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Facility Based Assessment for Reproductive Health Commodities and Services

Final Report

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Dr. Jaya Kumar Gurung

Executive Director

Acronyms

ANC	Antenatal Care
ASL	Authorized Stock Level
CI	Confidence Interval
DoHS	Department of Health Services
DRC	Development Resource Centre
EDPs	External Development Partners
EHCS	Essential Health Care Services
EOP	Emergency Order Point
FHD	Family Health Division
FP	Family Planning
GPRHCS	Global Programme to enhance RHCS
HFOMC	Health Facility Operation and Management Committee
HP	Health Posts
ICT	Information and Communication Technology
IUCD	Intrauterine contraceptive devices
ICPD	International Conference on Population and Development
LMD	Logistics Management Division
LMIS	Logistics Management Information Systems
MoHP	Ministry of Health and Population
NHSP	Nepal Health Support Programme
NHRC.	Nepal Health Research Council
NHTC	National Health Training Centre
OP	Output
PHCCs	Primary Health Care Centers
PPA	Public Procurement Act
RHDs	Regional Health Directorates

RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RMS	Regional Medical Stores
SDPs	Service Delivery Points
SHPs	Sub Health Posts
SPSS	Statistical Package for Social Scientists
STI	Sexually Transmitted Infections
STS	Service Tracking Survey

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Executive Summary

Nepal has been the recipient of funds through Global Program to enhance Reproductive Health (RH) Commodity Security (GPRHCS), being managed by UNFPA headquarters along with 45 other countries for the year 2013-2017. UNFPA has initiated the facility based assessment for reproductive health commodities and services on an annual basis to monitor the progress towards ensuring success of the fund's objective. For this, NDRI supported UNFPA for conducting a baseline survey in 2013 for subsequent monitoring of progress of the program in Nepal. This survey aims to assess the availability and stock out of RH commodities as well as provision of quality Family Planning (FP) services. Besides, the survey also addresses the supply chain, staff training and supervision, availability of guidelines and protocols, information communication technology, method of waste disposal and user fee. Also, the views of clients about the services provided by the facilities are also obtained in this survey.

This report of the 'Facility Based Assessment for Reproductive Health Commodities and Services' is a part of GPRHCS reporting system. Based on the various county- level indicators, benchmark data information essential for sound Reproductive Health Commodity Security (RHCS) planning and policy decisions are provided in the report.

The survey considers the broad categories of Service Delivery Points (SDPs) that provide modern methods of contraceptives and maternal/RH services as stratums such as Primary Level Care SDPs/facilities (including PHCC/HP/SHP), Secondary level care SDPs/hospitals (including all District Hospitals) and Tertiary level care SDPs/hospitals (including Zonal/Sub regional/Regional/Central Hospitals) . Although initially it was planned to categorise the SDPs in three above mentioned stratums, later based on the consultations with Ministry of Health and Population (MoHP) officials and other relevant stakeholders, the whole report was drafted with the categorization of SDPs as SHP, HP, PHCC and Hospitals, as this categorization was considered more realistic to Nepal.

The sampling design for this study was done using the list obtained from Logistics Management Information System (LMIS) at Logistics Management Division, Department of Health Services, Ministry of Health and Population (2011). A formula was adopted to calculate the total sample size of the facilities which provided higher probability of inclusion of tertiary and secondary facilities as their number is small compared to primary facilities. Slight modification was made in district selection, in consultation with UNFPA Country Office. For this districts were randomly selected for each eco-region in each developmental region, ensuring that they are representative of the whole country. A total of 15 districts were initially selected for the survey, later during the detailed assessment it was found that all the sample SDPs could not be accommodated within the selected districts, thus in order not to compromise on the total sample size of the facilities, the 22 districts were added, summing the total of 37 sample districts. Lastly systematic random sampling of types of SDPs for each Developmental region and ecological belt was done to choose the specific SDPs to be included in the study.

A total of 189 facilities were surveyed including 62 sub health posts, 68 health posts, 20 primary health care centers and 39 hospitals covering all development regions; representing majority of 78% of facility in rural areas and only 21.2% of the facility in the urban area. All the facilities surveyed under this study are government managed facility. More of the facilities in the hills (69%) and mountains (63%) are found in the distance of less than 20 kms compared to the Terai (57%) which does not necessarily interpret that most of the facilities in the hills and mountains are accessible than in Terai, due to highly inaccessible areas in hills and mountains.

The results showed that family planning services was provided by all the facility surveyed. Contraception methods such as male condoms, oral pills and injectables were the most available contraceptive at all the SDPs

and the least popular ones, determined by number of SDPs offering these services, were the permanent method (minilap and vasectomy) assessed mostly at hospitals. In general, only 35 % of SDPs offered at least five modern contraceptive methods, largely provided by hospitals and PHCCs. The availability was inclined in favour of urban areas, where 83% of the SDPs offered five methods of modern contraception, compared to the more dense rural areas.

The most recurrent reasons as recorded by the respondents (such as Health facility in charge/ staffs) for not providing the IUDs, Implants and other permanent contraception methods by the SDPs to the clients were due to lack of trained staffs and few reported low client demand for the contraceptive in case of IUDs. Other reasons included lack of equipment and some SDPs provided the services such as minilap and vasectomy only during camps.

Maternal and RH medicines including the essential medicines ensure healthy pregnancy and delivery outcomes, as well as prevention and treatment of STIs and HIV/ AIDS. In this survey, the availability of seventeen maternal and RH medicines life saving drugs was assessed in all SDPs providing maternal health services with delivery services (150 out of 189 facilities). The results showed that drugs such as Ampicillin, Azithromycin, Cefixime, Methyldopa, and Benzathine benzyl penicillin were sparingly available compared to the other drugs and their availability was mostly limited to hospitals. The other drugs such as Gentamycin, Metronidazole, Magnesium Sulphate and Oxytocin were available in majority of the health facilities, which included almost all the hospitals. In case of Misoprostol in only 41 districts of Nepal this program has been implemented. The survey data showed that the availability of Misoprostol was also limited in only few districts i.e. 14 districts among the 37 surveyed districts. However, in overall in only 18% of the SDPs, the availability of Misoprostol was made available.

Likewise, the availability of seven essential life saving maternal and RH medicines were assessed through stock verification of all seventeen drugs in all the SDPs during the field survey. In terms of development regions, the SDPs meeting the criteria of having seven life saving drugs were mostly concentrated in Western and Far-Western Regions (77% and 71% respectively). Almost all the SDPs (91%) in the urban areas had seven life saving drugs. Nevertheless, distance of the SDPs from their source of supplies had no relevance in SDPs offering life saving maternal/reproductive health medicines. The reasons for not providing certain life-saving medicines were The three major reasons were reported by the respondents for not providing (a) Delays on the part of the district store /warehouse to re-supply this SDP and (b) Lack of commodity from district store) (c) Low or no demand for the medicine at this SDP.

The stock out situation of the five modern contraceptives at the time of survey as well as in last six months preceding the survey was used as a significant index for determining Reproductive Health Commodity Security (RHCS) for the country. No stock out of male condoms, oral pills and injectables was reported in all PHCCs, all hospitals (except one), all SHPs and HPs (except one) at the time of survey. In addition, almost all the hospitals, PHCCs and majority of Health post (80% and 72%) had no stock out of IUCDs and implants. Likewise, examining the stock out in last six months preceding the survey, the most affected contraceptives by stock outs were long term methods such as Implants and IUCDs which mostly affected health posts (80% and 73% respectively not stock out) compared to PHCCs and hospitals. In general, it can be interpreted that the incidence of stock outs affected a small portion of SDPs that offer family planning services and the contraceptive commodities such as male condoms and oral contraception have the longest period of no stock out followed by injectables. Some of the facilities experienced the stock out situation predominantly in case of IUDs and implants; the main reason behind this was unavailability of services from the SDPs due to the lack of trained staffs.

In terms of supply chain analysis, the data showed that most SDPs (85%), health facility in-charge were mainly responsible for ordering medical supplies whereas in some hospitals and primary health care centers nurse, storekeepers and other personnel were also found to be responsible for ordering medical supplies. Referring to the quantification of resupply of drugs, both push and pull system is applied in context of Nepal. The results showed that the quantification of re-supply was done by majority of SDPs (79%) through pull system (based on demand) where request is made by the staff member of the facility based on calculation of quantity needed using formula.

Regional Medical Stores (RMS) was considered as the major source of medical supplies at almost all SDPs (89%) and the major responsibility for transportation of supplies was taken by district warehouse (69%) in all SDPs except in hospitals (50%) where facility itself was responsible for the transportation. The frequency of resupply of medical supplies at majority SDPs (60%) was found to be once in every three months except in hospitals (59%) where the frequency was found to be once in a month or less. Along with the supply chain, availability of fridge to maintain cold chain drugs were also examined which showed that 94.9% hospitals, 70% PHCCs, 48.5% HPs and 22.6% SHPs had electric fridge with power source of electricity from national grid. Though, in some SDPs such as SHPs, HPs and PHCCs other sources of power such as solar energy, electricity from local grid were also used.

