



PRIVATE HEALTH FACILITIES ASSESSMENT BRIEF



Background



USAID Adolescent Reproductive Health (ARH) is a youth co-led initiative to empower girls and boys, 10-19 years old, including the most marginalized, to attain their reproductive rights. The project's primary goal is to support adolescents to reach their full potential and strengthen public health systems and private entities to create an enabling environment for healthy reproductive health (RH) behaviors by ensuring readiness of all health facilities to provide adolescent responsive services.

Objective



The study's main objective is to assess private health facilities meeting USAID ARH specific criteria and identify gaps in providing high-quality services to adolescents. Specific objectives are:

- To assess readiness of adolescent responsive services in private health facilities in the project implementation areas.
- To identify gaps in client-centered quality family planning/reproductive health (FP/RH) services, including ARH service delivery.
- To identify areas for collaboration and identify training and skill-building needs for private sector facilities.

Methodology



Assessment design: Descriptive research design

Assessment Areas: 3 provinces: Karnali, Lumbini and Madhesh; 11 districts: Bara, Mahottari, Dhanusha, Parsa, Rautahat, Sarlahi, Banke, Rolpa, Pyuthan, Salyan and Surkhet.

Assessment Coverage: All available private health facilities in major market areas of project's rural and urban municipalities.

Data Collection Period: April 2023

Number of Assessed Private Health Facilities: 910 private health facilities screened (833 gave consent to proceed with the assessment).

Ethical Approval: Ethical approval was obtained from the Nepal Health Research Council (NHRC), a government led institution for Independent Review and Approval for conducting health research in Nepal.

Private Health Facility Selection Process

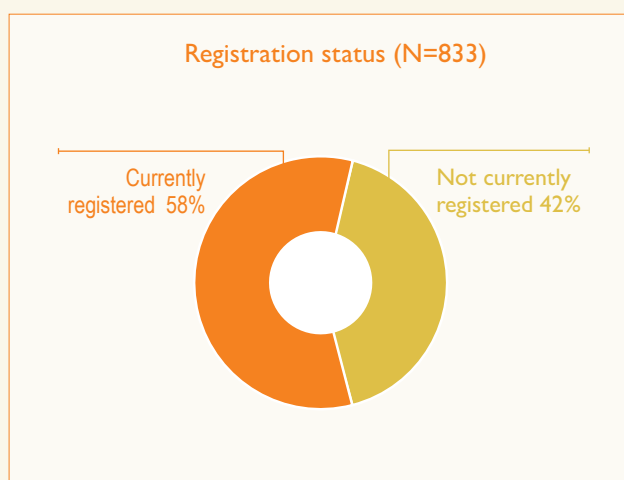
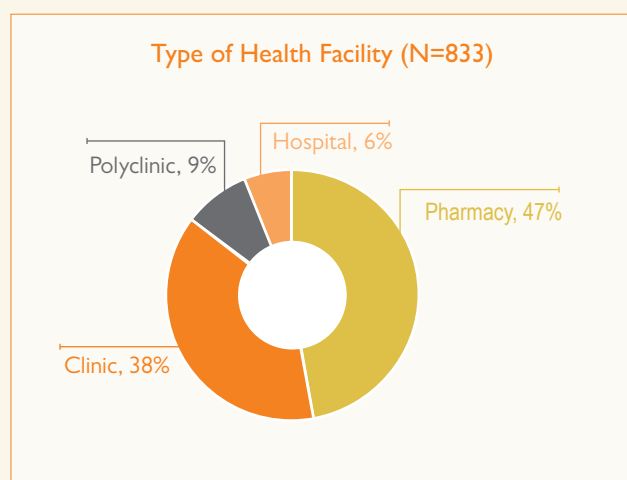


- Prepared a list of registered private health facilities from the Department of Drug Administration (DDA) official websites.
- Held coordination meetings with the respective authorities and health divisions to identify private health facilities in potential areas.
- Selected private health facilities (HFs) based on the recommendations of concerned authorities.
- Screened all private health facilities identified and assessed those meeting initial criteria and accepting to be interviewed.

