



Ministry of Health & Population



Plan for Comprehensive Mobile Camps and Visiting Providers in Five Districts



Report Payment Deliverable FP2

Dr. Rajendra Gurung



Planning Report: Rehabilitation, recovery, and strengthening/ expansion of Family Planning (FP) services (with a focus on Long-Acting Reversible Contraception- LARC) in five earthquake affected districts has been prepared by the Ministry of Health (MoH), Government of Nepal (GoN) with financial support from UKaid and technical and financial assistance from NHSSP.

This report is submitted in accordance with contract payment deliverable FP2: Overall plan for conducting comprehensive mobile camps and mobilising Visiting Providers (VPs) completed for all five districts.

ACRONYMS

| | |
|-------|--|
| ANM | auxiliary nurse midwife |
| BC | birthing centre |
| CFWC | Chhetrapati Family Welfare Centre |
| CPR | contraceptive prevalence rate |
| DC | district coordinator |
| DHO | district health office |
| FCHV | female community health volunteer |
| FHD | Family Health Division |
| FP | family planning |
| HF | health facility |
| HFI | health facility in-charge |
| HFOMC | health facility operation and management committee |
| HLD | high level disinfected |
| HP | health post |
| IEC | information, education and communication |
| IUCD | intrauterine contraceptive device |
| LARC | long acting reversible contraceptive |
| MoU | memorandum of understanding |
| MWRA | married woman of reproductive age |
| MSI | Marie Stopes International |
| NHSSP | Nepal Health Sector Support Programme |
| NMS | Nepal Medical Standard |
| NSV | non-scalpel vasectomy |
| PHCC | primary health care centre |
| PMWH | Paropakar Maternity and Women's Hospital |
| QI | quality improvement |
| SBA | skilled birth attendant |
| VDC | village development committee |
| VP | visiting provider |

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1. PURPOSE OF THIS REPORT

This report aims to summarise the activities carried out under the Rehabilitation, Recovery, and Strengthening/Expansion of Family Planning (FP) services (with a focus on Long-Acting Reversible Contraception- LARC) in five earthquake affected districts initiative. It has three sections:

Section 1: Background

Section 2: Key activities of transition and recovery FP support, and

Section 3: Annexes.

The submission of this document seeks to satisfy the requirements of Nepal Health Sector Support Programme's (NHSSP) Transition and Recovery Programme (TRP) payment deliverable FP2: Overall plan for conducting comprehensive mobile camps and mobilising visiting providers completed for all five districts.

2. BACKGROUND

In Nepal, current access to LARCs (long acting reversible contraceptives) is extremely low and most IUCD and implant users in mountain and hill districts receive their services from hospitals and mobile family planning camps/mobile clinics and satellite clinics which are available only once or twice a year. The utilisation of LARCs from these mobile clinics shows that there is considerable demand for LARCs among married women of reproductive age (MWRA) in rural Nepal. A study in the hill district of Khotang found that 41% of clients wanted to use implants as a FP method followed by Depo with women reporting that poor access to implants was a cause for not adopting this method. Sixty one per cent of respondents were reluctant to use IUCDs mainly because of fear and hesitancy.

LARCs, especially implants, are becoming popular among MWRA in rural Nepal. The consistent availability of LARC services at rural health facilities will potentially increase informed choice among service users and increase the contraceptive prevalence rate (CPR).

Furthermore, the provision of FP services, especially through mobile permanent FP camps (VSC camps) has been one of the pillars of Nepal's FP programme since its inception. An analysis of mobile FP services in Malawi, Nepal, and Tanzania found that the majority of FP mobile services in Nepal are provided by the public sector. Mobile sterilisation camps (VSC camps) have long been used to reach rural populations in Nepal and are considered a contributor to the success in Nepal's FP programme. Thirty three percent of non-scalpel vasectomies (NSV) and 19% of female sterilisations in Nepal were provided in a mobile setting¹. However, the services traditionally provided through mobile camps (VSC and long term FP satellite clinics) do not promote choice since most camps offer only one or two methods at each site, and provide a one-off service.

Following the April 2015 earthquake, the lack of access to health services was exacerbated. A shortage of trained providers able to offer a range of methods to underserved populations, minimal demand for FP services, and limited awareness and knowledge of FP services (availability and access) are some of the major bottlenecks affecting access to and utilisation of FP in Nepal. To increase FP

utilisation among hard to reach and internally displaced populations, NHSSP has designed an intervention for FP service delivery in five earthquake affected districts. The transition and recovery FP strengthening project is proposing two key approaches piloted by FHD/NHSSP in 2015: the VP model ('Ramechhap model') and the Comprehensive VSC camp model (VSC+).

This report is a summary of VPs' movement plan and the schedule of the planned VSC+ camps in each intervention district.

