

Emergency Final Report

MEETING THE ESSENTIAL SRH NEEDS OF COMMUNITIES AFFECTED BY THE COVID-19 PANDEMIC IN NEPAL



INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Submission Date: 7 February 2022



Implementer Agency:	Family Planning Association of Nepal (FPAN)
Region/ Location:	Nepal/SARO region
Project period covered by the Agreement:	1 June 2021 – 30 November 2021
Total Expenditure against the Budget:	Budget: USD 75,203 (AUD 98,517) Expenditure: USD 52,713 Balance to be used by FPAN: USD 7,449 Balance kept in IPPF: USD 15,041 (AUD 21,207)
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1. BACKGROUND

The second wave of COVID-19 increased infection rates in the beginning of 2021, affecting many countries in the South Asia Region. It brought a dramatic increase in new cases in Nepal, possibly largely due to the more contagious Delta variant which was believed to have spread from India. Between April to May 2021, Nepal went from zero deaths due to COVID-19 to the highest number of fatalities recorded on 17 May 2021, when 214 COVID-19 related deaths were reported.

With the sharp increase in infections, hospitals across the country struggled to manage the large influx of COVID-19 patients, resulting in a huge shortage of beds and oxygen in many hotspots, including in the capital. This led the government of Nepal to impose strict lockdowns on 29 April 2021 to restrict the movement of people.

The impact of the second wave of COVID-19 on the lives of women and girls was one of the most profound in Nepal. The access to essential lifesaving sexual and reproductive health (SRH) services such as maternal health care, safe delivery services, family planning, abortion, screening, and treatment of sexually transmitted infection (STI) was severely affected. At the same time, many women were at a high risk of unintended pregnancies and sexual and gender-based violence (SGBV) as they were confined at home with their partners.

With the engagement of 200+ clinical service providers and 600+ community-based distributors (CBDs), the Family Planning Association of Nepal (FPAN) was well-positioned and remained committed to continue the provision of essential SRH services in this critical time. To this effect, FPAN requested SPRINT emergency response funding, which was approved by DFAT on 28 May 2021.

2. SUMMARY OF ACHIEVEMENTS

The SPRINT funds supported FPAN to ensure the provision of essential SRH services during the second wave of COVID-19 pandemic in 15 districts supporting 15 Family Health Clinics (FHCs), 15 Community Health Clinics (CHCs) and 210 Community-Based Distribution (CBD) outlets run through Reproduction and Health Female Volunteers (RHFVs). SPRINT funding supported the equipping the health facilities and healthcare providers with personal protective equipment (PPEs) and essential medical equipment. Further, it supported community awareness on COVID-19 along with various SRH topics, reaching out to the masses through innovative approaches such as community-based distribution, pre-arranged specific clinical appointments, and remote digital health interventions. FPAN also broadcast messages on available services through the TV channel “Avenues” which has the highest rate of viewers nationally.

These different approaches led to a total of 113,189 beneficiaries receiving clinical services through the SPRINT response, exceeding the target by 39%, as shown below in Table 1. The gender distribution and number of people with disabilities reached are presented in Figure 1 and 2, respectively. Just over 90% of the services provided were SRH, with the majority provided to women (71%).

Table 1: Number of beneficiaries reached (Target vs. Actual)

Key achievements	Target	Men	Women	Total
Number of beneficiaries receiving direct clinical (SRH and non-SRH) services throughout the response	81,466	31,667 (28%)	81,522 (72%)	113,189 (139% of the target)
- Clients receiving SRH services		29,549 (29%)	73,318 (71%)	102,867

- Clients receiving non-SRH services		2,118 (21%)	8,204 (79%)	10,322
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Figure 1: Number of beneficiaries by gender

