



Ministry of Health & Population



Implementation Report: Nepal Family Planning Project



Report Payment Deliverable FP 6
Ramechhap

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This report is submitted in compliance with contract payment deliverable FP6: First round of mentoring/coaching visits by visiting providers (VPs) completed in eight out of 21 birthing centers (BCs).

LIST OF ACRONYMS

ANM	auxiliary nurse midwife
BC	birthing centre
CPR	contraceptive prevalence rate
DC	district coordinator
DFID	Department for International Development
DHO	district health office
DMT	decision making tool
FCHV	female community health volunteer
FHD	Family Health Division
FP	family planning
GoN	Government of Nepal
HF	health facility
HFI	health facility In-charge
HFOMC	health facility operation and management committee
HMIS	Health Management Information System
HR	human resources
HTSP	healthy timing and spacing of pregnancy
IEC	information, education, and communication
IUCD	intrauterine contraceptive device
LARC	long acting reversible contraceptive
LMD	Logistics Management Division
NHTC	Nepal Health Training Centre
M&E	monitoring and evaluation
MEC	medical eligibility criteria
MWRA	married woman of reproductive age
NHSP	Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
QI	quality improvement
SBA	skilled birth attendant
SHP	sub-health post
SN	staff nurse
VP	visiting provider

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1.0 INTRODUCTION

1.1 Purpose of this report

This report aims to summarise the activities carried out in Ramechhap district under the Visiting Provider (VP) pilot intervention. It 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

Submission of this report aims to satisfy the requirements of NHSSP payment deliverable FP 6: 'First round of mentoring/coaching visits by visiting providers completed in eight out of 21 Birthing Centers (BCs)'.

1.2 Background

The Government of Nepal (GoN) is committed to improving the health status of its citizens and has made impressive gains despite conflict and other difficulties. The first Nepal Health Sector Program (NHSP-1), ran from July 2004 to mid-July 2010. It was considered 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 program (NHSP-2, 2010-2015). Its purpose is to increase access to and utilisation of quality essential health care services and other health services, especially for 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 (MWRA) reporting unmet needs in 2011 (10% for birth spacing; 17% for limiting births). Large disparities exist in rates of contraceptive use while levels of unmet needs vary substantially by place of residence.

Technical assistance to NHSP-2 is being provided by pooled external development partner support (DFID, World Bank, Australian Aid [DFAT], KfW, and GAVI) through the Nepal Health Sector Support Program (NHSSP). NHSSP is a five-year program (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 the Family Health Division (FHD) to strengthen its national FP program under NHSP-2 and to identify priority needs and approaches to be taken forward under NHSP-3.

Due to suboptimal access, utilisation, and demand for long acting reversible contraceptives (LARCs), especially for MWRA in rural and hill zones, there is a strong case for increasing the availability of LARCs at rural health facilities (HFs). Current access to LARCs is extremely low and most intrauterine contraceptive device (IUCD) and implant users in mountain and hill districts receive their services

from hospitals and mobile FP camps/mobile clinics which are available only once or twice a year. Utilization of LARCs from these mobile clinics shows that there is considerable demand for LARCs among MWRA in rural Nepal. The consistent availability of LARC services at rural HFs would potentially increase informed choice for the service users and also increase the CPR. Therefore, VP intervention aimed to assess whether or not skilled service provider visits expand the availability and uptake of LARC services in rural Nepal.

2.0 ACTIVITIES AT CENTRAL LEVEL

2.1 Planning/coordination/partnership meetings

Various planning/coordination meetings were held at central level between government bodies, funding agencies, the implementing agency, and the monitoring and evaluation partner. Details of these meetings and the decisions made were presented in FP4.

2.2 Development of Guidelines, IEC Materials and Job Aids

The following materials were adapted where appropriate and printed and distributed to all health facilities:

- pregnancy rule out job aid
- FP informed choice poster
- healthy timing and spacing of pregnancy (HTSP) poster
- decision making tool (DMT) flip chart
- medical eligibility criteria (MEC) wheel

Due to the damage caused by the April 25th earthquake, the district has requested an additional 60 pregnancy rule out job aids, 10 FP informed choice posters, 10 HTSP posters, 20 MEC wheel (English), and 60 MEC wheel (Nepali) (see Annex 6 for the District Health Office [DHO] request). MEC wheels will be made available from FHD's store (printed by ADRA Nepal for FHD with UNFPA funding), while others will be provided through reprinting by NHSSP.

2.3 Procurement of Materials and Equipment

- Implant/IUCD insertion/removal sets/equipment were supplied to the district as per district requirements.
- Infection Prevention equipment including autodaves, momo-pots, electric sterilizers, and kerosene stoves are in the process of being procured.

2.4 Facilitation to Supply FP Commodities

The NHSSP central team has been working to ensure a timely supply of FP commodities to the district in order to prevent stock-outs of FP commodities. Regular coordination with FHD and the Logistics Management Division (LMD) is also being carried out.