KEY FINDINGS

Characteristics of health facilities

Among 833 private health facilities, almost half 392 (47.1 %) were pharmacies, followed by clinics 318 (38.2%), polyclinics 72 (8.6 %), and hospitals 51 (6.1%). Among 833, the majority 480 are registered with the government authority, 37 are in the process of registration for the first time, and 28 are in the process of renewal.



Availability of Family Planning Services

Of 480 currently registered health facilities included in the Health Facility Assessment (HFA), 471 (98%) currently provide family planning services. Nearly all health facilities currently provide at least one modern method of FP (N=471); among them, 94% currently provide male condoms, 82% currently provide oral contraceptive pills, 73% provide injectables, and 77 % provide emergency contraceptive pills. Less than 5% of health facilities currently provide implants (1.9%) and IUCDs (1.7%).



94.4%

Male Condom



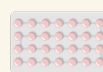
6%

Female Condom



72.9%

Injectable



82.3%

Oral Contraceptive Pills



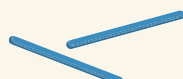
76.7%

ECP



1.7%

IUCD



1.9%

Implant



0.8%

Vasectomy



1.7%

Minilap

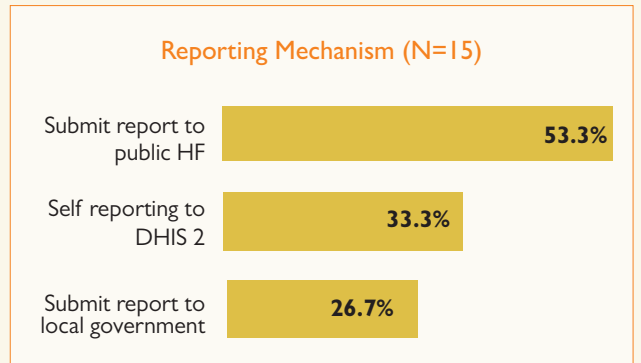
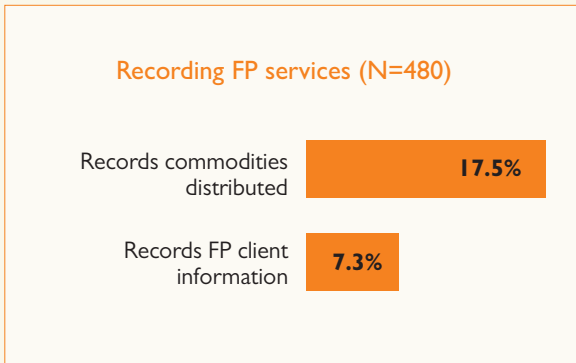
Informed Choice (N=143)

Type of Health Facility	Provide information then let the client choose	Provide the method that the client initially requested	Provide method provider believes is best for the client
Pharmacy	86.0%	12.3%	1.7%
Clinic	94.2%	3.9%	1.9%
Polyclinic	90.0%	10.0%	.0%
Hospital	84%	8.0%	8.0%
Total	88.9%	8.3%	2.8%

Only one-third, 143 (30%) of private health facilities had service providers who knew about informed choice. Of these, 88.9% provide information on all available FP methods and then let the client choose, 8.3% provide methods initially requested by the client without providing information on all the methods and 2.8% provide the method the provider thinks is best.

