



Health Sector Transition and Recovery Programme

## First Round of 10 of the 30 Comprehensive Family Planning Mobile Camps Conducted in 5 districts

NHSSP Payment Deliverable FP4

Dr. Rajendra Gurung



This report is submitted in compliance with NHSSP payment deliverable FP4: First round of ten of the 30 comprehensive FP mobile camps conducted in five districts.

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*Cover Photo: Service provider in Sindhuli counselling prospective client on FP methods*

## LIST OF ACRONYMS

AHW	area health worker
ANM	auxiliary nurse midwife
BC	birthing centre
DDC	district development committee
DFID	Department for International Development (UKaid)
DHO	district health office
DMT	Decision making tool
FCHV	Female community health volunteer
FHD	Family Health Division
FP	Family Planning
HF	Health facility
HFI	Health facility in-charge
HP	health post
IEC	information and education communications
IUCD	Intrauterine contraceptive device
LAMP	long acting permanent method
LARC	long acting reversible contraceptive
MEC	Medical eligibility criteria
ML	minilap
MoH	Ministry of Health
NHSSP	Nepal Health Sector Support Programme
NMS	national medical standards
NSV	non surgical vasectomy
PHCC	primary health care centre
QI	quality improvement
SN	staff nurse
SPN/MSI	Sunaulo Priwar Nepal /Marie Stopes International
USAID	United States Agency for International Development
VSC	voluntary surgical contraception

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## **1 Introduction**

### **1.1 Purpose of this report**

This report presents details of comprehensive Family Planning (FP) mobile camps conducted in five earthquake affected districts for the purpose of the rehabilitation, recovery and strengthening/expansion of FP services with a focus on the Long Acting Reversible Contraception (LARC). This programme is being implemented by NHSSP through Sunaulo Priwar Nepal/Marie Stopes International (SPN/MSI, hereafter referred to as MSI) in coordination with respective District Health Offices (DHOs). The report is divided into four sections:

Section 1: Introduction

Section 2: Activities carried out

Section 3: Outputs and follow-up action

Section 4: Annexes

Its submission satisfies the requirements of NHSSP payment deliverable FP4: First round of ten of the 30 comprehensive FP mobile camps conducted in five districts.

### **1.2 Background**

Providing services closer to the community has been found to be an effective means of reaching remote and rural communities and of improving access to health care. In particular, mobile outreach services, also known as mobile camps, have been recognised as a high impact intervention and an effective way of increasing access to FP services amongst hard to reach communities and rural populations. Mobile camps can be used depending on local demand in areas where regular facilities, such as clinics, do not exist due to unavailability of adequate sites, human resources and equipment.

In Nepal, after the April 2015 earthquake, the basic lack of access to health services was further exacerbated. Shortages of trained providers able to offer choices of FP methods to underserved populations, the generally low demand for FP services, and limited awareness and knowledge on the availability and access to FP services are key bottlenecks to increasing FP utilisation in Nepal. To increase FP utilisation by hard to reach and internally displaced populations, NHSSP designed an FP service intervention in five earthquake affected districts. The transition and recovery FP strengthening project used two key approaches piloted by FHD/NHSSP in 2015: the visiting provider model (Ramechhap model) and comprehensive voluntary surgical contraception (VSC) camp model (VSC+ Darchula model).

#### **VSC+ Approach**

As facilities in the five programme districts had limited in-house human resources to carry out the VSC+ camps, NHSSP sub-contracted MSI Nepal to carry out the VSC+ services. DHOs with technical support from NHSSP jointly coordinated the implementation of the VSC+ activities through MSI Nepal. MSI Nepal has the capability and experience to effectively operate comprehensive mobile FP camps services in remote districts of Nepal. A trained surgical team from outside the district (MSI team) travelled to district health care facilities that do not offer VSC+ services to their clients.

## 2 Activities Carried Out

### 2.1 Preparatory activities

#### i) Central level

- A partnership for conducting VSC+ camps through MSI was explored and an MoU signed between MSI and NHSSP.
- After signing the MoU, a refresher training/orientation on the outreach programme targeting the outreach team was conducted by MSI from 3<sup>rd</sup> to 6<sup>th</sup> April, 2016, at the MSI support office. The NHSSP team facilitated a session on FP quality issues, USAID FP Compliance, and VSC+ approaches.

#### ii) District level

A district planning workshop/meeting was held in all five districts during December 2015 and January 2016. Health facility in-charges from respective districts were invited to district headquarters for a one day workshop (two days in Gorkha). Table 1 shows the dates of the initial consultative meeting and planning meeting in each district.

Table: 1 Initial district consultative meeting and district planning workshop/meeting

District/s	Consultative visit	Date of District Planning Meeting*	Remarks
Lalitpur	December 07-08, 2015	December 20, 2015	<ul style="list-style-type: none"><li>• Planning workshop at Hotel Summit</li><li>• All FHIs participated</li></ul>
Nuwakot	December 21, 2015	January 04, 2016	<ul style="list-style-type: none"><li>• Planning workshop at Hotel Satanchuli, Nuwakot</li><li>• All FHIs participated</li></ul>
Okhaldhunga	December 23, 2015	January 07, 2016	<ul style="list-style-type: none"><li>• Planning workshop at DDC, Okhaldhunga</li><li>• 1 HFI did not participate</li></ul>
Sindhuli	December 24, 2015	January 17, 2016	<ul style="list-style-type: none"><li>• Planning workshop at Ratmata Sindhulimadi, Sindhuli</li><li>• 6 HFI did not participate</li></ul>
Gorkha	December 27, 2015	January 22-23, 2016	<ul style="list-style-type: none"><li>• 2 days in 2 batches</li><li>• Planning workshop at Tamu Hall Haramtari Gorkha</li><li>• All HFIs participated</li></ul>

\* Negotiated dates after constant follow up

The objectives of the workshop were:

1. To brief on the USAID-DFID funded “Rehabilitation, recovery, and strengthening/ expansion of FP services (with a focus on LARCs) in five districts” programme
2. To identify and verify FP needs and gaps
3. To explore on overall programme planning including scheduling Visiting Provider (VP) movement and conducting VSC+ events (approach, site, frequency<sup>1</sup>, follow up)

Similarly, MSI Nepal visited respective districts for signing an MoU with DHOs. Table 2 shows district-wise dates of MoU signing between DHOs and MSI. A sample of the MoU between DHO Gorkha and MSI is shown in Annex 4.2. The MoU has outlined camp dates, roles and responsibilities of DHOs and MSI.

