IMPLEMENTATION AND SCALING UP
THE HIGH IMPACT PRACTICES
OF FAMILY PLANNING IN NEPAL

23-24 SEPTEMBER, 2024

SUPPORTED BY:

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Government of Nepal
Ministry of Health and Population
Department of Health Services
Family Welfare Division

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R4S Research for Scalable Solutions

SMART-HIPs
Supporting Measurement and Replication Techniques of High Impact Practices

Understanding the Implementation and Measurement of selected FP HIPs in Nepal

Results Dissemination

Center for Research on Education Health and Social Science (CREHSS)

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Study Overview

Global study: 5 HIPs across 5 countries

Study goal: To improve decision-making for HIP implementation and scale-up by **harmonizing and streamlining measurement** across implementation contexts.

Nepal:
- IPPFP
- CHWs/FCHV

Burkina Faso:
- IPPFP
- MM

Nigeria:
- PAFP
- PDS
- MM

Uganda:
- IPPFP
- CHWs
- PDS

Mozambique:
- PAFP

Service Delivery HIPs:

1. IPPFP: Immediate Postpartum Family Planning (3)
2. CHWs: Community Health Workers (2)
3. PDS: Pharmacies and Drug Shops (2)
4. PAFP: Post-abortion Family Planning (2)

Social and Behavior Change HIP:

1. MM: Mass media (2)

Global study objectives and concepts

1. **Measure** the **vertical scale** of **HIP implementation**.	**Vertical scale** (institutionalization): extent of integration into national systems
2. **Measure** the **horizontal scale** and **reach** of selected HIPs to sub-populations.	**Horizontal scale** (expansion/replication): geographic coverage in terms of service availability
	Reach: extent to which HIP is used by different population sub-groups
3. **Assess implementation quality** of selected HIPs, including policy-level intention and **readiness to offer** the intended standard of care	**Quality of implementation**: extent to which HIP is implemented according to key implementation components, with a focus on policy-level intention to provide an explicit standard of care and readiness to offer that standard of care
4. **Estimate** the **costs** to implement and sustain implementation. Identify cost drivers and efficiencies for selected HIPs.	

Objectives and concepts for today's presentation

3. Assess implementation quality of selected HIPs	**Quality of implementation: extent to which HIP is implemented according to key implementation components**

Objective of FCHVs Study

- Assess the availability of contraceptive commodities
- Evaluate the technical competency of FCHVs
- Examine the availability of supervisors and mentors for FCHVs
- Determine the referral practices followed by FCHVs
- Assess the documentation practices for counseling and contraceptive methods by FCHVs

Methods

1. Foundational activities

- Map partners implementing HIPs
- Conduct two-part review of indicators used to monitor HIP implementation (partner indicators and HMIS registers and forms and DHIS2)

2. Cross-sectional assessment

IPPFP FCHV

	KIIs with MOH	KIIs with program managers	Service statistics	Surveys at point of service
Vertical scale	IPPFP FCHV			
Horizontal scale and reach			IPPFP FCHV	
Quality: Policy-level intention		IPPFP FCHV		
Quality: Readiness				IPPFP FCHV
Cost		IPPFP FCHV		

3. Consensus-building

- National disseminations
- Global convening
- Targeted consultations
- Post-convening follow-up

FCHV readiness assessment sample

FCHVs: Subset of 4 districts (*Dhanusha, Kaski, Dang, Kailali*)

FCHV readiness assessments	Eligible Facilities***	Completed FCHV surveys****
	21	176

*** Facilities were randomly sampled from a sample of facilities that had at least 10 FCHVs
**** Trained FCHVs who has been providing FP for at least 3 months

Readiness Results –FCHVs

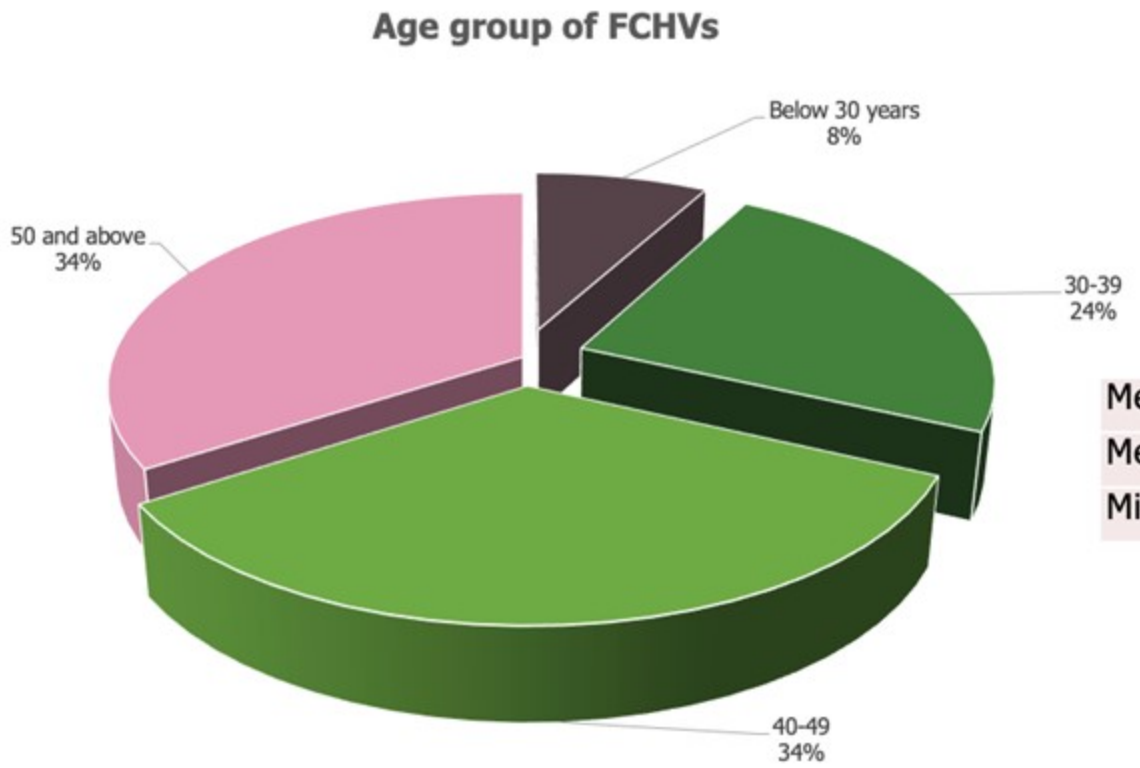
Number of methods distributed by FCHVs: 12 months, (HMIS Data, 17 Jul 2022 to 16 Jun 2023) (Shrawan 2079-Ashar 2080)

