



Ministry of Health & Population



# Planning Report: Nepal Family Planning Project



Report  
Payment Deliverable FP 3.1  
Sindhupalchowk and Ramechhap



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## 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
EPI	extended programme of immunisation
FHD	Family Health Division
FP	family planning
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
MCHW	mother and child health worker
MoHP	Ministry of Health and Population
MWRA	married women of reproductive age
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 (Annex 1)	<ul style="list-style-type: none"> <li>➤ Monitoring of the pilots will extend beyond implementation.</li> <li>➤ All pilots will have an intensive early phase and low intensive later phase</li> <li>➤ Implementation will start no later than January 2015, preferably on the 3 pilots simultaneously</li> </ul>
30 Jan 2015	DFID, HERD/MM, NHSSP	Implementation guide M&E framework	<ul style="list-style-type: none"> <li>➤ NHSSP to finalise concept note and logframe by 6<sup>th</sup> February</li> <li>➤ NHSSP to finalise implementation guide by 13<sup>th</sup> February</li> <li>➤ HERD is randomly selecting EPI clinics each month for monitoring</li> <li>➤ HERD is not evaluating visiting provider (VP) component in Sindhupalchok</li> </ul>

### 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 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"> <li>• Training service providers on implants</li> <li>• Coaching service providers in birthing centres</li> <li>• Direct LARC service in non-birthing centres</li> </ul>
Sindhupalchowk	Integrating FP into immunisation services	Postpartum mothers	<ul style="list-style-type: none"> <li>• Group health education</li> <li>• Counseling and 3 FP services through EPI clinics and referrals</li> <li>• 3 FP services + LARCs through selected static EPI clinics and referrals</li> </ul>
Baitadi & Darchula	Comprehensive Family Planning Camp	MWRA	<ul style="list-style-type: none"> <li>• Mobile outreach camp</li> <li>• Permanent method and LARCs</li> </ul>

#### 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 22<sup>nd</sup> 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 (see Annex 1 & 2):

- 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 23<sup>rd</sup> 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 3 and details of participants with contact details in Annex 4. 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.

## **3.2 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 23<sup>rd</sup> September 2014 with staff members from USAID, DFID and HERD also in attendance (Annex 1 & 2).

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 3 & 4).

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: Initial district consultative meeting

September 22, 2014

DHO, Chautara, Sindhupalchowk

Time	Topic	Session Objectives	Methods	Materials	Facilitator(s)
10:00-10:15	Welcome, Introduction, Objectives	<ul style="list-style-type: none"> <li>To welcome participants at the workshop</li> <li>To familiarize participants</li> </ul>		None	DHO/PHA
10:15-10:45	Overview of FP & EPI integration	<ul style="list-style-type: none"> <li>To brief on NFPP pilot interventions including FP/EPI integration pilot</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>Flip Chart</li> <li>PPT Presentation</li> </ul>	FHD/NHSSP NHSSP
10:45-11:45	Proposed pilot intervention	<ul style="list-style-type: none"> <li>To describe proposed approach and process of FP/EPI integration</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>Flip Chart</li> <li>PPT Presentation</li> </ul>	FHD/NHSSP
11:45-12:30	District presentation on EPI and FP	<ul style="list-style-type: none"> <li>To brief on EPI clinics, service data, human resources, reporting/recording</li> </ul>	Discussion	<ul style="list-style-type: none"> <li>PPT Presentation</li> <li>Flip Charts/Marker</li> </ul>	EPIO/FPS/SO
12:30-13:00	Consensus: integration of FP to EPI, Sindhupalchowk	<ul style="list-style-type: none"> <li>To identify and agree on approaches in FP integration in EPI clinics</li> </ul>	Discussion	<ul style="list-style-type: none"> <li>Flip Charts</li> <li>Marker</li> </ul>	FP/EPIO/SO/NHSSP
13:00-13:45	Closure				

