



Ministry of Health & Population



Planning Report: Nepal Family Planning Project



First Draft

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Table of Contents

| | |
|---|-----------|
| 1.0 INTRODUCTION..... | 3 |
| 1.1 Purpose of this Report..... | 3 |
| 1.2 Background..... | 3 |
| 2.0 ACTIVITIES AT CENTRAL LEVEL | 4 |
| 2.1 Planning/coordination meetings | 4 |
| Development of Guidelines, IEC materials and Job Aids..... | 4 |
| Procure Materials and Equipment..... | 4 |
| 3.0 ACTIVITIES AT CENTRAL LEVEL | 5 |
| 3.1 PILOT 1: Sindhupalchowk - Integrating Family Planning into Immunisation Services | 5 |
| 3.1.1 Initial district consultation..... | 5 |
| 3.1.2 District Planning workshop..... | 6 |
| 3.1.3 Orientation of HF in-charges: 3 Batches (7-8 and 14-17 December 2014) | 8 |
| 3.1.4 Orientation to Service Providers (6 Batches)..... | 9 |
| 3.1.5 Coordination meetings..... | 10 |
| 3.1.6 Orientation to HFOMCs/FCHVs..... | 11 |
| 3.2 PILOT 2: Ramechhap - Mobilising Visiting Providers to Expand Utilisation of LARCs | 11 |
| 3.2.1 Initial district consultation:..... | 11 |
| 3.2.2 District planning meeting | 12 |
| ANNEXES..... | 13 |
| Annex 1: Planning Workshop on FP/EPI Pilot Schedule..... | 13 |
| Annex 2: List of Participants Attended the Planning Workshop..... | 14 |
| Annex 3: Issues Raised by Health Workers in Sindhupalchok | 14 |
| Annex 4: Participants - Orientation to Service Providers (FP/EPI Integration Programme) | 15 |
| Annex 5: Meeting Minutes | 21 |
| Annex 6: Workshop Schedule | 23 |
| Annex 7: Photos..... | 24 |

LIST OF ACRONYMS

| | |
|--------|--|
| AHW | area health worker |
| ANM | auxiliary nurse midwife |
| COFP | comprehensive family planning |
| CPR | contraceptive prevalence rate |
| DFID | Department for International Development (UKaid) |
| DHO | district health office |
| DMT | decision making tool |
| DoHS | Department of Health Services |
| DPHO | district public health office |
| EPI | extended programme of immunisation |
| FHD | Family Health Division |
| FP | family planning |
| GoN | Government of Nepal |
| HERD | Health Research and Social Development Forum |
| HMIS | Health Management Information System |
| IPV | Inactivated poliovirus vaccine |
| IUCD | Intrauterine contraceptive device |
| LAPM | long acting permanent method |
| LARC | long acting reversible contraceptive |
| MNCH | maternal, neonatal and child health |
| MCHW | mother and child health worker |
| MoHP | Ministry of Health and Population |
| MWRA | married women of reproductive age |
| NGO | non-government organisation |
| NHSP-2 | Second Nepal Health Sector Programme (2010–2015) |
| NHSSP | Nepal Health Sector Support Programme |
| PHCORC | Primary Health Care Outreach Clinic |
| USAID | United States Agency for International Development |
| VHW | village health worker |
| VP | visiting provider |
| VSC | voluntary surgical contraception |

1.0 INTRODUCTION

1.1 Purpose of this Report

This report aims to summarise the activities carried out at central and district levels during the initial district consultation and planning period for two Family Planning (FP) pilots being implemented by NHSSP. The report is divided into four sections as follows:

Section 1: Introduction

Section 2: Activities at central level

Section 3: Activities at district level

Section 4: Annexes

Its submission satisfies the requirements of NHSSP payment deliverable FP3.1: District consultation and planning meeting completed in 2 districts (Sindhupalchowk and Ramechapp).

1.2 Background

The Government of Nepal is committed to improving the health status of its citizens and has made impressive gains despite conflict and other difficulties. The Nepal Health Sector Programme-1 (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), which began in mid-July 2010. NHSP-2's goal is to improve the health and nutritional status of the people of Nepal. 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 contraceptive prevalence rate (CPR) and a decline in fertility rate, the unmet need for family planning (FP) in Nepal remains high with 27% of married women of reproductive age reporting unmet need in 2011 (10% for birth spacing; 17% for limiting births) - an increase from 25% in 2006. In addition, 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 (DFID, World Bank, Australian Aid [DFAT], KfW and GAVI) through the Nepal Health Sector Support Programme (NHSSP). NHSSP is a five-year programme (2010–2015) funded by the Department for International Development (DFID) and managed and implemented by Options Consultancy Services Ltd. NHSSP 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 is to provide technical and financial assistance to Family Health Division to strengthen its national FP programme under NHSP-2 and to identify priority needs and approaches to be taken forward under NHSP-3.

2.0 ACTIVITIES AT CENTRAL LEVEL

2.1 Planning/coordination meetings

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

| Date | Participants | Agenda | Consensus/Decision |
|-------------|--------------------------|------------------------------------|--|
| 9 Oct 2014 | DFID, USAID, HERD, NHSSP | Manthali Ramechhap visit update | <ul style="list-style-type: none"> ➤ Monitoring of the pilots will extend beyond implementation. ➤ All pilots will have an intensive early phase and low intensive later phase ➤ Implementation will start no later than January 2015, preferably on the 3 pilots simultaneously |
| 30 Jan 2015 | DFID, HERD/MM, NHSSP | Implementation guide M&E framework | <ul style="list-style-type: none"> ➤ NHSSP to finalise concept note and logframe by 6th February ➤ NHSSP to finalise implementation guide by 13th February ➤ HERD is randomly selecting EPI clinics each month for monitoring ➤ HERD is not evaluating visiting provider (VP) component in Sindhupalchok |

2.2 Development of Guidelines, IEC materials and Job Aids

The following materials were adapted where appropriate and printed:

- Colour flex
- Integrated service flow chart
- Pregnancy screening job aid
- Decision making tool (DMT) flip chart (delivery still pending)

2.3 Procurement of Materials and Equipment

The following items were procured:

- Pregnancy test kits
- Implant/intrauterine contraceptive device (IUCD) insertion/removal sets/equipment.

3.0 ACTIVITIES AT DISTRICT LEVEL

Under this initiative, three pilots are to be carried out in four districts as follows:

Pilot 1: Sindhupalchowk: Integrating FP into immunisation clinics

Pilot 2: Ramechhap: Mobilising visiting providers to expand the utilisation of LARCs

Pilot 3: Baitadi and Drachula: Comprehensive FP camp

Three FP Pilot Interventions and Activities

This report briefly outlines the planning events organised in two districts (Sindhupalchowk and Ramechhap) under pilots 1 and 2. District level planning activities in Pilot 3 (Baitadi and Darchula districts) have yet to begin and are therefore not described in detail in this report.

| Districts | Pilots/Intervention | Target Group | Specific activities |
|--------------------|--|--|---|
| Ramechhap | Mobilising VPs to expand access to long acting reversible contraceptives (LARCs) | Married women of reproductive age (MWRA) | <ul style="list-style-type: none"> • Training service providers on implants • Coaching service providers in birthing centres • Direct LARC service in non-birthing centres |
| Sindhupalchowk | Integrating FP into immunisation services | Postpartum mothers | <ul style="list-style-type: none"> • Group health education • Counseling and 3 FP services through EPI clinics and referrals • 3 FP services + LARCs through selected static EPI clinics and referrals |
| Baitadi & Darchula | Comprehensive Family Planning Camp | MWRA | <ul style="list-style-type: none"> • Mobile outreach camp • Permanent method and LARCs |

3.1 PILOT 1: Sindhupalchowk - Integrating Family Planning into Immunisation Services

This section briefly explains activities carried out under pilot 1.