	Number of methods distributed by FCHVs during the past 12 months by district		
	Condoms	**Pills**	**Emergency Contraception Pills**
Total	**1,341,273**	**109,237**	**2,242**
District			
DHANKUTA	20,445	5295	224
DHANUSA	124,708	6125	119
MAKWANPUR	48,742	9779	60
KASKI	109,015	8857	73
DANG	226,965	17,236	292
MUGU	7639	606	52
KAILALI	803,759	61,339	1422

**Across 12 months of data, 39 of 686 (6%) health facilities had no data entered or 0s reported for FCHVs.*
***N=686 is the total number of health facilities within the 7 Districts and may include facilities that do not offer deliveries.*

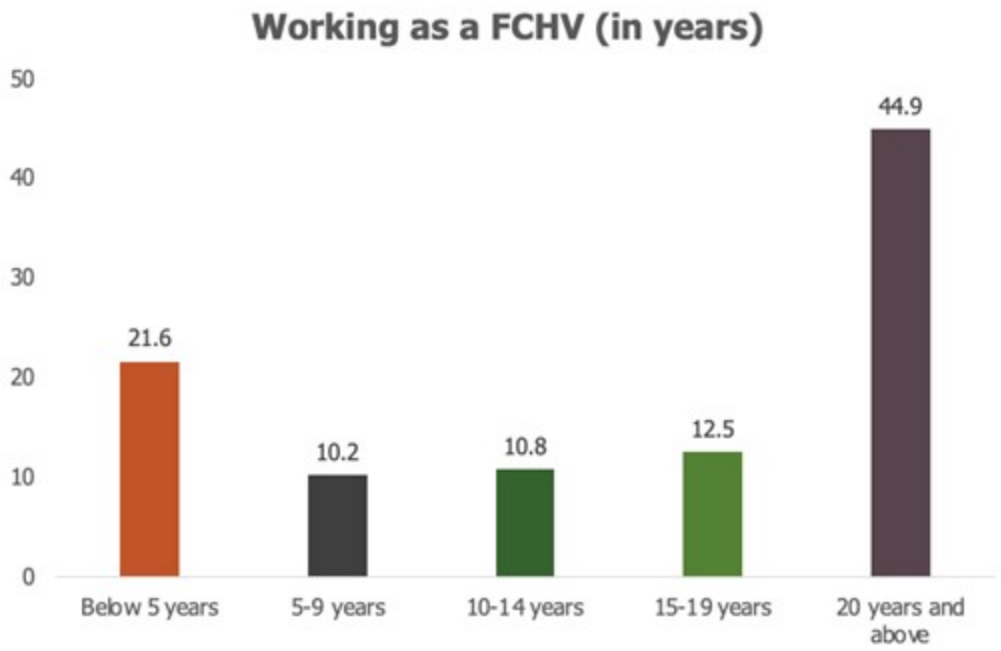
- Condoms are the predominant commodity distributed by FCHVs

Background characteristics of FCHV



Mean (SD) years	43.9 (8.9)
Median	45.0
Min-Max years	25-59

Background characteristics of FCHV



Mean (SD)	15.8 years (10)
Median	18 years
Max	35 years

Core Components:

Choice (Methods)