Figure 2: Number of beneficiaries with disabilities

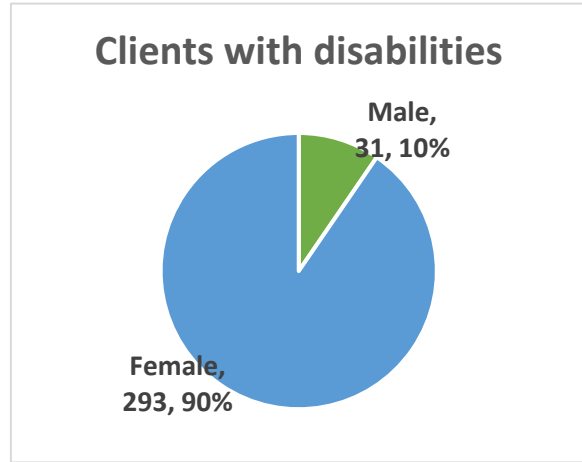
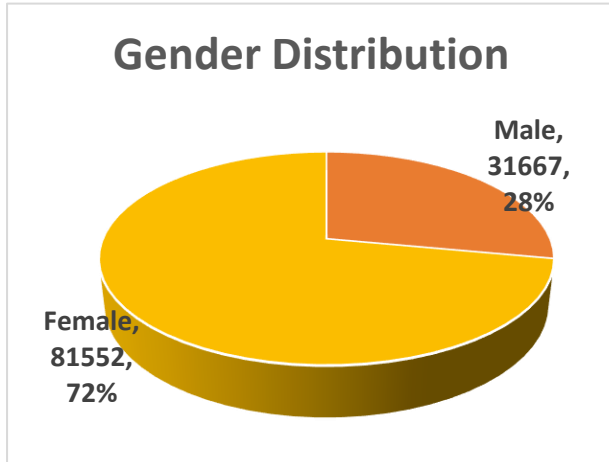


Figure 3 below shows the number of beneficiaries reached through static clinics and CBDs by sex and age-group. It highlights a significant role that the CBDs played in reaching out to a large number of beneficiaries, both men and women across all age groups.

Figure 3: Number of clients reached through Service Delivery Points (SDPs)

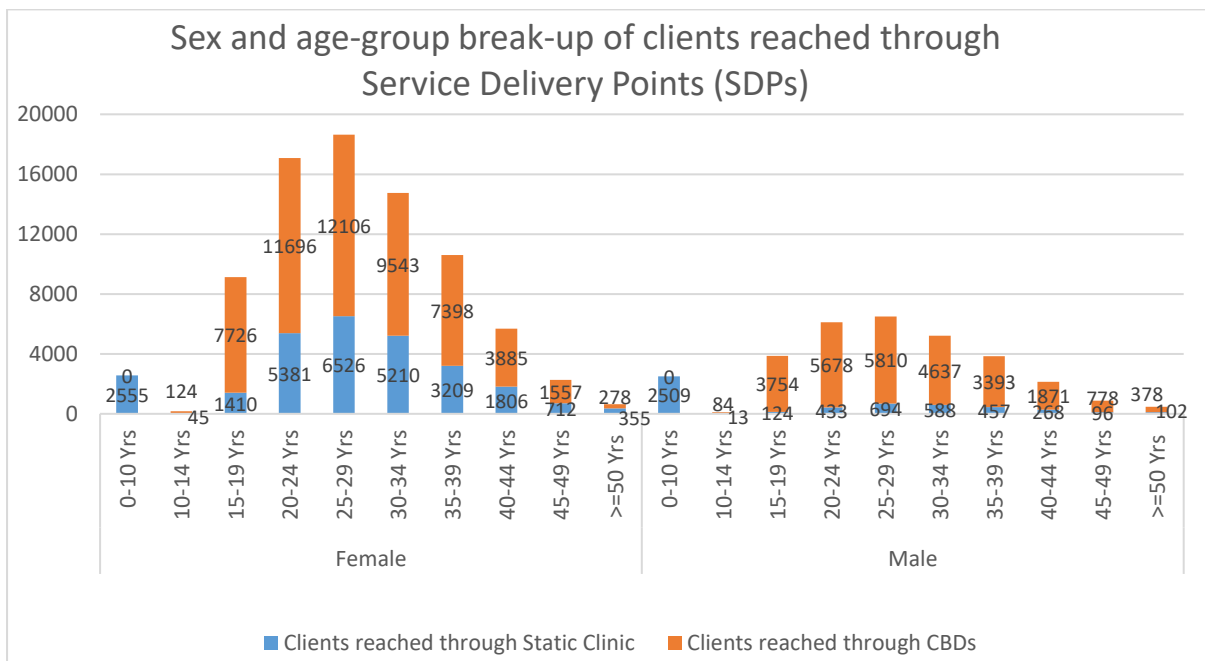


Table 2: Impact indicators (based on MISP impact indicators)

Total Impacts	
Demographic impacts	
Unintended pregnancies averted	4,952
Live births averted	1,423
Health impacts	
Maternal deaths averted	7

Child deaths averted*	20
Unsafe abortions averted	3,365
Direct Healthcare costs saved (AUD)	346,219
Total Couple Years of Protection (CYPs)	21,137

(based on MISP impact indicators)

