital

- There is no minilap or vasectomy service provider in the District Hospital
- There are four IUCD service providers, two implant providers, six trained SBAs, and one comprehensive family planning counselor (COFP)
- There are no vasectomy or minilap sets to start VSC+ with
- Clients are expected to come from the whole district, especially from the catchment area of Api municipality, Dattu VDC, and Khaar VDC

Gokuleswor Hospital

- Gokuleswor Hospital has three medical superintendents, five SNs, three HAs/SAHWS, three ANMs, one lab technician, one lab assistant, two PHIs, and two office assistants
- The organisation of a three-day long VSC+ camp has been proposed
- There is no VSC service provider
- There are four IUCD service providers, two implant service providers, six SBAs, and three COFPs
- The hospital covers 18 VDCs in Darchula and nine VDCs in Baitadi

- There is no minilab or OT table
- Two autoclaves with two drums are available
- One vasectomy and one minilab set is available but they are not in use

#### Hikila HP

- The catchment area includes six VDCs: Hikila, Dhari, Pipalchauri, Huti, Sunsera, and Dandakot.
- It is located five hours walking distance from Darchula HQ
- A two-day long VSC+ camp has been proposed
- The winter season is the best time to organise a camp as migrant workers return and there is a vacation
- There are two IUCD sets, one implant set, and one autoclave with one drum
- One ANM is trained for IUCD, administering implants, and is an SBA
- People go there to collect yarsa from Falgun to Asar

#### Latinath HP

- The catchment area comprises of seven VDCs: Latinath, Tapoban, Guljar, Shitola, Sheri, Ghusa, and Khandeswori
- It is three hours off-road travel from Gokuleswor
- A two-day long VSC+ camp has been proposed
- The best time to organise a camp is the winter when migrant workers return
- There are no IUCD sets and there is one implant set and one autoclave (not working)
- One ANM is trained to administer the implant, and two are SBAs

#### Other issues raised/discussed

- MSI and USAID introduced upcoming FP projects
- The DHO was asked to request DMT tools from the FHD for other HF's
- Dr. Rajendra Gurung (NHSSP) oriented participants on DMT tools and MEC wheels for contraceptive use
- The DHO team will provide VSC+ services in the district hospital for three to four days every month
- Suaahara has supplied an FP kit box, informed choice poster, and HTSP poster for all HF's
- Monitoring and evaluation of the VSC+ intervention will be done by HERD
- The DHO team has agreed to work on the proposed model with NHSSP and MSI

#### Consensus

- MSI will mobilise the necessary HR and equipment for the camps in coordination with the DHO
- Available equipment and supplies at the DHO will be used
- NHSSP will purchase other necessary equipment and supplies
- A quality improvement (QI) checklist will be filled in at VSC+ camp sites
- Recording of services will be carried out using existing HMIS forms (HMIS 3.3 and HMIS 3.4) and will be reported on a separate sheet, while total achievements will be reported in HMIS 9.3.

#### Next Steps

- It appears that the district wants to have the first VSC+ event as early as possible and before the monsoon starts
- An essential IP, VSC, and LARC related equipment/instrument list should be compiled by site and submitted for quotation

- A training-needs assessment of VSC and LARC should be compiled and coordinated with the Nepal Health Training Centre (NHTC) for participation in training, and with NHSSP support if necessary
- CN and IG must be revised accordingly
- A MoU with Baitadi DHO and SPN/MSI for Darchula must be prepared and signed
- A work plan for both Baitadi and Darchula should be prepared
- Remaining information from the district should be collected
- Equipment as per district requirements should be purchased (see Annex 7)

### Status of HR skills and proposed interventions

Table 3 shows the current status of skills among service providers from the proposed VSC+ sites. A lack of skilled HR at the DHO able to facilitate the provision of the VSC+ service was a major reason for proposing to mobilise MSI in the district.