Technical Competency

Supervision

Referral

Documentation

FCHV readiness standard: Choice

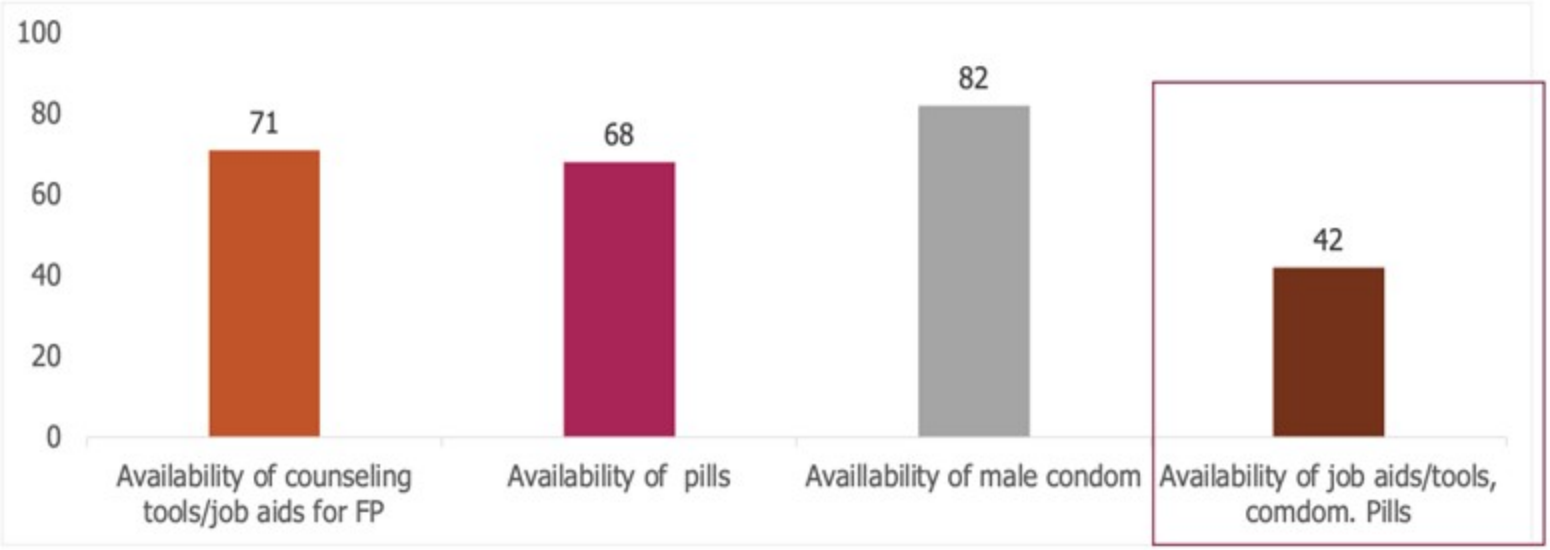
CHOICE: FCHVs are appropriately equipped with counseling materials, supplies, equipment, and methods to fulfill their roles.

- FCHVs have **counseling tools/job aids** (observed or reported available).
- FCHVs have all the **methods** they are authorized to distribute (observed or reported available, at least one not expired of each) on the day of the assessment.

Contextualization: List of methods based on national guidelines for each country:

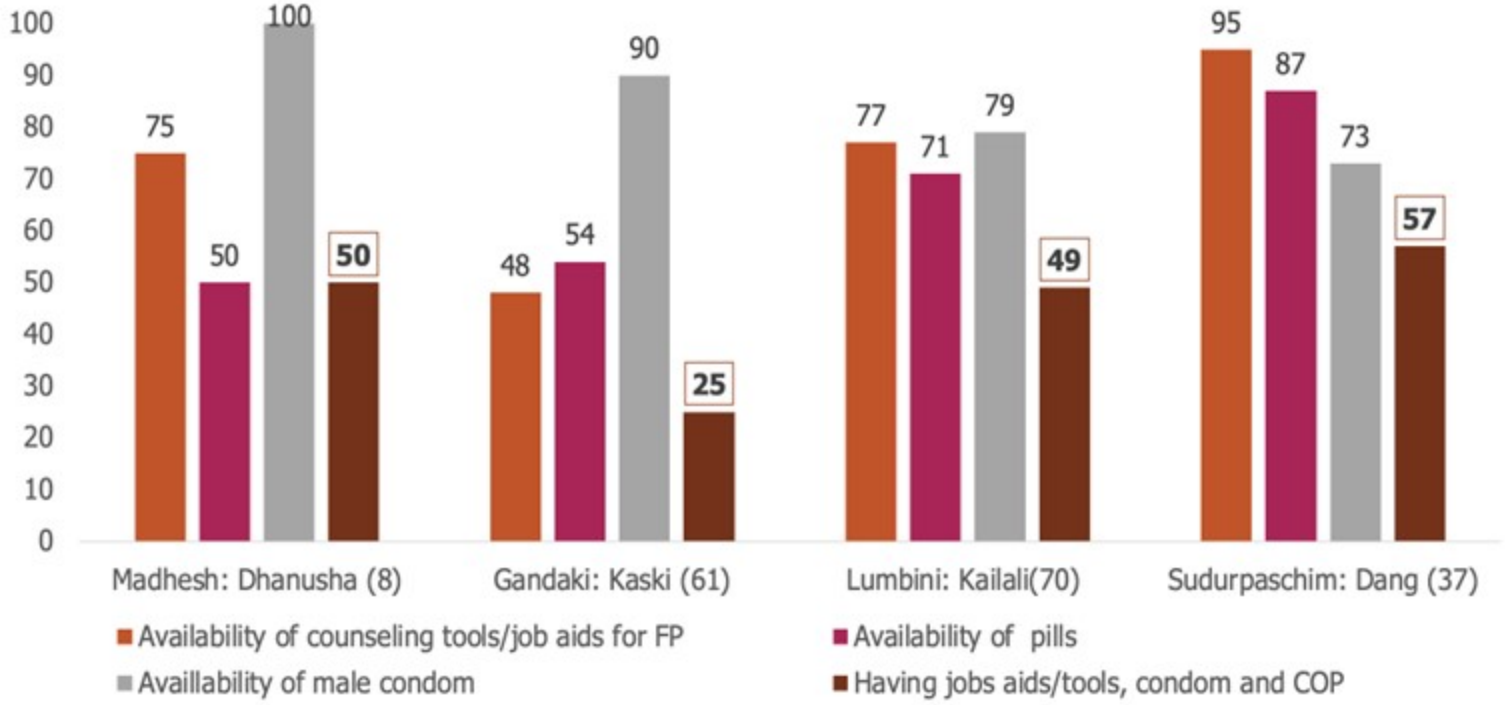
- Nepal: *Combined oral contraceptives (COC), male condom*

