Creating Healthy Families in Nepal

Sustaining Family Planning Practices Among Marginalized Groups

March 2009

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CORE Group

CORE Group fosters collaborative action and learning to advance the effectiveness and scale of community-focused public health practices. Established in 1997, CORE Group is a 501(c)3 membership association based in Washington, DC that is comprised of citizen-supported NGOs working internationally in resource poor settings to improve the health of underserved populations.

Save the Children

Save the Children is an international non-profit organization founded in 1932 whose original mission was to respond to the needs of the people of Appalachia hit by the Great Depression. The organization has evolved into a leading international relief and development organization that works with families in 110 countries to define and solve the problems children and communities face. Save the Children is a member of the CORE Group.

Abstract

This case study documents the sustainable activities and interventions of a USAID Flexible Fund Program, Valued Behavior for Healthy Families—A Model for Social Inclusion, that was implemented by the Johns Hopkins Bloomberg School of Public Health, Center for Communications Programs through Save the Children/US in Nepal. Sustainable activities are defined here as those activities or practices that have been continued or improved after the project ended.

The Valued Behavior project aimed to help women and couples from disadvantaged groups in Nepal realize their reproductive intentions through: a) increased knowledge and interest in family planning services through NGO involvement; b) improved quality of family planning (FP) services delivered by providers in selected facilities and the community; c) increased community access to FP services; and d) improved social and policy environment for FP and reproductive health services and behavior.

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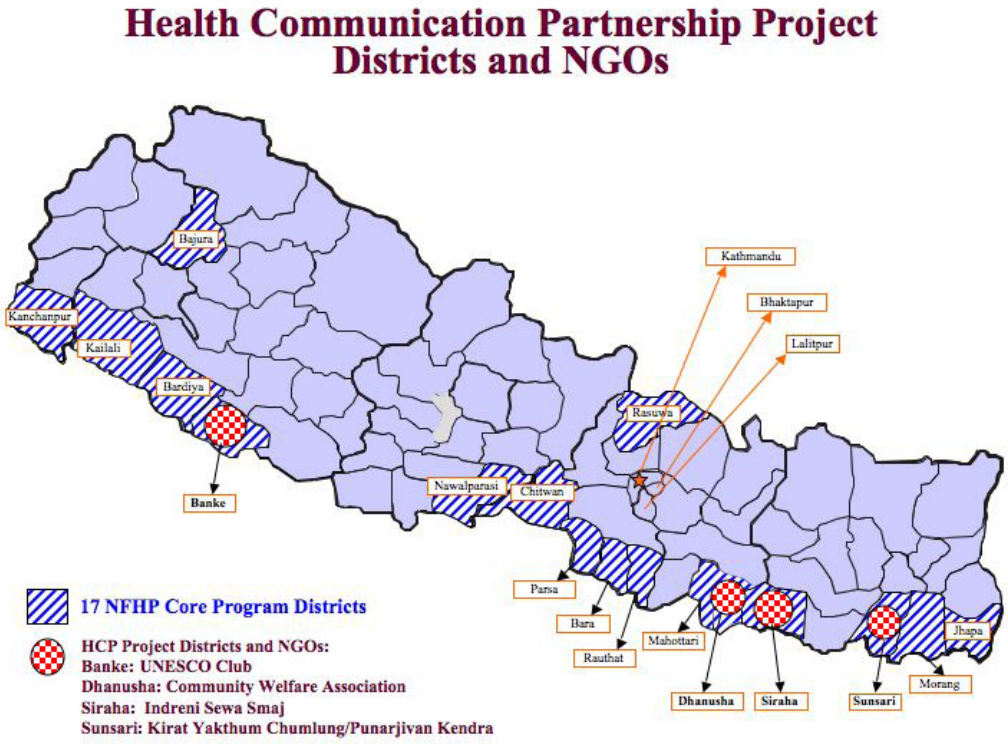
Executive Summary

This case study documents the sustainable activities and interventions of a USAID Flexible Fund Program, Valued Behavior for Healthy Families—A Model for Social Inclusion, implemented by the Johns Hopkins Bloomberg School of Public Health, Center for Communications Programs through Save the Children/US in Nepal. Sustainable activities are defined here as those activities or practices that have been continued or improved after the project ended.