Table 2. Dates of MoU signing between DHOs and MSI

SN	Districts	MoU signing Date
1	Sindhuli	6 April, 2016
2	Lalitpur	10 April, 2016
3	Gorkha	8 April, 2016
4	Okhaldhunga	12 April 2016
5	Nuwakot	29 April, 2016

## 2.2 Demand generation activities

### Pre-VSC meeting

Pre-VSC meetings with female community health volunteers (FCHVs) were organised in each selected site at least a week before the camp dates. District coordinators from respective districts, district supervisors and local health facility in-charges facilitated the pre-VSC meetings. Annex 4.1 shows pre-VSC meeting dates and dates for 17 camps organised before the 30<sup>th</sup> April.

### Radio-message

In each district, a radio-message regarding VSC+ camp location, dates, and available service was broadcasted through local FM radios (Annex 4.7 shows a sample of radio message used by Gorkha).

### Pamphlets distribution

Pamphlets mentioning camp sites, dates, and available services were posted on the walls at strategic public places such as bus-parks, schools and tea-shops. The information regarding VSC+ camps was also disseminated through school students. A pamphlet distributed in Nuwakot district is shown in Annex 4.5.

<sup>1</sup> All districts, except Okhaldhunga, agreed after re-negotiation to repeat VSC+ camps at least in 2 previous sites. Okhaldhunga will repeat only in one site.

### 2.3 Activity during camp days

A compact team from MSI reached camp sites one day before the camp-day to prepare rooms for registration, counselling, screening, procedure, recovery, and waste disposal. The six member compact team from MSI comprised of one doctor, two staff nurses, one auxiliary nurse midwife (ANM) coordinator, one driver, and one clinic aid.

The VSC+ service was delivered according to the standards set in Nepal Medical Standard Volume 1. After the registration of clients and provision of counselling on FP methods, a clinical assessment was carried out to assess their eligibility for suitable methods. Service providers used a Decision Making Tool (DMT), Medical Eligibility Criteria (MEC) wheel, and pregnancy screening job aid to provide counselling and eligibility screening for FP use. An appropriate method was then provided to clients



Fig.1 Registration of clients visiting VSC+ camp, Sindhuli

depending on their voluntary, informed choice. Service providers used IEC materials and job aids during FP screening and counselling (Annex 4.3).

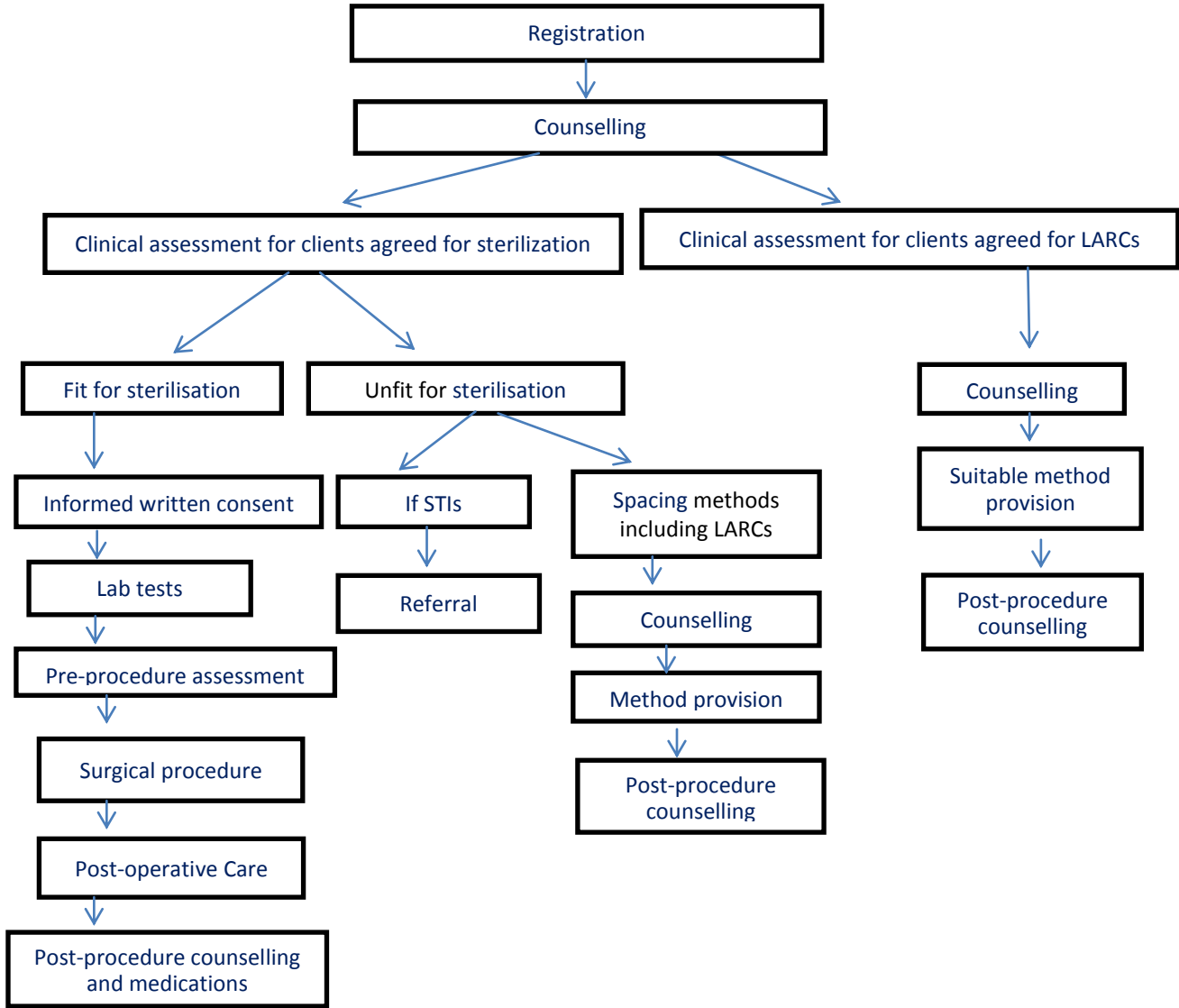
In addition to VSC+ service delivery, the MSI team also contributed to local capacity building by coaching local service providers on LARCs. Until now, three service providers (one on Intrauterine contraceptive Devices [IUCDs] and two on Implants) from Sindhuli were coached.

