

# Roving Auxiliary Nurses-Midwives (RANMs)

## A community based approach to delivering reproductive health services to marginalized populations in Nepal

Naramaya Limbu, Sharada Wasti, Nokafu Sandra K. Chipanta, Christina Riley, Sarah Thompson, Dominick Shattuck (Georgetown University's Institute for Reproductive Health) Sangita Khatri, Marcie Rubardt, Gabrielle Nguyen (Save the Children, Nepal)



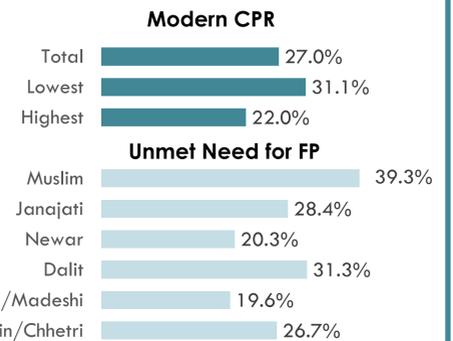
### REPRODUCTIVE HEALTH IN NEPAL

Nepal has a robust method mix that includes long acting and permanent methods. However, rates of FP use are low in general and especially among marginalized communities.

- 56% of married women do not use a modern method.
- 27% of married women have an unmet need for family planning.
- Women give birth at a young age: 23% before the age of 18 and 48% by age 20.
- Use of any family planning method is 3 times higher among women whose husbands are living with them (62%) than those whose husbands have migrated (23%).

#### Reasons for Discontinuation

- Husband is away (40%)
- Side effects or health concerns (24%)
- Desire to become pregnant (13%)
- Becoming pregnant / method failure (7%)
- Desire for a more effective method (6%)



### INTERVENTION: RANMs IN RUPANDEHI

**Objective 1:** Address the family planning needs of marginalized groups through a community based service delivery modality designed to overcome barriers to family planning

**Objective 2:** Increase use of family planning by improving fertility awareness and expanding access to fertility awareness-based methods



#### RANM Demonstration Project

- Rupandehi District
- 9 RANMs
- 6 VDCs and 2 urban Municipalities
- Deployed January 2017 to March 2018

#### Individual and Household Visits

- Identify households in marginalized communities
- Facilitate counseling with husbands and extended family members around reproductive health
- Provide FP and MNCH services to clients
- Refer clients to health facilities

#### Community Engagement

- Engage with community groups and influential community people to promote positive maternal and reproductive health behaviors
- Conduct group activities to engage communities in reflection of social and gender norms affecting RH behaviors
- Support existing community health volunteers with their health activities

**RANM Health Services Package includes: Family Planning, Antenatal Care, Postnatal and Newborn Care, Nutrition Counseling, First Aid and Illness Consultation**

### INTERVENTION MONITORING

**Recording:** All RANMs were trained to capture and record data with refined tools and systems integrated into the health posts.

**Supervision Visits:** Conducted in collaboration with the District Public Health Office where RANM data were reviewed and feedback provided

### ENDLINE RESEARCH

**Study Goal:** Describe reproductive health related outcomes among marginalized groups within the RANM communities

#### Design and Study Population:

- A representative sample of 424 women participated in the evaluation.
- Data collection included a pre-post community survey, focus group discussions, and in-depth interviews.
- Participants were women between 15 – 25 years old and were spread across several communities in Rupandehi. Thus, not all of the women surveyed had access to RANM services.

### FINDINGS

#### Contacts Made

RANMs provided services and counseled more than 8,000 clients in a 12 month period:

- 46% of contacts made with individuals under age of 26
- 24% of primary contacts received direct services from RANMs
- 5,000 contacts made with husbands and in-laws (62% of home visits)
- 81% of contacts were from marginalized communities
- 463 ANC visits and 232 PNC visits

#### Personal Relationships Impacts Health Outcomes

Report established by RANMs increased trust and acceptance of health interventions among clients

"Our community is benefitting from their services. Some women who have lots of work in house and can't go to HP to receive services are mostly benefited. They can have that services at home from the nurse. This is also helpful for continuous service in the community." – **Married Male, Rupandehi District**

"This program (RANM services) must be continued. It helps to provide direct health services to the community easily." – **Married Male, Rupandehi**

#### Fertility Awareness Influences Social Norms & Family Planning Intentions

Changes in social norms and pressures significantly evolved over time. Women in RANM communities were:

- 2.7\* times more likely to have a high fertility awareness score
- 2.3\* times less likely to report pressure to have a son than women in non-RANM sites.
- 2.5 times more likely to be using a family planning method

### LESSONS LEARNED

Increasing the capacity of community health services through RANMs provides:

- ✓ More comprehensive client centered approach to health care and services for marginalized communities
- ✓ Access to marginalized communities
- ✓ Ability to achieve Nepal MOH's goal of "Health for all"

Fully integrating RANMs within the health system will require a multi-pronged approach that includes clear programmatic guidance and emphasizing their value at both the national and local levels:

- ✓ Caseload management and prioritization of client needs is integral to managing workload and reaching marginalized groups
- ✓ Urban strategy adjustments are needed as the behaviors and context of marginalized groups in urban areas require different approaches