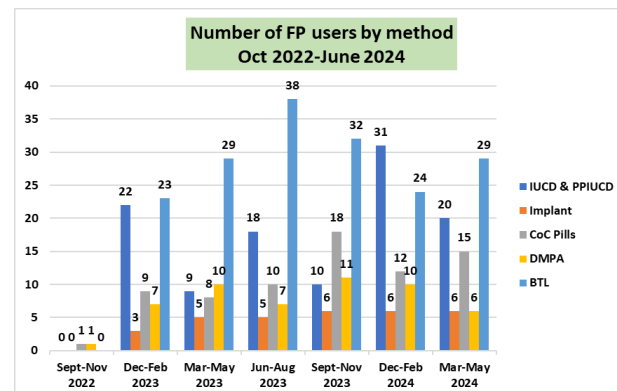
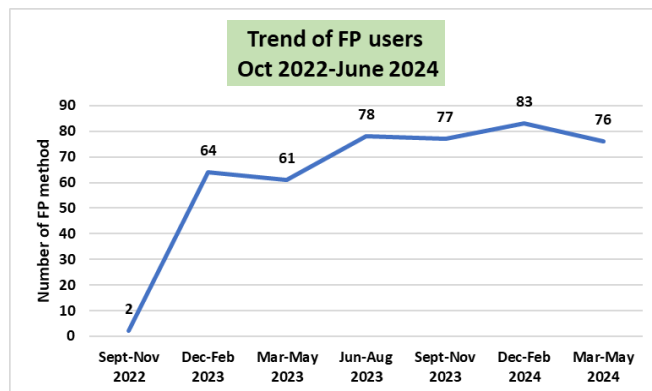


Major Achievements



- Sustainable and scalable model: Use of available resources from stakeholders at national and local levels (FWD, Training Center, NHEICC, Health Office, Metropolitan City Health Section) with strong coordination among all stakeholders and strong commitment from Hospital team contributed in a scalable model to strengthen PPFP services.



Figure 7: Delegates visit to observe PPFP services

- Increased number of users: Clients are receiving all five types of temporary and two permanent contraceptive methods all working days of the week.
- Integration of FP in other services: FP integration with ANC, MCH, PNC, Immunization services in the out-patient and in patient units.
- Male involvement: Male involvement during the counselling process leading to shared decision making for FP method uptake.
- Hosted visitors from different countries in the hospital: As a part of the WHO South-East Regional Office's Regional Capacity Building Workshop on Family Planning using the updated Training Resource Package (TRP), held on 12-14 September 2023 in Kathmandu, 14 representatives from WHO, UNFPA, Jhpiego and various member states visited the Civil Services Hospital to observe the PPFP services.

Gaps/Challenges

- Limited trained staff for implants, IUCD, and FP counseling. No dedicated counselor for FP.
- Limited PPFP-related IEC materials and TV spots, and noise issues while displaying videos.
- Only selected clients receive FP counseling during ANC, PNC, and immunization due to high client volume in OPD.

Lessons Learned

- Collaboration with stakeholders crucial to strengthen PPFP services with available resources.
- Engaging managers, doctors, nurses and administrative staff in planning, implementing and monitoring of services is critical.
- Needs assessment, action planning and regular follow-ups are necessary to guide the health facility team.
- Staff orientation on PPFP and regular updates play a vital role in strengthening services.
- Effective counseling and male involvement during ANC, PNC and immunization clinic is key to effective FP method acceptance.



Government of Nepal
Ministry of Health and Population
Department of Health Services
Family Welfare Division



Government of Nepal
Ministry of Federal Affairs and General Administration
Civil Service Hospital



Establishing Demonstration Site for Strengthening Post-partum Family Planning in the Civil Service Hospital, Kathmandu, Nepal

Introduction

Post-pregnancy family planning (PPFP) is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth. Nepal is committed in advancing PPFP services as part of its broader effort to improve reproductive health and ensure universal access to family planning.

Despite significant progress- evidenced by a total fertility rate of 2.1 and a modern contraceptive prevalence rate (mCPR) of 43% (NDHS 2022) challenges persist, particularly in PPFP. Recent data indicate that mCPR has plateaued over the last decade, with significant disparities in service utilization. The unmet need for family planning stands at 21%, with postpartum women experiencing an even higher unmet need of 32%, 18% forspacing and 14 % for limiting. Additionally, while the average birth interval in Nepal is 34.4 months, 25% of births occur within 24 months

after the preceding delivery, underscoring the critical need for effective postpartum contraceptive methods.

To address these gaps, FWD in collaboration with WHO Nepal, has made various efforts including the establishment of a PPFP demonstration site in Civil Services Hospital. The hospital was selected considering the site being a tertiary level hospital with comprehensive maternal, newborn and child health services and hospital's commitment to strengthen FP services.



Figure 1: Civil Services Hospital, Baneshwor, Kathmandu

Introduction of Civil Service Hospital

This hospital, operated under the Ministry of Federal Affairs and General Administration, provides low-cost, quality care to both civil employees of the Government of Nepal and the general public. This hospital with 240 sanctioned beds offers a full range of specialty health services, including obstetrics

and gynecology (Ob/Gyn). The hospital conducts approximately 1500 delivery services annually and serves to approximately 150 women daily from the Ob/Gyn outpatient department.

