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Private Sector Health Facility 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 systems and private entities to create an enabling environment for healthy reproductive health (RH) behaviors by ensuring the readiness of private health facilities to provide adolescent-responsive services.

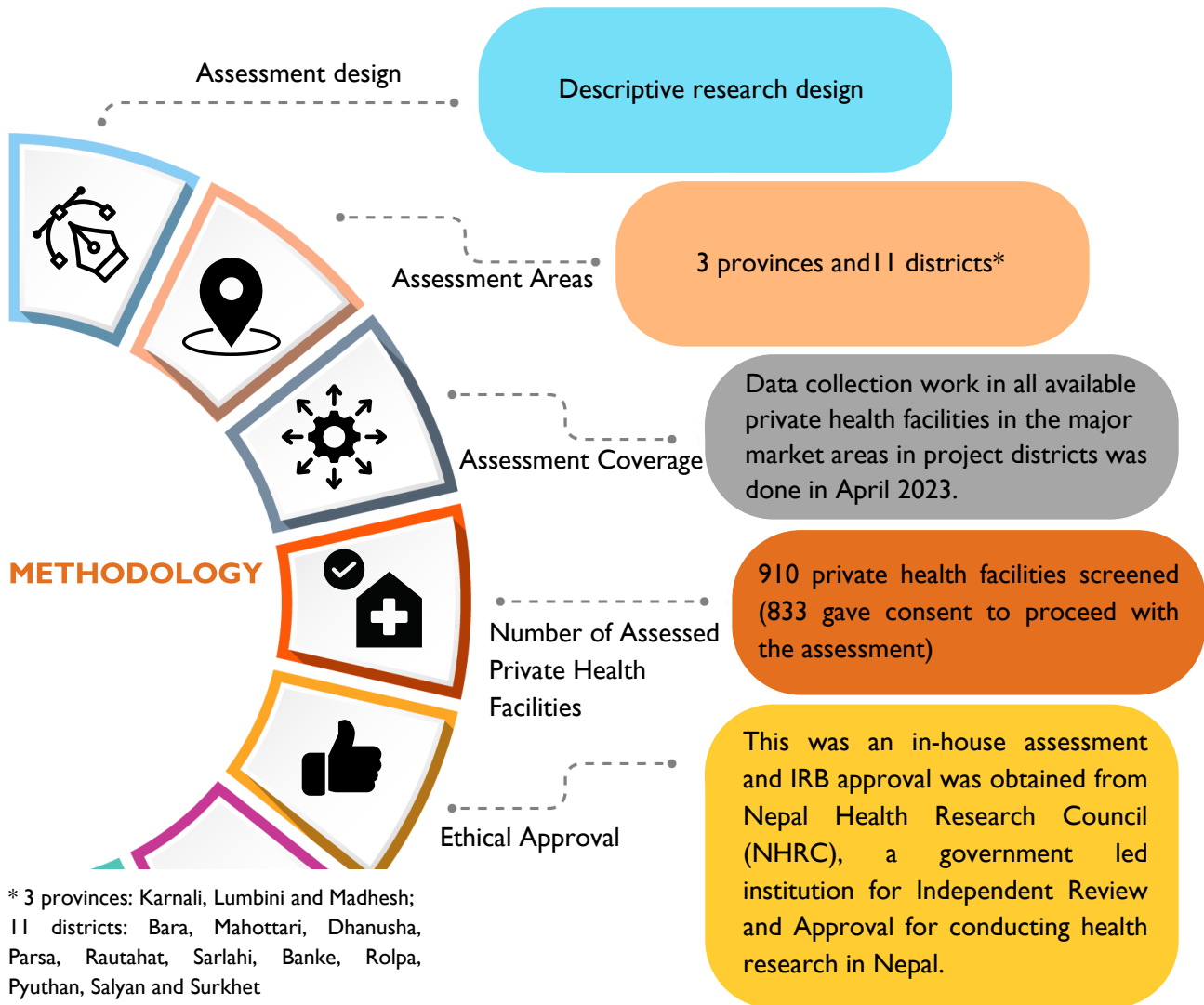