Choice: Availability of commodities



% FCHVs with availability of counseling tool/job aids about FP and availability of all contraceptive commodities (n=176)

Choice: Availability of commodities



% FCHVs with availability of counseling tool/job aids about FP and availability of both contraceptive commodities by province

Core Components:

Choice
Technical Competency (Training)
Supervision
Referral
Documentation

FCHV readiness standard: Technical competency

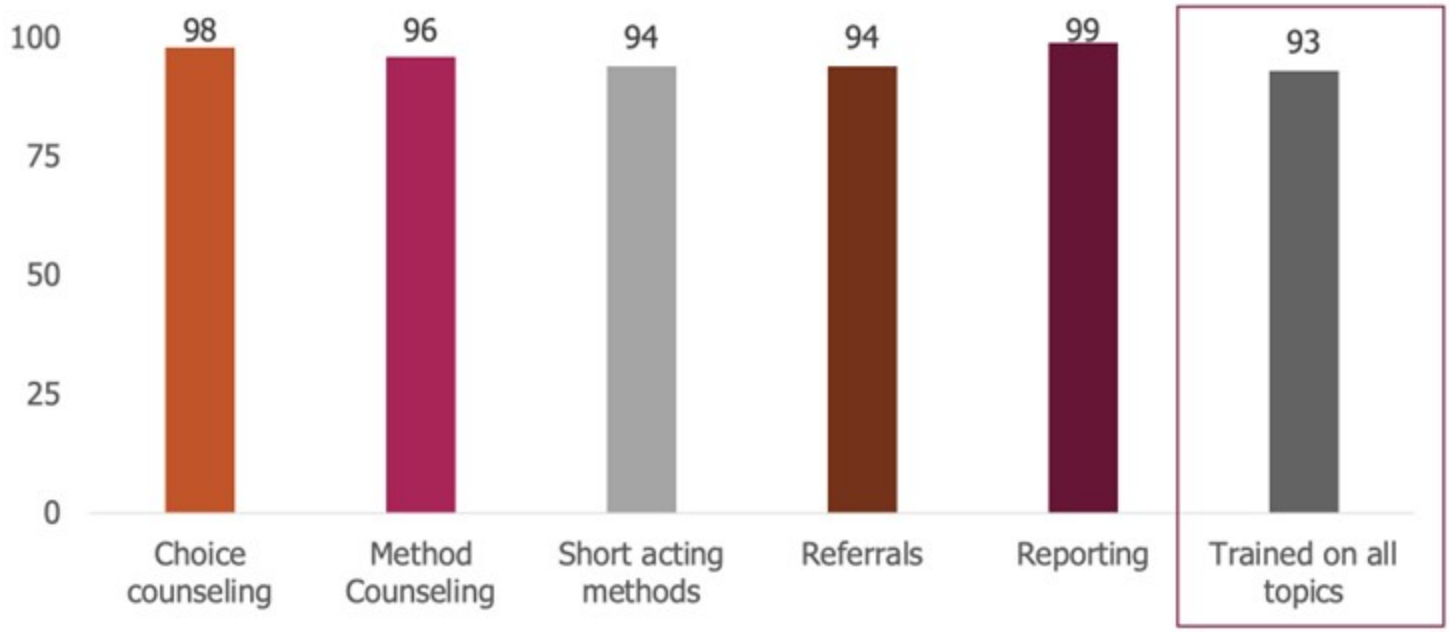
TECHNICAL COMPETENCY: FCHVs have received training and achieved competency in the delivery of counseling, service provision and referral.

- FCHVs have been **trained** on all topics.
- FCHVs reported being **confident** in their ability to carry out corresponding tasks.

Contextualization: List of topics based on national guidelines for corresponding FCHV cadre in each country.

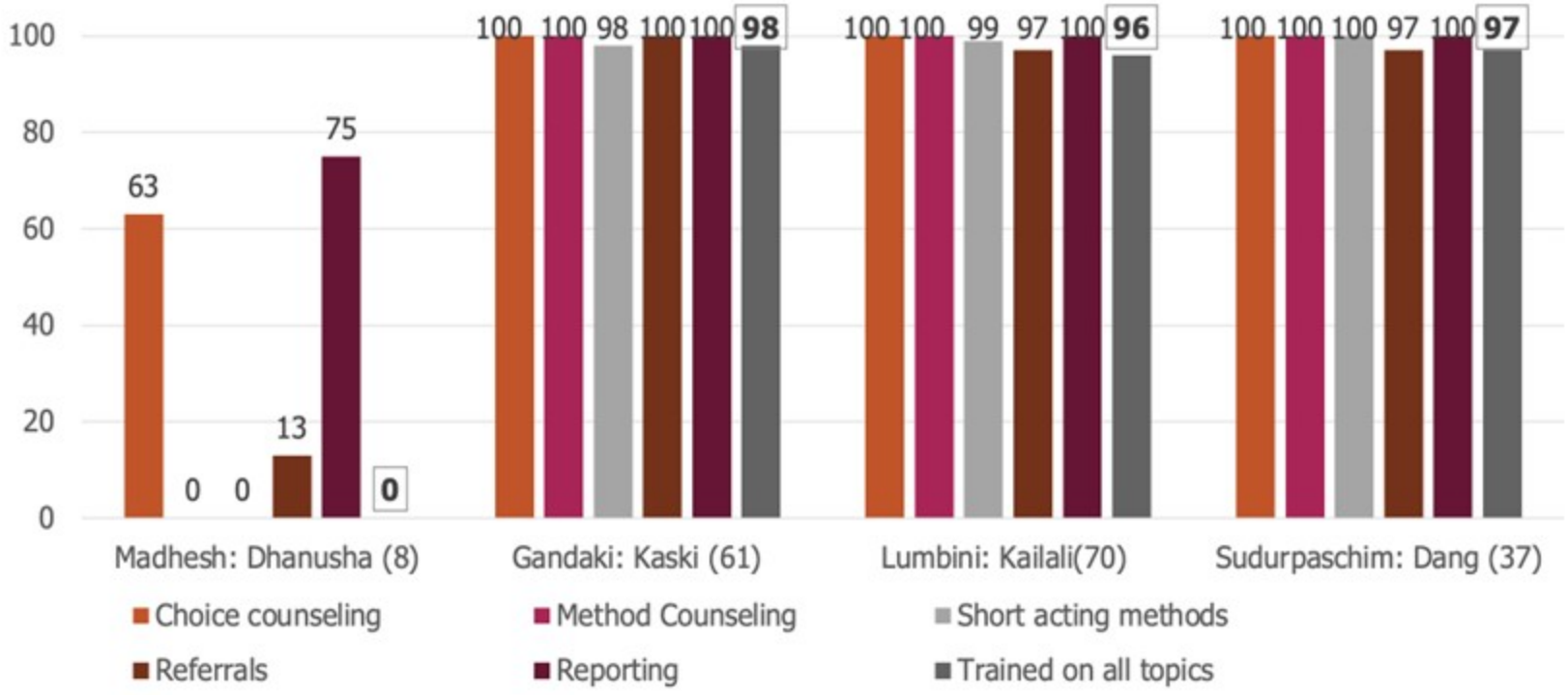
- *Client-centered counseling for method choice;*
- *Family planning counseling, including side effects;*
- *Short-acting methods and follow up for resupply;*
- *Referring clients for methods not provided;*
- *Data collection, registers or reporting.*

