



Health Sector Transition and Recovery Programme

Supply of Family Planning Equipment and IEC
Materials to Five Earthquake Affected Districts

NHSSP Payment Deliverable: FP3

Dr Rajendra Gurung

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LIST OF ACRONYMS

ANM	auxiliary nurse midwife
BC	birthing centre
CPR	contraceptive prevalence rate
DFID	Department for International Development (UKaid)
DHO	district health office
DMT	decision making tool
FHD	Family Health Division
FP	family planning
HW	health worker
IUCD	intrauterine contraceptive device
LARC	long acting reversible contraceptive
MEC	medical eligibility criteria
MoH	Ministry of Health
MoHP	Ministry of Health and Population
NHSP-2	Second Nepal Health Sector Programme (2010–2015)
NHSSP	Nepal Health Sector Support Programme
SBA	skilled birth attendant
SWAp	sector wide approach
USAID	United States Agency for International Development
VP	visiting provider
VSC	voluntary surgical contraception
VSC+	voluntary surgical contraception (comprehensive FP)

1 INTRODUCTION

1.1 Purpose of this Report

This report presents details of family planning (FP) equipment (e.g. long-acting reversible contraception [LARCs] insertion/removal) sets and infection prevention (IP) equipment supplied to five earthquake affected districts. This happened under the 2016 programme for the rehabilitation, recovery and strengthening/expansion of FP services with a focus on long-acting reversible contraception – (LARC) as implemented by NHSSP in coordination with five district health offices (DHOs).

This report has three sections:

1. Introduction
2. LARCs service availability and support to program districts
3. Annexes

1.2 Background

The Government of Nepal is committed to improving the health status of its citizens and has made impressive gains despite conflict and other difficulties. Implementation of two successive health sector-wide approaches (SWAp): NHSP-1 (2005-10), and NHSP-2 (2010-15), brought about considerable improvements in the health status of the Nepalese people. Building on this, the Ministry of Health (MoH) and its external development partners have recently prepared a third phase of the programme — the Nepal Health Sector Strategy (NHSS, 2015-2020).

The Nepal Family Planning Programme is working to reduce unmet need for contraception and promote the rights of women to exercise choice when selecting a contraceptive method. The unmet need for contraceptives is very high in Nepal (27% in 2011 — up from 25% in 2006) and the overall contraceptive prevalence rate is low (43% in 2011 for modern methods — down from 44% in 2006). In addition, large disparities exist in rates of contraceptive use by caste/ethnic group and by geographical area while levels of unmet need vary substantially by place of residence.

Although there is no ‘ideal method mix’ recognised by the international community, intrauterine contraceptive device (IUCD) and implant use in Nepal appears to be particularly low, despite their availability for almost 50 and 40 years respectively. Among currently married women, IUCDs and implants represented just 0.7% and 0.8% of the contraceptive method mix respectively in 2006, and 1.3% and 1.2% respectively in 2011¹. The current use of modern contraception in Nepal’s hill zone as of 2011 was lower (40.6%) than the national average (43.2%) and the other two zones (mountain and Terai).

As a result of the major earthquakes of April and May 2015 and the many aftershocks that followed, the public health system was seriously impaired and the delivery of regular FP service constrained, resulting in many women struggling to access the FP methods that they need. It was clear that FP service strengthening was needed to improve access by women in hard-to-

¹ Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. (2012). Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

reach/affected areas and in the temporary settlements of displaced earthquake victims. Five priority districts selected on the basis of:

- FP support need (low contraceptive prevalence rate (CPR) and fewer health facilities providing 5 FP methods);
- whether other FP support partners were present in the district; and
- recommendations from the Family Health Division (FHD).

The selected five districts were Okhaldhunga, Sindhuli, Nuwakot, Lalitpur and Gorkha.

The activities focus on hard-to-reach and internally displaced people. A multi-pronged approach has been used combining strategies discussed and agreed with FHD and USAID, including those piloted by MoH, NHSSP and USAID, with an emphasis on increasing access to family planning and improving quality of care.