The Valued Behavior project aimed to help women and couples from disadvantaged groups in Nepal realize their reproductive intentions through: a) increased knowledge and interest in family planning services through non-governmental organization (NGO) involvement; b) improved quality of family planning (FP) services delivered by providers in selected facilities and the community; c) increased community access to FP services; and d) improved social and policy environment for FP and reproductive health services and behavior.

The project was implemented through local NGOs in four districts of Nepal on the border with India from October 1, 2003 to September 30, 2006. These districts were selected based on the high proportion of rural, disadvantaged, and excluded social groups (Dalits and Muslims) with low access to FP services. Selected Village Development Committees (VDCs) in each district implemented project activities with the District Health Office, the District Public Health Office, and partner NGOs. VDCs determined a broad multi-sectoral development plan for each area.



Source: Final Project Report 2006

Project Districts and Partner NGOs				
Region	District	Total VDC	Program VDC	Partner NGO
Eastern	Siraha	111	12	Community Family Welfare Association through Indreni Sewa Samaj (INSES)
	Sunsari	50	16	Kirat Yakthung Chumlung (KYC)
Central	Dhanusha	101	11	Community Family Welfare Association (CFWA)
Midwestern	Banke	46	19	UNESCO Club

The project facilitated the reproductive intentions of disadvantaged and marginalized communities where there was an unmet need for FP services. (Unmet need refers to women who prefer to avoid or postpone childbearing but are not using any method of contraception.) This was accomplished through tailored behavior change interventions specific to the culture and language of the beneficiaries; full community participation in defining quality services; strengthening of NGO participation in the provision of services; and building sustainability of activities. Project data showed an increasing trend in FP use in both marginalized and non-marginalized communities of the project districts.

Sustainable Practices

Data on the sustainable activities/practices of the project were collected (one-year post project) from the Participatory Learning and Action (PLA) participants, facilitators, and communities where the project was implemented and analyzed in 2008. Field visits to each of the four districts and health facilities within each district were conducted, as well as interviews with the partner NGOs, PLA participants, and health workers.

Political instability and security issues continue to plague parts of Nepal even after the signing of the Comprehensive Peace Accord on November 22, 2006, limiting the assessment team's direct interaction with some program beneficiaries. Despite the political conflict situation in the country during and after the project, the project's comprehensive model of PLA, radio health programs, Partner Defined Quality Approach (PDQ), and comprehensive family planning services have led to a sustained impact in the demand for family planning services among the target population.

Overall Findings

Overall findings on sustained activities after the project, based on qualitative observation and interviews:

- Some activities were sustained in each of the four intermediate results of the project framework relating to 1) increasing knowledge and interest in family planning services through NGO involvement, 2) improved quality of family planning service delivery by providers in selected facilities and the community, 3) increased access of communities to family planning services, and 4) improved

social and policy environment for family planning and reproductive health services and behavior.

- The Participatory Learning and Action/Radio Listening Groups technique was an effective approach for sustaining community dialogue about family planning and spreading family planning knowledge. Through family dialogue and peer support, discussion around family planning issues continues in these marginalized communities, along with overall improved health care seeking behavior. Facilitation skills and health knowledge learned through this program have been used by Female Community Health Workers in their day-to-day work in other community programs, like the mother group meetings. Local NGOs have also been able to adapt the approach in other health and education programs.
- The Partnership Defined Quality (PDQ) approach continues to be used by selected health facilities to improve the quality of health and family planning services.
- Voluntary surgical contraception (VSC) services provided in the Muslim communities increased in the year following the end of the project.
- Comprehensive family planning and VSC services are well accepted and continue to be available year-round, not only in the winter months.
- The capacity of local NGOs, built through the project, continues to be utilized by other donors to deliver a broad set of health and education services.
- The Reproductive Health Coordination Committee platform continues to be utilized as a forum for district government officers and NGOs to share ideas and concerns and plan together.