Training: Results by topic



% FCHVs trained on topic

Training: FCHVs trained by province



% of FCHVs trained on FP-topics by province

Core Components:

Choice
Technical Competency
Supervision
Referral
Documentation

FCHV readiness standard: Supervision

SUPERVISION: FCHVs receive regular and as-needed supportive supervision.

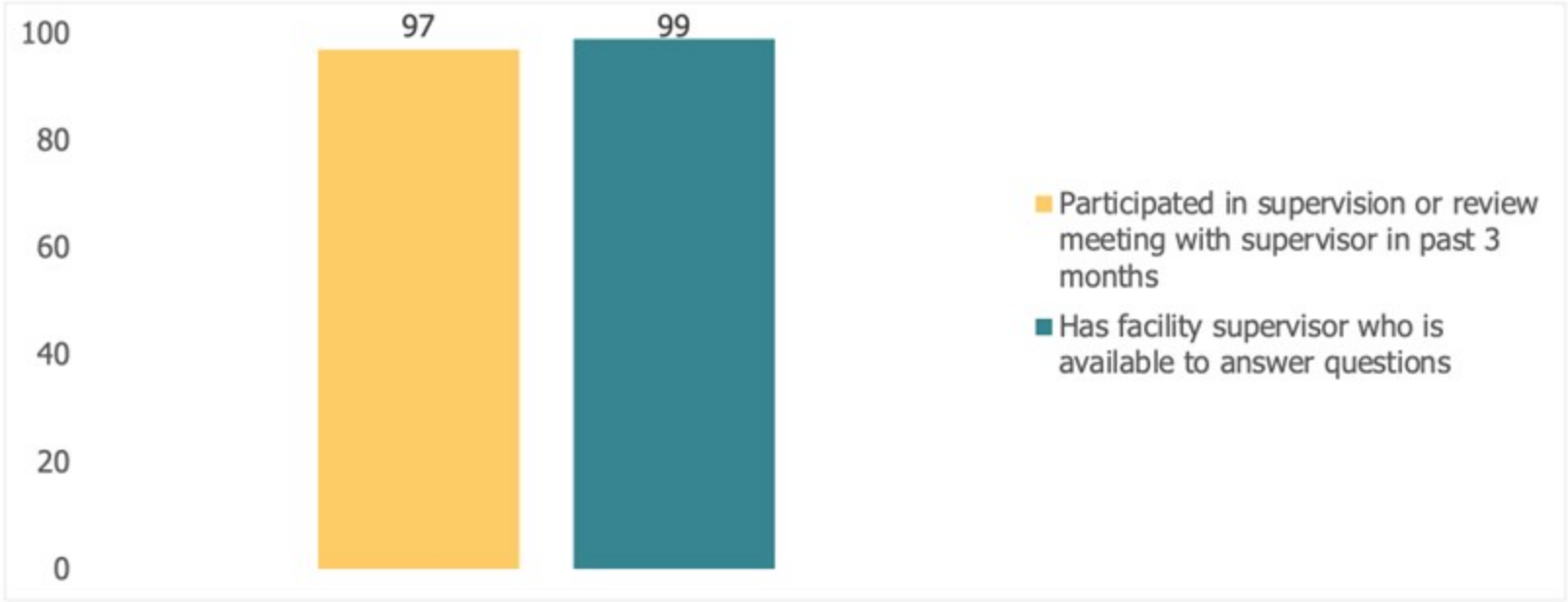
- FCHVs have participated in a **supervision or review meetings** with their primary supervisor OR have attended a **meeting at the health facility** with other FCHV about their FP work **in the past 3 months**.

  AND

- FCHVs are attached to a **supervisor** AND the supervisor is available to **answer their questions**:
  - Mentor from health facility.
  - Mentor or supervisor with an organization outside of a health facility.