September 24, 2014

DHO, Ramechhap, Ramechhap

Time	Topic	Session Objectives	Methods	Materials	Facilitator(s)
10:00-10:15	Welcome, Introduction, Objectives	<ul style="list-style-type: none"> <li>To welcome participants at the workshop</li> <li>To familiarize participants</li> </ul>		None	DHO/PHA
10:15-10:45	Overview of VP model	<ul style="list-style-type: none"> <li>To brief on NFPP pilot interventions including VP pilot</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>Flip Chart</li> <li>PPT Presentation</li> </ul>	FHD/NHSSP NHSSP
10:45-11:45	Proposed VP intervention	<ul style="list-style-type: none"> <li>To describe proposed approach and process of VP pilot</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>Flip Chart</li> <li>PPT Presentation</li> </ul>	FHD/NHSSP
11:45-12:30	District presentation on FP	<ul style="list-style-type: none"> <li>To brief on service data, human resources, reporting/recording</li> </ul>	Discussion	<ul style="list-style-type: none"> <li>PPT Presentation</li> <li>Flip Charts/Marker</li> </ul>	EPIO/FPS/SO
12:30-13:00	Consensus: integration of VP model	<ul style="list-style-type: none"> <li>To identify and agree on approaches on VP model</li> </ul>	Discussion	<ul style="list-style-type: none"> <li>Flip Charts</li> <li>Marker</li> </ul>	FP/EPIO/SO/NHSSP
13:00-13:45	Close				

**Annex 2: List of Participants initial district consultation meeting****DHO, Chautara, Sindhupalchowk**

Date: 22 September 2014

Purpose: Initial district consultation meeting

<b>S.No</b>	<b>Name</b>	<b>Designation</b>	<b>Organization</b>	<b>Contact no.</b>
1	Sagar Kumar Rajbhandari	DHO	DHO	<a href="mailto:skrb2172@hotmail.com">skrb2172@hotmail.com</a>
2	Surya Bahadur Khadka	SO	DHO	<a href="mailto:sukha62@gmail.com">sukha62@gmail.com</a>
3	Drupada Nepal	PHN	DHO	-
4	Gobinda Thapa	IO	DHO	9841924052
5	Mururai Prasad Baral	Account officer	DHO	
6	Rudra Pd. Shrestha	NS	DHO	9841436844
7	Yamuna Pd. Yadav	PHO	DHO	9844024091
8	Rohit Khadka	PHO	DHO	9841373354
9	Punye Shrestha	CCO	DHO	9849171838
10	Madan Maskey	FPO	DHO	9841369616
11	Bhuvaneswor Adhikari	CP Acc	DHO	
12	Prem Krishna Ranjit	kharidar	DHO	9841593439
13	Bhogendra Dotel	Sr. PHA	FHD	
14	DR.Rajendra Gurung	FPA	NHSSP	9851088394
15	Netra Bhatta		USAID	
16	Deepak Paudel	HA	DFID	
17	Shophika Regmi	RA	HERD	

**DHO, Ramechhap, Ramechhap Nepal Health Sector Support Programme**

Date: 24 September 2014

Purpose: Initial district consultation meeting

<b>S.No</b>	<b>Name</b>	<b>Designation</b>	<b>Organization</b>	<b>Contact no.</b>
1	Pranaya Kumar Uppadhya	Sr. PHA	DHO	<a href="tel:9841057854">9841057854</a>
2	Dr. Saroj Kandel	MO	DHO	<a href="tel:9846077360">9846077360</a>
3	Baliram Yadav	DTLA	DHO	<a href="tel:9844044978">9844044978</a>
4	Biod Kumar Khadka	IO	DHO	<a href="mailto:binodkhadka@yahoo.com">binodkhadka@yahoo.com</a>
5	Dil Bahadur Basnet	IO	DHO	<a href="mailto:dbbasnet18@gmail.com">dbbasnet18@gmail.com</a>
6	Kul Prasad Nepal	Store Keeper	DHO	<a href="mailto:kul_pdn@yahoo.com">kul_pdn@yahoo.com</a>
7	Keshab Prasad Dahal	Nasu	DHO	9744000417
8	Hom Kumar Shrestha	Accountant	DHO	9851155768
9	Dipendra Narayan Stha	SAHW	DHO	9843098735
10	Pasindra Prasad Jaiswal	Lab Technician	DHO	9844102889
11	Ganesh Prasad Ghimire	Accountant	DHO	9841436616
12	Sagar Kumar Kayastha	FPO	DHO	9841340067
13	Suman Moktan	CCA	DHO	9844212876
14	Nirmala Hamal	PHN	DHO	9744016221
15	Hom Bahadur Thapa	nasu	DHO	9744063255
16	Bhogendra Dotel	Sr. PHA	FHD	
17	Netra Bhatta		USAID	
18	Deepak Paudel	HA	DFID	
19	Shophika Regmi	RA	HERD	