3.0 ACTIVITIES AT DISTRICT LEVEL

One of the objectives of the VP pilot intervention is to enhance the capacity of public sector service providers to provide IUCDs and implants through onsite coaching and mentoring. The coaching and mentoring focused on increasing levels of staff confidence to provide IUCDs/implants and on improving service quality. As of mid-July, VPs had completed coaching and mentoring in five out of eight planned sites.

The following activities were carried out in Ramechhap for enhancing the capacity of trained service providers on IUCDs/implants.

3.1. Initial Quality Assessment

VPs visited all BCs within their clusters and conducted preliminary LARC facility and services assessments using selected FP quality improvement (QI) tools. The tools included information on infrastructure, human resources (HR), equipment and commodities, and the training status of HR.

The main objectives of this initial assessment were to:

1. Collect information on, and gain experience with, travel/the transport route to reach HFs and to introduce VPs to local service providers;
2. Estimate the number of days required to reach different HFs;
3. Identify and verify the number of health workers requiring implant/IUCD coaching/mentoring, and
4. Assess the current status of HFs (training status of HR, infrastructure, equipment and commodities)

All 21 BCs have been visited by VPs. While conducting the initial quality assessments, VPs observed infrastructure, equipment availability, and the counseling process if a FP client was present. If a client was not available on the visit date, VPs collected information by asking service providers about the steps followed when providing services. VPs also helped service providers arrange implant/IUCD sets and to rearrange rooms to ensure privacy and adherence to standard infection prevention practices. VPs also supported service providers in maintaining proper records of FP services.

The district planning meeting and initial assessment findings suggested that only eight out of 21 BCs needed IUCD coaching/mentoring. In reality, it was later found (after the initial VP visits) that 13 HFs (BCs) needed IUCD/implant coaching/mentoring but for practical reasons, VP interventions were made in eight BCs only. The detailed findings of the initial assessments are shown in Annexes 1 and 5.

3.2 Coaching Skills Training to VPs

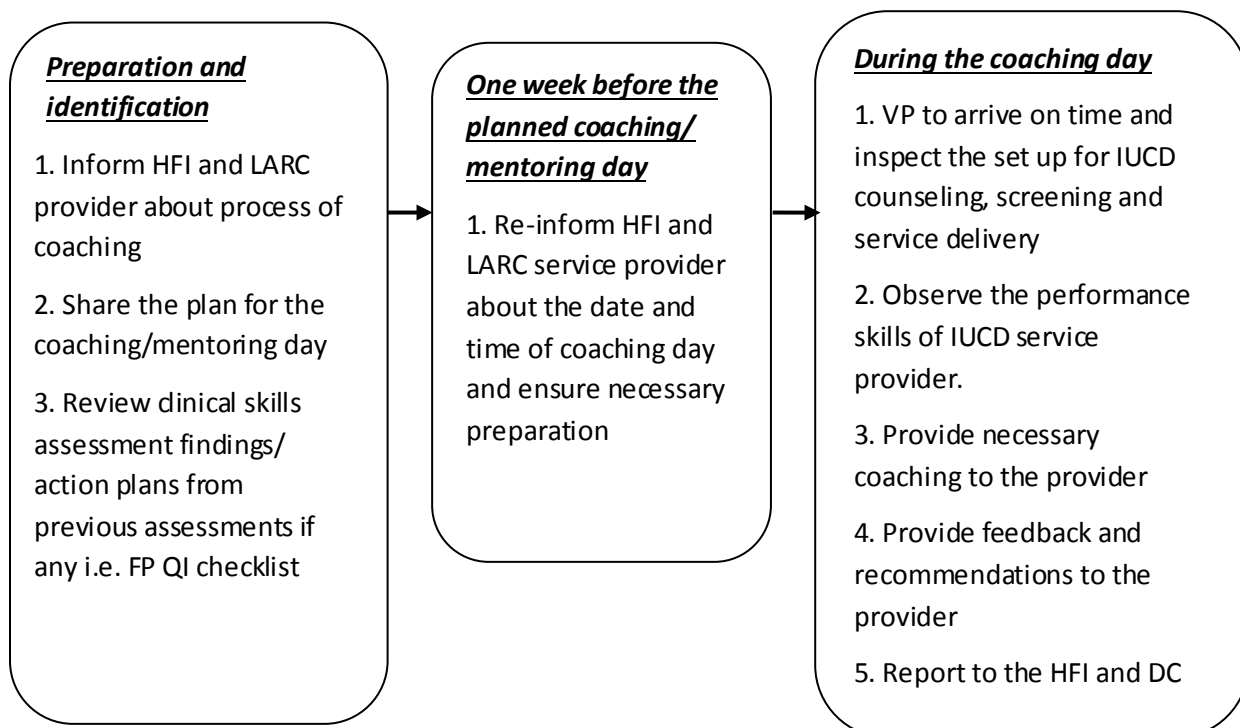
Before initiating coaching/mentoring for service providers (especially for IUCD services in BCs), VPs were trained by an experienced coach on coaching/mentoring and counseling skills for two days

from the 21st to the 22nd February 2015. Three VPs from Ramechhap and one VP from Sindhupalchowk participated in the training which focused on:

- effective coaching skills of skilled birth attendants (SBAs) on FP counseling and service delivery, especially on IUCDs;
- review of knowledge regarding IUCDs including side-effects, effectiveness, return of fertility, complications, warning signs, and follow up visits;
- demonstration and practice using the Zoe pelvic model and observation of SBA coaching/mentoring skills on real IUCD clients, and
- infection prevention practices and storage of LARCs.