In order to continue providing services amidst the second wave of the COVID pandemic, it was essential to take a set of measures to ensure safety and wellbeing of staff, including the following:

- FPAN formulated its own COVID-19 mitigation SOPs as part of infection prevention and control (IPC) measure in line with Government of Nepal’s Guidelines. These SOPs were disseminated to all teams and adhered to.
- With the support of the SPRINT emergency funds, FPAN procured PPE supplies for service providers to protect themselves and prevent the spread of COVID-19.
- The SPRINT response enabled FPAN to provide allowance to all frontline service providers working within the pandemic context.
- Using core funds, FPAN procured a standard medical insurance coverage for all FPAN staff with an insurance company. This helped to keep the motivation of frontline service providers to continue providing services.
- In this emergency response, FPAN allocated budget for COVID-19 treatment in case of staff infected with COVID-19, as an exceptional measure given the severity of the crisis since no insurance available in the country including the one mentioned above would cover COVID-19. Although the treatment budget was not utilised (resulting in the budget underspend), it provided important assurance to the frontline service providers.

3. ACHIEVEMENTS AGAINST THE MISP

MISP Objective 1: Identify an agency to lead the implementation of the MISP:

The staff from the FPAN program division participated in different coordination meetings organised by clusters and sub clusters, such as RH sub cluster, protection cluster, and GBV sub cluster. The SPRINT focal person participated in different meetings of the RH working group under the RH Sub Cluster. Meetings were held virtually 3-4 times in the reporting period: Ministry of Home Affairs (1-meeting) and Department of Women, Children and Senior Citizen (1- meeting) and Protection Cluster (2- meetings).

In addition, Branch Managers from 15 SPRINT emergency implementing districts also participated in District Disaster Response Committee (DDRC) meetings attended by Chief district office, representatives from Red Cross society, partners agencies, army, police etc. Similarly, they also participated in local level clusters (health, SRH, protection, SGBV) meetings for better coordination and response.

MISP Objective 2: Prevent and manage the consequences of sexual violence¹

¹ IPPF humanitarian team recommends against screening for SGBV in emergencies, in line with global standards. Therefore, the indicators have moved away from counting numbers of survivors to availability of services and the number of trained staff, to reflect the quality of response available to any survivor who accesses the clinic, whether or not the client chooses to disclose their experience. Where EC and PEP are able to be provided directly, the total numbers are available under other objectives, and can be used as a proxy indicator to assess uptake of services.

FPAN service delivery points (SDPs) provided emergency contraception, contraception, pregnancy testing and STI treatment to GBV survivors. Those who needed Post Exposure Prophylaxis (PEP) kit, were referred to ART services or one stop crisis management centre (OCMC) division of the local hospital in all districts. Most FPAN SPRINT implementing branches had formal MoU agreements with hospitals and medical colleges related to one stop crisis management services. The OCMC department of the local hospital provides a package of services to GBV survivors which includes PEP services, psychosocial counselling, protection/shelter and legal services. FPAN maintained confidentiality and privacy of survivors whenever they came to receive services.

FPAN under the SPRINT III project had already conducted psychosocial and GBV referral trainings to service providers as part of preparedness and capacity building prior to the emergency response. Therefore, FPAN service providers were well trained on how to support GBV survivors.

FPAN also shared information on available SGBV services with affected communities through our RHFVs, IEC materials and social media platform. Under the SPRINT emergency COVID-19 project, FPAN had budget provision for broadcasting messages on SRH, including SGBV services, offered by FPAN clinics. These messages were frequently broadcast by the “Avenues” national TV channel.

FPAN Head Office also had helpline services run by trained counsellors, who also provided SGBV counselling as well as referral services.

Indicators:

% of response staff/volunteers who are trained on LIVES, CMR or SGBV fundamentals (note this can include any training within the last 2 years, it does not have to have been new training during the response: 10.6%

Is your clinic set up to provide the following services that survivors might need:

- Emergency contraception: Yes
- Post Exposure Prophylaxis (PEPs) for HIV: No
If no, why: not allowed legally

Post Exposure Prophylaxis for HIV: Yes, FPAN all clinics provide referrals to local Government hospitals for PEP, which is part of the OCMC

If no, why: PEP and ARV are available only at the ART Centres certified by MoHP, Government of Nepal. Any suspected and eligible clients such as PLHIV or GBV survivors are referred to ART Centres by all FPAN clinics

of staff deployed during this period who have been trained now or previously on SGBV (GBV fundamentals/LIVES/CMR or other): A total of around 30 services providers of FPAN were previously trained on psychosocial counselling and referral pathway.

