





Nepal Health Sector Support Programme III (NHSSP III)

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Improving quality of SBA/SHP and FP training at the Clinical Training Sites in Madhesh and Lumbini Provinces:

Report on processes of developing and improving quality of SBA/SHP and FP training sites

March 2022







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List of Abbreviations

ANC Antenatal Care

AWPB Annual Work Plan and Budget

C&Q Coverage and Quality

DOHS Department of Health Services

FP Family Planning

FWD Family Welfare Division

MNC Maternal and Newborn Care
MNH Maternal and Neonatal Health
MSS Minimum Service Standard

NHSSP Nepal Health Sector Support Programme

NHTC National Health Training Centre
MoHP Ministry of Health and Population

OBGYN Obstetrician-Gynecologist

PHTC Provincial Health Training Centre
PPFP Post-Partum Family Planning

QI Quality Improvement
RH Reproductive Health
SAS Safe Abortion Service
SBA Skilled Birth Attendant
SHP Skilled Health Personnel

SRHR Sexual and Reproductive Health and Rights
SSBH Strengthening System for Better Health

1. Introduction

This document is the first part of a two-part report on the TA support provided by NHSSP to strengthen the quality of Skilled Birth Attendant (SBA) and Family Planning (FP) trainings in two clinical training sites of Lumbini province and Madhesh provinces: Provincial Hospital Lumbini and Provincial Hospital Janakpur. Part 1 (this document) presents the processes covered in providing the technical support to the two hospitals and Part 2 (a separate document) includes the key assessment findings from the clinical training sites and the combined lessons learnt from the TA support and the assessment findings.

Quality of health care services are a priority globally and for the Government of Nepal. The Constitution of Nepal (2015), the National Health Policy (2019), the Public Health Services Act (2018), the Nepal Health Sector Strategy (2016–2021/22) and the Nepal Safe Motherhood and Newborn Health Roadmap 2030, have emphasised quality as key focus of health service provision and the need to undertake continuous quality improvements at the facility level to improve outcomes. A motivated and competent health workforce is at the core of quality of care and regular capacity enhancement efforts are essential to ensure that the health workers are up-to-date on the right skills and are capable of continuing to deliver high quality services. However, Nepal has faced challenges with the availability of adequate number of trained and competent health workers who can provide skilled care for Maternal and Newborn Health (MNH), and for Family Planning (FP). Currently, Nepal has 25 SBA and FP training sites each, and of these the NHSSP focal provinces: Madhesh and Lumbini provinces each have nine sites which provide SBA and/or FP training¹. Despite being designated as training sites several of these have significant gaps in being able to provide high-quality and the complete range of MNH and FP services. The Nepal Health Sector Support Programme (NHSSP) worked with the National Health Training Center (NHTC) and the Family Welfare Division (FWD) to provide technical assistance (TA) to improving the quality of SBA and FP trainings at two hospitals in Lumbini Province and Madhesh Province

The purpose of NHSSP's technical assistance was to support NHTC and FWD to

- Strengthen the quality of SBA and FP training sites and to improve capacity of SBA and FP trainers in two training sites²
- Identify and initiate the process of strengthening and/or expanding SBA/FP services to other clinical training sites.³

This summary report aims to highlight processes of establishing and strengthening the quality of SBA and FP training sites' quality and capacity of SBA and FP trainers in above mentioned two sites and initiate the process in four additional sites in the two Provinces.

2. The TA Process

a. Site selection for Clinical training site strengthening

Aligned with the subnational focus of NHSSP, NHTC suggested engaging with the SBA/FP training sites in Madhesh and Lumbini provinces for strengthening their quality and for expansion of their scope as applicable.

¹ Annual report, DoHS 2076/77

² One each in Lumbini Province and Madhesh Province

³ Two each in Lumbini Province and Madhesh Province

Accordingly, in coordination with NHTC and PHTC six training sites (Figure 1) were initially selected with the following criteria:

- Currently NHTC approved clinical training sites (FP and/or SBA)
- High-volume Federal or Provincial hospitals with adequate caseload for MNC and FP services.

The selection of these sites was also influenced by FWD's 2076/77 and 2077/78 AWPB programme activities that focused on Post-partum Family Planning (PPFP)/ Post Abortion Family Planning (PAFP) service expansion/strengthening and long-active reversible contraception (LARC) coach/mentor service for strengthening PPFP/PAFP respectively. Selection of Provincial Hospital at Lumbini and Bheri Hospital was also to complement and help continuity of NESOG/FIGO PPIUCD pilot programme that was implemented from 2015 to 2019.