3.3 IUCD Coaching to Service Providers from BCs

After receiving coaching skills training and an analysis of initial quality assessment findings, VPs made a HF visit plan for initiating coaching/mentoring. Before the HF visit, VPs informed the Health Facility In-charge (HFI) and service provider of their intended visit at least one week in advance. VPs also informed HFI and LARC providers about the process of coaching and shared their plan for the coaching/mentoring day ahead of their visit. VPs reviewed clinical skills assessment findings from the previous assessment if there had been one (i.e. FP QI checklist if this had been completed during the previous visit). VPs also checked in advance whether there were women scheduled to visit for LARCs by asking service providers who are responsible for scheduling client visits. If no clients were scheduled during the planned period, VPs went to the nearest HF where clients were available. The following diagramme shows the coaching/mentoring process in BCs.



Therefore, VPs primarily provided coaching and mentoring¹ services on IUCDs to those SBAs lacking confidence in providing IUCD services. VPs administered an IUCD and implant FP QI checklist (see Annex 1: QI Tools 1, 6, and 7) and helped take corrective actions as required both at the local level involving HFIs and health facility operation and management committee (HFOMC) members and at the DHO. If required, based on the findings of the initial FP QI assessment of IUCD and implant services, VPs also coached other IUCD/implant trained paramedics/SBAs on IUCD/implant insertion/removal skills. Local HF staff were also mobilized during the LARC counseling process, screening of IUCD/implant cases, and during follow-up of cases.

Table: BCs and proposed interventions (based on initial district information)

Name and number of BCs	Proposed intervention
<ul style="list-style-type: none"> Those cluster (6): Betali, Namadi, Farpu, Those, Kubhakashthali, Bamti 	<ul style="list-style-type: none"> IUCD coaching: 4 (Namadi, Pharpu, Kubhakashthali, Bamti) Initiation implant services²: 4 (Namadi, Farpu, Those, Bamti) Monitoring quality of LARC provision: all
<ul style="list-style-type: none"> Doramba cluster (5): Doramba, Hildevi, Gunshi, Khaniyapani, Bhirpani 	<ul style="list-style-type: none"> IUCD coaching: 2 (Hildevi, Khaniyapani) Initiation implant services: 2 (Hildevi, Khaniyapani) Monitoring quality of LARC provision: all
<ul style="list-style-type: none"> Manthali cluster (10): Katijor, Puranagau, Salu, Saghutur, Deurali, Gothgau, Okhreni, Bijulikot, Nagdaha, Bhujji 	<ul style="list-style-type: none"> IUCD coaching: 2 (Okhreni, Bhujji) Initiation implant services: 6 (Salu, Deurali, Okhreni, Bijulikot, Nagdaha, Bhujji) Monitoring quality of LARC provision: all

Among eight planned sites for coaching/mentoring, VPs had completed coaching in five sites (Pharpu, Kubhukasthali, Kahaniyapani, Hildevi, and Okhreni) by mid-July 2015. In two sites (Bamti and Bhujee HPs), there were no SBA trained providers posted when the VPs had planned their coaching/mentoring. In one site (Namadi) no IUCD clients were available when VPs visited for coaching. VPs managed to invite the SBA/service provider from Namadi to another site during a mobile health camp for coaching but unfortunately no IUCD clients were available at the camp either. However, VPs had coached IUCD providers from five additional sites (the district hospital, Puranagaaun, Those, Nagdaha, and Saghutaar) before June and initiated the IUCD service, although this was not originally planned. In total, SBAs were coached/mentored in ten BCs of which five BCs were mentioned in the initial plan. Altogether, 36 IUCDs have been provided by IUCD coached/mentored SBAs/staff after receiving coaching from ten IUCD sites up to mid-June. Not only have LARC services been started in BCs following coaching/mentoring, but existing service providers are also happy to have their skills enhanced (see Annex 2).

3.4 Provision of Implant Services in BCs

Initial assessment findings showed that out of 21 BCs, eight were providing both implant and IUCD services, five were providing IUCD services only, and one site was providing implant services only. Therefore, a total of 12 BCs were not offering implant services. Altogether 12 health workers from

¹ Unless explained otherwise, coaching and mentoring in this guide denotes IUCD coaching and mentoring

² Initiation of implant services after 12 service providers are trained on implant from 12 BCs: Namadi, Pharpu, Those, Bamti, Hildevi, Khaniyapani, Salu, Deurali, Okhreni, Bijulikot, Nagdaha, Bhujji

these 12 BCs were provided with implant insertion/removal training in coordination with the Nepal Health Training Centre (NHTC). The names of participants are given in Annex 3. From January to June 2015, 12 service providers provided implant services to a total of 115 women.

