

# Facility Based Assessment for Reproductive Health Commodities and Services: Key findings and recommendations based on data collected between January and February 2014

## Background

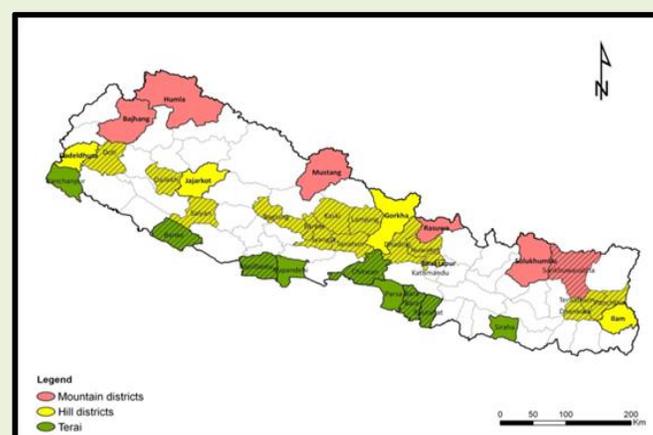
The Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) is a unique and effective mechanism to deliver results in key priority countries. This UNFPA programme operates as a thematic pooled fund with a focused mission to ensure a secure, steady and reliable supply of quality reproductive health commodities and improve access and use by strengthening national health systems and services. GPRHCS supports national action to reach poor and marginalized women and girls in countries with high unmet need for family planning and high rates of maternal death. GPRHCS is the only United Nations programme that specifically addresses reproductive health commodity security (RHCS). Our approach is strategic, catalytic and country-driven and draws on UNFPA's established expertise, strong partnerships and on-the-ground presence. GPRHCS procures contraceptives, medicine and equipment for family planning, HIV/STI prevention and maternal health services.

Nepal is one of the 46 priority countries that are being supported by the second phase of the programme (2013-2020). The programme uses an enhanced Programme Monitoring Framework that tracks nearly 100 indicators to measure country progress towards RHCS. Data for measuring progress towards goals, outputs and outcomes are collected through annual country surveys of service delivery points (SDP). In 2013 UNFPA partnered with Nepal Development Research Institute (NDRI) to undertake its first annual country RHCS survey. This survey aimed to assess the availability and stock out of essential Reproductive Health (RH) commodities as well as provision of quality Family Planning (FP) services. The survey collected data on supply chain system, staff training and supervision, availability of guidelines and protocols, information communication technology, method of waste disposal and user fee for RH services. The data were collected through observation, interviews with service providers and HF in-charges and through client-exit interviews.

## Methods

To ensure national representation systematic random sampling was used to include 189 public sector health facilities in 37 districts selected from across three ecological belts in each of the five developmental regions (**Figure 1**). The survey was conducted in 62 sub health posts, 68 health posts, 20 primary health care centers and 39 hospitals covering all development regions; majority of the health facilities were located in the rural areas (78.8%) with only 21.2% being in urban areas.

**Figure 1: Map showing the 37 survey districts**



## Key Findings

- The three temporary methods – male condoms, oral contraceptive pills (OCP) and injectables were being offered from almost all health facilities.
- Out of all health facilities 45.7% were offering IUDs and 39.9% were offering implant services on a regular basis. Sterilization services were regularly available only from hospitals (**Table 1**). Compared to 82.5% of health facilities in the urban areas only 22.8% of health facilities in the rural areas are currently offering all five methods of temporary contraceptive methods.

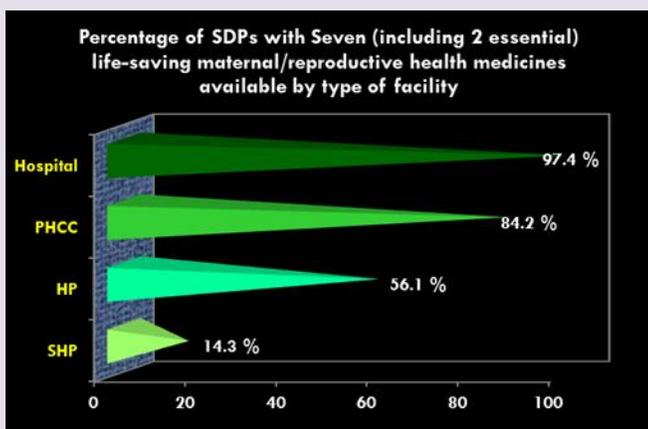
**Table 1: Percentages of HFs offering long-term & permanent methods**

HF's	IUDs	Implant	Minilap	NSV	Total
SHP	3.2	1.6	0	0	62
HP	42.6	30.9	0	0	68
PHCC	85	80	0	0	20
Hospital	100	97.4	57.9	63.2	39
<b>Total</b>	<b>45.7</b>	<b>39.9</b>	<b>13.3</b>	<b>12.8</b>	<b>189</b>

The most recurrent reason for not offering the long-term and permanent methods as cited by the informants was lack of trained providers. Low clients' desire and lack of instruments and equipment were also reported as reasons for non-provision of IUD and sterilization services respectively.

