

FACILITY BASED ASSESSMENT FOR REPRODUCTIVE HEALTH COMMODITIES AND SERVICES 2022

Brief description:

The Facility-Based Assessment of Reproductive Health Commodities and Services (FBARHCS) is a survey that is subsequently being conducted since 2013/2014 to understand the situation of reproductive health commodities and services at public and NGO-run Service Delivery Points (SDPs) across the country.

The main objective of this survey was to assess the service availability, distribution, and stock-out of essential life-saving RH commodities, including contraceptives and other key issues related to family planning service delivery at the selected health facilities. In addition to assessing the availability and stock-out of RH commodities, the survey aimed to address the supply chain (including cold chain); staff training and supervision, availability of guidelines and protocols, Information Communication Technology (ICT), method of waste disposal, and user fee. Furthermore, the survey obtained the views of clients about the FP and RH services they utilized from the health facilities. A total of 26 districts from all seven provinces were covered in the survey.

Center for Research on Education, Health and Social Science (CREHSS) carried out this study from September to December 2022.

Methodology:

This study is cross-sectional in design and used a mixed-method (quantitative and qualitative) approach. For the quantitative part, a health facility survey and an exit client survey were conducted, which utilized a structured questionnaire (tool) to collect the data. A total of 572 health facilities were covered during the survey. Similarly, a total of 2482 clients exiting from the health facilities after seeking/receiving FP services were also covered in the study. For the qualitative part, a total of 78 key informant interviews (KIIs) were conducted with the health facility in charge, health service provider, and FCHVs (one from each category in each survey district).

Findings:

Health Facilities

General information about the surveyed SDPs: A total of 572 health facilities were surveyed across the 26 districts. Among them, there were a total of 248 HPs (43%), 164 UHCs (29%), 70 PHCCs (12%), 35 urban/other hospitals (6%), 16 district hospitals (3%), 13 federal/regional/province hospitals (2%) and one academia under the government, while 25 health facilities were NGO-run facilities that included 14 FPAN clinics (2%) and 11 Marie Stopes Centers (2%).

Contraceptives offered as part of the regular and normal service delivery of SDPs: The findings revealed that all government and NGO-run SDPs at all levels provided male condoms as a part of normal service delivery. Similarly, almost all types of SDPs offered oral contraceptive pills and injectables (Depo).

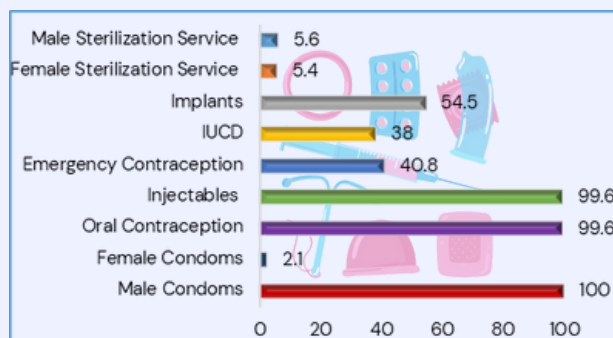


Figure:1 Contraceptives provided by the SDPs

However, the provision of implants, IUCDs, male and female sterilization services and emergency contraception varied with the level and types of SDPs. Only half of the HPs (50%) and above a quarter of the UHCs (28%) offered implants. Similarly, only 15 per cent of the UHC and 28 per cent HPs offered IUCD/Copper T. Only more than one-third of the district hospital (36%) and 11 per cent of the urban/other hospital (11%) provided female sterilization services. Provision of emergency contraceptives was limited at the primary level SDPs; 49 per cent at PHCC, 36 per cent at HP and 32 per cent at UHC.

SDPs offering modern contraceptive methods as part of the regular and normal service delivery:

It is encouraging to note that all PHCC, and hospitals (100%) are providing at least three modern contraceptives while only 20 per cent of UHC, 33 per cent of Health Post, 66 per cent of urban/general hospital and 92 per cent of provincial/federal hospitals while all district hospitals provide at least 5 modern contraceptive methods on a regular basis.

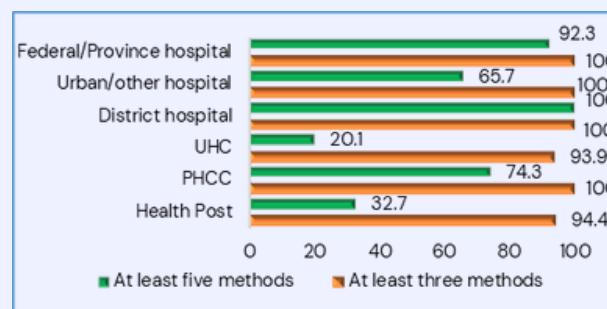


Figure:2 Contraceptives provided as regular and normal service delivery

Availability of maternal and RH medicines: The assessment revealed that almost half (49%) of the SDPs were providing delivery services.

