

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**

# Strengthening Postpregnancy Family Planning Services in Nepal

Dirgha Raj Shrestha,  
Health and Development  
Solutions (HEADS)



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

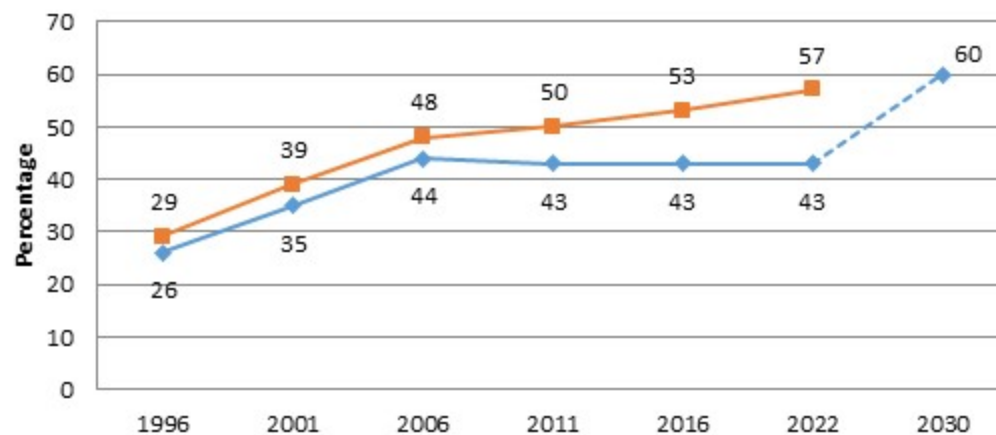
23-24 SEPTEMBER, 2024

# Situation of Family Planning in Nepal

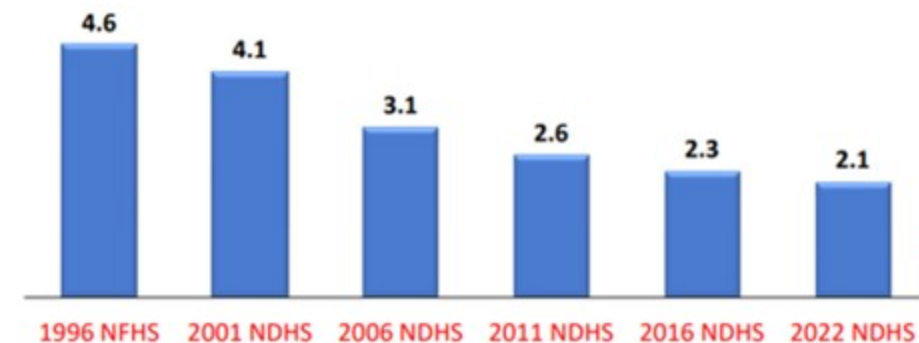
Nepal has made some remarkable progress in Family Planning

- Increased CPR for all methods to 57 % in 2022
- TFR reduced from 6.1 in 1976 to 2.1 in 2022
- Expanded contraceptive **method mix** to eight methods
- Reduced **unmet need** of FP from 31 to 21 between 1996-2022
- Increased access for hard-to-reach communities with **innovative service** delivery approaches