The visiting provider (VP) approach, piloted in Ramechhap in 2014/15, has also been embraced by FHD. This approach deploys VPs (senior auxiliary nurse-midwife [ANMs] or staff nurses who are skilled service providers of LARC services and have coaching/mentoring skills and experience), to birthing centres (BCs) to support skilled birth attendants (SBAs) deliver LARC or provide direct LARC services where skilled staff are not available. The delivery of comprehensive FP services through comprehensive mobile FP camps (VSC+ — voluntary surgical contraception plus) approach, as piloted in Baitadi and Darchula in 2014/15, was also incorporated in this programme.

Overall, the following recommended activities were identified and supported by this programme:

- LARC expansion through mentoring and coaching.
- Service delivery through visiting providers in remote areas.
- Scale-up and increasing intensity of comprehensive mobile camps.
- Demand generation through female community health volunteers (FCHVs) and the media.
- Distribution of condom boxes at appropriate places

2 LARCS SERVICE AVAILABILITY AND SUPPORT TO PROGRAM DISTRICTS

A brief consultative meeting with the DHO team and a one day planning meeting with all health facility in-charges and the DHO team was carried out in all five districts to determine gaps and needs for the expansion of FP service with a focus on LARCS services.

2.1 Availability of Services, Instruments and Equipment

Table 1 shows the availability of FP services, the number of birthing centres (BC) and the number of trained human resources and other information on FP services in the five programme districts. Of the 294 health facilities in the five districts, 143 had birthing centres. As shown in Table 1, of the 143 BCs, just over two-thirds (69%, n=98) had SBAs, of those only one-fifth (20%, n= 28) BCs were providing IUCD services. Similarly, although 66 BCs had at least one implant trained provider, only one-third (33%, n=47) were providing implant services. A lack of necessary supplies (insertion and removal sets, commodities and minor procedure rooms, etc.) could be a major factor contributing to the for lack or discontinuation of services in these health facilities. Of the 143 BCs, only 39 BCs (27%) had IUCD sets available (the lowest was Gorkha at only 18%), while 45 (31%) BCs had implant sets available. Altogether 122 (85%) of 143 BCs had at least one functional autoclave.

Table 1: Family planning service status in programme districts

District	# total HFs	# of BC	# of BCs with SBAs	# of BCs with implant trained HW	# of BCs with services		# of BCs with IUCD sets	# of BCs with implant sets	# of BCs with functional autoclaves	# HFs with condom box	# HFs with FP poster	# of HFs with functional toilet for clients/patients
					IUCDs	Implants						
Lalitpur	40	18	16	11	2	5	5	5	17	13	15	28
Nuwakot	63	28	17	13	9	9	10	10	20	14	48	39
Okhaldhunga	56	37	31	17	6	17	8	13	32	24	25	53
Sindhuli	56	20	8	10	5	5	9	5	15	23	49	52
Gorkha	79	40	26	15	6	11	7	12	38	46	55	66
Total	294	143	98	66	28	47	39	45	122	120	192	238

2.2 Gap Assessment for Ensuring LARCs Availability in all Birthing Centres

The initial gap assessment in showed that 100 BCs in the five districts needed supporting with IUCD sets and 103 BCs needed implant sets in order to initiate LARC services. Furthermore, a total of 21 BCs needed to be provided with autoclaves for sterilizing FP instruments. Competency-based implant training to service providers (total need, n=77), and IUCD coaching (n=70) also created additional need for implant and IUCD insertion/removal sets. As shown in Table 2 the maximum need for insertion removal sets was in Gorkha district (IUCD sets needed in 31 BCs and implant sets in 32 BCs), followed by Okhaldhunga and Nuwakot. Similarly, there was a high need for sterilization autoclaves in the BCs of Nuwakot followed by Okhaldhunga and Sindhuli districts.



