

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

23-24 SEPTEMBER, 2024

SUPPORTED BY:



ORGANIZED BY:



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

USAID MOMENTUM Private Healthcare Delivery Nepal

Implementation Insight: Advancing Private Sector Engagement and
Public Private Partnership on Family Planning

Photo caption: Young women attending community event discussions about reproductive health aimed at providing information that helps them make informed choice about their reproductive and sexual lives and linking them with trained providers.

Photo credit: Angad Dhakal/MPHD Nepal

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Presentation Layout



Country Context/ Policy and Legal Environment for Public Private Partnership and gaps in policies

USAID MPHD Overview

Approach and Interventions

Achievements

Advancing Engagement with Public Sector

Implementation Challenges

Take Aways

Country Context

High unmet need among adolescents and youth (Nepal DHS, 2022)

Unmet need among married women **highest among women aged 15-19 at 30.9%**; for 20-24 years **29.1%**, 24-29 years **23.5%**

Private Sector an important source (Nepal DHS, 2022)

23% of FP services are from private sector (Nepal DHS, 2022)

Private sector main source for **68%** of male condoms and **49%** of pill users

Many **young people prefer private sector** for FP services *

*Sherpa Lhamo Yangchen, Rebecca Husband, Amanda Kalamar, and Ginger Johnson. 2019. Mapping the FP consumer journey for youth in Nepal. Washington, DC, USA: Population Services International.

Policy and Legal Environment: Public Private Partnership

- The constitution of Nepal 2015
- Public-Private Partnership (PPP) Policy 2015
- Local Government Operation Act 2017
- Public Health Service Act 2018
- PPP and Investment Act 2018
- National Health Policy 2019
- Nepal Health Sector Strategic Plan 2023-2030
- Approach Paper of the 15th Development Plan 2019-2024

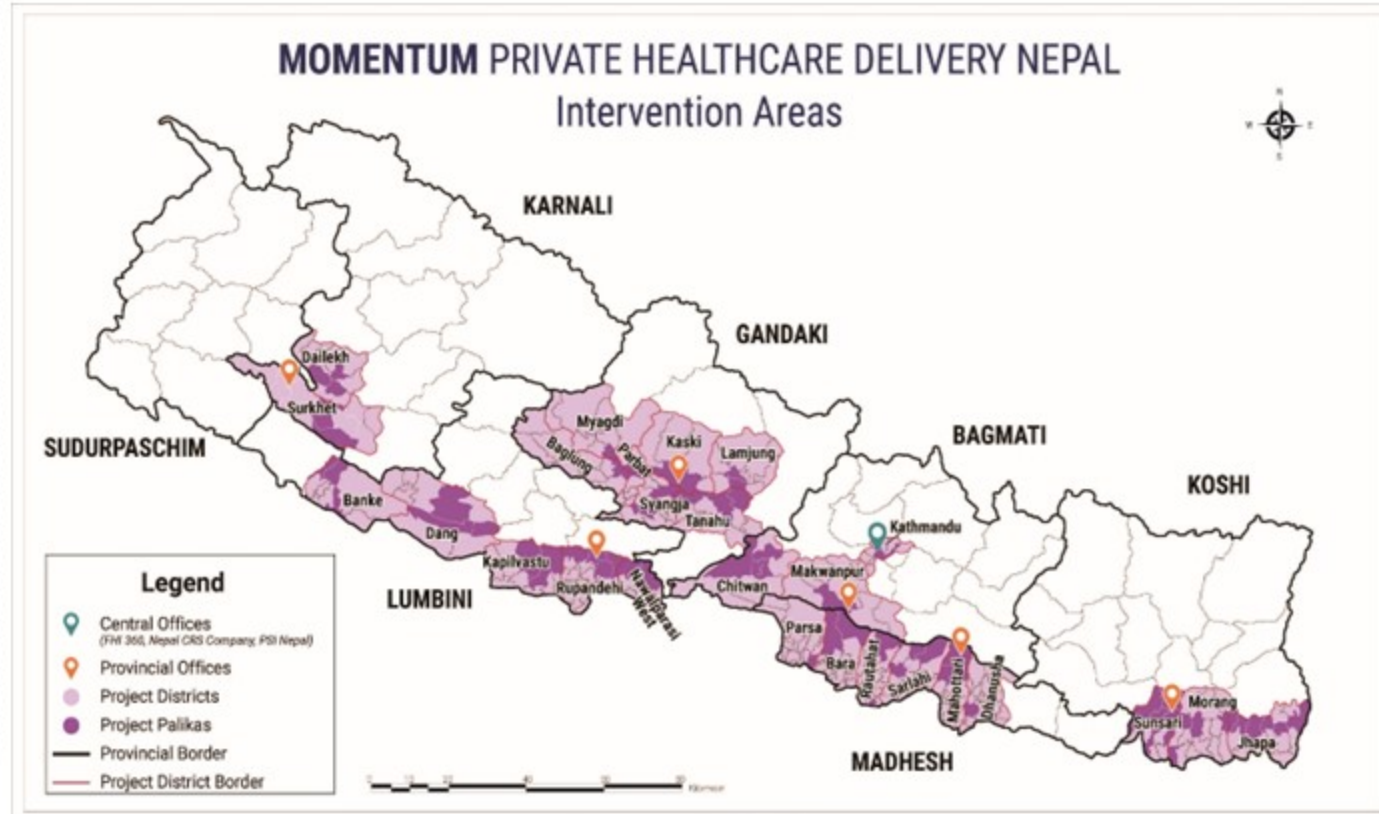
Gaps in Policies and Challenges Faced by Private Health Sector