Trend in Contraceptive Prevalence Rate in Nepal  
1996-2022



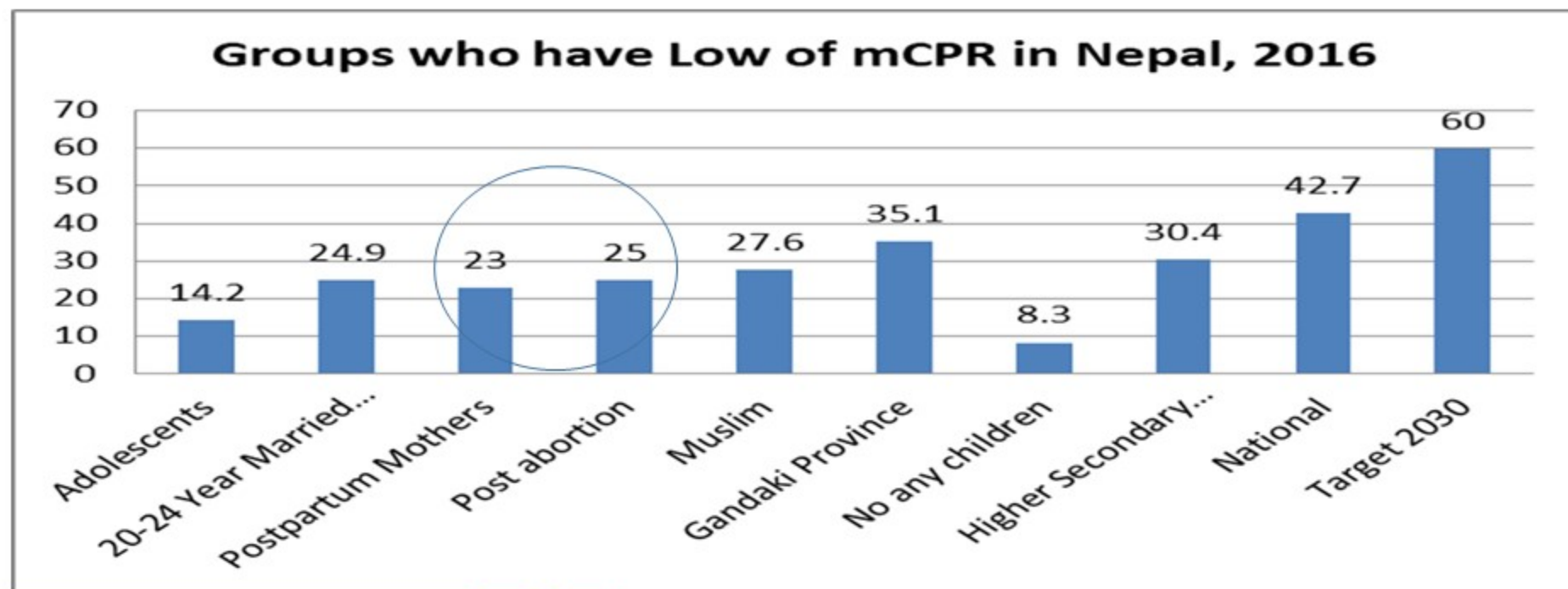
Trend of Total Fertility Rate (TFR)





However, there are some challenges:

- Stagnation in mCPR since 2006 (43%)
- Disparity in use of contraceptive methods among different groups



High  
Unmet  
Need of  
PPFP: 32%

It is important opportunity to contact Mother with the health system



ANC 8 times



Delivery 1 time



PNC 4 times



Check up of Baby and Mother herself 2-3 times

Meet around  
20-22 times



Immunization 6 times

# Identified Needs and Gaps

- MoHP/FWD, WHO Nepal and other partners agreed to strengthen PFP services in the country as part of FP Accelerator Project
- Conducted Landscape Analysis of PFP in 2019-2020.
- Identified strengths, gaps and recommendations through national stakeholder's workshop
- Conducted bottleneck analysis of
- PFP and SBCC





## IDEAS/APPROACHES FOR STRENGTHENING PFP

Integration of FP in regular maternal, newborn and child health services

Providing information and counseling as part of continuum of care from community to health facility for ANC, IPC, PNC, Immunization services

Increase awareness and change behavior about the importance of PFP services



# MAJOR INTERVENTIONS TO STRENGTHEN PFPF

**Orientation** for policy makers, program managers, service providers, medical recorders on high impact practices, tools for strengthening PFPF

**PFPF Incorporated** in FP 2030 commitment, Safe motherhood and Newborn Health Roadmap 2030, National FP Costed Implementation Plan 2024-2030, SHP/SBA curriculum, FP curriculum, NMS, RH Protocol

**PFPF indicators** included in Integrated Health Information Management Information System (HMIS), NHFS 2021

FP counseling included as part of **ANC and PNC continuum of care** services

Developed Program Managers' guide, Revised FP training packages, developed Advocacy tools





# IMPLEMENTED PROGRAM ACTIVITIES

**Developed Advocacy tools** on PFPF (Nepali language)  
to use for different stakeholders (Policy makers,  
Managers/ Service Providers, community leaders)



