ENSURING STI/HIV SERVICES WITHIN THE COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH SERVICES PACKAGE AT JAJARKOT AND RUKUM WEST DISTRICTS: AN INTEGRATED APPROACH IN NEPAL EARTHQUKE RESPONSE

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Background:

The Family Planning Association of Nepal (FPAN), member association of International Planned Parenthood Federation, is a lead sexual reproductive health (SRH) service provider in Nepal. The STI including HIV/AIDS are integral part of the core programs and Minimum Initial Service Package (MISP) during humanitarian setting. FPAN ensures comprehensive SRH services through client-centred approach and well-trained service providers.

Approach:

FPAN implemented a three-month MISP response in the earthquake-affected areas of Jajarkot and Rukum west districts with the support from the SPRINT-IV Initiative, based on the Inter-Agency Working Group (IAWG) guidelines. Coordination with the local government-rural municipalities, councils, and partners for scheduling medical camps in hilly terrain and leveraging the community healthcare workers and healthy mothers' groups for awareness-raising and mobilized communities to seek SRH services were instrumental in increasing FPAN's reach during the crisis-intervention. FPAN staff provided STI/HIV services as part of integrated package, including risk-reduction, syndromic treatment, and referrals to higher centres for further management.

Outcomes/Impact:

Out of 7,848 indigenous people reached through 46 mobile camps 7,300 (male-944, female-6,355, non-binary-1) received clinical services. Young people constituted 4,902 (63%), 107 (1.4%) were people with disabilities, and 261 (3.3%) pregnant mothers. Around 2,817 (36%) were treated for STI and under PMTCT program, 135 tested for HIV and 132 underwent ultra-sonography. Received appreciation through suggestion box and client exit interviews that were conducted as part of accountability to affected population.

Innovation/Significance:

- Integrated-approach: Ensure STI/HIV services integrated within the essential lifesaving SRH services for the crisis-affected population.
- Mobilizing local communities: Through awareness-raising on SRH, especially vulnerable groups for demand-generation.
- Localization: Strengthen the local institutional capacities on risk-reduction and resilience, in close coordination with the stakeholders for provision of comprehensive SRH services including STI/HIV.

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