3.5 QI process

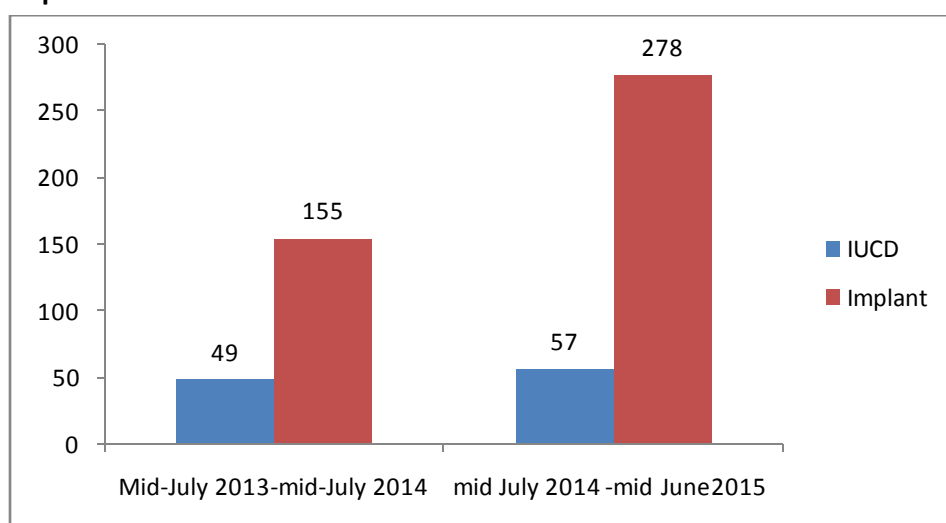
A checklist must be completed at each HF/BC to ensure that minimum quality standards on FP are met using standard FP QI tools (FP, QI Tools for service delivery and FP In-service Training, NHTC 2012). All BCs are assessed on the quality of their LARC services by VPs in coordination with HFIs and service providers and the findings are considered a baseline and guidance for future actions to improve the quality of LARC services. FP QI tools are to be administered in each facility every six months, or more frequently where required. The baseline and second assessment of quality for a BC in Khanipani is presented in Annex 5.

VPs also support health workers to fill up the Face Sheet (HMIS 3.1) for all new LARC users and maintain records in the HMIS 3.3 service register. All respective HFs submit their progress on FP users in monthly reports using HMIS 9.3.

3.6 Comparison of LARC Services Provided in 21 BCs Current and Previous Year

In comparison to IUCD/implant service utilisation in the fiscal year 2013/14, a significant increase in service uptake has been observed in BCs. The service data for 11 months of 2014/15 has already surpassed the statistics of 2013/14. A total of 49 IUCD, and 155 implant services were provided by BCs in 2013/14, whereas a total of 57 IUCDs and 278 implant services have been provided this year (2014/15). Almost 50% of these services were provided after IUCD coaching (n=31) and implant training (n=115) to service providers. The number of BCs providing LARCs has increased from 13 to 21, and access to LARC services has increased (see Annex 4).

Implant and IUCD services in 21 BCs



3.7 Challenges and Actions Taken

After the initial quality assessment and preparation of a coaching/mentoring plan with the DHO team, VPs visited HFs requiring coaching. However, very few or no IUCD clients appeared in some of the HFs and this affected the quality of coaching/mentoring possible. In such cases, VPs coached service providers on theory or invited service providers from a nearby health camp run by the DHO. Due to the recent earthquake, many HF buildings have been damaged and it has been difficult to maintain privacy which has further resulted in fewer IUCD clients. However, VPs are trying to provide services from tents in a way that maintains privacy. Furthermore, the earthquake disturbed VP's movement for approximately 15 days but with the coordination with DHO and HFs, coaching/mentoring has been resumed. Due to the fact that not all BCs have at least one SBA, coordination and advocacy efforts are being carried out with the DHO to ensure that all BCs have a trained SBA.

