



Nepal Family Health Program Technical Brief #8 Strengthening the National Family Planning Program



An NFHP-trained clinician inserts Norplant implants.

BACKGROUND

USAID has been giving support to the Government of Nepal's (GON) family planning program since 1966. Efforts have focused on strengthening the technical and management capacity to provide quality family planning (FP) services through development of policies, strategies, standards and protocols, training and mainstreaming of FP services. At the national level, support has included supply of instruments and equipment, in-service training – (including counseling/informed choice), behavior change communication and monitoring and onsite coaching. Since 2001, of Nepal's 75 districts, USAID has focused particular effort on 21.

The Nepal Family Health Program (NFHP) was a six year project launched in late 2001, with a primary focus to improve the delivery and use of public-sector family planning and maternal and child health (MCH) services. NFHP worked primarily in 17 core program districts (CPDs).

FP services in the CPDs are being provided from all levels of health facilities (HFs). In certain facilities comprehensive FP services have been provided, including temporary methods (condoms, pills, injectable Depo Provera®, IUCD and Norplant) and permanent FP methods (mini-laparotomy and no-scalpel vasectomy), year-round. The GON is trying to increase the FP method choices available at the community level. To support this approach, NFHP has assisted in organizing seasonal and mobile VSC services, particularly in USAID-supported districts.

STRATEGIC APPROACH

The GON's FP program aims to provide a constellation of services throughout the country. The strategy includes the following elements:

- Increase demand for FP by promoting small and well-planned families among youth, married adolescents, and individuals irrespective of their marital status through various behavior change communication (BCC) activities.
- Increase access and availability of services through static and mobile clinics, primary health care outreach clinics and referral systems.
- Improve the quality of FP services especially focusing on counseling, infection prevention, and the management of side effects and complications, based on the National Medical Standard for Reproductive Health Vol. I: Family Planning Services and Clinical Protocols.
- Increase access to condoms by mobilizing health facility staff, Female Community Health Volunteers (FCHVs), nongovernmental organizations (NGOs) and the private sector. In addition to increasing condom availability in HFs, the GON distributes them widely through different cadres of health workers, focusing on FP, STIs and HIV and AIDS prevention.
- Provide counseling and referral services to infertile couples for the management and treatment of infertility.
- Implement programs which promote male involvement in FP.
- Discourage abortion as a method of FP.
- Provide high-quality training for service providers in coordination with the National Health Training Center (NHTC), Center for Technical Education and Vocational Training, selected international NGOs and private training centers.
- Fulfill unmet need and increase total demand for FP methods.
- Provide VSC services year round through district hospitals and other static facilities.
- Increase the awareness of newly married couples with regard to delaying first pregnancy, birth spacing and the concept of small and well-planned families.

- Promote partnerships between government and NGOs, including the private sector as per Nepal's Second Long-Term Health Policy. Encourage NGOs and private sector facilities to provide awareness and counseling activities, non-clinical and clinical services.
- Ensure regular supply of FP commodities and equipment under the existing logistical system.
- Utilize the existing Health Management Information System to collect FP service data and not create a duplicate system.

ACTIVITIES

NFHP has worked across all levels of the health system to address access to quality FP services.

National Level

- NFHP has supported the Department of Health Services in preparing annual FP workplans. Workplan activities include FP training, VSC services, procurement and supply of instruments and supplies, and BCC activities.
- Comprehensive review of FP program strategy.
- Coordinated with Family Health Division (FHD), Logistics Management Division, National Health Training Center (NHTC) and the National Health Education Information and Communication Centre for ongoing management of services at national level (planning, training, supplies of family planning commodities, radio message airing, IEC/BCC, complication management, and reversal of sterilization procedures).
- Trained service providers in various FP methods.
- Provided technical assistance for policy and strategy development (including the Repositioning Family Planning program), reviewing the FP strategy, disseminating technical updates on methods, increasing access to services, strengthening health worker counseling skills. Support has also included development of guidelines, standards, protocols and training curricula.
- Provided additional support to VSC services.
- Performance-based financial support for costs of sterilization procedures to government and selected NGOs in compliance with USAID's population policies.
- Assisted with procurement and distribution of instruments, equipment, disinfectant, consent forms and post-op forms.
- Coordinated and provided technical support for meetings of the national FP Sub-Committee, including annual review meetings.