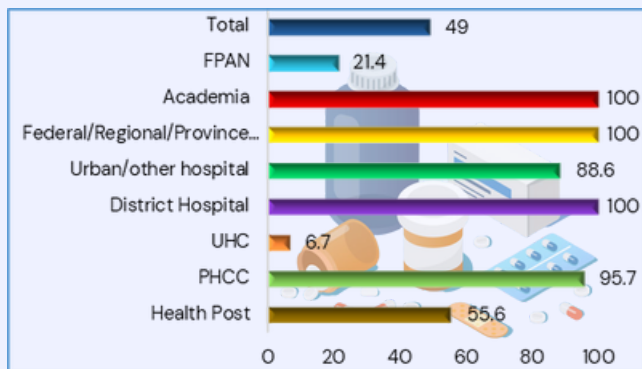


Figure:3 Availability of delivery service

Among them, an overwhelming majority of SDPs had Metronidazole (98%), Oxytocin and Ampicillin (97% each), Magnesium Sulphate (93%), Gentamicin (91%), and Azithromycin (90%). More than four-fifths of the SDPs had Sodium lactate compound solution, sodium chloride, or both (87%), tetanus-diphtheria (Td) (86%), or calcium gluconate (85%). Almost four out of five (79%) had either Betamethasone or Dexamethasone or Both of these medicines. Misoprostol was available in three-fourths of the SDPs (76%), while Mifepristone was available in only less than half of the SDPs (45%). Nifedipine (63%) and Cefixime (61%), respectively, were present in more than three-fifths of the SDPs. Overall, the findings showed that SDPs had low availability of Methyldopa (26%), Benzathine benzylpenicillin (16%), and Hydralazine (15%).

Availability of seven essential lifesaving maternal and RH medicines: An overwhelming majority of the SDPs (91%) that provided delivery services had the seven essential lifesaving maternal and RH medicines (including the 2 essential medicines, Magnesium Sulphate and Oxytocin). All of the seven-lifesaving maternal and RH medicines were available in all (100%) of the district hospitals, urban/other hospitals, federal/regional/province hospitals, academia, and FPAN clinics followed by large majority of the PHCCs (91%), HPs (89%) and o UHC (only 64%).

Stock Status of modern contraceptives regularly offered as part of normal service delivery: Almost all (99%) SDPs had at least one modern contraceptive method in stock, while a large majority of them (95%) had at least three modern contraceptives, available in stock. However, only less than half (45%) had five or more contraceptive methods available in stock in the last three months.

All secondary and tertiary level SDPs and a large majority of NGO-run health facilities (96%) and primary level SDPs (94%) had 'no stock out' of at least three modern contraceptive methods in the last three months. Similarly, a large majority of the NGO-run health facility (96%) and the majority of the secondary (86%) and tertiary level SDPs (85%), whereas just 37 per cent of the primary level SDPs had five or more contraceptives in stock.

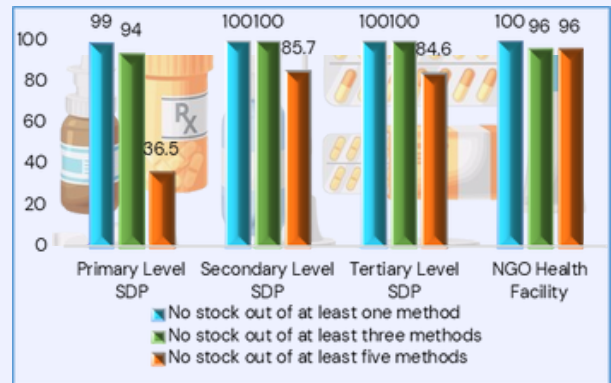


Figure:4 Stock out status

The stock status of at least one modern contraceptive method on the day of the survey was similar to the status within the last three months.

Availability of cold chain for storing RH commodities at the SDP: It is of note that more than half of the SDPs (54%) didn't have cold chain. Over two-fifths, (44%) of the SDPs had an electric fridge, 10 per cent of SDPs had Ice lined refrigerators, and 25 per cent of them had ice boxes to store the commodities that needed cold storage.

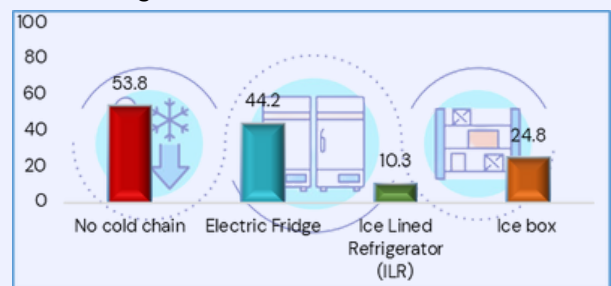


Figure:5 Availability of cold chain for the RH commodities

Availability of family planning guidelines, check-lists, and job aids: Overall, one-third of the SDPs did not have FP guidelines and ANC guidelines (33% each), almost two-fifths of the SDPs didn't have FP checklists, and job aids (39%), slightly above one-third of the SDPs (34%) didn't have ANC checklists, and job aids and a notably higher percentage of the SDPs reported of not having waste disposal guidelines (57%) available during the time of the survey.

