

Emergency Progress Report:

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



INTERNATIONAL PLANNED PARENTHOOD FEDERATION
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Implementer Agency:	Family Planning Association of Nepal (FPAN)
Region/ Location:	South Asia Region
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MA Contact Person & Title:	KP Bista, Director General fpandg@fpan.org.np Second Contact Person Subhash Shrestha, Director Program fpanfinnish@fpan.org.np Name/position/email at FPAN
IPPF Contact Person & Title:	Matthew Kusen, SPRINT 3 Manager

Background of emergency response

As of May 5, more than 3,598,324 COVID-19 infections were reported at global level, with more than 251,718 deaths¹. While the Sars-nCov-2 corona virus that causes COVID-19 is highly pathogenic, the disease itself is not often fatal for those who are young and healthy. The mortality rate differs across countries depending on their demographics and characteristics of health systems². The elderly, those with chronic conditions and the immune compromised are most at risk. Health workers on the front lines, however, shoulder a much greater risk of infection.

Low resource and fragile settings pose particular challenges for infectious disease prevention and control. Access constraints and poor health and sanitation infrastructure are obstacles to disease prevention and treatment under the best of circumstances; when coupled with gender inequality and, in some cases, insecurity, public health responses become immeasurably more complex³. Especially in low-resource and fragile settings, we can assume there will be disruption and limited access to sexual and reproductive health as evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks often divert resources from routine health services including maternal healthcare and contraceptives, and exacerbate often already limited access to sexual and reproductive health services. Adolescents have particular needs in this regard. Furthermore, critical needs include access to clean and safe delivery, particularly for treatment in complications in pregnancy, treatment of STIs, availability of contraception, and provisions for clinical management of rape⁴.

As Nepal's borders with India and China there is likelihood that Pandemic might start from border crossings especially those from India side. Migrant workers are another threat to the country. Nepal has 82 cases, but due to limited tracing and a number of populations who might not access health services, it's possible there are more cases unconfirmed. With our under-funded and over-stretched healthcare system, complications among the elderly then exacerbate.

Mobility of people crossing borders has completely been prohibited after the announcement of lock down. The Government of Nepal has also closed the help desks. In such situation, FPAN could not establish help desks in the border areas. Thus, we have dropped this activity from the project proposal and moved the budget in other activities such as support for safe delivery cases, ambulance services and medical allowances and incentives for medical and clinical staff including the Community-Based Distribution (CBD) workers and reproductive health female volunteers.

Health risks of women and girls also increase if health systems divert resources from sexual and reproductive health care to respond to the epidemic, and if supplies are affected by the pandemic. Sexual and reproductive health services and commodities are often overlooked in times of crisis, yet women continue to require family planning, menstrual health supplies and maternal health care. FPAN has thus procured the PPEs and hygienic materials for its clinics to be able to continue providing SRH services. The PPEs and hygienic materials have been used by clinical staff, while providing services. CBD workers use only hygienic materials such as masks, gloves and hand sanitizers, because they can provide services in social distance. The following items were distributed to the 15 district branches (12 family health clinics, 17 community clinics and 148 CBD workers)

¹ <https://coronavirus.jhu.edu/>

² <https://coronavirus.jhu.edu/data/mortality>

³ <https://reliefweb.int/report/world/gender-implications-covid-19-outbreaks-development-and-humanitarian-settings>

⁴ [COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific](#)

1. Summary of the activities implemented to that point including beneficiaries reached, supplies distributed

Some service delivery points of FPAN were closed due to lock down announcement of the Nepal Government at the start of the initiative, however some SDPs including birthing centres were operating. By the end of the first month of the SPRINT project, almost all FPAN Service Delivery Points (SDPs) have been continuing essential services after receiving the PPEs. FPAN head office has developed a guideline to communicate services available, communicate preventive measures and social distancing.