Two provincial hospitals - Provincial Hospital Lumbini and Provincial Hospital Janakpur were identified for focussed support and four other hospitals- Bheri Hospital and Provincial Hospital at Rapti from Lumbini Province, and Narayani Hospital and Gajendra Narayan Singh Hospital from Madhesh Province were selected for supporting the FWD and NHTC to assess their potential for strengthening/expanding services. Except Rapti Provincial hospital, all other hospitals were existing SBA training sites, whereas Bheri Hospital and Janakpur Provincial Hospital were also FP training sites.



Figure 1 Six federal and provincial hospitals of Madhesh Pradesh and Lumbini Pradesh

b. Selection of Assessment Tools

With recognition that wider systemic changes were needed for quality improvement, the technical assistance sought an approach to facilitate strengthening of the clinical and management competencies of the training sies. Accordingly, a combination of assessment tools was chosen and used for the purpose.

For the FP/SBA training site QI assessment, the NHSSP team administered a total of 19 sections from 4 thematic areas with a total of 281 standards assessed. (See Annex 1). The performance standards for FP were assessed using the FP QI tool for service delivery that includes 8 areas with 107 standards. The performance for SBA is assessed using MNC QI tool for service delivery that includes 6 areas with 101 standards. Training Quality Assessment tool was used for FP/SBA in-service training assessment using checklist in 4 sections with 59 standards. In addition, MSS in specific thematic areas (Family Planning-1, Maternity Services-2 and Hospital Waste management-1) with 96 standards were also used. SBA Follow-up Enhancement Programme (FEP) tool 2016 was used in addition to the MNC QI tool for SBA core knowledge and skills assessment on selected SBA core skills.

c. Coordination and Collaboration

NHSSP coordinated with FWD, NHTC, PHTCs, PHDs and hospital management since the beginning of the FP/SBA QI assessment on site selection, pre-visit discussions, joint visit date finalization, joint visits, sharing of

assessment findings, and follow up of progress. NHSSP Provincial Coordinators at Lumbini province, and Madhesh province facilitated for provincial level coordination.

d. First Visit to Selected hospital training sites

This engagement was led by NHTC, FWD and respective PHTCs, while NHSSP's role was to help identify the potential for strengthening any existing sites and expanding the number of SBA/FP training sites through support to the initial visit; and to provide complete TA support to strengthen two sites (Lumbini Hospital and Janakpur Hospital). FWD and NHTC circulated an official letter to hospitals seeking support for the joint field visit. The first visits to Lumbini Hospital and Janakpur Hospital were conducted on 5-8 August 2021 and 3-7 September 2021 respectively. Visits to Rapti Provincial hospital, Narayani hospital, Bheri hospital, GNS hospital were done between September 2021 to January 2022 (See Annex 2 for details). As Strengthening Systems for Better Health (SSBH) is also supporting the strengthening of training sites quality improvement in Lumbini province, NHSSP coordinated with SSBH for a joint FP/SBA QI assessment visit to Rapti Provincial Hospital, Tulsipur, Dang, on request from NHTC. This visit constituted the initial assessment in terms of service readiness. At Rapti, the responsibility for these activities were shared with SSBH, with an aim to familiarize them with standard assessment processes. Rapti Hospital was the only one that was not already a training site, and SSBH was aiming to provide the support to establish it as a SBA/FP training site.

i. Assessment of the selected hospital training sites

Representatives from NHTC and FWD led the joint field visits to the hospital training sites. On the first day of the visit, three core members of the assessment team administered the QI tools at the respective sites (FP/MCH clinic, labour room, ANC OPD, postnatal ward, skill lab, simulation room, training hall). MSS tools were administered by the hospital staff themselves in specific thematic areas where MSS scores were not already available. QI assessments for clinical services were conducted by observing the procedure in model, interviewing service provider or by observing the clinical procedure being performed on real clients, where feasible. The filled tools were re-checked for completeness and accuracy at the site after the assessment.

ii. Capacity Building of the staff

On the second and third day of the visit, the team conducted capacity enhancement sessions of a total of 40

SBA/FP trainers (8 in LPH, 9 in JPH and 23 in other 3 sites⁴) on selected SBA core skills (See Table alongside) and family planning skills. The selection of SBA core skills included a combination of priority skills in complication management and based on the gaps identified during the QI assessment based on MNC QI tool. A personalised mentoring approach was taken to identify the gaps in knowledge and skills and provision of need-based capacity building. Relevant educational clinical aids and visuals were also shown during SBA trainers skill assessment and capacity enhancement.

