



Members of a mothers' group learn about family planning from an NTAG-trained female community health volunteer.

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

Increasing HTSP Knowledge and Postpartum Contraceptive Use Among the Urban Poor

Scaling-Up Best Practices in Nepal

This paper shows how the Extending Service Delivery (ESD) Project – an international leader in scaling up best practices in reproductive health and family planning – helped the Nepali Technical Assistance Group (NTAG) deliver birth spacing messages, increase Lactational Amenorrhea Method (LAM) use, and improve knowledge of postpartum contraception in Kathmandu Metropolitan City and Surkhet Municipality. As a result of this successful low-cost intervention, NTAG expanded its program to ten additional sites with a renewed emphasis on community and municipal level engagement.

BACKGROUND

Over the last forty years, the National Family Planning Program in Nepal has steadily increased contraceptive use among married couples and reduced the country's total fertility rate from 4.6 in 1996 to 3.1 in 2006.¹ While these gains are significant, 25 percent of Nepalese women hoping to delay or limit future pregnancies still do not use family planning.² Ironically, knowledge of family planning is almost universal in Nepal, with 99.8 percent of women and 99.9 percent of men familiar with at least one method of family planning.³ Despite widespread awareness and demand for family planning, many couples do not use any methods to space or limit births. This gap suggests traditional family planning programming is not reaching the population that needs it.

One group that could benefit most from increased healthcare and family planning services is the urban poor. While family planning use is higher in cities than in rural areas, little is known about the family planning practices of the urban poor, migrants who occupy Nepal's crowded slums. This group is transient, un-

NEPAL: AT A GLANCE ⁴

POPULATION—	23,151,423
URBAN POPULATION—	13.9%
LIVING BELOW THE POVERTY LINE—	31%
FERTILITY RATE—	3.1
POPULATION GROWTH RATE—	2.2

dereducated, and often separated from the family and friends that normally define support networks. Poor urban women are particularly vulnerable since they must both work and manage their households, which affect their ability to secure quality healthcare and family planning.

Healthy timing and spacing of pregnancy (HTSP) is one of the most important of these family planning approaches. A key intervention to help couples achieve their desired family size, HTSP is based on medical evidence showing that a birth-to-pregnancy interval of 24 months is associated with positive maternal, newborn, and infant health outcomes.^{5,6} The postpartum

¹⁻⁴ Nepal Demographic and Health Survey 2006.

⁵ HTSP 101: Everything You Want to Know about Healthy Timing and Spacing of Pregnancy. Extending Service Delivery Project, 2007.

⁶ World Health Organization, Department of Reproductive Health & Research and Making Pregnancy Safer, 2007.

period is an ideal time to introduce HTSP and family planning messages because many women are receptive to such information during this stage. Global Demographic and Health Survey data show that very few women throughout the world – 3 to 8 percent – want another child within two years after giving birth. The data also show 40 percent of women in the first year postpartum intend to use a family planning method but fail to do so.⁷ Clearly, a disconnect exists between women’s desire for family planning and their actual method use, which could be due to barriers to access or lack of knowledge.⁸

PROBLEM ADDRESSED

The Extending Service Delivery (ESD) Project began addressing the unmet health needs of poor urban women in Nepal in 2007 with its Urban Poor Postpartum Family Planning Project, one of the first significant efforts to address the family planning needs of this population. Implemented by the Nepali Technical Assistance Group (NTAG), a local organization with considerable expertise in community-based planning, this initial project combined an eighteen-month programmatic intervention targeting postpartum women with a longitudinal operations research study monitoring long-term family planning use. The intervention’s goal was to educate Nepal’s urban poor in family planning and HTSP messaging through teams of community health volunteers. (See the ESD brief *Nepal: Reaching the Urban Poor with Family Planning/HTSP messages* for more information.)

BEST PRACTICES TO IMPROVE CARE

Starting in Kathmandu Metropolitan City and Surkhet Municipality, NTAG educated women on family planning and HTSP using the following practices:

- Reaching the entire community through community outreach approaches
 - Mothers’ group meetings led by female community health volunteers (FCHVs)
 - Special interest groups: income-generating, savings credit, and religious
 - Magic shows and puppet shows

- School visits
- Regular home visits to postpartum women
- Enhancing the role of health volunteers to become influential mobilizers in their communities
- Creating a “web spinning” communication system where each mother counseled by FCHVs reached out to five other mothers
- Counseling influential family members like husbands and mothers-in-law on HTSP
- Educating pharmacists, private clinicians, and maternity ward staff on family planning and HTSP to reach women throughout the continuum of care

Results of the Urban Poor Postpartum Family Planning Project showed family planning/HTSP knowledge and use increased over the duration of the intervention. Focus group discussions, knowledge, attitude, and practice (KAP) community surveys conducted before and after the intervention with 200 men and 400 women of reproductive age, and longitudinal follow-up of postpartum women showed:

- Spousal communication on family planning/HTSP rose from 38 percent to 85 percent
- Postpartum women in the intervention made three times more service visits for family planning than the postpartum control sample
- 83 percent of women in the intervention group at six months postpartum were using a family planning method compared to 54 percent in the control group; 86 percent of the intervention group at twelve months postpartum were using a method compared to 80 percent for the control
- Family planning/HTSP education and information” was ranked as one of the most important of 29 motivating factors for choosing to use family planning (second only to “husband”).