Target beneficiaries	105,125
Actual beneficiaries reached in first month	14,185 (13.5%)

**Due to project start-up activities in the first month as well as the lockdown easing, it is expected that the beneficiaries reached will increase at a much higher rate in months 2-3. We will monitor closely and work to adapt strategies to increase service uptake.*

Status of Operations

FPAN has been implementing the project activities in 15 districts through 12 family health clinics, 17 community clinics and 148 community-based distribution outlets. Each FHC is comprised of at least one medical doctor, counsellor, staff nurse, midwife, paramedics, lab technician and clinic helper. The number of clinical staff is based on the service capacity of each respective FHC. The FHC offers all 8 components of Integrated Package of Essential Services (IPES) with an exception of a few FHCs providing safe delivery and child health services. Community clinics are operated by a nurse and/or midwife. A few of all community clinics are in branch office district while the remaining of the community clinics are in rural areas. Community Based Distribution (CBD) outlets are run through the Reproductive Health Female Volunteers (RHFVs) and Peer Educators (PEs). The RHFVs distribute condoms and oral pills in the community as well as providing counselling and health education and provide information on where clients may receive services through the community clinics and static clinics.

MISP Component 1 - Coordination

The staffs from the program division were participated in different meetings organized by clusters and sub clusters, such as RH sub cluster, protection cluster, GBV sub cluster. Program Director participated in different meeting of RH working group under RH Sub Cluster. Health Officer from central clinic participated in a meeting called by DPNet, a meeting with Ministry of Home Affairs and a meeting with the Department of Women, Children and Senior Citizen. In addition, the Medical Manager and the Advocacy focal person participated in two meetings with the Protection Cluster.

Type of Meeting	Participation	Objectives	Outcomes
RH Sub Cluster/RH Working Group Meeting and meeting hosted by NHEICC (3-4 meetings)	Program Director	<ol style="list-style-type: none"> To activate helpline To develop guideline on helpline To develop guideline for provision of reproductive health services in the COVID 19 Pandemic 	<ol style="list-style-type: none"> Helpline operated by FPAN and MSI Helpline guideline developed RH-COVID19 guideline developed in Nepali language
Coordination meeting hosted by DPNet (1 meeting)	Health Officer	<ol style="list-style-type: none"> To discuss on how to aware and prepare community from COVID 19 epidemic 	<ol style="list-style-type: none"> Guideline on COVID 19 developed and shared among DPNet members

Ministry of Home Affairs	Medical Manager	1. To discuss on emergency response preparedness on logistic issue	1. Logistic cluster Covid-19 contingency plan developed.
Women, Children and Senior Citizen	Medical Manager	1. To discuss on the emergency of COVID 19 and way forward	1. Protection Cluster COVID-19 contingency plan developed and shared with Ministry of Home Affairs
Protection Cluster- (2 meetings)	Medical Manager Advocacy Focal Person	1. To update information on GBV cases especially on domestic violence during lockdown. 2. To share information on number of child abuse occurred since the lockdown begin. 3. To update information on psychosocial effect due to lockdown.	1. Protocol to run safe shelters during COVID -19 developed 2. OCMC guideline developed to address GBV during COVID-19 3. Child Helpline in function 4. GBV Helpline in function

IEC Materials -Developed Brochure

परिवार नियोजन सहित यौन तथा प्रजनन स्वास्थ्य सेवाको आवश्यकता जस्तोसुकै मानविय तथा प्राकृतिक संकटको घडिमा पनि महत्वपूर्ण हुन्छ ।

सबैको सु-स्वास्थ्य र सेवामा समर्पित

Posters have been designed for both clinical staff and clients related to giving and receiving essential reproductive health services. A total of 500 copies of the below poster have been printed and distributed to the branches and SDP .

Radio Program -Awareness Program

FPAN has made agreement with Radio Audio, a popular FM radio station in Nepal, to air 30 episodes about continuation of essential reproductive health services at FPAN's different service delivery points in Covid-19 situation.

