



नेपाल परिवार नियोजन संघ

पुस्तकालय

FAMILY PLANNING ASSOCIATION OF NEPAL

पुस्तकालय

STUDY ON QUALITY OF CARE PROVIDED BY FPAN CLINICS

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Chapter - I

INTRODUCTION

1.1 Background

Family Planning Association of Nepal (FPAN) is a non-government organization established in 1959 by a group of medical and social personnel in order to help eligible couples to plan their family and to sensitize them about small family norm. It was then followed by adoption of family planning and population control policy by HMG/ Nepal in 1965. As a result, Family Planning Project emerged under the Ministry of Health in its Third Five Year Plan (1965-1970).

FPAN became a full fledged member of International Planned Parenthood Federation (IPPF) in 1969. To-date, it is the only NBO that provides a full range of FP/MCH services backed by a good counseling service and information education and communication (IEC) program.

To start with the organization initiated its activities in 3 districts. Presently, it operates in 27 districts and 13 zones. Its central office is located in Lalitpur district which has 21 branches, 2 static clinics, 3 pilot projects, and 4 special projects. The static clinics are located in Chitwan and Sunsari districts. These two static clinics and the Central Clinic provide round the year service for a full range of spacing methods as well as permanent sterilization, and, are equipped with trained physicians, nurses, counselors, lab. technicians and other supporting staffs.

1.2 General Objective

The main objective of FPAN is to complement and supplement national population program. It has been contributing to about 15 percent of total CPR (contraceptive prevalence rate) of Nepal. Further, it has always played a leading role in launching

innovative, cost effective family planning programs since its inception.

Quality of care has been the motto of FPAN. In order to enhance the same, the organization introduced F.P. counseling in 1983 in the Central Clinic. It was further strengthened by launching a Counseling and Infection Control program in all the service centers of FPAN including camp situations in 1985. In this context FPAN became the pioneer to set a trend in making F.P. counseling an indispensable component of quality of care. This particular program has been supported solely by AVSC (Association for Voluntary Surgical Contraception.)

Training is one of the major activities of the organization. It has been providing training to different levels of staffs of government and other NGOs besides its own human resources. The Association uses its expertise and facilities in providing both clinical and non-clinical training including sterilization.

The organization also provides integrated and women development programs through various projects. In addition, it plays an important role in advocating for gender issues like women's right, safe-motherhood and legalization of abortion.

FPAN has also taken steps towards self sustainability. Efforts have been made to mobilize local resources for income generation. As a result, 15 branches of FPAN have already constructed their own buildings and others have acquired land for the same. The organization has certainly come a long way and has definitely been playing a very important role in national family planning program.

1.2 General Objective

The purpose of this study is to assess the quality of care provided by FPAN clinics so that the result may help the organization to improve the quality of F.P. services.

Specific Objectives

1. To ascertain if the selection of F. P. methods by the clients is influenced by the provider's bias or availability /non-availability of the method.
2. To assess counseling service and information given to the clients, and, use of IEC materials by clinic staffs.
3. To assess client's perception of the services and client/provider interaction.
4. To assess organization appropriateness and acceptability of services regarding opening hours, location, waiting period and privacy.
5. To assess technical competence, maintenance of asepsis, condition of equipments, physical facility, and.
6. To assess mechanism to encourage continuity, and recording/reporting system.