MISP Objective 3: Reduce transmission of HIV and other STIs

FPAN service providers were trained on HIV/STI services. They provided STI treatment to clients with signs and symptoms of STI. Clients with HIV were referred to their local ART centre in Government District hospitals where they can receive treatment for HIV, including ARV load, opportunistic infection treatment and continuum of their ARVs.

FPAN provided condoms free of charge and a condom box was made available in the entrance of all FPAN clinics where client could take as many condoms as they wished.

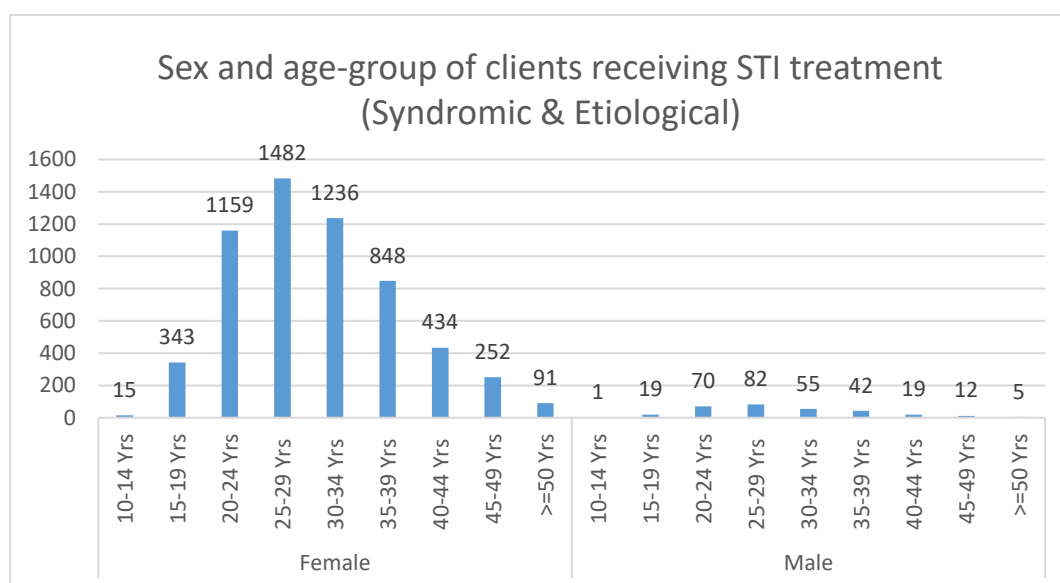
Table 3: Clients receiving STI treatment and referred for STI management

Indicator	Men	Women	Total
# of clients treated for STI (both syndromic and etiological)	305	5,860	6,165
# of clients referred for STI treatment	4	5	9
# of clients referred for HIV testing/ ARV/ OI treatment	3	1	4
# Condoms distributed	879,042 pcs		22,647 male & female clients

FPAN’s messaging through mass media (television and radio) provided awareness to the communities on how to prevent HIV/STI transmission and the available HIV/STI services.

As indicated in Table 3, above, FPAN provided a total of 125,814 STI services which included 6,162 syndromic treatments and 3 etiological treatments (with 5.5% STI rate). Further, FPAN provided 99,134 risk reduction counselling sessions, and 5,313 various investigation services such as VDRL, Hepatitis B Antigen, etc. In total 9 clients were referred to local Government health facilities for further higher level STI treatment. FPAN also provided 101,519 HIV/ AIDS related services, which included 138 pregnant women referred for PMTCT services, 94,762 HIV risk reduction counselling for high-risk clients with multiple partners or practicing unsafe sex. 1,081 HIV rapid tests (918 female, 163 male) were undertaken, of which none was found HIV positive (0% HIV positivity rate). Further, four known HIV positive clients were referred to ART Centres for further investigation such as ARV load. Figure 4 provides a breakdown of beneficiaries receiving STI treatment by sex and age group.

