

NEXT GENERATION FAMILY PLANNING COMMUNICATION CAMPAIGN 2015-2017

BACKGROUND

The Government of Nepal has made a major commitment to improving the reproductive health of its people. Substantial progress has been made in reducing maternal mortality, under-five mortality and the total fertility rate over the last two decades. Despite these gains, Nepal's progress on Millennium Development Goal 5(b) – universal access to reproductive health as measured by the contraceptive prevalence rate (CPR) - has slowed in recent years.



Smart Family

To help address this challenge, the National Health Education Information Communication Center (NHEICC) in coordination with Family Health Division (FHD), and with support of the USAID Health Communication Capacity Collaborative (HC3) Nepal project, is launching a 'Next Generation' Family Planning Communication Campaign. This strategic initiative is aimed at repositioning family planning for the new generation and at increasing FP method use among young married couples across the country. The campaign is based on evidence from research and on the guidance of the MOHP NHSP II, draft NHSP III, the National Health Communication Policy of 2012, and the draft National FP Communication Strategy 2015-2020.

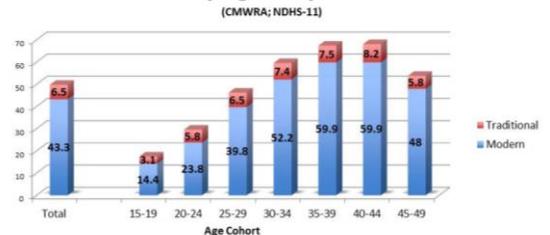
SITUATION ANALYSIS:

Young Married Couples

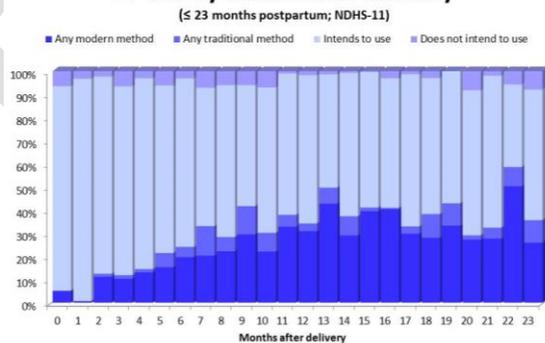
While gains in family planning and reducing unmet need have been made among certain segments of the Nepal population, other groups lag behind. Significantly, the largest such segment lagging behind – a group spread throughout the country -- is that of young couples, either those just starting their families or the newly married. This generation of young families is shaping Nepal's future, including its future health practices. The evidence (NDHS 2011):

- Over 56% of women of reproductive age are below 30yrs old
- Their family planning practices fall far below the national average:
 - Only 12% are using FP to delay the first birth
 - Fewer than 32% are adopting FP to space their second child after the first birth
 - Fewer than 13% are using FP within two months after delivery

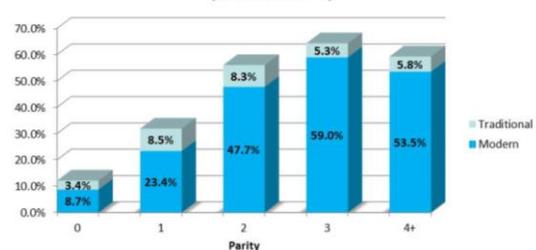
CPR by age, Nepal 2011



FP use by month after delivery



CPR by parity, Nepal 2011



While Young Married Couples are distributed nationwide, the HC3 project also focuses on two other major groups with specific geographic distribution or social identity within its project 13 districts:

- **Marginalized and Disadvantaged Groups (MDAGs);** and
- **Migrants,** among whom HC3 Nepal project seeks to improve contraceptive use dynamics (timing of initiation, discontinuation, method mix)