Provision of Essential Reproductive Health Services

FPAN has been providing various methods of contraceptives and emergency contraceptives, gynaecological and obstetric services, HIV and STI services, GBV screening and counselling. In addition, FPAN is also providing safe delivery services, mother and child immunization, non-SRH services and information about the COVID- 19.

FPAN staffing plans for the emergency response coordination, planning, monitoring and clinic operations has included the following:

- All the existing staffs have been mobilized in COVID-19 response. FPAN has not recruited new staff for this project. Currently, FPAN has 306 full time staff and around 350 reproductive health

female volunteers and peer educators. The peer educators have not been engaged them in the current response.

- In family health clinic, there are 6-16 clinical staff per one clinic. There are around 4 clinical staff in one community clinic.
- FPAN has a District Branch Manager and an accountant in each branch office.

Training on Minimum Initial Service package (MISP)

A total of 27 staff have been trained on MISP. All 28 Branch Managers participated in the orientation on MISP including EPP and ERP in the last quarter of 2019 and have received other capacity building opportunities through SPRINT programme.

Training	Participants				
	Branch Managers	Clinical staff	HQ staff	Staff from partners	Total
MISP training	10	8	7	2	27
MISP including EPP and ERP	28	0	0	0	28

Orientation on reporting system and M&E tools

Virtual training was conducted for branch staff including managers and service providers on reporting system and M&E tools on April 23 and 29. The OLE Manager-FPAN organised this training, which was attended by 31 staffs and included topics on SPRINT recording, reporting, MISP components, revised recording system to capture various vulnerable groups on the CMIS and DHIS2 platforms.

Disability

FPAN has initiated disability work with Disability Person' Organisation (DPOs) in three districts of Kathmandu Valley. FPAN also have partnerships with DPOs including

1. Blind Youth Association Nepal (BYAN)
2. Nepal Disabled Women Association (NDWA)
3. Community Based Rehabilitation, Bhaktapur (CBR)
4. Action on Disability Rights and Development Nepal (ADRAD-Nepal)
5. ABILIS Foundation Nepal

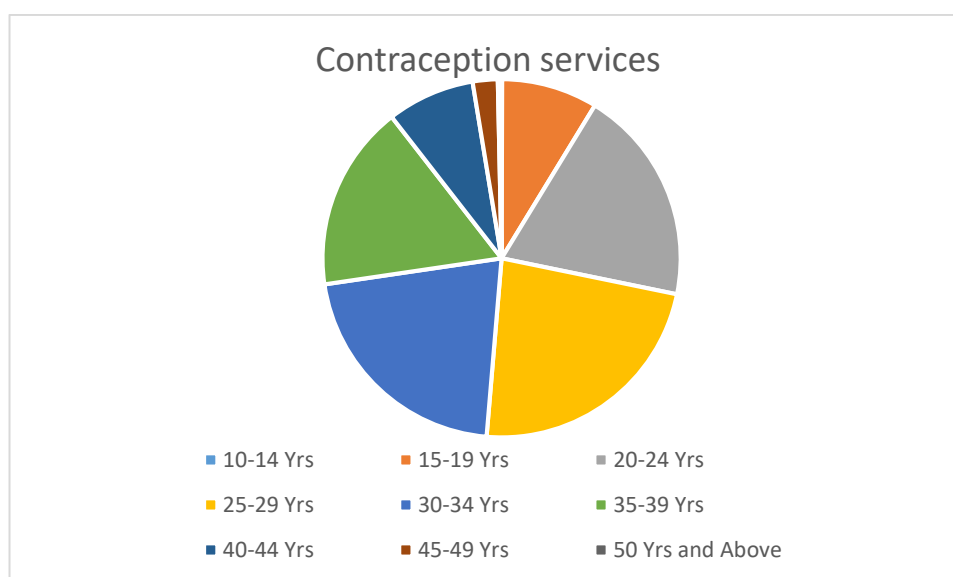
Estimated beneficiaries reached thus far

Through the interventions, FPAN during the first month reached to 14,185 clients, which includes 9,342 female clients (66%) and 4,843 male clients (34%). While this is 13.5% of the total targets to be achieved under the SPRINT response, FPAN's primary activities during this first month included procurement of PPEs, IEC materials printing & distribution, briefing the Branch Managers and service provider, initial coordination with national and provincial health authorities. Performance review will take place on a monthly basis to share our performance vis-a-vis targets and also review the Branch performance to make any adaptations in programmatic strategies.