3. KEY ACTIVITIES FOR TRANSITION AND RECOVERY OF FP SUPPORT

3.1 VP Approach

3.1.1. Preparatory Activities

a. Recruitment and orientation

Three VPs will be recruited and deployed in each of the five districts to strengthen quality LARC service delivery for MWRA in rural communities. For effective mobilisation of VPs within each district, in coordination with the respective DHO, all VDCs will be organised into three groups/clusters. One VP will be stationed at each cluster centre/station to coach/mentor skilled birth attendants (SBAs) in birthing centres (BCs) on IUCD skills and provide LARC services in non-BCs. VPs will be oriented on: the use of LARC quality improvement (QI) tools and the process thereafter; information on their respective cluster VDCs/health facilities; travel distances; movement plans; recording and reporting requirements, coaching skills on IUCDs and administrative requirements (preparation of time sheet, preparation of trip report, filling in the travel expense form, preparing monthly work plans, etc). VPs will be encouraged to adhere to strong principles in order to be effective coaches and develop high level skills. An experience sharing event among VPs who worked in the Ramechhap district VP pilot scheme will also be carried out.

b. Enhancing the Coaching Skills of VPs

In addition, before initiating the coaching/mentoring for service providers (especially for IUCD services in BCs), all VPs will be oriented by an experienced coach on coaching/mentoring and counselling skills for two days either from the Chhetrapati Family Welfare Centre (CFWC) or the Paropakar Maternity and Women's Hospital (PMWH) training centre and maternity hospital. The coaching will involve:

- a brief knowledge update on LARCs including side-effects, effectiveness, return of fertility, complications, warning signs, and follow up visits
- effective skills coaching of SBAs on FP counselling and service delivery, especially on IUCDs
- practice on the Zoe pelvic model (for IUCD) and arm model (for implant) facilitated by VPs
- hands on practice on real clients
- infection prevention practices and storage of LARCs.

3.1.2 VP Intervention

VPs are nursing cadres (auxiliary nurse midwives [ANMs] and Nurses) who are trained service providers on implants and IUCDs and also have coaching skills. Each VP will travel to health facilities as per the visit plan developed and agreed with the DHO and district-based NHSSP's district coordinator. VPs will stay in their respective clusters. While travelling to the assigned health facilities, a VP will follow an appropriate/logical route so that she can cover the maximum number of health facilities, both with BC and non-BC services.

3.1.2.1 Rapid Assessment of the Status of LARC Services

At the beginning, the VPs will conduct a rapid assessment of LARC service delivery status during visits to both BC and non-BC sites in their respective clusters. VPs will use the standard FP QI checklist for IUCD and implant (see Annex 4.3: QI tool 6 & 7 and FP 03 and 04 for the revised 2014 version). The objective of the initial visit is to assess the situation in relation to strengthening or initiating LARC services from BC and non-BC sites. VPs will conduct physical facility site observations and observe service providers' LARC clinical skills (where possible) including the clinical set-up for LARC services, availability and use of IEC/job aids, recording and reporting, availability of FP commodities (IUCDs/implants), compliance with infection prevention standards, FP counselling skills, informed choice, client screening procedures, direct observation of IUCD/implant insertion/removal and the referral mechanism. This initial rapid assessment will identify gaps to be addressed for further strengthening/initiating LARC services at the health facility. This will also validate the findings of the gap assessment checklist that was administered in the district planning meeting by HFIs. It will also help initiate a process of quality improvement for FP especially on LARCs.

3.1.2.2 VP Movement to Health Facilities

In the initial stages of the intervention, VPs will visit both BC and non-BC sites on the route. During these visits, the VP will also administer LARC QI tools as noted above.

Based on the findings of the FP gap assessment checklist and FP QI tools administration, VPs will start coaching/mentoring SBAs on LARC (i.e. IUCD) in BCs and direct LARC service delivery in non-BCs or health facilities with no LARC service provider. The intensity and frequency of coaching of SBAs on IUCDs will depend on the findings of the FP QI tool administration.

For direct LARC service delivery, VPs will carry:

1. Pre-packed and sterilised or high level disinfected (HLD) LARC insertion/removal sets, and
2. Commodities based on assessment and QI tool administration findings.

The movement plans of VPs are based on topography, access to motorable roads, road conditions, and the location of each facility from the centre/station of each cluster. It is anticipated that a one-time visit to all health facilities in a cluster by one VP will take three to four rounds of visits and 20 to 45 days. It is anticipated that each VP on average will spend 10 to 15 days per month on LARC service delivery in non-BCs and three to five days per month on coaching/mentoring.

It is also anticipated that during the initial months of the intervention, VPs will conduct more frequent visits to BCs for coaching (e.g. SBAs on IUCD coaching), which will gradually reduce in later months as the SBAs at those sites are capacitated on IUCD service delivery and begin providing IUCD services independently. This will also reduce the frequency of visits to these sites.

After each round of field visits, the VP will have approximately one to two days to provide coaching in the health facility of their cluster station, prepare reports, and report the findings to the DHO and NHSSP’s district coordinator.

The following table shows the field visit pattern or sequence of VP movement which will be applicable to all five districts and the respective clusters within them.