Table 3: HR skill status and proposed interventions: Darchula

HF's	Current status of HR (n)	Proposed interventions	Catchment area	Remarks
District Hospital	NSV trained- 0 Minilap trained- 0 IUCD trained- 2 Implant trained- 2	Comprehensive FP event each month	<b>N= 7 VDCs</b> Bhrammadev, Chapri, Kantai, Khalanga, Dhap, Dattu, Khaar	MSI primarily responsible for providing FP service
Gokuleswor Hospital	NSV trained -0 Minilap trained -0 IUCD trained -6 Implant trained-2	Comprehensive FP event bimonthly	<b>N= 27 VDCS.</b> Gokuleswor, Sipti, Dethala, Ranisikhar, Dhuligada, Sikhar, Latina th, Sheri, Tapaban, Guljar, Khandeswori, Ghusa, Gwani, Malika arjun, Bohorigaun, Sha rmoli, Kha rkada, Ri ttha chaupata <b>Baitadi</b> Nwali, Sittad, Rim, Dilasaini, Gokuleswor Kotpetera, Rudeswor, Nwa deu, Ma thai raj	MSI primarily responsible for providing FP service
Latina th HP	NSV trained -0 Minilap trained -0 IUCD trained -0 Implant trained-0	Comprehensive FP event bimonthly	N= 7VDCs Latina th, Tapoban, Guljar, Shi tola, She ri, Ghusa, and Khandeswori	MSI primarily responsible for providing FP service
Hikla HP	NSV trained -0 Minilap trained -0 IUCD trained -1 Implant trained-1	Comprehensive FP event bimonthly	N= 6 VDCs Hikila, Dha ri, Pipal chauri, Huti, Sunsera, and dandakot	MSI primarily responsible for providing FP service

## ANNEXES

**Annex 1: Participants list at initial district consultation meeting, Baitadi**

<i>S.N</i>	<i>Name</i>	<i>Designation</i>	<i>Organization</i>	<i>Contact no.</i>
1	Dr. Gunaraj Awasti	DHO	DHO Baitadi	-
2	Ghanshyam Pokhrel	Sr. PHA	FHD	-
3	Chandar BC	PHO	FHD	9851188856
4	Dr Rajendra Gurung	FPA	NHSSP	
5	Yuba Raj Paudel	M&E	NHSSP	9841558953
6	Anup Thokar	DTO	FAO	
7	Bhuvan Joshi	SAHW	DHO	9848771596
8	Manoj Ojha	DTLA	DHO	9848770035
9	Birendra Bhatta	IO	dho	9848785922
10	Radheshyam Chaudhary	DC	Suaahara	9851110194
11	Ganesh Shahi	DO	UNFPA	9858752089
12	Lokendra Prasad Panta	Programme Coordinator	USM	98558750969
13	Santosh Pandey	HA	DHO	9848858089
14	Madan Raj Bhatta	DO	HERD	9848793974
15	Renu Pathak	SN	DHO	9848818672
16	Sakuntala Lohar	ANM	DHO	9848771517
17	Rashmi Joshi	SN	DHO	9848720983
18	Madhu Pela	ANM	DHO	9848781630
19	Nagendra Singh Dhami	DAO	Suaahara	9801198552
20	Dinesh Bhandari	ENA officer	Suaahara	9849247797
21	Bishnu Datta Joshi	Account officer	DHO	9858750687
22	Kishor awasti	DHO	FPs	9851119213
23	Min Bahadur Chand	Accountant	DHO	9759502815
24	Bishnu Rijal	SN	DHO	9848085003
25	Shiva Raj Bhatta	helper	DHO	9812725635
26	Raghu Nath Ghimire	DC	DHO/NHSSP	9848131236

## Annex 2: Participants at district planning meeting Baitadi

SN	Name	Designation	Organization	Email-telephone
1	Dr. Gunaraj Awasthi	MS	DHO Baitadi	
2	Dr Rajendra Gurung	FP Advisor	FHD/NHSSP	9851088394
3	Chandra BC	Public Health officer	FHD	9851188856
4	Yuba Raj Paudel	M&E officer	FHD/NHSSP	9841558953
5	Dr Sashi Kandel	MO	Patan PHCC	9841352788
6	Krishna Datta Bhatta	Nasu	DHO	9848883987
7	Dr. Atul Bhardwaj	MO	DHO	9849162183
8	Renu Pathak	SN	DHO	9848818672
9	Rashmi joshi	SN	DHO	9848720983
10	Aarati Diyal	ANM	Kulaau HP	9619521020
11	Anugra Thagunna	Sr. ANM	HAT HP	9749511870
12	Surendra pd. Awasthi	AHW	HAT HP	9749511870
13	Deepak Ram lohar	AHW	Kualau HP	9744082128
14	Kishor Awasthi	FPS	DHO	9851119213
15	Bira Gatal	Reporter	Nagari k daily	9848835893
16	Madan Raj Bhatta	District officer	HERD	9848793974
17	Manuj Ojha	DTLO	DHO	9848770035
18	Bhoj Raj Joshi	OA	DHO	9848730690
19	Raghu Nath Ghimire	DC	NHSSP	9848131236
20	Ganesh Sigh Thapa	Storekeeper	DHO	