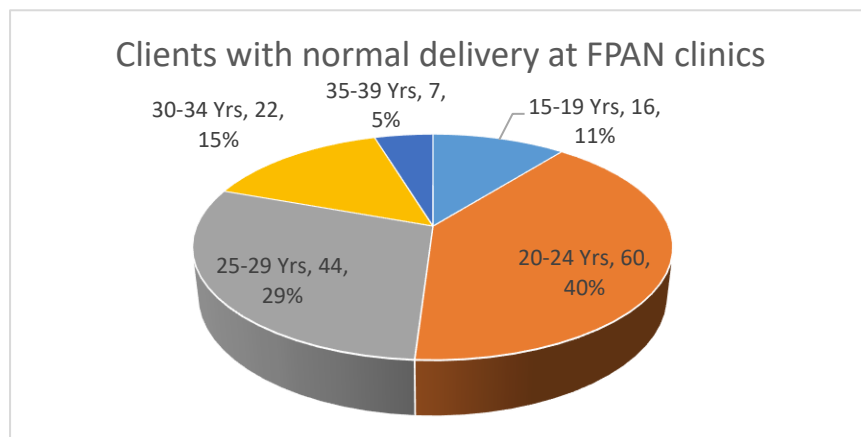
Figure 4: Sex- and age-group of clients receiving STI treatment



MISP Objective 4: Prevent maternal and infant mortality

Basic Emergency Obstetric and Neonatal Care (BEmONC) services were not provided under this response. However, FPAN service providers working in service delivery points screened pregnant women for danger signs to identify high risk pregnancies during antenatal care (ANC) visits. Those clients identified as high-risk pregnancies were referred to higher level centres for further management. FPAN assisted 149 normal deliveries in the FPAN clinics, as shown below in Figure 5.

Figure 5: Clients with normal delivery at FPAN clinics by age-group



A total of 7,106 clients were examined during their different trimesters of pregnancy to screen for any danger signs. These included 10,988 investigation services such as blood sugar, Rh grouping, urine Albumin, etc. Out of these, 46 pregnant women were screened for Rh incompatibility, and 887 received postnatal care (PNC). These also include counselling for 14 clients with post-partum depression, and 2025 prescriptions of Iron-Folic and Calcium tablets were provided. 5157 women were provided with pregnancy tests.

- # of deliveries that take place in a facility attended by a Skilled Birth Attendant (SBA)-149
- # of complicated deliveries- 49 referred from static clinics (but nothing from birthing centres)
- # of still births- 0

MISP Objective 5: Prevent unintended pregnancies

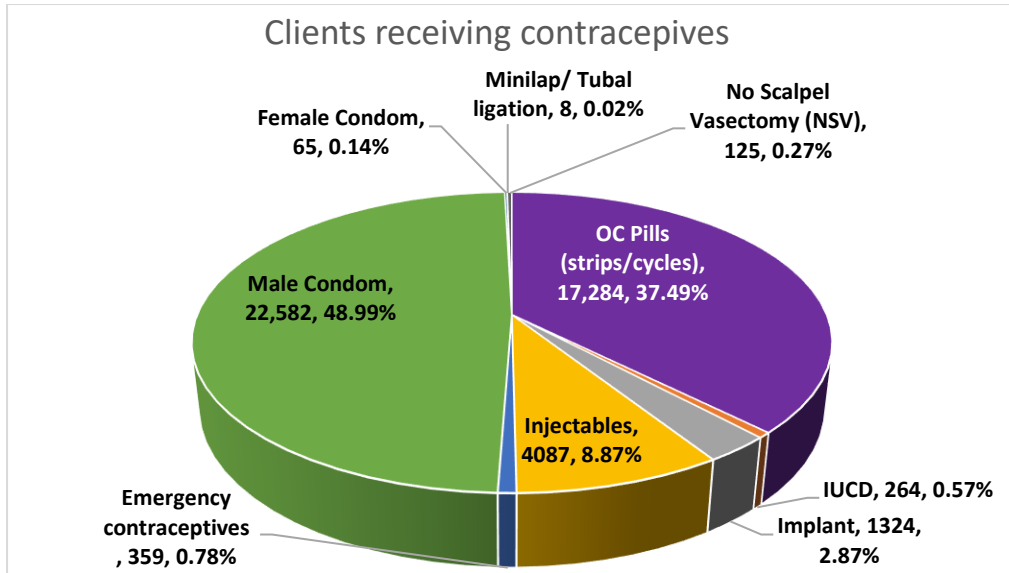
FPAN provided a range of modern contraceptive methods to a total of 91,793 clients. The FP methods included short term and long-acting contraceptives, as well as permanent methods (Table 4). Male condoms, oral contraceptive pills and injectables were the most frequently provided contraceptive methods (Figure 6).