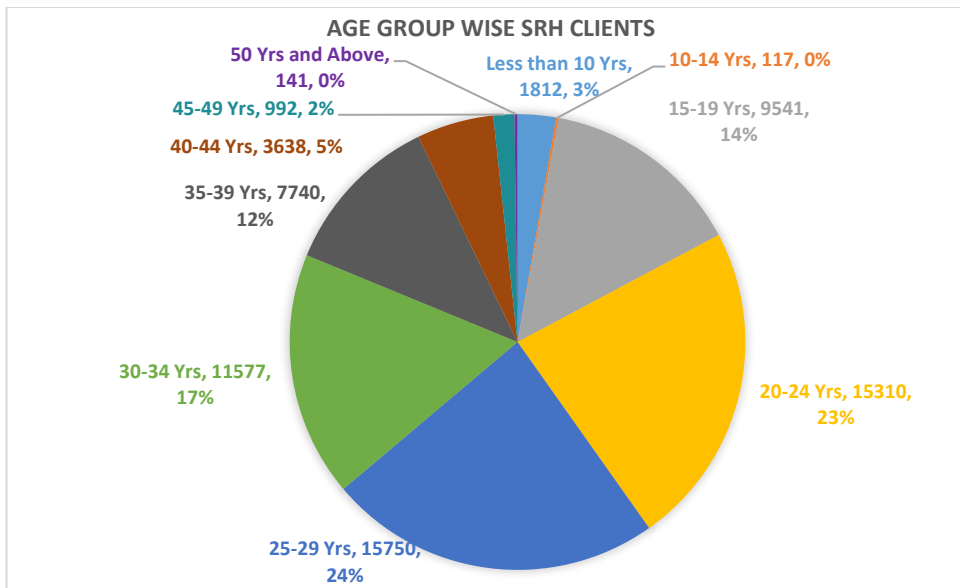
FPAN has been involved in the response to provide essential reproductive health not to provide services in COVID 19. However, we will provide general information on COVID 19 through IEC activities. The clients have been screened for COVID 19 asking some questions and measuring temperature for fever.

A total of 66,618 SRH related services were provided to 14,185 clients, during the first month of implementation. A summary table of beneficiaries reached with various type of SRH services is mentioned below.