Table 3. Details of staff coached on LARCs services during VSC+ camps

District	HF	Name of staff	Position	Coached on	Competency level
Sindhuli	Ranibas HP	Rukmini Baral	ANM	Implant	Satisfactorily performed/competent
Sindhuli	Belghari PHCC	Mohan Bahadur Dahal	Sr.AHW	Implant	Satisfactorily performed/competent
Sindhuli	Belgari PHCC	Sabitra Dahal	Sr. ANM	IUCD	Satisfactorily performed/competent



Fig.2. Flow chart for Comprehensive FP event



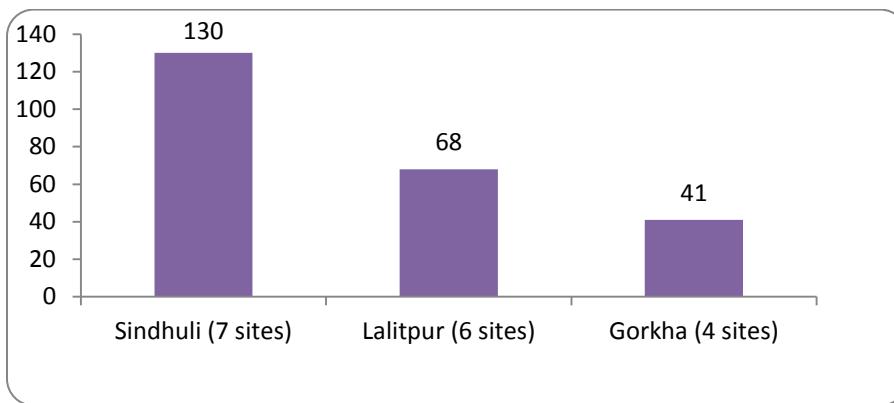
### 3 Outputs and Follow-up Plan

This section outlines key achievements and follow-up plans for service users.

#### 3.1 Analysis of service users

From the 11<sup>th</sup> to 30<sup>th</sup> April, a VSC+ camp was completed in 17 sites in three districts (Sindhuli, Gorkha, and Lalitpur). A total of 31 camp days were organised. Altogether 239 people were reached (received VSC+ services) through the camps by the end of April through the VSC+ service. Figure 3 shows district-wise number of people reached through VSC+ camps. The average number of people per camp was 19 in Sindhuli, 11 in Lalitpur, and ten in Gorkha<sup>2</sup>.

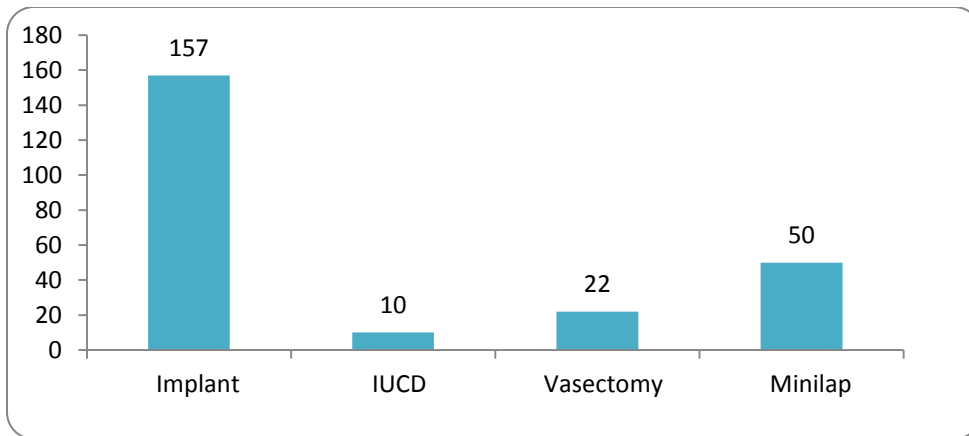
Fig.3 Number of people receiving VSC+ services in three districts (17 camps)



Among the 239 clients who visited the camps, 157 (66%) received implants 50 (21%) received minilap, 22 (9%) received non surgical vasectomy and ten clients (4%) received IUCD (Fig.4). This service utilisation pattern shows higher preference for implants and minilap compared to IUCDs and vasectomies.

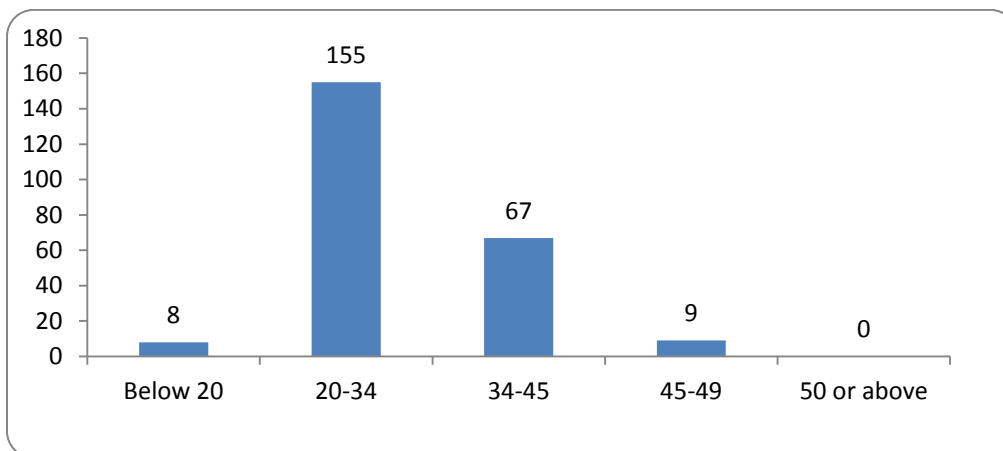
Fig.4: Number of people receiving VSC+ service (method-wise)