## Annex 3: Planning Workshop

### Detail planning workshop on FP/EPI pilot

Date: 23 November, 2014

Time: 10 am-4 pm

Venue: DHO Chautara, Sindhupalchowk

#### Objectives:

3. To finalize FP/EPI model (detail interventions, recording, reporting and monitoring, and materials use)
4. To schedule health worker training/orientation and mid-term review

#### 2 Day Schedule

Chairperson: DHO, Sindhupalchowk

Chief Guest: representative from FHD

Time	Topic	Session Objectives	Methods	Materials	Facilitator(s)
<b>Day 1 AM</b>					
10:00-10:15	<ul style="list-style-type: none"> <li>• Registration</li> <li>• Welcome and Introduction</li> </ul>	<ul style="list-style-type: none"> <li>• Setting the scene</li> <li>• To welcome participants at the workshop</li> <li>• To familiarize participants and trainers</li> </ul>		None	FHD/NHSSP/DHO/PHA
10:15-10:30	<ul style="list-style-type: none"> <li>• Overview/objectives of the Workshop</li> </ul>	<ul style="list-style-type: none"> <li>• To introduce workshop Goals, objectives, agenda and materials</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>• Flip Chart</li> <li>• PPT</li> </ul>	FHD/NHSSP
10:30-10:45	<ul style="list-style-type: none"> <li>• Overview of FP &amp; EPI integration</li> </ul>	<ul style="list-style-type: none"> <li>• To describe rationale, benefits and challenges of FP/EPI integration</li> <li>• To highlight Kalikot FP/EPI pilots</li> </ul>	Presentation	<ul style="list-style-type: none"> <li>• Flip Chart</li> <li>• PPT</li> </ul>	FHD/NHSSP
10:45-11:00	Remarks & closure of opening session –DHO, FHD, DfID		Lecture		DHO/DfID
<b>TEA BREAK</b>					
11:00-11:15					
11:15-11:45	<ul style="list-style-type: none"> <li>• District presentation on EPI, mapping</li> </ul>	<ul style="list-style-type: none"> <li>• To brief on EPI clinics, service data, human resources, reporting/recording</li> </ul>	Discussion	<ul style="list-style-type: none"> <li>• PPT</li> <li>• Flip Charts</li> <li>• Marker</li> </ul>	EPIO/SO
11:45-12:15	<ul style="list-style-type: none"> <li>• District presentation on FP, mapping</li> </ul>	<ul style="list-style-type: none"> <li>• To brief on FP service data, human resources, reporting/recording</li> </ul>	Discussion	<ul style="list-style-type: none"> <li>• PPT</li> <li>• Flip Charts</li> <li>• Marker</li> </ul>	FP/SO
12:15-12:45	<ul style="list-style-type: none"> <li>• Integration of FP in to EPI in Sindhupalchowk</li> </ul>	<ul style="list-style-type: none"> <li>• To find and agree on approaches on FP/EPI integration</li> <li>• To draft district implementation plan</li> </ul>	Discussion Group work	<ul style="list-style-type: none"> <li>• Flip Charts</li> <li>• Marker</li> </ul>	FP/EPIO/SO
<b>LUNCH</b>					
12:45-13:30					
13:30-14:30	<ul style="list-style-type: none"> <li>• Integration of FP in to EPI contd...</li> </ul>	<ul style="list-style-type: none"> <li>• To find and agree on approaches on FP/EPI integration</li> <li>• To draft district implementation plan</li> <li>• Group presentation</li> </ul>	Discussion Group work	<ul style="list-style-type: none"> <li>• Flip Charts</li> <li>• Marker</li> </ul>	FP/EPIO/SO