ANNEXES

Annex 1: Initial Assessment Report of BCs in Ramechhap

S.N.	Name of HFs	BC(Y/N)	IUCD Service Site(Y/N)	Implant service Site (Y/N)	Trained IUCD staff (Y/N)	Trained Implant staff (Y/N)	Trained COFP staff (Y/N)	SBA trained staff (Y/N)	Implant service provided this F.Y.	IUCD service provided this F.Y.	# FP service provide	Fix date of FP service	Separate room for Counseling	Separate room for IUCD/Im plant	Are there any NGO working	FCHVs monthly meeting date	# of PHC-ORC	# of EPI clinic	EPI date in HF	# of FCHVs	# of HFOMC member	QI tool use (Y/N)
1	BAMTIBHANDAR	Y	Y	Y	N	Y	N	N	N	N	3	Y	N	N	Y	25	2	3	10	12	14	Y
2	BETALI	Y	Y	Y	Y	Y	N	Y	Y	Y	5	N	Y	Y	Y	29	2	2	12	17	11	Y
3	BHIRPANI	Y	Y	Y	Y	Y	Y	Y	Y	N	5	N	Y	Y	N	30	4	5	15	16	19	Y
4	BHUJEE	Y	Y	Y	N	Y	N	N	N	N	3	N	Y	N	N	1	2	3	21	9	11	Y
5	BIJULI KOT	Y	Y	Y	Y	Y	N	Y	N	N	3	N	Y	N	N	28	3	4	21	15	11	Y
6	DEURALI	Y	Y	Y	Y	Y	Y	Y	Y	N	5	N	Y	Y	N	30	2	2	22	14	15	Y
7	DORAMBA	Y	Y	Y	Y	Y	Y	Y	Y	N	5	Y	Y	Y	N	30	2	3	10	9	12	Y
8	FARPU	Y	Y	Y	N	Y	N	Y	N	N	3	N	N	N	N	27	2	3	16	9	14	Y
9	GELU	Y	Y	Y	Y	Y	N	Y	Y	Y	5	N	Y	Y	N	29	3	5	16	24		Y
10	GOTHGAU	Y	Y	Y	N	Y	Y	Y	Y	Y	5	N	Y	Y	N	1	2	1		9	13	Y
11	GUNSI	Y	Y	Y	Y	Y	N	Y	Y	Y	5	N	Y	Y	N	1	2	2	10	20	7	Y
12	HILEDEVI	Y	Y	Y	N	Y	N	Y	Y	N	4	N	Y	Y	Y	30	3	3	11	10	9	Y
13	KATHJOR	Y	Y	Y	Y	Y	Y	Y	Y	Y	5	N	N	NA	N	2	3	3	15	18	13	N
14	KHANIYAPANI	Y	Y	Y	N	Y	N	Y	N	N	3	N	N	N	N	28	2	3	0	13	12	Y
15	KHIMTI	Y	Y	Y	Y	Y	N	Y	N	Y	5	Y	Y	Y	N	30	3	4	13	13	13	Y
16	KUBUKASTHALI	Y	Y	Y	N	Y	N	Y	Y	N	4	N	Y	Y	Y	28	2	3	11	11	12	Y
17	MANTHALI PHC	Y	Y	Y	Y	Y	Y	Y	Y	Y	5	N	N	N	N	1	3	5	Monda y/wkly	15		N
18	NAGADAHA	Y	Y	Y	Y	Y	N	Y	N	N	3	N	N	N	N	30	2	3		14	10	Y
19	NAMADI	Y	Y	Y	N	Y	N	Y	N	N	3	N	N	N	N	30	2	3	10	13	7	Y
20	OKHRENI	Y	Y	Y	N	Y	Y	Y	N	N	3	N	N	N	N	1	3	3	21	11	14	Y
21	PURANAGAU	Y	Y	Y	Y	Y	Y	Y	Y	N	4	N	Y	Y	N	1	2	3	15			Y
22	SALUPATI	Y	Y	Y	Y	Y	Y	Y	Y	N	5	N	Y	Y	N	30	3	3		17	14	Y
23	SANGHUTAR	Y	Y	Y	Y	Y	N	Y	N	N	5	N	Y	Y	N	1	2	3	22	9	14	Y
24	THOSE	Y	Y	Y	N	Y	Y	Y	Y	N	4	Y	Y	Y	Y	29	2	3	10	10	16	Y

Annex 2: Case Study: Health Workers Appreciate VP Led Coaching/mentoring on LARCs

Quotes from sessions:

- “Now, we are confident to provide IUCD services after receiving coaching/mentoring from the visiting provider from the DHO.” says Kaushila Khatri, auxiliary nurse midwife (ANM) of Pharpu HP Ramechhap.
- “Although I received SBA training which also included IUCD insertion and removal technique, we observed only two cases of IUCD insertion during the training. My hands always trembled when I tried to provide IUCD services to clients.” Kaushila explains. This is similar to the case of another SBA trained ANM in the same facility.
- “One day, a visitor provider came to our health facility from DHO Ramechhap. She coached us on how to counsel the client and taught the theory in a practical way so that we easily understood and learned the skill. After that we inserted ten IUCDs and four implants. Now we can confidently provide IUCD and Implant services. We are very happy and thankful to VPs who enabled us to provide all five modern family planning methods.”