Table 4: Family planning services provided by method

Contraceptives	Clients received contraceptives	First time users	Contraceptives distributed
OC Pills (strips/cycles)	17,284	3,048	56,489
IUCD	264	70	264
Implant	1,324	405	1,324
Injectables	4,087	745	8,213
Emergency contraceptives	359	0	359
Male Condom	22,582	3,876	878,878

Female Condom	65	29	164
Minilap/ Tubal ligation	8	0	8
No Scalpel Vasectomy (NSV)	125	52	125
TOTAL	46,098	8,225	945,824

Figure 6: Clients receiving contraceptives by method



In addition to the various short and long-acting contraceptives, FPAN also conducted 8 tubal ligations and 125 non-scalpel vasectomy as part of the permanent sterilisation for those who opted for it following specialised counselling.

MISP Objective 6: Plan for comprehensive reproductive health services integrated into primary health care

FPAN has 6 training centres in different provinces across the country. Trainings on different FP methods, medical abortion and comprehensive abortion care were provided with the support from the government and other sources of FPAN to 75 government service providers working in the government health facilities.

At the end of the emergency response, the remaining IPC materials procured for this response were distributed to branches to continue providing SRH services. Further, relevant data during this emergency response was shared with MOH.

Additional MISP Objective: Ensuring safe abortion care.

The Government of Nepal legalised abortion in 2002. As per Nepalese law, there are some indications which allow the termination of a pregnancy:

Legal Indications

- Up to 12 weeks by request
- Up to 18 weeks in the case of rape or incest
- Any gestational age
 - Life threatening conditions mental or physical conditions
 - Fetal abnormalities/malformation

Abortion is performed by two methods: 1) Medical method of termination and 2) Surgical abortion (manual vacuum aspiration- MVA), which, as per rule of Nepal termination of abortion, the MA is allowed to perform up to 10 weeks of gestation. Surgical abortion method is applicable up to 12 weeks of gestation. Also, as per rule, a services centre should be listed (certified) and service provider should be trained to provide comprehensive abortion care services.

All FPAN service sites are certified by Family welfare Division (FWD), MoHP, for abortion service and our service providers are trained on abortion service from National health training centre (NHTC), Government of Nepal.

In this response, 2,821 clients received comprehensive abortion care services: 1,905 medical abortion, 782 surgical abortion, and 134 incomplete or post abortion care. 20 clients (MVA) were referred for comprehensive abortion care services, and 1,907 abortion clients received FP services.

OTHER: Treatment of other SRH issues and general health conditions

FPAN continued to provide the whole range of SRH services as well as the minimum package (MISP) during the response, including Gynaecology, Obstetrics, HIV/ AIDS, STI, Paediatric, specialised services, apart from Urology, Sub-fertility and other non-SRH services.

A total of 88,414 Gynaecological services were provided which included counselling, investigations and treatment for menstrual irregularities, cervical and breast cancer screening and referrals. Further, 19,288 specialised services were provided, which included couple counselling on various GBV, sexuality, and relationship counselling. 49,739 Paediatric services were provided during the response period which included counselling, consultation, investigations and provision of immunisation, supplementary nutrition such as Vitamin A, and neonatal screening for any abnormalities. FPAN also provided 8,818 urology services, 1,597 sub-fertility services, 568 other SRH services and 48,965 non-SRH services which included counselling, consultation and management of for communicable and non-communicable diseases.

As per IPPF service delivery guidelines, one of the main goals of FPAN was to maintain quality of care while providing SRH services to clients. FPAN service providers maintained standard precautionary measures while providing SRH services to prevent the spread of infection between staff and clients. These included following COVID-19 protocols such as maintaining social distancing among the clients in the waiting area, thermal screening and hand- sanitising for all visitors, increased periodic cleaning of the clinics, use of relevant PPEs by the clinical staff and outreach teams.

4. ACCOUNTABILITY TO AFFECTED POPULATIONS

	SPRINT M&E Framework indicators	Achievement
3.2.1	Percentage of beneficiaries satisfied with services	100% (via client exist interview at random)
3.3	Percentage of marginalised persons reported access to SRHiE services under SPRINT response	36.94 %
3.3.1	Number of beneficiaries with a disability reached	324
3.3.2	Percentage of female members in response teams	75% (63/84)
3.3.3	Community feedback mechanism in place (e.g. exit interview, suggestion box, FGDs, etc.) to provide feedback	Yes

FPAN normally receive feedback through exit interviews and suggestion boxes. In an effort to strengthen community feedback to the humanitarian program, IPPF with the help of a national

consultant analysed the existing community feedback mechanisms during this response including through focus group discussions with vulnerable groups (PLHIV, sex workers etc.) and provided a series of recommendations. These were intended for FPAN to be able to better receive and reflect community feedback into a program intervention and to make it a two-way communication in a future response. Further discussion between IPPF and FPAN is planned for the implementation of the recommended actions. The strengthened system will enable MA to improve the quality of SRH services in SDPs.