Project Context: Nepal

Nepal remains among the poorest and least developed countries in the world. Agriculture is the mainstay of the economy, providing a livelihood for three quarters of a population of about 26 million. About 31 percent of the population—a large percentage being of marginalized, low caste and socially excluded groups—live below the national poverty line.

The average number of births per mother decreased from 4.1 prior to 2001 to 3.1 by 2006. A detailed analysis of the 2006 Nepal Demographics and Health Survey reveals that an increase in family planning programs have contributed to this unprecedented decline in birth rates. However, when compared to neighboring countries, the overall fertility behavior and use of family planning methods in Nepal remains significantly behind India, Bangladesh, and Sri Lanka.

Family planning has been a high priority in Nepal since the mid 1960s, with overall goals of reducing population growth and promoting the concept of a small family norm, especially in rural areas; and increasing the availability and demand for family planning services among currently married women who want to postpone childbirth or do not want additional children. Nepal is continually trying to improve family planning services by providing a range of contraceptive methods at the community level to reach men and women of all socioeconomic groups.

In spite of a rule of law that dictates equal access to health services, gender, ethnic, and language discrimination with caste ideology continues to exert a strong influence in Nepalese society. There is widespread social exclusion, especially among Dalits (a low caste previously known as "untouchables"), Janjatis (indigenous and middle caste), and Muslims, who have all suffered from limited access to reproductive health and family planning services.

The supply driven approach of the Nepalese government, that "once service delivery is provisioned, everybody gets it," has not born tangible results among a large number of poor, remote, and socially shunned populations. These populations face not only a lack of access to reproductive health and family planning services due to a variety of socio-cultural barriers, but often lack an understanding of the value of the services offered, which leads to under use of services. For example, 18 percent of women cited that using IUDs or Norplant was too risky a choice.

There are many myths and misconceptions that play into the under use of family planning services among rural and poor communities. For example, almost 70 percent of men believe that male sterilization is the same as castration. This belief contributes to lower levels of involvement in family planning. Religious beliefs among certain groups also limit access to services. For example, a common belief among the Muslim community is that religion prohibits the use of family planning. One in every 10 Muslim women has a strong belief that the Quran prohibits the use of family planning, especially sterilization.

Project Framework—
Valued Behavior for Healthy Families Project

The Valued Behavior for Healthy Families project was designed within the complex, often challenging, context of Nepal. The project assessed the magnitude of social barriers of the local community in order to design program approaches that could foster local acceptance of family planning services and instill a sense of adoption of intended practices in marginalized communities. The project employed a results framework to achieve the overall program goal of helping women and couples from disadvantaged groups achieve their reproductive intentions. Its two main program strategies were to 1) increase the use of family planning and reproductive health practices; and 2) increase the capacity of participating NGOs in the use of Behavior Change Communication and Partnership Defined Quality approaches. Activities were designed to correspond to four intermediate results—increased knowledge, improved service quality, increased access, and an improved environment. A detailed description of the project and its accomplishments was published by Johns Hopkins University Bloomberg School of Public Health/Center for Communication Programs.

This case study reveals that the bolded activities in the last tier of the framework are activities that have been sustained one year post-project, even in the midst of an insecure political environment. Findings and lessons learned are based on a limited number of qualitative interviews with PLA facilitators and participants, NGO Board members and project staff, and observations of health facilities and health workers two years post-project in each of the four districts.