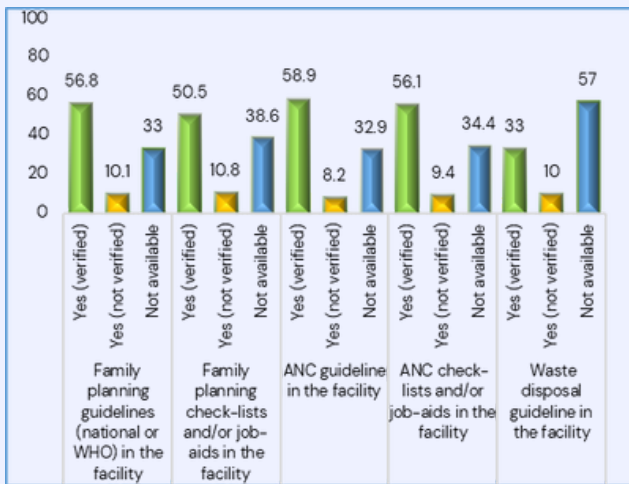


Figure:6 Availability of family planning guidelines, check-lists and job aids

Use of information, communication, and technology (ICT): One-sixth of the SDPs (17%) lacked the availability of any form of ICT. Among those who mentioned they had any form of ICT, the majority of the SDPs commonly mentioned internet access - Wi-Fi (85%), computers (80%), mobile phones - smartphones (42%), and mobile phones - basic handsets (34%).

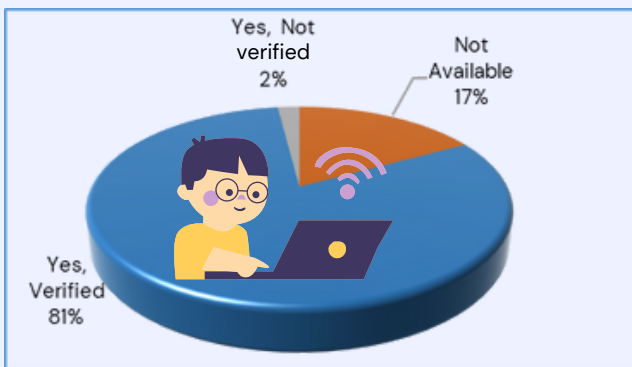


Figure:7 Availability of ICT

Methods of waste disposal: More than half of the SDPs (52%) stated that they burn all waste on the facility's grounds. Above one-fifth of the SDPs (21%) reported that wastes generated in the facility premises are collected and dumped by the municipal workers. Likewise, one out of six SDPs (17%) mentioned that they bury the health facility wastes in a special dump pit on their grounds.

Exit Client Survey

Background characteristics of the client: A total of 2482 clients were interviewed in the survey. Among them 98 per cent were female and only 2 per cent were male clients.

The mean age of the clients was 30.6 years. Almost all the clients interviewed were married (99.9%). Less than half of the clients had basic level education (45%) and nearly two-fifths of them (37%) had secondary and higher-level education.

Client satisfaction with the organizational aspects of the SDPs: Almost all of the clients were satisfied with the time the provider spent handling their case/interacting with them (99%) and were satisfied with the cleanliness at the health facility (98%). Likewise, the large majority of them were satisfied with the privacy maintenance in the examination room. However, 15 per cent of the clients perceived that they had to wait too long to receive services.

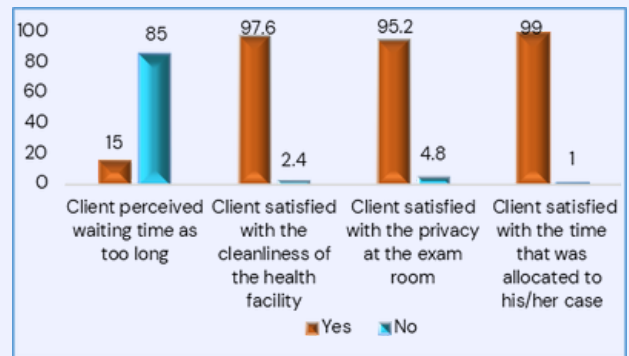


Figure:8 Client satisfaction

Conclusion and Recommendations:

Only 34 per cent of the primary level SDPs had been providing at least five modern contraceptive methods as a part of normal service delivery. However, as per the national guideline and protocol, all the primary level SDPs should be giving at least five methods. **Therefore, the policy and program implementors should focus on expanding the services at the primary level of the SDPs.**

Provision of IUCD and Implant was limited at the primary level SDPs mainly at the health post and urban health centers (IUCD=28% and Implant=50% at HP and IUCD=15% and Implant=28% at UHC). Similarly, emergency contraceptive was limited at the primary level SDPs; 49 per cent at PHCC, 36 per cent at HP, and 32 per cent at UHC. **Hence, the program intervention should focus on ensuring the availability (supply and management) of IUCD, Implants, and emergency contraception at the primary level SDPs.**

Permanent Family Planning service was substantially lower in the district hospitals (male sterilization=21% and female sterilization=36%). Similarly, a considerably higher percentage of the Federal/Regional/Province hospital lacked female

sterilization (23%) and male sterilization (31%) services. **Therefore, FP interventions should target on expanding permanent FP services in the tertiary level SDPs and equip them to ensure 100 per cent availability of services.**

The majority of the SDPs (91%) had the availability of the seven essential lifesaving maternal and RH medicines; however, still, 9 per cent of the SDPs lacked the seven essential lifesaving drugs. **Therefore, programs should focus on equipping all the SDPs with the seven essential lifesaving maternal and RH medicines.**

It is of note that a considerable percentage of the SDPs (8%) reported that they received their supplies after more than 1 month of placing the order. **Therefore, the supply-chain of the commodities should be strengthened to meet the demand on time for the intermittent delivery of the FP services.**

The survey findings showed a substantially higher percentage of the health facility staff lacked training on various aspects of the logistic management information system (LMIS). For instance, almost half of the SDPs (48%) staff lacked training on 'making a request or ordering for restocking', more than two-fifths of the SDPs staff (42%) lacked training on 'assessing stock status,' and a third of the SDPs staffs (34%) lacked training on 'record keeping'. **Hence, the program intervention should focus on supporting the staff's training on LMIS, which is a primary requisite for the SDPs to deliver quality and uninterrupted FP and RH services.**

It is of note that more than half of the SDPs (54%) didn't have the cold chain. Only above two-fifths (44%) of the SDPs had electric fridges, 10 per cent had Ice Lined refrigerators (ILR) and 25 per cent of them had ice boxes to store the necessary commodities that needed cold storage. **Therefore, a proper freezing system should be provided to the areas which do not have the cold chain as required. It is recommended that cold chain should be available in all SDPs providing maternal delivery services.**

More than half of the SDPs (55%) had stock out of five or more contraceptive methods in the last three months preceding the survey. Also, more than half of the SDPs (53%) had 'stock out' of at least five methods on the day of the survey. **Hence, the stock out of at least five or more contraceptive methods in the SDPs directly interrupts the service delivery and the rights of the clients to make an informed choice for FP. So, concerned authorities should address this issue and ensure that FP commodities are always at 100 per cent stock.**

More than half of the SDPs (57%) had no trained staff for the insertion and removal of IUCD, and more than two-fifths of the SDPs (44%) had no trained staff for the insertion and removal of Implants. **Hence, staff training for modern contraceptive devices, specially long-acting reversible contraceptives (LARC): Implant and IUCD, need to be scaled up. The concerned authorities should prioritize service provider training in order to improve FP service delivery.**

Overall, one-third of the SDPs did not have FP guidelines and ANC guidelines (33% each), almost two-fifths of the SDPs didn't have FP checklists and job aids (39%), slightly above one-third of the SDPs (34%) didn't have ANC checklists and job aids and a notably higher percentage of the SDPs reported of not having waste disposal guidelines (57%) available during the time of the survey. **Therefore, the availability of required guidelines, checklist, job aids and protocols need to be ensured in each SDPs for quality service delivery.**

It is of note that one-sixth of the SDPs (17%) lacked the availability of any form of Information Communication and Technology (ICT), therefore, **a proper ICT facility should be made available in each of the SDPs that is essential for efficient service delivery.**

More than half of the SDPs (52%) stated that they burn all of their wastes on the facility ground. **Hence, there should be proper training in waste disposal, and a separate area should be allotted for it. Moreover, health staff should know about the hazard of hospital waste and its impacts.**

Province-wise analysis of the whole study findings showed that Madhesh Province stands at the lowest in terms of almost all indicators of FP and RH services. **Therefore, FP interventions need to target Madhesh province to uplift the service delivery there.**

A considerable percentage (15%) of the clients perceived that they had to wait too long to receive FP services. Similarly, about 10 per cent of the clients reported that the service provider insisted/forced them to use a particular FP method. **Therefore, to address the client's grievances the facility authority should focus on delivering timely services and the service providers awareness should be raised towards giving the client opportunity to make informed choice of the FP methods without any coercion.**

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