

## Scaling up Family Planning and Reproductive Health Services in Selected Districts of Nepal (GGR Emergency Fund)

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### Project Summary:

The project “Scaling up Family Planning and Reproductive Health Services in Selected Districts of Nepal (Global Gag Rule, Emergency Fund)” has been implemented including no cost extension period from April 2018 to September 2020. The Global Gag rule (GGR) Emergency grant has a compelling responsibility of fulfilment of the gaps in SRH services brought about by the enforcement of the GAG Rule. Apart from this, the service gaps, capacity enhancement of health work force and institutional strengthening of community organizations are the pivotal responsibilities, inevitably come along with the fulfilment of FPSRH services to this grant. In this context, this project envisages to deliver SRH services in 11 districts of Nepal (Baitadi, Bardiya, Banke, Dang, Dhanusha, Doti, Jhapa, Kapilvastu, Palpa, Saptari and Sunsari) targeting marginalized and disadvantage group including young people, migrants and vulnerable groups for the improvement of their sexual and reproductive health and rights.

### Service Delivery:

Due to the implementation of GGR Emergency Fund project in 11 districts of Nepal, residents of the respective locations have been benefitted with better SRH/FP services and level of awareness in the user community is relatively better than before the project was introduced. Some of remarkable milestones that the project has set through the intervention is the quality SRH/FP services, training and capacity building of service and information providers, which can lay a strong foundation stone for sustainability of access to services. This project has success to reach out to the maximum population possible in the districts/adjacent communities where the activities are being implemented. The project has been able to make remarkable achievements by organizing LARC+ camps with integrated approach where various FPRH services was offered, however focus was given to LARC methods, STIs and cervical screening test by VIA method and Voluntary Surgical Contraception (VSC) services in close coordination with local level government (Rural/Municipalities), health facilities, community-based organizations, women and youth organizations in strategic location. Project provided FP counseling and services via Branch Family Health Center and community clinics (CCs) and also mobilized Community Based Distributors (150 Reproductive health female volunteers (RHFVs) and 99 Peer Educators) for the promotion of family planning and reproductive health services in the community by conducting community sessions for demand generation and distribution of condoms and follow-up doses of oral pills. to educate community people and provide condoms and pills at household (HH) level as and when required.



## Training:

Three days IPES (Integrated package of essential services) training to 249 (150 RHFVs & PEs) RHFVs and Peer educators, four days training on STI syndromic case management to 22 Staff Nurses, 6 days Cervical Cancer and Breast Cancer Screening training to 22 nurses and paramedics and 12 days Minilap training to 4 Doctors and Staff Nurse were planned. Purpose of the training was to enhance skills, knowledge and attitude. Training was successfully conducted in close coordination with National Center for AIDS and STD Control (NCASC), National Health Training Center (NHTC) Ministry of Health and population (MoHP). A total of 252 (99 PEs & 153 RHFVs) CBD workers, 24 service providers (Nurses and paramedics) from all the 7 provinces of 11 FPAN branches in STI case Management Training. 16 Nurses and paramedics participated in Cervical Cancer and Breast Cancer Screening training and 4 service providers (2 Doctors and 2 Nurses) participated in Minilap Training. Training founds helpful to increase uptake of quality FPSRH services among the target groups as expected. The trained CBD workers and service provider were mobilized in the mobile health camps including LARC+ and VSC camps.



## Project Achievement:

### Key Achievement:

**Objective 1: Improved access to quality integrated SRH services and information to marginalized and disadvantage group including young, migrants and vulnerable groups.**

- Mobilization of PEs & RHFVs for demand generation through which the number of services were increased.
- FPSRH services at the community door step.
- Quality integrated services has provided multiple options for clients which ensures the informed choice.
- Reaching out to M/DAG for service delivery



**Objective 2: Enhanced clinical skills of service providers including CBD workers making them skilled to provide quality family planning and reproductive health services.**

- CBD workers were able to provide quality FP & SRH service after IPES including SRH training.
- Clinical training helped to increase SRH services
- Cervical cancer screening test (VIA method) is established as a entry point
- LARC services has been accepted by the religious minority groups due to mobilization of CBD workers
- Increased couple counselling



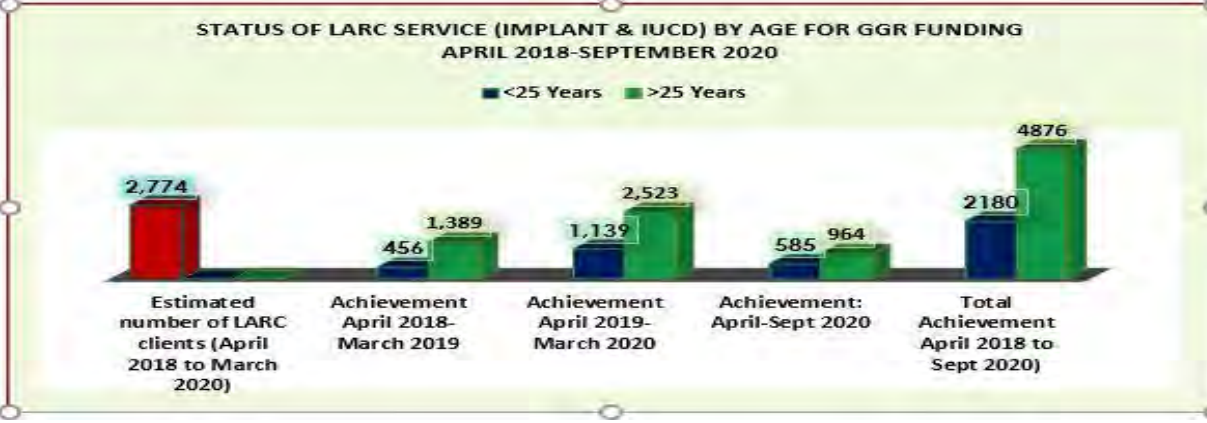
**Objective 3: Improved enabling environment for the integrated SRH services for the marginalized and disadvantage group including young, migrants and vulnerable groups.**