OBJECTIVES

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

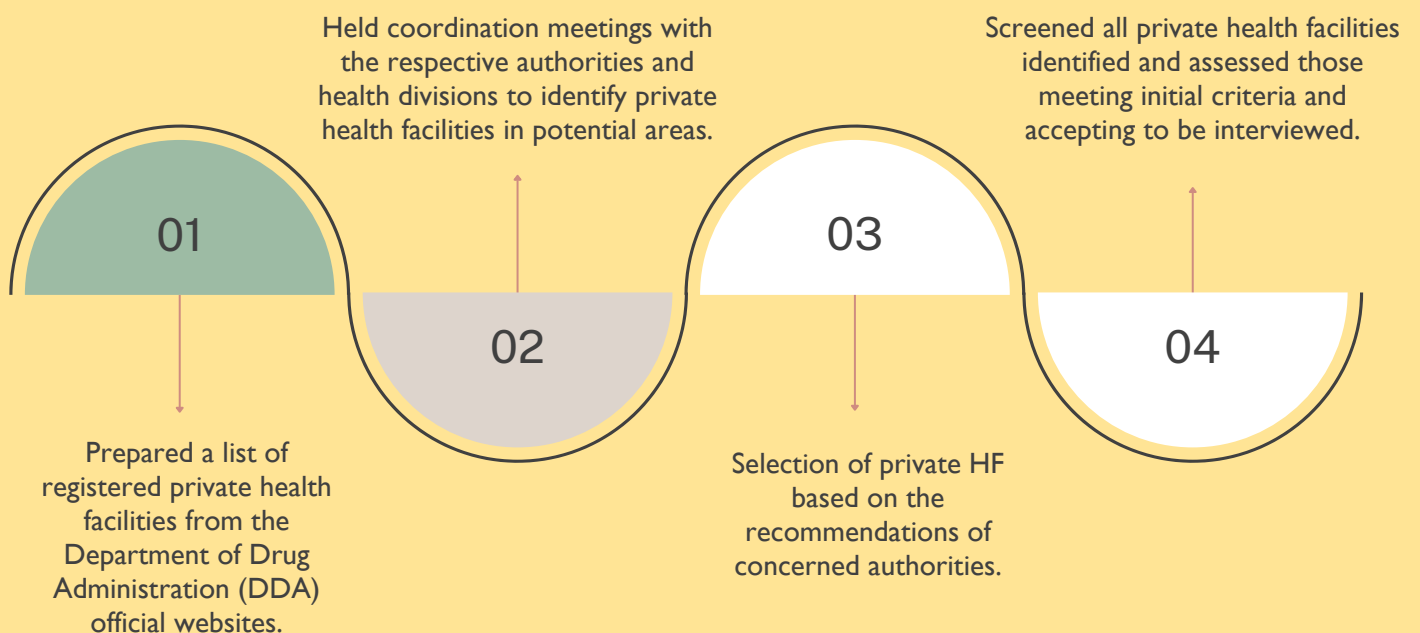
To assess the readiness adolescent adolescent-responsive services in private health facilities in the project implementation areas.

To identify gaps in client-centered quality family planning/reproductive health (FP/RH) services, including ARH service delivery.