<sup>2</sup> Gorkha had completed its regular VSC camps (fiscal year 2071/72) before end of December 2016



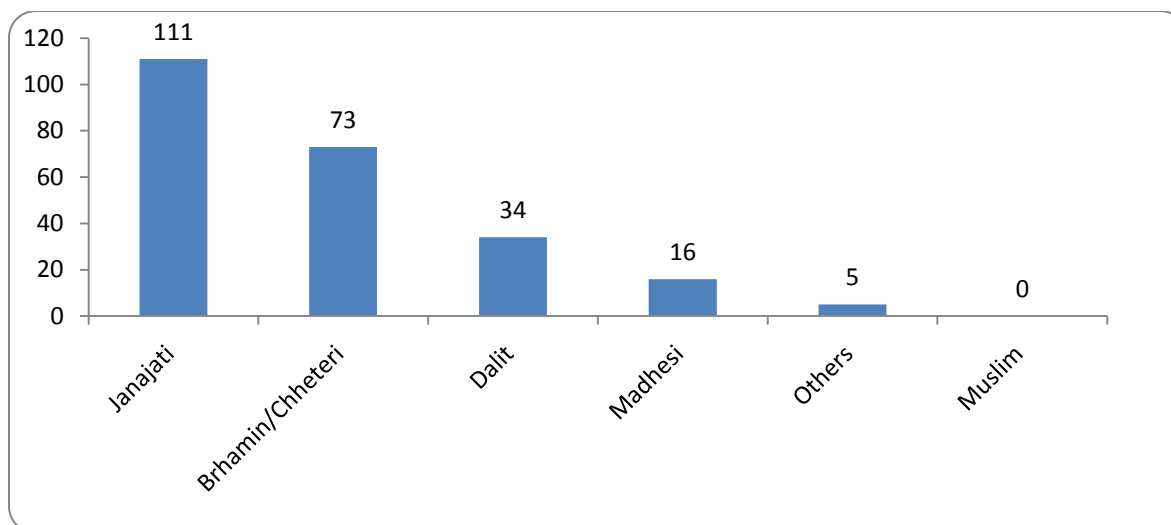
Age-wise disaggregation of service users shows the highest number of clients 155 (65%) in the age-group 20-34 years. Furthermore, 67 clients (28%) were between 34-45 years. However, only eight (3%) clients were below 20 years (Fig. 5) (Annex 4.4).

Fig.5 Age-wise disaggregated information of users



Furthermore, a total of 111 out of 239 clients (46.5%) were Janajati, 73 (30.5%) were Brahmin/Chhetri, 34 (14%) were Dalits and 16 (7%) were Madhesi clients (Fig.6).

Fig.6 Ethnicity of service users



### 3.2 Quality and Continuity of Care, Complication management

Quality of care is an important part of mobile outreach services. Although mobile services are usually delivered far away from permanent health facilities having comprehensive emergency services, quality standards in these settings should not be compromised and services should be maintained as they are in permanent facilities. The VSC+ camps followed standards as laid out in the fourth edition of the National Medical Standards (NMS) for Reproductive Health-Volume 1: Contraceptive Services (MoHP, 2010). This document has set medical criteria and standards for all FP services in Nepal, covering counselling, informed consent, client assessment, method provision, infection prevention, follow-up, management of side effects, medical supervision and monitoring, management, and requirements for facilities and providers.

To help ensure voluntary and informed choice, FCHVs informed clients about available FP methods before the VSC+ teams arrived. Clients learned that they can also obtain short-acting methods during the VSC+ camp if they are interested. Clients received comprehensive information on sterilisation and LARCs on the day of service delivery.

During the VSC+ camp, clients were provided with as much privacy as possible during counselling, service delivery and recovery. On-site, senior medical personnel (surgeons for sterilisation/medical officers, Senior ANMs, and Staff Nurses (SNs) of the mobile team supervised the VSC+ services.

MSI mobile teams carried all supplies and equipment needed to immediately manage procedure related emergencies. In addition, these teams have formal relationships with established medical facilities in the areas closest to the mobile sites for client referrals and follow-up and care. NMS Volume I in its method specific chapters lays out the guidelines for management of complications should they appear during the procedures.

Furthermore, the District Health Office and Family Health Division (FHD)/NHSSP team supervised VSC+ services in each of the three districts, often using standardised checklists for the Implant (Tool 6), IUCD (Tool 7), NSV (Tool 9), and ML/LA (Tool 10) during a VSC+ camp to ensure quality of care. The camp team

were offered on-site coaching and feedback when necessary. MSI management also provided feedback on quality of service and logistic issues.

### **3.3 Post camp activities**

The MSI team has a system to contact all VSC clients where possible at least once after a week to enquire about complications such as fever, abdominal pain, and bleeding directly related to VSC procedures through telephone. Until now, no major complications have been observed or reported.

A system for follow-up and continuity of care has been set-up. Clients from outreach areas were advised to return to the district hospital or a specific centre if they experienced specific symptoms or complications.

Alongside this, local service providers were oriented to provide post-procedure care and support and appropriate handling or referral of complications, side effect management, and removal of the implant and IUCD if the client wishes. Local service providers also could contact the mobile outreach team and VSC clients, if needed.