Annex 3: List of Health Workers of Ramechhap who Completed Implant Training

December 2014- January, 2015, Kathmandu

S. No	Name	Designation	Name of health facility	Remarks
1	Mr. Binod Mandal	SAHW	Khaniyapani HP	
2	Mr. Gaurishankar Thakur	SAHW	Nagdaha SHP	
3	Mr. Sikandar Kumar Thakur	SAHW	Bijulikot SHP	
4	Mr. Mansoor Kawadi	SAHW	Salu HP	
5	Mr. Ishwori Shah	AHW	Bhuji HP	
6	Ms. Kabita Khadka	ANM	Namadi SHP	
7	Ms. Beli Maya Tamang	ANM	Deurali HP	
8	Mr. Dhruva Magar	AHW	Okhrini SHP	
9	Ms. Renu Shah	ANM	Bamti HP	
10	Ms. Kaushila Devi Khatri	ANM	Pharpu SHP	
11	Mr. Ajaya Shah	HA	Those HP	
12	Ms. Saraswati Moktan	ANM	Hiledevi SHP	

Annex 4: Comparison of LARC Services in BCs Current Year and Previous Year

SN	Name of BC	Sarwan to Jestha, 2071/072		Sarwan to Ashad 2070/71		Intervention	Remarks
		IUCD	Implant	IUCD	Implant		
1	HP, Bamti	0	18	0	0	Implant service started	No SBA provider for IUCD coaching
2	HP Betali	6	41	0	18		
3	HP Bhirpani	0	10	0	4		
4	HP Bhuji	0	4	0	0	Implant service started	Recently an SBA has been appointed, is planned to be coached within July
5	HP Doramba	1	18	0	21		
6	HP Gunshi	7	2	7	9		
7	HP Kathjor	6	5	5	19		
8	HP Puranagau	6	24	0	7		
9	HP Saghutar	3	1	2	6		
10	HP Those	4	35	0	8	Implant service started	
11	HP Salu	0	7	0	0	Implant service started	
12	SHP Bijulikot	0	35	6	26	Implant service started	
13	SHP Nagdaha	2	8	0	0	Implant service started	
14	SHP Pharpu	10	4	1	0	IUCD Coaching and Implant service started	
15	Kubhukasthali	1	15	17	16	IUCD Coaching, Implant service started	An NGO provided service last year, not working now
16	SHP Namadi	0	9	0	0	IUCD Coaching	Yet to find IUCD clients. Only theoretical coaching done due to unavailability of IUCD clients
17	SHP Khaniyapani	2	7	0	0	IUCD Coaching, Implant service started	
18	SHP Hildevi	1	12	0	0	IUCD Coaching, Implant service started	
19	SHP Okhreni	5	8	2	7	IUCD Coaching, Implant service started	
20	SHP Deurali	0	5	1	7	Implant service started	
21	SHP Gothgau	3	10	8	7		
	Total	57	278	49	155		

Annex 5: Quality Assessment Finding at Baseline and Follow Up

Updated on Sep. 25, 2014

स्वास्थ्य सेवा सुदृढीकरणका लागि गुणस्तर सुधार सामग्री
FP 03 : Implants

१. स्वास्थ्य संस्था (नाम, ठेगाना) :	Khaniyapani HP
२. मिति :	20th may 25 July 2014
३. अवलोकनकर्ताको नाम :	Khamba Saraswati
४. अवलोकनकर्ताको पद :	VP UP

Scoring Key: Y=Yes, N=No, NA=Not Applicable

कार्यसम्पादन मापदण्ड	प्रमाणिकरणका आधारहरू	१	२	३	४	५
Implant साधनको छँदै						
१. स्वास्थ्य संस्थामा इम्प्लान्ट सेवाको लागि छुट्टै ठाउँ वा कोठा उपलब्ध छ।	सेवाप्रदायक गर्ने कोठा अवलोकन गर्नुहोस् : <ul style="list-style-type: none"> स्वास्थ्य संस्थामा सेवाको लागि छुट्टै ठाउँ वा कोठा उपलब्ध छ। सेवा संचालन भइरहेको कोठामा गोप्यता कायम गर्नको लागि ढोका लगाउन मिल्नेछ। परिधान गर्ने टुवाल रबर मिटर बस्तिको व्यवस्था महिलाको पैट छेपनको लागि पर्दा वा कपडा। डिस्कान्तिनेसनको लागि ०.५ प्रतिशत क्लोरिन भोल राख्नको लागि डस्कन सफाईको भाँडा द्रुपित फोहर राख्न प्लास्टिकले बरेको भाँडा स्कोर : सबै "छ" भने = १ अथवा कुनै पनि एउटा "छैत" भने = ० अथवा लेख्ने	Y	Y			
२. स्वास्थ्य संस्थामा जाँच तथा सेवा दिनका लागि आवश्यक साधन वा सामग्रीहरू उपलब्ध छ।	स्वास्थ्य संस्थामा निम्न कुराहरू अवलोकन गर्नुहोस् : <ul style="list-style-type: none"> एउटा इम्प्लान्ट राख्ने र निकाल्ने पुरा सेट : <ul style="list-style-type: none"> Sscalpel handle Sscalpel blade size 11 Ssyringe, disposable - 5 ml Needle 22 Gauge x 2" Mosquito forceps, curved 5" Dissecting forceps (Non-toothed) forceps, circle, curved 5.5" Implant trocars with canula Ssponge holding forceps Ringed forceps सानो मिटर को कडीवा Cheekie forceps with jar स्कोर : सबै "छ" भने = १ अथवा कुनै पनि एउटा "छैत" भने = ० अथवा लेख्ने	Y	Y	Y	Y	Y