District Level

NFHP has had staff based in district public health offices in each of the 17 CPDs. In addition, NFHP provided limited technical assistance in another 10 districts where USAID has supported FP programs in the past. Through these offices and staff, NFHP:

- Supported Regional Health Directorates and District Public Health Offices to manage voluntary surgical contraception (VSC) services.
 - Coordinated VSC preparatory meetings.
 - Coordinated training of local providers.
 - Assisted with procurement of supplies and equipment.
- Supported routine monitoring and supervision visits to mobile and static settings.
- Conducted training (e.g., comprehensive family planning/counseling (COFP/C) and whole-site infection prevention).
- Assisted FHD to establish and support new service sites for FP and Maternal Child Care (MCH) services in six CPDs (including site development; provision of supplies, instruments, equipment; training of service providers: regular on-site monitoring, supervision and coaching).

Community & Peripheral HF Levels

- NFHP actively supported Village Health Workers (VHWs) and Maternal and Child Health Workers (MCHWs) through conduct of FP training for VHWs/ MCHWs (see **Technical Brief #6: Improving Access to Family Planning in Rural Areas**).
- Support for distribution of FP commodities and BCC materials at community level.
- Monitoring VSC services in *mobile sites*. Mobile VSC service require significant effort in terms of logistic management, human resource mobilization, maintaining infection prevention practices and improved counseling and informed choices. NFHP has also helped improve the quality of VSC in *static settings* and provided technical assistance and on-site coaching to improve the quality of counseling and informed choice, infection prevention, and compliance with national standards.
- Assessed community need for training, service site expansion, and quality services.
- Coordinated provision, repair and maintenance of FP equipment in local service sites.
- Implemented pilot 'Men as Partners' project to increase male involvement in safe mother hood/neonatal and FP activities in selected communities in three districts.

- BCC activities including radio programming, distribution of printed materials and advocacy for programs at different fora (e.g., meetings of the district NGO coordination committee, briefings for local health-related journalists, etc).
- COFP/C training for local service providers to increase the quality of FP services.
- Provided TSVs to the HFs and FCHVs. Support provided in counseling, clinical procedures, infection prevention, initiation of new FP methods/services, logistics, etc.

RESULTS

NFHP has contributed to both expansion and improved quality of FP services through:

- Strong and clear policy documents. Such policy documents were useful in standardizing FP services. As a result, counseling/informed choice, client management, etc. have improved. The training database was also systematized.
- The number of FP users increased with a resulting reduction in the total fertility rate and unmet need for FP methods (total fertility rate fell from 4.1 in 2001 to 3.1 in 2006 – DHS data).
- A model recording and reporting system, especially for VSC and long-term temporary FP methods, was well established and frequently cited as a good model at the national level. The reporting and recording system of VSC registers is considered a standard for other programs. FP reporting and recording forms were consulted as reference documents for other programs; this led to a strengthening of capacity on developing records/reports.
- Counseling, informed choice, IP practices and services improved.
- Family planning and method choice at all levels of the health system were expanded. IUCD/Norplant service sites were established below the district level (see **Technical Brief #7: Expanding IUCD/ Norplant Services**) and PHCs/IFPS clinics started to provide regular VSC services in 16 sites.
- Trained 1,664 VHWs and MCHWs in nine-day FP refresher training.

Contraceptive Prevalence Rate

Contraceptive prevalence, with modern methods as a percentage of married women of reproductive age (MWRA), has increased over the project period and increased more significantly in CPDs, helping Nepal to achieve its millennium development goals.

Data from past three DHS surveys show an impressive increase in the use of modern contraceptives from 26% in 1996 to 44% in 2006. This increase is due mainly to increased use of female sterilization, pill, condoms, and injectables as summarized below.

Figure 1. Trends in Use of Family Planning

Method	1996	2001	2006
Any modern method	26.0	35.4	44.2
Female sterilization	12.1	15.0	18.0
Male sterilization	5.4	6.3	6.3
Pill	1.4	1.6	3.5
Injectables	4.5	8.4	10.1
Condom	1.9	2.9	4.8
Implants	0.4	0.6	0.8
IUD	0.3	0.4	0.7

Couple Years of Protection

Couple years of protection (CYP) with modern methods has increased in both CPDs and non-CPDs (though more in CPDs).

