

Expanding availability of Family Planning (FP) services in rural Nepal through comprehensive FP events (VSC+)



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BACKGROUND

Provision of family planning (FP) services, especially mobile permanent FP camps (voluntary surgical contraception (VSC) camps) has been one of the pillars of Nepal FP planning programme since its beginning in 1959.

However, the services traditionally provided through mobile camps (VSC and FP satellite clinics focusing long term temporary methods) do not promote choice as most camps offer only one or two methods at one site, and provide a one-off services in a 'seasonal' basis.

As a result, it is recognized that there is a need to use innovative approaches to increase access to and utilisation of FP services particularly for hard to reach groups. There is also a need to increase the range of FP methods available.

AIMS & OBJECTIVES

The aim of the research was to investigate whether availability, choice and uptake of FP services in hard-to-reach and underserved populations in rural Nepal could be achieved through:

- Comprehensive quality FP mobile services* providing regular two-monthly service provision of VSC+ services in selected peripheral public sector sites
- Community mobilisation through radio broadcasts and by a pre-VSC meeting held by female community health volunteers and health facility (HF) operation and management committees before the mobile camp arrived
- Capacitating camp staff to provide follow-up support to all clients in need through training, provision of equipment and information, education and communication materials

*Free comprehensive FP mobile services provide VSC+, which includes VSC, long acting reversible contraceptives (LARCs), counselling and information

METHODS

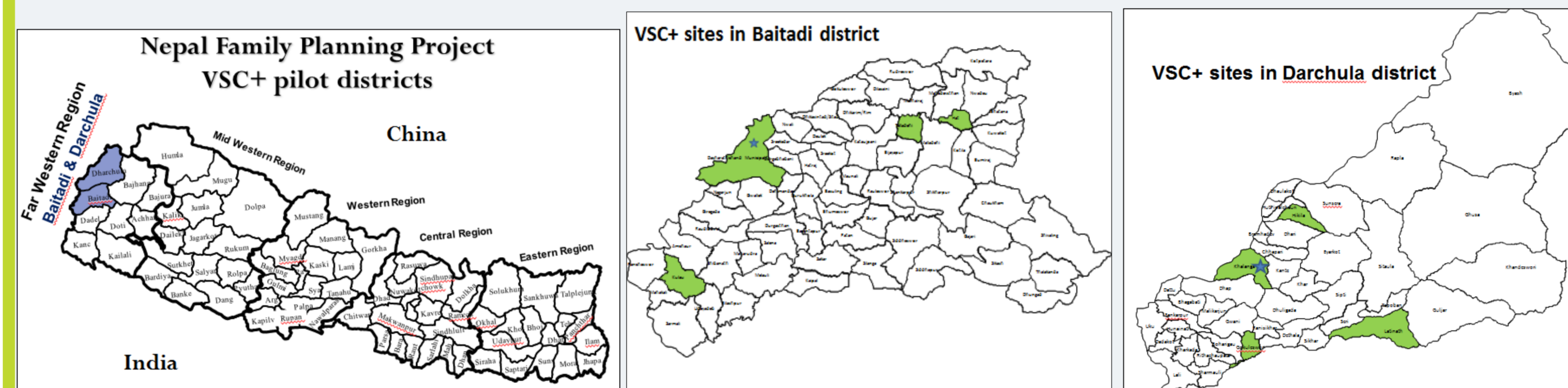
An operational research study was conducted in two remote districts (Baitadi and Darchula) located in the Far-West of Nepal.

The study trialed integration of LARCs and contraceptive counselling services through existing VSC camps (i.e. expanding the range of service options provided through regular VSC camps). This promoted availability of a broader range of FP services, increasing the method choice for clients.

A separate team of government (in Baitadi) and private contracted service providers--Marie Stopes International-MSI Nepal (in Darchula) comprising doctors, nurses and auxiliary nurse midwives (ANMs) provided these comprehensive FP mobile services at the study sites of the district at regular intervals from August to December 2015.

Short term contraceptives were already available at the peripheral public HF camp sites.

The intervention districts and study sites:



KEY FINDINGS/KEY MESSAGES

Uptake of services provided at the VSC+ camps was similar during both winter and also during rainy/summer season, suggesting that clients will use services throughout the year.

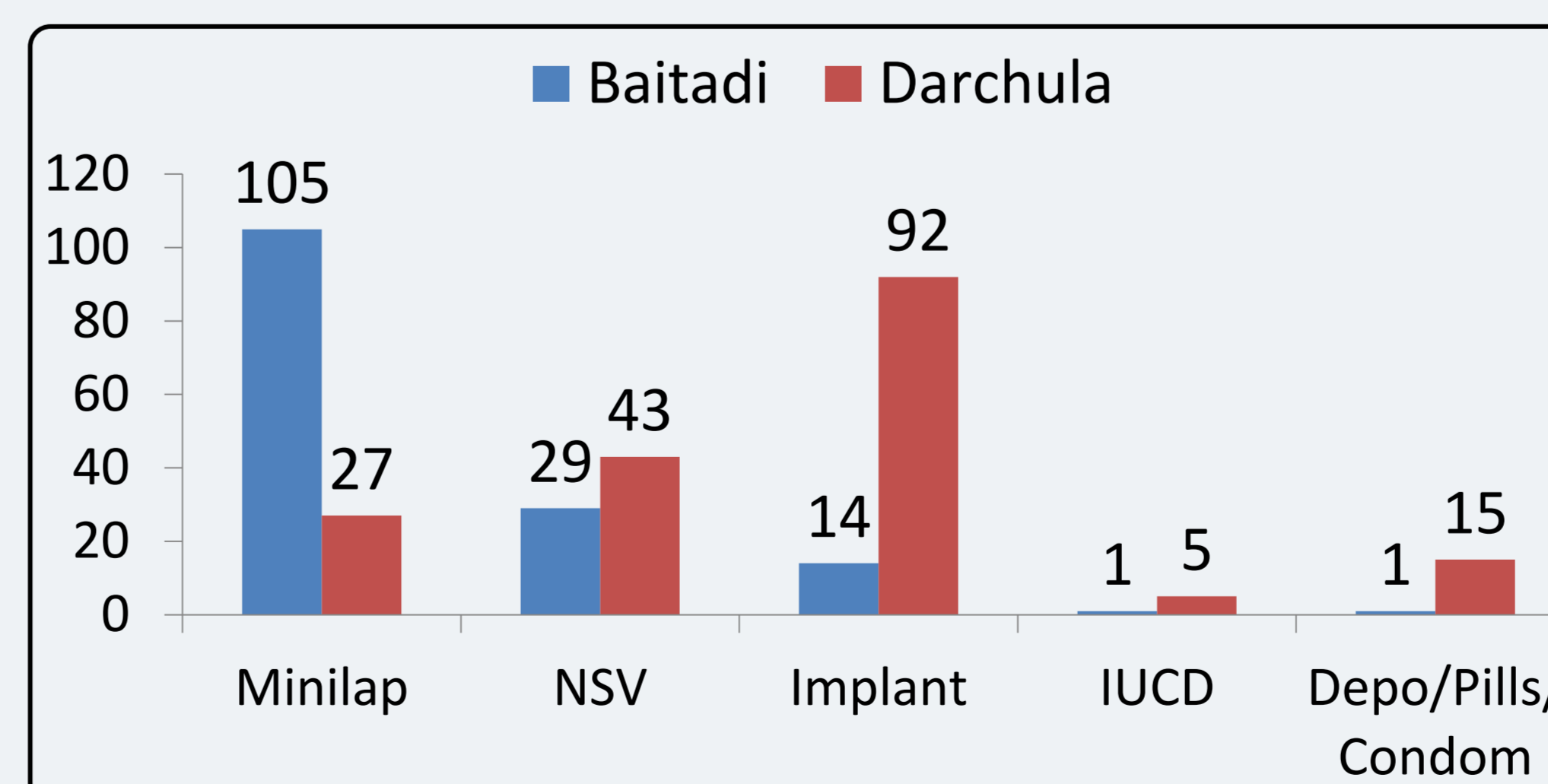
Holding regular camps also increased the capacity of local health workers through their exposure to skills of more experienced staff, and having the opportunity to perform high volumes of specialised procedures (e.g. implant insertion) in a short period of time.

Of 332 clients registered from both districts, n=132 (40%) used minilap (tubal ligation), n=106 (32%) used implants and n= 72 (22%) used Non-scalpel Vasectomy (NSV). Similarly, the proportion of clients using 3 monthly injectable, intra-uterine contraceptive device (IUCD) and pills were 3%, 2% and 1%, respectively.

This suggests that offering a broad choice of FP methods in mobile camps at regular intervals throughout the year is an effective strategy to ensure informed choice and quality FP services in rural settings.

An unexpected finding was that method preference was quite different in the two study districts. While minilap was the most preferred method in Baitadi, implant was the most preferred method in Darchula.

The reason for this difference in preferred methods is unclear and could be a focus for further research.



RECOMMENDATIONS/ DISCUSSION POINTS

- Comprehensive FP services including VSC services should be available throughout the year to ensure people's access to wider range of FP services.
- School (8, 9 and 10 grades) students can be utilised for communication of the VSC+ events by local HFs. Similarly, school teachers need to be invited during pre VSC+ meeting.
- A short pre-VSC discussion/meeting among visiting team members with local HWs on preparation of VSC+ camp is needed at least 5 days before the camp
- A brief post-VSC meeting session should continue after each day or after each event.
- There should be separate operation theatre for the NSV and Minilap procedure and a separate counselling space/room where available
- Health workers of all catchment VDCs need to be instructed by district health office to refer prospective clients to VSC+ site through official letter or circular
- Mobile camp team need to carry at least 5 complete sets of each of minilap, vasectomy, implant and IUCD at planned service sites.

REFERENCES

1. Ministry of Health and Population (MOHP) [Nepal] 2010. Nepal Health Sector Support Programme II (NHSP-II) 2010-2015.
2. Ministry of Health and Population (MOHP) [Nepal], New ERA, and Macro International Inc. 2012. *Nepal Demographic and Health Survey 2011*. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and Macro International Inc.
3. Mehata et al (2014). Unmet Need for Family Planning in Nepal during the First Two Years Post-partum. *BioMed Research International*, Volume 2014 (2014), <http://dx.doi.org/10.1155/2014/649567>
4. Tamang A (2010) Status of family planning and reproductive health in Nepal, a presentation made UNFPA-ICOMP consultation: family planning in Asia and the Pacific addressing challenges
5. Aryal, Ram Hari, Ram Sharan Pathak, Bhogendra Raj Dattel and Prakash Dev Pant. 2008. *A Comparative Analysis of Unmet Need in Nepal: Further Analysis of the 2006 Nepal Demographic and Health Survey*. Calverton, Maryland, USA: Macro International Inc.



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