FP 03 * only one set available in First visit Page 1

* 3 sets available in 2nd visit

Sample of filled implant QI tools at Khaniyapani HP (BC)

Updated on Sep. 25, 2014

स्वास्थ्य सेवा सुदृढीकरणका लागि गुणस्तर सुधार सामग्री
FP 03 : Implants

१०. महिलाहरू इम्प्लान्ट निकाल्ने सेवा पाउँछिन्।	निम्न कुराहरू गरे नगरेको अवलोकन गर्नुहोस् : <ul style="list-style-type: none"> सकलम रोकथामको लागि सही प्रक्रिया अपनाएकी। इम्प्लान्ट रद्द राखेको ठाउँमा सकेसम्म एपिनेथेसिया सुई दिएकी (1% Xylocaine without adrenaline) छालामा इम्प्लान्ट रद्दको बिचमा सानो छद्मे पाउ बनाउने (4mm) <ul style="list-style-type: none"> "U" तिरका अपनाएर एउटा एउटा गरे रद्द बाहिर निकालेकी पञ्जालाई २५ सँगार बन्द गरी force dressing गरेकी। निकासीको इन्प्लान्ट महिलालाई देखाएकी। सकलम सहीत पार्ने सामग्रीलाई ०.५ प्रतिशत क्लोरिनको भोलमा १० मिनेट सम्म ढुक्काएकी। पञ्जालाई अघि फोहर सामाहितलाई नचुहने भाडोमा राखेकी। पञ्जालाई ०.५ प्रतिशत क्लोरिन भोलमा राखेकी हात सफाईग गरेकी। महिलाको चारैतमा सकेसम्म ब्यान्ड लगाएकी। स्कोर : सबै "छ" भने = १ कुनै पनि एउटा "छैत" भने = ० अथवा लेख्ने	Y	Y			
११. इम्प्लान्ट निकाल्नेकै पछि, महिलाहरू परामर्श पाउँछिन्।	निम्न कुराहरू गरे नगरेको अवलोकन गर्नुहोस् : <ul style="list-style-type: none"> महिलाहरूलाई खण्डमा परिवार नियोजनका नयाँ साधनको बारेमा परामर्श दिएकी। अर्को नयाँ साधन नियोजनको साधनको बारेमा बताएकी र अर्कोको लागि वा अर्को परिवार नियोजनको साधन प्रयोग गर्न सकेसम्म प्रयोग गर्नका लागि बताएकी। (वैदिक नसक्ने स्थितिमा अर्को परिवार नियोजनको साधन प्रयोग गर्नका लागि।) महिलालाई कुनै प्रश्न वा समस्या भएमा स्वास्थ्य संस्था आउनका लागि सोझैलाई गरेको। पुरा बन्धना पढ्न कुराको बारेमा सोझैलाई बताएकी। यदि अर्को बच्चा जन्माउन चाहिने हो भने गर्भवती परिषद सेवाको बारेमा बताएकी। स्कोर : सबै "छ" भने = १, कुनै पनि एउटा "छैत" भने = ० अथवा लेख्ने	Y	Y			

सल्लाह सुभाव :
 Discussed with missing points
 suggested to prepare 0.5% chlorine solution
 suggest and co-ordinate to DHO to manage necessary materials

जम्मा मापदण्ड	११	११	११	११
जम्मा मानदण्ड	११	११	११	११

FP 03 Page 5

जम्मा प्राप्त गरिएका मापदण्ड	6	6		
जम्मा पुरा गरिएका मापदण्ड (Standard met)	9	5		
हालको उपलब्धी	69%	83%	%	%

Improved implant quality services at Khaniyapani HP (BC)

Updated on Sep. 25, 2014

स्वास्थ्य सेवा सुदृढीकरणका लागि गुणस्तर सुधार सामग्री
FP 04 : IUCD

१. स्वास्थ्य संस्था (नाम, ठेगाना) :	Hildevi HP
२. मिति :	2 March 25 July 2014
३. अवलोकनकर्ताको नाम :	Khamba Saraswati
४. अवलोकनकर्ताको पद :	VP