### Annex 3: Agenda of Initial district consultation meeting

NHSSP



#### Objectives:

1. Brief on the objectives of pilot intervention
2. Explore the current status of FP in the district
3. Explore possibilities and challenges of programme implementation
4. Schedule district implementation planning meeting

Time	Topic	Session Objectives	Methods	Materials	Facilitator(s)
Day 1 AM					
11:00-11:05	<ul style="list-style-type: none"> <li>Welcome and Introduction</li> </ul>	<ul style="list-style-type: none"> <li>Setting the scene</li> <li>To familiarize participants</li> </ul>		None	DHO/PHA
11:05-11:10	<ul style="list-style-type: none"> <li>Objectives of the consultative meeting</li> </ul>	<ul style="list-style-type: none"> <li>To introduce meeting objectives and agenda</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>PPT Presentation</li> </ul>	DHO/FHD/NHSSP
11:10-11:25	<ul style="list-style-type: none"> <li>Overview of FP pilots</li> </ul>	<ul style="list-style-type: none"> <li>To brief on NFPP pilot interventions including VSC+ pilot</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>PPT Presentation</li> </ul>	FHD/NHSSP
11:25-11:40	<ul style="list-style-type: none"> <li>District presentation on FP</li> </ul>	<ul style="list-style-type: none"> <li>To brief on FP service data, HR</li> </ul>	Discussion Presentation	<ul style="list-style-type: none"> <li>PPT Presentation</li> <li>Flip Chart</li> </ul>	FPS/SO
11:40-12:10	<ul style="list-style-type: none"> <li>Proposed VSC+ pilot intervention</li> </ul>	<ul style="list-style-type: none"> <li>To describe proposed approach and process of VSC+ pilot intervention</li> </ul>	Discussion Presentation	<ul style="list-style-type: none"> <li>Flip Chart</li> <li>PPT Presentation</li> </ul>	FHD/NHSSP
12:10-12:55	<ul style="list-style-type: none"> <li>Consensus: possibilities/challenges/suggestions on VSC + pilot intervention</li> </ul>	<ul style="list-style-type: none"> <li>To find and agree on approaches in VSC + intervention</li> </ul>	Discussion	<ul style="list-style-type: none"> <li>Flip Charts</li> <li>Marker</li> </ul>	FPS/SO/NHSSP
12:55-13:00	Summary of the Day: Closure				

**Annex 4. Participants list at Initial district consultation in Darchula for VSC+**

<b>S.N</b>	<b>Name</b>	<b>Designation</b>	<b>Organization</b>	<b>Contact no.</b>
1	Dr. Amit Rauniyar	DHO	DHO Darchula	
2	Ghanshyam Pokhrel	Sr. PHA	FHD	
3	Chandar BC	PHO	FHD	9851188856
4	Dr Rajendra Gurung	FPA	NHSSP	
5	Yuba Raj Paudel	M&E	NHSSP	9841558953
6	Dr. Rakshya Upreti	MO	Gokuleswor hospital	9843369966
7	Keshar Singh Budhathoki	SAHW	DHO	9749516895
8	Jaya Bahdaur Mahara	PHI	DHO	9848997421
9	Jaya Bahdaur Farswan	HA	DHO	9848893225
10	Hira Singh Dughel	PHI	Byassh HP	9741387313
11	Mina Bhandari	SN	DHO	9848859903
12	Karam Sing Rana	Stat Assistant	DHO	9848820072
13	Pashupati Kuwar	ANM	DHO	9848970288
14	Amar Bahadur Bista	Ao	DHO	9848771254
15	Padam Raj joshi	Kharidar	DHO	9858751766
16	Arun Datta Joshi	PHI	DHO	9848734877
17	Tekendra Pradhan	DC	Suaahara	9842718505
18	Indra Budhathoki	ANM	DHO	9848837504
19	Suchitra Budhathoki	ANM	DHO	9741065995
20	Bishnu Raj Bista	Lab	DHO	
21	Prem Singh Bhatta	CCA	DHO	9743375752
22	Krishna Raj Joshi	SAHW	Dhap SHP	9848631230
23	Gopal Saaud		DHO	9848861506
24	Jaya Singh Bhat	Kharidar	DHO	9848902257
25	Jaya Budhathoki	helper	DHO	9749565446
26	Dambar Datta Bhatta	SAHW	dho	9749522904
27	Raghunath Ghimire	DC	NHSSP	9848131236
28	Narayan Khatri		DHO	