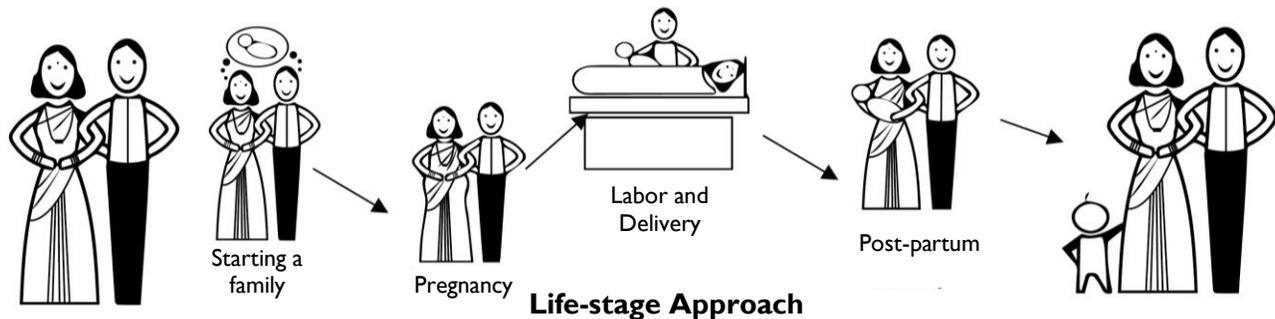
FP COMMUNICATION CAMPAIGN OBJECTIVES:

Specific indicators and populations of interest include:

- Increase modern contraceptive use among **young, low-parity women and men**;
 - Improve timing of FP use after delivery (**Post-Partum FP**);
 - Increase optimal birth-spacing practices (**Healthy Timing and Spacing of Pregnancy**);
 - Increase age of marriage, age of first birth (**Age of First Birth**);
- Reduce unmet need among **Marginalized and Disadvantaged Groups** (MDAGs); and
- Improve contraceptive use dynamics among **Migrants** (timing of initiation, discontinuation, method mix)

NEXT GENERATION FAMILY PLANNING COMMUNICATION CAMPAIGN:

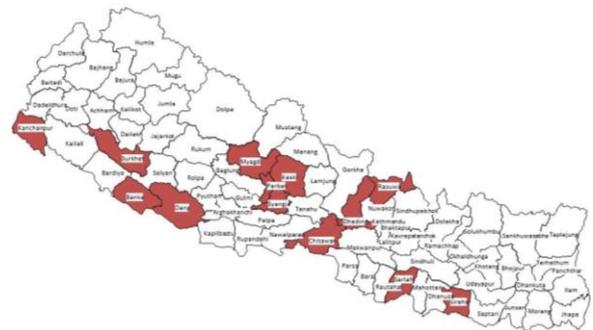
- Coordination and advocacy among planners and policy makers (national and district-levels)
- Campaign based on family aspirations, promoting expert use of FP method by Life-Stage and by FP Methods
- Multi-channel approach:
 - **Integrated Media Approach:** TV, Radio spots, magazine shows, contests, entertainment, etc.
 - **Social Media** (Facebook, SMS, mHealth)
 - **Community events, face to face IPC, dramas:** (e.g., for young people, newlyweds, expecting mothers, new mothers)
 - **FP-EPI Day Linkage Program**
 - **Systematically contacting “1000-Day” mothers:** at home, and through moving mothers’ groups
- Message and program harmonization with partners, including systematic supply and demand linkages
- Evaluation of FP/Reproductive Health social and behavioral change and communication



HC3 Nepal Project District Programs

The HC3 Nepal Project is working under the Regional Health Directorates and District Health/Public Health Offices in 13 districts, with intensive activities in 10 focal VDCs in each district. Approaches include:

- Roll-out of communication campaign in coordination with DHO/PHOs and through district level events
- Special focus on reaching marginalized groups and migrants with tailored programs to increase localized demand for FP services
- Strengthen interpersonal communication counseling among health workers at local health facilities
- Improve capacity of FCHV and community health workers to act as referral agents linking 1000-day families to family planning services (e.g., through FP-EPI linkage, household visits, etc.)



HC3 PROJECT OVERVIEW

The USAID-supported HC3 Project, led by the Johns Hopkins University Center for Communication Programs (JHU•CCP), works under the leadership of the MOHP's NHEICC and in coordination with FHD to support comprehensive, targeted social and behavior change communication (SBCC) campaigns to improve family planning and reproductive health outcomes in Nepal. The project focuses on:

Strengthening institutional and technical capacity for NHEICC, FHD and partners

- Full coordination with partners through NHEICC and FHD leadership
- Explore coordination with university faculties for capacity strengthening among students (internships)
- Comprehensive SBCC capacity strengthening among partners using a mixture of applied learning, mentoring, formal training, and strengthening of existing and new institutional systems