- Regulatory Mechanisms/Frameworks
 - **May not meet the specific needs** of the private health sector
 - **Limited uptake of guidelines at local level** for registration, licensing and renewal of private health institutions
- **Constructive consultation and engagement** with private health sector in policy making process
- **Monitoring and inspection practices- No uniform approach** within the various regulatory agencies
- **Limited access to information** (revised regulatory standards, new requirements, reporting to HMIS) and **training**

MOMENTUM Private Healthcare Delivery (MPHD) Nepal

Goal:

Improve the **technical capacity and business acumen of private sector health facilities** and sustain the availability of high-quality FP services



829
pharmacies/
polyclinics/
hospitals



6
Provinces

67
Municipalities



Project period

May 2021- March 2026



Partners

FHI 360, PSI Nepal, Nepal CRS Company

MPHD Private Sector FP Approach and Transitions

MPHD Nepal Private Sector FP Approach

PREPARATORY STAGE

Technical Adolescent FP Capability

ASRH, VCAT, Eqpt support, DMPA (*Sangini*)*

QA/QI Approaches

Plan-Do-Study-Act/client centered orientation

Data Systems

Client feedback, client data, QA/QI data system, Bus. Skills

Business Acumen

BST, HFIDG

INTENSIVE STAGE *Transition* →

12 months; 4hrs/month/facility

Coaching/Mentoring/Monitoring Visits

- Assess, monitor & review data system dashboards
- Develop/update action plans
- Coach/mentor against plans

Monthly Provider Cluster Meetings

Targeted Community Mobilization Event (1x facility)

MAINTENANCE STAGE *Transition* →

12 months; 4hrs/quarter/facility

Coaching/Mentoring/Monitoring Visits

- Assess, monitor & review data system dashboards
- Develop/update action plans
- Coach/mentor against plans

Quarterly Provider Cluster Meetings

Targeted Community Mobilization Event (2x facility)