Staff training, one of the indicators for the study, was analyzed which showed that majority of hospitals and primary health care centers had trained staffs in both implants and IUCD however, in sub-health posts and health posts the percentage of staff trained in IUCD was found to be higher than implants. Supervision of the health facilities is considered essential for improving health workers performance. The supervisory visits were undertaken once in three months except in sub-health posts where most of the supervisory visits were undertaken annually. However, about 18% of the SDPs had not supervisory visits at all which surprisingly was more for SDPs in the urban area (20%) compared to the rural (16%).

The availability of various guidelines, checklists and job aids related to family planning and ANC/PNC services were recorded through verbal responses by the respondents as well as verification of availability was also done. The data revealed that, in about three fourth of the facilities (i.e. 71%) the availability of family planning guidelines was reported by the respondents however in about 58% SDPs only availability was verified. In case of antenatal job aids and waste disposal guidelines, the availability was verified in nearly 50% and 9.5% of the SDPs.

The availability and use of the different types of information and communication technology (ICT) used in the health sector was explored which showed that majority of SDPs (nearly 80%) used personnel mobile phones as a primary means for communication. However, SDPs in the urban area mostly used landline telephone as a primary ICT and in rural area mobile phones were mostly used. ICT was mostly used for routine communication in most of the SDPs (75%) along with awareness and demand creation and training of health workers. In case of waste disposal method, more than half of the SDPs (58%) manage its waste products by burning, nearly one fourth of SDPs bury the waste in special dump pits (27%) and few make use of incinerators (13%).

The survey showed that user fees were charged in terms of registration however very negligible in number (6.9%), majority of which were hospitals. The frequency of positive response in SHPs, HPs and PHCCs, though small (3 to 5%), may stand against the policy of providing free health services in particularly in government facilities. The data also showed that almost all of the SDPs charging for user fees exempted the fee on family planning services.

A total of 1492 client exit interviews were conducted in 189 facilities to know client's perception regarding various aspects of service delivery; and clients' estimation of the cost of FP. This interview was conducted as a

regular process of program monitoring and views expressed by the clients are purely perspective of the clients interviewed which might not represent all the clients visiting the facility.

This dominancy of married female clients of age group 20-34 was observed in all type of health facilities surveyed. Nearly half of clients were those who had not attended the school. The clients' perception in terms of adherence to technical aspect, almost all clients said that they were offered the family planning method of their choice, their preferences and wishes were taken into consideration, and they were properly informed about their date of return to SDP for further checkups. Relatively, lower percentage of clients; though still high in number about 71% reported having received information for occurrences of any serious complication on using family planning services. Further, in terms of organization and interpersonal aspect almost all of the clients (more than 90%) were satisfied with the time that was allocated to his or her case as well as with the attitude of the health provider towards them. More than 95 % of the clients gave positive response for satisfaction with the service, they will continue to visit the SDP as well as recommend the SDP to others which revealed a better quality of services according to the perceptive of clients interviewed.

The payment for the family planning services were made by only 3.6% of clients in overall SDP, the number being higher for the clients residing in urban area. The clients reported that they paid for the registration card which amount to 6 NRs in average. No charges for laboratory/x-ray or contraceptive were required as stated by the interviewed clients. Most of the clients (83%) walked to the health facility, more prevalent for the clients in rural areas. Those who used other means of transportation besides walking, found to using bus/taxi (common in urban area) to reach the facility. The average distance covered from their residence to the facility and average cost incurred (to and from SDP) as stated by the clients who used vehicle (in any rough roads) were reported to be 13.6 km and 181NRs respectively, which was mostly incurred to reach hospitals. The clients also reported that in average maximum of one hour was spent travelling to and from the place of their residence to the SDP. However, the clients were reported receiving the services (also accounting the waiting time) within 13 minutes in average. In general, clients spent more time in reaching the SDPs; though receiving the services was within the satisfactory duration.

PART 1: INTRODUCTION

1.1. Background

Nepal has been the recipient of funds through Global Program to enhance Reproductive Health (RH) Commodity Security (GPRHCS), being managed by UNFPA headquarters along with 45 other countries for the year 2013-2017. This fund has the objective to strength the availability of RH commodities and provision of quality Family Planning (FP) services by fulfilling gaps in areas such as supply chain management, staff training and supervision, availability of national guidelines and protocols and Information Communication Technology.

UNFPA has initiated the facility based assessment for reproductive health commodities and services on an annual basis to monitor the progress towards ensuring success of the fund's objective. For this, NDRI supported UNFPA for conducting a baseline survey in 2013 for subsequent monitoring of progress of the program in Nepal.

1.2. Rationale and Objective of the Study

This survey was conducted in 37 districts ensuring national representation (all developmental region and eco-region). The overall objective of this survey is to:

- Establish a baseline in terms of availability and stock out of RH commodities, including contraceptives, and
- Identify key issues related to provision of quality family planning services at public sector health facilities across the country.

The specific objectives of the study are:

- To assess the number of Service Delivery Points (SDPs) offering at least five modern methods of contraceptives
- To assess the availability and stock out of seven life-saving maternal/RH medicines from the WHO list (**Annex 1**)
- To assess the issues around supply chain management (including cold chain)
- To identify gaps in staff training and supervision for provision of quality RH services
- To assess the availability of national guidelines, protocols, standards and job-aids on provision of quality RH services
- To assess the issues around availability and use of Information Communication technology
- To assess the issues of waste disposal
- To appraise and assess clients' perception about the cost for family planning services.

1.3. Survey Organization and Management

A survey executive committee was formed to accomplish the project consisting of the following members. The details of the core team are provided in **Annex 2**.

Undertaking consultations with relevant stakeholders at the national level

NDRI organized one day stakeholder meeting on 19 Dec, 2013 at Logistic Management Division (LMD) and Family Health Division Offices (FHD). The objective of this consultation meeting was to discuss on objectives, modality and sampling related to the baseline survey. In LMD, the meeting was conducted with Dr. Tara Nath Pokharel, Director of

LMD and Mr. Dinesh Chapagai. Dr. Tara Nath Pokharel appreciated the project and committed for the necessary cooperation. He inquired about competency of the field staffs and suggested to involve the staff of technical background as far as possible. He also recommended obtaining the information about service quality from the beneficiaries group. Mr. Dinesh Chapagain suggested consulting district public health offices to identify the facilities to be surveyed. In overall LMD suggested NDRI make an official request to issue a letter from LMD to all district offices for necessary cooperation.

In Family Health Division, the meeting was set with Dr. Shilu Aryal. Dr. Aryal made inquiries about the scope of the survey and she expressed her commitment for necessary cooperation on behalf of FHD and said that FHD would send resource persons in the staff orientation training.

1.4. Methodology and Limitations

1.4.1. Survey Design and Sampling of Facilities

Developing the List of Health Facilities by Category and Administrative Unit

The listing of all the health facilities was obtained from Logistics Management Information System (LMIS) at Logistics Management Division, Department of Health Services, Ministry of Health and Population (2011). The sampling design was done using the same listing. The total number of health facilities according to the category and administrative unit is provided in the **Annex 3**.

Use of Recommended Sampling Procedure

Several meetings were conducted with UNFPA Country Office during which the survey methodology was adapted to national context, for instance the sample districts were identified to ensure that they are representative of the whole country, and the sampling technique was modified accordingly. For this, one district was randomly selected for each eco-region in each developmental region, totaling to 15 survey districts (in the initial phase).

1.1.1. Sampling Design and Sample Selection

The survey considers the following broad categories of Service Delivery Points (SDPs) that provide modern methods of contraceptives and maternal/RH services as stratums:

a) Primary Level Care SDPs/facilities (PHCC/HP/SHP)
b) Secondary level care SDPs/hospitals (District Hospitals)
c) Tertiary level care SDPs/hospitals (Zonal/Sub regional/Regional/Central Hospitals)

Although initially it was planned to categorise the SDPs in three above mentioned stratums , later based on the discussion with MoHP officials and other stakeholders the analysis and report was developed with the categorization of SDPs as SHP, HP, PHCC and Hospitals. This was suggested because it is the format that is used in most national documents and also that this categorization would be most realistic to Nepal since this is how MoHP tracks its progress on indicators that is used in national policies and plans.

1.1.2. Sampling Frame

The list of all health facilities in the selected district was prepared which are providing Family Planning and Maternal Health services. This list served as a frame for the selection of samples.