Suggested common field visit pattern to be used by VPs in all three cluster model:

| | | | |
|---|---|---|--|
| Start HF visits to a sector ¹ from the 1 st week of Nepali month from cluster centre/station (1 st round/route) | VP is back from a sector to cluster centre/station, has interval of 1-2 days after completion of 1 st round/route visit | VP continues 2 nd round/route of HF visits to another sector from cluster centre/station | VP is back from a sector to cluster centre/station, have time interval of 1-2 days after completion of 2 nd round/route visit |
| Activities: <ul style="list-style-type: none"> • Site assessment using QI checklist • Coach FP service providers on LARCs • Provide LARC service in non-BCs on round/route-1 | Activities : <ul style="list-style-type: none"> • Prepare & submit report to DC • Communicate with DC/DHO and mentees • Prepare for next round visit (round/route-2) | Activities: <ul style="list-style-type: none"> • Site assessment using QI checklist • Coach FP service providers on LARCs • Provide LARC services in non-BC sites on round/route-2 | Activities: <ul style="list-style-type: none"> • Prepare & submit report to DC • Communicate with DC/DHO and mentees • Prepare for next round visit (round/route-3) |

Note: *The above mentioned pattern will continue until the initial round of visits is completed. However, when all visits to health facilities in their respective clusters are completed during the initial visits, the VP may not need to visit all the BCs. Therefore, the number of health facilities (i.e. BCs) on the route will also be reduced. A tentative summary of a VP’s monthly schedule/ movement plan is shown in Annex 4.1.*

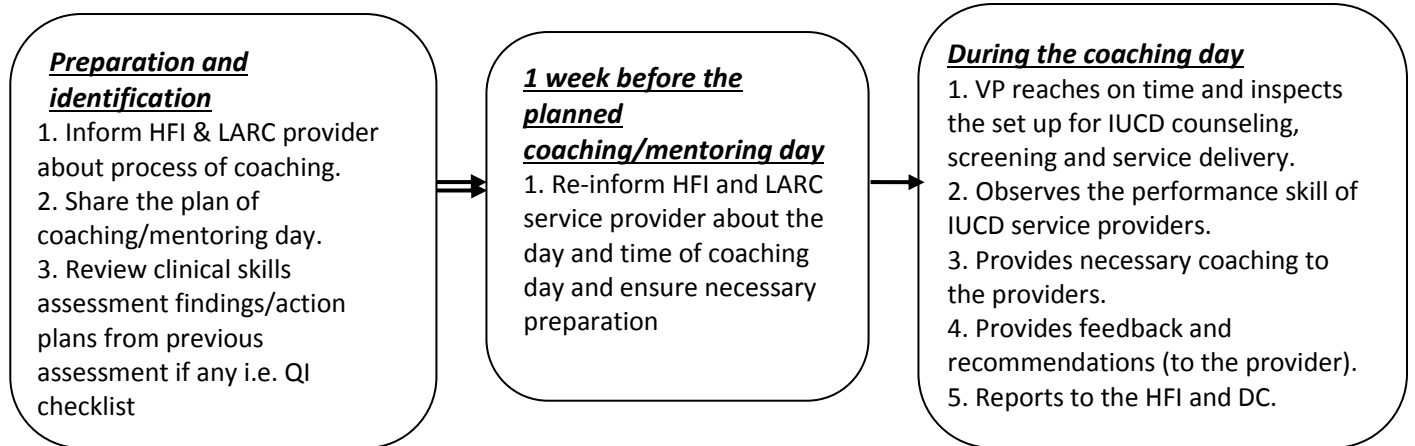
3.1.2.2. VP coaching/mentoring HFs

It has been reported in many forums that many trained SBAs lack confidence in their own IUCD insertion and removal abilities even after having completed SBA training. In this pilot intervention, VPs will coach SBAs from BCs on IUCD clinical skills. VPs will improve the clinical skills of SBAs on IUCDs through a process of coaching/mentoring to include demonstration of clinical skills with SBAs who will then practice these skills under VP supervision. VPs will refer to the Learning Guide from the Participant’s Handbook on IUCD, 4th edition, 2010, NHTC during coaching. Coaching/mentoring by VPs will help ensure that SBAs are competent in the IUCD skills learned.

¹ Sector means group of health facilities within a cluster where VP visits in a trip (or route/round)

VPs will also monitor the quality of implant services at BCs and coach SBAs or paramedics, as required, using the implant QI checklist. The following figure describes the process that VPs will follow when conducting coaching/mentoring in health facilities:

Coaching Process Flow Chart (for first or subsequent rounds of coaching)



3.1.2.3 The VP Movement Plan in the Five Intervention Districts

Before each health facility visit, VPs will inform the HFI and service provider about their intended visit at least one week in advance. VPs will also inform the HFI and LARC providers on the coaching process and share the coaching/mentoring plan at least one day ahead of the coaching/mentoring visit. VPs will review clinical skills assessment findings from previous assessments if any i.e. the QI checklist. VPs will also check in advance whether women are scheduled to visit for LARCs by asking the service providers responsible for scheduling client visits. If no clients are scheduled VPs will visit the nearest health facility where clients are available. During the district planning meeting, groups of HFIs drafted a tentative VP movement plan (schema) (see Annex 4.1 for the five districts’ tentative movement plan).