3.1.1 Initial district consultation

An initial district consultation was carried out on 22nd September 2014 at the district health office (DHO) Sindhupalchowk, Chautara. The FP focal person from Family Health Division (FHD) and officials from DFID, USAID, NHSSP and HERD attended along with the DHO and district supervisors. The following agenda was discussed:

- Initial briefing on the pilot intervention's objectives
- Current status and challenges of the FP programme and immunisation programme
- Integration of FP into EPI services: possibilities and operational issues
- FP status as follows:
 - CPR has reduced from 43% in 2012/2013 to 41% in 2013/14
 - Total FP new acceptors and current users for the district have reduced compared to the previous year. However, IUCD and Implant numbers have increased in the same period although reductions have been seen in some Illakas. The main concern for IUCDs and implant service delivery is the lack of trained human resources to carry out the procedures.

Immunisation:

- On average 7 clients visit each EPI site per session/event
 - The district is divided into 3 EPI areas
 - There is a shortage of human resources for immunisation at some sites. The number of VHWs and vaccinators has also decreased
 - Overall, 26% of posts are vacant in the district
 - The DHO and staff were unable to commit 2 staff to EPI outreach clinics
 - The DHO believes that if all the upgraded AHWs and ANMs are in place, immunisation services will run smoothly. However, the DHO also noted that some of the upgraded staff do not now want to work as a vaccinators
 - No information on the staffing of EPI outreach clinics, disaggregated by human resources, space for counselling and client flows was available during discussions.
- **Integration of FP into EPI**
 - Consensus was reached that every post-partum women visiting an EPI clinic should be proactively screened to assess whether or not she requires FP services
 - Three options for FP integration should be adopted as follows:
 - (1) Referral model: provide FP information, education and referral to another health facility for FP counseling and services
 - (2) Combined model 1: provide FP information, education, counseling and method provision such as combined oral contraceptives (COCs), injectables and refer for other long acting permanent methods (LAPMs)
 - (3) Combined model 2: provide FP information, education, counseling and method provision such as COCs, injectables, LARCs and refer for permanent methods.
 - With the addition of three new antigens (the first being the inactivated poliovirus vaccine (IPV)), the immunisation schedule will not change, but the workload will increase significantly. As a result, there will be insufficient time to manage both vaccination and counselling services for each client.
 - The DHO reported that health facilities are currently providing FP services 6 days a week but this was not verified by other DHO staff. In many districts, FP and EPI services are being provided separately on different days of the week. Accordingly, FP and EPI services can be said to be integrated at the facility level. However, the delivery of FP services on EPI service days is likely to prove the most promising pilot intervention, even if it will require additional human resources – especially in facilities having high immunisation client loads.
 - Since 2/3 of EPI clinics' coverage comes from EPI outreach clinics and static (health facility based) EPI clinics already provide both FP and EPI services, the introduction of FP services in EPI outreach clinics can potentially prove important.

Although consensus was not reached on the most appropriate approach/modality to be followed, the following proposals were put forward:

- (1) promote referrals where HR are insufficient or services are of low quality
- (2) combine with model 1 where HR are insufficient but the quality of services is acceptable.

3.1.2 District Planning workshop

A district planning workshop was carried out on 23rd November, 2014 with the DHO (Sindhupalchowk), Senior Public Health Officer, district supervisors and Ilaka health facility in-charges attending. The workshop was facilitated by representatives from FHD and NHSSP in close coordination with the local DHO. The national and international evidence on FP integration with EPI, national and global strategies related to FP and EPI were shared with participants together with information on the integration model being implemented in Sindhupalchowk district.

The objectives of the workshop were as follows:

- 1) To orient participants on the FP/EPI model (interventions, recording, reporting and monitoring)
- 2) To schedule health worker training/orientation and a mid-term review.

The detailed agenda for the workshop is presented in Annex 1 and details of participants with contact details in Annex 2. Some of the highlights of the workshop are described below:

- Pawan Ghimire from FHD presented an overview and rationale for the USAID-DFID co-funded FP pilots including the FP/EPI integrated pilots. He reiterated that these pilots are innovative approaches initiated by FHD, with the support of DFID, to serve hard to reach populations. For this reason, the cooperation and support of Sindhupalchowk's DHO had been sought to implement one of the pilots. He opined that Sindhupalchowk will become well known in the future as a result of the success of the pilot.
- Kamala Shrestha of NHSSP presented the rationale, approach, challenges and lessons learned from the FP/EPI Kalikot model.
- The statistical officer made a presentation on the status of FP and immunisation in the district as follows:
 - Immunisation coverage (2070/71): BCG-78%; DPT-Hib-Heb-3-88%; OPV-88%; measles-84%
 - FP coverage (2070/71): CPR-41; new acceptors as % of MRA-11.5%; target vs achievement-83%; VSC as expected-1%. Only 4 sites—district hospital and 3 PHCCs provide LARC services.
- Dr. Rajendra Gurung of NHSSP highlighted the FP/EPI model and approach to be followed in Sindhupalchowk. Drafts of IEC (flex material content) materials were shared with participants to get their feedback.

Discussion and consensus

- The integration of FP (PHCORC) and EPI services is already under way in some communities since VHWs (Padnam AHWs) are (unofficially) providing Depo shots to women attending EPI clinics.
- According to standard norms, the total number of immunisation shots per session in static EPI clinics and outreach EPI clinics should not exceed 80 and 40 respectively. Most of the immunisation sessions in Sindhupalchowk are operating within these norms. Anxiety over increased workloads after adding FP in EPI clinic in Sindhupalchowk was not reported. To the contrary, one provider opined: "Actually the current work is not enough for us". However, support from FCHVs during immunisation events is known to be an important factor and a number of new paramedics are being hired to come to Sindhupalchowk to help address HR shortfalls.
- Women visiting EPI clinics on their 6th, 10th, and 14th weeks post-partum will usually need 'extensive' FP counseling (they will normally not seek and accept an FP method) and FP screening and FP method provision from 9 months onwards.
- Padnam AHW and Padnam ANM are already providing Depo shots in Sindhupalchowk. Most AHWs and mother and child health workers (MCHWs) in the past were trained on the use of Depo, so an FP updating session during the proposed two days' orientation to service providers will be needed. However, a separate eight days competency based COFP/C training course for these cadres is not needed.
- Not all women visiting EPI clinics will accept FP and many will not want to wait for FP after having immunised their babies
- The issue of privacy and confidentiality during FP counseling especially in some outreach EPI clinics was raised.
- A separate reporting format is needed to report FP services to postpartum mothers.

Summary consensus:

- Sindhupalchowk is ready to implement the FP pilot

- No client cut off limit in EPI clinics is needed since the average client flow is below 15
- 2 days orientation of district supervisors and health facility in-charges can be started after December 7, but 2 days orientation of health facility service providers needs careful planning so as not to impact negatively on immunisation services.

Output of the visit

- 1) DHO and Ilaka in-charges were sensitised on the FP/EPI pilot concept
- 2) A commitment for coordination and support for the pilot was obtained from the DHO
- 3) The orientation of Ilaka level health facility in-charges and district supervisors was completed.

Further steps

- The orientation of HF in-charges in 3 batches
- The orientation of service providers
- Coordination with NHTC to provide LARC training to service providers given that the expansion of LARC services is a high priority for the district
- The printing and distribution of flex and flip charts
- Finalisation of the monitoring, recording and reporting plan.

3.1.3 Orientation of HF in-charges: 3 Batches (7-8 and 14-17 December 2014)

A two-day orientation for health facility In-charges on the EPI/FP integration process was carried out in 3 batches at the DHO Chautara. Orientation of the first batch was conducted on 7th and 8th of December, 2014. The other two batches were oriented from 14th to 17th of December, 2014. The chief of the DHO, senior public health officer and district supervisors were involved in the orientation which was facilitated by NHSSP with support from the DHO team. The health management information system (HMIS) officer from Management Division/DoHS also participated.