1.1.3. Sampling Formula to obtain Sample size

Given that the types of the SDPs (primary, secondary and tertiary) as the main attributes, therefore the total sample contained a minimal number of each type of facility to support good estimation of the parameters of the population. For this the a formula was used which gives us the minimal sample size for the proportions of each category of SDPs.

This formula adopts an approach that gives large (tertiary and secondary facilities) a higher probability of inclusion in the survey because of their small number and provides a guide for choosing a sample of the primary facilities. The following steps were followed to derive required sample sizes.

Step One

The distribution of SDPs as per developmental region and ecological belt and results are shown in **Table1-1.**

Table 1-1: Distribution of SDPs as per developmental region and ecological belt

Region			Facility Category					Total
			SHP Level	HP Level	PHCC Level	Secondary Level	Tertiary Level	
CDR	Eco belt	Hill	372	88	32	8	2	502
		Mountain	117	27	6	3	0	153
		Terai	509	58	29	9	3	608
		Total	998	173	67	20	5	1263
EDR	Eco belt	Hill	309	71	18	11	0	409
		Mountain	91	28	6	5	0	130
		Terai	323	43	26	5	3	400
		Total	723	142	50	21	3	939
FWDR	Eco belt	Hill	169	41	7	6	0	223
		Mountain	79	32	4	4	0	119
		Terai	40	15	9	2	2	68
		Total	288	88	20	12	2	410
MWDR	Eco belt	Hill	258	58	17	7	1	341
		Mountain	85	44	3	4	0	136
		Terai	83	27	9	4	2	125
		Total	426	129	29	15	3	602
WDR	Eco belt	Hill	494	107	28	17	2	648
		Mountain	11	17	1	3	0	32
		Terai	187	21	13	7	1	229
		Total	692	145	42	27	3	909
Total	Eco belt	Hill	1602	365	102	49	5	2123
		Mountain	383	148	20	19	0	570
		Terai	1142	164	86	27	11	1430
		Total	**3127**	**677**	**208**	**95**	**16**	**4123**

Step Two

The relative proportion for the types of SDPs was calculated.

The relative proportion for Tertiary level SDPs is calculated as: [Total number of tertiary SPDs] ÷ [Total number of SDPs on the sample frame].The procedure was repeated for secondary and primary facility and the results presented in **Table 1-2** below.

Table 1-2: Calculating relative proportion for the types of SDPs

	Facility category					Total
	SHP Level	HP Level	PHCC Level	Secondary Level	Tertiary Level	
Number of SDPs	3127	677	208	95	16	4123
Relative Proportion	**0.758**	**0.164**	**0.050**	**0.023**	**0.004**	**1.000**

Step Three

Then, the formula above was applied to obtain the minimal sample size for each Type of SDPs.

Minimal sample size for Tertiary level care SDPs/ hospitals (Zonal, Sub-regional, Regional and Central Hospitals)

(95% confidence interval and 5% confidence limit)

$$n = \frac{Z^2 p(1-p)}{D^2} \qquad n = \frac{(1.96)^2 \times (0.004)(1-0.004)}{(0.05)^2}$$

$$n = \frac{3.8416 \times .003984}{0.0025} \qquad n = 6.122$$

Minimal sample size Secondary level care SDPs/hospitals (District hospital)

(95% confidence interval and 5% confidence limit)

$$n = \frac{Z^2 p(1-p)}{D^2} \qquad n = \frac{(1.96)^2 \times (0.023)(1-0.023)}{(0.05)^2}$$

$$n = \frac{3.8416 \times 0.0225}{0.0025} \qquad n = 34.53$$

Minimal sample size for Primary Level Care SDPs/facilities (PHCC)

(99% confidence interval and 5% confidence limit)

$$n = \frac{Z^2 p(1-p)}{D^2} \qquad n = \frac{(1.96)^2 \times (0.05)(1-0.05)}{(0.05)^2}$$

$$n = \frac{3.8416 \times 0.0475}{0.0025} \qquad n = 19$$

Minimal sample size for Primary Level Care SDPs/facilities (HP)

(99% confidence interval and 5% confidence limit)

$$n = \frac{Z^2 p(1-p)}{D^2} \qquad n = \frac{(1.96)^2 \times (0.164)(1-0.164)}{(0.05)^2}$$

$$n = \frac{3.8416 \times 0.137}{0.0025} \qquad n = 54.84$$

Minimal sample size for Primary Level Care SDPs/facilities (SHP)

(99% confidence interval and 5% confidence limit)

$$n = \frac{Z^2 p(1-p)}{D^2} \qquad n = \frac{(1.96)^2 \times (0.758)(1-0.758)}{(0.05)^2}$$

$$n = \frac{3.8416 \times 0.183}{0.0025} \qquad n = 73.37$$

Minimal sample sizes based on 95 per cent confidence interval (Z-score = 1.96 and 5 per cent confidence limit)

	Minimal Sample size of Service Delivery Point					Total
	SHP Level	HP Level	PHCC Level	Secondary Level	Tertiary Level	
Number of SDPs	3127	677	208	95	16	4123
[95% confidence interval (Z = 1.96) and 5% confidence limit (d =0.05)	**74**	**55**	**20**	**33**	**5**	**187**

Step Three

Then the sample sizes were distributed according to the administrative units.

The total sample size for each category of SDPs was distributed among the Developmental Regions and Ecological Belt Unit according to the Developmental Regions and Ecological Belt's share of a particular category of SDP. This requires the calculation of the relative proportions for each domain. For example the Proportion of Tertiary level Hospital in Eastern Development Region Mountain Belt = Number of Tertiary level care SDPs/hospitals in Eastern Development Region Mountain Belt ÷ Total of Tertiary level care SDPs/hospitals. The results are presented in **Table 1-3** below.

Table 1-3: Calculation of the relative proportions for each domain

Region			Facility Category					Total
			SHP Level	HP Level	PHCC Level	Secondary Level	Tertiary Level	
CDR	Eco belt	Hill	0.119	0.130	0.154	0.084	0.125	0.122
		Mountain	0.037	0.040	0.029	0.032	0.000	0.037
		Terai	0.163	0.086	0.139	0.095	0.188	0.147
		Total	0.319	0.256	0.322	0.211	0.313	0.306
EDR	Eco belt	Hill	0.099	0.105	0.087	0.116	0.000	0.099
		Mountain	0.029	0.041	0.029	0.053	0.000	0.032
		Terai	0.103	0.064	0.125	0.053	0.188	0.097
		Total	0.231	0.210	0.240	0.221	0.188	0.228
FWDR	Eco belt	Hill	0.054	0.061	0.034	0.063	0.000	0.054
		Mountain	0.025	0.047	0.019	0.042	0.000	0.029
		Terai	0.013	0.022	0.043	0.021	0.125	0.016
		Total	0.092	0.130	0.096	0.126	0.125	0.099
MWDR	Eco belt	Hill	0.083	0.086	0.082	0.074	0.063	0.083
		Mountain	0.027	0.065	0.014	0.042	0.000	0.033
		Terai	0.027	0.040	0.043	0.042	0.125	0.030
		Total	0.136	0.191	0.139	0.158	0.188	0.146
WDR	Eco belt	Hill	0.158	0.158	0.135	0.179	0.125	0.157
		Mountain	0.004	0.025	0.005	0.032	0.000	0.008
		Terai	0.060	0.031	0.063	0.074	0.063	0.056

		Total	0.221	0.214	0.202	0.284	0.188	0.220
Total	Eco belt	Hill	0.512	0.539	0.490	0.516	0.313	0.515
		Mountain	0.122	0.219	0.096	0.200	0.000	0.138
		Terai	0.365	0.242	0.413	0.284	0.688	0.347
		Total	1.000	1.000	1.000	1.000	1.000	1.000

Step Four

The sample sizes were distributed in accordance to the administrative units.