Tabl	Table 1: 11 Core Skills							
SN	SBA Core Skills							
1	Partograph							
2	Vacuum Delivery							
3	Breech Delivery							
4	Shoulder Dystocia							
5	Condom Tamponade							
6	Newborn Resuscitation							
7	Eclampsia Management							
8	Shock Management							
9	Bimanual compression of uterus							
10	Aortic Pressure							
11	Cord Prolapse							

⁴ TA to Rapti Hospital was provided at the request of NHTC in collaboration with SSBH and NHSSP was requested mainly for the verification purpose. The skills assessment was conducted by government assigned trainers.

iii. Action Plan and Sharing of Findings

The team from the federal level (NHTC, FWD and NHSSP) compiled the filled tools and analysed the data generated within the team. The assessment team led by the representatives from NHTC and FWD presented the key findings and gaps of each site on the last day of the assessment to the key stakeholders from the hospital, MoSD, PHD and PHTC. In the second half of the debriefing session, an action plan was developed based on the priority gaps identified (See Annex 4 & 5) and submitted to Lumbini Hospital and Janakpur Hospital management (medical superintendent), in presence of NHTC officials on 10 Sept 2021 and 22 Sept 2021 respectively. The assessment finding and action plans were shared with NHTC, FWD and PHTCs as well in either a hard copy format or through email communication. QI assessment findings with action plans were also shared with other four hospital managements. FP/SBA QI assessment findings of Rapti Hospital and Lumbini Hospital were also shared with SSBH, USAID.

e. Facilitation in establishment of clinical training sites:

Amongst the six identified hospital training sites, only Bheri Hospital and Janakpur Provincial Hospital were approved FP training sites. (See Annex 7 for detailed status). As all the other four hospitals obtained QI scores of more than 80% in FP services and training readiness, they were eligible for seeking approval to establish FP training sites as per NHTC standards (>60% for training and service QI Standards for provisional certification) in coordination with respective PHTCs. NHSSP facilitated the communication and coordination between the sites, PHTC and NHTC and three⁵ of the four hospitals have made official request to NHTC for establishment of FP clinical training site at their hospitals whilst Rapti Provincial Hospital already has provisional approval from NHTC as a SBA and FP training site. (See Annex 8 for letters).

f. Follow-up Visits to the hospitals:

Follow up visits were only conducted in two hospitals- PHL in 8-10th March and PHJ in 14-16th March 2022. (See Annex 2 for schedule). In these visits, SBA/FP/training site QI assessments were conducted again in both the hospitals as in the first visits. Capacity enhancement sessions were conducted to selected SBA trainers (FP, SBA) on selected SBA core skills using a blended approach as in the first visit. MSS scores were obtained from Curative Service Division (CSD) for these sites.

In both the hospitals, the follow-up visit showed an improvement in QI standards met for FP, MNC and training site. On the final day, the findings were shared with hospital staffs including medical superintendent and NHTC representative. These findings were also shared with PHTC and FWD.

3. Discussion

Motivated and competent health workers are essential for delivery of high-quality health services. Inservice trainings provides an opportunity for health workers to update their knowledge and skills and strengthen the competencies of the health workforce in delivering quality health care services especially in Nepal where varying degrees of task-shifting has been achieved for optimum utilisation of the human resources in health. However, in addition to ensuring the availability of trained human for health resources through improved access to trainings, it is also very important to ensure the quality of trainings received by the health workforce. With significant gaps in the availability and quality of the SBA and FP trainings, it is imperative to take a dual

⁵ Lumbini Provincial Hospital, Gajendra Narayan Singh Hospital and Narayani Hospital

approach of strengthening the existing training sites whilst also harnessing the opportunity for expansion of the training sites where available. NHSSP TA process has aimed to support strengthening of these processes by working closely with the institutions and structures within the Federal and Provincial Governments, so that these efforts are sustained over time from within the health system. In Part 2 of the report, the results of the assessments and the combined learning of this support is presented.

Annexes

Annex 1- Quality Improvement and MSS Tools used

	Thematic Area Tools	Total		Thematic Area Tools	Total	
		Standards			Standards	
1	Family Planning		4	Training		
1.1	FP 01: Counseling	6	4.1	Quality Training	16	
			4.1	Improvement		
1.2	FP 02: COC (Pills) & DMPA (Depo injection)	6	4.2	Classroom	15	
1.3	FP 03: Implant	20	4.3	Clinical Instructor	14	
1.4	FP 04: IUCD (Intrauterine Contraceptive	19	4.4	Training Site Management	14	
	Device)		4.4	Training Site Management		
1.5	FP 05: NSV (No Scalpel Vasectomy)	9		Training Sub Total	59	
1.6	FP 06: ML LA (Mini laparotomy under Local	12		QI Tools Total		
	Anesthesia)			•	281	
1.7	FP 07: EC (Emergency Contraceptive)	3		Minimum Service		
			Standards (MSS)			
1.8	PPIUCD (Postpartum Intrauterine	32	Code	MSS Area	Standards	
	Contraceptive Device)					
	FP Sub Total	107	2.2.2	Family Planning Clinic	17	
2	Maternal and Newborn Care (Skill Birth		2.7.1	Delivery Services	34	
	Attendant/SBA-MNC)	T	2.7.12	(Maternity Services)	3.	
2.1	MN 01: Focused Antenatal care (FANC)	11		Maternity Inpatient		
			2.7.2	Services (Maternity	27	
				Services)		
2.2	MN 02: Complications During Pregnancy	15	2.7.3	Birthing Centre Service	NA	
			2.7.5	(Maternity Services)	107	
2.3	MN 03: Normal Delivery and Immediate	27	3.6	Hospital Waste	18	
	Newborn Care		3.0	Management		
2.4	MN 04: Complications During Labor and	26	26 MSS Sub Total		96	
	Childbirth					
2.5	MN 05: Postpartum Care	11		QI and MSS Grand Total	377	
2.6	MN 06: Newborn Care	11				
	SBA-MNC Sub Total	101				
3	SR 05: IPHCWM	14				