Objectives of the Orientation:

1. To orient participants on the current status and rationale of the FP/EPI Integration Programme
2. To introduce the objectives and rationale for FP services to be provided through regular EPI clinics
3. To review appropriate family planning contraception methods
4. To make information on the flow process of FP services available in immunisation clinics
5. To help health facility In-charges to manage sites for health education, immunisation and FP services through health facility coverage mapping
6. To schedule FCHV and health facility operation and management committee (HFOMC) orientation.

The following content was covered during the orientation

1. FP current status at national and district levels
2. The rationale for FP Integration into EPI services
3. A review of FP methods
4. VDC population mapping
5. The different steps involved in the process of integrating FP services using a flex chart
6. HR involved in health facilities.

Day 1: Orientation began by Sr PHO, Mrs. Mangala Manandhar welcoming participants and facilitating their introduction. Welcoming all participants, Dr. Sagar Kumar Raj Bhandari, chief of DHO presented the overall objectives of the 2 days programme and sessions to be covered. Mrs. Kamala Shrestha from NHSSP/FHD presented the current status of the national FP programme and rationale for integration. She also addressed group health education, informal talks with postpartum mothers during immunisation, counseling for eligible mothers, services and referrals by using the flex chart. Mr Suman Pant, District

Coordinator/NHSSP presented the objectives and rationale for Immunisation emphasising its potential for integration with FP services.

Mapping of the health facility included: target population, expected births, target immunisation population, human resources, number of EPI clinics by type and distance and commitment for implementation etc.

The mapping process was facilitated by Dr Rajendra Gurung and all the HF in-charges expressed their commitment to start the programme. They noted that a number of issues such as shortages of staff and inappropriate outreach locations could be managed locally in coordination with the DHO.

Day 2: Dr Rajendra Gurung reviewed FP methods, indications and contraindications and highlighted key points to be considered when providing counseling to clients. He also made a presentation on logistics management and the mobilisation of IEC materials. Kamala Shrestha facilitated a final technical session on recording and reporting to monitor progress and programme impact.

Discussion and Consensus:

- Brief discussions on reporting and recording with district supervisors and HMIS officers from HMIS/Management Division took place with the following recommendations:
 - A separate pilot-specific reporting and recording tool is needed to capture reporting and recording requirements. But how to ensure forms are filled in accurately and reported on regularly by health workers?
 - What is the role of HERD/Mott MacDonald in monitoring and evaluation efforts at district and sub-district level?
- VDC mapping
 - How many HFs are already providing FP/EPI services?
 - 2 HFs do not have their own building
 - FCHVs are active in most VDCs and supporting immunisation activities
 - HFOMCs are not active in some VDCs
 - In general, contracted HR work more than regular staff
 - EPI outreach clinics co-located with PHCORCs normally have supplies and equipment for EPI and PHCORCs but EPI clinics that are not co-located with PHCORCs will face logistical support challenges after FP/EPI integration. They may need a backpack, weighing machines etc
 - Some schools are closed on EPI clinic days
 - HFs with a small number of HR close their facilities and only offer services at EPI or PHCORCs (in coordination with HFOMCs)
 - Most HF in charges provided strong commitment to implement the pilot intervention
 - Various concerns were expressed by health workers during the meeting. These are presented in Annex 3.
- Further steps
 - Setting a planning (date) for VDC level HFOMC/FCHV orientation needs to be carried out by each health facility.

3.1.4 Orientation to Service Providers (6 Batches)

Based on the consensus reached during the planning workshop of 23rd Nov 2014 to conduct orientation for service providers who normally run EPI clinics, a 2 days orientation programme was held in Sindhupalchowk DHO in six batches in January 2015. Participants were health workers, service providers and vaccinators from all 79 HFs. The orientation was facilitated by NHSSP in coordination with the DHO. The content included: the current status of FP; the rationale for FP Integration into EPI services; a review of FP methods; an introduction to FP counselling; effective decision making tools; balanced counselling;

effective recording and reporting methods and the process of integrating FP services at different steps using the flex chart from Sindhupalchowk.

Objectives of the Orientation

1. To orient participants on the current status of FP services, and rationale for FP/EPI Integration
2. To describe the objectives and rationale for FP services to be provided during routine EPI clinics
3. To review family planning contraception methods and orient participants on key components of FP counselling, balanced counselling and decision making tools
4. To make information available on the flow process of FP services in immunisation clinics
5. To schedule a 1 day FCHV & HFOMC orientation programme

Major Presentations and Discussions

Day 1: The orientation began with introductions by all participants. The DHO, Dr Sagar Kumar Raj Bhandari, presented the objectives and sessions to be covered. Mrs. Mangala Manandhar, Sr. Public Health officer, described the current status of the national FP programme and rationale for programme integration. Mr. Suman Pant, District Coordinator/NHSSP, presented the objectives of integration and rationale in choosing immunisation as the best candidate for integrating with FP services.

Dr Rajendra Gurung, NHSSP Family Planning Advisor, reviewed FP methods with indications and precautions while highlighting the key factors to consider when providing counselling. The video documentary on DMT counselling and group exercise on practicing counselling using the DMT flip chart helped to enhance participants' skills.

Day 2: The second day began with the process for facilitating group health education, informal talks with postpartum mothers during immunisation of their children, counselling of eligible mothers, services and referrals using the flex chart. This most important part of the orientation was facilitated by Sr. PHO, Mangala Manandhar and Rishi Ram Parajuli, during which effective group discussions and presentations on the roles and responsibilities of various agencies and personnel (DHO, HFs, service providers, FCHVs, health mothers' groups and HFOMCs) in initiating and implementing the integration programme in the district.

Yuba Raj Poudel, M & E Officer, and Surya Khadka, Statistics Officer, presented a session on recording and reporting activities to monitor progress and assess programme impact. Rudralal Shrestha, DHO storekeeper, made a presentation on logistics management and the mobilisation of IEC materials.

Output of the orientation

- A total of 156 service providers and vaccinators from 79 HFs (PHCCs, HPs and SHPs) participated throughout the programme with the concerned focal persons from the DHO and Chautara Hospital. The list of participants of the 6 batches with facilitators is included in Annex 4
- High levels of enthusiasm and commitment to provide integrated services were observed among the service providers, although some challenges – notably shortages of health workers - were raised.
- The planned dates for the 1 day orientation of FCHVs and HFOMC members in 79 health facilities were collected from service providers

3.1.5 Coordination meetings

During the orientation, several meetings were held with the DHO's team to reach consensus on the role of visiting providers in Sindhupalchowk, the training of health workers on implants and other operational matters. Scanned copies of the minutes of these meetings are presented in Annex 5.

3.1.6 Orientation to HFOMCs/FCHVs

HFOMCs and FCHVs were also oriented on EPI/FP integration throughout the district. The content included: the integration process and available services at integrated EPI/FP clinics; target groups for the programme, roles and responsibilities. All necessary logistical supplies and a curriculum for orientation were provided to each HF representative. HF in-charges and service providers facilitated the orientations while the DHO/NHSSP team made joint supervisory visits to some health facilities. Orientation was completed within the second week of February throughout the district and reports from individual VDCs are now being received.

3.2 PILOT 2: Ramechhap - Mobilising Visiting Providers to Expand Utilisation of LARCs

This section highlights the major activities carried out under visiting provider pilot intervention in Ramechhap.

3.2.1 Initial district consultation

An initial district consultation was held on 23rd September 2014 with staff members from USAID, DFID and HERD also in attendance.