The samples for each category of SDP are distributed among the various Developmental Regions and Ecological Belt by applying the proportions in above table to the minimal sample sizes for each type of SDP indicated in sample size table. The results are presented in **Table 1-4** below:

Table 1-4: Calculation of the actual sample size for each domain

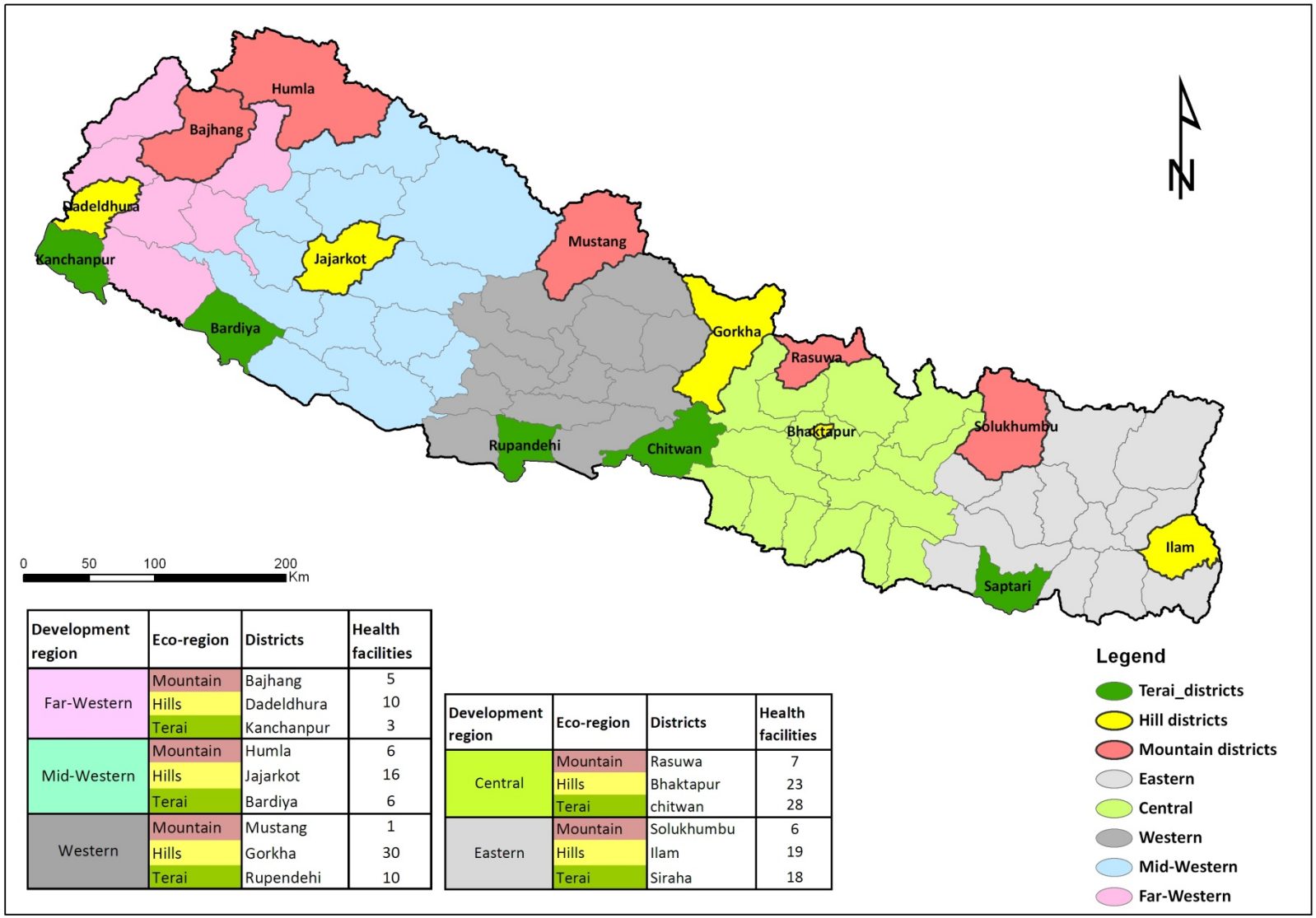
Region			Facility Category					Total
			SHP Level	HP Level	PHCC Level	Secondary Level	Tertiary Level	
CDR	Ecobelt	Hill	9	7	3	3	1	23
		Mountain	3	2	1	1	0	7
		Terai	12	5	3	3	1	24
		Total	**24**	**14**	**7**	**7**	**2**	**54**
EDR	Ecobelt	Hill	7	6	2	4	0	19
		Mountain	2	2	1	2	0	7
		Terai	8	3	2	2	1	16
		Total	**17**	**11**	**5**	**8**	**1**	**42**
FWDR	Ecobelt	Hill	4	3	1	2	0	10
		Mountain	2	3	0	1	0	6
		Terai	1	1	1	0	0	3
		Total	**7**	**7**	**2**	**3**	**0**	**19**
MWDR	Ecobelt	Hill	6	5	1	3	0	15
		Mountain	2	4	0	1	0	7
		Terai	2	2	1	1	1	7
		Total	**10**	**11**	**2**	**5**	**1**	**29**
WDR	Ecobelt	Hill	12	9	3	6	1	31
		Mountain	0	1	0	1	0	2
		Terai	4	2	1	3	0	10
		Total	**16**	**12**	**4**	**10**	**1**	**43**
Total	Ecobelt	Hill	38	30	10	18	2	98
		Mountain	9	12	2	6	0	29
		Terai	27	13	8	9	3	60
		Total	**74**	**55**	**20**	**33**	**5**	**188**

***Step Five:* Description of Sampling Strategy**

In this step, systematic random sampling is done to select the districts within each eco-region for each developmental region.

We understand that study need to collect the data from the sampled districts, representing three ecological zones from five development regions. Thus, 15 districts were selected from three ecological regions of five development region by using systematic random sampling. The sampling design for selecting the representative districts involved the following stages:

1	Listing out all the districts in eco-region under each development region
2	Calculating the sample interval using the formulae as below: Sample interval (i)= Total no. of districts of each ecological zone under each development region (N) Required sample size from respective region (n)
3	Finally random number was generated using the calculated sample interval (i) and corresponding district was selected. *For example:* For mountain region of Far-western Development Region Sampling interval (i)= 3 Random number= 2 (Rand()*(b-a)+a &F9 (to provide constant random number) Selected district = Bajhang Similar procedure was repeated for all other development regions and eco-regions. The detailed table for the district selection is provided in **Annex** 4. Selected districts with sample size for survey are shown in **Figure 1-1**.



Development region	Eco-region	Districts	Health facilities
Far-Western	Mountain	Bajhang	5
	Hills	Dadeldhura	10
	Terai	Kanchanpur	3
Mid-Western	Mountain	Humla	6
	Hills	Jajarkot	16
	Terai	Bardiya	6
Western	Mountain	Mustang	1
	Hills	Gorkha	30
	Terai	Rupendehi	10

Development region	Eco-region	Districts	Health facilities
Central	Mountain	Rasuwa	7
	Hills	Bhaktapur	23
	Terai	chitwan	28
Eastern	Mountain	Solukhumbu	6
	Hills	Ilam	19
	Terai	Siraha	18

Figure 1-1: Sampling of the health facilities within the target district

Step Six

The last step is to choose the specific SDPs to be included in the study. For this, systematic random sampling of types of SDPs for each Developmental region and ecological belt was done. The following steps were followed:

1. For each domain the facilities were listed without any order or regard to any characteristics (listing of all facilities within each selected district in each developmental region was done). A Sampling Interval (i) was determined for each domain. This was done by dividing the total number of facilities in the domain by the sample size for that domain:

$$i = \frac{N}{n}$$

Where: I=sampling interval for the domain

N = number of SDPs in the domain

n = sample size for that domain

2. Starting point K was selected by randomly selecting a number between 1 and i (the sample interval). Here, K becomes the first SPD in the domain to be chosen.
3. Then select successive SDPs for inclusion in the sample by moving at the interval K+i; K+2i; K+3i; K+4i; K+5i; etc until you have chosen the required sample size from the domain.
4. Steps 1 to 4 will be repeated for each domain in the population.

The overall process of selection of SDPs for each district for each eco-region in each development region is provided in

Annex 5 and the overall output for step six is provided in **Annex 6**.

Modification in total number of districts to be surveyed (Limitation)

Before mobilizing the field staffs, the final list of health facilities to be surveyed were designed following revised sampling design and methodology. During the course, in some of the districts, the required number of health facilities could not be listed out particularly in case of secondary and tertiary level facilities (considered as the limitation in the methodology).

As per agreement between UNFPA and NDRI the number of health facilities were proposed within the districts viz., Bajhang, Dadeldhura, Kanchanpur, Humla, Jajarkot, Bardiya, Mustang, Gorkha, Rupandehi, Rasuwa, Bhaktapur, Chitwan, Solukhambu, Ilam and Saptari. While carrying out the detail assessment on those districts, it was found that the target number of sample facilities could not be met in majority of the districts particularly in case of secondary and tertiary hospitals.

So, in order to not compromise on the total sample size of the facilities, the 22 districts (Doti, Dailekh, Salyan, Banke, Baglung ,Parbat, Lamjung ,Kaski, Syangja, Tahahun, Kapilvastu, Kathmandu, Dhading, Nuwakot, Chitwan, Rautahat, Bara, Siraha, Sankhuwasbha, Terathum, Dhankuta, Panchthar) were added making the total survey district 37. The additional districts are shown in the **figure1-2** and the list of total SDPs in each district is provided in **Error! Reference source not found.**.