Scoring Key: Y=Yes, N=No, NA=Not Applicable

कार्यसम्पादन मापदण्ड	प्रमाणिकरणका आधारहरू	१	२	३	४
IUCD साधनको छँदै					
१. स्वास्थ्य संस्थामा IUCD सेवाको लागि छुट्टै ठाउँ वा कोठा उपलब्ध छ।	सेवाप्रदायक को निम्न कुरा अवलोकन गर्नुहोस् : <ul style="list-style-type: none"> महिलालाई आ ई सु वि डि को बारेमा के बताइ छ भने सोधेको र कुनै गलत जानकारी छ भने सच्याएकी। महिलाहरू छेपनको आ ई सु वि डि को बारेमा महत्वपूर्ण जानकारी छेपनमा बताएकी। <ul style="list-style-type: none"> उसले कुनै गर्भ रक्त दिने वा कसरी काम गर्छ उसले पुनः प्रयासको लागि उसले फोहर र अन्य उपलब्धताहरू केटाईहाउ सावधानी सामान्य अवस्था तथा सुरक्षात्मक उपकरणहरू STI, HIV/AIDS को लागि बचाव गर्ने महिलालाई IUCD सही ठाउँमा छेपन भने ठाउँमा र महिलाहरू नियमित भएको छेपन भने जसको लागि तुरुन्त आउनु सकिने बताएकी। महिलाहरूलाई जानकारी गराउने नसकेको पक्का गर्न कुनै प्रश्न नभएकी। IUCD कसरी राखिन्छ, यसले कसरी काम गर्छ र राखिने पछि के के हुन सक्छ भने कुरा राम्रोसँग बुझाएकी। IUCD लगाउनेको लागि शारीरिक रूपमा योग्य भएर तयारी गरिने गरेको। महिलाहरूलाई कुनै प्रश्न छ भने समाधान गरिने गरेको। स्कोर : सबै "छ" भने = १, कुनै पनि एउटा "छैत" भने = ० अथवा लेख्ने	Y	Y		

FP 04 * increase in pt time go up in up by asking the ques. Page 1

* 2nd visit observe the 2003 insertion case only

Sample of filled IUCD QI tool at Hildevi HP (BC)

Updated on Sep. 25, 2014

स्वास्थ्य सेवा सुदृढीकरणका लागि गुणस्तर सुधार सामग्री
FP 04 : IUCD

१०. सेवाप्रदायकले IUCD निकासीसके पछिको परामर्श दिन्छ।	निम्न कुरा गरेको वा नगरेको अवलोकन गर्नुहोस् : <ul style="list-style-type: none"> यदि सेवाग्राहीले चाहिने परिवार नियोजनको नयाँ साधनको बारेमा परामर्श दिएकी। सेवाग्राहीले अर्को परिवार नियोजनको साधन नछान्ने सम्म केहि समयको लागि कण्डमको प्रयोगका बारेमा भनेकी। सेवाग्राहीलाई कुनै प्रश्न भएमा सोझै कुनै पनि दिन आउन सक्ने कुरामा सोझैलाई गरेको। महिलाहरू अर्को बच्चा चाहिनेको खण्डमा गर्भवती जाँच सम्बन्धि जानकारी दिएकी। स्कोर : सबै "छ" भने = १, कुनै पनि एउटा "छैत" भने = ० अथवा लेख्ने	Y	Y		
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सल्लाह सुभाव :
 Discussion about steps of procedure
 suggested to discuss about counselling process
 co-ordinate for instruments

जम्मा मापदण्ड	१०	१०	१०	१०
जम्मा प्राप्त गरिएको मापदण्ड	10	6		
जम्मा पुरा गरिएका मापदण्ड (Standard met)	3	6		
हालको उपलब्धी	30%	60%	%	%

Improved IUCD quality services at Hildevi HP (BC)

Annex 6: Request from DHO for IEC Materials

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या विभाग
स्वास्थ्य सेवा विभाग
सुदूरपश्चिम प्रदेश स्वास्थ्य निर्देशनालय
जिला स्वास्थ्य कार्यालय, रामेछाप

फोन नं. ०४२ ४०६०३२
०४२ ४९९६६६
फ्याक्स नं. ०४२ ४६००३२

पत्र संख्या: ०३१/०३२
च. नं. १२४६

मिति: २०७२/३/३१

विषय-सूचना तथा संचार सामग्री उपलब्ध गराइ दिने सम्बन्धमा ।

श्री परिवार स्वास्थ्य महाशाखा,
टेक, काठमाडौं ।

उपरोक्त सम्बन्धमा भन्दा अगाडी नेपाल हेल्थ सेक्टर सर्पोट प्रोग्राम (NHSSP) माफत सपूर्ण संस्थाको लागी ICP, HTSP Flex, DMT Flip Chart, Pregnancy rule-out Job Aid and MEC wheel प्राप्त भएको जानकारी साथै प्रत्यवाद दिन चाहन्छौं । हाम्रु लि उपलब्ध भएको कडी संस्थाका सामग्री भन्दा पर्छ विपीएफाते पत्र वितरणका लागी निम्न लिखित सामग्री उपलब्ध गराइ दिनु हुन हादीक अनुरोध छ ।

सि.न.	सामग्री	संख्या
१	MEC wheel Nepali	६०
२	MEC wheel English	२०
३	ICP Flex	१०
४	HTSP Flex	१०
५	Pregnancy rule-out Job Aid	६०

प्रणय कुमार उपाध्याय
जि.स्वा.का. प्रमुख

बोधार्थ
श्री नेपाल हेल्थ सेक्टर सर्पोट प्रोग्राम(NHSSP), टेक, काठमाडौं ।

जिला स्वास्थ्य प्रमुख

Annex 7: Photographs



VPs learning coaching skills using Zoe pelvic model



VP shows health workers how to use DMT flip chart among FP clients



SBA using DMT flip chart to counsel FP clients