Annex 2- Field Visit schedule

SN	Site/Hospital	Focal person/coordination	Date	External QI assessment team
1	Lumbini Provincial Hospital,	Jyoti Paudel, NO (act matron)	5-8th August 2021	NHTC: RRP; FWD:
	Butwal, Rupandehi			OK, AT
2	Provincial Hospital Janakpur,	Sandhya Das, NS (act matron)	3-7th September 2021	NHSSP: JC, ML, RG
	Jankapur, Dhanusha			
3	Rapti Provincial hospital, Tulsipur,	Kiran Bhandari, SNHI (act	11-12th September 2021	NHTC: RRP; FWD: PP,
	Dang	matron)		TA
4	Narayani hospital, Birgunj, Parsa	Madhavi Chaudhary, NS (act	9-12th December 2021	NHSSP: JC, ML, RG
		matron)		
5	Bheri Hospital, Nepalgunj, Banke	Durga Laxmi Shrestha, matron	21-24th December 2021	NHTC: RRP, BB;
				SSBH: SGC
6	Gajendra Narayan Singh hospital,	Laxmi Chaudhary, NS (act	11-14th January 2022	PHL:
	Rajbiraj, Saptari	matron)		
7.	Follow up visit to PH Lumbini,	Jyoti Paudel, NO (act matron)	8-10 th March 2022	NHSSP: RG
	Butwal, Rupandehi			
8.	Follow up visit to PH Janakpur,	Sandhya Das, NS (act matron)	14-16 th March 2022	FWD: KA, AT; PHTC:
	Janakpur, Dhanusha			SN

Annex 3- Rapid Assessment Checklist

LARCs and iPPIUCD quality services and training site improvement

A. Description of Health Facility

SN	Items	Responses
1	Name of health facility/Hospital	
2	Address of health facility	Province Palika
		Ward number
3	Type of Health Facility (tick $$)	Federal/Provincial
4	Does this Health Facility has Birthing Centre services (tick $\sqrt{\ }$	Yes/No
5	Does this Health Facility have Maternity Waiting Home (tick $\sqrt{\ }$)	Yes/No
6	Does the HF/hospital provide routine child immunization services?	Yes/No
7	Does the HF/hospital provide routine Family Planning services?	Yes/No
8	Does the HF/hospital provide SRH health services through	
	its satellite clinics	
9	Does the HF/hospital provide SAS services?	
10	# of SBA trained staff	Yes/No
	If yes, how many?	
11	Are there any other I/NGO/Private agencies supporting SRH service delivery to this HF/hospital?	Yes/No

B. Service provision: health facility

1	Services Currently Provided by Available	Y/N	Clie	ent Load	Remarks
	Providers	/NA	Previous Month	Average per Month	(eg. Functionality Regular/Irregular)
Α	Male Condoms				
В	Oral Contraceptives				
С	Injectable (DMPA)				
D	Implant insertion				
D	Implant removal				
Ε	IUCD insertion				
Ε	IUCD removal				
F	Vasectomy				
G	Mini-Lap				
Н	Emergency				
1	iPPIUCD				
J	Postpartum PPT/BTL				
K	Ante-natal Care (ANC)				
L	Safe Delivery				
M	C/S				
N	Post Natal Care (PNC)				
0	FP counseling during				
Р	SAS				