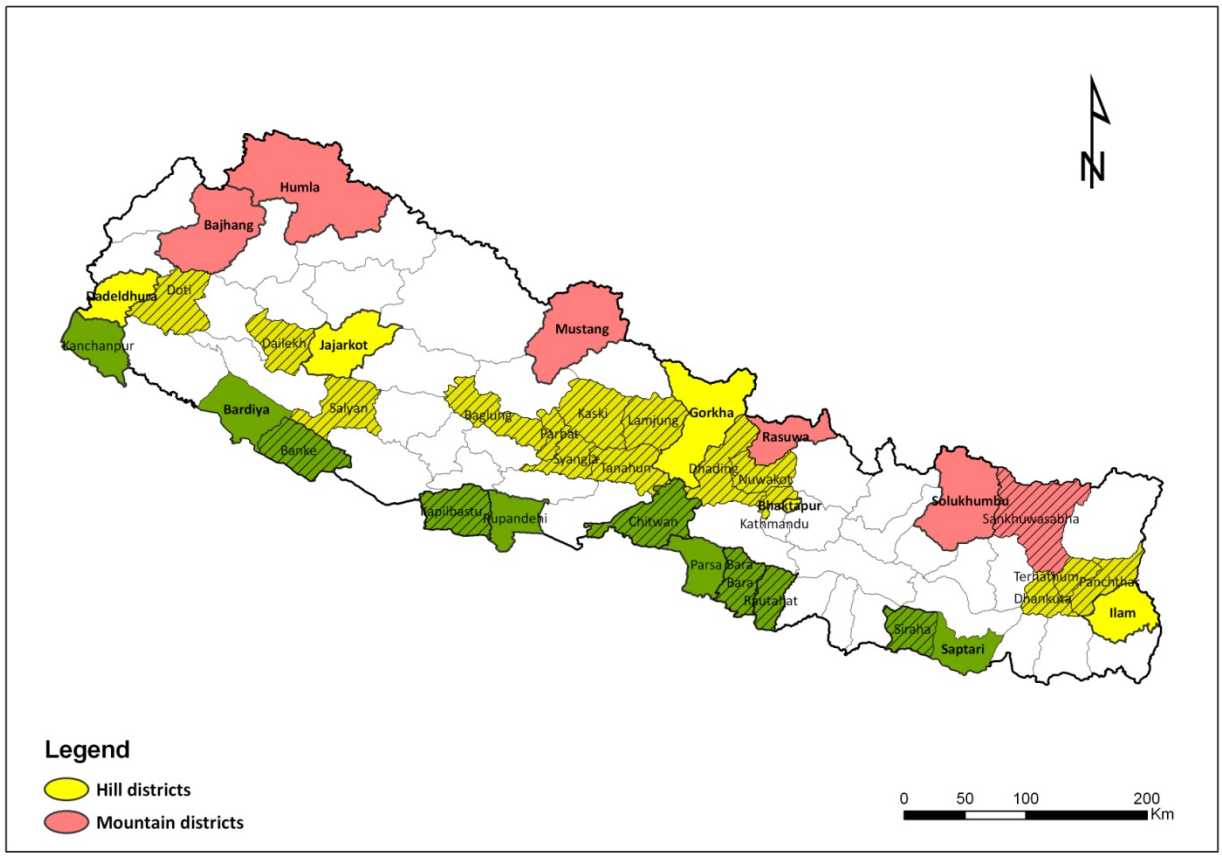


Figure 1-2: Sampling of the health facilities within the total (with the additional) district

1.1.4. Determination of Sample size for the Client Interview

Although client exit interviews are not expected to be based on representative samples of the population, however, efforts must be made to ensure that they are representative of those who visit the facility on that day. In this respect the interviewer should ensure that those interviewed are systematically selected. Therefore;

A: In primary SDPs, the interviewer should talk to all the clients visiting the facility on the day the client interview is conducted.

B: For secondary and tertiary SDPs, with high attendance, the interviewer can talk to a sample of clients. The sample should be chosen systematically (every Nth client can be chosen). It is proposed here that the 3rd respondent be chosen from the family planning attendees leaving the SDP on the day.

Where possible it is necessary to interview at least 5 attendees per primary SDPs and 20 per secondary or tertiary SDPs. The sample sizes for each domain are presented in following **Table 1-5**:

Table 1-5: Sample size for Exit Interview

Region			Facility Category					Total
			SHP Level	HP Level	PHCC Level	Secondary Level	Tertiary Level	
CDR	Eco belt	Hill	43	36	15	59	15	168
		Mountain	14	11	3	22	0	49
		Terai	59	24	13	66	23	185
	Total		116	70	31	147	38	402
EDR	Eco belt	Hill	36	29	8	81	0	154
		Mountain	11	11	3	37	0	62
		Terai	38	17	12	37	23	126
	Total		84	58	23	155	23	342
FWDR	Eco belt	Hill	20	17	3	44	0	84
		Mountain	9	13	2	29	0	54
		Terai	5	6	4	15	15	45
	Total		34	36	9	88	15	182
MWDR	Eco belt	Hill	30	24	8	52	8	121
		Mountain	10	18	1	29	0	59
		Terai	10	11	4	29	15	69
	Total		50	52	13	111	23	248
WDR	Eco belt	Hill	58	43	13	125	15	254
		Mountain	1	7	0	22	0	31
		Terai	22	9	6	52	8	95
	Total		81	59	19	199	23	380
Total	Eco belt	Hill	187	148	47	361	38	780
		Mountain	45	60	9	140	0	254
		Terai	133	67	39	199	83	521
	Total		**365**	**275**	**95**	**700**	**120**	**1555**

1.4.2. Data Collection

Recruit and train field staff enumerators and supervisors and data entry staff

All the selected field staffs i.e. 17 field supervisors and 34 field enumerators were trained before commencing data collection. The training focused on familiarizing the field staffs on brief description of project, research methodology and sample size calculation and distribution and on the research ethics to be strictly followed by the field staffs; as well as training the field staffs on the questionnaire and data collection technique. In addition to the classroom training, field practice and mock interviews were conducted to allow them to gain familiarity with the questionnaires and experience in interviewing. Supervisors were further trained on supervising field work, editing questionnaires in the field and managing logistics. Along with training on the questionnaires, the field staffs were also made familiar about their survey districts and respective health facilities. The resource people involved in the training and the detailed schedule of the training session is provided in the **Annex 8** below.

Adapt and Pre-test Survey Questionnaires

The pre-test of the survey questionnaires was conducted on 6th of January, 2014. In this pre-testing session all the trained supervisors participated. The supervisors were divided in three groups and pre-testing was conducted in three different health facilities namely Bodegaun PHCC, Sunakoti SHP and Bungmati HP in Lalitpur and Bhaktapur districts. The purpose of the pre-testing was to check the clarity and relevance of the tools, ease or reluctance of the respondents in answering questions and time taken to complete the questionnaire. After the pre-testing all the field staffs were brought together and confusions and problems encountered in the field were thoroughly discussed and addressed by technical experts. The results of the pilot survey were used to further refine the questionnaire and pre-empt pitfalls during the survey process.

Finalize the Survey Questionnaires

The draft questionnaire prepared by UNFPA and NDRI was further refined by incorporating all problems and feedbacks from the training session and also from findings during pretesting. . The final version of the survey questionnaire was translated in Nepali language and is provided in **Annex 9**.

Mobilization of the Field Staffs

A total of 34 field enumerators and 17 field supervisors were mobilized to the field. The number of field enumerators to be allocated for each district is based on total number of health facilities to be surveyed in each district (i.e. for district having facilities more than seven) at least two enumerators were employed. Two working days were allocated for one facility (including exit interview) for the field enumerators. Further, since the number of districts to be surveyed has increased, the field supervisors were also instructed to survey at least one health facilities at the tertiary or secondary level. This has allowed completion of the field work within the stipulated time. Similarly the route plan for each supervisor and enumerator were designed and provided to each of them before deploying them to the field. **Annex 10** below provides detailed field plan and the number of health facilities allocated to each field staff. Further, the field staffs were provided letter from Department of Health Services, MOHP to facilitate data collection from the health facilities.

1.4.3. Data Analysis and Presentation

Data processing was done in three phases namely data entry program development, data entry and data cleaning. The following process was carried out for overall data management:

- ***Development of coding system:*** A scientific coding system was developed using alphabets and numbers denoting development regions, districts, VDCs and wards of survey.

- ***Selection of software, data masking and data entry:*** MS-Excel was used for the data entry purpose. The data validation feature in excel was used as per the need/requirement of the data. In case of data masking, all the variables used in the questionnaire were properly labeled along with the corresponding value codes in English and entered in the Excel database. The listing option in data validation tool allowed to create a drop down list of valid entries that were compiled from cells elsewhere in the excel work book. During the data entry process, strict data quality control procedures, codes and checks were undertaken. For example, a feature in data validation called data entry to a whole number within limits was used to define restrictions on what data can or should be entered in a cell. This prevented the users from entering invalid data. The data validation also allowed input messages to define what input we expect for the cell, and instructions to help data entry operators correct any errors. Also, random re-checking of data entered with the field data was carried out.

