



## At a Glance Family Planning in Nepal

In the last 10 years, Nepal's population of 26.2 million grew by 3.5 million, and its total fertility rate declined (4.6 in 1996 to 2.6 in 2011).<sup>1</sup> But recent surveys show that the contraceptive prevalence rate (CPR) has not increased as significantly (48% in 2006 vs. 50% in 2011) with modern CPR slightly decreased from 44% in 2006 to 43% in 2011.<sup>1</sup>

Since 2006, CPR for modern methods has stagnated around 43%, while the prevalence of traditional methods remained low, but nearly doubled (3.7% to 6.5%).<sup>1</sup>

Meanwhile, the unmet need for family planning remains at an estimated 27% for married women, with 21% of births occurring with suboptimal spacing (with pregnancy occurring less than two years apart).<sup>2</sup>

## Standard Days Method Integration in Nepal's Family Planning Program

Population surveys in Nepal show a declining total fertility rate (TFR) but at the same time a stagnant contraceptive prevalence rate (CPR). This stagnation has been attributed to a combination of factors including an increased use of traditional methods of family planning and discontinuation of hormonal methods, use of emergency contraception, a high proportion of spousal separation (34%) due to labor migration, and difficulty reaching remote populations.

### Expanding the Method Mix

Under the USAID-funded Fertility Awareness for Community Transformation (FACT) Project, formative research conducted by the Institute for Reproductive Health (IRH) at Georgetown University revealed that the most common factors hindering the use of FP methods in Nepal are women's fear of hormonal method side-effects and deeply rooted social norms. Specifically, norms associated with early child bearing, and concerns about family planning side effects suggest the need for a non-hormonal contraceptive option. With support from IRH and Save the Children, the Family Health Division and National Health Training Center designed and supported the introduction of Standard Days Method (SDM), an effective, side effect-free method, to diversify the national contraceptive method mix. And SDM has the characteristics to address some of the norms affecting FP uptake, as it requires the cooperation of the male partner.<sup>3</sup>

## A Side-Effect-Free Option



Based on reproductive physiology, **Standard Days Method, used with CycleBeads**, identifies days 8-19 in the menstrual cycle when pregnancy is most likely, and thus, when to avoid unprotected intercourse.

Its correct-use effectiveness of 95% and typical-use rate of 88% were established for women with cycles 26 to 32 days long.

The World Health Organization and USAID recognize SDM as an evidence-based practice and includes it in their family planning guidance documents. SDM is incorporated into national FP norms and policies in over 20 countries around the world.

Studies have shown that the primary reason women choose SDM is because of concerns about side effects of hormonal method, thus making it acceptable to those who are concerned about these methods. SDM also is considered a door-opener to FP in general, particularly among traditional communities.

## INTEGRATING SDM IN SERVICES

Essential steps taken by programs to successfully integrate SDM in FP service delivery system include:

- ✓ creating a supportive environment,
- ✓ training health providers and community workers to counsel and inform on the method,
- ✓ integrating SDM in service protocols and training guidelines as well as routine service data recording and supervision
- ✓ adding CycleBeads in the logistics system to ensure availability where services are offered, and raising community awareness through IEC activities tailored to different local groups

### Building Capacity for SDM Services

An assessment of the FHD's FP program and conditions helped stakeholders determine the program's capacity to incorporate SDM in the method mix and design an integration strategy that was carried out in 32 health facilities in Rupandehi. Critical to integration was the buy-in from central and district stakeholders who were engaged in orientation and planning workshops. Stakeholders' involvement paved the way for SDM integration in the Comprehensive Family Planning (COFP) and Counselling course used in training health facility providers nationwide.

In Rupandehi, 68 trained healthcare providers [i.e. health assistants, auxiliary nurse midwives (ANM), and auxiliary health workers (AHW)] received SDM orientation through the revised COFP training. To support SDM integration system-wide, routine orientations also were implemented in Rupandehi for facility staff, community workers and leaders.

### Securing Commodity Availability

Ensuring availability within the supply chain, CycleBeads were dispensed from the central level to DPHO for distribution among the 32 health facilities.

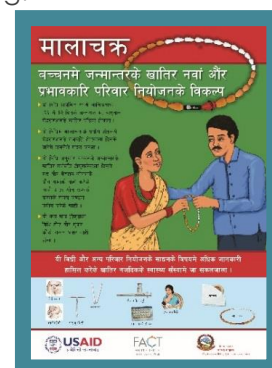


This system is linked with mechanisms to record uptake and identify low stock at health facilities. SDM service delivery quality was reinforced through a health facility supervision checklist assessing providers' SDM-related counseling competency. Quality service delivery was also assessed through a series of client follow-up visits which served to assess clients' correct use and understanding of the method.

### Getting the Word Out

Awareness of SDM was raised through interpersonal communications from the female community health volunteers (FCHV) during their interactions and monthly health group meeting.

Other communication activities included a series of radio jingles appealing to difficult-to-reach groups (aired in Nepali and Awadhi) and a CycleBeads pamphlet (distributed during community meetings and home visits).