C. Human Resources/skill mix: health facility

Available	Total numb er	mb er	mb er	mb er	ımb er	ımb er	ımb er	ed HR	M/F	СТЅ	lmp	lant	IU	CD	Vase	ctomy	Mini	i-lap	COF	FP/C	SE	ЗА		AS 'MVA)	postp IU	ediate artum CD UCD)	postp	ediate artum /PPT	Re	marks num	(write bers)	e in
Human Resources (Present)		Total numb er numbered HR	Gender M/F	N/Y	Trained Y/N	If Y: Providing	Trained Y/N	If Y: Providing	Trained Y/N	If Y: Providing services Y/N	Trained Y/N	If Y: Providing	Trained Y/N	Providing services Y/N	Trained Y/N	Providing	Trained Y/N	If Y: Providing services Y/N	Trained Y/N	If Y: Providing services Y/N	Trained Y/N	f Y: Providing services Y/N	Sanctioned	Filled	Deputed	Available at present						
Ob/Gys		1 2 3																														
MDGP		1 2 3																														
МО		1 2 3																														
Staff nurse with SBA		1 2 3																														
Staff nurse		1 2 3																														
Health Assistant		1 2 3																														
ANM with		1 2 3																														
ANM		1 2 3																														
AHW		1 2 3																														

$D.\ Inventory\ of\ Commodities:\ health\ facility$

1	Availability of Commodities	YES	NO	N/A	last r	eplenishmer	nt
		1123	NO	IN/A	>3 mths	>9 mths	>1 yr
A.	IUCD Commodities						
С	Implant						
D	DMPA						
Ε	COCs						
F	Emergency Contraceptive Pills						
G	Condom						
Н	Condom box						
ı	MA						
J	Was there any 'stock out' of modern FP methods in the						
	If yes, which FP method was 'out of stock'?						
K	Was there any 'stock out' of Medication abortion drugs						
L	Source of FP methods supply	From:					
		HO (dist	rict)				
		Provincia	al Office (PHLMC)			
		Central	supply				

E. Inventory of Equipment: health facility

1	Available Facilities, Materials & Equipment	Does the f		=	Comments
		YES	NO	N/A	* (quantify and include current condition of facilities, materials and equipment [# of functioning and non-functioning])
	IUCD insertion equipment				
	IUCD removal equipment				
	Implant insertion equipment				
	Implant removal set				
	MVA kit				
	Kelley's forceps				
	Waste disposal container				
	Emergency drugs				
	FP IEC/BCC materials				
	National Medical Standard Vol. 1				
	Use FP Counseling Flipchart				
	Pregnancy rule out job aids				
	Zoe pelvic model				
	Arm model for implant				
	insertion/removal				
	MMAM U model				

F	. Initi	al Assessment of LARCs and iPPLARCs quality service and training in Janakpur	and Lumbini ho	spitals
	SN	Activity/indicators	Prov Hosp	Remarks

1	# of ANC visits as per protocol by quarter, 6 month and annual of the current fiscal year (2077/78)		
2	X - 1 -1		
	# of ANC 4 visits quarter, 6 month and annual of the current fiscal year (2077/78)		
3	# of hospital deliveries by quarter, 6 month and annual of the current fiscal year (2077/78)		
4	# of C/S by quarter, 6 month and annual of the current fiscal year (2077/78)		
5	# of SAS by quarter, 6 month and annual of the current fiscal year (2077/78) and by type (MA/MVA)		
6	# of post-abortion family planning services provided by quarter, 6 month and annual of the current fiscal year (2077/78) and by type of FP methods		
7	# of iPPLARCs (IUCD and implant) quarter, 6 month and annual of the current fiscal year (2077/78)		
	# of IUCD insertion before 48 hours/before discharge		
	# of implant insertion before discharge		
8	# of BTL/PPT quarter, 6 month and annual of the current fiscal year (2077/78)		
9	# of IUCD (interval) insertions quarter, 6 month and annual of the current fiscal year (2077/78)		
10	# of IUCD removal quarter, 6 month and annual of the current fiscal year (2077/78)		
11	# of implant (interval) insertions quarter, 6 month and annual of the current fiscal year (2077/78)		
12	# of implant removals quarter, 6 month and annual of the current fiscal year (2077/78)		
13	Is FP/MCH clinic (IFPSC) functioning? Yes/No		
15	If Yes, under whose ownership is FP/MCH clinic (IFPSC)?		
14	Is routine child immunization clinics running?		
1-7	If Yes, under whose ownership is FP/MCH clinic (IFPSC)?		
15	Is there Quality Health Service Delivery and Management Strengthening (QHSDMS) Committee		
13	or equivalent committee?		
16	Does this hospital uses QI tools for assessment of the major priority government programs?		
10	Yes/No		
17	Is this a SBA training site? Yes/No		
	If Yes, how many batches of SBAs trained in the current fiscal year?		
18	Is this hospital a LARCs training site? Yes/No		
10	IUCD insertion/removal training site Yes/No		
	Implant insertion/removal training site Yes/No		
	If Yes, how many batches of LARCs training conducted in this fiscal year?		
	# of IUCD insertion/removal training batches trained		
	 # of Implant insertion/removal training bathes trained 		
19	Is this a iPPIUCD training sites Yes/No		
	If yes, how many iPPIUCD trainings conducted in this fiscal year?		
	3 days group-based iPPIUCD training		
	12 days OJT of iPPIUCD		
20	Is this a SAS (MA and MVA) training sites Yes/No		
	If yes, how many SAS trainings conducted in this fiscal year?		
	• MA		
	• MVA		
	2 nd trimester		
21	What is the recent MSS assessment score?		
	Overall MSS score		
	Overall Governance and Management score		
	Human Resource Management and Development (1.3) Outliness and the second (1.5).		
	— Quality management score (1.6)		
	Special clinics (2.2) Annual instance of County Manifestics Clinic (3.2.1)		
	Immunization and Growth Monitoring Clinic (2.2.1) Family Planning Clinic (2.2.3)		
	— Family Planning Clinic (2.2.2)		
	— Safe Abortion Services (2.2.4)		
	Delivery services (2.7.1) Maternity inpatient (2.7.2) Birthing Center services (2.7.2)		
	(2.7.3) • Hospital waste management (3.6)		
22	What is the recent overall HPQI score?		
	Triatio and resent everaliting soore.	1	