### **3.4 Challenges**

1. In Nepal there are very few NGOs/not-for profit service providers who have a compact team to conduct VSC+ mobile camps. Furthermore, there are limited service providers of LARCs and sterilisation methods. Finding an appropriate, reliable service providing organisation in times of need is a challenge.
2. In VSC+ intervention, less cooperation from local health workers was observed and in some health institutions local health workers were not informed of VSC+ camps by their in-charges.
3. Implementation of an effective referral system (i.e. referral for services and referral for managing complications and adverse events) is still poor in Nepal with limited mechanisms to link clients/patients to higher referral centres and a lack of two-way communication between two health facilities.
4. There are few trained HR on long acting and permanent methods (LAPM---comprising of both LARCs and sterilisation methods) both in the public sector and private sector in Nepal. Frequent transfer of trained HR causes difficulty for the clients when follow up care is needed.

### 3.5 Lessons learned

- The high volume season for sterilisation in Nepal usually starts from October and ends by mid March. However, this VSC+ camp started from 11<sup>th</sup> April, 2016. Although April is considered off season, there were men and women of reproductive age who turned up for VSC+ service in these districts. Therefore, it can be inferred that the service availability would determine the service uptake irrespective of season or time of year.
- From the volume perspective, winter months are best for the camp as people have relatively free time in these months. People are usually occupied in the fields for agricultural/ farming\*\* work during the months of April and May.
- Enough time is needed (i.e. at least 15 days) to inform the community people about VSC+ camp venue/ site/ date.
- The use of local FM radios and pamphlets to spread VSC+ camp information has complemented the FCHVs information dissemination. However, according to some local HFIs, the number of people listening to FM radios is declining, therefore other means of message dissemination such as using pamphlets may be more effective.
- FP use is highly influenced by satisfied users. Once friends and relatives have a good experience of receiving and using a method, s/he shares it with others and hence a general trend of preference to a particular method can be seen.

\*\* Verbatim: Health facility in-charge, Bhattedanda Health Post, Lalitpur

The best season for VSC camps is from the first week of Mangsir to the first week of Falgun. At this time of the year (April/May) people are busy for agricultural work such as *jotne*, *dalla fudaune*, *mal bokne*, and *makai chhane*. People also have the perception that their wound will be infected. Some men would prefer not to undergo sterilisation near their residence for privacy reasons. Similarly, some women prefer to go to Kathmandu for sterilisation as they will get some days 'rest' from immediate household chores and field work which is not possible if they have the operation near their residence for example in their nearest HP. In addition, some women and men prefer to have special transport/vehicle privileges so that they can travel back home after sterilisation in Kathmandu.

### 3.6 Recommendations

- The Government of Nepal should prioritise increasing the pool of active service providers on long-acting and permanent methods. A system of follow up and regular support to trained service providers is important to ensure appropriate motivation and continuity of care.
- Comprehensive FP services including VSC services should be available throughout the year to ensure people's access to wider range of FP services (increasing method mix).
- School (8, 9, and 10 grades) students can be utilised for communication of the VSC+ events by local HFs. Similarly, school teachers could be invited to pre VSC+ meeting.
- A short pre-VSC discussion/meeting among visiting MSI team members with local health workers on the preparation of VSC+ camps is needed before the camp day.
- On the basis of findings of self-administered QI tools, a brief post-VSC meeting session should continue after each day or after each event.
- Visual and auditory privacy of clients before, during, and after procedures needs to be respected. Privacy in post operation rooms for VSC clients should be improved.
- The MSI Camp team/mobile camp team needs to carry an adequate quantity of equipment such as at least five complete sets of each for minilap, vasectomy, implant, and IUCD at planned service sites.

## 4 Annexes

### 4.1 NHSSP VSC+ camp Schedule

Camp Schedule									
Camp Date	Lalitpur			Gorkha			Sindhuli		
	Place/Camp #	# of days	Pre VSC	Place/Camp #	# of Days	Pre-VSC	Place/Camp #	# of days	Pre VSC
11-Apr-16							Sirthouli PHCC (1)	Day 1	5-Apr
12-Apr-16							Sirthouli PHCC	Day 2	
13-Apr-16									
14-Apr-16							Ranibas HP BC (2)	Day 1	6-Apr
15-Apr-16							Ranibas HP BC	Day 2	
16-Apr-16									
17-Apr-16	Bungmati (1)	Day 1	11-Apr	Batase (1)	Day 1	9-Apr	Dudhouli HP BC (3)	Day 1	7-Apr
18-Apr-16	Manikhel (2)	Day 1	14-Apr	Batase	Day 2		Dudhouli HP BC	Day 2	
19-Apr-16	Manikhel	Day 2							
20-Apr-16				Palungtar (2)	Day 1	11-Apr	Gwaltar HP BC (4)	Day 1	10-Apr
21-Apr-16	Lubhu (3)	Day 1	17-Apr	Palungtar	Day 2		Gwaltar HP BC	Day 2	
22-Apr-16									
23-Apr-16	Bhattedanda (4)	Day 1	18-Apr	District Hospital (3)	Day 1	14-Apr	Solphathana HP BC (5)	Day 1	8-Apr
24-Apr-16	Bhattedanda	Day 2		District Hospital	Day 2		Solphathana HP BC	Day 2	
25-Apr-16				District Hospital	Day 3				
26-Apr-16	Ashrang (5)	Day 1	19-Apr				Kapilakot PHCC (6)	Day 1	19-Apr
27-Apr-16				Ashrang (4)	Day 1	21-Apr	Kapilakot PHCC	Day 2	
28-Apr-16	Thuladurlung (6)	Day 1	20-Apr	Ashrang	Day 2				
29-Apr-16							Belghari PHCC (7)	Day 1	22-Apr
30-Apr-16							Belghari PHCC	Day 2	
Total	6 sites	8 days		4 sites	9 days		7 sites	14 days	



#### 4.2. MoU between DHO Gorkha and MSI for conducting VSC+ camp

जिल्ला (जन) स्वास्थ्य कार्यालय, गोरखा र सुनौलो परिवार नेपाल (मेरी स्टोप्स) को संयुक्त आयोजनामा मिति २०७३/०१/०५ देखि २०७३/०२/१८ गते सम्म संचालन गरिने बृहत स्थायी तथा अस्थायी परिवार नियोजनको निःशुल्क वन्द्याकरण घुम्ती शिवीरको लागि निम्न वृदाहरुमा दुवै तर्फबाट सहमति भई कार्यक्रम संचालन गर्ने समझदारी भयो ।

