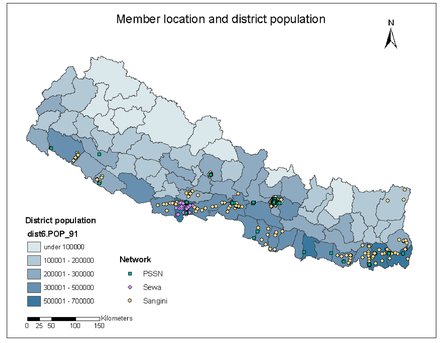
PROVIDER NETWORKS AND QUALITY OF CARE FOR REPRODUCTIVE HEALTH SERVICES IN NEPAL

Dominic Montagu[1], Ndola Prata[2], Robert McPherson[3], Anand Tamang[4]

1. Institute for Global Health, UCSF 2. UCBerkeley School of Public Health 3. Private Consultant 4. Center for Research on Environment Health and Population



ABSTRACT

In order to determine current practices and client expectations for reproductive health services we conducted a study of the activities of three health networks in Nepal between February and June 2003. A total of 1,282 providers, 1,374 client exit-interviews, 1069 household interviews, and 511 mystery client surveys were conducted.

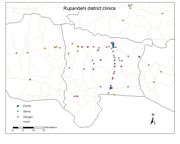
Quality of care varies by both the training level of provider and the status of providers, with networked providers giving more appropriate care and consultation in a number of critical areas. Prices are aligned with provider level of training, but are not linked to quality of care within provider levels. Clients are not price sensitive, and report provider selection primarily based upon perceived or expected quality of care.

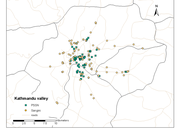
NETWORKS

The Sangini network consists primarily of pharmacists, trained in the provision of depo-provera, branded in Nepal as 'sangini'. They operate in 44 districts, with a total of 1256 outlets as of June 2002.

The SEWA ('service' in Nepalese) network consists of nurses and paramedics in Rupandehi district, trained in a range of family planning and ante-natal care services, including provision of injectables and insertion of IUDs. As of 2003 there were 64 SEWA providers active, all in Rupandehi.

PSSN is a network of 167 GPs and obstetrician/gynecologists involved in family planning service provision.





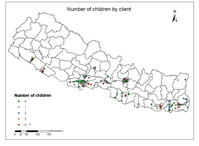
The networks are distributed across 22 districts as shown in the national map. Highest densities are in Rupandehi and Kathmandu.

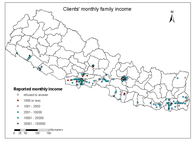
CLIENTS

Network provider clients were relatively young (average age between 27 and 28). More than half of them reported Nepali as a mother language and the vast majority of them were married. As indicated in the maps on the left parity, wealth, and education follow parallel declining trends from urban PPSN clients to rural Sangini clients.

Demographic characteristics of the clients (client exit interviews women 15-45)

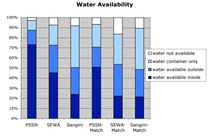
Characteristics	Network Provider		
	PSSN	SEWA	SANGINI
Marital status			
married	95.0	91.5	87.3
never married	3.7	5.1	10.6
other	1.3	3.4	2.1
Mean age (Std)	27.3 (7.0)	28.3 (7.3)	27.9 (7.9)
Mother language			
Nepali	55.6	67.3	60.1
Newari	19.5	2.6	8.0
Tharu	2.1	17.1	6.8
Other	22.8	23.1	25.2
Average number of children (Std)	1.3 (1.3)	2.3 (1.4)	2.2 (1.4)
% not wanting more children	41.7	71.0	70.1
% literate	12.9	38.5	27.1
Average monthly income (min - max)	9927.4 (600-72000)	7970.0 (200-60000)	6612.4 (200-100000)
Main source of drinking water			
piped into residence/yard	62.7	33.3	40.5
tubewell	24.5	59.0	39.4
public tap	9.0	6.0	12.0
well in residence/yard	0.8	1.7	1.6
other	2.5	0.0	6.6
Number	241	117	711

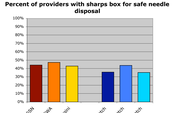


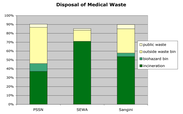


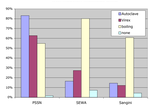
QUALITY: *Facilities*

Less than one half of all providers have a 'sharps box' for the safe disposal of used needles. Most providers dispose of medical wastes in public waste bins. 10% of SEWA providers do not report any means of sterilizing instruments.









QUALITY: *Mystery Clients*

Two scenarios were developed: for mystery clients: (MC1)-a breastfeeding mother of a three-month old is seeking a birth control method; (MC2)-a woman with three children wants to stop childbearing. The services required by MC1 and MC2 were provided or offered by the providers in almost all cases.

