

PRIVATE SECTOR ENGAGEMENT: Advancing Adolescent Reproductive Health

USAID Adolescent Reproductive Health (ARH)



Training for private sector providers in Banke District, Lumbini Province | USAID ARH for USAID Nepal

Program Snapshot

Life of Project: 2022- 2027

Geographical Focus: 60 municipalities across 11 districts in 3 provinces: Madhesh (41), Lumbini (12), Karnali (7)

Prime Partner: CARE Nepal

Consortium partners: Howard Delafield International (HDI), Jhpiego, Associations of Youth Networks of Nepal (AYON), Nepal Contraceptive Retail Sales (NCRS) Company

District Partners: Social Awareness Center Nepal (Surkhet), Dalit Development Society (Salyan), Rural Development and Awareness Society Nepal (Rolpa), BEE Group (Banke), Mallarani Rural Development Concern Center (Pyuthan), Aasaman Nepal (Dhanusha), CNRD (Rautahat), Bagmati Welfare Society Nepal (Sarlahi), Divya Development Resource Centre (Parsa), Protection Nepal (Bara), Ratauli Yuba Club (Mahottari)

About the program

[USAID Adolescent Reproductive Health](#) (ARH) is a five-year, USAID-funded project led by CARE Nepal in partnership with HDI, Jhpiego, AYON, and Nepal CRS Company from 2022 to 2027. The project supports the Government of Nepal (GoN) in improving adolescents' reproductive health with the goal of empowering adolescents (10-19 years) to reach their full potential and practice healthy reproductive behaviors. To achieve these goals, USAID ARH employs multichannel social and behavior change strategies, including group-based interventions, interpersonal communication, and youth- and girl-led activism for reproductive health and social norms change, supported by service linkages amplified by digital interventions.

The Government of Nepal launched the National Adolescent Health and Development Strategy in 2018 to address key issues identified in the Nepal Demographic and Health Survey, particularly the high rates of adolescent marriage and pregnancy. The strategy underscores the critical need to create an environment that promotes healthy reproductive health practices among adolescents. In 2022, the GoN reinforced this effort by endorsing the Adolescent Friendly Reproductive Health Services Guidelines. Aligned with these national initiatives, USAID ARH collaborates with federal, provincial, and municipal governments in Madhesh, Lumbini, and Karnali Provinces to improve the reproductive health of adolescents aged 10-19, with a focus on disadvantaged populations.

Private sector engagement

According to the 2022 Demographic and Health Survey (DHS), the utilization of modern contraceptive methods in Nepal stands at 43%, with an overall contraceptive prevalence rate of 57%. However, the unmet need for family planning remains significant at 21%, with the highest unmet need among currently married 15 to 19-year-olds (31%) followed by currently married women aged 20-24 years (29%). The USAID [ARH Baseline Study](#), conducted in 2023 across 11 program districts in Madhesh, Lumbini, and Karnali provinces, found that 35% of adolescent girls aged 15-19 had an unmet need for family planning.

Nepal DHS indicates that 23% of girls and women aged 15-49 in Nepal utilize family planning services provided by the private sector.¹ In comparison, the USAID [ARH Baseline Study](#) found that 19% of adolescents (28% of males and 14% of females) rely on private clinics as a source of family planning methods. Further, USAID ARH's formative research conducted in 2023, which included qualitative interviews with adolescent girls and boys, revealed they mainly seek health services from private health facilities. Respondents cited the availability of health care workers and privacy as key reasons for their preference for private sector facilities. In a focus group conducted in a rural municipality of Lumbini Province (Janaki), unmarried adolescents also noted that they choose private health facilities because they receive immediate care, and that these private facilities maintain patient privacy and confidentiality.

These data indicate that establishing a partnership between the private sector and public health initiatives is crucial for extending the accessibility of reproductive health services. As part of a total market approach, USAID ARH partners with the private sector to improve access and utilization of reproductive health services and family planning methods among adolescents.