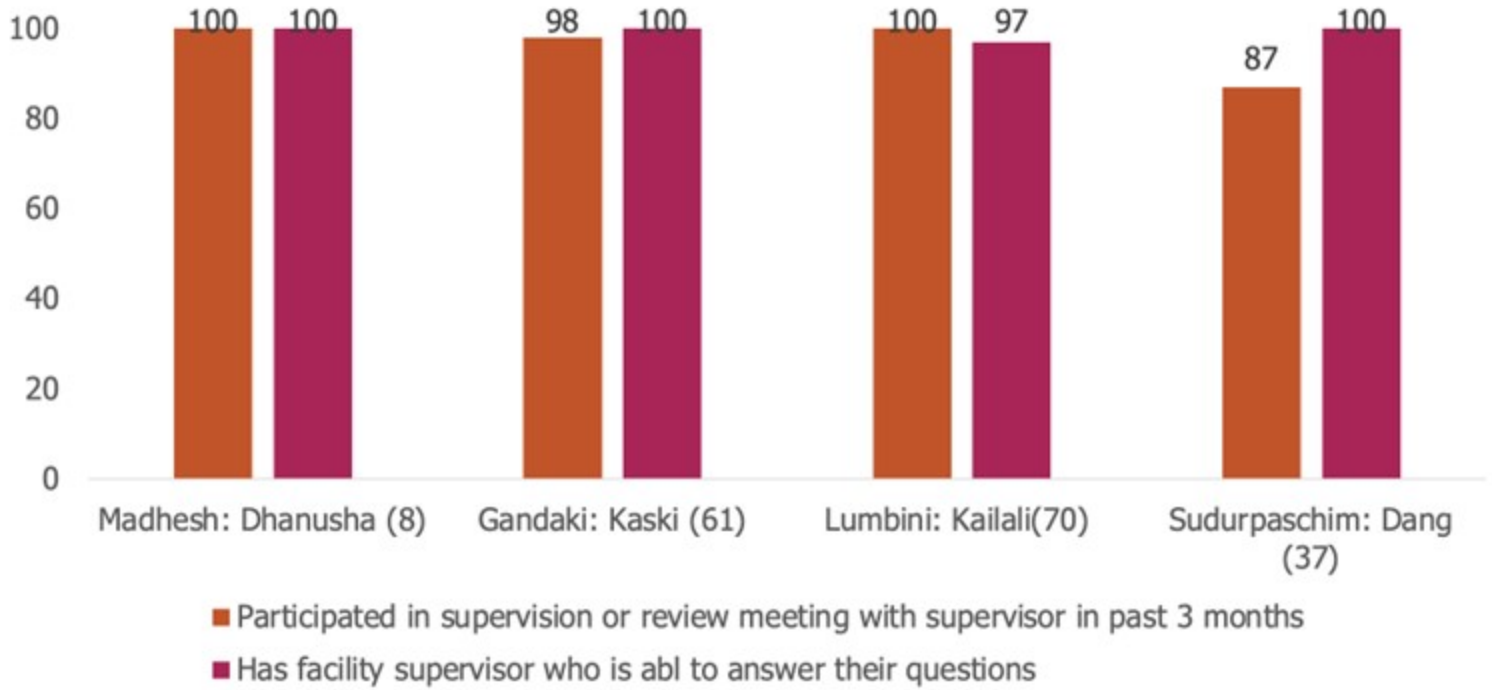
Contextualization: This measure is harmonized across countries.

Supervision: Supervision and review meetings



% FCHVs participated in supervision review meeting and adjoined with supervisor

Supervision: Supervision and review meetings by province



% of FCHVs attached participated in review meetings and adjoined with supervisor

Core Components:

Choice
Technical Competency
Supervision
Referral
Documentation

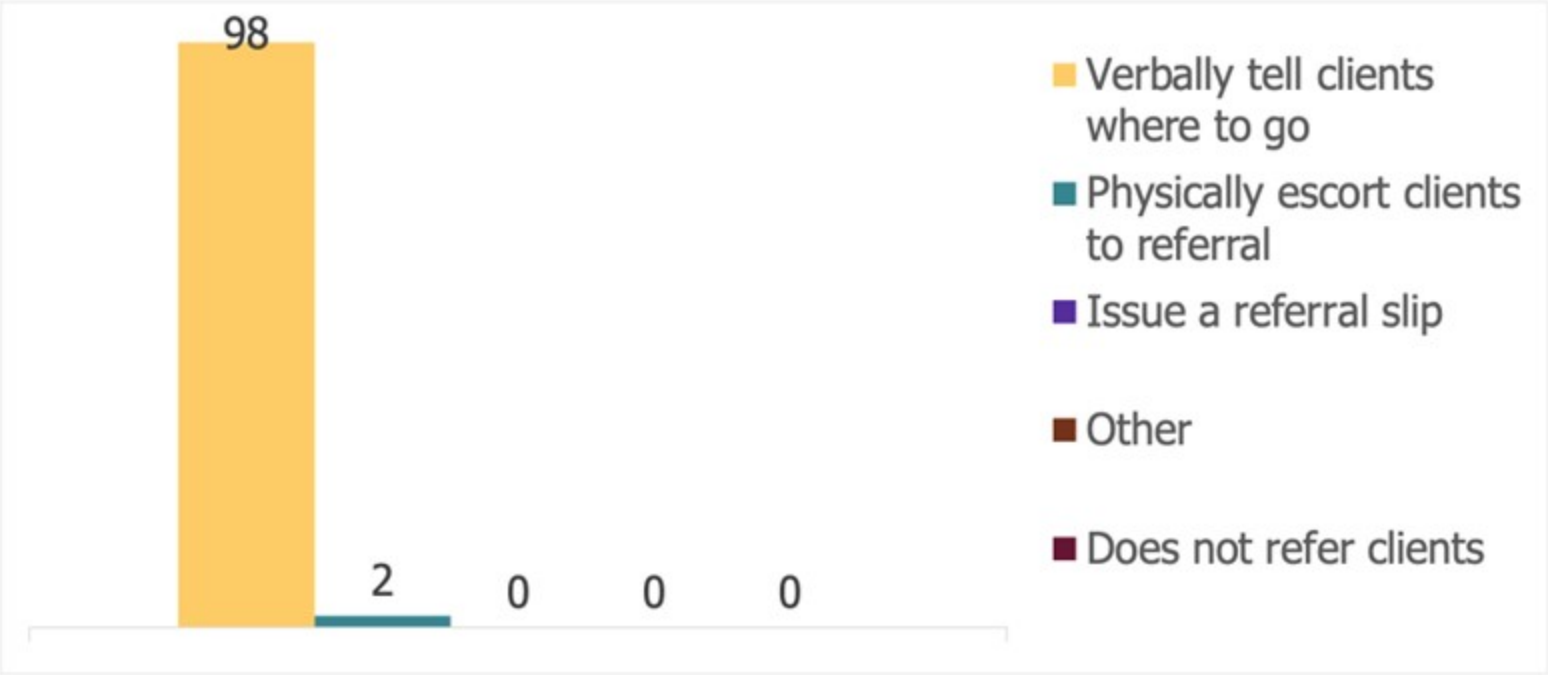
FCHV readiness standard: Referrals

REFERRALS: FCHVs report that a mechanism exists and is in use for referring clients for family planning services that they cannot provide.

- FCHVs **knows where to refer** clients for family planning methods they do not offer or do not have in stock.
- FCHVs report using a **specific referral mechanism,** other than verbal referrals.

Contextualization: This measure is harmonized across countries.

Referrals: Main results



% FCHVs referred using specific mechanism

Core Components:

Choice
Technical Competency
Supervision
Referral
Documentation **(Documentation and Reporting)**

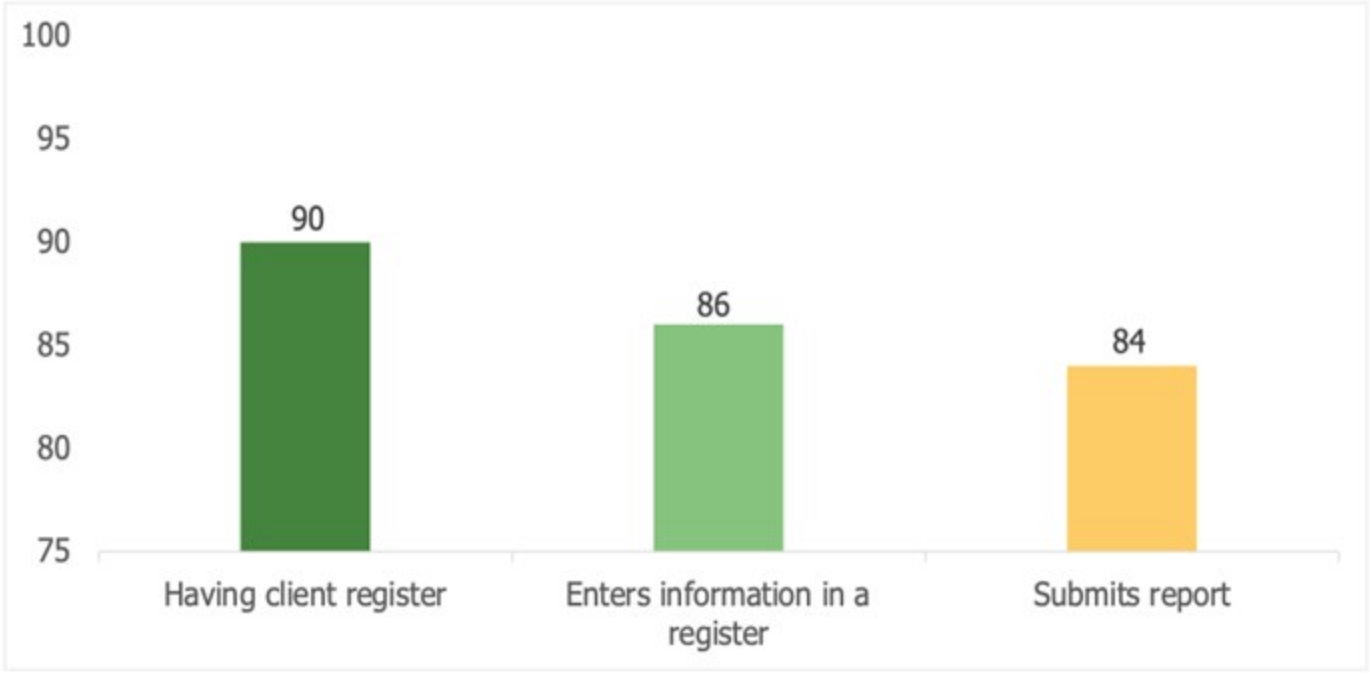
FCHV readiness standard: Documentation

Documentation: FCHVs document and report indicators relevant to the family planning services they provide and monitor commodities.

- FCHVs keep a **register** and (any) information has been entered in the last month (observed).
- FCHVs report **submitting reports** on family planning services to any authority.