Project Framework—
Valued Behavior for Healthy Families Project

Program Goal

To help women and couples from disadvantaged groups acheive their reproductive intentions

Project Strategy 1: Increased capacity of participating NGOs in the use of Behavior Change Communications

Project Strategy 2: Increased use of Family Planning Services and Improved Family Planning and Reproductive Health practicies

Intermediate Result 1: Increased knowledge and interest in family planning services through NGO involvement	**Intermediate Result 2**: Improved quality of family planning service delivery by providers in selected facilities and the community	**Intermediate Result 3**: Increased access of communities to family planning services	**Intermediate Result 4**: Improved social and policy environment for family planning and reproductive health services and behavior
Key Sustained Activities			
PLA/RLG sessions **Radio health program for local communities** **Local campaigns and BCC activities**	**PDQ approach and improvements in selected health facilities** **Counseling and training**	**Comprehensive VSC services** **Publicized VSC services**	**NGO capacity for family planning implementation** **Ongoing coordination meetings with district health office, quality improvement teams, and NGOs**

Key Sustained Activities

Although outcome data was not collected during the post-project period, an analysis of couple years of protection (Chart 1) in the project area shows that demand for and use of family planning services were sustained. Ongoing community activities, initiated during the project period, played an important role in maintaining this trend, especially given that 53 percent (31/58) of the health facility "directors" transferred out of their health facility or district one year post-project.

Chart 1

Couple's years of protection (CYP) of the project area by method						
FY	01-02	02-03	03-04*	04-05	05-06	06-07
Condom	1,438	1,817	1,968	2,271	3,406	3,279
Pills	378	832	1,135	1,287	1,514	1,259
Depo	2,119	2,801	3,633	4,542	5,450	5,791
VSC	N/A	N/A	6,490	27,840	32,770	32,080
Total	3,935	5,450	13,226	35,940	43,140	42,409

* HCP project started Source: HMIS

Source: HMIS. The numerator used in calculation is the total number of FP users and the denominator is total number of estimated MWRA. The total MWRA: 74,609.

Intermediate Result 1: Increasing Knowledge and Interest in Family Planning Services through NGO Involvement

Project Approach

- Designed and conducted Participatory Learning and Action/Radio Listening Groups (PLA/RLG). PLA is a behavior change intervention that is based on non-formal education. PLA/RLG groups were comprised of marginalized community women who studied key family planning messages while learning to read and write. These groups were empowered to make their own action plan for improving their own and their community's family planning and reproductive health behaviors.

- Adapted Ministry of Health's family planning radio program (via JHU/CCP) to local languages and to be culturally and religiously appropriate. The radio program, called "Knowledge is Power" was developed into two local languages (Maithili and Awadhi) and later used by Muslim communities.

- Addressed issues affecting the Dalits, Muslims, and marginalized reproductive-aged women living in remote areas by involving local authorities, including Muslim Maulanas (religious leaders).

To make the activities more appropriate and practical for the targeted populations, NGOs conducted a rapid assessment to identify the barriers to reproductive health services. Project staff collected baseline information on the PLA participants' knowledge and practice of family planning, and coordinated with the District Health/Public Health Offices throughout the project.

Project Results

A pre- and post-test was conducted among a random selection of 34 percent of participants from each PLA-RLG center to assess increases in knowledge of FP. The proportion of participants who could mention at least three modern FP methods increased three-fold—from 26 (2003) to 94 percent (2006).

A literacy test, which was conducted at the end of the seven months course, showed that 99 percent of the PLA participants could read and write simple words and sentences.

Key Sustained Activities

Interviews with facilitators, participants from the PLA/RLG, NGO staff and health facility staff of the project districts found these key activities and benefits continuing post-project:

- **PLA graduates organized themselves into ongoing Women's Savings and Credit Groups.**
  After completion of the project, some PLA members remained functional as members of mothers groups and some of them organized themselves into income generation groups called "saving/credit groups." In Fulgama VDC, Dhanusa a total of 50 participants of the two PLA groups have joined the saving/credit groups and actively participate in the group. This group of women meets regularly and collects a fixed amount of money from each member, with money

going to a designated group member as a loan to undertake an income-generating activity that could contribute to additional household income. Some of these women share the reproductive health and family planning messages with the other women in the village. They have created an emergency fund from the collected money and are using it for emergency healthcare.