सुनौलो परिवार नेपाल (SPN/MSI) को तर्फबाट	जिल्ला स्वास्थ्य कार्यालयको तर्फबाट
१. एकिकृत स्थायी तथा अस्थायी परिवार नियोजन वन्द्याकरण घुम्ति शिवीरमा काम गर्ने जन शक्तीहरुको व्यवस्था गरिनेछ । उक्त जनशक्तिहरुलाई सुनौलो परिवार नेपाल मेरी स्टोप्सको तर्फबाट शिविरको लागि लागू हुने दैनिक भत्ताको व्यवस्था गरिनेछ ।	१. Client हरुलाई प्रदान गरिने श्रम क्षतीपुर्ति तथा खाजाको व्यवस्था मिलाइनेछ । साथै प्रति केश वापतको OT Incentive नियमानुसार सुनौलो परिवार नेपालबाट खटिएका कर्मचारीहरुलाई पनि उपलब्ध गराइनेछ ।
२. शिविरमा काम गर्ने जनशक्तीहरुको लागि खाना तथा खाजाको व्यवस्था गरिनेछ ।	२. प्रचार प्रसारको लागि सम्बन्धित संस्थाहरुमा पत्राचार गर्नुका साथै स्थानिय जनशक्तिहरु परिचालन गरिनेछ ।
३. ओ.टो. तथा पोष्ट-अफमा लाग्ने सम्पूर्ण औषधीहरुको व्यवस्था गरिनेछ ।	३. शिविर सम्पन्न भएपछि सोको प्रगति सुनौलो परिवार नेपाल लगायत सरोकारवाला निकायलाई पनि जानकारी दिइनेछ ।
४. शिविर प्रयोजनको लागि चाहिने ईन्धन सहितको १ गाडीको व्यवस्था गरिनेछ ।	
५. शिविरको लागि चाहिने सम्पूर्ण औजार, लत्ता कपडा, कागजातहरुको व्यवस्था गरिनेछ ।	
६. शिविरमा काम गर्ने जनशक्तिहरु बाहेक जिल्लाको प.नि व्यवस्थापनमा काम गर्ने २ जनालाई क्याम्प व्यवस्थापनमा संलग्न भए अनुसार सुनौलो परिवार नेपालको नियमानुसार दैनिक भ्रमण भत्ताको व्यवस्था गरिनेछ ।	
७. महिला स्वास्थ्य स्वयमसेविकाहरुलाई ग्राहक ल्याए वापत खाचा खर्च स्वरुप प्रति केश रु. ५०/- रेफरल इन्सेन्टिभको व्यवस्था गरिनेछ ।	
८. शिविरमा हुन आउने कुनै किसिमको clinical complication (Minor/Major) को व्यवस्थापन गरिनेछ ।	
<ul style="list-style-type: none"> <li>नेपाल मेडिकल स्ट्याण्डर्ड अनुसार दिनको ३० केश मात्र गरिने</li> <li>शिविरमा Client Flow सन्तोषजनक नभएमा तथा असहज परिस्थिति आई परेमा दुवै पक्षको सहमतिमा शिविर निर्धारित समय भन्दा अगाडी नै रद्द गरिनेछ ।</li> </ul>	

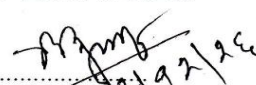
बोधार्थ : परिवार स्वास्थ्य महाशाखा : आवश्यक जानकारीको लागी

सुनौलो परिवार नेपालको तर्फबाट

  
तुषार त्रिभेला  
अप्रेषान डाइरेक्टर



जिल्ला स्वास्थ्य कार्यालयको तर्फबाट

  
प्रमुख  
जिल्ला जन स्वास्थ्य कार्यालय गोरखा

### 4.3 IEC materials and Job aids used during VSC+ camp

**About this wheel**

This wheel contains the medical eligibility criteria for starting use of contraceptive methods. It is based on Medical Eligibility Criteria for Contraception (MECC) (2009) and the 2008 update, one of WHO's evidence-based guidelines. It is freely learning from the 16 women presenting with a common medical or physical condition is able to use various contraceptive methods by the health worker.

The wheel is based on recommendations on including use of the common types of contraceptive:

1. Combined Oral Contraceptive Pills (COC)
2. Progestogen-only methods (DMPA, is a progestin only injectable)
3. Progestogen-only implants (Implant, is a progestin only implant)
4. Copper IUD

The guidance in the wheel applies to individuals of contraceptive methods. Recommendations for continuation of method use, when a woman develops a medical condition while using the method, can be found in the Medical Eligibility Criteria for Contraceptive Use guidelines.

**How to use this wheel**

The wheel is used to identify the medical condition, shown on the inner disk with specific medical codes. It is shown just below the center. The numbers shown in the inner ring will tell you whether the woman who has the medical condition is likely to use any of the contraceptive methods.

1 = Use the method in any circumstance  
 2 = Use the method in most circumstances  
 3 = Use the method in some circumstances  
 4 = Use the method in some circumstances  
 5 = Do not use the method

**Category 1 and 4** are clearly defined recommendations for categories 2 or 3, greater clinical judgment will be needed to decide if use of any method is safe. Category 3 is not recommended for use. Category 5 is not recommended for use.

**Category 1 and 4** are clearly defined recommendations for categories 2 or 3, greater clinical judgment will be needed to decide if use of any method is safe. Category 3 is not recommended for use. Category 5 is not recommended for use.

Nowadays there are many conditions. There are many medical conditions where ALL methods can be used (category 1), while the methods are either category 1 or 2. These conditions are listed on the back of the wheel.

**WHO  
MEDICAL ELIGIBILITY CRITERIA WHEEL  
FOR CONTRACEPTIVE USE  
2008 UPDATE  
ADAPTATION FOR NEPAL, 2014**

WHO Library Cataloging-in-Publication Data

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



## के तपाईंलाई थाहा छ? तपाईंको लागि परिवार नियोजनको साधनहरू के के छन् ?

**उपचार**

1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...