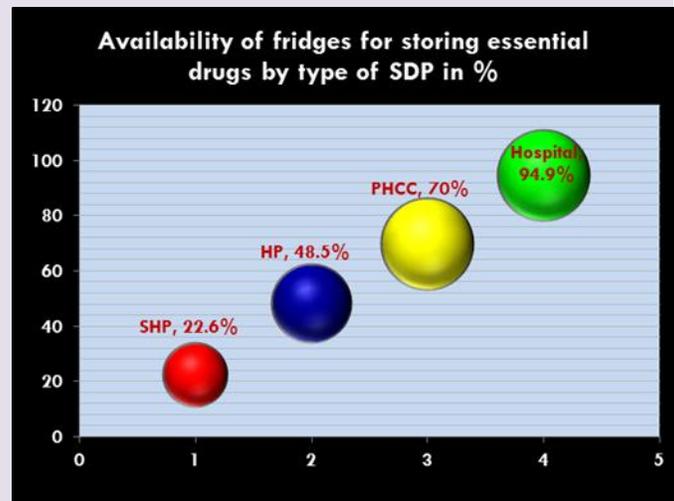
- At the time of the survey 22.1% of HP had stock-out of contraceptives (mostly implants and IUD) while more than 90% of SHP, PHCC and hospitals had no-stock outs of contraceptives that they were regularly offering. Likewise during the last six months preceding the survey while 80.6% of SHP, 90% of PHCCs and 84.6% of hospitals reported having no stock-outs, only 73.5% reported the same.
- The availability of seven life-saving maternal health drugs (Ampicillin, Gentamycin, Metronidazole, Magnesium sulphate, Oxytocin sodium, chloride/sodium lactate solution and Dexamethasone/Betamethasone) were assessed through stock verification in health facilities providing childbirth facilities. Only 14.3% of SHP and 56.1% of HP had all the seven drugs available (Figure 2). The availability of these drugs was least in the health facilities belonging to central (45%) and eastern regions (54.5%). The most common reasons for non-availability of these drugs were cited as being due to delays on the part of main source institution/warehouse to re-supply these medicines and lack of supply at the main source itself.

**Figure2: Availability of life-saving maternal health drugs**



- In terms of supply chain analysis, the data showed that health facility in-charge are the persons responsible for making requisitions for drugs and supplies in most health facilities (85%). Regarding quantification and ordering for re-supply 79% of health facilities were using pull system (based on demand) mechanism using facility level calculation of the quantity required based on historic consumption data. For 89% of the health facilities the Regional Medical Stores (RMSs) were the major source of medical supplies which they received mostly through district warehouses (69%) most often on a quarterly basis (60%). While refrigerators for cold chain were available in 94.9% hospitals and 70% PHCCs; less than half of lower level health facilities have refrigerators (Figure 3). Where available, most of these were electricity-run from national grid.

**Figure 3: Availability of refrigerators for cold-chain**



- More than 80% of the hospitals, PHCCs and HPs reported having received at least one supervisory visit in the last 12 months, mostly at an interval of four-six months. However 25% of the SHPs reported that they have not at all been supervised in the last 12 months and for those SHPs which had received supervisory visits most were undertaken annually. Overall almost 18% of the SDPs had never received any supervisory visit, which surprisingly was more for SDPs in the urban area (20%) compared to those in the rural areas (16%).
- The availability of various guidelines, checklists and job aids related to family planning and ANC/PNC services were recorded through verbal responses by the respondents. Verification of availability was also done. Availability of national guidelines/protocols/job-aids on family planning, antenatal-postnatal care and waste disposal were reported by 71%, 62% and 37% of health facilities respectively, however their actual availability was verifiable only in about 58%, 50% and 9.5% of the health facilities respectively.
- In nearly 80% of health facilities staffs personal mobile phones were the primary means for routine communication.
- More than half of the health facilities (58%) manage their waste products by burning, nearly one fourth bury the waste in special dump pits (27%) and 13% use incinerators.

- Through 1492 client exit interviews client's perception regarding various aspects of service delivery was assessed. Most respondents were married female between 20-34 years and nearly 50% had never attended school.
- Although 98% of the clients reported that that were offered the family planning method of their choice only 71.9% confirmed having received information on what to do in case they experience serious complications.
- Almost 4% of the clients, mostly in urban areas, reported having paid an average of 6 Nepali Rupees for registration.

## Conclusion

- Only, 35 % of health facilities almost equally distributed in all development regions, mostly in urban areas currently offer the five temporary modern contraceptive methods. However compared to the findings from the Service Tracking Survey (STS) in 2012 there has been a notable increase in the percentage of health posts that provide all five methods from 8 to 20%, nevertheless it is still below the 35% target for 2013 envisioned by Nepal Health Sector Programme (NHSP II – 2010 -2015). The most common reason for this has been cited as the lack of health workers trained in provision of IUC and implant services.
- Only about 61% of the health facilities had all the seven life-saving maternal health drugs, and these health facilities were mostly concentrated in Western and Far-Western Regions. The main reasons for non-availability were reported as due to delays on the part of main source institution/warehouse to re-supply these medicines timely.

## Recommendations

- Increased investment in training of health workers on provision of long-term and permanent methods of family planning must be made to increase access to a variety of contraceptive choices and quality family planning services.
- Below district supply chain mechanisms must be strengthened so as to address the large discrepancy in availability of RH medicines between hospitals (97%) and SHPs (14.3%). This may include capacity building of staffs on pull system mechanisms through local level quantification, forecasting and ordering of commodities.
- Strengthening of supervision to all levels of health facilities is required, along with the establishment of a system to provide both-way feedback between higher and lower level health facilities
- Monitoring of the stock situation (stock-outs or over-stocks) of essential RH commodities, coupled with corrective actions must be an integral part of regular integrated supervisions that are in practice.
- Distribution, use and adherence to national guidelines, protocols and job-aid need to be promoted at all levels of health facilities



*This survey was undertaken to fulfill the mandatory reporting requirement of countries that are recipient of funds from the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS). The survey was carried out by Nepal Development Research Institute between the months of January and February 2014. Copy of the full report can be downloaded here: [http://countryoffice.unfpa.org/nepal/drive/FacilitybasedassessmentforRHCS\\_August2014.pdf](http://countryoffice.unfpa.org/nepal/drive/FacilitybasedassessmentforRHCS_August2014.pdf)*