- **The family planning radio message is aired nationwide.**
  The radio health message developed in the local language continued to air in the Banke District with technical support from the UNSECO Club. A commercial company named Ruchi Noodle adapted the messages and aired complete episodes on the local FM radio. The messages were also aired by the National Health Education, Information, and Communication (NHEICC), MoHP nationwide.

- **Behavior Change Communication tools continue to be used by partner NGOs.**
  Kirat Yakthung Chumlung (KYC), a local NGO in the Sunsari District, with support from UNICEF, has implemented a Youth Friendly Multipurpose Service Center for youth with HIV/AIDS. Building on the experiences of the Valued Behavior PLA/RLG sessions, KYC developed a radio program called Naya Goreto (New Path) targeted at this population. The major approaches borrowed from the Valued Behavior PLA/RLG sessions and used in Naya Goreto were the formation of radio listeners' group and issue discussions after each radio program. KYC also found that many of the tools and strategies developed by the Valued Behavior program were useful for this program. These include a checklist and monitoring tool, RLG formation, and group discussion techniques.

- **Support for use of family planning services among Muslim community continues.**
  The project covered 94 percent of the marginalized (Dalit, Muslim, and other disadvantaged group) population in the four project districts. Among the marginalized, the Muslim cultural taboos often forbid women from even talking about family planning. Initially the NGOs working with the project faced challenges involving the Muslim community and women. Working with the support of Muslim Imam and other religious leaders, the project was able to create continued support for the use of family planning practices within the Muslim community. These practices were being continued during the follow up visit when interacting with Muslim communities and reviewing the data.

- **PLA/RLG facilitators use new skills as Female Community Health Volunteers.**
  A majority of the PLA/RLG facilitators were Female Community Health Volunteers (FCHVs). The PLA/RLG facilitators said that working as a facilitator helped to develop their confidence, which helped them in their roles as FCHVs. Working on the project gave them an in-depth knowledge of village women and non-formal education skills, which helped them succeed in their roles. According to some of the health facility records observed, women who delivered children after the project formally ended showed an increase in the number of antenatal check-ups during their new pregnancies. All participants interviewed were able to name child immunizations and knew the timing of when children should receive them.

“Now I can sign by name at the bank.”

“I am Islamun Ansari and I am a 35-year-old Muslim woman. I live in Khaskarkando VDC ward # 5 of Banke district. I have four children and three of them go to school. I used to go regularly to PLA classes to learn how to write. While there, I also learnt about many good health practices.

“During the sessions, I learned about the importance of the four Ante Natal Care visits, taking Tetanus Toxoid injection, and iron tablets during pregnancy and immunization for children. The same messages were repeated by the radio in our local language, which made us understand more easily. During the session we were also taught how to keep track of household expenses.

“My husband went to Qatar for work one year ago. I have a telephone at home and my husband calls me regularly. Since I learnt to write my name during the PLA session, I can now sign my name at the bank and collect the money sent by my husband. I can also read the notices and information from the bank and the hospital. These PLA classes made it easier to deal with the outside world while my husband is not here. My husband is eager to come home and see his eight-month-old son who was born after his departure.” She laughed and shared her joy with us.

Increasing Knowledge and Interest in Family Planning Services through NGO Involvement

Islamun Anasari exemplifies the project’s success in the following key activities:

- Using participatory learning action (PLA) to empower women.
- Reinforcing family planning messages via radio announcements.

Increasing Knowledge and Interest in Family Planning Services through NGO Involvement

Mrs. Laxmi Khatri exemplifies the project's success in training women to become PLA facilitators. The training was a key activity that enabled project activities and family planning messages to continue to be passed on to others.

"The PLA sessions gave me an opportunity to become closer to the women"

Mrs. Laxmi Khatri, 43 years old, has been volunteering in her community for the last 15 years as a FCHV. Throughout this time, she has been supporting the national health program delivery system and has assisted the polio drop campaign, vitamin A and semiannual deworming distribution to children under five, iron supplements to pregnant women, and contraceptive pills for family planning. Giving health education and advice to pregnant women, mothers, and those in need has been part of her daily life.

