



Photo credit : FPAN

# Emergency Funds Allow Family Planning Association of Nepal to Reestablish Essential SRH Services in Early Days of Pandemic

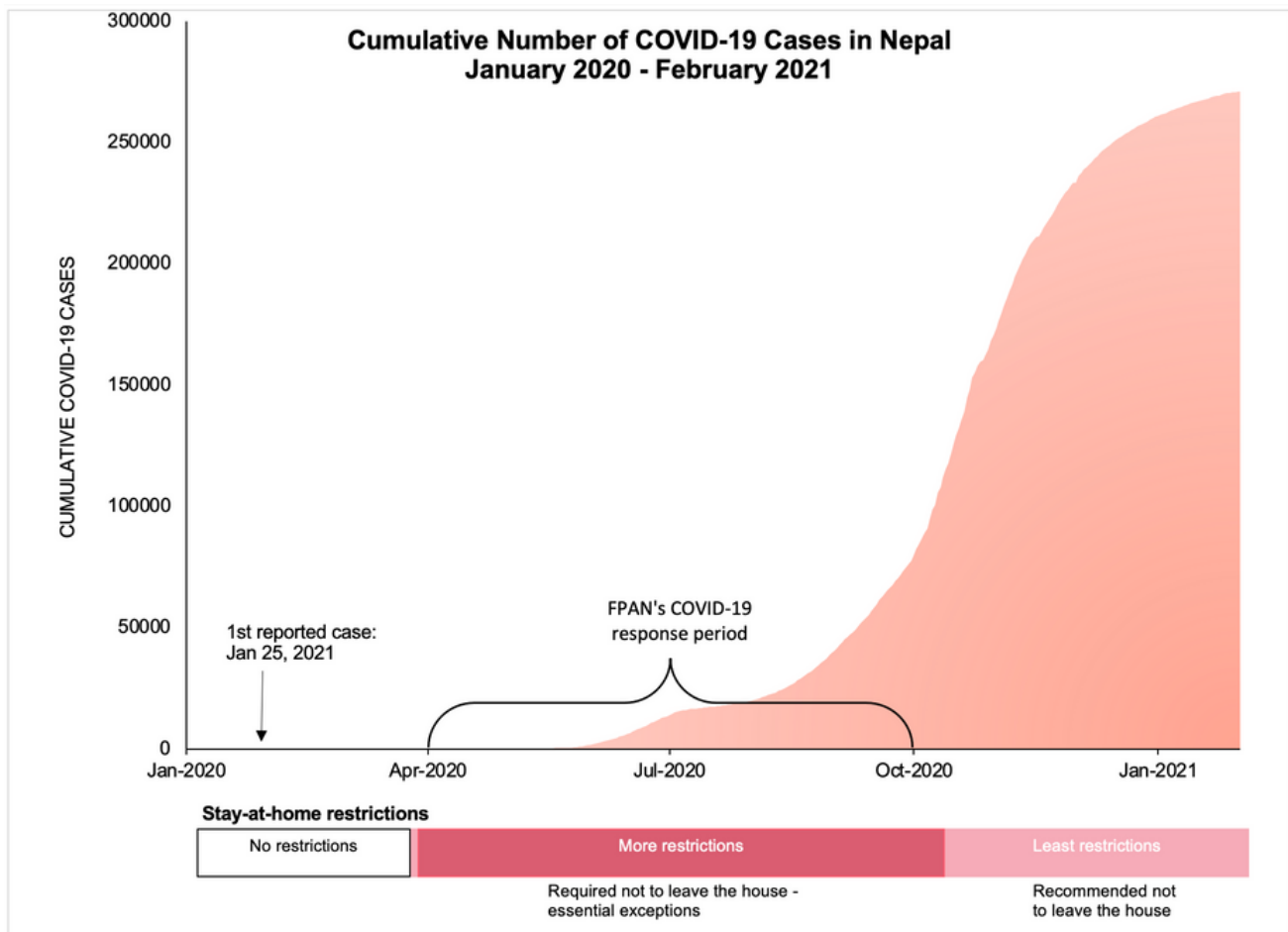
PROGRAM ADAPTATION CASE STUDY - JANUARY 2022



### Key Takeaway:

Longstanding presence in Nepal, an existing relationship and coordination with the government, and the addition of emergency funding enabled FPAN to quickly reestablish their SRH services relatively early in the pandemic lockdown.