Time	Topic	Session Objectives	Methods	Materials	Facilitator(s)
14:30-15:00	<ul style="list-style-type: none"> <li>• Training/orientation of HWs, HCHV, HFOMC</li> </ul>	<ul style="list-style-type: none"> <li>• To describe and agree on the process of 2 days ToT and cascade approach on training/orientation of HWs, FCHV, HFOMC</li> <li>• To agree on days training/orientation ToT and 2 days cascade training/orientation in HF level</li> </ul>	<ul style="list-style-type: none"> <li>• Illustrated lecture</li> <li>• Discussion</li> </ul>	<ul style="list-style-type: none"> <li>• Flip Charts</li> <li>• Marker</li> </ul>	NHSSP/FPEO/FP/SO
15:00-15:45	<ul style="list-style-type: none"> <li>• FP/EPI reporting recording monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• To describe and agree on the process of FP/EPI reporting and recording</li> <li>• To agree on monitoring approach</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion</li> <li>• Use of HMIS tools</li> <li>• Use of additional tools</li> </ul>	<ul style="list-style-type: none"> <li>• HMIS tools</li> <li>• Additional tools</li> </ul>	NHSSP/FPEO/FP/SO
15:45-16:00	<b>Summary of the Day</b>				
<b>Day 2 AM</b>					
09:00-09:15	<ul style="list-style-type: none"> <li>• Agenda and Recap of the day 1.</li> </ul>	<ul style="list-style-type: none"> <li>• To review the agenda of the day</li> <li>• To create a positive learning climate</li> </ul>	Present agenda	<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Marker</li> </ul>	NHSSP/FPEO/FP/SO
09:15-10:00	<ul style="list-style-type: none"> <li>• FP/EPI reporting recording monitoring contd....</li> </ul>	<ul style="list-style-type: none"> <li>• To describe and agree on the process of FP/EPI reporting and recording</li> <li>• To agree on monitoring approach</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion</li> <li>• Use of selected HMIS tools</li> <li>• Use of additional tools</li> </ul>	<ul style="list-style-type: none"> <li>• HMIS tools</li> <li>• Additional tools</li> </ul>	NHSSP/FPEO/FP/SO
10:00-10:15	<ul style="list-style-type: none"> <li>• Finalize district implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>• To finalize district FP/EPI model implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Group work</li> </ul>	<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Marker</li> </ul>	NHSSP/FPEO/FP/SO
10:15-10:30	<b>TEA BREAK</b>				
10:30-12:00	<ul style="list-style-type: none"> <li>• Finalize district implementation plan continue</li> </ul>	<ul style="list-style-type: none"> <li>• To finalize district FP/EPI model implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Group work</li> </ul>	<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Marker</li> </ul>	NHSSP/FPEO/FP/SO
12:00-12:45	<ul style="list-style-type: none"> <li>• Quality concerns of FP/EPI integrated services</li> </ul>	<ul style="list-style-type: none"> <li>• To discuss the quality assurance/quality improvement using FP QI tools</li> </ul>	<ul style="list-style-type: none"> <li>• Illustrated lecture</li> <li>• Discussion</li> </ul>	<ul style="list-style-type: none"> <li>• FP QI tools</li> </ul>	NHSSP/FPEO/FP/SO
12:45- 3:30	<b>LUNCH</b>				
13:30-14:00	Group work presentation/discussion	<ul style="list-style-type: none"> <li>• Share the final district implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation</li> </ul>		NHSSP/FPEO/FP/SO
14:00-14:15		<ul style="list-style-type: none"> <li>• Consensus building &amp; way forward</li> </ul>	<ul style="list-style-type: none"> <li>• discussion</li> </ul>		DHO/EHD/FHD
14:30	<b>Summary and closing of the Workshop</b>				

## Detail planning Workshop on Visiting Provider Model

Venue: DHO, Ramechhap

### Objectives:

5. To finalize Visiting Provider model (detail interventions, recording, reporting and monitoring, and materials use)
6. To schedule Visiting Provider implant and IUCD service delivery, coaching/mentoring of implant/IUCD providers, training and mid-term review

### 1 Day Schedule

December 1 and 2, 2014 (2 batch)