Table 2: Need for coaching/mentoring, training, instrument and FP posters support

District	# total HFs	# of BC	# of BCs with SBAs	# of BCs with implant trained HW	# of BCs needing IUCD coaching	# of BCs needing implant training	# of BCs needing IUCD sets	# of BCs needing implant sets	# of BCs needing functional autoclaves	# HFs needing condom box	# HFs needing FP poster
Lalitpur	40	18	16	11	14	7	11	10	1	27	25
Nuwakot	63	28	17	13	8	15	18	20	8	49	15
Okhaldhunga	56	37	31	17	25	20	29	29	5	32	31
Sindhuli	56	20	8	10	3	10	11	12	5	33	7
Gorkha	79	40	26	15	20	25	31	32	2	33	24
Total	294	143	98	66	70	77	100	103	21	174	102

2.3 Supply of Implant and IUCD Sets and Infection Prevention Instruments

Instruments and equipment along with some IEC materials were handed over to the stores of all five DHOs in March 2016. Altogether 200 IUCD insertion/removal sets and 309 implant insertion/removal sets were supplied to enable the resumption or to strengthen implant and IUCD services. The IUCD sets were supplied to 100 BCs and implant sets to 103 BCs across the five districts by the respective DHO teams.

Furthermore, a total of 21 autoclaves (2 drum electric autoclaves with surgical drums) for 21 BCs were supplied to the five districts in March 2016. An informed family planning choice poster for (n=294) was also supplied to all the districts. Store receipt from all districts acknowledging arrival of instruments/equipment has been received (see Annex 1.3). Based on the findings of the gap assessment, each birthing centre with trained service providers but lacking insertion/removal sets,

received 2 IUCD insertion/removal sets and 3 implant insertion/removal sets from the district stores. In addition, each health facility received a decision making tool (DMT), a medical eligibility criteria (MEC) wheel, and a pregnancy rule out job aid in April 2016 (See Annex 2).

Table 3 shows instruments and IEC materials supplied in the project period to the five districts.

Table 3: Instruments, equipment and IEC materials supplied to the five districts

District	Number of BCs	Number of IUCD sets supplied	Number of implant sets supplied	Number of autoclaves supplied	Number of informed choice FP posters supplied
Lalitpur	18	22	30	1	40
Nuwakot	28	36	60	8	63
Okhaldhunga	37	58	87	5	56
Sindhuli	20	22	36	5	56
Gorkha	40	62	96	2	79
Total	143	200	309	21	294

2.4 Follow-up Support

Once the LARCs insertion/removal sets and IEC materials/job aids were provided to the HFs, VPs carried out quality of care assessment by administering FP quality improvement tools and identifying activities that may need support for the proper use of equipment/instruments and information and education communications (IEC) materials. Although, the gap assessment was carried out at the time of programme planning, it is anticipated that emerging needs will evolve during programme implementation. The emerging needs will be addressed in agreement with the respective DHOs and NHSSP.

Annex 1: Instruments

Annex 1.1: Instruments in implant insertion/removal set

	Item Details	Unit	Qty
1	Implant insertion/removal sets	Set	1
2	Sponge holding forceps, Straight 8"	Pcs	1
3	Ring forceps	Pcs	1
4	Artery forceps, Curved 6"	Pcs	2
5	Dissecting forceps, non-toothed	Pcs	1
6	Galli pot/stainless steel bowl	Pcs	2
7	Implant trocar with cannula	Pcs	1
8	Blade holder	Pcs	1

Annex 1.2: Instrument in IUCD insertion/removal sets

	Item Details	Unit	Qty
1	Sponge holding forceps, STR 9.5"	Pcs	1
2	Vollesellum forceps	Pcs	1
3	Vaginal Cusco speculum	Pcs	1
4	Uterine sound	Pcs	1
5	Mayo scissor, curved 20 cm	Pcs	1
6	Kidney tray, 8"	Pcs	1
7	Galli pot/stainless steel bowl	Pcs	1
8	Straight long artery forceps	Pcs	1

Annex 1.3: Store receipts

Nuwakot

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य विभाग
मध्यमाञ्चल क्षेत्रीय स्वास्थ्य निरीक्षणालय
जिल्ला स्वास्थ्य कार्यालय, नुवाकोट
दाखिला प्रतिवेदन फारम

क्र.सं.	विनी	विनी	मातृकाको नाम	संगीतिकारण	प्राप्त	परिमाण	प्रति इकाई दर	कुल मूल्य	कुल	अन्य खर्च	अन्तिम	वैधता
१	१०१	१०१	Autoclave With Single drum		१	१	१,०००					
२	१०२	१०२	Implant Set		१	१	१,०००					
३	१०३	१०३	IUCD set		१	१	१,०००					
४	१०४	१०४	DMT Tool		१	१	१,०००					
५	१०५	१०५	MBC Wheel English		१	१	१,०००					
६	१०६	१०६	MBC Wheel Nepali		१	१	१,०००					
७	१०७	१०७	Pregnancy FP Poster		१	१	१,०००					
८	१०८	१०८	Pregnancy Rate Out job aid		१	१	१,०००					
								अन्तिम	६,१२,०००.००			
								११%	६७,३२०.००			
								अन्तिम	६,७९,३२०.००			