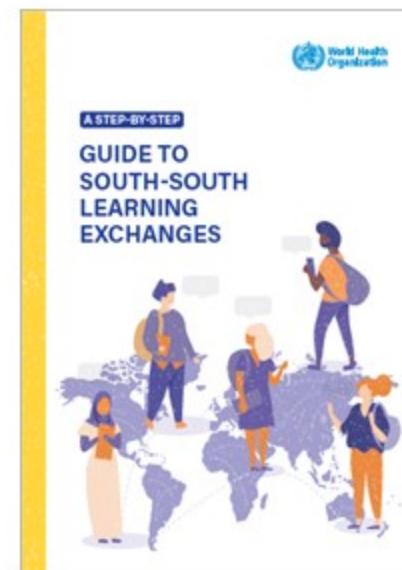
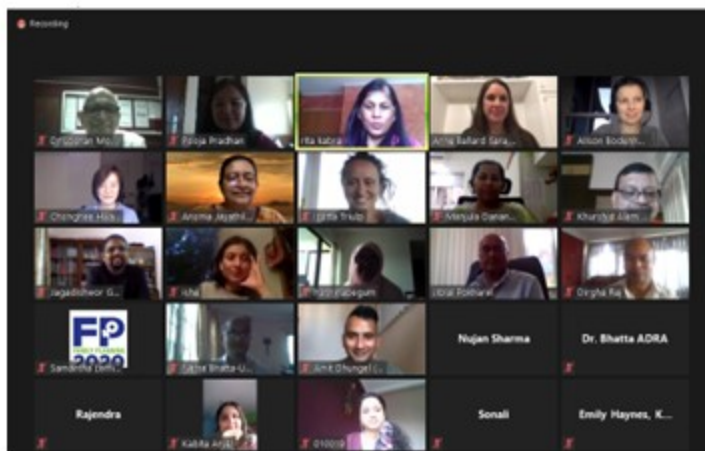
Developed IEC materials and radio jingles



# Strengthen Service Delivery

- Oriented on importance of PFP, national policy, service provisions, best practices in 7 provinces.
- Oriented Managers and Service Providers on PFP of 20 hospitals (11 federal, 9 provincial level hospital and Civil Hospital) in FY 2021/22.
- Oriented medical recorders and managers on recording and reporting system.
- Conducted refresher training for SBA trained nurses (17 persons)

# South-South Learning Exchange - Nepal- Sri Lanka



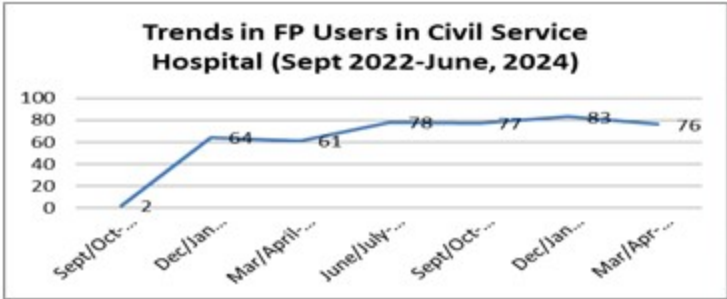
IMPLEMENTATION AND SCALING UP  
**THE HIGH IMPACT PRACTICES**  
OF FAMILY PLANNING IN NEPAL

23-24 SEPTEMBER, 2024



# Established PFPF Demonstration Site

- Assess the existing situation, conducted whole site orientation, trained staff
  - Providing all types of FP services.
- Counseling to clients; maternity, abortion, immunization, OPD of women's clinic.

