

# Assessing and Improving Quality of Private Family Planning/Reproductive Health Provider Network in Nepal

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# **Background**

- N-MARC Project is a USAID-funded Private Sector Program (PSP), focused on HIV/STI, FP/RH, and MCH products
  - Active in all 75 districts of Nepal covers more than two thirds districts of the country
- Private providers in health service delivery are playing an increasing role in Nepal
- 16% of Nepal's family planning (FP) services are delivered through the private sector\*
- **Study Objective**: Assess the status of FP service delivery through a network of private pharmacy-based providers (also known as the 'Sangini' network)

\*Source: 2006 Nepal DHS Survey



# "Sangini" Network of Pharmacy Providers

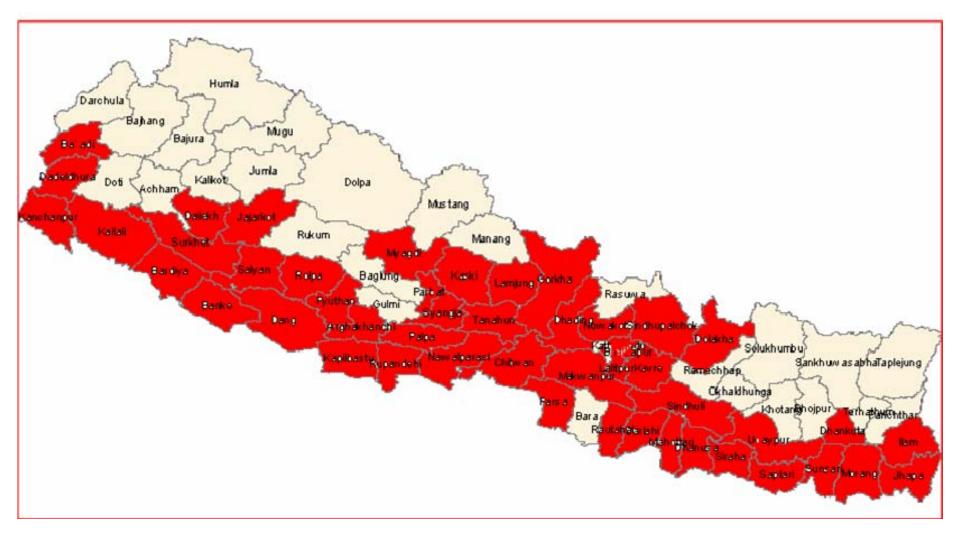


Sangini DMPA

- "Sangini", meaning "female friend", is the brand name for Depot Medroxyprogesterone Acetate (DMPA).
- A network of private providers launched in 1994 by Nepal CRS Company in collaboration with the Nepal Fertility Care Center
- Currently active with ~2000 members in 52 of 75 districts
- Multiple providers often work out of one outlet



# Sangini Network Coverage, 2008





# Sangini Network Activities

#### **Products sold:**

- Condoms, oral contraceptives and "Sangini" (DMPA)
- Maternal child health (MCH) products e.g. Clean Delivery Kit (CDK) and Navajeevan/ Oral Rehydration Solution (ORS)
- Provides instructions on these MCH products when drug retailers sell
- Other routine pharmaceutical products

#### **Services provided:**

 Provides temporary FP services and counseling on condoms, oral contraceptives, "Sangini" (DMPA) and emergency contraceptive pills.



# **Quality of Care Monitoring System**

This study established baseline indicators for current providers as part of the below Quality of Care (QoC) monitoring system

#### Input

#### Basic training on key FP/RH services

- Refresher training on "Sangini" DMPA
- TSV/monitoring/provider self-assessment
- Consultations
- Govt. co-ordination
- Social marketing of franchised outlets
- BCC

#### **Process**

#### · Availability of:

- Good physical facility
- BCC materials
- Products & services
- Proper recording/reporting
- Counsel clients properly
- Assess clients before service given
- Counsel clients after service
- Maintain standard IP
- Referral system
- Drug retailers provide instruction when they sell products

#### Output

- Increased % of outlets offering quality services
- Increased % of client satisfied
- Increased utilization of FP services
- Increased return visits of clients
- Increased service market share
- Increased member of franchised network
- Increased CYP



# Methodology

#### Study design

- A descriptive study conducted in 1,765 Sangini outlets covering 51 districts
- The unit of analysis was a Sangini outlet and methods used were:
  - Interview with service providers and drug retailers
  - Observation of service providers and their clinic set up
  - Simulation

#### **Pre-test of tools:**

 Field tested in the Kathmandu valley. 21 samples (i.e. 1.2 % of total size) were taken for pre-test.



