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NEPAL: Reaching the Urban Poor with Family Planning/HTSP Messages

ESD worked with the Nepali Technical Assistance Group to educate poor, postpartum women about the healthy timing and spacing of pregnancy (HTSP) and family planning.

This case study documents how the Nepali Technical Assistance Group (NTAG), with support from Extending Service Delivery (ESD) Project, applied a multifaceted, community-based approach providing information and education on Healthy Timing and Spacing of Pregnancy (HTSP) to a marginalized, urban poor population in Kathmandu, Nepal. It also reports on preliminary outcomes of this intervention, designed to improve the community's knowledge of and attitudes toward HTSP and family planning with special focus on increasing the use of postpartum family planning.

PROBLEM ADDRESSED

Political instability and security issues in rural areas have contributed to a rapid influx of migrants to Kathmandu's already crowded urban slums. From 2003 to 2004, for example, in-migration increased 350% from prior years, placing added strain on health service delivery in already vulnerable areas of the city—particularly on the availability of family planning services.

Urban poor areas lacked municipal health facilities providing family planning services, private services were often too expensive for poor residents, and the national community health volunteer system for rural areas had not penetrated the urban slums. These factors threatened family planning use.

Under its mandate to work with disadvantaged groups, ESD recruited NTAG to implement a family planning project in urban slums and poor, peri-urban sites with about 12,000 residents. NTAG has considerable expertise in community-based project planning, community mobilization, and conducting health awareness activities, training, and monitoring/evaluation at the community level using its team of highly-skilled health workers and professionals. Through this intervention, NTAG employed its expertise to address barriers and gaps associated with urban poverty, thereby increasing acceptance and use of family planning and HTSP, especially among postpartum women.

The project focused on the postpartum period as an ideal time to access women with family planning and HTSP messages, because unmet need tends to be high during the postpartum period. Global Demographic and Health Survey data show that very few women throughout the word—3 to 8%—want another child within two years after giving birth. The data also show that 40% of women in the first year postpartum intend to use a family planning method but are not doing so. [1]

THE NTAG INTERVENTION

By targeting poor women in the postpartum period through an array of mobilization mechanisms, NTAG helped to bridge the gap in health services between the poor and non-poor. NTAG's community activities created an enabling environment and community support for HTSP and continued family planning use. [2]

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address unmet need for family planning (FP) and increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, in order to improve health and socioeconomic development. To accomplish its mission, ESD strengthens global learning and application of best practices; increases access to community-level RH/FP services; and improves capacity for supporting and sustaining RH/FP services. ESD works 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.

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1 *Family Planning for Postpartum Women: Seizing a Missed Opportunity.* Available at: http://www.maqweb.org/techbriefs/tb16postpartum.shtml

2 Community Pathways to Improved Adolescent Sexual and Reproductive Health (A Conceptual Framework and Suggested Outcome Indicators). Pathfinder International, Save the Children, Advocates for Youth, CARE and UNFPA, December 2007.

NTAG revitalized 22 mothers' groups, which held monthly meetings with Community Health Volunteers. The volunteers disseminated family planning and HTSP messages to participants, who then discussed the messages among themselves.

New migrants lack traditional support structures, and project activities endeavored to create social cohesion among community members from a variety of ethnic backgrounds. NTAG applied a combination of synergistic and targeted approaches to reach both postpartum women and the surrounding community.

KEY INTERVENTION STRATEGIES

Community Engagement

To inform communities about the intervention, and to gain support for the project, NTAG held a half-day orientation program for community members in each of the five sub-site areas. During the orientation, community members learned about the project's objectives and key activities, including:

Magic Shows—Staged at each sub-site to educate the audience about HTSP and family planning methods, the lactational amenorrhea method (LAM), safe motherhood, and nutrition.

Group Education—Conducted at sub-sites to share information about HTSP, LAM and family planning methods. NTAG also educated the community through savings and credit groups, a literacy group, a "dalit" (low-caste) woman's group, and carpet factory workers' groups. Twenty-three group education sessions were held during the project period.