Mrs. Khatri has said that she is very happy to be part of this program as a PLA facilitator. The PLA facilitator's training taught her how to teach others in more interactive ways. The sessions were designed to be practical and relevant to women's lives. They focused on teaching them how to read and write. The class messages were also reinforced by radio programs, which PLA groups listened to and subsequently discussed. One significant advantage of conducting regular PLA sessions was that "it brought me closer to the women." Indeed, Mrs. Khatri believes that the PLA sessions helped her to say what she intended to say to the women. She developed confidence to pass messages to others. Nowadays, she regularly convenes the mothers' group meeting with 13 mothers in her community, where she shares health messages with the PLA participants and other women.

Intermediate Result 2: Improving the Quality of Family Planning Service Delivery in Selected Facilities and the Community

Project Approach

The Partnership Defined Quality (PDQ) approach was the key intervention used to improve the quality and accessibility of health services with community involvement in defining, implementing, and monitoring the quality improvement process. Four Dalit and Muslim representatives joined the government-authorized Health Facility Operation Management Committee and made up a Quality Improvement Team to solve issues together utilizing local resources. The PDQ approach created a partnership between service providers and communities to maintain and improve health care delivery in a culturally sensitive way.

PDQ Process Reveals Gaps in Services at Health Facilities

PDQ teams held focus groups with local community members and found that the majority of problems dealt with infrastructure of the health center itself, including a lack of drinking water, latrines, and private rooms; a lack of information about services; inadequate counseling of family planning by health workers; discriminating and/or rude behavior; and inadequate supply of medicine and instruments. Almost all health facilities resolved at least three quality issues by getting community support and working together with communities and other stakeholders. These efforts were instrumental in increasing access to and utilization of services and ownership of the health facility by the local people. Service providers became more accountable for their service responsibilities due to a raised level of service expectations and quality of care demanded from the community.

Project Results

Quality Improvements Implemented – Some Examples

- Construction of a separate family planning/maternal child health room with assistance of an international NGO and Plan/Nepal
- Supply of a weighing scale from the Department of Public Health
- Appointment of an auxiliary nurse midwife through budget support from the Village Development Committee (VDC)
- Construction of a bathroom and water tap installation with support of the VDC
- Friendly behavior of health workers toward the clients who come for maternal, pediatric, and family planning services

"Our Health Facilities Have Become Role Models"

Bharat Prasad Mandal is a Village Health Worker at the Haripur Sub Health Post, where he has been working for the last 15 years. He is a local community member of Haripur and a member of the Village Development Committee. As a result of the ongoing PDQ process, the health facility was able to add two new rooms for the pathology section and store with support of the VDC.

Key Sustained Activities

It was expected that the Valued Behavior project would continue the process of improving the quality of health services of health facilities in the original four districts of the project. In 2008, a team visited two health facilities in the districts of Banke and Sunsari and interviewed health workers on existing health service delivery. Some of the findings on sustained activities include:

- **Health facility improvement continues.**
  A new health facility in Khajurakhurda Sub Health Post, Banke is under construction with support of the Village Development Committee and donor agencies.

- **Quality improvement meetings continue.**
  The Health Facility Operation Management Committee (HFOMC) is a body comprised of 7 to 13 community people, including four Dalit representatives, to improve quality of health services provided by the health facility of each VDCs. The Quality Improvement Team (QIT) continues to meet regularly in both Banke and Sunsari districts. In the two visited health facilities, a total of 23 QIT members, including eight selected members from the PDQ process, have been meeting regularly. At the last QIT meeting, the group discussed health facility finances, since the fiscal year was close to ending.

- **Use of health facilities has increased.**
  The number of the clients coming to the two health facilities observed had increased. The register from the Haripur Sub Health Post indicated that on an average, 30 patients come to the clinic every day for different services and treatment. In the last Nepali month—Jestha 2065 (May-June 2008)—a total of 800 patients were seen by the clinic. Out of 800 clients, 32 women received injectable FP (Depo) services and 31 pregnant women received antenatal care services from the health facility.