Chairperson: DHO, Ramechhap

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



Time	Topic	Session Objectives	Methods	Materials	Facilitator(s)
14:00-14:45	<ul style="list-style-type: none"> <li>Quality concerns of Implant/IUCD services</li> </ul>	<ul style="list-style-type: none"> <li>To discuss the quality assurance/quality improvement using FP QI tools</li> </ul>	Illustrated lecture Discussion	<ul style="list-style-type: none"> <li>FP QI tools</li> </ul>	NHSSP/FPEO/FP/SO
14:45-15:45	<ul style="list-style-type: none"> <li>District implementation plan-1</li> </ul>	<ul style="list-style-type: none"> <li>To finalize district VP coaching/mentoring implementation plan</li> </ul>	Presentation Group work	<ul style="list-style-type: none"> <li>Flipchart</li> <li>Marker</li> </ul>	NHSSP/FPEO/FP/SO
15:45-16:00	<ul style="list-style-type: none"> <li>Shared responsibility</li> </ul>	<ul style="list-style-type: none"> <li>To agree on roles and responsibilities: HF, HFOMC, FCHV, HWs, DHO, DC, VPs, FHD, NHSSP</li> </ul>	Presentation Group work	<ul style="list-style-type: none"> <li>Flipchart</li> <li>Marker</li> </ul>	NHSSP/FPEO/FP/SO
16:00	<b>Close</b>				

#### Annex 4: List of Participants Attended the Planning Workshop

DHO, Chautara, Sindhupalchowk

Nepal Health Sector Support Programme

Date: 23 November

Purpose: FP/EPI, District detail implementation W/S

<b>S.No</b>	<b>Name</b>	<b>Designation</b>	<b>Organization</b>	<b>Contact no.</b>
1	Paban Ghimire	Sr. Demographer	FHD	<a href="mailto:pabanghimire@yahoo.com">pabanghimire@yahoo.com</a>
2	Sagar Kumar Rajbhandari	DHO	DHO	<a href="mailto:skrb2172@hotmail.com">skrb2172@hotmail.com</a>
3	Mangala Manandhar	Sr. PHO	DHO	9851070851
4	Surya Bahadur Khadka	SO	DHO	<a href="mailto:sukha62@gmail.com">sukha62@gmail.com</a>
5	Gobinda Thapa	IO	DHO	9841924052
6	Anju Upadhhaya	Sr.AHW	Tatopani HP	
7	Gyanendra Sigdel	Sr. AHW	Sindhukot HP	9751019561
8	Aatma Ram Dhital	Sr.AHW	Banskharka HP	9841033302
9	Umesh Prashad Chaudhary	Sr.AHW	Bhimtar HP	9741006844
10	Mahendra Kumar Mandal	Sr.AHW	Lisankhu HP	9819831107
11	Suresh Shah	Sr.AHW	Selang HP	9843188905
12	Rohit Khadka	PHO	DHO	9841373354
13	Sushil Dhakal	HE,O	DHO	9851138370
14	Laxman Basnet	Sr.AHW	Dandapakhar HP	9818005086
15	Sun Kumar Rawat	Sr.AHW	Barabishe PHC	9841495994
16	Gyanendra Pd.Ghorasaini	Sr.AHW	Melamchi PHC	9851157237
17	Aamrendra Shah	HA	Devasthan HP	9807174120
18	Aaman Raj Pariyar	HA	Piskar HP	9845276351
19	Yamuna Pd. Yadav	PHO	DHO	9844024091
20	Rinesh krishna Maharjan	AHW	Nawalpur HP	9808408803
21	Manoj Kumar Chaudhary	AHW	Jalbire PHCC	9843572356
22	Madan Maskey	FPO	DHO	9841369616
23	Puskar Thapa	AHW	DHO	9841944594
24	Suman Pant	DC	NHSSP	9857064234
25	Kamala Shrestha	FPO	NHSSP	9848305284
26	Shophika regmi	Research Officer	HERD	<a href="mailto:sophika@herd.org.np">sophika@herd.org.np</a>
27	Murari Pd.Baral	AO	DHO	9851196316
28	Rudra Pd. Shrestha	NS	DHO	9841436844
29	Chandra Kishor Yadav	DTLO	DHO	9841177585
30	Prem Krishna Ranjit	kharidar	DHO	9841593439
31	Dr. Maureen Dar Lang	FHCS Advisor	NHSSP	9851014681
32	DR.Rajendra Gurung	FPA	NHSSP	9851088394
33	Rabindra Pd. Subedi	Sr.AHW	Listikot HP	9851150804
34	Punye Shrestha	CCO	DHO	9849171838
35	Ritesh Thapaliya	MO	DH	9841658691
36	Krishna Pd. Nepal	OH	DHO	9849767587

