Detailed Reference: Facilitation Materials for Implementation of Emergency Contraceptive Service Program 2078

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

Introduction & Background

The ”Facilitation Materials for Implementation of Emergency Contraceptive Service Program 2078” was developed to operationalize the constitutional right to safe motherhood and reproductive health.

Context & Rationale

- **Legal Framework:** The Safe Motherhood and Reproductive Health Rights Act 2075 and Regulation 2077 explicitly recognize family planning services as a fundamental right and a basic health service.
- **Current Statistics:**
  - The Modern Contraceptive Prevalence Rate (mCPR) among married women is only 43%.
  - Approximately 24% of women have an unmet need for family planning.
  - About 50% of pregnancies are unintended.
  - Annually, around 323,000 abortions occur, with over 50% performed unsafely, contributing significantly to maternal mortality and morbidity.
- **Program Shift:** While ECP has been available in Nepal since 2060 BS (mostly in the private sector), this program mandates free distribution through all government health facilities and Female Community Health Volunteers (FCHVs) starting FY 2078/79.

Part 1: Implementation at the Local Level

1.1 Objective

To facilitate the implementation, recording, reporting, and monitoring of the ECP program at the local level.

1.2 Policy & Strategy

- **Distribution:** Levonorgestrel (1.5 mg) is to be distributed free of charge.

- **Authorized Providers:**
    1. Government health workers.
    2. Trained Female Community Health Volunteers (FCHVs).
    3. Private/NGO health workers (via partnership with local government).
- **Disaster Response Protocol:** In cases of natural or human-made disasters (floods, landslides, pandemics, conflict), local levels are authorized to distribute ECP **in advance** to potential users to prevent unintended pregnancies during crises.

1.3 Supply Chain Management

- **Forecasting Logic:**
    - Initial procurement (FY 2078/79): Based on 50% of 5% of the reproductive age population.
    - Ongoing: Based on consumption data.
- **Stock Maintenance Levels:**
    - **FCHVs:** Maintain 5–10 doses at all times.
    - **Health Facilities:** Maintain 20–30 doses at all times.
- **Storage Requirements:** Store in a dry place at room temperature (15°C – 25°C), away from direct sunlight. Do not use if the internal blister pack is broken or damaged.

1.4 Advocacy & Awareness

Local governments must conduct awareness programs involving:

- Stakeholders (Mayors, Ward Chairs, Teachers, Security Personnel).
- Mass media (Radio, TV, Social Media).
- Mobilization of FCHVs to inform the community.

1.5 Recording & Reporting

- Records must be maintained in the format provided in Annex 2.
- Reporting flows from Local Level $\rightarrow$ Health Office $\rightarrow$ Province Health Directorate.
- Data must be entered into HMIS/DHIS2 and LMIS.

Part 2: Reference for Health Workers

2.1 Definition & Timing

- **Definition:** A method used to prevent pregnancy after unprotected sexual intercourse.
- **Timing:** It must be taken within **120 hours (5 days)** of unprotected sex.
- **Efficacy Rule:** The sooner it is taken, the more effective it is.

2.2 Indications for Use

ECP is indicated in the following situations if no contraception was used or if a method failed:

1. Missed Combined Oral Contraceptive (COC) pills for 3 consecutive days or late starting a new pack by 3+ days.
2. Depo-Provera injection overdue by more than 4 weeks.
3. Condom failure (slippage, breakage, leakage).
4. IUD or Implant expulsion (partial or complete).
5. Sexual assault/rape.
6. Failure of withdrawal method (ejaculation inside).
7. Miscalculation of fertile period in fertility awareness methods.
8. No contraceptive method used.

2.3 Medical Eligibility Criteria (MEC)

- **Category 1 (No restriction):** There are **no** medical conditions where the use of ECP is restricted. It is safe for all women of reproductive age.
- **Obesity Note:** Efficacy may be reduced in women with high BMI (> 30 kg/m^2), but it should still be offered as it provides some protection.
- **Repeated Use:** Frequent use is not harmful, though clients should be counseled that regular methods are more reliable.