माथि उल्लेखित मातृकाको नाममात्र बोनस प्राप्त गर्ने/हालमात्र प्राप्त गर्नेमिति २०७३/०७/०७ अनुसार श्री Nepal Health Sector Support Programme बाट प्राप्त हुने भएको हुँदा यहाँको मातृकाको नाममात्र मात्रै टिप्पणी गर्नुपर्ने ध्यानामा आम्हालाई बाँधेर प्रमाणित गर्नुहु ।

प्राप्तकर्ताको दस्तखाना: _____
नाम: श्री के.सी.
पद: स्वास्थ्य
मिति: २०७३/०७/०७

प्रमाणित गर्ने आम्हा प्रमुखको दस्तखाना: _____
नाम: श्री प्रमुख
पद: प्रमुख
मिति: २०७३/०७/०७

प्रमाणित गर्ने आम्हा प्रमुखको दस्तखाना: _____
नाम: श्री प्रमुख
पद: प्रमुख
मिति: २०७३/०७/०७

Okhaldhunga

नेपाल सरकार
जिल्ला प्रशासन कार्यालय, ओखलढुङ्गा
म.स.प.का.नं. १६

दाखिला प्रतिवेदन फारम

दाखिला प्रतिवेदन नं. _____

क्र.सं.	वि.सं.	वि.सं.सं.	साविकको नाम	संशोधकको नाम	वर्ग	इकाई	मूल्य (रुपैयाइसम्म अन्तसार)			कुल मूल्य	व्याज	
							प्रति इकाई	मूल्य	अन्य			
१	१		Amelchase with Simple set	३	Set	६२००				४६,०००.००		
२	२		Impound set	७	Set	१२००				११,२००.००		
३	३		IUCD set	४	Set	३३२०				१२,०००.००		
४	४		IMPT Tool	२	PC	३२५०				३,३५०.००		
५	५		MEC Wheel Nepal	२	PC	३५००				६,६५०.००		
६	६		Practise Pouches	२	PC	२५०				१,२५०.००		
७	७		Practise Kit for ३६	३	PC	२४				२,०५०.००		
							(जोडा)			४,२००.००		
							जोडा कु.अं.कर				४,२००.००	
							कुल मूल्य				४३,३००.००	

माथि उल्लेखित सामग्रीहरूको खरीद आदेश नम्बर _____ मिति _____
 नम्बर को _____ देखाउनु पर्नेछ।
 फोटोमाको दरखास्त-६ प्रमाणित गर्ने शाखा प्रमुखको दरखास्त-
 नाम- _____ मिति- _____
 पर- _____ मिति- _____
 मिति- २०७३/१०/१६

Sindhuli

नेपाल सरकार
जिल्ला प्रशासन कार्यालय, सिन्धुली
म.स.प.का.नं. १६

दाखिला प्रतिवेदन फारम

दाखिला प्रतिवेदन नं. _____

क्र.सं.	वि.सं.	वि.सं.सं.	साविकको नाम	संशोधकको नाम	वर्ग	इकाई	मूल्य (रुपैयाइसम्म अन्तसार)			कुल मूल्य	व्याज	
							प्रति इकाई	मूल्य	अन्य			
१	१		Amelchase with Simple set	३	Set	६२००				४६,०००.००		
२	२		Impound set	७	Set	१२००				११,२००.००		
३	३		IUCD set	४	Set	३३२०				१२,०००.००		
४	४		IMPT Tool	२	PC	३२५०				३,३५०.००		
५	५		MEC Wheel Nepal	२	PC	३५००				६,६५०.००		
६	६		Practise Pouches	२	PC	२५०				१,२५०.००		
७	७		Practise Kit for ३६	३	PC	२४				२,०५०.००		
							(जोडा)			४,२००.००		
							जोडा कु.अं.कर				४,२००.००	
							कुल मूल्य				४३,३००.००	