**बिस्व (निर्दिष्ट गर्ने कालो)**

1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...

**आंशिक रूपमा सुरक्षित (प्रोटेक्ट)**

1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...

**रिस्क**

1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...

**आन्तु र यो यो का कारण हो (उपचार दिनु)**

1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...

**नियमित स्वास्थ्यपरक**

1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...

**पूर्ण स्वास्थ्यपरक**

1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...

**प्रतिक्रियाकारी नयाँ साधनहरू**

1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...

**परिवार नियोजनको प्रभावकारी प्रयोग गर्न सक्ने उपकरणहरू**

आफ्नैमात्र गर्न सकिने कार्यहरूको अभावमा परिवार नियोजन गर्न सक्नु नभएकोले, परिवार नियोजनको प्रभावकारी प्रयोग गर्न सक्ने उपकरणहरूको आवश्यकता पर्छ। यी उपकरणहरूले परिवार नियोजनको प्रभावकारी प्रयोग गर्न सक्ने उपकरणहरूको आवश्यकता पर्छ।

**परिवार नियोजनको प्रभावकारी प्रयोग गर्न सक्ने उपकरणहरू**

उपकरणहरू	उपकरणहरूको आवश्यकता
1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...	1. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...
2. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...	2. यो एक नयाँ जीवनको प्रारम्भ हो, त्यसैले यो एक नयाँ जीवनको प्रारम्भ हो...

**परिवार नियोजनको प्रभावकारी प्रयोग गर्न सक्ने उपकरणहरू**

यो उपकरणहरूले परिवार नियोजनको प्रभावकारी प्रयोग गर्न सक्ने उपकरणहरूको आवश्यकता पर्छ।

#### 4.4 Details of service users

Variable	Sindhuli								Lalitpur							Gorkha					Total
	Sirthouli	Ranibas	Dudhouli	Gwaltar	Solphathana	Kapilakot	Belghari	Sub-total	Bungmati	Manikhel	Lubhu	Bhattedanda	Ashrang	ThulaDurlung	Sub-total	Batase	Palungtar	DHO Hospital	Ashrang	Sub-total	
<b>1. Age</b>																					
Below 20	0	0	0	1	0	1	2	4	0	0	0	0	1	0	1	0	2	1	0	3	8
20-34	10	37	22	8	12	5	8	102	3	5	9	4	7	8	36	5	4	6	2	17	155
34-45	1	7	1	1	1	6	5	22	6	1	1	0	5	15	28	7	1	4	5	17	67
45-49	0	0	0	0	1	0	1	2	0	0	0	0	0	3	3	0	0	2	2	4	9
50 or above	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>2. Number of clients by ethnicity code:</b>																					
Dalit	0	6	0	2	3	3	3	17	0	0	3	0	1	4	8	0	2	7	0	9	34
Janajati	3	15	1	4	7	7	7	44	8	5	5	2	8	18	46	11	3	2	5	21	111
Madhesi	0	2	11	0	0	0	0	13	0	0	2	0	0	0	2	0	1	0	0	1	16
Muslim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brhamin/Chheteri	8	20	11	3	4	0	5	51	1	1	0	2	4	4	12	1	1	4	4	10	73
Others	0	1	0	1	0	2	1	5	0	0	0	0	0	0	0	0	0	0	0	0	5
<b>3. Number of visitors using FP methods by type:</b>																					
Implant	0	29	4	10	9	7	11	70	9	3	8	3	12	25	60	12	4	3	8	27	157
IUCD	0	1	0	0	0	2	4	7	0	0	1	0	0	1	2	0	0	1	0	1	10
Vasectomy	0	3	1	0	4	3	1	12	0	3	1	1	1	0	6	0	1	3	0	4	22
Minilap	11	11	18	0	1	0	0	41	0	0	0	0	0	0	0	0	2	6	1	9	50
Depo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pills	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Condom	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>4. Education</b>																					
Illiterate	4	15	13	2	3	8	8	53	3	2	1	0	3	4	13	3	3	1	0	7	73
Literate	3	25	10	8	11	3	8	68	6	3	6	4	7	14	40	9	2	12	9	32	140
SLC	3	2	0	0	0	1	0	6	0	1	2	0	2	4	9	0	1	0	0	1	16
Intermediate	0	1	0	0	0	0	0	1	0	0	1	0	1	2	4	0	1	0	0	1	6
Bachelor +	1	1	0	0	0	0	0	2	0	0	0	0	0	2	2	0	0	0	0	0	4

4.5 Pamphlet used to disseminate VSC+ camp information in Nuwakot district

## निःशुल्क परिवार नियोजन शिविर सञ्चालन हुने सूचना

“व्यवस्थित परिवार : स्वास्थ्य र विकासको आधार, यसलाई  
पार्छ परिवार नियोजनले साकार”

जिल्ला स्वास्थ्य कार्यालय नुवाकोटको आयोजनामा तथा Nepal Health Sector Support Program र सुनौलो परिवार नेपाल (मेरी स्टोभ) को संयुक्त सहयोगमा अनुभवी चिकित्सक र नर्सहरूद्वारा तपसिलको स्थान र मितिमा निःशुल्क परिवार नियोजन अस्थायी (ईम्प्लान्ट र आई.यू.सी.डी.) तथा स्थायी बन्ध्याकरण (भ्यासेक्टोमी र मिनिल्याप) शिविर सञ्चालन हुने भएकोले लामो गर्भ अन्तर चाहने तथा सन्तानका रहर पुगेका पुरुष तथा महिलाहरूले आफुलाई पायक पर्ने स्थानमा गई उल्लेखित सेवाहरू लिई मौकाको फाइदा उठाउन हुन अनुरोध गरिन्छ ।

