Health Facility Assessment of Availability of Different Modern Family Planning Methods in Four Districts of Nepal

Diksha Khadka1*, Minal Amri2
1 Population Services International/Nepal
2 Freelancer

1. BACKGROUND

Family planning is a priority health area of the Government of Nepal. By end of 2015, all public sector district hospitals and primary healthcare centers (PHCCs) and 60% of health posts (HP) are required to offer at least five modern methods of contraception. PSI/Nepal’s Women’s Health Project, in supporting Ministry of Health and Population (MoHP) to achieve this national goal by strengthening the existing public facilities service delivery system and supporting to increase the use of long-term family planning methods in the public sector. With the purpose of measuring the existing public sector family planning service delivery system, PSI/Nepal conducted a baseline assessment that gauged the availability and functionality of essential infrastructure, number and training status of providers; quality and quantity of essential equipment, supplies and commodities; and status of service provision.

Picture: Service provider giving family planning counseling to client in district hospital

2. STUDY QUESTIONS

- What is the current situation of family planning services at public health facilities?
- Do the health facilities have all the FP commodities and equipment available for smooth functioning of services?
- Are there human resource trained in family planning service at public sector health facilities in Nepal?

3. METHODOLOGY

The study comprised of general health facility assessment, review of family planning records, and interviews with health facility in-charge using a semi-structured questionnaire. The study was conducted in four districts of Nepal (Dhankuta, Ilam, Surnari, and Udayapur) in the month of August - September, 2015. The survey tools were developed by PSI/Nepal in consultation with the Family Health Division at the Department of Health Services that includes characteristics of health facility, service provision, human resources, inventory of commodities and equipment. The sampling frame included all public sector health facilities at the level of a district hospital, primary healthcare center (PHCC) or health post (HP) in four districts of the eastern development region of Nepal. The lowest level of health facility in the public sector health structure – the sub health post – was excluded from the survey.

Following joint consultation with each of the four District Public Health Office (DPHO), the survey team conducted facility assessments in a total of 84 health facilities, including 5 district hospitals, 13 PHCCs, and 66 HPs. Frequency tables were produced and cross-tabulation made based on defined indicators.

4. KEY FINDINGS

The survey revealed that the availability of supplies, commodities and essential functioning infrastructure for voluntary family planning services varied both by type of facility and district. Most of the facilities had adequate light source, availability of water and soap, separate room for counseling. All the facilities had separate room for clinical examination and procedure and a few facilities had separate toilet for client and staff and separate instrument processing room and autoclaving area. All surveyed facilities offered short-term methods (STMs) while the availability of long acting reversible contraception (LARC) and permanent methods differed according to the level of health facility (Table 1). Only one quarter of facilities offered at least five methods of modern family planning.

Table 1. Availability of Basic Infrastructure in the Health Facilities by Districts

<table>
<thead>
<tr>
<th>Basic Infrastructures</th>
<th>Availability of Facilities by Districts (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dhankuta (n=21)</td>
</tr>
<tr>
<td>Separate room for clinical examination and procedure</td>
<td>100</td>
</tr>
<tr>
<td>Separate room for counseling</td>
<td>100</td>
</tr>
<tr>
<td>Functioning Toilet</td>
<td>90</td>
</tr>
<tr>
<td>Separate toilet for clients and staff</td>
<td>48</td>
</tr>
<tr>
<td>Separate instrument processing and sterilization</td>
<td>57</td>
</tr>
<tr>
<td>Waste disposal management</td>
<td>90</td>
</tr>
<tr>
<td>Availability of water and soap</td>
<td>100</td>
</tr>
<tr>
<td>Adequate light source</td>
<td>100</td>
</tr>
</tbody>
</table>

5. KNOWLEDGE CONTRIBUTION

LARC services were available in limited health posts and primary health care centers. Lack of trained and competent providers and inadequate equipment (IUCD and implant insertion and removal kit) were identified as the major constraints to deliver the family planning services.

Therefore, efforts should focus on building and strengthening human capacity at health facilities, primarily those closer to the community such as health posts. Also it needs to ensure the availability of equipment through improved supply chain mechanisms. This will help to expand and improve the access of LARC services to the people.

Based on the assessment findings PSI and its partners organizations have integrated family planning services in public health facilities to deliver health care services in a more efficient, sustainable and client centered way. PSI/Nepal will access the uptake of quality of LARC services from these facilities by next year.

* Correspondence to: dikshabasnyat@psi.org.np

Figure 1: Map of Nepal showing the surveyed districts

Figure 2. Availability of Trained Service Providers for LARC Service: All the providers are trained on IUCD and implant based on the national government protocol. The total package of the training is eight days.

Figure 3. Family Planning Services by Type of Health Facilities

Both Long-Acting Reversible Contraception (LARC) methods were offered only at all district hospitals and just over a half of PHCCs and Health Posts offered either IUCDs (49 out of 84) or Implants (45 out of 84) with only 22 providing both services. Breaking down by type of facility, IUCD and Implants were available at all district hospitals while at PHCCs, 6.3% offered IUCD and 48% offered Implant, and at HPs, 51% offered IUCD and 29% Implant. Forty-five (53.5%) of facilities assessed had emergency contraception (EC) tablets available but only 36 (43%) facilities mentioned offering EC service. Male and female sterilization were only available in four district hospitals out of five.

Reasons that LARC services were not available included lack of trained providers, and of related equipment. Out of 243 providers available in the surveyed facilities 21% were trained on implant (88% of these provided services) and 30% on IUCD (77% providing the service). The availability of IUCD and implant insertion and removal equipment was 48% and 36%, respectively.