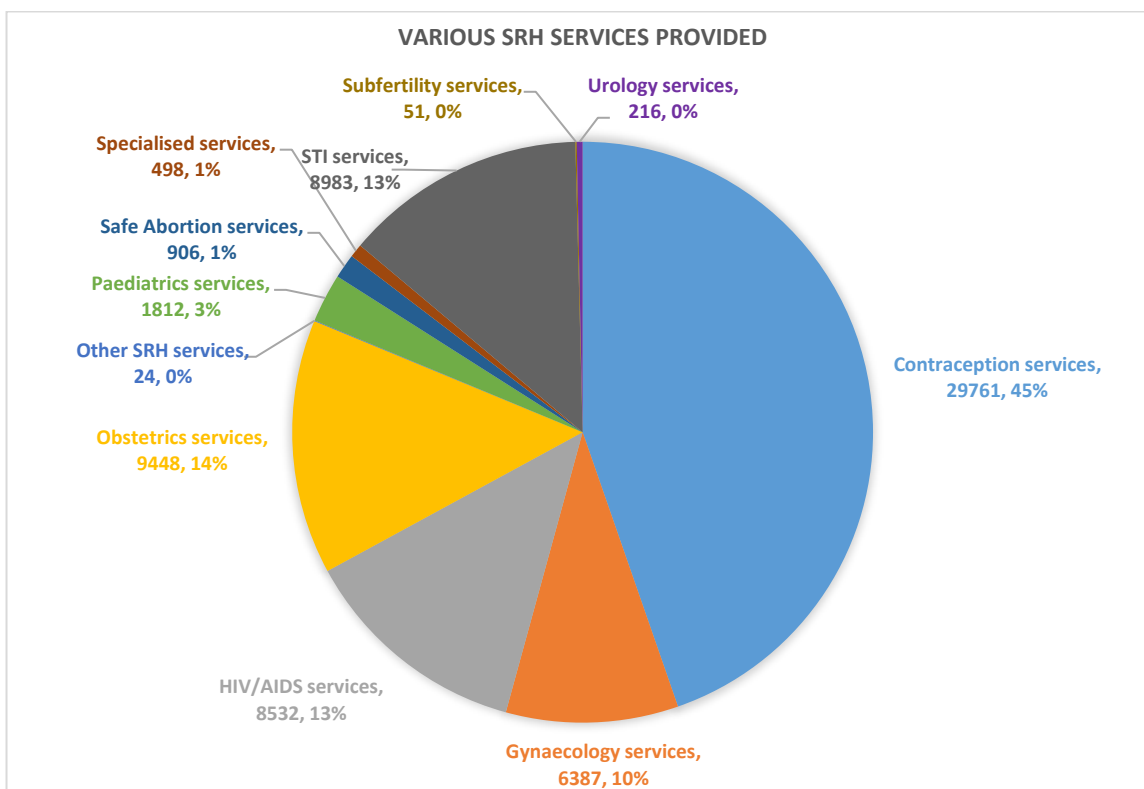
SRH clinical services	<10	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50 and Above	Total
Contraception Services+Referral	0	36	3857	6765	6788	5613	4109	1928	558	107	29,761
Gynaecology Services+Referral	0	0	855	1376	1578	1144	883	407	133	11	6,387
HIV/AIDS Services+Referral	0	20	1534	1940	2080	1421	913	495	118	11	8,532
Obstetrics Services+Referral	0	0	1538	2823	2650	1519	646	250	22	0	9,448
Other SRH Services+Referral	0	0	0	9	4	4	7	0	0	0	24
Paediatrics Services+Referral	1812										1812
Safe Abortion Services+Referral	0	0	33	196	309	230	103	30	5	0	906
Specialised Services+Referral	0	40	90	103	109	92	58	6	0	0	498
STI Services+Referral	0	21	1574	2012	2176	1505	1005	522	156	12	8,983
Subfertility Services+Referral	0	0	2	7	12	28	2	0	0	0	51
Urology Services+Referral	0	0	58	79	44	21	14	0	0	0	216



Age group break-up of clients receiving contraceptives



Age group break-up of clients receiving SRH services



Break-up of various SRH services provided

Apart from SRH, 366 non-SRH services were also provided. Brief details are as below:

Period	Data	< 25 years	> 25 years	Total
April 2020	Non SRH Services+Referral	14	352	366

2. Resources used in implementing the response

FPAN has developed and shared a guideline with branches on how to continue essential reproductive services in Covid-19. FPAN has been using different guidelines/statements from different sources such as WHO, IPPF, MOHP to run the clinical services in safe environment for both clinical staff and clients.