- ***Data cleaning and reporting***: In the final step, data entered in excel was converted to SPSS format and was checked for all the inconsistencies. The analyses are only as good as the quality of the data; so much time was devoted to checking for file accuracy. Data cleaning was approached much like a logic problem. Two sources of detectable errors i.e. data entry errors (such as mistyping responses, entering data out of range or leaving an answer blank when a valid response was included) and enumerator errors (such as failing to accurately follow a skip pattern, writing a response that is difficult to interpret or providing false answers) were both considered while cleaning the data. The SPSS Descriptives were used to run an initial check on the data to show the minimum and maximum values for each variable in the file such that data entered out of range could be easily seen. For checking the data errors in skip patterns, a few SPSS syntax were written. For this a new variable was created and a logical statement was provided to identify cases violating the skip patterns. From here we were able to identify the case ID of each violating case and go back to the questionnaire and fix the problem. Further, the missing values were designated by special values (such as -6 and -9). Clean copies of data will be made available in SPSS format as well as excel format.

- ***Data analysis:*** All the collected data were validated and updated before the start of data analysis. As per requirements, some intervening variables were developed for cross-tabulations. The cross-tabulations were done to examine the relationship between two variables. While doing cross tabulations independent and dependent variables were identified and percentage values and observed values (frequency) were calculated for each category of the independent variable. The cross tabulations were particularly done in relationship with type of facility, development region, distance, area, where applicable.

  Multiple response data where the respondents can choose or provide more than one response, for such multiple response analysis was done. The multiple responses were organized in multiple dichotomy (i.e. 1=yes and 2= no). The multiple responses were defined for all questions where multiple responses were expected. Then the crosstab option was used to obtain frequencies or percentages according to number of respondents/responses. (The syntax used is: Analyze - multiple response - define variable sets. Create the sets. Then going back to the command: Analyze -multiple response - frequencies or crosstabs).

  Confidence interval (CI) was calculated for all the output where the crosstab was done with type of facility. The observed health data such as counts, percentages or rates computed may not always give the accurate reflection of the true underlying risk of the population. Observed rates can vary from sample to sample or year to year, even when the true underlying risk remains the same. Statistics based on samples of a population are often subjected to sampling error. Thus, confidence interval was computed to provide an estimate of the potential discrepancy between the true population parameters and observed rates. For this, complex sample analysis function in SPSS was used where complex sample analysis plan was designed to incorporate sample design into survey analysis for more accurate results and accordingly outputs were produced.

  All the data analysis was done using cross-tabulations to examine the relationship between two variables.

1.4.4. Limitation of the Survey

The research tool along with the sample designing for this survey has been revised several times such that the output/findings from the survey could be nationally representative. However, the research contains some limitations which were out of our control.

- The total SDPs to be surveyed were distributed among the various developmental regions and ecological belt and total sample size of 188 facilities was calculated. While doing the systematic random sampling to distribute these188 facilities for each development region and ecological belt, the sample seemed to be scattered in all 75 districts of the country. Since the survey could not be conducted in all districts, due to budgetary constraints, the survey was limited to 15 districts only. Fifteen districts were selected from three ecological regions of five development region by using systematic random sampling such that they are representative of each ecological region.

- Also because the field survey had been carried out from mid of January to early February, which is considered as the coldest months in Nepal, this hindered the survey mostly in Mid-Western and Far-Western region in the country. Some of the SDPs in the districts such as Jajarkot, Humla, Mustang, etc were not accessible due to continuous snowing which had to be changed. These changes were made considering all the field situations and with proper consultations with the officers from the district health offices. Also, due to the poor geographical condition i.e. lack of access to proper road facilities few changes on SDP to be surveyed were made during the field survey. The overall changes made during the field survey are provided in **Annex 11.**

- The good stock situation of the RH medicines and commodities found by the survey could be due to the timing during the period when the survey was conducted, there will be enough budget in the districts to allow transportation and so they stock up.

- Only descriptive analysis reported at the national and sub national level is provided with no districts specific estimates are given in this report.

- The client exit interviews were conducted as a regular process of program monitoring, the information from such interview are quite subjective in nature, which may not necessarily represent perception of all the clients visiting the facility as well as not reflect the actual situation of the SDP.

- Further lack of clients for exit interview was faced by some of the field researchers mostly due to bad weather condition. However, the field researchers were able interview nearly 1480 clients which were considered to be rather satisfactory.

1.4.5. Outline of Report

Before venturing into the data analysis, data updating and validating was done. As per requirements, some intervening variables were developed for cross-tabulations. The preliminary findings were presented by populating the dummy tables. The quantitative techniques of data analysis were employed.
The overall analysis part incorporates the following topics:

I. Availability of commodities and services

- Modern contraceptives offered by facilities
- Availability of Maternal and RH medicines
- Incidence of 'No Stock Out' of modern contraceptives in the last six months
- Incidence of 'No Stock Out' of modern contraceptives on the day of the survey
- Supply chain, including cold chain
- Staff training and supervision
- Availability of guidelines, checklists and job aids
- Use of ICT
- Waste disposal
- Chargers for user fees

II. Clients exit interview

- Background characteristics of clients
- Clients' perception of family planning service provision
- Clients' appraisal of cost of family planning services

The reporting of the activities is done following the format and guidelines provided by UNFPA. NDRI will also support UNFPA to disseminate survey findings widely and also to promote its utilization for planning and programming by all the relevant partners.

PART 2: NATIONAL GUIDELINES, PROTOCOLS AND LAWS

2.1. Summary of Guidelines, Protocols and Laws for Provision of Modern Contraceptives

The government of Nepal has committed to improve the reproductive health status throughout the nation after having the signatory of International Conference on Population and Development (ICPD) 1994 and millennium development goals by 2015. Regular supplies of reproductive health commodities in all the health facilities level are crucial in terms of quality health services. Ministry of Health & Population (MoHP) prepared Reproductive health commodities security (RHCS) strategy with involving with wide range of stakeholders. The goal of RHCS is to ensure a secure supply and choice of quality contraceptives and other reproductive health commodities to meet every individual's need at the right time and the right place. RHCS only exists when people are able to reliably choose, obtain and use the family planning contraceptives, condoms and other essential reproductive health supplies as per their need (MoHP/DoHS, 2006). There are several barriers to access and problems on utilization of reproductive health services. Unmet need of family planning is largely high. There are urgent need to address unmet need and disparity in service needs through improving availability and accessibility of services, equity, reducing barriers to care, improving quality of care and market segmentation for public and private sectors. Public sector is loaded in meeting reproductive health commodities requirement because clients are largely depends on public sector. Commodities issues in Nepal are donor driven and it has not yet covered the hard to reach areas. Female condoms are not offered to sex workers to prevent STIs including HIV/AIDS. Procurements of contraceptives started from 1996 in Nepal however still insignificant amount of quantities that are required for the country. Long term commitment towards RHCS is lacking from government, donors, external development partners (EDPs). Coordination mechanism between government agencies, donor, EDPs, private sectors is to be strengthened and established with new forum.

Nepal Health Support Programme-II (NHSP II) 2010 - 2015 mentioned that the timeliness and value for money from Ministry procurement will be improved by the following activities which are as follows:

- Mandatory submission of procurement plans with proposed budgets, before budget approval
- Standardization of specifications
- Building capacity in procurement with a specialist procurement cadre at all levels to provide a career path and training bidders on the 2007 procurement act and procurement procedures
- Enhanced transparency, complaints handling, e-bidding
- Enhanced budget estimates to reduce the risk of cancelled tenders, combining orders into larger packages, increased use of multi-year contracts
- Central bidding and local procurement for essential drugs, to address disparities in price, quality and quantity of medicines districts procure
- Enhanced storage, vehicles, transport budget to ease distribution problems in the districts
- Quality control of drug procurement, with improved capacity of Department of Drug Administration (DDA) and the Logistics Management Division (LMD) to test quality on site and PPP with private sector laboratories for testing of health commodities and drugs (NHSP II: 2010-2015)

Major contributing factors to quality health care delivery include supply of various commodities (medicines, instruments, equipment, furniture, and other supplies), physical infrastructure (peripheral facilities, hospitals, laboratories, etc.), and consulting services as part of capacity research and enhancement programme.

In order to correct procurement related anomalies that have existed for decades in the country and delayed the development process, the Government enacted a Public Procurement Act (PPA) in 2007 that addresses procurement

of commodities, works and services. Ministry officials are in the process of adjusting to its provisions. Under the Ministry, commodities are procured from the DoHS, Regional Health Directorates (RHDs) and District (Public) Health Offices. Responsibilities of constructing physical facilities, including repair and maintenance works costing one million rupees and more, have been handed over to DUDBC. Ministry offices carry out procurements below that amount. In regards to services, major consultancies are procured from the central level and hiring temporary staff is done locally (NHSP II: 2010-2015).