¹ Ministry of Health and Population [Nepal], New Era, and ICF. 2023. *Nepal Demographic and Health Survey 2022*. <https://dhsprogram.com/publications/publication-FR379-DHS-Final-Reports.cfm>

USAID ARH's Total Market Approach (TMA) includes mapping and collaboration across public, private, and non-government providers of family planning and reproductive health (FP/RH) products and services to improve availability, affordability, and acceptability of services for adolescents. Key strategies of TMA include:

- Liaising with federal, provincial, and local governments to ensure adequate method mix and availability of family planning services and commodities at health facilities
- Enabling public and private health facilities to provide adolescent-friendly services
- Expanding health worker capacity through comprehensive training and mentorship on adolescent-friendly services
- Coordinating with local governments and engaging youth networks to increase local resources for family planning and adolescent reproductive health services

USAID ARH's work in private sector engagement seeks to improve adolescents access to affordable and quality contraceptive information and services to adolescents to enhance the uptake of modern contraceptives, prevent unsafe sexual practices, and reduce unintended pregnancies.

What are we doing?

Step 1: Collaborating with private health facilities

USAID ARH conducted a comprehensive mapping of private health facilities to identify gaps in catering to adolescents' reproductive health needs. Following the mapping, the project signed Memorandums of Understanding (MoU) with 275 private health facilities that met the following criteria:

- Registered with relevant government authorities.
- Committed to providing services to adolescents, including unmarried adolescents.
- Ready to receive technical support from USAID ARH.
- Willing to document and report family planning data to the project.
- Have at least one qualified service provider (paramedics/nursing staff/medical officer) in the health facility.



Signed MOU with a private health service provider in Chandsi Medical, Ganeshman Charnath Municipality, Dhanusha | USAID ARH for USAID Nepal

Throughout the project, USAID ARH will continue to support these 275 private health providers in improving their quality and capacity to offer adolescent-friendly FP/RH services aligned with GoN's Adolescent Friendly Reproductive Health Services Guidelines.

Step 2: Building capacity of service providers at private health facilities

Building on the identified gaps through the private health facility assessment, we conducted a comprehensive five-day training program on adolescent reproductive health in collaboration with the Provincial Health Training Centers across Madhesh, Lumbini, and Karnali provinces. This training aimed to enhance the capacity of selected healthcare facilities in delivering adolescent-friendly services. By enhancing the technical proficiency of private providers, coupled with ongoing mentoring through regular

quality improvement assessments and facility visits, the program is contributing to the delivery of high- quality family planning and reproductive health services.

Step 3: Providing information, education and communication (IEC) and counseling resources

Responding to the identified needs of the service populations, USAID ARH provided a range of counseling resources, including a poster on family planning informed choice, clients' rights poster, and screening checklists, including for pregnancy and eligibility for family planning methods. Availability and effective use of these materials are essential for delivering high-quality counseling and FP/RH services. USAID ARH's private sector engagement officer oversees the appropriate use of these materials at health facilities during quality improvement visits. In addition, USAID ARH has provided some basic supplies to health facilities on a needs basis.

Step 4: Implementing Quality Improvement tool

USAID ARH has developed a quality improvement tool by adapting the Government of Nepal Adolescent Friendly Reproductive Health Services Guidelines 2022, which were developed primarily for the public sector. Although this tool is not fully applicable to private providers, it assists in identifying service quality gaps and provides strategies for addressing them through action plan implementation. ARH has implemented a web-based application for quality improvement across all participating private health facilities with a focus on FP/RH services for adolescents. The USAID ARH team conducts quarterly visits to assess services in private facilities and develops action plans to mitigate identified gaps from the joint assessment process.

What are the enabling factors?