The agenda for the meeting included:

- Briefing on the objectives of the pilot intervention
- Exploring the current status of FP in the district
- Exploring possibilities and challenges related to implementing the integrated programme
- The current FP status of the district (as follows):
 - CPR is just 20% (without sterilisation users). There are many facilities in Ramechhap where there were no new acceptors in the last fiscal year. There are very few users of long acting FP devices
 - There are many HFs having vacant health worker positions (mostly ANMs). Recruitment of health workers is a major challenge
 - Nearly 5% of the population has out-migrated for short or long-term employment
 - Use of emergency contraceptives and abortion services is increasing. Over 10 abortion cases were reported per month in the district hospital alone
 - The satellite FP clinics are not functioning well
 - FCHVs are not active because mother groups are heavily engaged in savings and credit programmes. This has led to many FCHVs becoming isolated
 - No VSC trained doctors are available in the district
 - The data quality looks very poor with both under and over reporting observed
 - The team reiterated that the low use of FP is mainly due to migration and the low number of eligible couples in the district. However, a high number of abortions and emergency contraception users were reported.

Overall, FP appears to have become a somewhat forgotten issue in Ramechhap district and there is a long way to go to improve the quality of FP services and increase service utilisation.

Output of the meeting

The district team was sensitised on the pilot programme and their commitment to cooperate to improve FP status was secured.

Further steps

A comprehensive mapping is required so that concerns can start to be addressed using needs based approaches.

3.2.2 District planning meeting

Following the initial district consultation meeting, a 1 day planning workshop was organised at the DHO Manthali to finalise the implementation plan for the VP model. The programme was chaired by the Sr. PHO Pranaya Kumar Uppadhaya. All district supervisors and health facility In-charges were present in the workshop which was facilitated by representatives from FHD, NHSSP and HERD.

The objectives of the planning workshop were to:

1. finalise the VP model (detailed interventions, recording, reporting and monitoring, and use of materials), and
2. prepare a timeline for: VPs' implant and IUCD services; coaching/mentoring of implant/IUCD providers; training of service providers and mid-term review

The schedule/agenda for the discussion is provided in Annex 6.

Chandra BC of FHD provided an overview of the programme while Dr. Rajendra Gurung of NHSSP presented the FP situation of Nepal and Ramechhap district. This led to discussions on working modalities including how to reach unreached population through visiting providers. Participants reported that demand for implants in the community is high and that the method helps to increase CPR by increasing access to all 5 FP methods at health facilities. HFs' staff requested increased demand creation activities and funds to cover the costs of refreshments for FCHVs. The FP planning supervisor officer and district coordinator discussed the family planning situation in the district.

Discussion and Consensus

- Agreement on VP coaching/mentoring and the service delivery model
- Service strengthening requires supplying sterilisation equipment and other materials to ensure no stock outs of FP commodities.

Further steps:

- A large number of errors in recording and reporting were observed so HWs need to be coached on recording and reporting in various review meetings and during reporting days etc
- Organise implant training for 12 HWs from birthing centres as soon as possible
- At least one set (4 insert, 1 removal) needs to be supplied to each HF to allow an immediate commencement of services.
- HFOMC/FCHV orientation in Ramechhap needs to be carried out.

ANNEXES

Annex 1: Planning Workshop on FP/EPI Pilot Schedule

Date: 23 November, 2014

Venue: DHO Chautara, Sindhupalchowk

Objectives:

1. To orient participants on the FP/EPI model (detailed interventions, recording, reporting and monitoring)
2. To schedule health worker training/orientation and the mid-term review

| Time | Topic | Session Objectives | Methods | Materials | Facilitator(s) |
|-------------|--|--|--|--|--------------------|
| Day 1 AM | | | | | |
| 10:00-10:15 | <ul style="list-style-type: none"> Registration Welcome and Introduction | <ul style="list-style-type: none"> To welcome participants at the workshop To familiarize participants | | None | DHO/PHA |
| 10:15-10:30 | <ul style="list-style-type: none"> Overview/objectives of the workshop | <ul style="list-style-type: none"> To introduce workshop goals, objectives, agenda | Presentation | <ul style="list-style-type: none"> PowerPoint Presentation | DHO/FHD/NHSSP |
| 10:30-10:45 | <ul style="list-style-type: none"> Overview of FP & EPI integration | <ul style="list-style-type: none"> To brief on NFPP pilot interventions including FP/EPI integration pilot To highlight Kalikot FP/EPI pilots | Presentation | <ul style="list-style-type: none"> Flip Chart PPT Presentation | FHD/NHSSP NHSSP |
| 10:45-11:00 | <ul style="list-style-type: none"> Proposed pilot intervention | <ul style="list-style-type: none"> To describe proposed approach and process of FP/EPI integration | Presentation | <ul style="list-style-type: none"> Flip Chart PPT Presentation | FHD/NHSSP |
| 11:00-11:15 | Remarks & closure of opening session – DHO, RHD/FHD, DfID | | Lecture | | DHO/RHD/DfID |
| 11:15-12:00 | TEA BREAK | | | | |
| 12:00-12:30 | <ul style="list-style-type: none"> District presentation on EPI and FP, mapping | <ul style="list-style-type: none"> To brief on EPI clinics, service data, human resources, reporting/recording | <ul style="list-style-type: none"> Discussion | <ul style="list-style-type: none"> PPT Presentation Flip Charts/Marker | EPIO/FPS/SO |
| 12:30-13:00 | <ul style="list-style-type: none"> Consensus: integration of FP to EPI, Sindhupalchowk | <ul style="list-style-type: none"> To identify and agree on approaches in FP integration in EPI clinics | <ul style="list-style-type: none"> Discussion Group work | <ul style="list-style-type: none"> Flip Charts Marker | FP/EPIO/SO/NHSSP |
| 13:00-13:45 | LUNCH | | | | |
| 13:45-14:15 | <ul style="list-style-type: none"> Consensus: integration of FP to EPI, Sindhupalchowk contd... | <ul style="list-style-type: none"> To find and agree on approaches in FP integration in EPI clinics | <ul style="list-style-type: none"> Discussion Group work | <ul style="list-style-type: none"> Flip Charts Marker | FP/EPIO/SO/NHSSP |
| 14:15-15:00 | <ul style="list-style-type: none"> Training/orientation of HWs, HCHV, HFOMC | <ul style="list-style-type: none"> To agree and plan schedule on days 2 days training/orientation ToT and 2 days cascade training/orientation in HF level Group presentation | <ul style="list-style-type: none"> Illustrated lecture Discussion | <ul style="list-style-type: none"> Flip Charts Marker | NHSSP/FPEO/FP/SO |
| 15:00-15:15 | <ul style="list-style-type: none"> FP/EPI reporting recording monitoring | <ul style="list-style-type: none"> To describe and agree on the process of FP/EPI reporting and recording To agree on monitoring approach | <ul style="list-style-type: none"> Discussion Use of selected HMIS tools | <ul style="list-style-type: none"> HMIS tools | NHSSP/FPEO/FP/SO |
| 15:15-15:30 | <ul style="list-style-type: none"> Quality of care | <ul style="list-style-type: none"> To describe and agree on the process of FP/EPI quality services | <ul style="list-style-type: none"> Discussion Use of HMIS tools | <ul style="list-style-type: none"> FP QI tools | NHSSP/FPEO/FP/SO |
| 15:30-15:45 | <ul style="list-style-type: none"> Role clarity of stakeholders | <ul style="list-style-type: none"> To agree on role and responsibilities of key stakeholders Group presentation | <ul style="list-style-type: none"> Discussion | <ul style="list-style-type: none"> Flip Charts Marker | NHSSP/FPEO/FP/SO |
| 16:00 | Summary of the Day: Closure | | | | |

Annex 2: List of Participants Attended the Planning Workshop

| SN | Persons involved | Numbers | Remarks |
|----|-----------------------|-----------|--------------------|
| 2 | DHO | 1 | |
| 3 | Sr. PHO | 1 | |
| 4 | District supervisors | 12 | |
| 5 | Hospital Doctor | 1 | |
| 6 | IllakasIncharges | 13 | |
| 8 | Others | 2 | Helper/ HP staff |
| | District Total | 30 | |
| 1 | FHD | 1 | Support from FHD |
| 2 | NHSSP/FHD | 4 | Support from NHSSP |
| 3 | HERD | 1 | |