- Strong partnership with the local government helps to cost sharing
- Local leaders (M/RM) realize the importance of health as development they previously focus only on construction
- Strong referral mechanism established
- Seasonal trend has been broken as the camps were organized in offseason with high client flow



**SRH Services:** Overall, the GGR Emergency Fund project has left significant footprints on impact prospects on SRHR and FP in the communities of 11 project districts in Nepal. In total of 918,520 (437,391 for year 1 and 481,129 for year 2) SRH services was estimated and 2,251,540 (666,544 in year 1 & 1,584,996 in year 2 including no cost extension period) SRH services were provided through mobile clinic and CBD service delivery channels. Which comes to 245 percent

**LARC & VSC Services:** In total 250 VSC camps planned to reach 8,400 clients and 264 LARC+ camps to 2,774 clients through whole project Cycle. 5,655 (629 NSV & 5,026 Minilap) VSC service (67.32%), 7,056 (642 IUCD & 6,414 Implant) LARC service (254%) were achieved through mobile clinic during the project period. FPAN has first time organized two days VSC camp (19-20 May 2019) in Humla in close coordination with Family Welfare Division, (MoPH) to the hard-to-reach population.



## Total CYP generated through GGR Project.

Contraceptive Methods	April 2018-September 2020		
	Below 25	25 and Above	Total
CYP Condoms	7,561.94	13,629.3	21,191.28
CYP Emergency Contraception	1.20	3.9	5.05
CYP IUD	892.40	2,060.8	2,953.2
CYP Implant	7,546.80	16,826.4	24,373.2
CYP Injectable	127.75	332.8	460.5
CYP Oral Contraceptives	3,339.93	6,860.0	10,199.93
CYP VSC	10,556.00	62,959.0	73515
<b>Total CYP</b>	<b>30,026.02</b>	<b>102,672.14</b>	<b>132,698.16</b>

## Success Factors:



## Lesson Learned:

- Involvement of government bodies during planning and implementation
- Taking client/beneficiaries at the center point of implementation helps to make the program beneficiary centered/oriented
- Increase in male involvement
- Increase in marginalized community
- Mobile camp can be conducted throughout the year
- Quality counseling and service is essential to increase client's trust on local health facility
- LARC plus and VSC camps are essential in places where only short acting methods are available

**Sustainability:** FPAN/GGR Emergency Fund project has supported to increase access to FPSRH services, information and education in 11 districts. FPAN has a plan to continue to support the districts and capacitate the clinics and providers in delivering better FPSRH services which would eventually strengthen the quality SRH service delivery system in the long run. The comprehensive SRH project focused on: i) good physical environment and clinical set-up, ii) proper access to SRH/FP services, iii) comprehensive sexuality education iv) SRH services and information focused to the most vulnerable people such as minorities, and v) FPAN-GoN coordination at district level for holistic approach to SRHR would be so far be effective to replicate. Further, the project has mobilized local resources, for instance, local Municipalities/health facilities provided land to set up and run mobile clinics in the project districts. The project has also created partnership with local rural and urban municipalities and HFs, CBOs and local

government authorities/individuals to support on carrying activities in communities, for example in operating RH/FP mobile clinics, organizing awareness activities and RH/FP related trainings.

### Success Story: 1

Family Planning Association of Nepal's Community Health Clinic has come to our village and it changed how we think about family planning. We women from the Muslim community also go there and some women also put depo and implant in clinic. If this contraceptive method doesn't suit us, we then switch to condom” Rupa Khan (name changed), local resident of Hadaiya, who also uses depo shared her view about the clinic and culture of own community. Previously, deep belief held by Muslim community was that they should not use the family planning methods. But, Rupa, currently running at 35 years knew that more children would mean more expenses and become worried so she talked with her husband, and she lied to her mother-in-law that she has headache and need to visit Chainpur health post- two hours distance from her home. She put depo there and feel content. She further adds “such is the change in these days even wife of the Maulana (religious leader of Muslim community) using family planning methods. Now her mother-in-law has also understood the importance of the family planning methods for birth control and birth spacing. There are numerous examples of Muslim women using and getting benefited by family planning and acceptability of family planning methods is increased in Muslim community.



### Success Story: 2

“We, community leaders have said in the board meeting of our municipality that the services rendered by Community Family Health Clinic of FPAN need to reach in each ward. Ward is the smallest administrative unit of Nepal. Our Deputy Mayor has led this issue and we are supporting her.” These are the words of Ms. Anita Pariyar of the Dalit community and elected ward member of Mithila Municipality. According to Anita, various types of STI infection, RH problems and issues are prevalent in the community. Large number of women are affected by these problems and stigmatized by society as if they are the sole responsible. In attempt to address these issues, FPAN - Community Family Health Clinic provides services to the women in need and has been a great help. In this case, the Municipality must help to set up such camps at least in every six months in remote parts/places. Community leaders are positive to extend supports but there is a long way to go for allocating financial resources and other logistic supports as not all community leaders put reproductive health issue as priority.

