



Technical Integration for Coverage and Access (TICA)

Project Overview



BACKGROUND

Family planning (FP) is a key priority of the Government of Nepal (GoN); specifically, in slowing population growth, ensuring access to high quality services, and reducing unmet need. In 2014, the Adventist Development and Relief Agency (ADRA) began implementation of the two-year *Technical Integration for Coverage and Access* (TICA) project in Nepal, funded by USAID through the Advancing Partners and Communities program. TICA was designed as an innovative, integrated FP project to respond to this context, aligned with GoN priorities and policies, and particularly focusing on the needs of adolescents, youth, and rural populations. TICA targeted fifteen village development committees in the three districts of Palpa, Rupandehi, and Kapilvastu.

TICA was integrated into ADRA Nepal's women's economic growth program, *Develop Local Economy to Eradicate Poverty* (DEEP), funded by AusAID. DEEP formed and trained women's groups, trained Local Resource Persons (LRP) as group leaders and mobilizers, disseminated key messages in local markets and strengthened cooperatives.

Project Goal	To increase demand and access to FP services in the project implemented communities
Expected Result 1	Increased knowledge and interest of FP in communities
Expected Result 2	Improved access to FP services
Expected Result 3	Improved quality of FP services and education

INTERVENTIONS AND RESULTS

To achieve the project goal and expected results, TICA was designed to deliver family planning (FP) and reproductive health (RH) knowledge and services through activities targeting: adolescents and youth; women's groups; male involvement; cooperatives; and market centers.

Adolescents and Youth: Through TICA, ADRA trained a cohort of adolescent and youth peer educators (PE). The PEs were trained with the TICA PE Handbook, which included 18 modules on adolescent sexual and reproductive health (ASRH), healthy relationships, consequences of early marriage, FP, life skills, entrepreneurship, and the effects of gender discrimination. Each PE then formed, with the support of the community LRPs under DEEP, peer groups of approximately 25 adolescents and youth. Groups met on a monthly basis to learn and discuss the modules in the PE Handbook. TICA also developed games and activities, such as an FP-themed Snake and Ladder game, to diversify teaching techniques and engage learners. The adolescents and youth trained through TICA became advocates in their communities for ASRH, gender equity, and end to child marriage, and for adolescent- and youth-friendly services. **In total, TICA trained 100 PEs, who conducted 2,738 group sessions, reaching 3,682 people.**

Women's Groups: A key point of integration with DEEP was the women's groups and LRPs, which were established and trained by DEEP. TICA trained 60 LRPs in FP/RH. These LRPs worked with their 60 women's groups to deliver FP/RH training

and awareness raising. Broadly speaking, these sessions covered the importance of FP/RH, a variety of FP methods, and where to access services or counseling.



Women's Group in Rudrapur VDC

Through these sessions, women had the opportunity to learn about FP/RH and also to discuss cultural implications, questions, and concerns. Many women stated that TICA helped open up the conversation around FP/RH and they were no longer embarrassed to ask questions or seek counsel. **The 60 LRPs trained were able to reach 4,192 women.**

Male Involvement: Recognizing the role that men play in decision-making regarding FP, TICA sought to engage them to raise awareness and knowledge on FP/RH. Men were recruited through their wives, sisters, mothers, and daughters already engaged in TICA. Men's groups were formed and met on a bi-monthly basis. **In total, TICA formed 34 men's groups with 1,818 men.**

Cooperatives: TICA worked with and through 10 community cooperatives to coordinate and deliver activities. Through TICA, each cooperative now hosts and manages question drop boxes and condom distribution boxes. The question boxes are accessed anonymously by community members who have questions on FP/RH. The questions are answered in the PE and women's groups by PEs and LRPs,



Adolescent accessing the drop box

with support from community health volunteers and facilities. Answers are also posted on the walls at the drop box site. **In total, TICA received and responded to 340 questions.**

Condom distribution boxes are another access point for contraception at the community level. Cooperatives coordinate with the local health facilities to maintain supply at the boxes. **Through these boxes, TICA provided 16,771 condoms.**

Cooperatives were also heavily involved in managing 15 mobile FP camps. These camps provided much-needed FP services, including counseling, vasectomy, and IUCD and implant insertion and removal, in hard-to-reach locales. **Camps reached a total of 1,744 people.**

Market Centers: These were another key integration point with DEEP. TICA developed market information corners as additional access points for FP/RH information, including contraception options and where they can be accessed as well as FP-themed games and activities developed by TICA. **These centers reached over 3,300 community members.**

Overall results: A before/after evaluation found several positive results, including an increase in husbands willing to use family planning and increases in awareness among women of short-acting, long-acting, and permanent family planning methods.¹

LESSONS LEARNED AND CONCLUSIONS

TICA has demonstrated that the **integration of FP/RH Programs into non-health sector structures like cooperatives is feasible and effective in Nepal.**

- ▶ Increased utilization and improved quality of FP/RH services and increased FP/RH awareness and knowledge are possible by utilizing local community structures such as locally trained persons, women's groups, cooperatives, and market centers.
- ▶ This integrated FP/RH program can be effectively replicated in other districts using existing structures of cooperatives, mothers/women groups and youth clubs.

1. The full evaluation is available at <http://www.adra.org>