Annex 3: Issues Raised by Health Workers in Sindhupalchok

| Issues raised and discussed in the orientation (First batch, 7-8 Dec. 2014) | | | |
|---|-------------------|--|--|
| SN | Health Facilities | Issues | Decision and way forward |
| 1 | Mahankal SHP | PAHW vacant | Need vaccinator |
| 2 | Pedku SHP | No SHP building, service from school | No problem for FP/EPI integration |
| 3 | Barabise SHP | PAHW vacant | Need to fulfill vacant post. But no problem for integration, two staffs will go for EPI/ORC by dosing SHP for that day |
| 4 | Karthali HP | PANM can't go to conduct EPI/ORC | Conduct one session in her home |
| 5 | Dubachaur SHP | PAHW vacant | But no problem for integration |
| 6 | Helambu SHP | PAHW vacant | But no problem for integration |
| 7 | Ichok SHP | PAHW vacant, no SHP building, service from VDC | Need PAHW or vaccinator |
| 8 | Golche SHP | 1 EPI/ORC | Plan to add additional 1 EPI/ORC |
| 9 | Bhotechaur SHP | PAHW vacant | But no problem for integration |

| Issues raised and discussed in the orientation (Second batch, 14-15 Dec. 2014) | | | |
|---|-------------------|---|---|
| 1 | Piskar HP | EPI/ORC and PHC/ORC non-functional | Plan to conduct from Poush months |
| 2 | Bhimtar HP | 1 EPI/ORC has been conducting in open place | Need to arrange safe place |
| 3 | Barabise PHC | EPI/ORC non-functional | Need to follow up to make functional |
| 4 | Selang HP | 1 transferred and 1 kajfirta | at present no problem but need to follow up for coming days |
| 5 | Gati SHP | PAHW vacant | Easy to work if post fulfilled |
| 6 | Tatopani HP | Total Staffs 7 but EPI/ORC and PHC/ORC non-functional | EPI supervisor committed to supervise them to make functional |
| 7 | Maneswara SHP | EPI/ORC and PHC/ORC have been conducting in same day | Incharge committed to manage different date to conduct EPI and PHC/ORC-need follow up |
| 8 | Syaule SHP | GM VDC, need 1 vaccinator | Need to arrange 1 staff from DHO |
| 9 | Gati SHP | PAHW vacant | No problem for integration but good to fulfill vacant post |
| 10 | Listikot HP | EPI/ORC and PHC/ORC have been conducting in same day | Need to manage different date- need follow up |
| 11 | Jalkini HP | EPI -place is in school and open field | Consult to HFOMC and need to manage safe place. Need follow up |
| 12 | Kiul SHP | Need one staff during long delivery leave | Need follow up for smooth running EPI/ORC |
| 13 | Gumthan SHP | Need one staffs | But no problem for integration |
| 14 | Chokati SHP | SHP building too old | No problem for integration |
| 15 | ThuloSirubari SHP | EPI/ORC running in open field | Need to follow up for place management |

Annex 4: Participants - Orientation to Service Providers (FP/EPI Integration Programme)

Venue: DHO, Sindhupalchowk

Date: Jan 5-6, 2015 (1st batch)

| S.No. | Name | Designation | Organization | Email/Telephone |
|--------------|----------------------|--------------------|---------------------|------------------------|
| 1 | Hari Maya shrestha | ANM | Pantang SHP | 9741218225 |
| 2 | Chandrawati | ANM | Phulphingkot SHP | 9843153308 |
| 3 | Shanti devi Bhandari | ANM | Gunsa HP | 9741067260 |
| 4 | Ranjit kumar Yadav | CMA | Hagam SHP | 9860511260 |
| 5 | Amrit Deuja | CMA | Nawalpur HP | 9845631072 |
| 6 | Gyanu Thapa | ANM | Batase SHP | 9849385139 |
| 7 | Gita Shrestha | ANM | Simpal Kavre SHP | 9841989181 |
| 8 | Rashmi Poudel | ANM | Nawalpur HP | 9841253050 |
| 9 | Tara Thapa | CMA | Melamchi PHCC | 9849767007 |
| 10 | Tara Dulal Sapkota | ANM | Shikharpur SHP | 9860108990 |
| 11 | Rachana Shrestha | Sr. ANM | Melamchi PHC | 9844863593 |
| 12 | Maya Shrestha | Staff nurse | Chautara Hospital | 9741088929 |

| | | | | |
|----|-----------------------|---------|-------------------|------------|
| 13 | Sita Shrestha | Sr. ANM | Chautara Hospital | 9841539698 |
| 14 | Ganga Shrestha | ANM | Chautara MCH | 9841407509 |
| 15 | Bina Kumari Bharati | ANM | Dubachaur HP | 9741089230 |
| 16 | Ram binod Mahato | CMA | Jalbire PHC | 9844205923 |
| 17 | Pemba Tamang | ANM | Baruwa SHP | 9741032106 |
| 18 | Sita Devi neupane | ANM | Phulpingdanda SHP | 9741184606 |
| 19 | Hom Kumari Nepal | ANM | Kubinde SHP | 9741015934 |
| 20 | Srijana Bhattarai | ANM | Lagarche SHP | |
| 21 | Lila Baniya | ANM | Kunchok HP | 9808082379 |
| 22 | Samjhana KC | ANM | Jalbire PHC | 9849349252 |
| 23 | Gamala Silwal | ANM | Bhotechaur HP | 9860180632 |
| 24 | Jaya Krishna Shrestha | ANM | Melamchi PHC | 9741189800 |

Date: Jan 7-8, 2015 (2nd batch)

| S.No | Name | Designation | Organization | Email/ Telephone |
|------|-------------------------|----------------|---------------------|------------------|
| 1 | Laxmi karki | Upgraded A.N.M | Attarpur S.H.P | 9841001374 |
| 2 | Buddha Kumari Lama | Upgraded A.H.W | Attarpur S.H.P | 9741190470 |
| 3 | Tirtha Bahadur | A.H.W | Pangretar S.H.P | |
| 4 | Jamuna Pathak | A.H.W | Kalika S.H.P | 9840071626 |
| 5 | Meena Pandit | A.H.W | Yamunadada S.H.P | 9860279147 |
| 6 | Ishori | Upgraded A.H.W | Pangretar S.H.P | 9841901949 |
| 7 | Samita Giri | A.N.M | Banskharka H.P | 9841886211 |
| 8 | Nima Dolma Tamang | A.N.M | Bhotang S.H.P | 9741328124 |
| 9 | Rewati Thapa | A.N.M | Thokarpa H.P | 9860024426 |
| 10 | Laxmi Ghimire | A.N.M | Simple kavre S.H.P | 9803478261 |
| 11 | Apsara K.C | A.N.M | Thokarpa H.P | 9744015807 |
| 12 | Narayan K. Karki | A.N.M | Pangretar S.H.P | 9741010323 |
| 13 | Nil Bahadur Chaulagain | A.H.W | Mankha S.H.P | 9741011167 |
| 14 | Mithai Khatiwada Thapa | A.N.M | Sipapokhare H.P | 9818865936 |
| 15 | Mohan Mahato | C.M.A | Devasthan H.P | 9817851984 |
| 16 | Ram sagarath sah | A.H.W | Bharebise P.H.C | 9849194692 |
| 17 | Ram Prasad Chudali | A.H.W | Thanpaldhap H.P | 9847109288 |
| 18 | Rasmila Raut | A.N.M | Bharabise S.H.P | 9741171956 |
| 19 | Pabindra Prashad Poudel | A.H.W | Phulpingdanda S.H.P | 9741088761 |
| 20 | Dikala Ghimire | A.N.M | Langarche S.H.P | 9815887300 |
| 21 | Ashmita Moktan | A.N.M | Dandapakhar H.P | 9813571064 |
| 22 | Jaya devi Khadka | A.N.M | Petku H.P | 9741114736 |
| 23 | Prabha Sunuwar | A.N.M | Phulpingdanda H.P | 9844003746 |
| 24 | Durga Devi Bhandari | A.N.M | Jethal H.P | 9741231067 |

| | | | | |
|----|------------------|---------------|-----------------|------------|
| 25 | Pramod Kumar Sah | Lab Assistant | Bharabise P.H.C | 9816843163 |
| 26 | Renuka Neupane | SANM | Devasthan H.P | 9841580203 |
| 27 | Srijana Ghising | A.N.M | Devasthan H.P | 9808373903 |