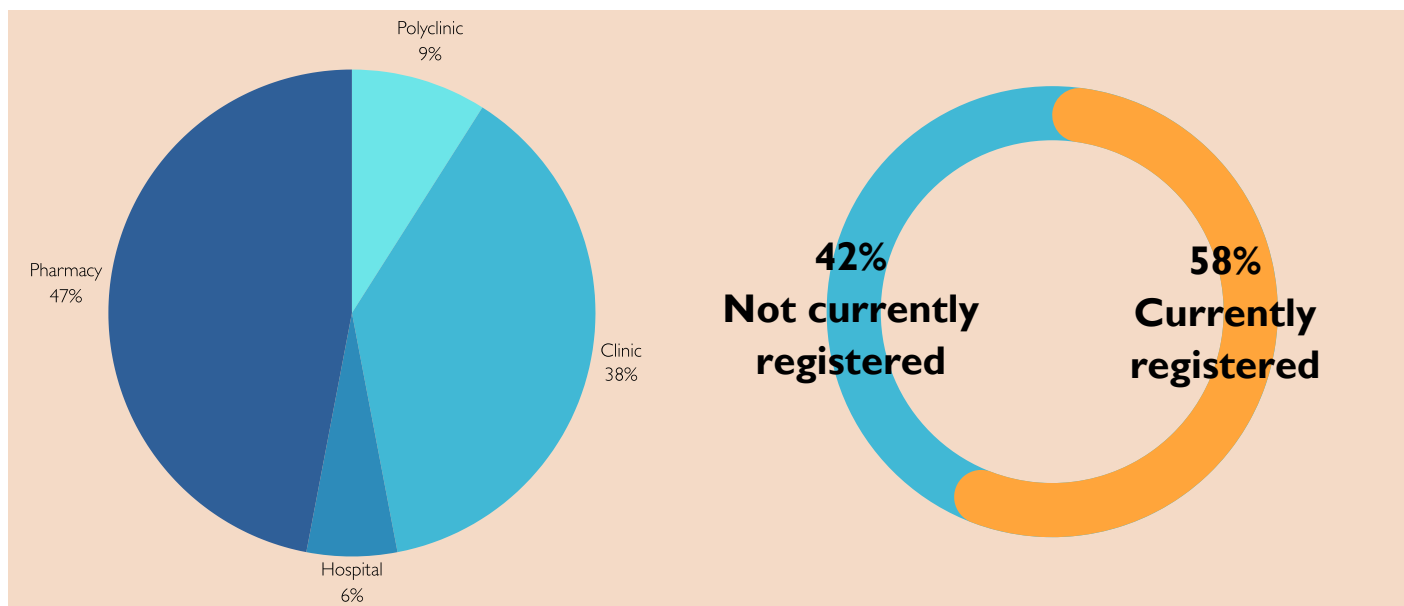
To identify areas for collaboration and identify training and skill-building needs for private sector facilities.



PRIVATE HEALTH FACILITY SELECTION PROCESS



KEY FINDINGS

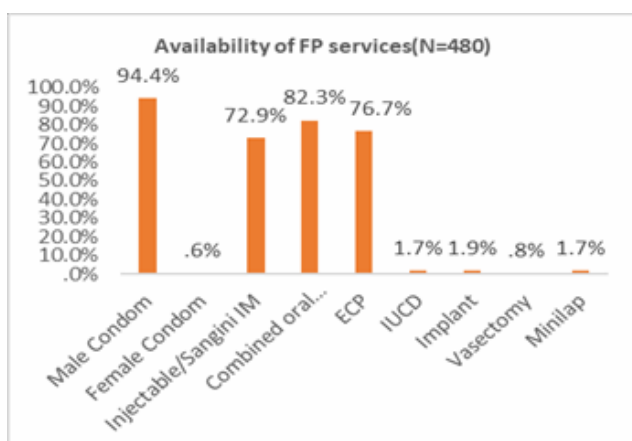


Characteristics of the health facilities

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. Out of 353 facilities not currently registered, 37 are in the process of registration for the first time, 28 are in the process of renewal, and 288 health facilities have no plan to register in the future.