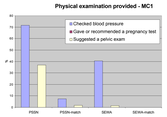
The tables to the right present the results from the history taken during the mystery clients' visits. The information presented are considered the minimum necessary. All providers assessed poorly, often skipping important issues related to STIs, HIV risk, general health problems, and sexual activity. PSSN providers, motivate by high fees, aggressively pushed for unnecessary pelvic exams

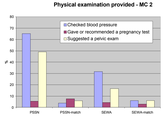
History taken during Mystery client scenario 1

Information asked during consultation	PSSN	PSSN-match	SEWA	SEWA-match
	percentage reporting providers ever asked the question			
Non demographic concerns	31.0	0.4	39.7	0.0
Frequent urination	2.3	0.0	6.3	0.0
Frequent bleeder	27.7	0.4	33.4	0.0
Current age	51.0	39.7	60.1	0.0
Currently married or in union	73.3	40.7	52.1	0.0
Fertility / Reproductive health intentions				
Number of living children	80.5	79.8	67.0	67.7
Age of living children	100.0	96.0	85.0	91.2
Desire for more children	63.0	59.8	60.0	67.7
Timing of next child	62.4	64.9	55.1	28.6
Precise use of birth spacing	28.3	22.2	14.1	28.6
Where method was obtained	1.1	0.0	5.0	0.0
Reproductive health concerns				
Current pregnancy status	85.9	87.0	26.8	72.6
When last bad period	56.7	52.6	73.4	82.4
Currently breastfeeding	56.2	68.9	73.4	67.7
Pregnancy/childbirth complications	18.4	14.8	14.1	14.3
HIV/AIDS risk	7.2	0.0	0.0	0.0
History/signs/symptoms of STIs	17.4	3.7	0.0	0.0
General Health concerns				
Have heart problems	28.1	9.1	29.7	14.7
Blood pressure	14.4	13.5	20.8	0.0
Smoking habits	4.4	1.9	6.3	0.0
Sexual behavior concerns				
Client's number of sexual partners	1.1	0.0	0.0	0.0
Client's partner number of sexual partners	1.1	0.0	0.0	0.0
Partner's attitudes about family planning	12.0	0.0	0.0	0.0
Number of mystery clients in the survey	93	54	73	34
* of those who asked about previous use of birth spacing				

History taken during Mystery client scenario 2

Information asked during consultation	PSSN	PSSN-match	SEWA	SEWA-match
	percentage reporting providers ever asked the question			
Non demographic concerns	95.4	75.1	79.2	0.0
Currently married or in union	81.5	67.3	68.1	60.6
Fertility / Reproductive health intentions				
Number of living children	97.8	96.2	90.8	94.9
Age of living children	95.7	96.0	85.0	91.2
Desire for more children	60.0	51.9	51.4	48.5
Timing of next child	10.9	28.9	8.3	27.3
Precise use of birth spacing	1.1	3.7	1.4	9.1
Where method was obtained	1.1	7.7	1.4	9.0
Reproductive health concerns				
Current pregnancy status	89.1	73.1	59.7	66.7
When last bad period	59.5	73.1	63.9	66.7
Pregnancy/childbirth complications	8.6	7.4	8.3	18.2
HIV/AIDS risk	3.2	4.2	0.0	26.1
History/signs/symptoms of STIs	11.5	11.5	9.7	0.0
General Health concerns				
Have heart problems	22.6	3.8	19.4	3.0
Blood pressure	14.4	13.5	20.8	0.0
Smoking habits	3.2	0.0	7.0	0.0
Sexual behavior concerns	1.1	0.0	1.4	0.0
Any chronic health problems	29.4	17.3	18.1	3.0
Sexual behavior concerns				
Client's number of sexual partners	0.0	0.0	0.0	0.0
Client's partner number of sexual partners	0.0	0.0	0.0	0.0
Partner's attitudes about family planning	40.2	50.0	29.2	54.6
Number of mystery clients in the survey	93	54	73	34
* of those who asked about previous use of birth spacing				





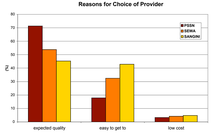
In almost all cases, insufficient information was given to the clients regarding their options, method limitations, and the risks of side effects.

CONCLUSION

Private provider clients in Nepal are not price sensitive but rather select different provider types on the basis of proximity or perceived quality.

The networks developed in the 1990s with support from USAID have resulted in improved quality among network members when compared to non-member providers.

Despite this demonstrated success, continuing quality challenges remain for both counseling and clinical care. Continued training, support, and quality management systems are needed to assure accessible, safe, reproductive health services exist for women in Nepal.



This study was funded by Population Services International prior to PSI undertaking management of the previously existing networks described here