3.2 Comprehensive VSC Camp

3.2.1 Preparatory activities

3.2.1.1 Site Selection

Comprehensive VSC+ events will be organised in district hospitals, primary health care centres (PHCCs), and health posts. The following issues were considered when selecting a facility in which to conduct the VSC+ Camp:

- Central strategic location in the catchment area
- Remote and underserved area
- High number of expected clients
- The facility should be sufficiently large with enough rooms to accommodate Minilap/NSV services
- Regular services at the health facility should not be disrupted.

3.2.1.2 Develop Memorandum of Understandings (MoUs) Between Key Partners

MoUs will be developed and agreed by partners to clearly define roles and responsibilities. A not-for-profit RH service provider organisation, Marie Stopes International (MSI), will be mobilised to conduct VSC+ camps in the five selected districts.

3.2.1.3 Developing an Action Plan

The action plan for VSC+ outlines the timing for VSC+, the number and composition of the VSC+ team, the number of movement days and working days for each site, and the division of responsibilities. In other words, it describes what, where, when, and for whom each VSC+ camp is arranged. This will serve as a guide for camp managers and DHO focal persons. The action plan will be prepared by the NHSSP District Coordinator in consultation with MSI and the DHO.

3.2.2 Conduction of VSC+ Camp

A compact team from MSI will carry out the VSC+ camps in selected sites of respective districts in coordination with the DHO and NHSSP. The district-wise number of VSC+ camps is shown in the following table. Details of camp sites are presented in Annex 4.2.

| District | Number of planned camps | Remarks |
|-----------------|--------------------------------|-------------------|
| Okhaldhunga | 9 | 17 service days |
| Sindhuli | 7 | 15 service days |
| Lalitpur | 6 | 10 service days |
| Nuwakot | 9 | 16 service days |
| Gorkha | 13 | 28.5 service days |

a. Service provision

Service providers will follow the steps and procedures laid out in the Nepal Medical Standard (NMS) Volume 1 for counselling, eligibility, client assessment, clinical procedure, pre-operative medication, and anaesthesia as well as for post-procedure counselling and management of complications.

b. Hold regular progress meetings with partners

Regular meetings will be held between the NHSSP and respective DHOs. The NHSSP/MSI team should:

- Ensure smooth implementation, and
- Discuss and address any problems or challenges.

3.2.3 Post Camp Activities

Follow up care will be provided as described in NMS Volume 1. A system for follow-up and continuity of care will be set-up. Clients from outreach areas will be advised to return to the district hospital or a specific centre if they experience specific symptoms or complications.

Local service providers will contact the mobile outreach team if needed. Due to the fact that mobile telephones are available in many households or clients' neighbours, the DHO office and the mobile team will try to contact all VSC clients where possible at least once week after their visit to enquire about complications directly related to VSC procedures such as fever, abdominal pain, and bleeding.

4. ANNEXES

Annex 4.1: VP Movement Plan

a. Lalitpur district

| Cluster 1- DPHO Lalitpur | | | | Cluster 2- Bhattedada | | | Cluster 3- Gotikhel /Lele PHCC | | |
|--------------------------|--------------------|-----------------|-------------------|-----------------------|-------------------|--------------------|--------------------------------|------------------|----------------------|
| ↓ | | | | ↓ | | | ↓ | | |
| <i>Round 1</i> | <i>Round 2</i> | <i>Round 3</i> | <i>Round 4</i> | <i>Round 1</i> | <i>Round 2</i> | <i>Round 3</i> | <i>Round 1</i> | <i>Round 2</i> | <i>Round 3</i> |
| Imadol HP | Harisiddhi HP | Sunakothi HP | Saibu HP | Malta HP (BC) | Dalchwoki HP (BC) | Bhattedada HP (BC) | Bhardev HP (BC) | Manikhel HP (BC) | Gotikhel HP (BC) |
| Tikathali HP | Badegaun PHCC (BC) | Thecho HP | Khokana HP | Pyutar HP (BC) | Devichaur HP | Ikudol HP | Nallu HP | Sankhu HP | Chandanpur HP (BC) |
| Siddhipur HP | Godavari HP | Dhapakhel HP | Bungmati HP (BC) | Asrang HP (BC) | Ghusel HP | | Charghare HP (BC) | Bhukhel HP (BC) | Thuladurlung HP (BC) |
| Lubhu PHCC (BC) | Godamchaur HP | Jharuwarashi HP | Champi HP | Gimdi HP (BC) | | | | | Kaleshwor HP |
| Lamatar HP | Bishankhu HP | Chapagaun HP | Dukuchhap HP (BC) | | | | | | |
| | Badikhel HP | Lele PHCC (BC) | | | | | | | |
| <i>5 days</i> | <i>7 days</i> | <i>6 days</i> | <i>6 Days</i> | <i>6 days</i> | <i>5 days</i> | <i>3 days</i> | <i>6 days</i> | <i>6 days</i> | <i>10 days</i> |