## Annex 5: Participants at Darchula Planning Workshop

<b>S.N</b>	<b>Name</b>	<b>Designation</b>	<b>Organization</b>	<b>Contact no.</b>
1	Santosh Prakash Joshi	PHO	DHO Darchula	Santoshjoshi763@gmail.com
2	Dr Chet Raj Bhatta	MO	Gokuleswor Hospital	drchetraj@gmail.com
3	Sapana Yadav	SN	Gokuleswor Hospital	Neverbalonely3@gmail.com
4	Dr Rajendra Gurung	FPA	NHSSP	
5	Yuba Raj Paudel	M&E	NHSSP	9841558953
6	Suchitra Budhathoki	ANM	DHO	9741065995
7	Nanda Bhatt	Sr ANM	Hikla HP	9759501782
8	Pashupati Joshi	ANM	Lattinat HP	9749520711
9	Manju Bhatta	ANM	DHO,MCH	9848821163
10	Prem Singh Dhami	AHW	Hikla HP	9749520546
11	Preetam Shrestha	Nutrition officer	DHO	9841560924
12	Deependra Khadayat	HA	Lattinath HP	9749576497
13	Deepak Raj Bista	Lab Assistant	DHO	9848896955
14	Pushpa Joshi	ANM	DHO	9749507569
15	Jaya Bahdaur Farswan	HA	DHO	9848893225
16	Lokendra Singh Dhami	EPI supervisor	DHO Darchula	9848999036
17	Jagdish Aitwal	SAHW	DHO Darchula	9749507766
18	Iswor Koirala	ENA Officer	Suaahara Programme	9849111028
19	Arun Datta Joshi	PHI	DHO	9848734877
20	Karam Sing Rana	Stat Assistant	DHO	9848820072
21	Narendra Prashad Joshi	Store Assistant	DHO Darchula	9848775686
22	Pushpa Raj Bista	Na SU	DHO Darchula	9848883066
23	Dhan B Bista	SAHW	DHO Darchula	9741228267
24	Bishnu Baskota	PHI	FHD	9851180091
25	Nar Singh Sawant	Kharidar	DHO	9749522481
26	Arjun Aryal	CoP	SIFPO/MSI	9851030787
27	Netra P Bhatta	Sr Programme Specialist	USAID	9801074278
28	Prem Singh Mahar	CCA	DHO	9749516792
29	Narendra Nepal	PHO	DHO	9848729106
30	Deependra Joshi	DTLA	DHO	9851195552
31	Raghunath Ghimire	DC	NHSSP	9848131236
32	Dholi Thagunna	Helper	DHO	





## Annex 6. Agenda of District planning workshop for VSC+

NHSSP

### Objectives:

1. To orient on VSC+ model (detail interventions, mapping, recording/reporting and monitoring, capacity building and transfer of knowledge, roles/responsibility, and essential supply support)
2. To schedule VSC+ pilot interventions (site confirmation, frequency, follow up, mid-term review)