Establishing criteria for selection of private health facilities: Building on learning that successful private sector engagement requires close collaboration between the government, NGOs, and public and private providers, USAID ARH set willingness to collaborate as a qualifying criterion for engaging private health facilities. This includes willingness to provide FP/RH services to adolescents and maintain and share service records. Setting willingness to collaborate as a qualifying factor can ensure the kind of close collaboration and commitment required to address identified gaps so that health facilities are more adolescent-friendly.

MoUs with the private facilities: As part of the engagement, USAID ARH and selected private health facilities formalized their partnership through a signed agreement. The agreement establishes clear roles and expectations from both parties, outlines benefits of the partnership, and specifies the types of support offered to the private health facility for delivering FP/RH services.

Capacity building of private providers: For each private health facility engaged, at least one provider responsible for providing FP/RH services in that facility is selected to receive additional capacity building support. This capacity building includes trainings on critical areas such as adolescent sexual and reproductive health and use of methods including long-acting reversible contraception and Sangini contraceptive injections. These training sessions serve to enhance providers' knowledge and skills on adolescent reproductive health and family planning services, thereby improving the quality of services they offer.

Supply of counseling materials: Depending on the gaps assessed in availability of counseling resources, USAID ARH provides appropriate counseling materials to private health facilities to aid them in delivering high quality FP/RH services. Private providers are also trained in the effective use of these counseling materials.

What are the challenges?

Extensive effort required in larger private facilities: Even though the MoU is in place, larger private facilities, like hospitals and medical colleges, have their own decision-making processes, which are often lengthy and require approvals from their senior management teams. As a result, extensive follow-up is needed to ensure timely implementation of program activities.

Dropout of private health facilities and turnover of providers: Despite the initial partnership agreement and the array of support services provided by USAID ARH, several health facilities have dropped out. This requires additional efforts to identify alternative private health facilities, establish new MoUs, and provide other additional support like capacity building and logistics. In addition, the frequent turnover of trained providers has posed a challenge, requiring additional training and often impeding the quality and availability of services.

Selection of facilities in major marketplaces: The private sector mapping showed that most private providers are located in market areas close to public facilities. USAID ARH selected 275 private health facilities based on proximity to public facilities. However, to further expand access to family planning and reproductive health services, future efforts should engage private facilities that may be serving areas that are not close to public health facilities, particularly to reach disadvantaged populations.

Unwillingness to register at local level: Private facilities, particularly pharmacies, are required to register with the Department of Drug Administration for certification and operations. Additionally, pharmacies must register with the local government as mandated by provincial and local laws. This lengthy dual registration process results in many private facilities and pharmacies remaining unregistered. This hinders the local government's ability to provide oversight and capacity building support, challenging GoN's efforts to collaborate effectively with the private sector.

What are we learning?

The private sector might initially be reluctant to engage in external projects due to the added workload of recording and reporting services rendered, as well as attending training sessions. It is crucial to demonstrate that engaging in these efforts can expand their client base and enhance their behavior change communication skills. Building their skills involves training, regular onsite coaching, mentoring, quality improvement visits and providing resources. These activities are designed to equip and motivate private facilities to improve the quality of FP/RH services. Improved service quality leads to increased client flow, ultimately expanding their business.

Strengthening the capacity of the government is essential for sustaining private sector engagement. Strengthening the government's capacity is vital for sustaining private sector engagement. The development of regulatory guidelines for private health facilities has enhanced the government's capacity to establish regulatory mechanisms for registration, renewal, and service standards in these facilities. Additionally, advocacy and awareness-raising efforts within the municipality regarding the crucial role of the private sector in improving adolescent reproductive health have been instrumental in garnering essential support from the municipality.

Way forward

Building on the evidence of what works to reach adolescents, USAID ARH remains committed to collaborating with private health facilities and improving capabilities in adolescent reproductive health services. USAID ARH will continue to advocate with GoN counterparts for collaboration with the private sector and apply coaching and mentoring efforts through sustained quality improvement. USAID ARH will continue to build capacity of private providers on recording and reporting tools, facilitating the integration of their reporting systems into the national health framework.