Voluntary Surgical Contraception

The number of VSC acceptors has increased annually over the NFHP project period, with the 17 CPDs accounting for over half of all acceptors. In each of the past five years, in non-CPDs less than 95 percent of the estimated number of clients received VSC services; however, NFHP-supported districts achieved over 100 percent of their targets, making it possible to reach the national goal.

Training provided by NFHP	Number trained
Comprehensive Family Planning/ Counseling	2171
VHW/MCHW refresher training	1630
Intra Uterine Contraceptive Devices (IUCD)	283
Minilap	209
Norplant	183
Non-Scalpel Vasectomy	117
Operation Theatre Technique Management	106
Clinical Training Skills	44

CHALLENGES

- Seasonal VSC outreach services proved increasingly difficult to implement in the face of political unrest, “bandhs” (strikes), and other related transport difficulties. NFHP worked to increase use of comprehensive *static* services.
- FP counseling continues to be neglected by service providers despite training and requires considerable institutional support. Adequate

counseling is a particular challenge in the high-volume environment of outreach services.

- Training alone is insufficient to motivate providers to provide services. Community-level interventions, such as BCC, and follow-up monitoring, supervision and support must be carefully coordinated and consistently provided.
- Frequent transfer of clinical and management staff in regional and district health offices contributes to discontinuation of services, resulting in the need for constant re-training and pro-active management.
- Despite efforts at national, district and community levels, access remains an issue for marginalized and socially disadvantaged groups.

LESSONS LEARNED

- **Training community-based providers increases FP uptake/use.** Increasing VHWs/MCHWs FP-related knowledge and skills help improve access to FP services by pushing such services further to the periphery, e.g. through the outreach immunization and PHC OR clinics run by these cadres.
- **Large-scale outreach activities like Sterilization Camps VSC require thorough planning.** Planning and preparatory meetings for more complex services such as VSC are necessary to ensure availability of staff, sound infection prevention practices, availability of all needed equipment and instruments, etc.
- **Supportive supervision and coaching are needed to reinforce newly gained knowledge and skills.** On-site follow-up and monitoring of services, with supportive coaching and feedback to service providers, is necessary to maintain the quality of services. Many service providers do not begin delivering new services, even after training, because of lack of confidence and still shaky knowledge and skills. If a complication arises, they often stop providing services. Therefore, trained health workers need follow-up support to become fully established in providing new services.

*This technical brief is one of a series seeking to capture key lessons learned from the USAID/ Nepal bilateral project, the Nepal Family Health Program (367-00-02-00017-00), 2001 - 2007. The document was produced with support from the American people through the U.S. Agency for International Development.
The views expressed in this document do not necessarily reflect those of USAID.*

The Nepal Family Health Program is implemented by JSI Research & Training Institute, Inc., in collaboration with EngenderHealth, JHPIEGO, Johns Hopkins University/ Center for Communication Programs (JHU/CCP), Save the Children, Nepal Technical Assistance Group (NTAG), Management Support Services (MASS), Nepal Fertility Care Center (NFCC) and, for a period, CARE and ADRA.

RECOMMENDATIONS

Continued support is needed at national and district level to strengthen FP programs to:

- Address the unmet need in reproductive health of special groups e.g., youth and marginalized populations.
- Further promote informed choice and comprehensive FP services below the district level.
- Increase integration of FP counseling into postpartum services.
- Maintain routine monitoring and supervision in service delivery sites.
- Minimize disruption and discontinuation of services associated with staff transfers, through periodic training of newly appointed staff.
- Expand utilization of satellite services for a broader range of family planning services e.g., Norplant and IUCD added to VSC services.

REFERENCES

1. Demographic Health Survey; Reports, 1996, 2001 and 2006.
2. Family Health Division; Repositioning Family Planning Strategic Review of the Nepal National family Planning Program; outcomes of a national Consultative Meeting (2006).
3. Department of Health Service; annual reports (2001/02 to 2005/06).