Simulation - Sangini injection practice



# Methodology (continued)

#### **Data analysis**:

 Data entered into FoxPro and simple descriptive analysis completed in SPSS 13.

<u>Categorization of outlets</u>: Using results, outlets were categorized based upon performance

- "A" Very well if score > 75%
- "B" Satisfactory if score is between 50-75 %
- "C" Need to improve a lot if score is below 50 %



# Findings/Results: Facility/Outlet Audit

- 70% of outlets met the minimum requirement of standard, which included:
  - General cleanliness
  - Privacy
  - Hand washing provision
  - Availability of clean hand towel
  - Antiseptic
  - Puncture proof container
  - Place for burning waste and proper light



# **Availability of Products**

#### More than 80 % of outlets had key products like:

Depo-provera – "Sangini"

Oral pills - Nilocon & Sunaulo Gulaf

Condoms - Dhaal & Panther

Oral Rehydration Solution - Navajeevan





# **Behavioral Change Communication**

- Only about 36.4 % of facilities had either Sangini painting or Sangini board
- Posters like this one explaining all FP methods, Client's Right, STI/HIV prevention and CDK were almost non-existent

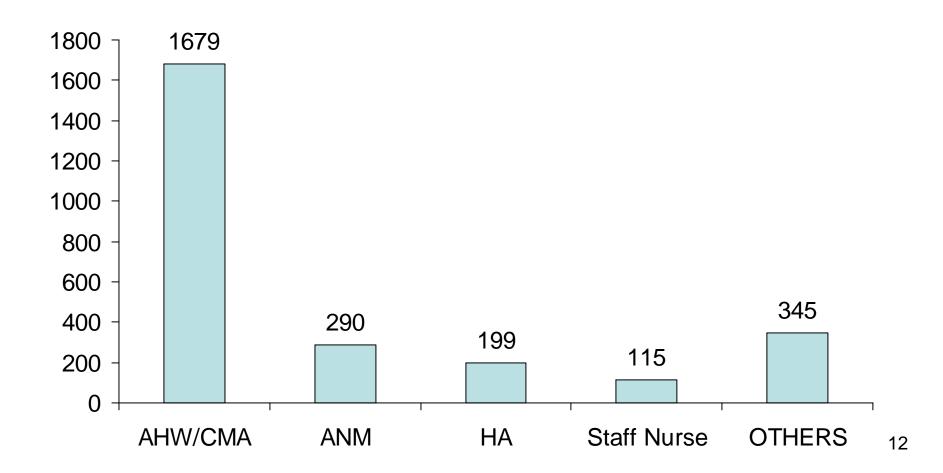


Clients Right Poster in Nepali language



#### **Profile of Service Providers**

Out of 2,628 service providers, 75% received basic training whereas only 22% received refresher training.





# Client Provider Interaction/Counseling Pre-procedure Counseling

- Slightly over half of the outlets performed at and above the satisfactory level
  - 98% respondents offered greeting politely and treating clients respectively
  - 56% respondents asked for reproductive intentions
  - 59% respondents asked clients how they liked a method
  - Only 21% respondents explained that method selected does not protect against HIV/STIs except condom
  - Only 39% respondents suggested client for ANC if client wants pregnancy



# Client Provider Interaction/Counseling

#### **Post-procedure Counseling:**

 Slightly over one half (57.3 %) of outlets performed above the satisfactory level

#### <u>Instructions Provided by Drug Retailers</u>

 Only 28 % of outlets has been providing instructions on commodities like condom, pills, Navajeevan, CDK and STI treatment package when they sell it