Availability of Family Planning Services

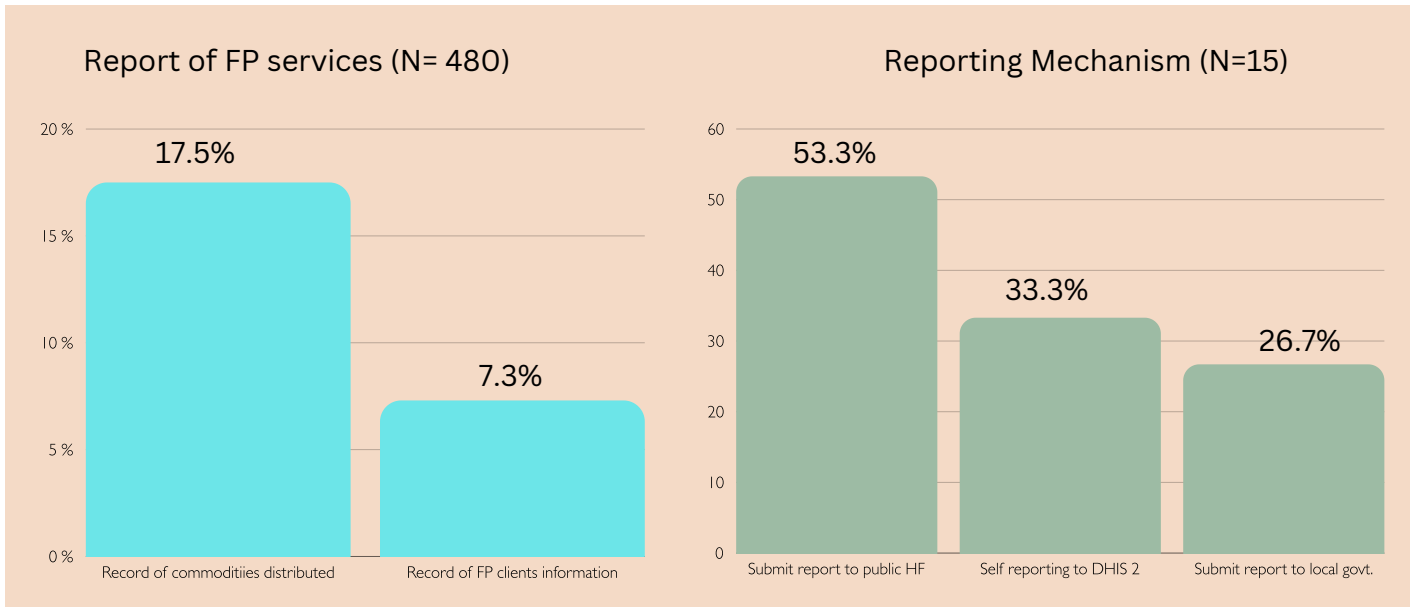
Of 480 currently registered health facilities during the Health Facility Assessment (HFA), 471 (98%) currently provide family planning services. Nearly all health facilities currently provide at least one modern method of FP (N=471); among them, 94% currently provided male condoms, 82% currently provided combined oral contraceptive pills, 72% provided injectables / Sangini, and 76 % provided emergency contraceptive pills. Less than 5% of health facilities currently provided implants (1.9%) and IUCDs (1.7%).



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, and 2.8% provide the method the provider thinks is best.