CHECK-IN STAGE

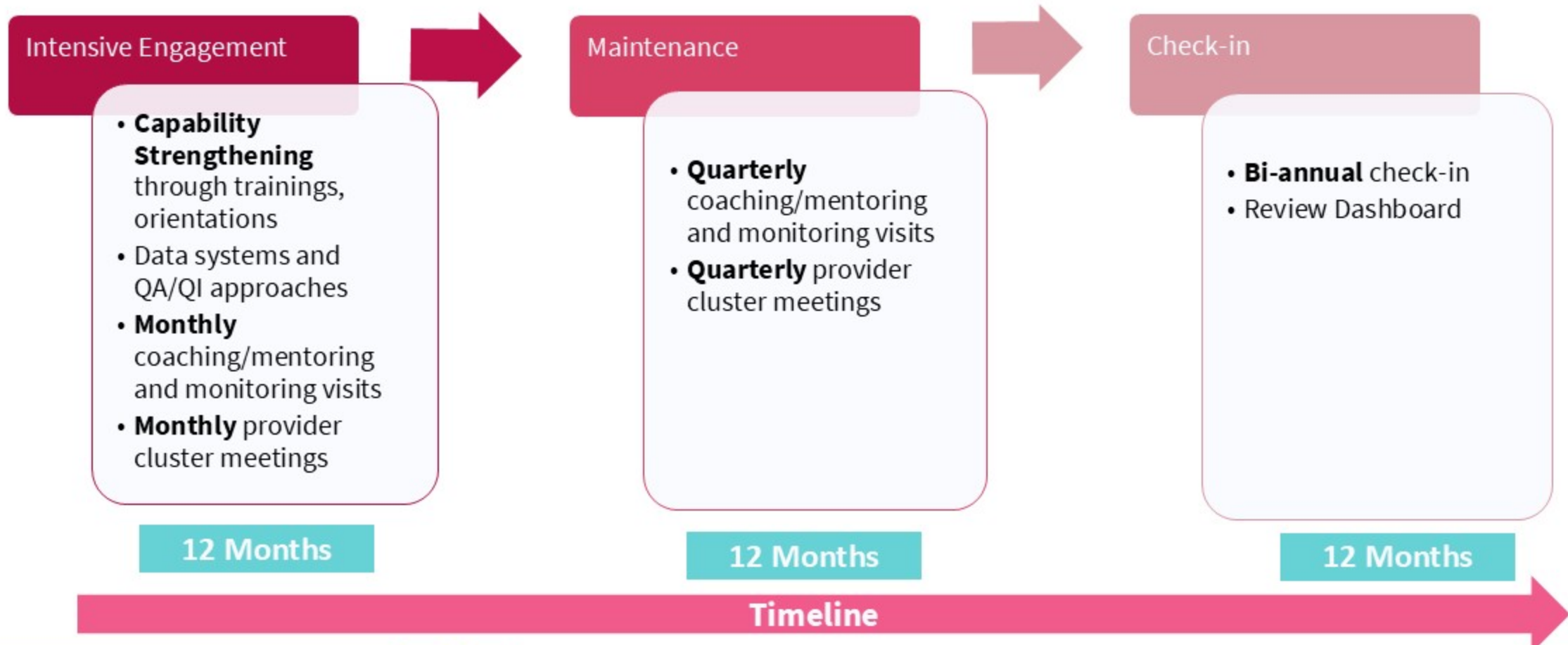
Bi-annual check-in

Review Dashboards

Success:  High quality adolescent family planning services sustained in the private sector

**for eligible providers*

Approach: Using a staged implementation approach that reduces the intensity of intervention over time





Project Interventions

Project Interventions



FP/RH Training to Service Providers (GoN basic ASRH, DMPA- IM, VCAT)



Rolled out QA/QI intervention, supplemented by Whole site orientation, coaching



Rolled out Simple Tally-Based Recording Tool and data dashboards for SDPs



Rolled out Online Client Feedback Mechanism



Review meetings with Provincial/Municipal authorities



Business skill training including facility-initiated demand generation skills

Digital Interventions for Data management/Quality FP Service



Mero Data (DHIS2)

- **FP Service Data**

Gunastar Sewa (locally developed web-based application):

- **Quality Assurance/Quality Improvement (QA/QI)**
- **Client Feedback**
- **Monthly Monitoring**



Initiated data collection and reporting from SDP level



Prompted data-based decision making using simple dashboards



Supported improved quality of FP services

Achievements: MOMENTUM in Numbers (Oct 2023-Aug 2024)



30K+

People Reached with information on FP so that they can make informed decisions about their sexual and reproductive lives.