(Please visit <https://nepdoc.com/civil-service-hospital-nepal/> for more details).

Steps for Establishment of Demonstration Site

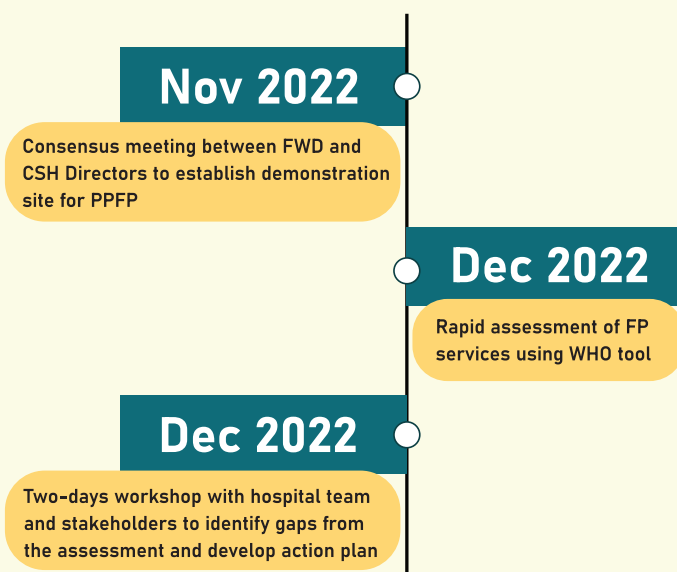


Figure 2: Hospital team participating in workshop



Figure 3: Group work to develop action plan

Action plans developed for strengthening FP services through five areas:



Major Findings from Rapid Assessment of PPFP in December 2022

Strengths: The FP clinic offered three contraceptive methods (condom, pills and depo), received supplies from the Kathmandu Health Office, and had fully functioning immunization, antenatal, postnatal care and Ob/Gyn outpatient as well as inpatient intrapartum care units. Two staff from Ob/Gyn ward provided FP services in OPD in addition to other services.

Areas for improvement: There was no dedicated staff, nurse and/or paramedic for FP services provision. The team was not updated on national guidelines for FP program. The staff were not oriented on PPFP services and were not trained to provide FP methods such as IUCD, PPIUCD, and implant. Additionally, FP-related IEC materials, job aids, and standards were not available. There were gaps in recording and reporting of the FP and MCH services. The site was not registered for Safe Abortion Services (SAS) and lacked coordination with FWD, Provincial Health Directorate, Provincial Training Center and the Metropolitan City Health Section.

Major Interventions:

To address the gaps and improve PPFP services, a working team was formed led by Senior Obstetrician/Gynecologist, comprising representative from relevant units and administrative section. This team regularly met to follow up on the action plan.



Figure 4: Staff receiving IUCD training

Key interventions included:

- Regular update on FP, PPFP and MNCH:** FWD conducted knowledge sharing events to update staff on contraceptive methods, job aids, and national policies and guidelines, including new ANC and PNC guidelines.
- Capacity Building of Staff:** In coordination with the Kathmandu Health Office and Provincial Health Training Center, staff were trained on implant insertion and removal (1), IUCD (1), PPIUCD (6), Minilap (1), Non-scalpel vasectomy (1), and safe abortion services (1). Staff started providing the services once they received the training.
- South-South learning exchange:** The Hospital focal point participated in South-South learning exchange and visited Sri Lanka to observe FP/ PPFP services.
- Orientation on Recording and Reporting System:** FWD conducted a workshop on recording and reporting of the FP services. Post-workshop the hospital started to use the standard HMIS tools and timely reporting.
- Supply of Essential Materials:** Hospital coordinated with FWD, the Kathmandu Health Office, and the municipality and received different essential materials, including FP equipment (including WHO Medical Eligibility Criteria Wheel, Decision Making Tool), and FP commodities, national standards, RH protocols, job aids.
- Demand Generation Activities:** Hospital coordinated with the National Health Education Information and Communication Center and received FP and PPFP leaflets, posters, video, and information board. Messages were displayed on TV in waiting areas and leaflets were distributed to clients.



Figure 5: PPFP leaflet distributed to clients

Service initiations:

- Started providing all types of FP methods during all working days of the week.
- Provided FP information and counseling during ANC, IPC, PNC before discharge and while providing MCH services from OPD.
- Introduced FP stamp on ANC cards after counseling pregnant women on FP.
- Engaged men during counseling sessions.
- Provided information on healthy timing and spacing of pregnancy and PPFP to parents visiting immunization services.



Figure 6: Staff providing FP counseling



Figure 7: Engaging male

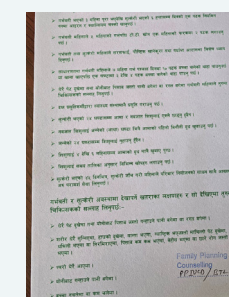


Figure 8: FP Stamp



Figure 9: Counselling other on FP before discharge