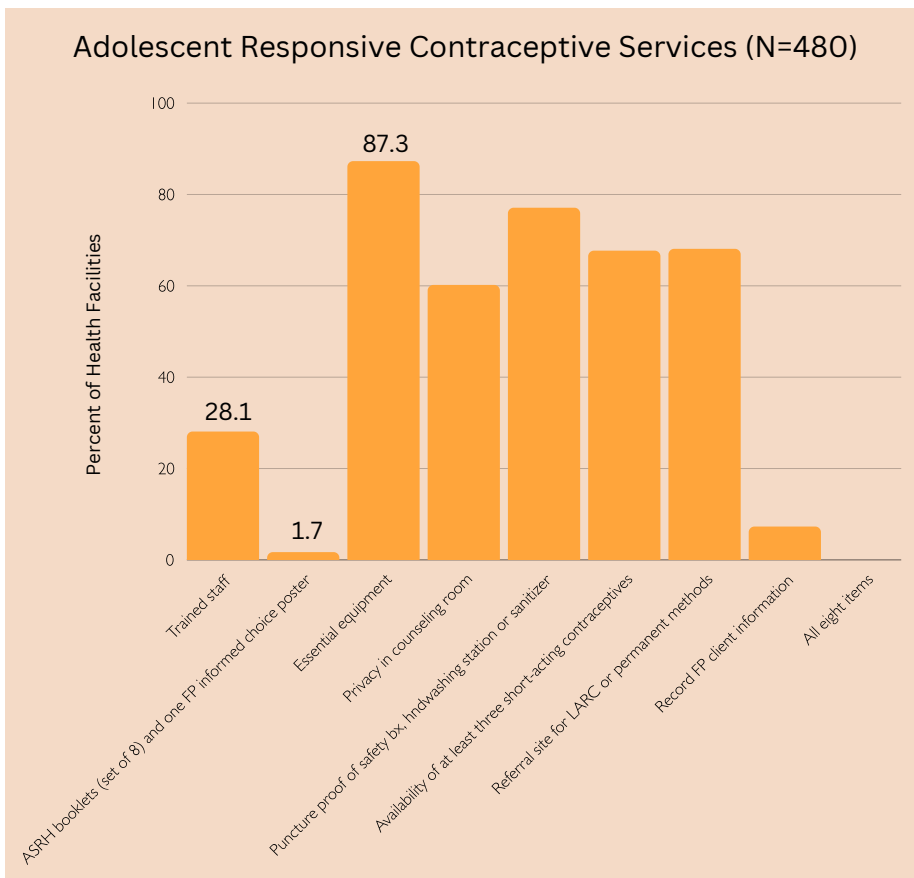
Informed Choice (N=143)

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%



Recording and Reporting

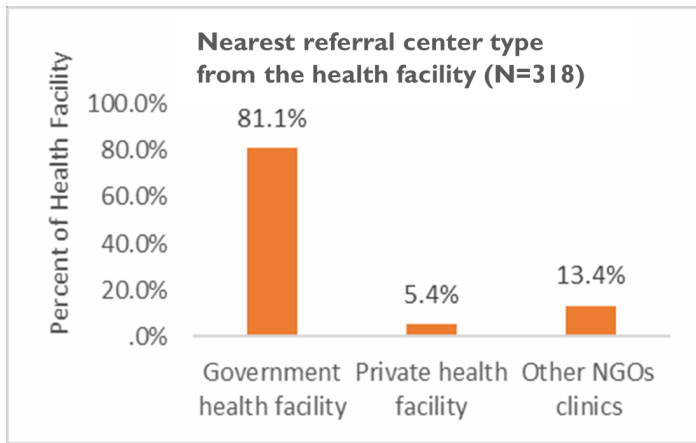
Out of the 480 registered health facilities, less than one-fifth (17%) record information on FP commodities distributed, and only 7% record FP client information. Of the total health facilities that report information (15), 8 (53.3%) submit reports to public health facilities, followed by 5 (33.3 %)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



Adolescent Responsive Contraceptive Service

Adolescent-responsive contraceptive services (ARCS) require a systems approach to making existing contraceptive services adolescent-responsive by incorporating elements with demonstrated effectiveness for increasing adolescent contraceptive use. It is a composite index with a set of 8 indicators. Among the total registered private health facilities, only 8 private health facilities had ASRH booklets (set of 8) and one FP informed choice poster on the day of assessment. Likewise, most of the private health facilities had a functional blood pressure (BP) set (90%) and pregnancy test kit (95.6%). 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 had all eight services and therefore there was no readiness for adolescent-responsive contraceptive services available on the day of assessment.