## Health Facility Provider and Roving Auxiliary Nurse Midwife (RANM) Competence in SDM (Mala Chakra) Counseling

Competence in SDM Counseling (Percentages)	HF providers (N=51)	RANMs (N=9)
Mean KITs score	94.6	91
Score ranges	81 -100	85-98
<b>Accurate Eligibility Screening</b>		
Who can use CycleBeads	98	100
<b>Accurately Administered Key Counseling Messages</b>		
Explained how CycleBeads work	98.0	100
Explained monitoring periods come on time	85.3	100
Explained managing the fertile days	100.0	88
Explained when to return to the provider	96.1	N/A

## Ensuring Quality Counseling

As part of supportive supervision—and to determine providers' capacity counseling in a fertility awareness method—FACT staff applied a competency checklist, the Knowledge Improvement Tool (KIT). The KIT was applied to 51 health facility providers and 9 RANMs over the lifetime of the project. Providers as well as RANMs trained in SDM are able to offer the method correctly, as observed during application of the KIT. Critical to SDM success is appropriate screening for method eligibility, to determine if a client meets the two requirements: having regular cycles and the couple's agreement to use condoms or abstain during the fertile days. As shown in the table, results of the assessment indicate a positive score of 98-100% for method screening as well as teaching how to use Mala Chakra, with scores ranging from 85-100% on key counseling messages.

## HOW SUCCESSFUL WAS SDM INTEGRATION?

### Correct Use and Couple Satisfaction

Follow up visits with 74 clients three months after counseling in Mala Chakra provided information on their experience, satisfaction and method continuation. Of those interviewed, 48.6% were of Madeshi ethnicity, and most were literate (76%) homemakers (82.4%). During follow up visits, women responded to questions about method adherence. All women knew to move the ring daily and see a provider or RANM if they had sex without condoms on a fertile day. Almost all knew to see a provider if their period started before the darker brown bead, i.e. short cycle (95.6%) or did not start after the last brown bead, i.e. long cycle (95.6%). Clients reported husband collaboration (82%) managing the fertile days.

### Satisfaction and continuation

- 82.4% obtained Mala Chakra from health facility
- 88% were still using and satisfied
- 12% stopped method due to irregular cycles, switching to another method, or partner migration

**Managing fertile days:** 97% used condoms or abstinence

**Knowledge of method use:** 80% explained the essential points

**Husbands' support:** 82% reported husband helps

### Community Diffusion

An integral part of SDM integration was creating awareness about this new method among community members. As part of a diffusion strategy, information on Mala Chakra was delivered through interpersonal communications by the FCHVs and health facilities staff. Baseline and endline community surveys, conducted with a representative sample (n=1,958; 1,272 women, 686 men), to assess FP uptake and intention, also provided information on how well Mala Chakra was diffused in the communities.

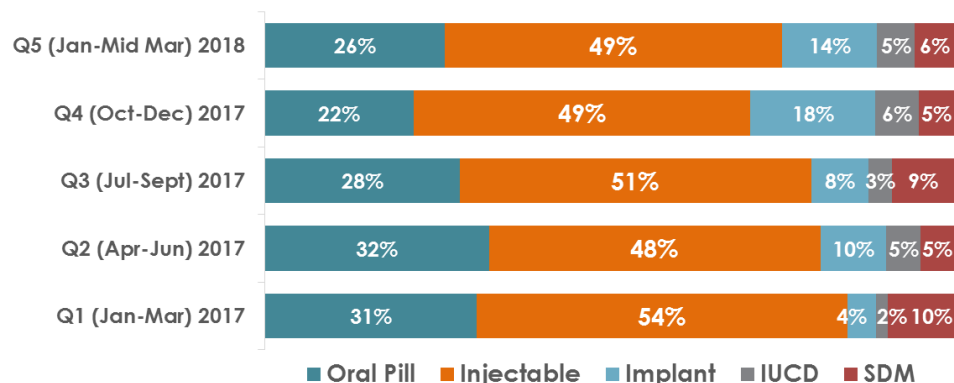
- 35% women and 19% men knew about Mala Chakra with highest awareness in RANM-served communities
- Women reported RANMs (38.8%) and FCHVs (36.1%) as their Mala Chakra source of information and men reported posters (61.8%)
- 12% of women reported hearing the Mala Chakra radio jingle.



## Supporting FP Uptake

Recording of SDM users was reported by health facilities at all sites. The chart below shows select results on SDM new users within the overall family planning uptake during the integration period, March 2017-March 2018. As service statistics from the 32 SDM integration sites, introduction of this method did not have a negative effect on the FP method mix and indicates a contribution in overall FP uptake.

### Percentage method mix of facility accepted new FP users, per quarter



## SUMMARY

SDM has been integrated into the main components of the national FP program and subsystems, including norms, guidelines and in-service training, the logistics and health information (HMIS) reporting. Awareness raising about the method, an essential element of new method integration, supported diffusion in the community in addition to traditional radio jingles other strategies such as social media platforms need to be explored. The Rupandehi experience documented the integration of SDM with Mala Chakra using a systems approach that addresses all service components and serves as a model for further expansion of the method to other districts. While SDM's effectiveness and continuation has been amply tested through a clinical trial and multiple impact and operations research studies, the evaluation of the integration effort in Rupandehi confirmed the local users ability to use the method correctly and the acceptability of modern fertility awareness method. Through this experience, resources for training, services, logistics and monitoring were adapted and remain available for use while expanding integration of SDM services in Nepal.

## RECOMMENDATIONS FOR EXPANSION

- Focus expansion of SDM areas where CPR is below 30%
  - Utilize half-day SDM orientation for the local health facility staff for purposes of expansion
  - Establish clear monitoring procedures to ensure quality SDM integration across Rupandehi
  - Incorporate procurement of CycleBeads into logistic management division (LMD)'s procurement system
  - Develop CycleBeads mobile app in Nepali
1. Nepal 2011 NDHS. Nepal demographic and health survey 2011. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland. 2012.
  2. Khanal MN, Shrestha DR, Pant PD, Mehata S. Impact of male migration on contraceptive use, unmet need, and fertility in Nepal: further analysis of the 2011 Nepal Demographic and Health Survey 2013.
  3. Lundgren R, Cachan J, Jennings V. 2012. Engaging men in family planning services delivery



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