STARTING THE SCALE UP

The next phase of the Urban Poor Postpartum Family Planning Project began in January 2010, bringing the intervention to five additional sites in Kathmandu and

⁷ Stephenson P and MacDonald P, *Family Planning for Postpartum Women: Seizing a Missed Opportunity*. Available at: <http://www.maqweb.org/techbriefs/tb16postpartum.shtml>

⁸ Haines, A et al. (2007). Achieving child survival goals: potential contribution of community health workers. *The Lancet*, 369 (9579), 2121-2131. DOI: 10.1016/S0140-6736(07)60325-0.

five additional sites in Surkhet. While the first phase emphasized the Lactational Amenorrhoea Method (LAM) and transitioning to a modern family planning method, the second phase emphasized HTSP while encouraging postpartum women to use additional forms of modern contraception. The main objectives of this phase were to educate community members on family planning/HTSP, increase family planning use, and strengthen provider capacity.

NTAG used a two-prong strategy to achieve these objectives:

Engaging the Community:

- **Orienting the community:** A one-day project launch orientation increased awareness of family planning/HTSP during the postpartum period and raised support among residents and community leaders
- **Identifying women for counseling:** Municipal Ward volunteers identified pregnant or post-partum women for counseling on various family planning methods
- **Creating a supervision system:** NTAG created a supervisory system to monitor and support the activities of its educators
- **Disseminating information via “web-spinning”:** Women were encouraged to share family planning/HTSP information with other women
- **Raising family planning awareness through community activities:** NTAG continued using successful communication approaches, like group education, magic shows, mother’s groups, and community groups to increase family planning/HTSP knowledge
- **Developing educational materials:** NTAG printed new leaflets and pamphlets based on ESD materials for adaption to local use

Engaging Municipal-Level Providers:

- **Training providers on counseling and monitoring:** NTAG trained health care providers at municipality health sections, hospitals, clinics, and pharmacies on basic family planning/HTSP counseling skills. These trainings also helped the



Kathmandu’s urban population has grown rapidly in recent years, giving rise to an increasing number of slums.



A mother’s group members gather to learn about FP and HTSP. The groups help strengthen social bonds that often disappear when rural migrants move to cities.

providers build their reporting capacity.

- **Development of referral systems for family planning:** NTAG helped the municipalities develop a referral system linking community workers to health providers.
- **Strengthening supply of family planning commodities:** NTAG strengthened existing linkages in the district public health system to ensure a continuous supply of family planning commodities at clinics.

FROM ACTION TO ACCELERATION

In August 2010, eight months after the start of the project extension, ESD provided additional funding to expand the intervention to nine new sites in Surkhet and one in Kathmandu, for a total of twenty sites between the two municipalities. To aid implementation and quality improvement in Surkhet, ESD provided NTAG with technical assistance on the “Improvement Collaborative” Approach.

The Improvement Collaborative is a structured approach for rapidly improving the quality and efficiency of healthcare by helping teams cooperate to achieve significant improvements in a specific technical area of care. Improvement Collaborative activities start with a team orientation and quality improvement training that facilitates active sharing of strategies and implementation of best practices in a focus area. Teams select a common set of core indicators to measure desired health outcomes and quality of care processes they hope to improve in their respective settings. Meetings are held every few months to share progress

and lessons learned. This approach has been shown to accelerate the scale up of high-impact interventions with improved outcomes.

In Surkhet, 42 participants including a doctor, nurses, outreach workers and local government officials attended 4 days of ESD-led training on the Improvement Collaborative approach. The participants formed 5 teams based on their geographical wards and developed a work plan to spread the intervention package. Using the Improvement Collaborative, this group is achieving improvements in family planning and HTSP information dissemination in the expanded project area.

RESULTS

Due to the accelerated timeframe and access to previous project data, a baseline survey in Kathmandu Metropolitan City and Surkhet Municipality was not conducted for the project extension. However, 2010 data illustrates the success of NTAG’s intervention in enhancing postpartum women’s knowledge of family planning and HTSP. The data presented below was collected from the log books of FCHVs conducting postpartum home counseling visits in Kathmandu and Surkhet.

