

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

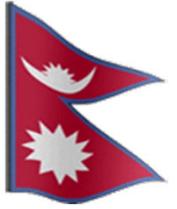
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Priority Interventions in National Family Planning Costed Implementation Plan (NFPCIP) on selected HIPS

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HIPS included



- 1. SBCC focusing on Interpersonal communication**
- 2. FCHV mobilization**
- 3. Outreach clinics**
- 4. FP service expansion and Public Private Partnership**
- 5. PFP including FPEPI integration**





SBCC focusing on Interpersonal communication



Details of priority areas	Major activities planned to achieve these targets in FP-CIP
<ul style="list-style-type: none">• FCHVs will identify and communicate with FP non-users about HTSP, benefits and contraceptives.• Service Providers will communicate with FP non-users about HTSP, benefits, contraceptives during ANC, PNCs, immunization, child health, nutrition, women health.	<ul style="list-style-type: none">▪ Revise counseling part in FP curricula focusing key messages to special groups.▪ Orient Service Providers on ANC/PNC guideline▪ Train service providers (SPs) on new SHP/SBA curriculum▪ Digitalize existing policies, strategies, guidelines, protocols, job aids and IEC materials.▪ Develop effective advocacy materials including print materials and digital media in Nepali and local languages based on the latest evidence.▪ Develop FP champions at federal, provincial, and local level from different professions and use them to advocate in different forums the importance of FP.▪ Conduct interactive session on ASRH with journalists (medial led by youth.▪ Conduct interactive sessions on ASRH with parents, teachers, religious leaders, local political leaders, health workers and other influencers to create enabling environment.▪ Organize adolescent/youth assessable (e.g., town hall meetings) where they express their issues with policy makers, leaders and managers.





FCHV mobilization



Details of priority areas	Major activities planned to achieve these targets in FP-CIP
Make available of FP Commodities to FCHVs and will provide condoms and pills to eligible individuals and couples regularly.	<ul style="list-style-type: none">▪ Motivate FCHVs to provide FP counselling.▪ Implement “lost to follow-up” FP client-tracing mechanism to address missed opportunities through use of IT/Mobile technology.▪ Capacitate and mobilize health workers, FCHVs, Health Mother’s Groups (H-MGs), and FP clients on the importance of FP and its impact on the health and non-health sector,<ul style="list-style-type: none">➤ Train/orient FCHVs on revised curriculums.➤ Incorporate training/orientation during monthly meeting at HFs.➤ Conduct orientation on value clarification and transformation for service providers and FCHVs in selected districts/municipalities▪ Support community-based programs on FP to strengthen communication skills and capacity on FP among FCHV and health workers.▪ Reduce sociocultural barriers to accessing FP services through capacity building activities of H-MGs.





Outreach clinics

Details of priority areas	Major activities planned
<p>Strengthen number, regularity, and quality of different types of mobile outreach clinics.</p> <p>Satellite clinics implemented on an average of 3 clinics per municipality focusing on hard to reach and marginalized communities.</p>	<ul style="list-style-type: none">• Improve FP services through a targeted quality clinical outreach services approach in hard-to reach (HTR) areas and underserved communities.• Implement FP microplanning focusing on hard to reach and underserved communities.• Conduct FP/SRH service delivery through satellite clinics to HTR areas.• Conduct comprehensive FP mobile outreach services (VSC and LARC).• Develop annual plan for mobile outreach at provincial and local level.• Conduct FP micro-planning.• Partnership with NGO and private sectors.• Ensure regular supply of commodities and supplies.





FP service expansion and Public Private Partnership



Area of intervention	Details of priority areas	Major activities planned to achieve these targets in FP-CIP
Universal availability of SARC s	Short-acting reversible methods include condoms, pills and injectables at all HF's.	<ul style="list-style-type: none"> ▪ Develop a system for yearly analyzing the availability of services. ▪ Train service providers. ▪ Ensure regular supply of commodities and other supplies.
Increase access to LARC s	Basic facilities include PHCs, HPs, UHPCs, UHCs but exclude CHUs. Hospitals includes local/ municipality, provincial and federal hospitals.	<ul style="list-style-type: none"> ▪ Develop a system for yearly analyzing availability of services. ▪ Train service providers. ▪ Ensure regular supply of commodities and other supplies. ▪ Strengthen Quality Improvement (QI) system. ▪ Conduct Training Needs Assessment (TNA) in all provinces.





FP service expansion and Public Private Partnership

Area of intervention	Details of priority areas	Major activities planned
Increased Access to Sterilization	<p>Basic hospitals Make available NSV and tubal ligation in local/municipality hospitals either through regular service or satellite clinic at least once a year.</p> <p>Make available NSV and tubal ligation services either through regular service or satellite clinics.</p>	<ul style="list-style-type: none">▪ Develop a system for yearly analyzing the availability of services.▪ Train service providers.▪ Ensure availability of equipment and supplies.▪ Develop annual plan for satellite VSC services.▪ Increase incentive for SPs.▪ Strengthen SBCC for demand generation.





FP service expansion and Public Private Partnership



Area of intervention	Details of priority areas	Major activities planned
Private Sector Interventions	<ul style="list-style-type: none">• Increased availability of FP services through private sectors• NGOs hire staff to work at the community level including VSPs, youth mobilizers, community health workers.• Mobile clinics run by NGOs• Pharmacies with health workers or without health workers.	<ul style="list-style-type: none">▪ Develop guidelines on strengthening Public Private Partnership on FP.▪ Advocate and support private sectors providing FP services▪ Advocate with donors for strengthening private sectors.▪ Increase training opportunity for private SPs on FP.▪ Initiate/Revive Obs/Gyne Private Practitioners' network of providing FP services.▪ Expanding FP services to non-health private facilities, e.g. supermarket, factories.▪ Support commodity supply.▪ Encourage private sector to conduct mobile outreach.



PPFP including FPEPI integration

Details of priority areas	Major activities planned
<p>Basic facilities include birthing centers and facilities without non-birthing centers but providing FP services to postpartum mothers during the extended PPFP period.</p> <p>Hospitals: All levels</p> <p>Safe Abortion Services: MA, MVA and Second trimester</p>	<ul style="list-style-type: none">▪ Develop PPFP implementation guidelines.▪ Advocacy about importance of PPFP.▪ Train/orient service providers on PPFP.▪ Train SPs on SHP/SBA curriculum and ANC/PNC guidelines.▪ Incorporate PPFP in all meedical curricula.▪ FP integrated with MNCH and Nutrition services through continuum care approach (ANC, IPC, immediately after delivery, and 12 months post pregnancy period)’• Improve integration of FP services with EPI services.



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