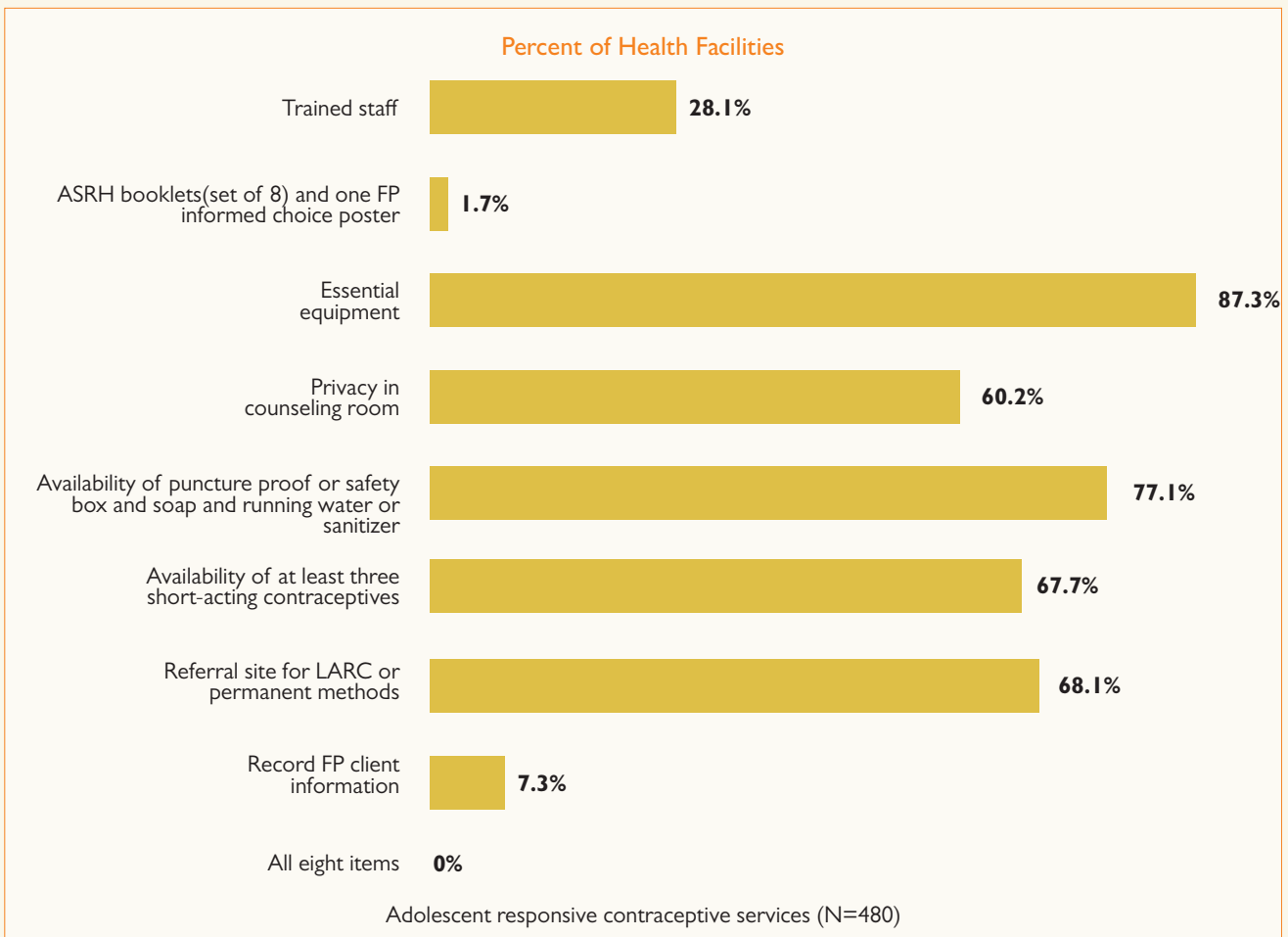
Recording and Reporting

Out of the 480 registered health facilities, less than one-fifth (17%) record information on FP commodities distributed, and only 7% record FP client information. Of the total health facilities that report information (15), 8 (53.3%) submit reports to public health facilities, followed by 5 (33.3%) who self-report in DHIS-2 and 4 (26.7%) who report to local government. The most common reason as expressed by respondents, for not submitting their health facility reports was that they were not aware of the need for reporting (56.1%).