### शिविर सञ्चालन हुने स्थान र मिति:


क्र.सं.	स्थान	मिति
१	राजतवेसी स्वास्थ्य चौकी	२०७३ बैशाख २४ र २५ गते
२	समुन्द्रटार स्वास्थ्य चौकी	२०७३ बैशाख २७ र २८ गते
३	खरानीटार प्राथमिक स्वास्थ्य केन्द्र	२०७३ बैशाख ३० र ३१ गते
४	चौघडा स्वास्थ्य चौकी	२०७३ जेष्ठ ३ गते
५	गोरसिङ्ग स्वास्थ्य चौकी	२०७३ जेष्ठ ५ र ६ गते
६	सल्लेमैदान स्वास्थ्य चौकी	२०७३ जेष्ठ ९ र १० गते
७	जिल्ला अस्पताल नुवाकोट	२०७३ जेष्ठ १२ र १३ गते

“परिवार नियोजनको साधन अपनाऔं,  
सुखी र व्यवस्थित परिवार बनाऔं ।”

**आयोजक**

जिल्ला स्वास्थ्य कार्यालय, नुवाकोट

4.6 Radio message for VSC+ camps aired by local FM radio, Gorkha



नेपाल सरकार  
स्वास्थ्य तथा जनसंख्या मन्त्रालय  
पश्चिमाञ्चल क्षेत्रीय स्वास्थ्य निर्देशनालय  
जिल्ला जन स्वास्थ्य कार्यालय  
गोरखा

फोन नं. : ०१५-५३०९९१  
फ्याक्स नं. : ०१५-५३०९९१  
९३२९६  
dhopokha@gmail.com  
dhopokha@yahoo.com

ना.नं. : २०७२/०७३  
च.नं. :

**वित्ति-२०७२/२०७३**

**विषय - बर्हिद विवेक (स्वास्थ्य संरक्षण) र अर्हताको रूपमा सबै स्वास्थ्य (स्वास्थ्यको अधिकार) सम्बन्धी**

श्री ..... एम.ए.एफ.  
गोरखा ।

प्रस्तुत विषयमा यस कार्यालयको आयोजनामा संचालन गरिने परिवार नियोजन स्वास्थ्य बन्ध्याकरण विविधको तपशिलको सूचना विज्ञान, विज्ञान, बेलुका ५ (पछि) पटक महत्वपूर्ण समयमा प्रसारण गरिबन्धु हुन अनुरोध गरिन्छ ।

**जिल्ला जन स्वास्थ्य कार्यालय गोरखाको विभिन्न परिवार नियोजन स्वास्थ्य (संस्कृत र जाडुबुडी) तथा स्वास्थ्य बन्ध्याकरण (स्वास्थ्यको अधिकार र विविधता) विविध बन्धु बन्धुनी सूचना**

**“ज्वलन्तिष्ठत परिवार- स्वास्थ्य र विकासको आधार,  
सुखलाई बाड, परिवार नियोजनको आधार”**

जिल्ला जन स्वास्थ्य कार्यालय गोरखा, Nepal Health Sector Program र बरेली स्टोमच सेन्टरको आयोजनामा अनुभवो विविधताको रूपमा र विभिन्न **“विभिन्न परिवार नियोजन स्वास्थ्य (संस्कृत र जाडुबुडी) तथा स्वास्थ्य बन्ध्याकरण (स्वास्थ्यको अधिकार) विविध”** संचालन हुने कार्यक्रमको लागि नभन्नेत बाटन एवं सन्धानका रूपमा पुस्तक पुस्तक एवं बेलुकाको अन्तर्गत पाठक पनि सन्धान गर्न उपलब्धता सेवादक एवं विकासको परबन्धु उठाउनु हुन जानकारीको लागि यो सूचना प्रसारण गरिएको छ ।

**उपलब्धता**

क्र.सं.	स्थान	दिनांक	समय
१	बैँसे, पलाच	२०७२	बैँसे १ र ६ गते
२	डाढीपोखरी बाँसे, सेन्टर पालु, टार	२०७२	बैँसे २ र ६ गते
३	जिल्ला अस्पताल गोरखा	२०७२	बैँसे ११ र १२ गतेसम्म
४	अर्था, स्वास्थ्य चौकी	२०७२	बैँसे १५ र १६ गते
५	सिद्धिवास स्वास्थ्य चौकी	२०७२	बैँसे १६ र २० गते
६	नाडाखोला स्वास्थ्य चौकी	२०७२	बैँसे २२ र २३ गते
७	सुनो गा.वि.सको चौकी	२०७२	बैँसे २५ र २६ गते
८	खाल्पोक स्वास्थ्य चौकी	२०७२	बैँसे २८ र २९ गते
९	हाफुकोट स्वास्थ्य चौकी	२०७२	जेठ १ र २ गते
१०	बास्पाक स्वास्थ्य चौकी	२०७२	जेठ ४ र ५ गते
११	मन्थोक स्वास्थ्य चौकी	२०७२	जेठ ७ र ८ गते
१२	जोषारोको वि.सकोटोला	२०७२	जेठ १० र ११ गते
१३	जाल्पा, स्वास्थ्य चौकी	२०७२	जेठ १३ र १४ गते

**“परिवार नियोजनको आधार जपनाको, सुखी र ज्वलन्तिष्ठत परिवार बनाओ”**

जिल्ला जन स्वास्थ्य कार्यालय गोरखा, Nepal Health Sector Program, बरेली स्टोमच सेन्टर

**(संस्कृतन बन्धुनी)**  
**संस्कृतन बन्धुनी**

4.7 Photos of pre-VSC FCHV meeting and VSC+ camps



DPHO Kedar Parajuli facilitating pre-VSC FCHV meeting Lubhu PHCC, Lalitpur



Pre-VSC+ FCHV meeting Belghari PHC, Sindhuli



Pre VSC + FCHV meeting Machhakhola HP, Gorkha



VSC+ camp banner Sirthauli PHC, Sindhuli



IEC materials and job aids used for FP counselling  
Sirthauli PHC, Sindhuli



Clients waiting for service in VSC+ camp, Sindhuli



MSI service providers returning providing VSC+ service  
Dudhali HP, Sindhuli



Pre-VSC + FCHV meeting Takukot HP, Gorkha