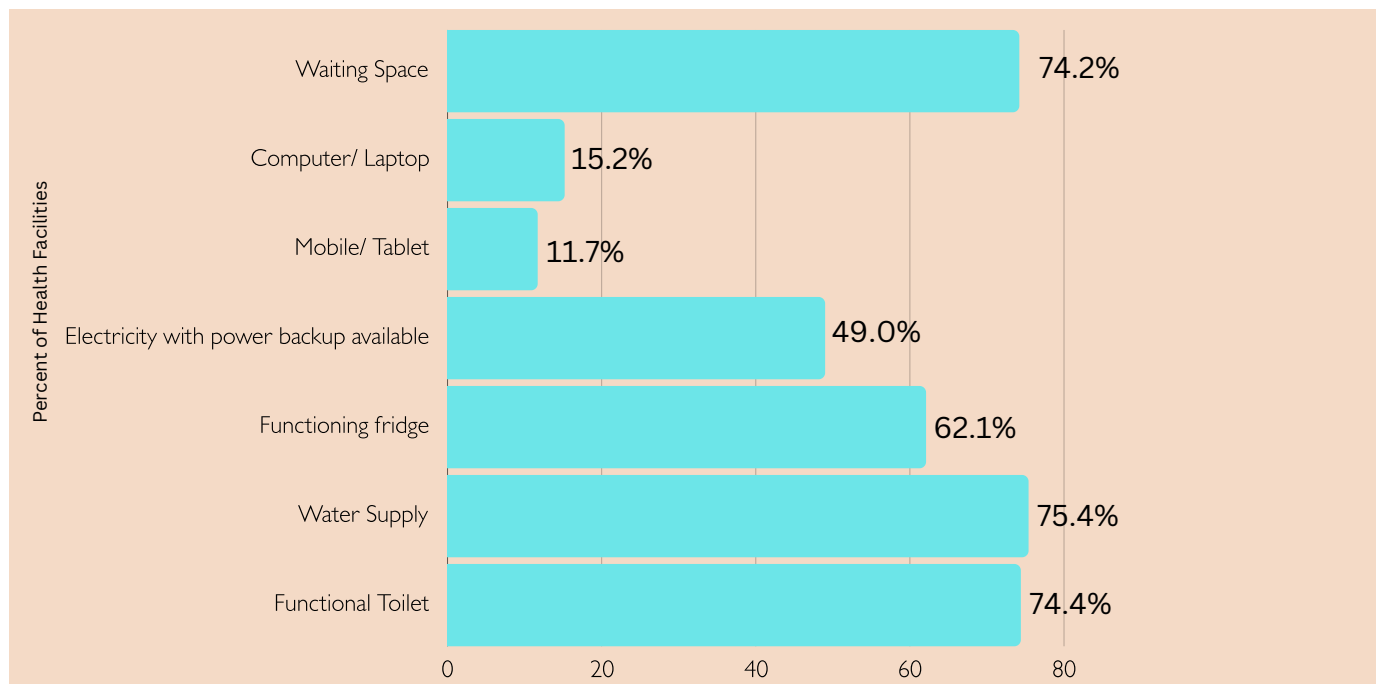
Availability of Referral Centre

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%).

Basic Amenities

The percentage of facilities having all five basic amenities (waiting space, computer/laptop for recording and reporting, functional fridge, water supply, and functional toilet) is highest among private hospitals (73.4%) and lowest among clinics (1.7%). Less than 10% of facilities in Lumbini and Karnali provinces have all the basic amenities.

Basic Amenities (N=480)



Waste Segregation

Only 8.8% of health facilities safely dispose of healthcare waste with labeling in the three color-coded containers/bins.

Trained Staff for FP/RH services

	Health facilities with trained service providers by type of training								Total HF
	Comprehensive FP and Counseling	PP IUCD	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

*Some of the service providers in the pharmacies were found to have received training on IUCD, Implant, Minilap and Vasectomy before assessment.

Privacy in 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 (observed).