Time	Topic	Session Objectives	Methods	Materials	Facilitator(s)
Day 1 AM					
10:00-10:15	<ul style="list-style-type: none"> <li>Registration</li> <li>Welcome and Introduction</li> </ul>	<ul style="list-style-type: none"> <li>Setting the scene</li> <li>To welcome participants at the workshop</li> <li>To familiarize participants</li> </ul>		None	DHO/PHA
10:15-10:30	<ul style="list-style-type: none"> <li>Overview/objectives of the Workshop</li> </ul>	<ul style="list-style-type: none"> <li>To introduce workshop Goals, objectives, agenda</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>PPT</li> </ul>	DHO/FHD/NHSSP
10:30-10:45	<ul style="list-style-type: none"> <li>Overview of NFPP and VSC+ pilot</li> </ul>	<ul style="list-style-type: none"> <li>To brief on NFPP pilot interventions including VSC+ intervention</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>Flip Chart</li> <li>PPT</li> </ul>	FHD/NHSSP NHSSP
10:45-11:00	<ul style="list-style-type: none"> <li>Proposed pilot intervention</li> </ul>	<ul style="list-style-type: none"> <li>To describe proposed approach and process of VSC+ intervention (RG)</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>Flip Chart</li> <li>PPT</li> </ul>	FHD/NHSSP
11:00-11:15	Remarks & closure of opening session –DHO, FHD		Lecture		DHO/RHD/DfID
TEA BREAK					
12:00-12:30	<ul style="list-style-type: none"> <li>District presentation on FP, mapping</li> </ul>	<ul style="list-style-type: none"> <li>To brief on FP programme, service data, challenges</li> </ul>	<ul style="list-style-type: none"> <li>Discussion</li> </ul>	<ul style="list-style-type: none"> <li>PPT</li> <li>Flip Charts/Marker</li> </ul>	EPIO/FPS/SO
12:30-13:00	<ul style="list-style-type: none"> <li>District mapping on FP</li> </ul>	<ul style="list-style-type: none"> <li>To brief on the status of HR, skill mix (NSV, ML/LA, IUCD, implant), equipment/supplies, reporting/recording</li> </ul>	<ul style="list-style-type: none"> <li>Discussion</li> <li>Group work</li> </ul>	<ul style="list-style-type: none"> <li>Flip Charts</li> <li>Marker</li> </ul>	FP/EPIO/SO/NHSSP
KHAJA					
13:45-14:00	<ul style="list-style-type: none"> <li>Consensus: VSC+ implementation approach</li> </ul>	<ul style="list-style-type: none"> <li>To find and agree on approaches in VSC+ implementation</li> </ul>	<ul style="list-style-type: none"> <li>Discussion</li> <li>Group work</li> </ul>	<ul style="list-style-type: none"> <li>Flip Charts</li> <li>Marker</li> </ul>	FP/EPIO/SO/NHSSP
14:00-14:35	<ul style="list-style-type: none"> <li>Quality Improvement</li> </ul>	<ul style="list-style-type: none"> <li>To describe and agree on the process of VSC+ quality services</li> <li>To describe on referral, and complication management</li> </ul>	<ul style="list-style-type: none"> <li>Discussion</li> <li>Use of HMIS tools</li> </ul>	<ul style="list-style-type: none"> <li>FP QI tools</li> </ul>	NHSSP/FPEO/FP/SO
14:30-15:00	<ul style="list-style-type: none"> <li>VSC+ reporting recording monitoring</li> </ul>	<ul style="list-style-type: none"> <li>To describe and agree on the process of VDC+ reporting and recording</li> <li>To agree on monitoring approach</li> </ul>	<ul style="list-style-type: none"> <li>Discussion</li> <li>Use of selected HMIS tools</li> </ul>	<ul style="list-style-type: none"> <li>HMIS tools</li> </ul>	NHSSP/FPEO/FP/SO
15:00-15:30	<ul style="list-style-type: none"> <li>Shared responsibility of stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>To agree on role and responsibilities of key stakeholders</li> <li>Group presentation</li> </ul>	<ul style="list-style-type: none"> <li>Discussion</li> </ul>	<ul style="list-style-type: none"> <li>Flip Charts</li> <li>Marker</li> </ul>	NHSSP/FPEO/FP/SO
15:30-15:45	<ul style="list-style-type: none"> <li>District implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>To finalize district VSC+ implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>Presentation</li> <li>Group work</li> </ul>	<ul style="list-style-type: none"> <li>Flipchart</li> <li>Marker</li> </ul>	NHSSP/FPEO/FP/SO
15:45-16:00	Summary of the Day: Closure				

## Annex 7: Equipment needs of VSC+ districts

### Baitadi District

Required Number by HFs						
Equipment	District Hospital	Patan PHCC	Haat HP	Kulau HP	Total	Remarks
Vasectomy set	0	4	2	2	8	
Minilap set	0	6	4	4	14	
IUCD Set (I &R)	4	1	2	3	10	
Implant Set (I & R)	3	2	3	4	12	
Surgical drum	3	2	0	0	5	big
Auto Clave	1	1	0	0	2	3 drum for DH and 2 drum for Patan PHCC (both electrical that can be used by gas)
Minilap OT table	0	0	1	1	2	