FPAN has procured the PPEs and hygienic materials as per the below table:

Item	Unit	Quantity
PPE set with Boot Cover	Set	198
Disposable Masks (50 pieces packet)	Packet	454
Hand Sanitizers (500 ml jar)	Container	54
Boot	Piece	85
Surgical Cap	Piece	1,017
KN 95 Mask	Piece	456
Thermo gun	Piece	48
Sterile Latex Gloves-	Packet	396

3. IX. Activities under MISP Objectives:

MISP Objective	IPPF MA Planned Activities	Indicators	Progress
Ensure the health sector/cluster identifies an organization to lead coordination and implementation of the MISP	FPAN headquarter will actively engage with the partners and participate in the Cluster / and RH sub cluster meetings at national, provincial and local levels.	<ol style="list-style-type: none"> 1. Coordination meetings organized/ attended at Government level and other Health related bodies 2. Coordination meetings organised/ attended at Federal, Provincial/ District and level 	<ol style="list-style-type: none"> 1. Staff from program division including director, managers participated in meeting of RH sub clusters/RH working group, protection cluster and GBV sub cluster, 2. Staff from program division participated in coordination meeting organized by Ministry of Home Affairs, DPNet, Department of Women, Children and Elderly People. District managers participated in the meeting organized by Chief Administration Office, District Health Office and Municipalities

Prevent and manage the consequences of COVID 19	FPAN as a member of Health Cluster will participate in the Protection cluster meetings to inform about the clinical services availability.	<ol style="list-style-type: none"> 1. No. of clinics equipped to provide COVID 19 screening 2. No of clients visiting FPAN clinics for FP services during COVID 19 crisis 3. No. of service providers trained 4. No. of MOU signed with health facilities 5. No. of referral cases for further treatment 6. No. of COBIT 19 positive cases 7. No. of peoples screened for COBIT 19 8. No. of community sessions by peer educators, community counsellors and female community health volunteers 9. No. of Information, Education and Communication (IEC) Materials distributed 10. No of times awareness program broadcasted on Local FM Radios 11. No of people screened at the border area with India 12. No of condoms and other essential FP items distributed 13. NO of articles related on FP services vis a vis COVID 19 precaution on newspapers. 14. No of protective gears distributed to medical staff 15. No of precautionary gears distributed to other peer educators and RHFV 	Achievements as mentioned above
Ensure FP services run smoothly at the time of Crisis	<ul style="list-style-type: none"> • Distribution of Clean delivery kits to visibly pregnant women • Raise awareness and distribute IEC materials on danger signs in pregnancy, 	<ol style="list-style-type: none"> 1. No of beneficiaries provided with FP services 	<p>A total of 77,086 contraceptives were distributed among 11,569 clients</p> <ul style="list-style-type: none"> • 3,951 males received 69,047 male condoms • 9 females received 22 female condoms

	<p>childbirth and newborns</p> <ul style="list-style-type: none"> • Provide and distribute FP services including availability of free condoms through help desk and clinics 		<ul style="list-style-type: none"> • 5,315 females received 5,715 OC pills • 108 females received 116 EC pills • IUCD-3 • Implants- 24 • Injectables-2,159
SPRINT Emergency Response Indicators and Value for Money Indicators			
Objective	IPPF MA Planned Activities	Indicators	Progress
Monitoring the Response	Weekly data review and consolidation Monthly sharing of data with the HUB	With support from the hub, MA to review SPRINT Emergency Response program data on a regular basis to track and assess the results of the interventions and adjust program activities accordingly.	Virtual training was conducted for branch staff including managers and service providers on reporting system and M&E tools on April 23 and 29. A total of 31 staffs were participated in the training. Weekly reviews are conducted by the Branch Managers, while HQ reviews the performance on monthly basis through CMIS and DHIS2, which is reported to Humanitarian Hub
Timely implementation of SRH activities to reach affected populations		The SPRINT supported emergency responses reach to the affected population with quality SRH services in timely manner (initiated within two to three months)	A total of 14,185 clients were screened for COVID-19 as well as provided various SRH and non-SRH clinical services
Lifesaving quality essential SRH care provided in a timely and inclusive manner (with an emphasis on women, girls and marginalized people of Nepal)	Client satisfaction mechanism established to collect this data	Percentage of beneficiaries satisfied with services	Avg. 85% of clients reported satisfaction with the services
	Partnering with marginalized person-focused organizations in this response Integrate marginalized groups in the M&E system	Number of marginalized persons reported access to SRH services under COVIT 19 response	A total of 17 marginalised female clients received various SRH services during the first month. These include 1 young rape survivor, 2 physical abuse, 2 sexual assault, 2 forced marriage, 9 domestic violence, and 1 sex worker receiving contraceptives, Gyneac., STI, subfertility and urology services. While 5,035 adolescent clients (10-24 yr) were served, there were no clients with