b. Nuwakot District

| | | |
|--------------------------------|-----------------------------------|-------------------------------|
| Cluster 1, Deurali PHCC | Cluster 2, Kharanitar PHCC | Cluster 3, DHO Nuwakot |
|--------------------------------|-----------------------------------|-------------------------------|



| <i>Round 1</i> | <i>Round 2</i> | <i>Round 3</i> | <i>Round 1</i> | <i>Round 2</i> | <i>Round 3</i> | <i>Round 1</i> | <i>Round 2</i> | <i>Round 3</i> |
|--------------------|------------------|------------------|----------------------|-------------------|----------------------|-------------------|----------------|-------------------------|
| Dueepipal HP (BC) | Kakani PHCC (BC) | Thanapathi HP | Ganeshthan HP | Chaughada HP (BC) | Raluka HP | Deurali PHCC (BC) | Tupche HP (BC) | Charghare HP |
| Raatmaate HP (BC) | Thansingh HP | Sunkhani HP (BC) | Narjamandap HP | Bhadartar HP (BC) | Sundaridevi HP | Bung tang HP (BC) | Manakamana HP | Khadgabhanjyang HP (BC) |
| Jiling HP (BC) | Chauthurali HP | Samunda devi HP | Urleni HP | Kabilash HP | Samundratar HP (BC) | Kimtang HP (BC) | Fikuri HP (BC) | Gorsyang HP |
| Belkot HP | Suryamati | Sikre HP | Lachyang HP (BC) | Panchkanya HP | Shikharbeshi HP (BC) | Barsunchet HP | Kahule HP (BC) | Dangsingh HP |
| Kumari HP | Madanpur HP | Mahakali HP | Bageshwori HP (BC) | Thaprek HP | Ghyangphedi HP | Samari HP (BC) | Balche HP | Budhasingh HP |
| Chauthea HP (BC) | | Likhu HP | Haldikalika HP | Balkumari HP | Kharanitar HP (BC) | Kalyanpur HP | Salme HP | Taruka HP (BC) |
| Okharpauwa HP (BC) | | Chaap HP | Gerku HP (BC) | Betini HP | | | | |
| | | Talakhu HP | Khanigaun HP | Rautbesi HP (BC) | | | | |
| | | | Kharanitar PHCC (BC) | Gaunkharka HP | | | | |
| <i>8 days</i> | <i>8 days</i> | <i>15 days</i> | <i>9 days</i> | <i>10 days</i> | <i>6 days</i> | <i>7 days</i> | <i>8 days</i> | <i>8 days</i> |

c. Gorkha District

| | | |
|----------------------------|-------------------------|--------------------------------|
| Cluster 1, Ghairung | Cluster 2, Harmi | Cluster 3, Aaruchanaute |
|----------------------------|-------------------------|--------------------------------|



| Round 1 | Round 2 | Round 3 | Round 1 | Round 2 | Round 3 | Round 1 | Round 2 | Round 3 |
|--------------------|----------------|----------------|------------------|---------------------|--------------------------|----------------------------|-------------------------|------------------------|
| Ghairung HP (BC) | Taklung HP | Phinam HP (BC) | Aappipal HP | Khoplang HP (BC) | Jaubari PHCC (BC) | Baguwa HP (BC) | Swara HP (BC) | Sirdibash HP (BC) |
| Phujel HP (BC) | Manakamana HP | Taple HP | Paluntar DC (BC) | Chhoprak HP | Muchchok HP | Khanchok HP (BC) | Saurpani HP (BC) | Manbu HP (BC) |
| Darbung HP (BC) | Bakrang HP | Asrang HP (BC) | Gaikhur HP | Garkhu HP | Simjung HP (BC) | P. Deurali HP (BC) | Barpark HP (BC) | Aaruchanaute PHCC (BC) |
| Ghyalchok HP (BC) | Chepetar HC | Boralng HP | Chyangli HP (BC) | Shrinathkot HP (BC) | Ghyachok HP | Pandrung HP | Gumda/Machhakha HP (BC) | Aurupokhari HP |
| Bhumlichok HP (BC) | Nareshwor HP | | Dhuwakot HP (BC) | Thalajung HP (BC) | Kharibot HP | Takukot HP | | Dhawa HP (BC) |
| Tanglichok HP (BC) | Bunkot HP (BC) | | M Deurali HP | | Hanspur/Bhachyak HP (BC) | Takumajh Lakuribot HP (BC) | | Tandrang HP (BC) |
| Makaising HP (BC) | Namjung HP | | Mirkot HP | | Kerabari HP | | | |
| | | | | | | | | |
| | | | | | | | | |
| <i>14 days</i> | <i>12 days</i> | <i>7 days</i> | <i>9 days</i> | <i>7 days</i> | <i>16 days</i> | <i>15 days</i> | <i>12 days</i> | <i>18 days</i> |