Date: Jan 11-12, 2015 (3rd batch)

| S.No. | Name | Designation | Organization | Email/Telephone |
|-------|--------------------------|----------------|----------------------|-----------------|
| 1 | Ashok Kumar Yadav | A.H.W | Piskar H.P | 9805932909 |
| 2 | Mina kumari Shrestha | A.N.M | Syaule S.H.P | 9843185327 |
| 3 | Prajina B.K | A.N.M | Thulo Sirubari S.H.P | 9860430870 |
| 4 | Kalpna Basnet | A.N.M | Pipaldada S.H.P | 9741314459 |
| 5 | Mina K.C | Upgraded A.H.W | Sano Sirubari S.H.P | 9849012095 |
| 6 | Ambika K.C | Upgraded A.H.W | Chautara Hospital | 9841924752 |
| 7 | Krishna Bahadur Shrestha | Upgraded A.H.W | Kadambas S.H.P | 9849134135 |
| 8 | Amrit Kumar Basnet | Upgraded A.H.W | Pipaldada S.H.P | 9741134178 |
| 9 | Hari laxmi Doya | A.N.M | Golche H.P | 9741260071 |
| 10 | Susil jung Thapa | A.H.W | Golche H.P | 9741228676 |
| 11 | Arjun K.C | A.H.W | Jethal H.P | 9741343575 |
| 12 | Radhe Shyam | Upgraded A.H.W | Jalbire P.H.C | 9860425671 |
| 13 | Pratibha K.C | A.N.M | Jalbire P.H.C | 9860567128 |
| 14 | Deepa Thapa | A.N.M | Selang H.P | 9843426459 |
| 15 | Suman Tamang | A.N.M | Palchowk S.H.P | 9818139675 |
| 16 | Sita Thapa | A.N.M | Dubachour H.P | 9808915025 |
| 17 | Saraswoti Karki | A.N.M | Haibung H.P | 9813587753 |
| 18 | Chandra Dangol | A.N.M | Mahankal H.P | 9808179044 |
| 19 | Nirmala Chhetri | C.M.A | Helambu H.P | 9847260587 |
| 20 | Janaki Bhattra | A.N.M | Thanpaldhap H.P | 9843546837 |
| 21 | Babu Lal Shrestha | A.H.W | Irkhu H.P | 9849436248 |
| 22 | Kalpna Thakuri | A.N.M | Irkhu H.P | 9741218984 |
| 23 | Ishwor Bhattra | H.A | Melamchi P.H.C | 9841767591 |
| 24 | Muna Giri | Lab. | Melamchi P.H.C | 9843773631 |
| 25 | Urmila Kumari Rana | Upgraded A.N.M | Kadambas S.H.P | 9849727663 |
| 26. | Ambika Adhikari | A.N.M | Helambu H.P | 9813301013 |
| 27 | Mina Kumari D.C | A.N.M | Talamarang S.H.P | 9803525501 |
| 28 | Rupa K.C | A.N.M | Sanu Sirubari S.H.P | 9849859193 |
| 29 | Sarita Timilsina | A.N.M | Sindhukot H.P | 9741188642 |

Date: Jan 13-14 (4th batch)

| S.No | Name | Designation | Organization | Telephone |
|-------------|----------------------|--------------------|---------------------|------------------|
| 1 | Sapana Tamang | ANM | Bhotsipa HP | 9741189856 |
| 2 | Subhadra Moktan | ANM | Badegaun HP | 9818874477 |
| 3 | Karuna Dangol | ANM | Bhimtar Hp | 9841765888 |
| 4 | Saraswoti Khadka | P.ANM | Bansbari HP | 9849997436 |
| 5 | Sarita Khanal | ANM | Sindhukot HP | 9741111201 |
| 6 | Sabitri Poudel | P.ANM | Baramchi SHP | 9741258141 |
| 7 | Lalita Lama | Sr. AHW | Bhotechaur HP | 9841589971 |
| 8 | Prakash Thapa | AHW | Haibung SHP | 9849101245 |
| 9 | Shahakul KC | AHW | Bansbari SHP | 9849705377 |
| 10 | Sarmila Thapa | ANM | Sipaphokhare Hp | 9843619430 |
| 11 | Sushila Koirala | ANM | Badegaun HP | 9741004143 |
| 12 | Manju Shrestha | ANM | Bhotsipa HP | 9849424080 |
| 13 | Niru jirel | ANM | Selang H.P | 9748017957 |
| 14 | Bishnu Sharma | ANM | Golche S.H.P | 9741276555 |
| 15 | Hari Prashad | A.H.W | Bhimtar H.P | 9741020051 |
| 16 | Gita Acharya | ANM | Phataksila H.P | 9843491697 |
| 17 | Padam Kumari Karki | ANM | Thakani S.H.P | 9841161258 |
| 18 | Dipak Chandra Khanal | A.H.W | Bhotechour H.P | 9841382584 |
| 19 | Tingehen Lama | ANM | Gumba S.H.P | 9741260035 |
| 20 | Mankumari Thapa | PANM | Thulosirubari HP | 9808883508 |

Date: Jan 19-20, 2015 (5th batch)

| S.No | Name | Designation | Organization | Telephone |
|------|-----------------------|-------------|-------------------|-----------------------|
| 1 | Ganga Kumari Rai | ANM | Tauthali HP | 9842987153 |
| 2 | Som Kumari Gurung | AHW | Listikot HP | 9849706902 |
| 3 | Ramgopal Shrestha | AHW | Dhuskun HP | 9741098794 |
| 4 | Griha Laxmi Tamang | ANM | Gatishp | 9818001606 |
| 5 | Anita Ghorasaini | PAHW | Phaktasila HP | 9808017536 |
| 6 | Quri Thapa | ANM | Bhimtar HP | 9849800186 |
| 7 | Roshani Shrestha | ANM | Melamchi PHCC | krishnaks@hotmail.com |
| 8 | Gyatri Nepal | ANM | Manesara SHP | 9849473357/9621150311 |
| 9 | Chandra Kumari Khadka | PANM | Budhapa HP | 9741184913 |
| 10 | Shanti Thapa | PANM | Ghumthang HP | 9741017032 |
| 11 | Tika Laxmi Karke | PANM | Chokati HP | 9843530831 |
| 12 | Manju Karke | ANM | Ghorthali SHP | 9843530615 |
| 13 | Ram Krishna Yadav | AHW | Budhapa HP | 9843780102 |
| 14 | Arjun Boudel | AHW | Phulpingkati H.P | 97414410415 |
| 15 | Manju Karke (khatri) | ANM | Phulpingdada HP | 9845553128 |
| 16 | Rampyari Siwakoti | AHW | " | 9843194657 |
| 17 | Sanjita Parajuli | ANM | Ichok S.H.P | 9741136077 |
| 18 | Rejindra Poudel | AHW | Listikot H.P | 9851150804 |
| 19 | Rambahadur Shrestha | AHW | Bhrabise PHCC | 9849689405 |
| 20 | Bigyan Thapa | AHW | " | 9841901692 |
| 21 | Keshav Makhaju | AHW | Lisankhu HP | 9851039084 |
| 22 | Nirakarke | ANM | " | 9741039084 |
| 23 | Tika Tamang | ANM | " | 9841895925 |
| 24 | Rita Jirel | ANM | Nawalpur HP | 9860020354 |
| 25 | Ishwari Aryal | ANM | Piskar HP | 9843320354 |
| 26 | Anusha Nepal | ANM | Bhanskharka HP | 9741391889 |
| 27 | Bhuvan Singh Thapa | AHW | Tatopani HP | 9843372819 |
| 28 | Santosh Kumar Shah | AHW | Tekanpur HP | 9841608577 |
| 29 | Dhan Bahadur | PAHW | Nawalpur HP | 9803317964 |
| 30 | Bindu Ghimire | AHW | Tatopani HP | 9843121186 |
| 31 | Anita Shrestha | ANM | Tatopani HP | 9843168590 |
| 32 | Rasmila Timilsina | AHW | Bhrabise PHCC | 9841901602 |
| 33 | Sita Lamichhane | ANM | " | 9841945106 |
| 34 | Laxmi Poudel | ANM | Marming SHP | 9741187609 |
| 35 | Durga Maya Pandit | ANM | Phulpingkati HP | 9741147777 |
| 36 | Hari Bhakta Shrestha | AHW | Listikot HP | 9843528305 |
| 37 | Ashta Shrestha | ANM | Kuncok SHP | 9843199961 |
| 38 | Tarasunwar | SANM | Chautara Hospital | 9841562343 |