School-based Education—Educated students at three secondary schools about HTSP and family planning methods; distributed IEC materials, and asked students to share the IEC messages with their family and neighbors.

Engagement of Women

The intervention engaged women through:

Home Visit Follow-ups—Trained Community Health Volunteers (CHV) and Female Community Health Volunteers (FCHV) together with NTAG motivators, conducted home visits to newly delivered postpartum women. During the first visit, volunteers weighed the newborn, completed a reproductive health and family planning history form, initiated logbook data collection and shared information on appropriate HTSP and family planning methods. Over the next five monthly visits, the volunteers educated and made referrals to health providers.

Creation/Revitalization of Mothers' Groups—In Nepal, mothers' groups are considered a strong platform for community involvement because members play an active role in community health education and promotion, and through their networks reach out to other women. NTAG revitalized 22 mothers' groups to hold monthly meetings by assisting CHVs and FCHVs with organization and support. These volunteers then disseminated HTSP and FP messages to participants and encouraged discussion.

Exchange Visits Between Mothers' Groups–Established relationships between different mothers groups, who conducted 14 exchange visits; encouraged enthusiasm and promoted HTSP and postpartum family planning skills and knowledge sharing; shared lessons learned and experiences, and; replicated successful practices within the groups and the wider community.

Service Provider and Stakeholder Engagement

Twenty-one public and private service providers from Nepal Family Planning Association and the target communities' sub-health posts, ward clinics and drug stores participated in a one-day orientation to learn about the project's objectives and activities. Other activities included:

Trainings on HTSP and family planning methods—Conducted a four-day training of trainers (TOT) to increase HTSP and family planning knowledge, as well as counseling and group education skills, for five male and four female NTAG staff. Following the TOT, NTAG led a four-day training for CHVs and FCHVs. By the end of both trainings,

participants could:

- Explain HTSP and list key HTSP messages.
- Describe the benefits of HTSP.
- Explain the risks associated with not practicing HTSP.
- Provide HTSP information.
- CHVs and FCHVs then used their knowledge to talk about HTSP and family planning during home visits and in mothers' group sessions.

Meetings with Health Service Providers—Conducted regular meetings with health service providers and other stakeholders to review the status of the program and to facilitate cooperation and coordination between volunteers, health facilities and pharmacies. The meetings created opportunities for group discussion on project activities, lessons learned and challenges.

Meetings with High-Level Stakeholders—Shared the process and progress of the intervention, especially the challenges of working in a poor urban context, with Central Reproductive Health Committee members, the National Technical Working Group on Family Planning, and with CAs during USAID partner meetings.

PROJECT ASSESSMENT STRATEGIES

The project's M&E methodology consisted of a community baseline/endline survey of married women of reproductive age (MWRA) and their husbands, as well as a reproductive health/family planning history and monthly log book record of all postpartum women in the project area. An operational research (OR) study was also undertaken; the addition of control sites gave greater scientific rigor to the assessment and enabled stronger attribution of results to project activities. The OR study investigates how the intervention area compares to the control area in knowledge and practices related to family planning, rates of continuation/discontinuation of family planning methods, birth spacing intervals and pregnancy outcomes. It is important to note that while ESD technical assistance and support for NTAG project activities ended in July 2008, the data collection continues to investigate the results and sustainability of the project intervention.

INITIAL OUTCOMES AND RESULTS

The outcomes and results outlined below are derived from two complementary data sources:

1) A household level, community baseline/endline survey conducted with MWRA (non-postpartum women) (*N=214 baseline; N=210 endline*) and their husbands (*N=112 baseline; 110 endline*); and

2) A longitudinal dataset collected on postpartum women (a different target sample) from a logbook completed during monthly household visits. (*N=241 women tracked 7-15 months post-delivery*).