- **Caste-wide data monitoring system in use.**
  The project successfully improved tracking of family planning services provided to marginalized groups by implementing a system that records clients by caste, ethnic, and religious group. The more detailed record keeping helps programs to better understand their impact and outreach to marginalized communities. The new Health Management Information System register developed by the Ministry of Health and Population (MoHP) gives clear instructions on how to record the complete name and caste of each client. Caste data is standardized, with each register including a code number for the different caste category (1 - Dalit, 2 - disadvantaged Janjati, 3 - disadvantaged non-Dalit group, 4 - religious group, 5 - relatively advantaged group, or 6 - upper caste group). As a result of these activities, non-project health facilities also started maintaining records by caste of clients.

Intermediate Result 3: Increasing Access of Family Planning Services to Communities Living in Remote Areas

Project Approach
Voluntary Surgical Contraception (VSC) outreach is one of the popular annual events for the family planning service delivery system of the government in Nepal. Due to the technical and logistical difficulties and low awareness of the available services, Dalits and other marginalized populations have limited access to those services.

The project supported the District Health/Public Health Office to extend comprehensive family planning services (such as IUCD, Norplant, and permanent contraception) beyond the regular service sites, which are all centrally located. Based on the client choice and decision, the project also provided temporary family planning methods (injectables and pills). The project worked with existing health facilities to extend family planning and reproductive health services to marginalized areas through outreach and mobile clinics.

The VSC service was expanded beyond the winter season to dispel a popular myth urging people not to have a VSC during summer months.

Project Results
During the project period, over 6,710 clients received VSC services in the project areas of the four districts, of which 2,463 were Dalits and 335 were from Muslims communities. Muslim community members seeking VSC service had shown a gradually increasing trend over the project period.

Key Sustained Activities

Although the expanded VSC service designed by the project ended in 2006, interviews revealed that acceptance and demand for family planning and VSC services by the project communities continued. Major findings are:

- **Comprehensive family planning and extended VSC service continue to be in demand.**

  The comprehensive family planning and extended VSC service continues to be in high demand by marginalized communities. There continues to be requests of expanded VSC services from District Public Health Offices to serve as a complement to their own services. The total number of clients that received VCS services one-year post project in both marginalized and non-marginalized populations was similar to the number of clients in the final year of the project.

- **VSC service delivery continues year-round.**
  Expanding VSC services beyond the regular winter time period helped dispel prevailing rumors and misconceptions among the population that VSC should only be done in winter to prevent wound infections. The service is now well accepted, even among Muslim communities that also seek out services.

Chart 2

Number of clients who received VSC service in project areas of four districts

Phases		Dalit*	Muslim*	Others	Total
Project	FY 03-04	194	29	426	649
	FY 04-05	880	140	1,764	2,784
	FY 05-06	1,389	166	1,722	3,277
Post-Project	FY 06-07	1,043	189	1,976	3,208

Source: HMIS and health facility data.

*Dalits and Muslims are considered marginalized communities.

Increasing Access of Family Planning Services to Communities Living in Remote Areas

The project was able to break through popular local myths and change behaviors—that VSC services can only be done in the winter season—by providing those services during other seasons.

"Even I did not know that the VSC can be done at other times…"

"I have been working as a Female Community Health Volunteer for the last 12 years, but very few people in the community used to know me. After becoming a PLA facilitator, everybody seeks out my help and services," said Mrs. Raj Kumari.

Facilitating the regular PLA sessions and radio health program among the women's group for six months helped Mrs. Kumari gain the trust of the community. "I also gained more knowledge and skills by interacting with the people at the community level," explained Mrs. Kumari.

"Even I did not know that VSC can be done in times other than the winter season." Conducting VSC services in the off-season helped dispel a popular myth that VSC should not be done in the summer season.

