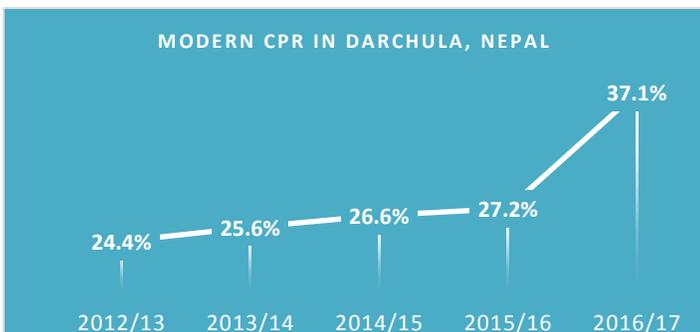


## Transforming lives high up in the Himalayas: Eight women change the contraception landscape in Darchula, Nepal

In 2016, eight Marie Stopes Ladies (MS Ladies) set out to transform women's lives through better access to contraceptive services in Darchula, a remote Himalayan region in Nepal. One of the most inaccessible terrains in Nepal, Darchula is surrounded by high mountains and is situated in a valley approximately 950 meters above sea level. Its population is about 133,000, out of which about 31,000 are married women of reproductive age. The contraceptive prevalence rate (CPR) in Darchula was stagnant until 2016/2017, when MS Ladies began delivering contraception to those who need it most.



MODERN CPR IN DARCHULA, NEPAL



### Who are MS Ladies?

MS Ladies are highly motivated and hardworking Auxiliary Nurse Midwives (ANMs) trained by Marie Stopes Nepal. They create awareness of sexual and reproductive health and provide contraceptive methods to men and women at their doorstep or in the local community.

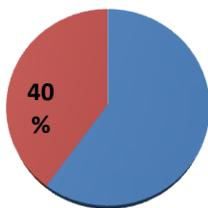
### How do they work?

MS Ladies work to deliver contraceptive services to those who need it most, poor women or men living in remote, hard to access locations like Darchula. They work in partnership with district level stakeholders (district health officers, community health volunteers) to identify women with an unmet need for contraception. Often travelling for 3-4 days to reach a remote community, MS Ladies visit women in their homes or communities to provide counselling and offer services.



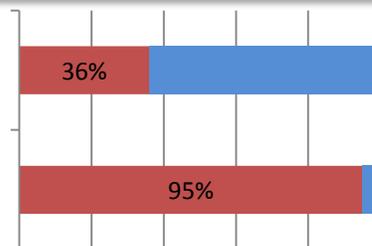
### Changing the contraceptive landscape, transforming lives

ACHIEVING SCALE

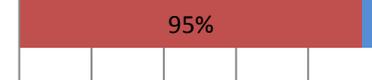


40% of MS Ladies clients switched to LARC

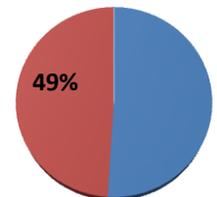
Contributed to overall FP service provision



Proportion of implant services



MS ladies contributed to 36% of all FP service provision in Darchula in 2016/2017; a significant proportion (95%) of these services were implants

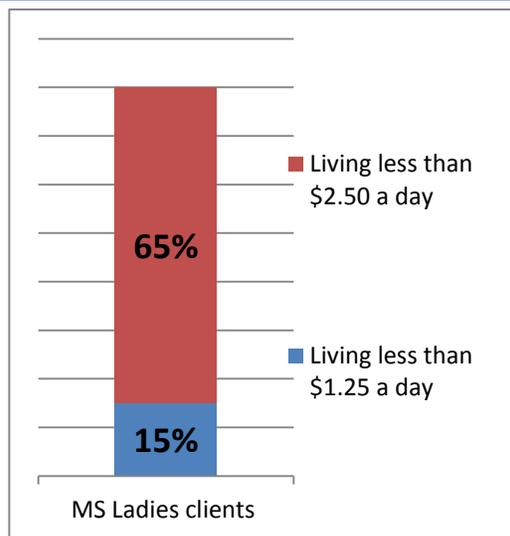


MS Ladies delivered half of all implants used in Darchula, taking away the worry of an unwanted pregnancy

## DELIVERING IMPACTS & QUALITY

### REACHING THE POOR

80% of MS Ladies clients are poor



37% of clients were adopters (not using any FP method in past 3 months)

92% of clients were satisfied with their overall service experience



### Service provision by method (excluding condoms) in Darchula (2016/2017)<sup>1</sup>

Methods	MS Ladies Service provision	MS Ladies service users	HMIS service provision	HMIS service users	MS Ladies share of FP uses
Injectables (3 months)	114	29	2097	524	6%
Oral contraceptive pills	72	6	766	59	10%
Implant	890	834	1833	1717	49%
IUD	8	7	32	29	24%
Permanent method	-	-	80	80	0%
<b>TOTAL</b>	<b>1084</b>	<b>876</b>	<b>4808</b>	<b>2409</b>	<b>36%</b>



mCPR<sup>2</sup> in Darchula increased from 27.2% in 2015/2016 to 37.1% in 2016/2017

MS Ladies contributed 1.4 percentage points to the increased CPR in Darchula



1,170 unintended pregnancies averted



350 unsafe abortions prevented



1 maternal death averted



£35,000 (5.1 million rupees) saved to the health system

For more details, please contact:

Rabindra Khaniya [rabindra.khaniya@mariestopes.org.np](mailto:rabindra.khaniya@mariestopes.org.np) MS Ladies Channel lead  
Sabitri Sapkota [Sabitri.Sapkota@mariestopes.org](mailto:Sabitri.Sapkota@mariestopes.org) Regional Evidence Advisor

<sup>1</sup> In Nepal, the calendar year runs from July to July, as does the Health Management Information System (HMIS) data.

<sup>2</sup>CPR in the HMIS data is calculated by dividing total current users by the number of married women of reproductive age group; this methodology does not account for discontinuation rates and population changes over time.