| | | | | |
|----|----------------|------|------------|------------|
| 39 | Gyanu Khadka | SANM | " | 9741088930 |
| 40 | Laxmi Bhandari | ANM | Dhuskun HP | 9741391889 |

Jan 26-27, 2015 (6th batch)

| S.No | Name | Designation | Organization | Telephone |
|------|-----------------------|--------------------|--------------|------------|
| 1 | Amrita Pathak | Vaccinator | DHO | 9813022122 |
| 2 | Mahakali Khadka | " | " | 9741259859 |
| 3 | Sanu Maya Tamang | " | " | 9818929151 |
| 4 | Sita Chaulagain | " | " | 984266416 |
| 5 | Pratima Acharya | " | " | 9843592293 |
| 6 | Anju Dangol | " | DHO | 9849564096 |
| 7 | Kamal Ghising | " | " | 9803858677 |
| 8 | Susmita Budhathoki | " | " | 9808489974 |
| 9 | Nani Thapa | " | " | 9849759593 |
| 10 | Kalpana Acharya | " | " | 9849269332 |
| 11 | Shova Acharya | " | " | 9843568354 |
| 12 | Hari Shah | " | " | 9844125852 |
| 13 | Anjana Baniya | ANM | Tatopani HP | 9843053598 |
| 14 | Nirjana Nepal | Vaccinator | DHO | 9843251207 |
| 15 | CM Yadav | Nursing Supervisor | MDM | 9741072659 |
| 16 | Saguna Pandit Chhetri | " | MDM | 9803849669 |

Facilitators and Organisations

| S.No | Name | Designation | Organization | Telephone |
|------|-----------------------------|----------------------------|--------------------|-----------------------|
| 1 | Dr. Sagar Kumar Rajbhandari | DHO | DHO, Sndhupalchowk | 9851180510 |
| 2 | Mangala Manadhar | Sr. PHO | DHO | 9851070851 |
| 3 | Madan Maskey | FPO | DHO | 9841369616 |
| 4 | Govinda Thapa | IO | DHO | 98419240552 |
| 5 | Surya Khadka | Stat Officer | DHO | 9851165210 |
| 6 | Dr. Rajendra Gurung | FPA-NHSSP | NHSSP | 9851088394 |
| 7 | Yuba Raj Poudel | M & E Officer | NHSSP | 9841558953 |
| 8 | Rishi Ram Parajuli | FPC | NHSSP | 9851110902 |
| 9 | Suman Pant | DC | NHSSP | 9857064234 |
| 10 | Prem Krishna Ranjit | Kharidar | DHO | 9841593439 |
| 11 | Dr. Biprav Ghimire | M.O | DHO | 9801095739 |
| 12 | Sudesh Chaudhary | Assistant Research Officer | HERD | 9849135811,9804655054 |
| 13 | Samita Kila | Assistant Research Officer | HERD | 9849098928 |

Annex 5: Meeting Minutes

तिथि: - २०१९ पौष २२ गते
 स्थान: - तालिम कक्ष
 सि० स्याङ्ङा १।

आज जिल्ला स्वास्थ्य कार्यालय, सिन्धुपाल्चोकका कार्यालय प्रमुख डा. श्री सागरकुमार राजभण्डारीको अध्यक्षतामा "स्वस्थ द्विदिनेमा" पारिवारिक नियोजन सेवा विस्तार कार्यक्रम स्वास्थ्य सेवा क्षेत्रको विकास विभागबाट उपाख्येति तथा विधायी गरियो।

उपस्थित

१. डा. सागर कुमार राजभण्डारी - *[Signature]*
२. ब. ज. ख. ग. घ. ङ. च. - *[Signature]*
३. डा. राजेन्द्र शुकुडा - *[Signature]*
४. मदन मास्के - *[Signature]*
५. गोविन्द बाणा - *[Signature]*
६. सुने बुढाथुन खड्का - *[Signature]*
७. सुषि चराजनी - *[Signature]*
८. सुव्रत मंडेल - *[Signature]*
९. सुमन पन्त - *[Signature]*

१०.

विषय नं. १ यस जिल्लाका ४ स्वास्थ्य चौक (सेनाङ, स्वास्थ्य चौकी, देविचोक स्वास्थ्य चौकी, निगवार स्वास्थ्य चौकी) र लघुस्तर उप-स्वास्थ्य चौकीमा NHSSP द्वारा नियुक्ति गरिएका visiting provider (VP) द्वारा SBA तालिम प्राप्त सेवा प्रदायकहरूलाई IUCD सेवाका लागि coaching गरिने निर्णय गरियो।

विषय नं. २
 जिल्लाका दुवै BEONC. centre (चौतारा अस्पताल, मेलम्ची मा. स्वास्थ्य केन्द्र र बागेश्वरी मा. स्वास्थ्य केन्द्र) मा सुधार अनिवार्यताको लागि आवश्यकता अनुसार VP द्वारा IUCD, Implant coaching गर्ने निर्णय गरियो।

[Signatures]
[Signature]

विषय नं. ३
 जिल्लाका ४ स्वास्थ्य चौक (तातोपानी स्वास्थ्य चौकी, सेनाङ स्वास्थ्य चौकी, नयाँखर्क स्वास्थ्य चौकी र नवलपुर स्वास्थ्य चौकी) को १-१ जना जना कर्मचारी सेवा प्रदायकलाई Implant Training (NHTC को प्रशिक्षण) प्रदान गर्ने निर्णय गरियो।

विषय नं. ४
 हाल संचालन नै रहेको सेवा प्रदायकहरूलाई सोप केन्द्रबाट पारिवारिक नियोजन सेवा सहित कृपया विस्तार कार्यक्रम अनिवार्यरित अन्तर्गत पौष २४ र २६ गतेको अनिवार्यतामा जिल्लाका स्वास्थ्य चौकीहरूमा आधारेणका काण्डा मात्रको ४ र ६ गतेको लागि निर्णय गरियो।

विषय नं. ५
 गा. वि. स. २ नसिम अनिवार्यतामा कार्यक्रम संचालन का लागि आवश्यक रहेकागरी तथा सामग्रीहरू कुनैको लागि खरिद गर्न नसकिने भएता पनि स्वास्थ्य चौकीको लागि प्राप्ति कठिनाई न. ख. १०१ दिने निर्णय गरियो।

विषय नं. ६
 सोप तथा पारिवारिक नियोजन सहित कार्यक्रम अन्तर्गत स्वास्थ्य व्यवस्थापन समिति तथा मा. स्वास्थ्य केन्द्र अनिवार्यतामा जोडिएका जिल्लाका २ र NHSSP द्वारा आवश्यकता अनुसार अनुमति गर्ने निर्णय गरियो।