d. Okhaldhunga district

| | | |
|---------------------|----------------------------|--------------------------------|
| Cluster 1 Phoolbari | Cluster 2, Chyanam HP (BC) | Cluster 3, Okhaldhunga HP (BC) |
|---------------------|----------------------------|--------------------------------|



| Round 1 | Round 2 | Round 3 | Round 1 | Round 2 | Round 3 | Round 1 | Round 2 | Round 3 | Round 4 |
|-------------------------|-----------------|--------------------|------------------------|------------------|-----------------|--------------------|----------------|---------------------|----------------------|
| Tarkerabari HP (BC) | Bikandu HP (BC) | Phoolbari HP (BC) | Manebhanj yang HP (BC) | Rawadolu HP (BC) | Chyanam HP (BC) | Barnalu HP | Salleri HP | Kuntadevi HP (BC) | Narayansthan HP (BC) |
| Pokali HP (BC) | Phediguth HP | Raniban PHCC (BC) | Waksa HP (BC) | Bhusinga HP | Sisneri HP (BC) | Rumjataar Hospital | Betini HP (BC) | Rangadeep HP (BC) | Thulachap HP (BC) |
| Ragani HP (BC) | Mulkharka HP | Singhadevi HP | Madhapur HP | Diyale HP | Balakhu HP (BC) | Mamkha HP | Jyamire HP | Bigutaar HP (BC) | Bhadaure HP (BC) |
| Khijichandewori HP (BC) | Katunje HP (BC) | Narmadeswor HP | Thakle HP (BC) | | Rampur HP | Ratmate HP (BC) | | Jantarkhani HP (BC) | Taluwa HP |
| Khijiphalate HP (BC) | Palapu HP (BC) | Yasam HP | Toksel HP (BC) | | | Sorna HP | | Harkapur HP (BC) | Moli HP |
| Khijikalati HP (BC) | Kalika HP | Gamnangtar HP (BC) | Unbu HP | | | Pokhare HP (BC) | | Prapcha HP (BC) | |
| | | | Ketuke HP (BC) | | | Kuibhir HP (BC) | | Shrichaur HP (BC) | |
| | | | | | | | | Patle HP | |
| | | | | | | | | | |
| <i>9 days</i> | <i>7 days</i> | <i>6 days</i> | <i>10 days</i> | <i>6 days</i> | <i>6 days</i> | <i>9 days</i> | <i>4 days</i> | <i>12 days</i> | <i>5 days</i> |

e. Sindhuli District

| Cluster 1, DPHO | | | Cluster 2, Dandigurase | | | Cluster 3, District Headquarter | | |
|-----------------|--------------------|---------------------------|------------------------|------------------|-----------------------------|---------------------------------|----------------------|-------------------|
| ↓ | | | ↓ | | | ↓ | | |
| <i>Round 1</i> | <i>Round 2</i> | <i>Round 3</i> | <i>Round 1</i> | <i>Round 2</i> | <i>Round 3</i> | <i>Round 1</i> | <i>Round 2</i> | <i>Round 3</i> |
| BhadraKali HP | Ranichuri HP | Chapauli Jalkanya HP (BC) | Mahadevsthan HP | Amale HP | Majhuwa HP | Harsahi HP | Lamataar PHCC (BC) | Ratnawati HP |
| Siddheswori HP | Bhimasthan HP | Ratanchura HP | Kapilakot PHCC (BC) | Bastipur HP (BC) | Shitalpati HP | Sirthauli PHCC (BC) | Ambote HP (BC) | Solpatana HP (BC) |
| Bhiman HP (BC) | Belghari PHCC (BC) | Khurkot HP (BC) | Kalpabikxya HP | Tamajor HP | Purano Jhangajholi HP | Tandi HP | Jinakhu HP | Khangsang HP |
| Ranibas HP (BC) | Jarayotaar HP | Baseswor HP | Kyaneswor HP | Netrakali HP | Jhangajholi Ratmata HP (BC) | Dudhauri HP (BC) | Arunthakur HP (BC) | Samnaampokhari HP |
| Nipane HP (BC) | Balajor HP (BC) | Gwaltaar HP (BC) | Mahendrajhyadi HP | Shanteswori HP | Kuseswor Dumja HP | Ladabhir HP | Mahadevidanda HP | Kholagaun HP |
| Hatpate HP (BC) | | Bitijor HP | Pipalmadhi HP | | | Kakurthakur HP | Bahuntilpung HP (BC) | |
| | | Dudbhanjyang HP | Hariharpurgadhi HP | | | | Tosramkhola HP | |
| | | Tinkanya HP | | | | | | |
| <i>8 days</i> | <i>8 days</i> | <i>12 days</i> | <i>13 days</i> | <i>9 days</i> | <i>10 days</i> | <i>10 days</i> | <i>10 days</i> | <i>8 days</i> |