### Darchula District

Equipment	District Hospital	Gokuleswor Hospital	Latinath HP	Hikla HP	Total	Remarks
Vasectomy set	10	9	Carried by DH/MSI	Carried by DH/MSI	19	
Minilap set	10	9	Carried by DH/MSI	Carried by DH/MSI	19	
IUCD Set (I &R)	5	3	5	3	16	
Implant Set (I & R)	5	4	4	4	17	
Autoclave	0	0	0	0	0	
Minilap OT table	1	1	1	1	5	If carried by MSI than not needed but may need 1 for DH

## Annex 8: Tentative time plan for VSC+ camps

Baitadi

Time/Site/Tasks		Month/date	Month/date	Month/date	Month/date	Month/date	Month/date	Month/date
S.N.	Activities	June(Jestha/ Asar)	July(Asar/ Shrawan)	August(Shrawan/ Bhadra)	September(Bhadra/ Asoj)	October(Asoj/ Kartik)	November (Kartik/Mangsir)	December (Mangsir/ Poush)
<b>1. District Hospital</b>								
1	Pre VSC meeting		7/8/2015	8/9/2015	9/8/2015	10/8/2015	11/8/2015	12/8/2015
2	VSC+ camp		14-16 July	14-16 August	14-16 September	14-16 October	14-16 November	14-16 December
<b>2. Patan PHCC</b>		2nd quarter		3rd quarter			4th quarter	
1	Pre VSC meeting		17		17		18	
2	VSC+ camp		26-27		26-27		26-27	
<b>3. Kulau HP</b>		2nd quarter		3rd quarter			4th quarter	
1	Pre VSC meeting		22		9/22/2015		11/22/2015	
2	VSC+ camp		30-31	1	30	1 to 2	30	1 to 2
<b>4. Haat HP</b>		2nd Quarter		3rd quarter			4th quarter	
1	Pre VSC meeting			7		7		7
2	VSC+ camp			15-16		15-16		15-16

### Tentative time plan for VSC+ camps: Darchula

VSC+ Camp  
Tentative Plan

Darchula

Latinath HP		Month/date	Month/date	Month/date	Month/date	Month/date	Month/date	Month/date	Remarks
S.N.	Activities	June(Jestha/ Asar)	July(Asar/ Shrawan)	August (Shrawan/ Bhadra)	September (Bhadra/Asoj)	October (Asoj/Kartik)	November (Kartik/Mangsir)	December (Mangsir/Poush)	October-20-24 Dashain
1	Pre VSC meeting		7/2/2015		9/2/2015		11/2/2015		November-11- 14Tihar
2	VSC+ camp		10-12 July		5-7September		20-22November		Latinath HP 3 days/Camp
<b>Gokuleswor Hospital</b>		2nd quarter		3rd quarter		4th quarter			
1	Pre VSC meeting		7/3/2015		9/3/2015		11/3/2015		
2	VSC+ camp		14-16 July		9-11 September		24-26November		Gokuleswor Hospital 3 days/camp
<b>District Hospital</b>		2nd quarter		3rd quarter		4th quarter			
1	Pre VSC meeting		7/4/2015	8/4/2015	9/4/2015	10/4/2015	11/4/2015	12/6/2015	
2	VSC+ camp		18-20 July	17-19August	13-15 September	28-30October	28-30November	17-19December	DH 3 days/camp
<b>Hikila HP</b>		2nd quarter		3rd quarter		4th quarter			
1	Pre VSC meeting		7/5/2015		9/5/2015		11/5/2015		
2	VSC+ camp		22-24 July		17-19 september			2-4 December	Hikila HP 3 days/Camp
Total camp days			12	3	12	3	9	6	

**Annex 9: Photographs**



GSP of FHD making a VSC+ presentation at DHO, Baitadi, during Initial district consultation meeting at Baitadi



Initial district consultation meeting at Baitadi in progress



Participant in Darchula Planning meeting making presentation in Darchula



PHO (contract)- Darchula making dosing remarks