Annex 4- Action Plan for quality improvement of FP/SBA services and training in Lumbini P. Hospital

s =;+=	sfo{s dsf] ljj/0f (programme/activity/tasks)	sfd ;DkGg ug]{ cg'dflgt ldlt (Date)	lhDd]jf/ AolQm (responsible person)	प्रमाणीकरण मापन (MoV)	sfof{Gjogsf] cj:yf (Status by March 2022)
Α	Ensure FP/SBA service quality at service delivery point				
1	Ensure the availability of life saving tracers drugs for immediate use (e.g., ergometrine, methergine, nifedipine, tetracycline eye ointments, xylocaine 1% with adrenaline, injections (digoxin, verapamil, labetalol, amiodarone, nitroglycerine), Sodium chloride-15%w/v) at service delivery point	3 months	MS/NS/Ob/Gy HOD	Physical verification, stock report	On going
2	Initiate measures to improve visiting hours for visitors and crowed control at hospital	3 months	HMC/MS/NS	Report	Done
3	Increase the number of days for FP service delivery at MCH clinic	3 months	MS/NS/Ob/Gy HOD	Records, Report (DHIS2)	Increased
4	Re-initiate full range of FP services including VSC services from MCH clinic	3 months	MS/NS/Ob/Gy HOD	Recrods, Report	Ongoing
5	Regular follow up of MNH service delivery as per national guidelines (e.g., use of partograph)	3 months	MS/NS/Ob/Gy HOD	Report/QI assessment	Ongoing
6	Ensure year-round availability of functional selected equipment and instruments in MCH, ANC, maternity, and labor room (e.g., fetoscope, measuring tape, baby blanket, Mattress with bedcover, pillow with pillow cover, blanket with cover, baby heater)	3 months	MS/NS/Ob/Gy HOD	Physical verification, Report	Complete
7	Initiate and continue the self-assessment of FP/MNH services at every six months (semi-annually) by using QI and MSS tools by the hospital itself	semi-annually	HMC/MS/NS/Ob/Gy HOD	Report/MSS/clinical mentoring/QI assessment	Ongoing
8	Organize periodic refreshers/standardizations trainings for service providers to enhance capacity for quality FP/SBA service delivery	semi-annually	MS/NS/Ob/Gy HOD/supporting partners	minutes, report	Ongoing
	Training Quality				
1	Develop consensus to make Lumbini Hospital as a FP (LARCs) training site	1st wk Bhadra 2078, in 3 wks	MS, HoD-Ob/Gy, NI, SBA.FP trainers	Meeting minutes/notes	Complete
2	Make official request to NHTC and PHTC for accreditation of FP training site at Lumbini Hospital	1st wk Bhadra 2078, in 3 wks	MS, HoD-Ob/Gy, NI, SBA.FP trainers	Letter from PHL, minutes	Complete
3	Prepare work-plan to organize training in coordination with PHTC and NHTC	2nd wk of Asoj 2078 or 4 weeks	MS, HoD-Ob/Gy, NI, SBA.FP trainers	Draft training Action Plan and schedule	Ongoing
4	Make official request for LARCs coach/mentoring, LRP to NHTC	8 weeks	MS, HoD-Ob/Gy, NI, SBA.FP trainers	request letter for LRP	Complete