2.4 Mechanism of Action

1. Prevents or delays ovulation (release of the egg).
2. Prevents fertilization (meeting of sperm and egg).
3. **Crucial Note:** It does **not** work if implantation has already occurred. It is not an abortifacient.

2.5 Side Effects & Clinical Management

Side Effect	Management Advice
Nausea	Take the pill with food or milk. Take an anti-emetic 30-60 minutes before the ECP dose.
Vomiting	If vomiting occurs within **2 hours** of taking the dose, the dose must be **repeated**. If vomiting persists, the tablet can be inserted vaginally (see Annex 4).
Irregular Bleeding	Spotting or early/late periods are common. If the period is delayed by > 1 week, perform a pregnancy test.

Headache, Fatigue, Dizziness	These are temporary and usually resolve within a few days. Symptomatic relief (e.g., Paracetamol) can be taken.

2.6 Service Procedure (Steps)

1. **Ask:** Determine the time of unprotected sex and date of Last Menstrual Period (LMP) to rule out existing pregnancy.
2. **Assess:** Confirm eligibility (within 120 hours). If > 120 hours or pregnant, do not give ECP; refer for other services.
3. **Inform:** Explain efficacy, side effects, and lack of STI protection.
4. **Provide:** Give the pill (LNG 1.5 mg) or Cu-IUD referral.
5. **Bridge:** Provide condoms or start a regular method immediately.

2.7 Bridging to Regular Contraception (Quick Start Guide)

- **Combined Oral Pills (COC):** Start a new pack immediately (Day 0). Use condoms for 7 days.
- **Depo-Provera (Injection):** Give injection immediately (Day 0) or within 7 days. Use condoms for 7 days.
- **Implants:** Insert immediately or within 7 days. Use condoms for 7 days.
- **Cu-IUD:** Can be inserted immediately or within 12 days of the next cycle start. No backup method needed.

2.8 Warning Signs (Referral needed)

Refer to a higher center if:

- Period is delayed by more than 1 week (suspected pregnancy).
- Lower abdominal pain occurs (rule out ectopic pregnancy).
- Foul-smelling vaginal discharge (suspected STI).

Part 3: Reference for FCHVs

3.1 Roles and Responsibilities

- Inform community members about ECP availability.
- Distribute ECP to those in need and facilitate ”Quick Start” of regular methods.
- Maintain confidentiality.
- Refer cases with severe side effects or warning signs.

3.2 Myths vs. Facts

- **Myth:** ECP causes abortion.
  Fact: ECP prevents pregnancy before it begins. It has no effect on an established pregnancy.
- **Myth:** It causes birth defects.
  Fact: There is no evidence that ECP harms a fetus if the method fails.
- **Myth:** It promotes risky behavior.
  Fact: Studies show access to ECP does not increase sexual risk-taking; it acts as a safety net.
- **Myth:** It leads to infertility.
  Fact: ECP has no long-term effect on fertility. Fertility returns immediately after use.

Annexes Summary

Annex 1: Drug Specification

- **Generic Name:** Levonorgestrel
- **Dose:** 1.5 mg (Single tablet)
- **Shelf Life:** 2 Years (Minimum 20 months upon receipt)
- **Packaging:** Single blister pack with outer cover ensuring protection from light.

Annex 3: MEC Categories

- Pregnancy: N/A (Not indicated, but harmless).
- Breastfeeding: Category 1 (Safe).
- History of Ectopic Pregnancy: Category 1 (Safe).
- Rape Cases: Category 1 (Safe).
- Cardiovascular Disease/Migraine/Liver Disease: Category 2 (Benefits outweigh risks).

Annex 4: Vaginal Administration Protocol

If the client cannot swallow the pill due to severe vomiting:

1. Wash hands thoroughly.
2. Ask the client to lie down on her back or squat.
3. Insert the tablet 2–3 inches deep into the vagina using the index or middle finger.
4. Advise the client to lie down for 30 minutes.