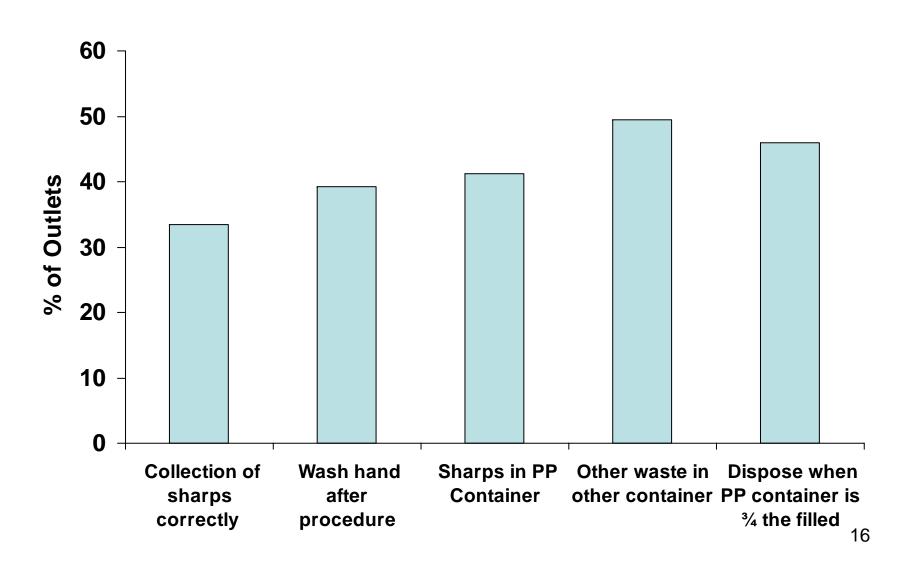


# **Client Screening**

- 55% outlets performed at and above satisfactory level in the screening process.
- 94% respondents ensured that client is not pregnant before providing contraceptives
- Only 29.6% respondents asked client for any medication
- 62.2% respondents measured blood pressure



### **Infection Prevention Practices**





# Sangini Injection and Practices

#### Sangini injection procedure

99.4% outlets performed above and at satisfactory level.
 Among them, 68.7 % of outlets perform very well.

#### **Recording service statistics**

52 % respondents filled up "Sangini" logbook properly.

#### Referral System

 Almost all respondents (99 %) referred client if her contraceptive choice was not available in their clinic.



# **Categorization of Outlets**

Criteria	Outlet Category (%)		
	Α	В	С
Outlet/Facility Audit	1.0	69.8	29.2
Counseling/Client Provider Interaction	15.0	37.2	47.8
Post-procedure Counseling	28.7	28.6	42.7
Instruction given by Drug Retailers	11.4	16.6	72.0
Client Screening	23.4	31.3	45.2
Infection Prevention	26.9	14.9	58.2
Sangini Injection Procedure	68.7	30.6	0.6
Referral System	85.3	13.8	1.0
Recording service statistics	51.7	-	48.3
Overall Ranking of Outlets	10.3	48.2	41.6

Note: A-very well performing, B-satisfactory, C- Need to improve



# Program Implications Quality of Care Monitoring

 Based upon assessment findings, QoC baseline process indicators established and training curriculum developed



1. Sangini Outlet



2. monitoring the outlet



# **Progress on QoC Monitoring**

- Monitoring checklists with guidelines were developed, to be carried out by QoC partner through technical support visits
  - From September 2007 to January 2008, QoC visits conducted in 590 outlets out of 1,765 (33%) in 26 districts.
  - Process is continuing
- On-site coaching provided to improve quality service delivery
- Service providers in each outlet were encouraged to do selfassessment



# **Program Implications Training**

- Based upon assessment findings, training curriculum was developed, based on GON National Medical Standards
- New Providers: From June 2007 to January 2008, 492 new service providers from 18 districts received basic Sangini training

#### Existing Providers

- Priority update trainings were given to those lowperforming outlets identified in the assessment
- From June 2007 to January 2008, 441 service providers from 14 districts received update training



# Thank you!!!