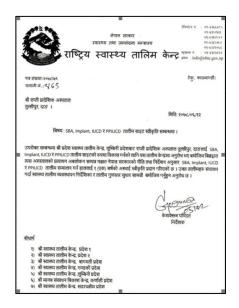
5	Appoint training coordinator or focal person for LARCs training by the hospital (Lumbini)	before training	MS, HoD-Ob/Gy, NI, SBA.FP trainers	Meeting minutes	Complete
6	Issues a formal request for training models to NHTC and PHTC	within 8 weeks	MS, HoD-Ob/Gy, NI, supporting partners	official letter, minutes	SSBH
7	Organize/execute the refresher/standardization training for SBA/FP trainers (coach) periodically	every 6 months	MS, NI, NHTC, PHTC	official letter, training attendances, minutes	Ongoing
8	Develop the estimated budget required for training site development and request for budget allocation as planned	6 months	MS, Account, MoHP	official letter, minutes	Ongoing
9	Involve and expand academia and private sector's role in FP/RH training management	9 months	NHTC, PHTC, LH, supporting partners	Coordination meeting notes, minutes	Ongoing
10	Allocate adequate and appropriate space for training site	3 months	MS, Account, MoHP	Site visit	Ongoing
11	Mobilize/deploy LARCs and iPPIUCD trainers during training	as per need	MS, HoD-Ob/Gy, NI	duty roster	Complete
12	Establish and accredit LH as LARCs and iPPIUCD coach/mentor training site	3 months	MS, NI, NHTC, PHTC	Progress report	Ongoing
13	Conduct facility based LARCs and iPPIUCD coach/mentor training	3 months	MS, NI, NHTC, PHTC	Progress report	Ongoing
14	Provide opportunities for staffs to participate in IUCD, Implant, iPPIUCD, CTS, ML/LA, COFP/C, OTTM, ASBA trainings	6 months	PHTC/NHTC, MS, Ob/Gy HoD, NS	Progress report	Ongoing
15	Institutionalize and sustain LH as PPIUCD training site	6 months	PHTC/NHTC, MS, Ob/Gy HoD, NS	training report, minutes	Complete
16	Provide computer/laptop for training sites and increase the quantity of training models (1:4)	6 months	PHTC/MS/NS/Ob/Gy HOD/supporting partners	report	Ongoing
17	Ensure the availability of reference document like, LRPs, Standards- if not available at training site	3 months	PHTC/NHTC/NHSSP/supporting partners	report	Ongoing
18	Initiate the practice of training review and annual training plan development	annually	PHTC/MS/NS/Ob/Gy HOD/supporting partners	annual review and planning report	Ongoing

Annex 5- Action Plan for quality improvement of FP/SBA services and training in Janakpur P. Hospital

		7th September 2021, Janakpur Dhanusha				
क्र.सं.	प्रमुख/प्राथमिकता बाधाहरू (Key/Prioritized gaps)	चाल्नु पर्ने कदमहरु (Actionable steps/tasks)	काम सम्पन्न गर्ने अनुमानित मिति (Date)	जिम्मेवार ब्यक्ति (responsible person)	प्रमाणीकरण मापन (MoV)	कार्यान्वयनको अवस्था (Status by March 2022)
Α	Ensure FP/SBA service	e quality at service delivery point				
1	lite saving tracers	Ensure the availability of life saving tracers drugs for immediate use (e.g.,e.g., adrenalin injection etc)	3 months	IN/IS/NIS/(16//GV/H(11)	Physical verification, stock report	Ongoing
	Overcrowding and visiting hours	Improve visiting hours, crowed control at hospital, arrange provisions to ensure fewest people prsent during child birth	3 months	HMC/MS/NS/Ob/Gy HOD/MoSD	Report,	Ongoing
	from MCH clinic	Year-round VSC services from MCH (IFPSC) clinic: deploy/mobilize dedicated VSC provider	3 months	IN/IS/NIS/(116/(3)/ H(11)	Records, Report (DHIS2)	Ongoing except VSC
5		Deploy/mobilize dedicated FP/PPFP counselor	12 months	MS, PHD, Sub Metropolitan City	Records	Ongoing till March
1 6	_	Allocate adequate budgets for VSC services from province government, MoSD	annually		Annual program and budget, Reports	FWD-OK MoSD/PHD??
7	Provision of MNH service delivery as per national guidelines	, , ,	every 6 months	IMS/NS/()b/(3V H()I)	Report/QI assessment	Ongoing
8	selected equipment & instruments in MCH, ANC, maternity, labor	Ensure year-round availability of selected equipment and instruments in MCH, ANC, maternity, and labor room (e.g., needle cutter, covered plastic container, curtains, fetoscope, measuring tape, pillow with pillow cover, blanket with cover)	3 months	IMS/NS/()h/(3V H()I)	Physical verification,	Needle cutter available Ongoing