5. COST SHARING / RESOURCE ALLOCATION FROM OTHER SOURCES

1) In-kind contribution from private sector

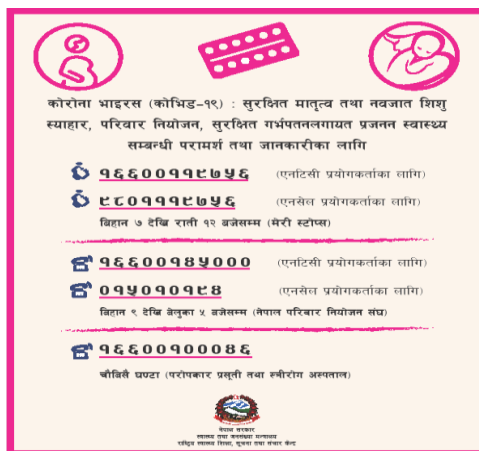
FPAN received PPE sets and essential medicines from Daraj, a local online supplier company affiliated with international company “Alibaba group”. The contribution had monetary value of around USD5,000 containing the following items:

- Tab. Vitamin-C (28tab)-50 set
- Tab. Zinc (42 tab)-50 set
- Capsule B-Complex (28 cap)-50 set
- Capsule Vitamin-D (6cap)-50set
- Tab. Flexon (10tab.)-50set
- Tab. Pantop (5tab)-50set
- Mask-50 boxes
- Gloves-50 boxes
- Sanitizer-50 bottles
- PPE- 30 sets

2) Initiation of helpline services

FPAN commenced helpline services from the FPAN centre clinic to respond SRHR-related queries when movement restrictions were imposed by the government (the Helpline Numbers shown above).

Figure 7: FPAN Helpline numbers



The Helpline was operational every day from 9am to 5pm where the helpline trained counsellor gave information on SRH services, answered the SRH related queries and provided referrals to a clinician/gynaecologist if necessary. FPAN had an MoU agreement with UNFPA for the continuity of the helpline services. As per agreement UNFPA supported the salary of 2 FPAN counsellors till December 2021.

Summary of Cost-Share

In-kind Donation/Cost shared activities	Source of funding/in-kind support	Calculation / Unit Costs	Total Estimated Cost Savings (AUD)
Medicines and PPE sets	Daraj		Around 7,000
Helpline services	UNFPA	AUD 277 x 2 counsellors	555 / month

6. CHALLENGES AND LESSONS LEARNT

Challenges:

- Engagement of youths as volunteers was limited due to the COVID-19 restrictions.
- Despite different guidelines and policies provided by the Ministry of Health and local authorities, maintaining social distance was highly challenging in the clinic. However, FPAN ensured that certain clients (such as GBV survivors) were provided services quickly.
- FPAN had to limit the number of clients served per day and by appointments only to maintain COVID-19 safe operating protocols.
- Frontline workers and volunteers experienced stigma and discrimination by the local community in fear of them spreading the virus. In this context, community volunteers were mobilised for door-to-door services by using safety measures.

Lessons learnt:

The real time review commissioned by IPPF and conducted by a national consultant provided some findings and lessons learnt, among which notable points included the following:

- The SPRINT funding was very helpful for FPAN to fulfil a key role in building an effective national response to the COVID-19 crisis in its capacity as a member of the RH sub-cluster. The quick and effective response from the RH sub-cluster, in turn, facilitated FPAN and other partners to immediately resume RH services within the MISP framework as defined by the government directives.
- Despite different guidelines and policies provided by the Ministry of Health and local authorities on COVID-19 protocols, maintaining social distance was highly challenging in the FPAN clinic, due to the constraint of the existing infrastructure. In this regard, digital health interventions such as telephone consultation/counselling with clients, and use of phone-based health applications to track and inform clients are options that may be helpful to reduce or avoid a gathering of patients at SDPs to reduce COVID-19 transmission risks.
- While FPAN tried its best to reach out to various vulnerable groups such as LGBTIQs, IDUs, PLHIV, and sex workers, some of them were still unable to receive SRH services due to travel restrictions and fear for exposing themselves to the community under lockdowns. Regular communication between FPAN branches and the vulnerable groups might have been helpful to find some solutions. FPAN will strengthen networks with vulnerable groups in each district to ensure better communication and reach for future responses.