Annex 4.2 VSC+ Sites and Timing

a. VSC+ schedule Lalitpur

| Camp site | Manikhel HP | Lubhu PHCC | ThulaDurlung HP | Bungmati HP | Ashrag HP | Bhattedada HP |
|---------------------|------------------------------|-----------------------|-----------------------------|------------------------------|------------------------------|--------------------------------|
| Tentative date | 3 rd week of Magh | 10 th Magh | 2 nd week Falgun | 4 th week of Magh | 2 nd week of Magh | 2 nd week of Falgun |
| Number of camp days | 2 day | 1 day | 2 day | 1 day | 2 days | 2 days |

b. Nuwakot District

| Camp site | Bhadrutar HP | Kharantar PHCC | Samundratar | Ratamati | Ghorsyang | Sallemaidan | Chaughada | Rahutbesi | District headquarter |
|---------------------|------------------------------|--------------------------------|-----------------------------|--------------------------------|--------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|
| Tentative date | 2 nd week of Magh | 2 nd week of Falgun | 2 nd week Falgun | 2 nd week of Falgun | 2 nd week of Falgun | 3 rd week of Magh | 4 th week of Magh | 3 rd week of Margh | 4 th week of Magh |
| Number of camp days | 1 day | 2day | 2 days | 2 days | 2 days | 2 days | 1 day | 2day | 2 days |

c. Okhaldhunga District VSC Camp Tentative Schedule

| Camp site | Rampur HP | Fulaari | Chandeswori | Gamangtaar | Pokhare | Balakhu | Rampur HP | Fulaari | Manebhanjyang |
|---------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Tentative date | Falgun month | Falgun month | Falgun month | Falgun month | Falgun month | Falgun month | Falgun month | Falgun month | Falgun month |
| Number of camp days | 2 days | 2 days | 2 days | 2 days | 2 days | 2 days | 2 days | 2 days | 1 day |

d. Sindhuli District VSC Camp Tentative Schedule

| Camp site | Dudhali | Sirthauli | Ranibas | Kapilakot/Kalpabrikshya/ Mahadevsthan | Belghari | Solpathana | District headquarter |
|----------------------------|----------------|----------------|----------------|--|----------------|----------------|-------------------------|
| Tentative date | Falgun onwards | Falgun onwards | Falgun onwards | Falgun onwards | Falgun onwards | Falgun onwards | Falgun onwards |
| Number of camp days | 2 days | 2 days | 2 days | 2 days | 2 days | 2 days | 3 days |

e. Gorkha District VSC Camp Tentative Schedule

| SN | Place | VDC/ Municipality | No. of Days | Tentative Date | Remarks |
|------------------------|--|----------------------|-------------|--|---------|
| 1 | Batase- Ayurved Aushadhalaya or Bhagabati Higher Secondary | Ghairung | 2 | 10 to 11 Falgun, 2072 | |
| 2 | District Hospital Gorkha | Gorkha Headquarter | 5 | 13 to 17 Falgun, 2072 | |
| 3 | Ashrang HP | Ashrang | 1.5 | 19 Falgun and 20 Falgun which is the travel day for Khanchok near by the Ashrang | |
| 4 | Khanchok HP | Masel | 2 | 21 to 22 Falgun, 2072 | |
| 5 | Takukot HP | Takukot | 2 | 24 to 25 Falgun, 2072 | |
| 6 | Barpak HP | Barpak | 2 | 27 to 28 Falgun, 2072 | |
| 7 | Chipleti | Jaubari | 2 | 30 Falgun and 1 Chaitra, 2072 | |
| 8 | Thalajung (Muge) | Thalajung | 2 | 3 to 4 Chaitra, 2072 | |
| 9 | Bhachchek HP | Hansapur | 2 | 6 to 7 Chaitra, 2072 | |
| 10 | Palungtar Birthing Center | Pluntar Municipality | 2 | 9 to 10 Chaitra, 2072 | |
| 11 | Soti | Thumi | 2 | 12 to 13 Chaitra, 2072 | |
| 12 | Machhakhola HP | Gumda | 2 | 15 to 16 Chaitra, 2072 | |
| 13 | Sirdibas HP | Sirdibas | 2 | 19 to 20 Chaitra, 2072 | |
| | | | | | |
| Total Camp days | | | 28.5 | | |

Annex: 4.3 FP QI Tools

FAMILY PLANNING

Quality Improvement Tools for Service Delivery and FP In-service Training



Nepal FP In-service Training Site Quality Improvement Tools for Site Strengthening
TOOL 6: Implants

| | |
|---|--------------------------|
| Name of training site (Name and Place): | 1.....2.....3.....4..... |
| Date of visit: | 1.....2.....3.....4..... |
| Name of observer: | 1.....2.....3.....4..... |