Health commodities are distributed from the central store (and regional directorates) to the regional medical stores and then to the district stores which dispatch them to the service delivery points. Delays, standard/quality, capacity, transparency, pilferage, price control/economy of scale, management efficiency, interference, procurement as a specialty, preparatory work, procurement plan concurrently with budget estimation, transparent practices, quality assurance, multi-year procurement, capacity development, state – non state mix are some of the major issues to address on procurement and distribution.

2.2. Summary of Guidelines, Protocols and Laws for Provision of Maternal/RH Medicines

Procurement problems continue to be experienced, especially for essential drugs. Drug procurement has been affected by delays in the annual budget approval process and transfer of funds and responsibility to district health offices inexperienced in the procurement process. Stock outs have risen significantly in 2008 and 2009, and problems of local procurement of over-priced drugs have been experienced. 75 % of health and sub-health posts had stock outs between March 2008 and March 2009. Ministry developed a new drug procurement scheme in 2009 to correct the problem in which manufacturers and suppliers are pre-qualified and prices are fixed centrally for local purchasing. The drug policy is designed to ensure only quality drugs are purchased locally at bulk prices and are readily available at district facilities. Guidelines were prepared and approved by the Cabinet (NHSP II: 2010-2015).

Abolishing user fees for Essential Health Care Services (EHCS) is intended to eliminate financial barriers at service delivery sites and thereby improve access to and utilization of EHCS by the poor and excluded at health facilities. Efforts to target subsidies to those least able to pay have had only limited success in exempting the poor and excluded from charges and have consequently had only limited impact on reducing their reluctance to seek care for fear of cost. There are also questions as to whether those who can pay necessarily should pay, especially if the bills are met by selling assets and reducing future household income (NHSP II: 2010-2015).

This matter needs to be taken forward in conjunction with the reforms to increase hospital autonomy, linking decentralization of authority and more flexible block-grant budgets to clearer expectations in regard to performance standards and service delivery targets that hospitals should achieve. The movement towards hospital autonomy has in recent years been stalled by the repeal of the Development Board Act and new legislation will be needed to reconstitute hospital management committees.

National Reproductive Health Policy (1991)

MOHP will implement Reproductive Health service as an integral part of primary health care. Efforts will be made by the MOHP to involve private and non-governmental sectors in order to improve the status of women through attitudinal, practical and social change especially towards the issues of health of women. RH program includes mainly general health services, family planning and maternal child health, prevention and control of STDs, HIV/AIDS with emphasis on information, education and communication.

National RH Strategy

In Nepal, RH is not new programme but it seeks new approach to strengthen the existing safe motherhood, family planning, HIV/AIDS and STD programme. This calls for strengthening inter-divisional linkages within the Department

of Health service as well as between other sectors (e.g. education, women and development and the legal justice system). Gender perspective and empowerment of women will be built into all relevant program areas.
The National RH strategy fits within the context of the 1991 health policy as well as the 1997 Second Long Term Health plan. The existing policy and plan support the national objectives of reducing infant, child and maternal morbidity and mortality. As well as contributing to a reduction in total fertility. The new Health Policy and Second Long Term Health Plan place emphasis on community involvement, increasing access through outreach, sub health posts, health post and primary health care centers, establishing functional referral mechanisms between all levels. Furthermore, due emphasis is placed on strengthening management capacity including planning, monitoring/supervision and performance review/evaluation.

Following strategies have been adopted for the effective and efficient provision of RH service in Nepal

- Implement integrated RH package by modifying and adding interventions in the stander RH service based on the country's situation and needs
- Enhance functional integration of the RH activities carried out by the different division
- Place and emphasis on the environment to work for RH, IEC materials development and advocacy for the concept of RH
- Review and update the existing training curricula and various health workers
- Ensure effective management systems
- Include minimum essential RH information in the existing HMIS
- Gear research activities
- Promote inter-sectoral and multi-sectoral coordination
- Construction/upgrading of training facilities at the national, regional, district and village level
- Institutional/management /monitoring strengthening
- Development programme for adolescents
- Method specific/rumor countering IEC/advocacy

RH Guideline and Protocols

Within the policy framework of the national Reproductive Health Strategy need to introduce comprehensive and integrated RH operational/management guidelines and clinical/service delivery protocols nationwide. The purpose of these RH operational/management guidelines and clinical protocols are:

- Strengthen and decentralize managerial capacity to implement and efficient and effective RH program at all levels.
- Clearly define a standard quality of routine RH service, IEC, counseling and referral to be provided at all levels.
- Guide service providers in a minimum selection of life-saving skills which will lead to a reduction in maternal and prenatal mortality.

MOH/ Family health division developed the RH clinical protocols for health service provider/health workers ANM, MCHW, VHW, SN, MO and HA, for effective service. All 8 RH components; family planning, safe motherhood, Neonatal health, STD/AIDS, adolescent reproductive health, prevention and Management of Sub-fertility, Prevention and Management of Complication of Abortion, life cycle RH issues. Protocols guided the service provider how to treatment effectively and systematically to client. It's thoroughly support to assessment of client, counseling and information giving, exam and investigations and referral process.

All RH components are guided for the assessment and treatment through protocols. Health workers as per their job aid should have implemented the protocols during the treatment process. Before using these guidelines and protocols, orientation and training provided to all RH service providers and manager at different levels.

PART 3: SURVEY FINDINGS FOR AVAILABILITY OF COMMODITIES AND SERVICES

3.1. General Information about the Facilities

This chapter presents the general information of the facilities surveyed such as geographic location, management of the facility and distance of SDPs from source of supplies. A total of 189 facilities were surveyed including 62 sub health posts, 68 health posts, 20 primary health care centers and 39 hospitals.

3.1.1. Geographic Distribution of Facilities

This survey covered the facility of all the development regions. In terms of percentage distribution, nearly equal proportion of the sample facility was taken from Eastern, Central and Western development regions and fewer sample facilities were taken from Mid-Western and Far-Western region.

Table 3-1: Distribution of the SDP according to Development Regions

Development Regions	Frequency	Percent
Eastern Development Region	43	22.8
Central Development Region	54	28.6
Western Development Region	42	22.2
Mid-Western Development Region	29	15.3
Far-Western Development Region	21	11.1
Total	**189**	**100.0**

The facilities within each district were selected from both the urban and rural regions. Since more than 80% of the population in Nepal resides in rural areas of Nepal the sampling was also designed to represent majority of facilities in the rural areas. Therefore, this survey covers 78% of the facility in the rural areas and only 21.2 % of the facility in the urban area.

Table 3-2: Distribution of the SDP according to Area

Area of Service Delivery Point (As per classified by Nepal)	Frequency	Percent
Urban	40	21.2
Rural	149	78.8
Total	**189**	**100.0**

3.1.2. Management of Facilities

All the facilities surveyed under this study are government managed facility. The NGOs and other health facility providing reproductive health facilities were excluded from the study.

3.1.3. Distance of SDPs from Source of Supplies

This study explores the distance between the location of the health facility and the nearest warehouse where healthcare supplies are stored and from which the SDP receives its regular supplies. The distance of SDPs from the nearest warehouse/ source of supplies was classified into six major categories as shown in **Table 3.3**. Majority of the SDPs (65%) were found to be within a distance of 20 kilometres. The distance of SDPs was further classified according to eco-region i.e. Mountain, Hill and Terai. More of the facilities in the hills (69%) and mountains (63%) are found in the distance of less than 20 kms compared to the Terai (57%). Nevertheless, this does not interpret that most of the facilities in the hills and mountains are accessible than in Terai, because in hills and mountains mostly due to the difficult geographic condition, makes these areas highly inaccessible.

Table 3-3: Distribution of SDPs according to distance from nearest source of supplies

Ecological Region		Distance from nearest warehouse/source of supplies (in Km)						Total sample size
		<10	10-20	21-30	31-40	41-50	>50	
Mountain	N	9	10	4	2	0	5	30
	%	30.0	33.3	13.3	6.7	0.0	16.7	100.0
Hill	N	37	31	11	3	2	14	98
	%	37.8	31.6	11.2	3.1	2.0	14.3	100.0
Terai	N	15	20	12	9	2	3	61
	%	24.6	32.8	19.7	14.8	3.3	4.9	100.0
Total	N	61	61	27	14	4	22	189
	%	32.3	32.3	14.3	7.4	2.1	11.6	100.0

3.2. Modern Contraceptives Offered by Facilities

This chapter shows the situation of five modern contraceptives i.e. condoms, oral contraceptive pills, injectables, intrauterine contraceptive devices (IUCD) and implants services offered by the facilities. Family planning services was provided by all the facility surveyed which showed that among all the surveyed facilities, most of the facilities were comparatively better prepared to handle family planning services than maternal including delivery services (150 out of 189 facilities providing maternal health services).