1K+

Private Sector Providers Trained

- Adolescent Sexual Reproductive Health: **1,054**
- Sangini/Injectable: **1,063**
- Implant: **24**

50+

Private Providers Trained in Health Management Information System (HMIS)

As a result **43** private health facilities are reporting service data and **500+** private health facilities and pharmacies report FP data into the national system

864

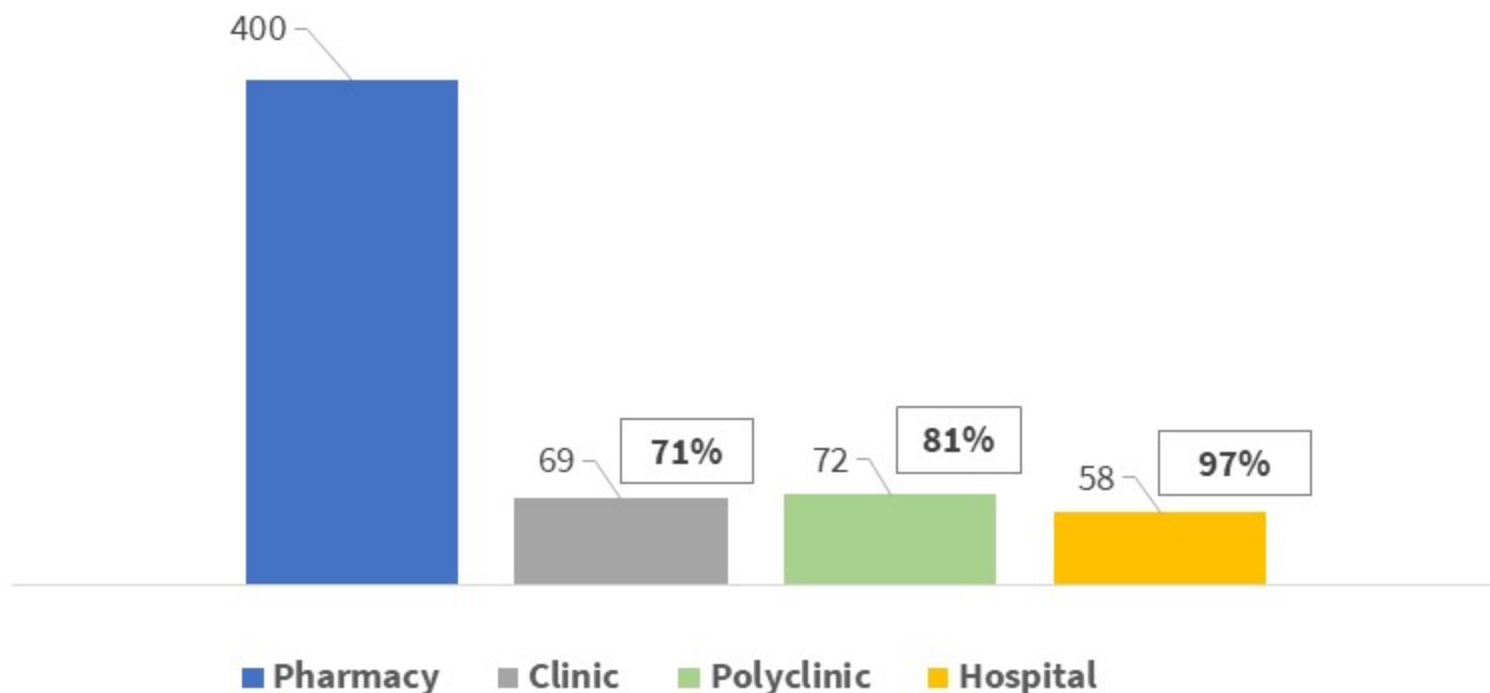
Private Providers/Owners Trained in Business Skills

