

IMPLEMENTATION AND SCALING UP **THE HIGH IMPACT PRACTICES** OF FAMILY PLANNING IN NEPAL

23-24 SEPTEMBER, 2024

SUPPORTED BY:



ORGANIZED BY:



Government of Nepal
Ministry of Health and Population
Department of Health Services
Family Welfare Division

Post Pregnancy Family Planning
including Integration with
Immunization
(PP/FPEPI Integration)

S.N.	Priority Strategic Area	Key Interventions	Time frame	Responsible Agency/People	Resources Needed & Source	Risk Assumptions	Success Indicators	Monitoring Mechanism
1	Counselling during ANC & EPI session	<ol style="list-style-type: none"> Allocation of dedicated staff Trainings /orientations 	1 year (2081/82)	FWD/ NHTC/ NHEICC PHD/ PHTC/ Service delivery centers (e. hospitals, PHCC, BHSC	Dedicated HR→ service delivery centers Trainings/o rientation Resource materials (guidelines / manuals)	HR management – No recruitment or funds	Increase in numbers of contraceptive users	DHIS tool

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2	Revitalization/ establishment of FPMCH clinics	Ownership and functionalization of in clinics by federal/ provincial/ academia/ teaching hospitals For PHCC and BHS program fund be channelized through health offices at districts	2081/82	FWD PHD Service providing centers Health Offices at district to manage program (TA, and monitoring)	Management guidelines Financial resources to strengthen or establishment	Hospitals may not prioritize	Functioning of FP MCH clinics	DHIS

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3	Advocacy for the source mobilization and allocation dedicated to PPFP including FPEPI integration	Budget allocation HR Logistics (for service readiness	2081-82	FWD PHD EDPs Palikas Service providing centers	Advocacy materials Cost for the advocacy meeting	Adequate funds could not collected	Funds allocated specifically PPFP including EPI integration and expenditure	Budget and expenditure