Adolescent Responsive Contraceptive Services

Provision of adolescent-responsive contraceptive services (ARCS) requires a systems approach, incorporating 8 standards with demonstrated effectiveness for increasing adolescent contraceptive use. Among the total registered private health facilities, only 1.7% of private health facilities had ASRH booklets (set of 8) and one FP informed choice poster on the day of assessment. Most (87.3%) of the private health facilities had essential equipment like functional blood pressure (BP) sets and pregnancy test kits. More than half (60.2%) of the health facilities have at least a separate corner in a room or a space with a curtain for FP counseling and/or services to maintain privacy and confidentiality. 67.7% of the private health facilities had at least three short-acting contraceptives (male condoms, pills and injectables) available. However, none of the health facilities met all eight standards and therefore no facility was ready to provide adolescent responsive contraceptive services on the day of assessment.



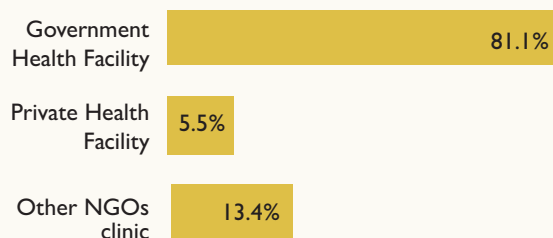
Trained Staff for FP/RH services

	Health facilities with trained service providers by type of training								Total HF
	Comprehensive services and Counseling	P FP IUCD	P Sangini	ASRH	IUCD	Implant	Minilap	Vasectomy	
Pharmacy	7	1	70	15	5	9	2	2	263
Clinic	14	4	40	12	9	10	4	11	117
Polyclinic	4	10	10	4	5	6	3	3	51
Hospital	11	16	26	10	18	19	16	12	49
Total	36	31	146	41	37	44	25	28	480

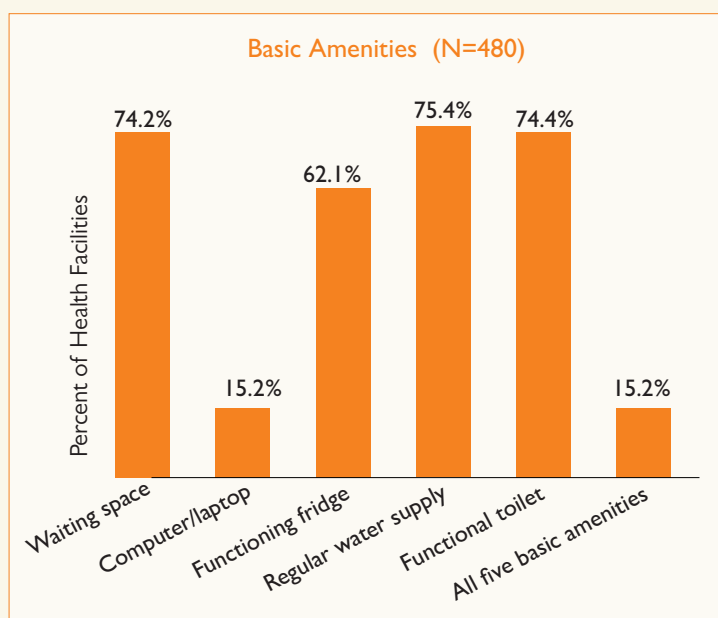
Availability of Referral Centre

318 (66.3%) private health facilities referred their clients to nearby health facilities for LARCs or permanent methods, whereas 153 (31.9%) health facilities didn't. 9 (1.8%) private health facilities are referral centers themselves. Most (81.1%) referrals were made to government health facilities, followed by other NGOs (13.4%).

Availability of Referral Center by Type (N=318)



Basic Amenities (N=480)



Basic Amenities

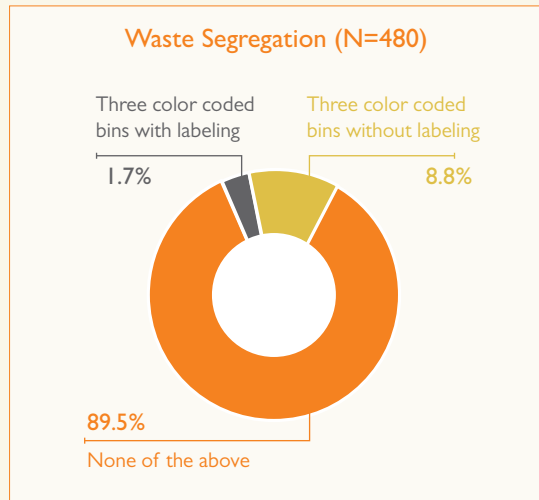
The percentage of facilities having the five basic amenities required for providing quality services (waiting space, computer/laptop for recording and reporting, functional fridge, regular water supply, and functional toilet) is highest among private hospitals (44.9%) and lowest among clinics (6%). Less than 10% of facilities in Lumbini and Karnali and 19% of the facilities in Madhesh province have all five basic amenities.