Married Women of Reproductive Age (excluding postpartum women) and their Husbands

	BASELINE	ENDLINE
WOMEN WANTING MORE CHILDREN AND WILLING TO WAIT 2 YEARS	59%	100%
WOMEN'S SPOUSAL COMMUNICATION ON FAMILY PLANNING	52%	86%
MEN'S SPOUSAL COMMUNICATION ON FAMILY PLANNING	74%	95%
HUSBANDS REPORTING POSITIVE ATTITUDE TOWARDS FAMILY PLANNING	76%	95%

Postpartum Women: Key Results

- 84% of postpartum women using a family planning method (7-15 months postpartum), compared to 63% in the general community sample of MWRA.
- 90% of postpartum women elect to use LAM as a family planning method in response to project education and encouragement.
- LAM use did not appear to interfere with later adoption of a clinical method; 84% of the entire sample had transitioned primarily to short-acting family planning methods: 71% Depo; 18% Condom; 3% Intra-Uterine Device; 1% Pills; and 2% withdrawal; while 5% opted for a permanent method (2% minilap and 3% vasectomy).
- 1% of the postpartum sample identified as pregnant.
- 15% of postpartum women not using a family planning method, over half believing they were not at risk of pregnancy. Reasons given for non-use included: 58% husband out of the country; 15% side effects;15% waiting for menses to return; 8% do not want to use family planning; and 4% had missed their Depo Provera injection.

- 121 referrals for family planning services were made by FCHVs and CHVs during the six months of household visits. Referrals were most frequent in the third month postpartum (32%).
- 380 visits to health facilities for family planning were made by postpartum women during the six-month post-delivery period. Since women were required to prove they were not pregnant to receive a method, and due to the cost of an immediate pregnancy test, most women elected to return to a facility during their menses to obtain a method.

CHALLENGES AND LESSONS LEARNED

Residents living in poor urban areas often come from different parts of Nepal and bring diverse traditions and a variety of ethnic backgrounds. This lack of common background means they also lack bonds of trust and understanding that would traditionally develop in villages. It was therefore important to identify and develop common goals among residents to overcome social and experiential divisions, facilitate commonalities and create positive connections. Men, mothers' groups and community health volunteers played an important role in increasing the acceptance and use of family planning methods and HTSP messages in the target areas, despite cultural differences.

Exchange visits between mothers' groups were particularly powerful because they provided an opportunity for members to be encouraged by and learn from each other's successes. These interactions built community cohesion and empowered women to act collectively and individually toward better reproductive health outcomes. NTAG made mothers' groups more sustainable, not only by broadening their network, but also by expanding their focus beyond health to different community interests such as savings and credit schemes. By widening their scope to other issues, the mothers' group could serve as multi-purpose advisory groups, and attract more women from the target communities.

The capacity of mothers' groups could be strengthened even more by improving the linkages between community health volunteers and health providers, and also between different cadres of community health volunteers. In this case, a climate of greater trust was created between the community and the mothers' groups, and between the community volunteers and the target population. This trust increased the ability of the community health volunteers to effectively influence the population to access services, adopt and continue use of family planning services.

In the future, self-sustaining mothers' groups should link with projects that share similar goals, eliciting ongoing government support, perhaps under the Women's Development Department. However, even without expanded outreach, mothers' groups can still serve as mechanisms for peer-to-peer health information exchange, referral and follow-up.

Finally, male involvement was integral to improving uptake in urban areas. Unlike in rural areas, where mothers-in-law often control a couple's family planning choices, in urban settings, husbands are the key decision-makers. Although men are often absent, working long hours away from their families, the program recognized the influential role men play, and encouraged men's participation in all family planning training and promotion activities.

NEXT STEPS

NTAG plans to continue supporting mothers' groups and to mobilize other efforts to inform, motivate and empower community members to take actions that result in better reproductive health outcomes by using the results of this intervention. The operational research findings will be thoroughly analyzed to create a full evidence base for how changes in the project intervention area compare to control sites. By sharing these results, NTAG will be able to make an even stronger case for the positive impact the intervention has already demonstrated on postpartum women and the surrounding community.

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