9	Self-assessment of FP/MNH services for quality improvement	l '	semi- annually	HMC/MS/NS/Ob/Gy HOD	Imentaring/()	MSS completed, HQIP ongoing
10	Capacity enhancement of FP/SBA service providers/trainers	,	semi- annually	MS/NS/Ob/Gy HOD/supporting partners	Minutes, Training/orientation reports	QI completed
В	Training quality					
1	IDHI ac a FD (I ARC)	Resume, enhance LARCs, ML/LA, iPPIUCD, SBA training Mobilize/deploy LARCs and iPPIUCD trainers during training	as per need	MS, HoD-Ob/Gy, NI	duty roster	Ongoing, ML, PPIUCD.,IUCD, Implant training completed
2	Janakpur Provincial Hospital as a LARCs and iPPIUCD coach/mentor training site	Conduct facility based LARCs and iPPIUCD coach/mentor training Make official request for LARCs and iPPIUCD coach/mentoring, LRP to NHTC/PHTC	3 months	MS, NI, NHTC, PHTC	Progress report	Not planned in this year
3	Refresher training for SBA/FP trainers and coach/mentors	Organize/execute the refresher/standardization training for SBA/FP trainers and coach/mentors periodically	every 6 months	MS, NI, NHTC, PHTC	official letter, training attendances, minutes	QI done
4	_	Identify and allocate adequate and appropriate space for training site	3 months	MS, Account, MoHP, PHTC	Site visit,	In plan (top of labor room, FP/MCH)
5	iPPIUCD, CTS, ML/LA,	Provide opportunities for staffs to participate in IUCD, Implant, iPPIUCD, CTS, ML/LA, COFP/C, OTTM, ASBA trainings	6 months	PHTC/NHTC, MS, Ob/Gy HoD, NS	TIMS, Progress report	1 staff CTS trained
6	reference document	Ensure the availability of reference document like, LRPs, Standards- if not available at training site	13 months	PHTC/NHTC/NHSSP/supporting partners	report	Ongoing

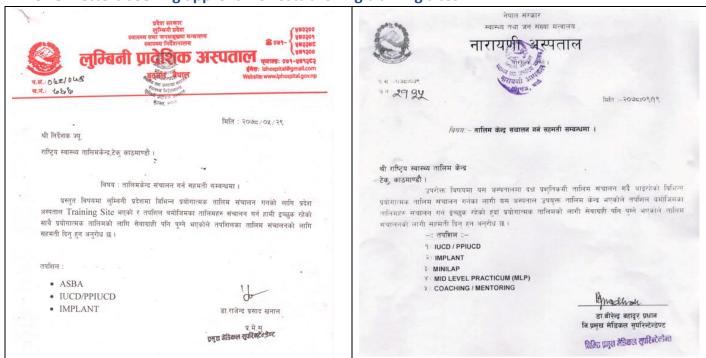
Annex 6- NHTC approval letter to PHR for Clinical training



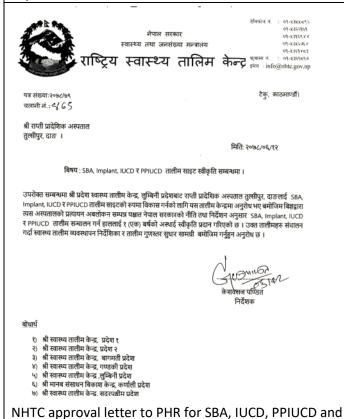
Annex 7- Status of Training sites

SN	Site/Hospital	Status of training	Training site to be developed	Progress status as of February 2022
1	Lumbini Provincial Hospital, Butwal, Rupandehi	SBA	FP	Request letter submitted to NHTC for approval and verification done by NHTC.
2	Provincial Hospital Janakpur, Jankapur, Dhanusha	SBA and FP	NA	NA
3	Rapti Provincial hospital, Tulsipur, Dang	None	SBA and FP	NHTC approved for FP and SBA training
4	Narayani hospital, Birgunj, Parsa	SBA	FP	Request letter submitted to NHTC for approval
5	Bheri Hospital, Nepalgunj, Banke	SBA and FP	NA	NA
6	Gajendra Narayan Singh hospital, Rajbiraj, Saptari	SBA	FP	Request letter submitted to NHTC for approval

Annex 8- Letters seeking approval for establishing training sites

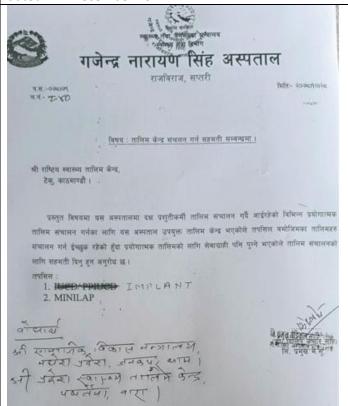


Request letter to NHTC from PHL for ASBA, IUCD/PPIUCD and Implant training, dated 14th September 2021



Implant training, dated 28th September 2021

Request letter to NHTC from NH for IUCD/PPIUCD, Implant, Minilap, MLP training and coaching/mentoring dated 24th December 2021



Request letter to NHTC from NH for Implant and Minilap MLP training dated 11th February 2022