| Scoring Key: Y=Yes, N=No, NA=Not Applicable | | | | | | |
|---|--|---|---|---|---|---|
| S. No | PERFORMANCE STANDARDS | DEFINITION (VERIFICATION CRITERIA) | 1 | 2 | 3 | 4 |
| Implant method of choice | | | | | | |
| 1 | Specific information on implant is given to the woman | <p>Observe the service provider:</p> <ul style="list-style-type: none"> Asks the woman what she already knows about implant and corrects any misinformation Briefly, giving only the most important information, tells the woman about implant that she has chosen: <ul style="list-style-type: none"> How it works Effectiveness Advantages and non-contraceptive benefits Disadvantages Precaution Common side effects and warning signs Lack of protection against STIs, HIV/AIDS <p>Score: All "Yes"=1 point; Any "No"=0 points</p> | | | | |
| 2 | The provider prepares to provide implant to the woman. | <p>Observe that the service provider:</p> <ul style="list-style-type: none"> Tells woman what is going to be done (step by step), listens to her and responds attentively to her questions and concerns. Determine that required sterile (implant) insertion set is ready. The implant service room has curtains in the doors and windows Helps client to position on the examination bed comfortably. Provide continual emotional support and reassurance to make the client comfortable <p>Score: All "Yes"=1 point; Any "No"=0 points</p> | | | | |

Comments:

Nepal FP In-service Training Site Quality Improvement Tools for Site Strengthening
TOOL 1: General Physical Facilities

| | |
|---|--------------------------|
| Name of training site (Name and Place): | 1.....2.....3.....4..... |
| Date of visit: | 1.....2.....3.....4..... |
| Name of observer: | 1.....2.....3.....4..... |

| Scoring Key: Y=Yes, N=No, NA=Not Applicable | | | | | | |
|---|--|--|---|---|---|---|
| S. No | PERFORMANCE STANDARDS | DEFINITION (VERIFICATION CRITERIA) | 1 | 2 | 3 | 4 |
| 1 | The health facility has adequate physical facilities to provide the quality services | <p>Observe that the health facility has:</p> <ul style="list-style-type: none"> Separate registration area Separate room for counseling service Running water facility/bucket with tap Separate rooms for check up (OPD) Family Planning Service room Separate instrument processing and autoclave area Separate area for washing and drying Toilets for clients/patients and staff with water and soap <p>Score: All "Yes"=1 point; Any "No"=0 points</p> | | | | |
| 2 | The clients can wait comfortably for the services | <p>Observe that the health facility has:</p> <ul style="list-style-type: none"> Adequate waiting area at the health facility Protected from sun and rain Adequate benches/chairs to sit Clean drinking water for clients Different audio-visual aids and educational materials <p>Score: All "Yes"=1 point; Any "No"=0 points</p> | | | | |
| 3 | The Health Facility displays FP IEC materials in the waiting area (visible area) | <p>Observe that health facility has:</p> <p>IEC materials displayed as follows:</p> <ul style="list-style-type: none"> FP effectiveness poster Informed choice poster <p>Score: All "Yes"=1 point; Any "No"=0 points</p> | | | | |
| 4 | The health facility area is kept clean | <p>Observe that the HF maintains cleanliness:</p> <ul style="list-style-type: none"> Around the health facility area Waiting room/area Examination rooms Operation room Post operative room Procedure room (IUCD/Implant) Instrument processing area Toilets Store room <p>Score: All "Yes"=1 point; Any "No"=0 points</p> | | | | |

Comments:

Nepal FP In-service Training Site Quality Improvement Tools for Site Strengthening
TOOL 7: IUCD services

| | |
|---|--------------------------|
| Name of training site (Name and Place): | 1.....2.....3.....4..... |
| Date of visit: | 1.....2.....3.....4..... |
| Name of observer: | 1.....2.....3.....4..... |

| Scoring Key: Y=Yes, N=No, NA=Not Applicable | | | | | | |
|---|--|--|---|---|---|---|
| S. No | PERFORMANCE STANDARDS | DEFINITION (VERIFICATION CRITERIA) | 1 | 2 | 3 | 4 |
| 1 | The woman receives IUCD pre-insertion counseling | <p>Observe if the provider:</p> <ul style="list-style-type: none"> Asks the woman what she already knows about the IUCD and corrects any misinformation Briefly, giving only the most important information, tells the woman about the IUCD that she has chosen: <ul style="list-style-type: none"> How it works Effectiveness Advantages and non-contraceptive benefits Disadvantages Precaution Common side effects and warning signs Protection against STIs, HIV/AIDS Instructs to return to the clinic if she thinks the IUCD is not in place and if period is not regular Encourages the woman to repeat the instructions to be sure she understands. Describes how the IUCD will be inserted and what the woman should expect during and after the procedure Answers any questions the woman has <p>Score: All "Yes"=1 point; Any "No"=0 points</p> | | | | |

Comments:

Annex: 4.4 Photos

PD 2 Overall plan for VSC + and VP movement



One HFI sharing the VP movement plan of his group: Gorkha



FP Supervisor facilitating planning of VSC+ schedule: Gorkha



DHO/MS, Dr Phanendra facilitating VP movement plan: Sindhuli



Group work on VP movement plan: Okhaldhunga



Group work on VP movement plan: Lalitpur



Group presentation on VP movement: Nuwakot