माथि उल्लेखित सामग्रीहरूको खरीद आदेश नम्बर _____ मिति _____
 नम्बर को _____ देखाउनु पर्नेछ।
 फोटोमाको दरखास्त-६ प्रमाणित गर्ने शाखा प्रमुखको दरखास्त-
 नाम- _____ मिति- _____
 पर- _____ मिति- _____
 मिति- २०७३/१०/१६

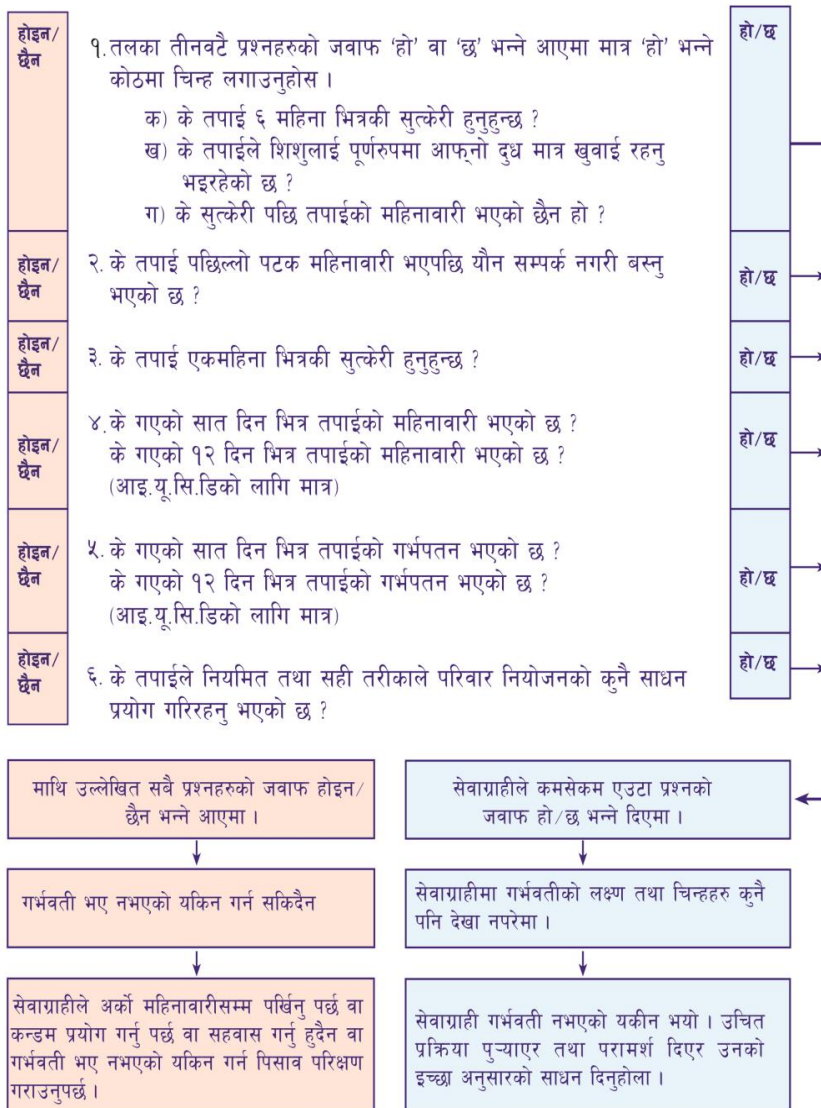
Gorkha

Annex 2: Information and Education Communication materials

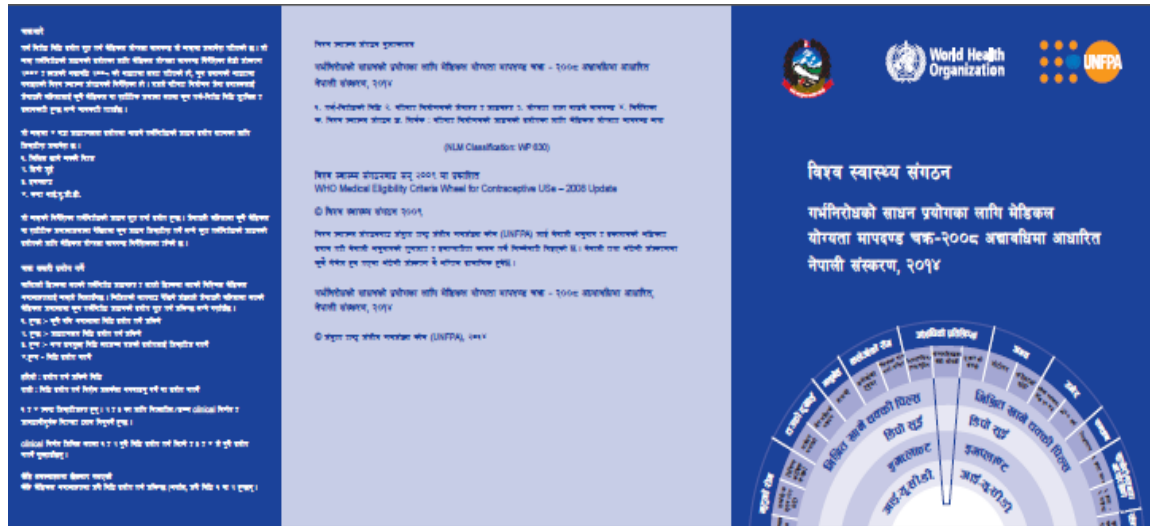
Annex 2.1: Pregnancy rule out job aid

परिवार नियोजन गर्न चाहने महिला सेवाग्राही गर्भवती छैनन् भन्ने कसरी यकीन गर्ने

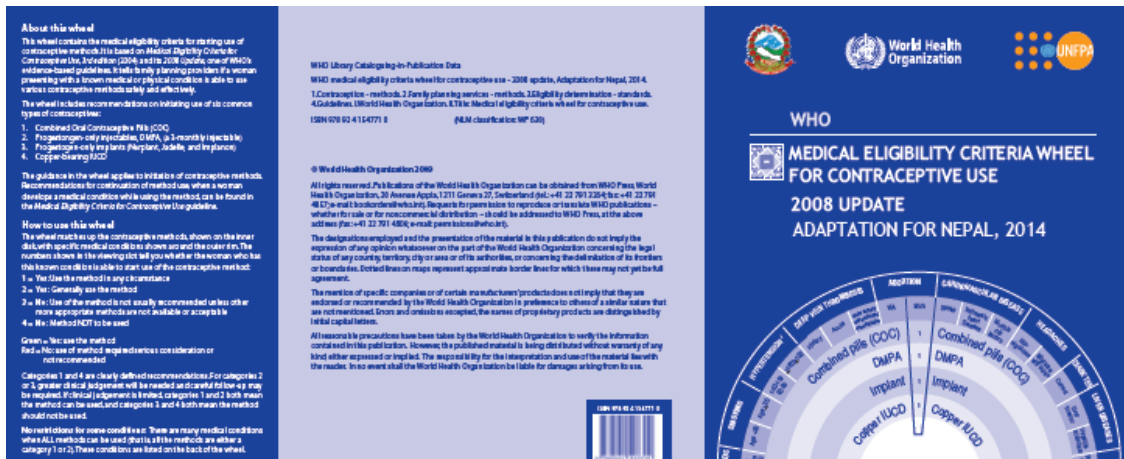
महिलालाई तलका प्रश्नहरू एक एक गरेर सोध्नु होस् । महिलाले “हो” वा “छ” भन्ने जवाफ दिएमा दायाँ तिर “हो” भन्ने कोठामा जानुहोस् । महिलाले “हैन” भन्ने जवाफ दिएमा बाँया तिर “होइन” भन्ने कोठामा जानुहोस् ।



Annex 2.3: Medical eligibility criteria (MEC) wheel for contraceptive use (in Nepali)



Annex 2.4: Medical Eligibility Criteria (MEC) Wheel English



Annex 2.5: Family planning decision making tool (front cover of tool)



परिवार नियोजनका ग्राहक र सेवा प्रदायकका लागि निर्णय सामग्री
नेपाली संस्करण, २०७१



World Health Organization



Annex 3: Photographs of instrument hand over



Gorkha DHO store



Okhaldhunga DHO store