Adolescent visits

An estimated 53,974 adolescents have visited private health facilities over the last three months prior to conducting the health facility assessment; among them, 32 % were unmarried. The majority of adolescents have visited a pharmacy. Among a total of 480 currently registered private health facilities, 7.3 percent (35) and 18.8 percent (90) had no visits from married and unmarried adolescents, respectively.

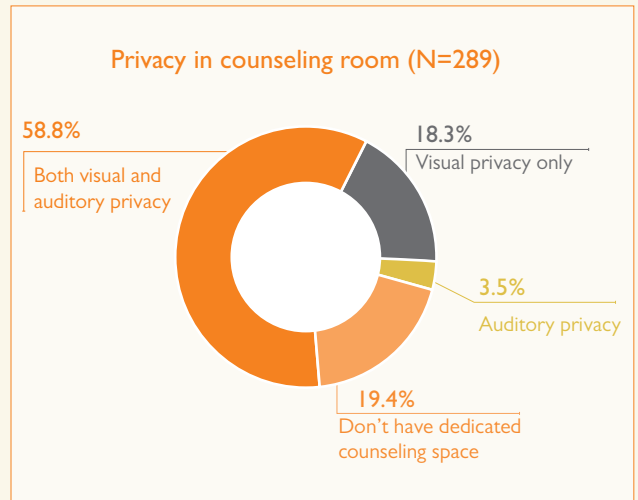
Waste Segregation

Only 1.7% of health facilities safely dispose of healthcare waste with labeling in the three color-coded containers/bins.



Privacy in the Counseling Room

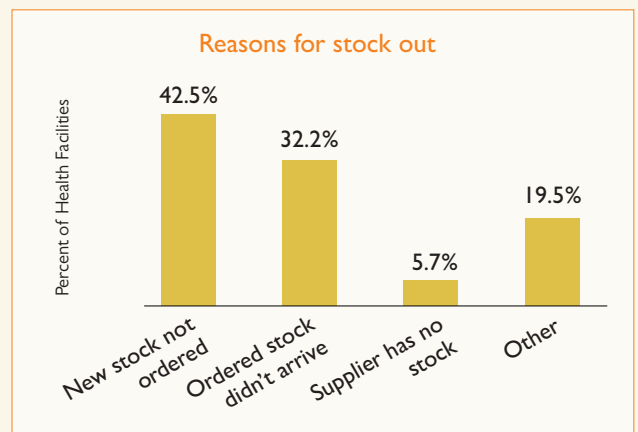
Out of 480 currently registered health facilities, 289 have made counseling provisions. Over half of these health facilities had visual and auditory privacy.