[Signatures]
[Signature]

दिनांक: 2069 भाद्र 6 गते
 स्थान: तनजिग-अमर, धरमपुर

आज प्रिलेनका स्वास्थ्य समितिमा प्रो. सुभाष शर्माको अध्यक्षतामा
 प्रमुख डा. श्री सुभाष शर्माको अध्यक्षतामा रजिष्ट्रारको अध्यक्षतामा।
 विभिन्न विभागहरूको प्रमुख अधिकारीहरूको उपस्थितिमा स्वास्थ्य
 समिति बैठकमा निम्नानुसारको प्रस्तावित तथा निर्णय गरियो।

प्रस्ताव

१. डा. श्री सुभाष शर्माको अध्यक्षतामा
२. डा. राजेश शर्माको अध्यक्षतामा
३. डा. रामेश्वर शर्माको अध्यक्षतामा
४. मदन शर्माको अध्यक्षतामा
५. सुब्रह्मण्य शर्माको अध्यक्षतामा
६. श्रीमती एम. सुब्बाको अध्यक्षतामा
७. सुब्रह्मण्य शर्माको अध्यक्षतामा
८. सुब्रह्मण्य शर्माको अध्यक्षतामा
९. सुब्रह्मण्य शर्माको अध्यक्षतामा

निर्णय: १

निर्देशावलीमा मिलाई १३ अगस्तमा स्वास्थ्य समिति बैठक
 आयोजना गर्ने अनिवार्यतालाई तनजिग स्वास्थ्य समितिमा गर्ने
 आवश्यक पर्ने ३१/८ दिनको इन्टर-नल NHDSP द्वारा
 सहयोग निर्णय गरियो।

निर्णय: २

सहयोगितामा NHDSP को निर्णयमा
 लागी आवश्यक जानकारी स्वास्थ्य समितिमा NHDSP
 ले निर्णय गरियो। स्वास्थ्य समितिमा पत्र, खाप र
 तथ्याङ्कको F.C. हो। सहयोगितामा समिति तनजिग तय
 गरी स्वास्थ्य समिति निर्णय गरियो।

निर्णय: ३

Birthing Centre मा IUVD Coaching हो
 लागी NHDSP visiting provider लक्ष्मी शर्माको
 सौभाग्य अस्पतालको MCH विभागमा गर्ने कार्य सुरु गर्ने
 निर्णय गरियो।

सुब्रह्मण्य शर्मा

Annex 6: Workshop Schedule

December 1, 2014

| Time | Topic | Session Objectives | Methods | Materials | Facilitator(s) |
|-----------------|---|---|--|--|-------------------|
| Day 1 AM | | | | | |
| 10:00-10:15 | <ul style="list-style-type: none"> Registration Welcome and Introduction | <ul style="list-style-type: none"> Setting the scene To welcome participants at the workshop | | None | FHD/NHSSP/DHO/PHA |
| 10:15-10:30 | <ul style="list-style-type: none"> Overview/objectives of the Workshop | <ul style="list-style-type: none"> To introduce workshop goals, objectives, agenda and materials | Presentation | <ul style="list-style-type: none"> Flip Chart PPT Presentation | FHD/NHSSP |
| 10:30-10:45 | <ul style="list-style-type: none"> Overview of VP model | <ul style="list-style-type: none"> To brief on NFPP pilot interventions including VP pilot (BRD) To describe proposed approach and process of VP pilot (RG) | Presentation | <ul style="list-style-type: none"> PPT Presentation | FHD/NHSSP |
| 10:45-11:00 | Remarks & closure of opening session –DHO, RHD/FHD, DfID | | Lecture | | DHO/RHD/DfID |
| 11:00-11:15 | TEA BREAK | | | | |
| 11:15-11:45 | <ul style="list-style-type: none"> District presentation on FP and BCs, mapping | <ul style="list-style-type: none"> To brief on FP clinics, BCs, service data, human resources, reporting/recording (SK) | <ul style="list-style-type: none"> Discussion | <ul style="list-style-type: none"> PPT Presentation Flip Chart/Markers | FPS/PHN/SO |
| 11:45-12:15 | Consensus: VP approach in BCs and without BCs | <ul style="list-style-type: none"> To agree on approach, expected outputs | <ul style="list-style-type: none"> Discussion Group work | <ul style="list-style-type: none"> Flip Charts Marker | FP/SO |
| 12:15-12:30 | <ul style="list-style-type: none"> Mapping of implant, IUCD coaching/mentoring needs | <ul style="list-style-type: none"> To identify and agree on the implant and IUCD coaching/mentoring needs | <ul style="list-style-type: none"> Illustrated lecture Discussion | <ul style="list-style-type: none"> Flip Charts Marker | NHSSP/FPEO/FP/SO |
| 12:30-13:00 | <ul style="list-style-type: none"> Mapping of implant training needs | <ul style="list-style-type: none"> To identify and agree on the implant training needs | <ul style="list-style-type: none"> Discussion Group work | <ul style="list-style-type: none"> Flip Charts Marker | FP/SO |
| 13:00-13:45 | LUNCH | | | | |
| 13:45-14:00 | <ul style="list-style-type: none"> Implant/IUCD reporting recording monitoring | <ul style="list-style-type: none"> To describe and agree on the process of Implant/IUCD reporting and recording To agree on monitoring approach | <ul style="list-style-type: none"> Discussion Use of selected HMIS tools | <ul style="list-style-type: none"> HMIS tools | NHSSP/FPEO/FP/SO |
| 14:00-14:45 | <ul style="list-style-type: none"> Quality concerns of Implant/IUCD services | <ul style="list-style-type: none"> To discuss the quality assurance/quality improvement using FP QI tools | <ul style="list-style-type: none"> Illustrated lecture Discussion | <ul style="list-style-type: none"> FP QI tools | NHSSP/FPEO/FP/SO |
| 14:45-15:45 | <ul style="list-style-type: none"> District implementation plan-1 | <ul style="list-style-type: none"> To finalise district VP coaching/mentoring implementation plan | <ul style="list-style-type: none"> Presentation Group work | <ul style="list-style-type: none"> Flipchart Marker | NHSSP/FPEO/FP/SO |
| 15:45-16:00 | <ul style="list-style-type: none"> Shared responsibility | <ul style="list-style-type: none"> To agree on roles and responsibilities: HF, HFOMC, FCHV, HWs, DHO, DC, VPs, FHD, NHSSP | <ul style="list-style-type: none"> Presentation Group work | <ul style="list-style-type: none"> Flipchart Marker | NHSSP/FPEO/FP/SO |
| 16:00 | Close | | | | |

Annex 7: Photos

Initial district Consultative Meeting, 22 September, 2014, DHO Chautara, Sindhupalchowk



Figure 1 Discussing district information



Figure 2 Side discussion



Figure 3 FHD focal person with DHO



Figure 4 Representative from Dfid and USAID

District Planning Meeting, 22-24 November, 2014, DHO Chautara



Figure 5 Dr. Sagar, DHO making closing remarks



Figure 6 HERD staff, FP/EHCS officer

District Planning Meeting, 30 November - 02 December, 2014, DHO Ramechhap



Figure 7 Acting DHO making remarks



Figure 8 HERD staff, DC and PHN from FHD



Figure 9 HA from FHD with district participants

Health Facility In-charge Orientation, 7-8 December, 2014, DHO Chautara



Figure 10 DHO making remarks



Figure 11 VDC mapping exercise



Figure 12 VSC mapping presentation by HFI



Figure 13 mapping presentation by HFI with accompanying child

Service provider's orientation, January 2015



Figure 14 PHO making remarks while DHO listening



Figure 15 PHO presenting the process with flex chart



Figure 16 Role play by participants using DMT flip chart



Figure 17 District SO facilitating recording/reporting session