All 800+ private sites engaged with the project carried out health facility-initiated demand generation activities in FP and reproductive health.



FP Service Reporting Status (Oct 2023-Aug 2024)

SDPs reporting FP service to Municipality



Out of the total project-supported hospitals and polyclinics **41% are self reporting into DHIS2**
Hospital: 57%
Polyclinic: 30%

Quality Improvement Assessment (Oct 2023- Aug 2024)

Performance of SDPs stratified by color coded score in quality assessments

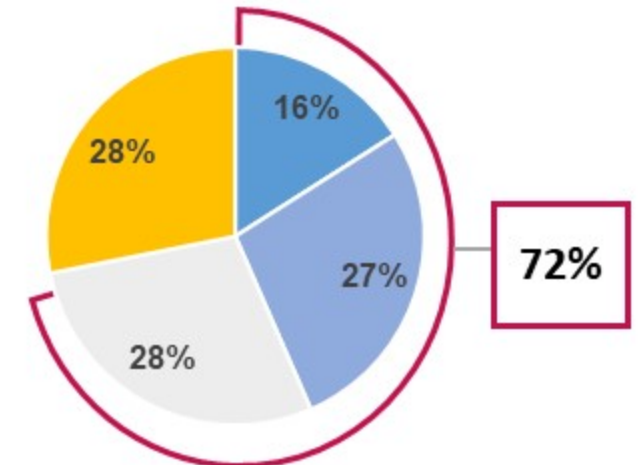


Client feedback received

Total responses received: **80,978**

Feedback for FP services: **59%**

Total responses disaggregated by age



- 15-19 years
- 20-24 years
- 25-29 years
- 30 years and above

Advancing Engagement with Public Sector

EARLY CONSULTATIONS DURING PROJECT INITIATION

All three tiers consulted during project initiation to include government priorities where possible. Municipal governments consulted during municipality mapping and selection.

ENGAGEMENT WITH PROVINCIAL AND LOCAL AUTHORITIES

Regular data reflection meetings to review service data from private sector, joint monitoring visit to private facilities, RDQA, LARC onsite-coaching



PROVIDER CLUSTER MEETINGS

Municipal level reviews that include municipal cluster of providers and municipal representatives for public-private interaction and dialogue.

DATA INTEGRATION

55 private providers trained in HMIS and 61% of project-supported SDPs are reporting FP service data regularly to municipal government.



Implementation Challenges and Take Aways

Implementation Challenges

- **Drop out** from project-engagement-7%
- Frequent **changes in the type** of health facility (e.g., Polyclinic to clinic, hospital to polyclinic, clinic to pharmacy)
- Some **quality standards of counselling fell** as intervention intensity reduced
- **Attrition of trained providers** (10% and reduced intensity may result in increase)
- LARC: **Commodity Management**; Post-training onsite coaching
- Health care **waste management beyond SDPs**



Take Aways



Large clients from private sector going **unreported** into the national system



Private sector providers have shown **improvement in attitude toward adolescents and unmarried clients**



Private owners/providers have shown interest and potential in carrying out demand generation activities



Private sector is **not interested in requirements that are burdensome** and/or there is **no incentive for them to adhere to**



With **business value proposition and support** (trainings, coaching), private sector exhibits potential for client centered **quality health service delivery and regular reporting**



Simplified registration/renewal processes can encourage private sector and support them to engage and regulate



Thank You

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