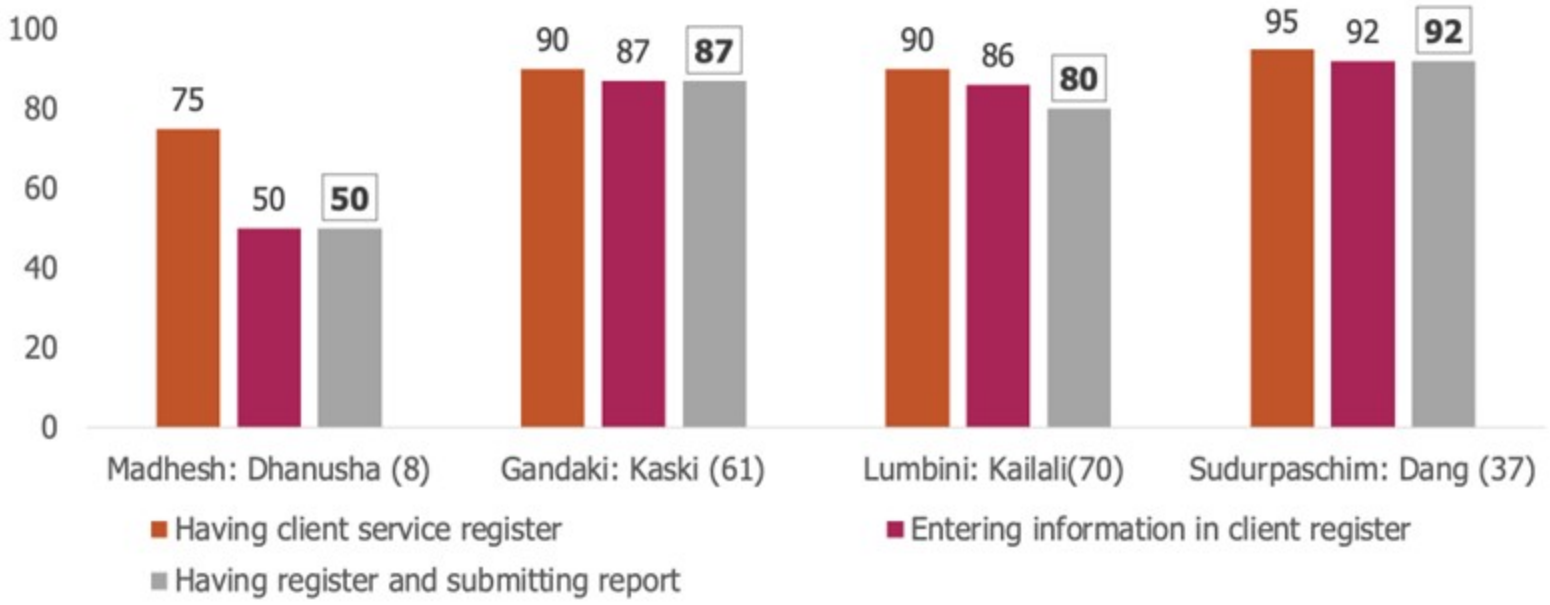
Contextualization: This measure is harmonized across countries.

Documentation & Reporting



% FCHVs meeting standard (n=176)

Documentation & Reporting by province



% FCHVs documentation and submitting report (n=176)

FCHV Readiness Standards: Result Summary

Key implementation component	Definition	Percentage of FCHVs meeting the standard (N=176)
Choice	1. Availability of tools/job aids for counseling clients about FP	70.5%
	2. Availability of all contraceptive commodities	57.4%
	➢ **FCHVs meeting both standards**	**42%**
Technical competency: Trained and Competent	1. Provider received training in all FP topics	92.6%
	2. Provider confidence in ability to provide FP services to clients	84.1%
	➢ **FCHVs meeting both standards**	**79.5%**
Supervision*	1. Provider attached to a mentor or supervisor in the facility who is available to answer FP questions	98.9%
	2. Provider attached to a mentor or supervisor outside of the health facility who is available to answer FP questions	12.5%
	➢ **FCHVs meeting both standards**	**98.9%**

**Providers could report mentors or supervisors both within and outside of the health facility.*

FCHV Readiness Standards: Result Summary

Key implementation component	Definition	Percentage of FCHVs meeting the standard (N=176)
Referral	Referral mechanism exists for services FCHVs cannot provide	**100%**
Documentation	Adequacy of monitoring, reporting and tracking: Register reported or observed that collects locally relevant information	**50.6%**
	Community engagement to recruit FCHVs	**94.4%**

De-Limitation/Limitation of the study

De-Limitation

- The study delimitated the eligible health facilities having at least 10 registered FCVHs. FCHVs were taken from randomly selected 21 HFs only.

Limitation

- The study followed cross-sectional study design
- Represents a single point in time; does not reflect change over time.
- The study is not nationally representative

Key takeaways (FCHVs)

- Only 42% of FCHVs had male condom, pills and tools/job aids. This percentage was lowest for Kaski at 25%.
- Almost all of the FCHVs had received training related to FP counseling and methods, except in Dahnusha.
- Almost all of the FCHVs were connected with supervisor to address their concerns and had participated in review meetings recently
- The referral by FCHVs was prominently done orally as unavailability of any specific mechanism for referral
- Majority (84%) of the FCHVs submitted reports to respective health facilities.

Q&A/Discussion

- Any questions?
- Does this data suggest the need for further exploration of any aspect of HIP implementation? If so, what?
- Reactions to this methodology:
  - Could/should it be replicated in the future? When, how, by whom?
- Recommendations for next steps?

Thank You

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