Stock outs

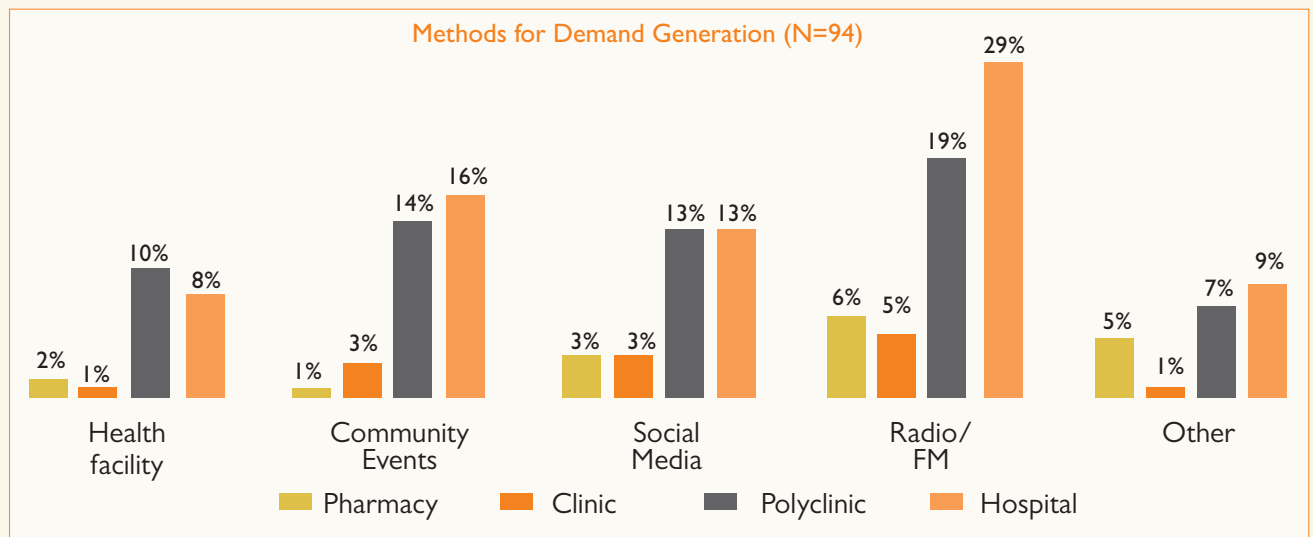
18% of currently registered private health facilities had a stock out of at least one FP commodity on the day of the assessment. (Male condoms in 13 HF, Injectables in 39 HF, OCP in 32 HF, ECP in 29 HF, IUCDs in 2 HF, Implants in 3 HF).

Note: Some HF had stock outs of more than one commodity.



Demand Generation

Advertising and marketing support demand generation. Demand generation activities create potential customers' awareness and interest in the available products or services. 19.6% of registered health facilities had conducted these activities. The majority, 62%, had conducted demand generation activities through radio/FM. Other platforms were community events, social media, and at health facilities.





CONCLUSION

- Nearly all registered health facilities provide at least one modern method of FP and the majority (67.7%) provided at least three methods with 61% providing four methods.
- Only 30% of private health facilities had providers that had heard about informed choice.
- There was a relatively low percentage (7.5%) of sites with providers trained in comprehensive FP and counseling services.
- Health facilities carrying out quality assurance/ improvement activities was limited (17.3%).
- The stock out of any one commodity on the day of the assessment was observed in 18.1 % of the facilities.
- None of the assessed private health facilities met all eight standards for adolescent responsive contraceptive services available on the day of the assessment.
- There is a low percentage (3.12%) of health facilities reporting data in the Health Management Information System (HMIS).
- 41.2% of health facilities do not have counseling space/room with auditory and visual privacy.
- Although postpartum and post abortion FP counselling is provided, the percentage of postpartom clients who leave the health facility with modern contraceptives in these circumstances is very low (11.3%).
- Demand generation activities among the registered private health facilities were very low (19.6%).



WAY FORWARD

- Enhance providers' knowledge on the FP/ RH needs of adolescents and skills of proper counselling and informed choice to enable them to effectively communicate with adolescents and provide quality services that respond to adolescents' needs.
- Strengthen recording and reporting among private health facilities through capacity building along with regular monitoring and supervision and support to streamline recording and reporting in the national system for private hospitals and polyclinics.
- Enhance healthcare providers' comprehensive counseling techniques especially for post-partum and post-abortion FP to increase utilization.
- Encourage facilities to invest in infrastructure improvements to ensure audio and visual privacy in counseling rooms and capacitate healthcare providers to prioritize privacy and confidentiality.
- Design demand generation activities like awareness campaigns and community outreach to help adolescents understand their FP/RH needs and support them in seeking services and strengthen referrals through different community and school-based interventions.
- Improve service delivery from private health facilities through the strengthening and monitoring of QA/QI mechanisms.



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