## Background COVID-19 Context



The Family Planning Association of Nepal (FPAN) [Sexual and Reproductive Health Program in Crisis and Post Crisis Settings \(SPRINT\)'s COVID-19 response initiative](#) took place from April through September 2020. During this time, the number of COVID-19 cases were low but slowly rising by the end of that time frame and more restrictive stay-at-home order (can only leave house for daily exercise, grocery shopping, and 'essential' trips) were in place. A review of FPAN's response took place in December 2020 when cumulative cases were high, slowly rising, and stay-at-home restrictions were minimal (recommended to stay home).

## Program Description

The [Family Planning Association of Nepal](#) (FPAN), a member association of the International Planned Parenthood Federation (IPPF), received emergency funding between April and September 2020, with support from the Australian Government through its SPRINT initiative, to build an effective national response to the COVID-19 crisis. The funds helped FPAN provide a timely supply of personal protective equipment (PPE) and a monetary incentive (in the form of hardship allowance and insurance) to all staff members.



Photo credit : FPAN

The Government of Nepal, together with UN agencies and NGOs, activated 11 emergency clusters to prepare and operationalize the emergency response to COVID-19 at the national, provincial, and local levels, as they had done for the 2015 earthquake and previous disasters. FPAN was involved in 3 of the 11 clusters, one of which was the health cluster. It was sub-divided into nine sub-clusters including the reproductive health (RH) sub-cluster. The national RH sub-cluster supported the formulation of the government's [interim COVID-19 responsive Minimum Initial Service Package \(MISP\) guidelines](#). The quick and effective response by the national RH sub-cluster helped FPAN and other partners to immediately resume SRH services, based on the government's MISP framework, within a month after the COVID-19 national lockdown began.

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*“The emergency funds helped us catalyze a quick response as these resources were mobilized quickly to address needs. Our engagement in the emergency clusters with the government and other partners helped to produce the MISP framework. Then our internal preparations helped FPAN quickly resume needed services based on the MISP framework. This experience has strengthened our knowledge base for future emergency responses.”*

—Dr. Naresh Pratap K.C, Executive Director, FPAN

# COVID-19 Adaptations



**National directive:** FPAN worked with the government to pass a national directive that emphasized the use of telehealth consultations for SRH services including antenatal care, stipulated measures to prevent infection in health care facilities, and set the MISP framework. These COVID-19 specific MISP guidelines specifically encouraged prioritizing digital health interventions.



**FPAN guidelines:** FPAN formed a special senior management team to address service delivery strategies in the COVID-19 emergency. FPAN issued its own operational guidelines to deliver essential SRH services and implement the MISP, focusing on the needs of underserved and marginalized groups including adolescents, migrants, and persons with disabilities.



**Resumption of services:** FPAN was the first organization to resume essential SRH services after mobilizing additional staff, including from the government, to manage the high client load. Almost all 29 FPAN service delivery points resumed essential walk-in services by May 2020, within a month of the national COVID-19 lockdown initiation.



**Service adaptations:** Key service adaptations comprised a higher reliance on the existing community-based distribution (CBD) approach, the use of digital media, rigorous oversight for an uninterrupted commodities supply chain, and staff support through provision of protective gear and incentives.

## Service Adaptations

- **CBD:** CBD played a central role in ensuring access to FP information and services at the grassroots level during the COVID-19 crisis. FPAN's CBD workers were made up of Reproductive Health Female Volunteers (RHFV), social mobilizers, and youth peer educators. Social mobilizers are the only paid staff. These existing local community-based workers conducted door-to-door visits to raise awareness about containment of COVID-19, provided FP information, and distributed short-acting FP methods – namely pills and condoms. In addition, social mobilizers helped in project planning and implementation and provided overall support in service delivery through static and mobile clinics. When CBD team members came to FPAN branch offices to pick up pills and condoms every month, they were informally oriented by supervisors on safety precautions during home visits such as masking and physical distancing. They also received supervision visits about once a month.