**DHO, Ramechhap**

Nepal Health Sector Support Programme

Date: 01-02 December 2014

Purpose: Visiting provider model detail implementation Workshop

<b>S.No</b>	<b>Name</b>	<b>Designation</b>	<b>Organization</b>	
1	Birendra Mandal	SAHW	Dadhua HP	<a href="#">9844068196</a>
2	Manoj Kumar Shaha	AHW	Rasnal SHP	<a href="#">9844028673</a>
3	Kalyani Shaha	AHW	Bethan HP	9844274910
4	Kari Pandit	AHW	Makadum HP	<a href="#">9844069038</a>
5	Santosh Kumar Ojha	AHW	Bhatauli SHP	9844278168
6	Raj Kumar Mandal	AHW	Chanakhu SHP	9844323204
7	Ram Nandan Shah	HI	Fulasi SHP	9744000462
8	Sitesh Kumar Karna	AHW	Gumdel SHP	9741373734
9	Jagir Roy	SAHW	Chuchure SHP	9744000497
10	Ram Babu Pandit	AHW	Himganga SHP	9844130109
11	Udaya Shankar Jha	AHW	Preeti HP	9842045619
12	Mister Md. Ali	SAHW	Khaddevi SHP	9844229080
13	Krishna Bahadur Tamang	SAHW	Rampur SHP	9744023206
14	Sujan Prasad Yadav	SAHW	district Hospital	9744053680
15	Prabal Kumar Yonjan	SAHW	Dimi Pokharo SHP	9851187083
16	Ram Naraya Shah	AHW	Lakahanpur SHP	9805919641
17	Prem Maya Bohara	ANM	Gelu PHCC	9844028798
18	Binod Kumar Khadka	ISO	DHO	9841216906
19	Nirmala Khatri	ANM	Duragaau SHP	9744051646
20	Indira Paudel	ANM	Saipu SHP	9744055722
21	Prem Bikram Karki	LA	DHO Ramechhap	9844066047
22	Bishnu Kumar Rana	AHW	Gauswara SHP	9844084839
23	Pramod Rauniyar	AHW	Bhaluwajor SHP	9845232698
24	Ram Kasi Mandal	AHW	Rakthum SHP	9744062405
25	Prakash Shrestha	AHW	Gagal Bhadaure HP	9844061992
26	Januka Kandel	ANM	Tokarpur HP	<a href="#">9844441055</a>
27	Mumtaj Mikrani	PHI	DHO	9854040429
28	Satrughan Chaudhary	PHI	Pinkhuri HP	9741026614
29	Rama Sista Yadav	PHI	Gupteswor HP	9741018004
30	Salina Mahat	HA	Sunarpani HP	9805189697
31	Prem Bahadur Karki	SAHW	Tilpung SHP	9741039121
32	Kameswor Prasad Yadav	SAHW	Chisapani SHP	9744027994
33	Suresh Yadav	so	DHO	9854027171
34	Dr Navin Kr Sinjali Magar	MO	DHO	9849139672
35	Tara Basnet	ANM	Sukajor SHP	97440034324
36	Padam Kumar Stha	AHW	Majuwa SHP	9744046666
37	Om Prakash Stha	AHW	Pakarbash HP	9844142075
38	Dil Bahadur Basnet	ISO	DHO	NA
39	Dipendra Narayan Stha	AHW	district Hospital	9843095735
40	Dev Raj Rakhal	AHW	Rajbhir SHP	980487457
41	Suman Moktan	CO	DHO	9844212876
42	Hom Bahadur Thapa	NG First	district Hospital	9744063855
43	Dhana Basnet	PHNO	FHD	
44	Keshab Raj Phuyal	PHI	DHO	9744023397
45	Sagar Kayastha			
46	Pranaya Kumar Uppadhya	Sr. PHA	DHO	<a href="#">9841057854</a>
47	Sagar Kumar Kayastha	FPO	DHO	9841340067
48	Chitra Bahadur Karki	Office assistant	DHO	
49	Pabitra KC	DC	NHSSP	
50	Ganesh Prasad Ghimire	Account officer	DHO	
51	Dr. Rajendra Gurung	FPA	NHSSP	
52	Chandra BC	PHO	FHD	

**Annex 5: 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, 01 December- 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**