			disability or PLHIV were catered during this period.
	Partnering with PLWD-focused organizations in this response Integrate PLWD groups in the M&E system	Number of beneficiaries with a disability reached	0.
	Response Leadership team to enforce gender-inclusive response strategies and deployment	Percentage of female members in response teams	Around 70% of the service providers and outreach team are female
	Establish community feedback mechanism to collect feedback from community who received the services	Did the response have community feedback mechanisms in place? Please highlight yes/no	Yes. FPAN maintains suggestion & complain box are the SDPs which are reviewed on monthly basis. Also during any M&E visit, FGDs are conducted to seek feedback from the community. These are discussed with the service providers to take corrective action
	Have MoUs with organizations or groups working with marginalized communities	Was this response designed and implemented in partnership with groups working with marginalized communities.	<ol style="list-style-type: none"> 1. Blind Youth Association Nepal (BYAN) 2. Nepal Disabled Women Association (NDWA) 3. Community Based Rehabilitation, Bhaktapur (CBR) 4. Action on Disability Rights and Development Nepal (ADRAD-Nepal) 5. ABILIS Foundation Nepal

4. Progress towards sustainability of activities.

FPAN always delivers essential reproductive services through its own service delivery points. FPAN has made memorandum of understanding with government hospitals and medical college hospitals. Services unavailable in FPAN's clinics are typically referred to the appropriate partner health institutions. For example, FPAN has MoUs with Patan Hospital, Lalitpur, Maternity Hospital, Kathmandu, BP Koirala Institute of Health Science, Nepalgunj Medical College etc. Referrals for services are done through these partnerships.

5. Challenges of the Project

- Government's lock down has been started since last six weeks now. The mobility of people is restricted; therefore, it is very difficult for clients to reach to the clinics. Similarly, clinical staffs are facing difficulty to reach to clinics due to the transportation problems.
- It was also difficult to procure the PPEs and hygienic materials and other medical supplies due to the weakened supply chain system at national level. Very limited quantity of materials is available in the market. This also affects in the price and quality of the medical equipment and materials.
- Most of our staffs have been working from home since the declaration of lock down. FPAN vehicles cannot travel freely due to the restriction of government.
- Out-Patient Departments in most of the government and private hospitals have been closed. It is resulting in our FHC being over visited. Some clinics are underutilized due to the restriction of mobility of people. Services at the family health clinics have been continued by limited staff. The branches have prepared duty schedule for the service providers.
- Few family health clinics faced over client load due to the stop of immunization services in most of the clinics. FPAN mobilized some additional staff including government staff to manage the high client load.
- Our DHIS2 can generate monthly data. The branch collects monthly data from field including from the CBD workers. It takes time to upload the service data in DHIS2. The lock down situation has restricted mobility and gathering. In such case data collection from the field is also one of the big challenges.

6. Conclusion and Recommendations

- Staffs have shown dedication and positive attitude in the critical situation so that FPAN can resume the essential reproductive health services in Covid-19, where most of other health institutions remain closed. FPAN has proved that it can work in the critical environment.
- Community based distribution (CBD) model is an effective model in the critical situation. The reproductive health female volunteers did not stop the services in the pandemic. It would be better if we could combine the CBD model with community outreach run by clinical staff, so we can expand a variety of services to clients.

Attach medium high-resolution photos

Photo: Family Health Clinic, FPAN Dhanusha





Photo: Family Health Clinic, FPAN Sarlahi



Photo: Family Health Clinic, FPAN Sarlahi