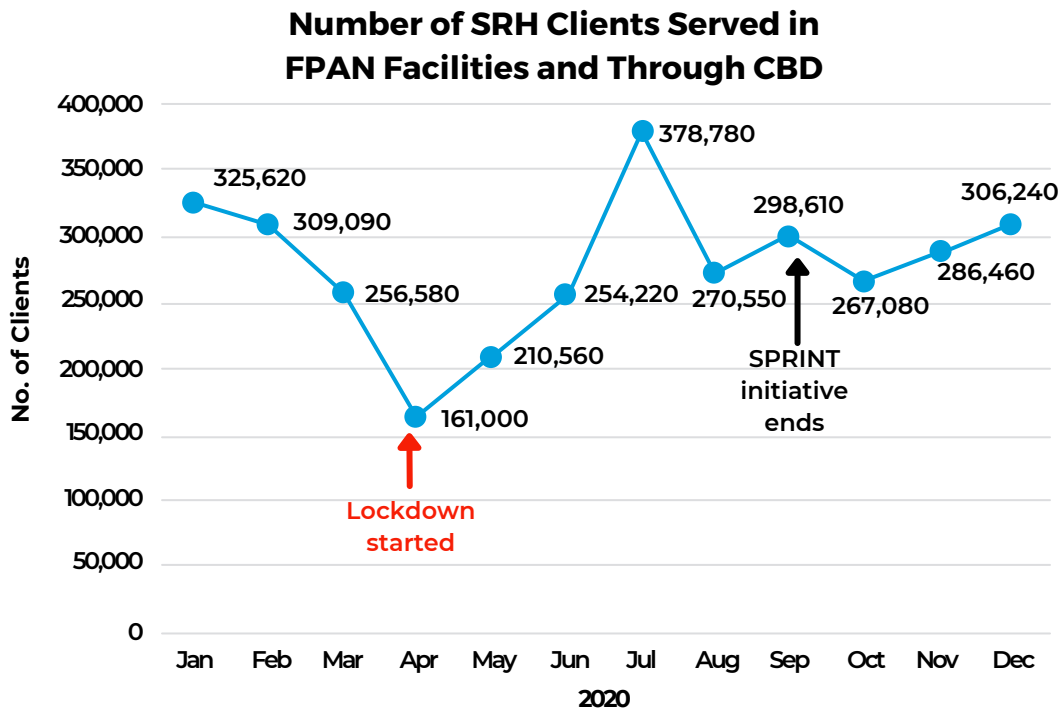
*“One of the strengths of having CBD during the lockdown is that they were the ones who were already in the community and could go door-to-door...so I think that added the benefit because they’re the locally available volunteers.”*

—Mala Chalise, ACCESS Programme Manager, FPAN

- **Use of digital media**
  - Adopted telehealth consulting on SRH counseling services;
  - Used social media and mass media (TV and local radio) to promote service information; and
  - Scaled up its existing helpline catering to callers inquiring about SRH services and counseling.
- **Rigorous testing and maintenance of its FP/RH commodities supply chain:** FPAN maintained a continuous supply of essential commodities to all its branches without any stock-outs during the emergency response. They did this by requiring every branch to maintain a minimum buffer stock of FP supplies that would last for 3 months and forecast demand for each commodity for 6 months. During its COVID-19 emergency management meetings, the FPAN Head Office took note of the stock at hand and commodity needs for the next 2-3 months.
- **Staff support:** FPAN provided staff ample PPE, insurance against COVID-19, and a hardship allowance.

## Impact

- There was a steep drop in clients accessing FPAN’s SRH services at the start of the lockdown in April 2020, but the numbers rose quickly and consistently in the following months to near pre-pandemic levels. This was due to FPAN’s innovations and quick, coordinated response through July, when the lockdown ended, before dropping off – possibly due to alternative service delivery points becoming more available.
- Compared to all other Reproductive, Maternal, Newborn, Child Health (RMNCH) services measured, FP services had the lowest drop between April-September 2020, which may be due to the efforts of the SPRINT initiative.
- Between April and September 2020, CBD was the most dominant service delivery channel, at up to 53% – a marked increase from 2019 when CBD contributed only 40% of total services.
- Despite reporting long wait times, clients who visited FPAN facilities during the early period of the COVID-19 pandemic overwhelmingly reported high satisfaction with the care they received, as did those who received home visits by community-based volunteers throughout the pandemic.



## Lessons for Other Programs

The Nepal MoH’s interim directive and FPAN operational policy provide templates for enacting emergency policy change that are relevant in case of future pandemics or emergencies. The timely release of emergency funds through an existing project allowed FPAN to act quickly and nimbly in the early days of the pandemic to dramatically improve the availability of SRH services in Nepal. This successful model of coupling policy change with emergency funds could prove useful in informing response to future pandemics and prolonged emergencies.



*The emergency funds helped catalyze a quick response by FPAN as resources were able to be mobilized quickly. The operational guidelines, and the systems set up, knowledge gained from this experience will be very helpful for us to quickly adapt and implement needed services for our clients in other similar emergency situations.*

—Dr. Naresh Pratap K.C, Executive Director, FPAN

### For more information:

- [Post-Emergency Review Report: Meeting the essential Sexual and Reproductive Health needs of communities affected by \(COVID-19\) in Nepal. January 2021](#)
- [FPAN website](#)