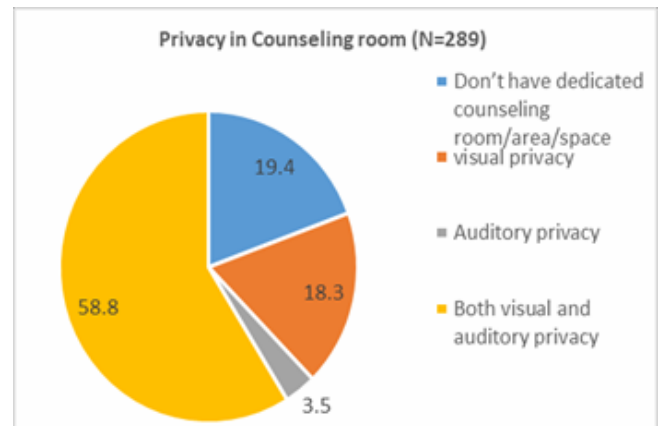
Stock outs

18% of currently registered private health facilities had a stock out of any one of the FP commodities on the day of the assessment. (Male condoms in 13 HF, Female Condoms in 1 HF, Injectables in 39 HF, OCP in 32 HF, ECP in 29 HF, IUCDs in 2 HF, Implants in 3 HF).



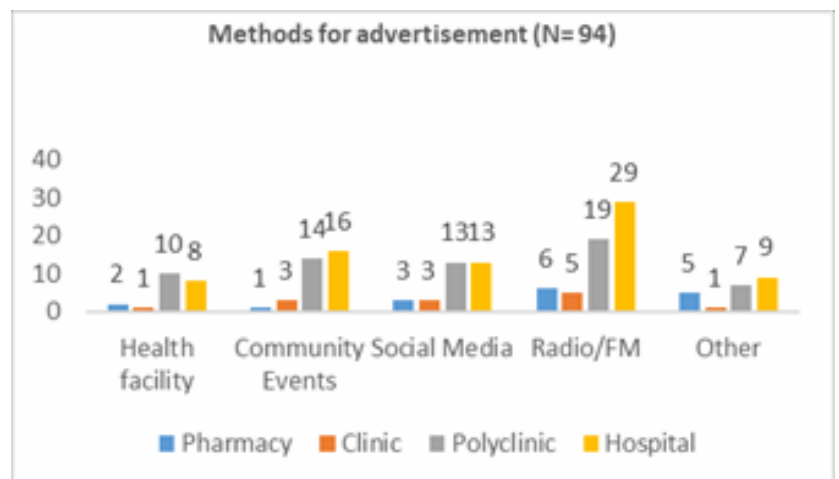
Adolescent visits

A total of 53,974 adolescents have visited private health facilities over the last three months prior to conducting the HFA; 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.



Demand Creation

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 advertised their services; the majority, 62%, had done demand generation through radio/FM. Other platforms were community events, social media, and at health facilities.



CONCLUSION

- Nearly all registered health facilities provided at least one modern method of FP and the majority (67.7%), provided at least three methods with 61% offering providing four methods.
- Only 30% of private health facilities had providers that had heard about informed choice.
- There was a relatively low percentage of sites with providers trained in comprehensive FP and counseling. Also, health facilities using quality assurance/improvement approaches were limited, demonstrating a clear opportunity for the project to improve the quality of services.
- The stock out of any one commodity on the day of the assessment was observed in 18.1 % of the facilities, especially among polyclinics and hospitals.
- None of the assessed private health facilities met all eight criteria for adolescent-responsive contraceptive services available on the day of the assessment.
- There is a low percentage of health facilities recording and reporting data in the Health Management Information System (HMIS).
- Almost half of the health facilities had provisions for a counseling room with visual and auditory privacy. Likewise, only one in five facilities does not have a dedicated counseling room/space, mainly in Karnali province. Although postpartum and post-abortion FP counseling is provided, clients who leave the health facility with modern contraceptives in these circumstances is very low.
- Demand generation activities among the registered private health facilities were very low.

WAY FORWARD

- Enhance providers' knowledge of the FP/ RH needs of adolescents and skills of proper counseling 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 their recording and reporting into national system.
- Enhance healthcare providers comprehensive counseling techniques especially for post-partum and post-abortion FP to increase utilization.
- Encourage facilities to invest in infrastructural 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 conducted through USAID ARH with adolescents to enhance FP/RH service utilization and family planning uptake.
- Support formalized client feedback mechanisms to assist private sector providers to be more responsive to the needs of adolescents' clients at their facilities.
- Improve service delivery from private health facilities through the strengthening and monitoring of QA/QI mechanisms.