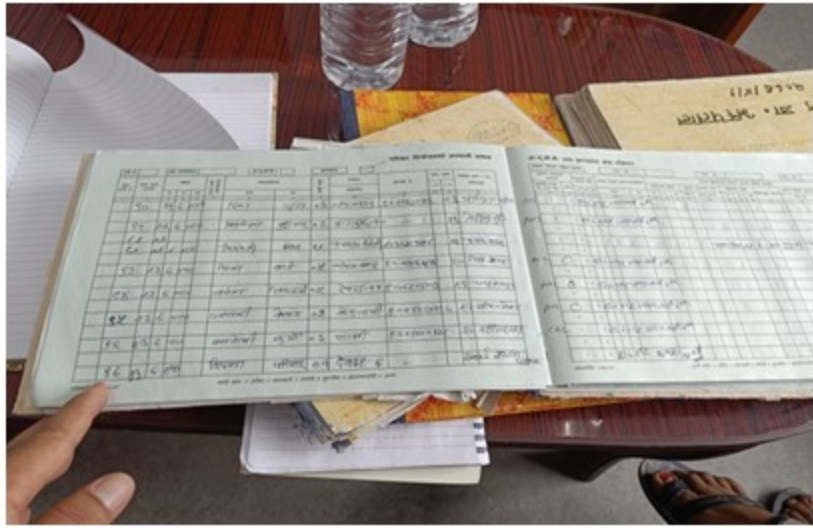
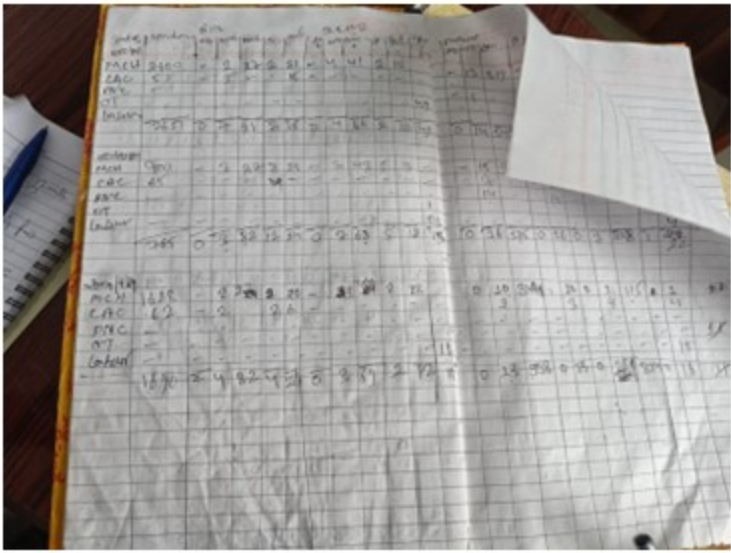


# Lumbini Provincial Hospital

- Providing all types of temporary contraceptives to postpartum and post abortion clients. Including PPIUCD and Implant.
- Integrated FP into maternity, immunization, nutrition, abortion services.
- Discussing about PFP as part of regular review meetings
- Recording and reporting of Post partum and post abortion data Inserted 556 PPIUCD in last FY (2080/2081)