Data collected from all four quarters of 2010 indicates increased knowledge of at least two health benefits of HTSP, as well as increased knowledge of the three conditions of LAM.⁹ Behavior change was also noted, as the percentage of clients who both meet the criteria for LAM use and practice LAM within six months postpartum steadily increased over the course of the intervention.

2010 Project Data, Kathmandu and Surkhet Municipalities

Indicator	Jan-Mar 2010 <i>n=211</i>	Apr-Jun 2010 <i>n=160</i>	Jul-Sep 2010 <i>n=196</i>	Oct-Dec 2010 <i>n=462</i>
Percentage of postpartum clients who know two health benefits of HTSP	65%	84%	83%	90%
Percentage of postpartum clients who know the 3 conditions of LAM	45%	59%	64%	72%
Percent of postpartum clients who meet the criteria for LAM use and practice LAM within six months postpartum	46%	73%	61%	71%

⁹ Uptake of other family planning methods was not monitored because the project was initially designed as a 4-month activity, which was not enough time to measure the transition from LAM to additional family planning methods.

Coverage by NTAG's team of community workers also markedly increased during the project. Prior to the initial intervention activities in 2007, exposure to home-based family planning counseling during pregnancy was relatively low at 4 percent. By the end of 2010, it had nearly quintupled to 18 percent.

NTAG also saw huge improvements in HTSP promotion at the municipal level. Results from pre and post tests administered at these trainings indicate rising awareness of HTSP messages and LAM practices. Knowledge of the three key HTSP messages improved across all groups, rising from 42 percent to 100 percent among hospital staff, from 45 percent to 87 percent among municipality staff, and from 33 percent to 99 percent among community volunteers.¹⁰

CHALLENGES

Residents living in urban slums often come from different parts of Nepal and a variety of ethnic backgrounds. This lack of shared cultural heritage prevents the formation of the same communal bonds that traditionally form in villages. In the absence of natural communities, NTAG attempted to rally together dynamic groups of women, men, and mothers-in-law into a cohesive audience for the effective dissemination of family planning/HTSP information.

Human resource capacity in the Surkhet municipality also proved a formidable challenge. The Improvement Collaborative requires a quality improvement expert who can provide the teams with in-depth knowledge of data collection, reporting, team-building skills, and problem solving on a continual basis. Unfortunately, NTAG found it difficult to locate someone who met all these criteria. To resolve this issue, ESD recommended that

NTAG hire a consultant from outside the Ministry of Health and Population to train the teams in the principles of quality improvement.

Sustainability is another issue the intervention faces. Given the transient nature of the urban poor, embedding the project's changes in the community will be difficult and time-intensive. In the long term, local NGOs like NTAG will have a role sustaining the scale

up of family planning and HTSP activities. In the short term, however, support from a USAID bilateral program would allow for more time and resources to institutionalize changes in the system. USAID will evaluate future steps after reviewing the project's final results.

LESSONS LEARNED/RECOMMENDATIONS FOR REPLICATION

1. Community outreach using HTSP messages is an effective approach that has increased knowledge and acceptance of family planning methods among the urban poor.
2. Based on evidence from the initial study and its expansion, NTAG should advocate USAID/Nepal and the government of Nepal to scale up HTSP awareness activities and postpartum contraceptive use among the urban poor.



Young children and mothers are key beneficiaries of the health education campaign organized by NTAG and ESD.

¹⁰ HTSP messages: 1.) After a live birth, for the health of the mother and the baby, wait at least 24 months, but not more than 5 years, before trying to become pregnant again. 2.) After a miscarriage or abortion, for the health of the mother and the baby, wait at least six months before trying to become pregnant again. 3.) For your health and your baby's health, wait until you are at least 18 years of age, before trying to become pregnant.



ESD IS MANAGED AND DIRECTED BY:



a global leader in reproductive health

PARTNERS INCLUDE:



This paper was written by:
Salwa Bitar
MNCH/RH Regional Advisor for Asia and the Middle East, ESD

Published June 2011.

THE EXTENDING SERVICE DELIVERY PROJECT

1201 Connecticut Ave., N.W., Suite 700
Washington, DC 20036
Phone: 202-775-1977
Fax: 202-775-1988
www.esdproj.org

PATHFINDER INTERNATIONAL

(Contact for this project after September 2010)
9 Galen Street, Suite 217
Watertown, MA 02472, USA
Phone: 617-924-7200
www.pathfind.org

This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. GPO-A-00-05-00027-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

All brand names and product names are trademarks or registered trademarks of their respective companies.