7. USE OF THE REMAINING BUDGET

In consultation with DFAT, it has been agreed that the remaining balance of the first tranche (80% of the total budget) of AUD 10,526 equivalent² which is already in the MA's account will be utilised as follows:

- procurement of IPC materials such as surgical masks, disposable gloves, hand sanitizer, and gowns, to be distributed in districts covered by the SPRINT emergency response
- GBV training for FPAN clinic counsellors from the same districts

The amount for the second tranche (20% of the total) will be kept in IPPF's emergency response funds to support other emergency responses that may occur in the remaining SPRINT III program.

8. COMMUNICATIONS AND CASE STUDIES

Communications

A professional photographer and videographer was commissioned by IPPF in October 2021. From this assignment, still photographs as well as in-depth videos were produced, focusing on FPAN's outreach to marginalised communities such as people with disabilities and sex workers during the COVID-19 response.

Content available to view and download here: <https://ippf.assetbank-server.com/assetbank-ippf/images/assetbox/7c4d5a30-4e5b-4310-82c1-2255198911bd/assetbox.html>

IPPF has also written several blogs about the work of FPAN during their COVID-19 response and promoted this across social media: Sex worker blog: <https://www.ippf.org/blogs/nepal-ensuring-safe-and-compassionate-srh-services-sex-workers-during-covid-19>

People with disabilities blog: <https://www.ippf.org/blogs/khaskhus-innovative-group-chat-nepal-supports-people-living-disabilities-during-covid-19>

² The remaining cash balance recorded at the end of the response was NPR868,950, or USD7,449. This translates into AUD10,526 with the latest exchange rate.



IPPF Global @ippf · Dec 17, 2021

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Today is the International Day to End Violence Against Sex Workers. See more about how IPPF's MA in **#Nepal** is supporting sex workers' access to safe and compassionate sexual & reproductive health services during the pandemic: ow.ly/wPIK50HcW53 @AusHumanitarian #IDEVASW



IPPF Global @ippf · Dec 13, 2021

...

“Menstruation does not stop just because of lockdown. Getting outside to buy sanitary supplies was the biggest problem.” In **#Nepal**, volunteers are distributing sanitary items and more to people living with disabilities. Read on ow.ly/B11N50H9jSC @AusHumanitarian @dfat



ippf.org

'Khaskhus': an innovative group chat in Nepal supports people living ...
Sanjiya, who is visually impaired, launched a group chat during the pandemic so that people living with disabilities could still access health...



IPPF Global @ippf · Dec 31, 2021

Ensuring health services for sex workers in Nepal during COVID-19.
More: ow.ly/wPIK50HcW53 (4/4)

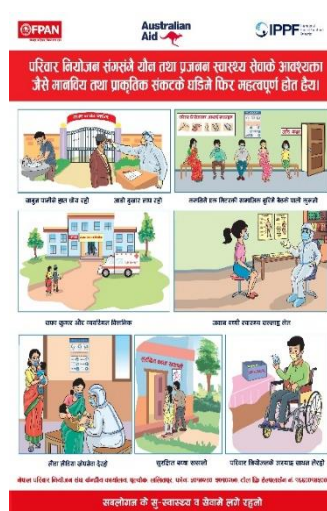


Printed poster under COVID-19 SPRINT emergency project

Considering the diversity of the country with more than 100 ethnic and caste groups each having their own cultures and languages, 900 pieces of COVID-19 response posters were printed in three main languages of Nepal (300 copies of each), in Tharu, Awadi and Maithili languages. The posters helped in raising awareness of communities on how FPAN provides SRH services in FPAN branches and community clinics in the pandemic situation. These posters were delivered through courier to all branches of FPAN.



Tharu language



Awadi language



Maithili language

Photos



Measuring body temperature using a thermo gun



Handover of FP commodities to Mayer



Implant service



Doctor providing Ultrasonography service



Service to people with disability (PwD)

Case Story: Abortion

FPAN received a call from a woman who wanted to terminate her pregnancy because she had already had two children and couldn't afford to have another child. She was in a difficult situation under the prolonged lockdown and movement restrictions. She contacted FPAN for assistance, stating that she did not even have 100 rupees (equivalent 12 cents AUD) with her to come to the FPAN Valley Clinic. FPAN sent her a vehicle and provided her with safe and free abortion services as well as contraceptives at the FPAN Valley Clinic. "Regardless of the pandemic situation, our clients experience unintended pregnancies and are in need of safe abortion care and FP services. Therefore, even in the midst of the pandemic, we are working to meet the needs of our clients", says Bivha Rai, Staff Nurse, FPAN Valley Branch.