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”, 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 DMPA
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

<table>
<thead>
<tr>
<th>Input</th>
<th>Process</th>
<th>Output</th>
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<tbody>
<tr>
<td>• Basic training on key FP/RH services</td>
<td>• Availability of:</td>
<td>• Increased % of outlets offering quality services</td>
</tr>
<tr>
<td>• Refresher training on “Sangini” DMPA</td>
<td>• Good physical facility</td>
<td>• Increased % of client satisfied</td>
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<tr>
<td>• TSV/monitoring/provider self-assessment</td>
<td>• BCC materials</td>
<td>• Increased utilization of FP services</td>
</tr>
<tr>
<td>• Consultations</td>
<td>• Products &amp; services</td>
<td>• Increased return visits of clients</td>
</tr>
<tr>
<td>• Govt. co-ordination</td>
<td>• Proper recording/reporting</td>
<td>• Increased service market share</td>
</tr>
<tr>
<td>• Social marketing of franchised outlets</td>
<td>• Counsel clients properly</td>
<td>• Increased member of franchised network</td>
</tr>
<tr>
<td>• BCC</td>
<td>• Assess clients before service given</td>
<td>• Increased CYP</td>
</tr>
<tr>
<td></td>
<td>• Counsel clients after service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maintain standard IP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referral system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Drug retailers provide instruction when they sell</td>
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</tr>
<tr>
<td></td>
<td>products</td>
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</table>

- Input: Basic training, refresher training, TSV/monitoring, consultations, government coordination, social marketing of franchised outlets, BCC.
- Process: Availability of good physical facility, BCC materials, products & services, proper recording/reporting, counseling clients properly, assessing clients before service, counseling clients after service, maintaining standard IP, referral system, drug retailers providing instruction.
- 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.
Methodology (continued)

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

Categorization of outlets: 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

Instructions Provided by Drug Retailers

• 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

- Collection of sharps correctly
- Wash hand after procedure
- Sharps in PP Container
- Other waste in other container
- Dispose when PP container is ¾ the filled

% of Outlets
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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Outlet Category (%)</th>
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<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Outlet/Facility Audit</td>
<td>1.0</td>
</tr>
<tr>
<td>Counseling/Client Provider Interaction</td>
<td>15.0</td>
</tr>
<tr>
<td>Post-procedure Counseling</td>
<td>28.7</td>
</tr>
<tr>
<td>Instruction given by Drug Retailers</td>
<td>11.4</td>
</tr>
<tr>
<td>Client Screening</td>
<td>23.4</td>
</tr>
<tr>
<td>Infection Prevention</td>
<td>26.9</td>
</tr>
<tr>
<td>Sangini Injection Procedure</td>
<td>68.7</td>
</tr>
<tr>
<td>Referral System</td>
<td>85.3</td>
</tr>
<tr>
<td>Recording service statistics</td>
<td>51.7</td>
</tr>
<tr>
<td><strong>Overall Ranking of Outlets</strong></td>
<td><strong>10.3</strong></td>
</tr>
</tbody>
</table>

*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 self-assessment
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 low-performing outlets identified in the assessment
  – From June 2007 to January 2008, 441 service providers from 14 districts received update training
Thank you!!!