Intermediate Result 4: Improving the Social and Policy Environment for Family Planning and Reproductive Health Services and Behaviors

Approach
One of the key objectives of the project was to build the capacity of NGO staff, District Public Health, and other stakeholders to do program design and monitoring, develop a Detailed Implementation Plan, and conduct Partnership Defined Quality and Strategic Health Communication and Advocacy. The project used the NGO Institutional Capacity Tool (NICAT) to target improvements in organizational policy and management issues, so that the NGOs and their government counterparts could continue working with new donors to empower local communities after the project ended.

At the district level, the Reproductive Health Coordination Committee (RHCC)—chaired by the District Public Health Office—was the main platform for different stakeholders to share reproductive health-related programs and build consensus on a common agenda. The project encouraged the use of the RHCC forum to inform other stakeholders about the program, its benefits and accomplishments.

Results
- NGO partners built capacity of local community-based organizations to run PLA/RLGs.
- 300 copies of PLA Facilitators'' Guidebook and PLA Process Implementation Guidelines were published by the Ministry of Education, enabling partner NGOs to implement PLA approach.

Key Sustained Activities

A series of capacity building activities resulted in the following achievements after the initial project ended:

- **District-Level Reproductive Health Coordination Meetings Continue.** All NGOs initially involved in the project continue to regularly participate in the Reproductive Health Coordination Committee meetings at district levels. Family planning and reproductive health issues—such as preparing for mobile Voluntary Surgical Contraception events—are discussed among the stakeholders, who work to solve issues together. One of the local NGO partners, Indreni Sewa Samaj (INSES), has been financially supporting the RHCC meetings in Siraha District since the project ended.
- **Partner NGOs developed a competitive edge for further funding.** Out of the four local NGO partners, two NGOs (UNESCO Club and the Community Family Welfare Association) are implementing partners in a five-year USAID-funded health and education project. Similarly, two other NGOs are being actively involved in new health projects through donor support. INSES continues to implement health and education projects (in Siraha District), and Kirat Yakthung Chumlung in Sunsari District is actively involved in a UNICEF-funded health project.

- **NGOs catalyze ongoing community dialogue and collective action.** NGO partners catalyzed community participation in all aspects of the project, encouraging family dialogue about family planning through radio listening groups, peer dialogue through literacy groups, and dialogue with health facility staff through Quality Improvement Teams. Community members that participated in the project have taken new leadership jobs where they use these skills (such as the Female Community Health Workers), and partner NGOs are continuing to utilize these tools and techniques in their ongoing work in communities.

Overall Project Findings

Overall findings on sustained activities after the project, based on qualitative observation and interviews:

- Some activities were sustained in each of the four intermediate results of the project framework relating to 1) increasing knowledge and interest in family planning services through NGO involvement, 2) improved quality of family planning service delivery by providers in selected facilities and the community, 3) increased access of communities to family planning services, and 4) improved social and policy environment for family planning and reproductive health services and behavior.
- The Participatory Learning and Action/Radio Listening Groups technique was an effective approach for sustaining community dialogue about family planning and spreading family planning knowledge. Through family dialogue and peer support, discussion around family planning issues continues in these marginalized communities, along with overall improved health care seeking behavior. Facilitation skills and health knowledge learned through this program have been used by Female Community Health Workers in their day-to-day work in other community programs, like the mother group meetings. Local NGOs have also been able to adapt the approach in other health and education programs.
- The Partnership Defined Quality (PDQ) approach continues to be used by selected health facilities to improve the quality of health and family planning services.
- Voluntary surgical contraception (VSC) services provided in the Muslim communities increased in the year following the end of the project.
- Comprehensive family planning and VSC services are well accepted and continue to be available year-round, not only in the winter months.
- The capacity of local NGOs, built through the project, continues to be utilized by other donors to deliver a broad set of health and education services.
- The Reproductive Health Coordination Committee platform continues to be utilized as a forum for district government officers and NGOs to share ideas and concerns and plan together.