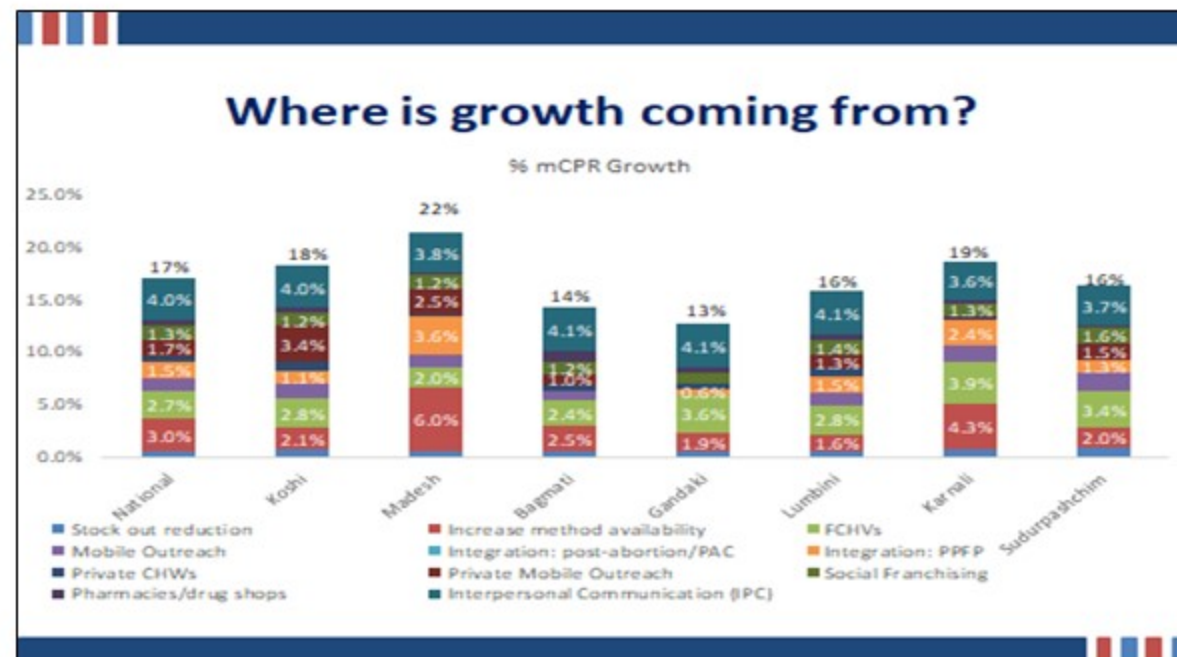
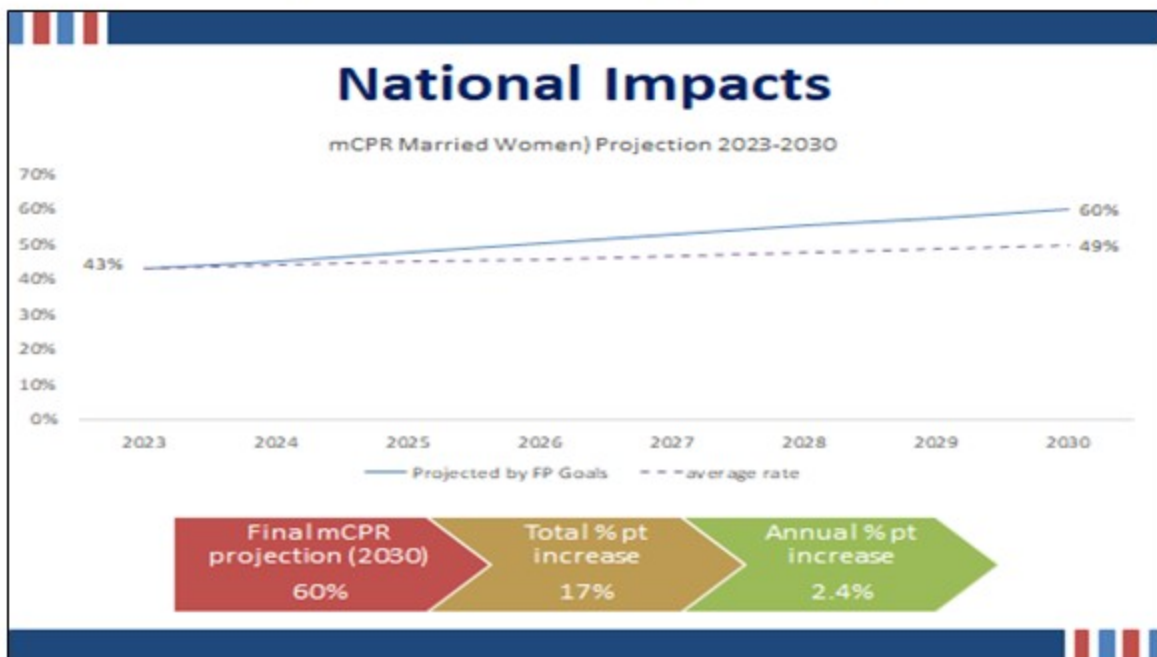
# Activities of PFPF in Lumbini Hospital





# Further Scale up plan

## FP Costed Implementation Plan (2024-2030)



Post-pregnancy FP Interventions

- PPFP Integration:**
- 50% availability in basic health facilities.
  - 100% availability at the hospital level.
- PAFP**
- 100% availability for facilities providing safe abortion services.

Basic facilities include birthing centers and facilities without non-birthing centers but providing FP services to postpartum mothers during the extended PPFP period.

Hospitals: All levels

Safe Abortion Services: MA, MVA and Second trimester

- 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 types of FP curricula.

# Challenges/Gaps

- Inadequate funding to scale up PFP services
- Less number of trained HR on PFP
- Poor quality of services especially counseling
- Myths and misconception among community people and HWs



# Way Forward

- Scale up of PFP services as per the National FP Costed Implementation Plan 2024-2030
- Advocate for funding to scale up PFP
- Coordinate and collaborate with partners
- Train orient more human resources
- Implement SBC to reduce myths and misconception and change behaviour
- Strengthen recording and reporting and use of data for improvement



# THANK YOU



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

23RD-24TH SEPTEMBER 2024

ORGANIZED BY:



SUPPORTED BY:

