



Nepal Family Health Program Technical Brief #7

Expanding IUCD/Norplant Services



Trained FCHV showing women an IUD.

BACKGROUND

Temporary family planning methods are widely available in Nepal, but long-acting contraceptives (intrauterine contraceptive device (IUCD) and Norplant) are available only in higher-level facilities (district-level and selected sub-district health facilities). Many factors are responsible for limiting access to these services below district level, notably: availability of trained staff, ensuring adequate infection prevention practices, availability of an appropriate physical facility, and readiness to provide services by staff. As a result, options available to women in smaller communities are limited to sterilization and short-acting methods such as condoms, oral contraceptives, and Depo Provera®, although many would welcome long-acting methods to plan their pregnancies.

With the development of the National Family Planning Service Delivery Guidelines in 1997, the Family Health Division (FHD) of the Ministry of Health and Population (MOHP) initiated an IUCD/

Norplant service expansion program with support from USAID and EngenderHealth. This program upgraded facilities and trained service providers at selected primary health care centers (PHCCs) and health posts (HPs). The Nepal Family Health Program (NFHP) has continued to support IUCD and Norplant services, providing technical assistance and support to expand the service sites.

In 2003, EngenderHealth and New Era conducted a study on IUCD and Norplant for USAID. They found that clients' awareness of these methods was low relative to that of other methods; IUCD (55 percent), Norplant (80 percent), versus oral pills (90 percent) and Depo Provera (97 percent). The study also found that myths, rumors, and misconceptions about these methods were widespread. Despite this, the majority of women interviewed were interested in having the longer-acting methods available.

NFHP selected PHCCs and HPs for expansion of IUCD/ Norplant services based on the following criteria:

- High family planning (FP) client flow.
- Readiness of the Health Facility Operation and Management Committee (HFOMC) and service providers to continue the program.
- Commitment from the District (Public) Health Office (D(P)HO) and service providers.
- Availability of nursing staff.
- Appropriate physical facility to provide quality services.

Study Findings

Nine out of 10 clients interviewed, using the client exit interview method, felt that IUCD/Norplant services should be expanded. Information about the service sites, effectively addressing myths, misconceptions and rumors, and availability of services is a pressing need in creating awareness at the community level.

New ERA/ EngenderHealth (2003): IUCD/ Norplant acceptance patterns in Nepal

Over the course of the expansion program, IUCD and Norplant services were introduced in two HPs and 21 PHCCs. In addition, 14 existing IUCD/ Norplant sites received ongoing program support as described below.

STRATEGIC APPROACH

The NFHP approach to establishing quality services included the following:

- Training service providers on insertion and removal of IUCDs and Norplant implants using MOHP competency-based training standards.
- Health facility (HF) renovations—upgrading procedure rooms, screening-in windows and supplying basic instruments and equipment for service provision and infection prevention.
- Repairing broken equipment (e.g., autoclaves, boilers, blood pressure instruments).
- Providing whole site infection prevention (IP) training to improve infection prevention practices.
- Increasing community awareness of the newly available methods through a variety of community channels. These included: client-to-client interaction, orientation of Female Community Health Volunteers (FCHVs), Trained Traditional Birth Attendants, HFOMC members and other service providers of the catchments areas, radio spots, establishing communication corners, called “BCC corners” (after the model of ORT corners for rehydration) at service sites

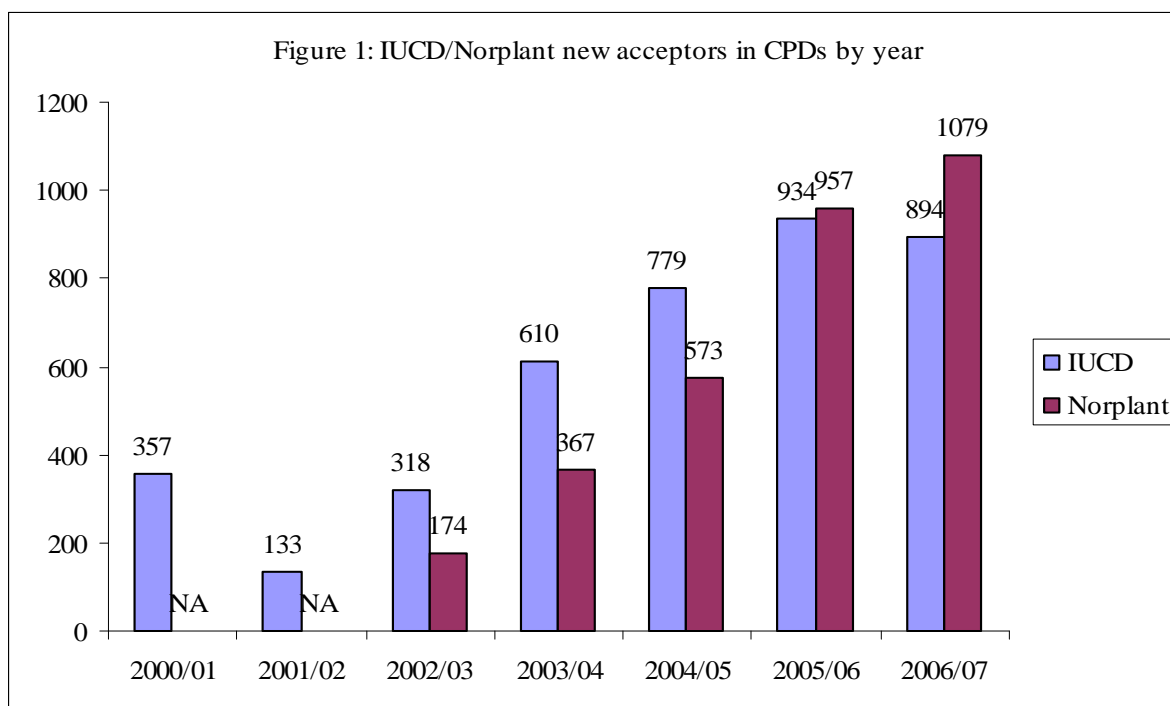
and development and distribution of posters/pamphlets and flyers.

- Conducting monthly technical support visits and assisting staff in providing services which met the established standards.

RESULTS

With method availability increased through more functioning services sites, over the course of the program an increasing number of women chose IUCDs or Norplant. In service delivery sites in NFHP core program districts, the total number of IUCD and Norplant users increased over the life of the project (Figure 1). In 2000/01, the total IUCD new acceptors were 357; this increased to 894 in 2006/07. Similarly, total Norplant new acceptors increased from 174 in 2002/03 (data are not available for 2000/01 and 2001/02) to 1079 in 2006/07. The average number of new IUCD acceptors per site increased from 7 in 2001/02 to 26 in 2006/07. Likewise, the average number of new Norplant acceptors per site increased from 8 in 2002/03 to 31 in 2006/07.

During technical support visits conducted by NFHP staff, it was noted that there was a consistent improvement in IP practices and counseling. The support visits from NFHP and FHD staff contributed to improving the quality of counseling, clinical procedures, IP and recording/reporting procedures.



* NA= Data not available

LESSONS LEARNED

- **Raising community awareness was a critical part of increasing access and demand for these methods.** Orienting FCHVs and community leaders about the methods and availability of services helped to create demand. FCHVs and HFOMC members are delivering messages about the availability of services and are providing support to their HFs.
- **Regular technical assistance and follow-up to service providers is crucial for continuation of newly introduced services.** Coaching was particularly useful and appreciated, as it gave newly trained providers more confidence and helped to sustain their enthusiasm.

CHALLENGES

Service delivery has benefited from the introduction and consistent support for the provision of these new services, as seen from the gradual, but consistent and sustained, increase in use of these methods. Barriers to increased utilization of these longer acting methods remain and need to be addressed both in the community and amongst providers.

Barriers to demand:

- Women are often reluctant to undergo the pelvic examination and procedure necessary for IUCD insertion.
- Despite awareness-raising, clients are generally more open to methods that are well known and discussed among their relatives, friends, or neighbors (e.g., Depo Provera).

Barriers to provision:

- Frequent transfer of trained staff often results in discontinuation of services in HPs and PHCCs.
- IUCD and Norplant are more labor-intensive and require more preparation and support than other methods. In the absence of monitoring/supervision, service providers are often reluctant to give information or offer services. Complaints from service providers such as: “the instruments are not ready;” “I am too busy with other work;” “no fuel is available for sterilization of equipment,” are often heard.
- FP counseling is a skill in need of continued reinforcement.

RECOMMENDATIONS

- To increase access to a greater range of services at the community level, IUCD and Norplant services can and should be gradually expanded to all PHCCs and selected HPs, targeting those that meet “readiness” criteria.
- Satellite services for IUCD/Norplant could be provided in certain situations, e.g., where provider transfer has resulted in a lack of key services or where demand for services is high, but facilities or providers are not yet standardized.



IUCD insertion.

- In other sites where women seek health care for themselves or others, the program needs to take advantage of the opportunity to raise awareness on available FP services including Norplant and IUCDs. Such sites could include: the postpartum area, birthing centers, immunization clinics, and Primary Health Care Outreach Clinics.
- Information, awareness, and advocacy for IUCD and Norplant services should be expanded at the community level through mother groups, FCHVs, HFOMCs, and community interaction programs.
- Health workers should be oriented on services provided in their area and provide information on all available methods.

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