3.2.1. Contraceptives Offered by Types of Facilities

The government guidelines suggest that the three temporary contraception methods, condoms oral contraceptive pills and injectables are supposed to be available at all types of health facility. However, this survey result showed that these three types of contraception were made available in regular basis in all sub health posts, all hospitals, all but one primary health care centers and health posts each. In case of IUDs and Implants, all the hospitals except one(%) and almost all of the primary health care centers (%), less than half of the health posts (%) and very few sub health posts(%) are offering these methods on a regular basis **(Table 3-4)**. The provision of these services on long-acting reversible contraceptives however is dependent on the availability of a trained provider and supplies

The guidelines also suggest that Mini laparotomy (minilap) and vasectomy services should be available at the hospital level which however is also dependent on the availability of a trained provider. This survey showed that the permanent method of family planning (sterilization for both male and female) were offered on a regular basis by the hospitals only, with 63% of the hospitals providing vasectomies and 58% providing minilaps. Few of the sub health posts, health posts and PHCC also reported providing vasectomy and minilap services, however only during camp settings.

From the results , we can to some extent we can assume that the most offered contraception methods by any SDP or the most popular contraception methods were short term hormonal (such as oral contraceptive pills, and injectables) and non-hormonal family planning services (such as condoms). However, the least popular ones were the permanent method (minilap and vasectomy).

Table 3-4: Various contraceptives offered by the types of facilities

Type of Facility	Male condoms	Oral contraception	Injectables	IUDs	Implants	Sterilization for female	Sterilization for male	Total Sample size
Sub Health Post	100.0 (100,100)	100.0 (100,100)	100.0 (100,100)	3.2 (0.7,13.7)	1.6 (0.2,13.1)	0.0	0.0	62
Health Post	98.5 (90.1,99.8)	97.1 (89.6,99.2)	98.5 (90.4,99.8)	42.6 (25.9,61.3)	30.9 (19.8,44.7)	0.0 (0.6,27.8)	0.0	68
Primary Health Care Center	100.0 (100,100)	95.0 (71.0,99.3)	100.0 (100,100)	85.0 (65.6,94.4)	80.0 (43.3,95.5)	0.0	0.0	20
Hospital	100.0 (100,100)	100.0 (100,100)	100.0 (100,100)	100.0 (100,100)	97.4 (80.7,98.8)	57.9 (40.4,71.2)	63.2 (45.1,75.7)	39
Total	**99.5** (95.5,99.8)	**98.4** (93.5,99.3)	**99.5** (95.6,99.8)	**45.7** (34.0,57.5)	**39.9** (29.7,50.6)	**13.3** (7.4,22.5)	**12.8** (7.8,21.4)	**189**
**Confidence Interval given in Parenthesis () is calculated in 95% confidence level*								

3.2.2. Facilities Offering at Least Five Modern Types of Contraceptives

The percentage distribution of SDPs offering at least five modern contraceptives in a given geographic area is one of a crucial indicator for the GPRHCS study. According to the revised logical framework indicator for family planning in NHSP IP II that reflects the government guidelines which specify that the five forms of modern contraception i.e. condoms, oral contraceptive pills, injectables, intrauterine contraceptive devices (IUCD) and implants should be available at least at health posts level (FHD, 2007). This survey showed that overall there were about 35% of the SDPs offering at least five modern contraceptive methods. This included all the hospitals, more than half of primary health care centres (65%) and 21% health post and only 2% of sub health post **(Table 3-5).**

Accordingly, in terms of development regions, SDPs offering at least five modern contraceptives were almost equally distributed in all regions with highest percentage of SDPs being in the Far western region and lowest in mid western region **(Table 3-6).** Compared to only 23% in rural areas, 83% of SDPs in urban areas offer five methods of modern contraception. The majority of SDPs at the distance of more than 50kms and less than 10 kms from the nearest warehouse/source of supplies were found to be offering at least five modern contraceptives **(Table 3-8)**. This can be interpreted as distance does not make any difference in the number of contraceptive methods being offered, by the SDPs.

Table 3-5: Percentage distribution of SDPs offering at least five modern contraceptive methods by type of facility

Type of Facility	Percentage of SDP **Offering at least five** modern contraceptive methods	Total facility providing FP services (N)
Sub health post	1.6 (0.2, 13.1)	**62**
Health post	20.6 (10.0, 37.6)	**68**
Primary health care center	65.0 (36.5,85.7)	**20**
Hospitals	100 (100,100)	**39**
Total	**35.4 (24.4, 48.3)**	**189**
****Confidence Interval given in Parenthesis () is calculated in 95% confidence level***		

Table 3-6: Percentage distribution of SDPs offering at least five modern contraceptive methods by Administrative Unit (Region)

Administrative Unit (Region)	Percentage of SDP Offering at least five modern contraceptive methods	Total facility providing FP services (N)
Eastern Development Region	34.9	43
Central Development Region	37.0	54
Western Development Region	33.3	42
Mid-Western Development Region	27.6	29
Far-Western Development Region	47.6	21
Total	**35.4**	**189**

Table 3-7: Percentage distribution of SDPs offering at least five modern contraceptive methods by urban/rural residence

Residence	Percentage of SDP Offering at least five modern contraceptive methods	Total facility providing FP services (N)
Urban	82.5	40
Rural	22.8	149
Total	**35.4**	**189**

Table 3-8: Percentage distribution of SDPs offering at least five modern contraceptive methods by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in Km)	Percentage of SDP Offering at least five modern contraceptive methods	Total facility providing FP services (N
<10	44.3	61
10-20	23.0	61
21-30	25.9	27
31-40	35.7	14
41-50	25.0	4
>50	59.1	22
Total	**35.4**	**189**

3.2.3. Reasons for Not Offering Certain Contraceptives

As mentioned in **Table 3-4**, all the contraception methods are not made available to the clients in the regular basis. The analysis showed that three (oral pills, male condoms and injectables) of the seven modern contraceptives are being offered to clients at almost all of the SDPs but the percentage proportion for the rest of the contraceptive methods is generally less than 45 percent.

The reasons for not offering the contraception methods, is based on the verbal response as reported by the respondents (HF in charges, Auxiliary Health Workers (AHW)) are provided in the **Table 3-9**. The main reason for not providing IUDs, Implants and other permanent contraception methods is due to lack of trained staffs in these SDPs.

Another prominent reason particularly in case of IUDs was low client demand for the contraceptive particularly in case of permanent contraception method. Lack of equipment was also considered as one of the main reasons for not being able to offer the method by some SDPs.

Table 3-9: Reasons for not offering certain contraceptive

Modern Contraceptives	Reasons for not offering certain contraceptives						Total SDPs
	Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive	The contraceptive is not available in the market for the SDP to procure	Low or no client demand for the contraceptive	No trained staff	Lack of equipment	Others specify*	
Male condoms	50	0	0	0	0	50	2
Oral contraception	25	0	0	25	0	50	4
Injectables	50	0	0	0	0	50	2
IUDs	10	3.3	13.3	56.7	0	16.7	30
Implants	2.4	2.4	7.3	78	0	9.8	43
Sterilization for female	0	0	4	72	12	12	25
Sterilization for male	0	0	11.8	58.8	11.8	17.6	17
Total	**5.8**	**1.7**	**8.3**	**64.5**	**4.1**	**15.7**	**120**

**Others include: Direct from DPHO store, Damaged pills, provided in only camp*

3.3. Availability of Maternal and RH Medicines

Maternal and RH medicines including the essential medicines ensure healthy pregnancy and delivery outcomes, as well as prevention and treatment of STIs and HIV/ AIDS. Since the poor maternal and reproductive health constitutes a considerable proportion of the disease burden in developing country such as Nepal, essential medicines for maternal and RH are not available to the majority of the population (Logez, et.al, 2013). Thus, it is essential to analyze the availability of maternal and RH medicines. According to Free Health Care Policy (FHCP), Ministry of Health and Population (MOHP) is supposed to provide 25 essential drugs from SHPs, 35 essential drugs from HPs and PHCCs, and 40 essential drugs from up to 25 bedded hospitals to clients, free of cost.

This chapter explores the availability of life saving maternal and RH medicines in all levels of health facility which provide maternal health services including delivery services (e.g. with a maternity unit or section for delivery) in the country and also discuses on the reasons as why the medicines are not available in the facilities.

3.3.1. Maternal and RH Medicines Available by Types of facilities

In this survey, the availability of seventeen maternal and RH medicines life saving drugs was assessed. Among seven essential drugs five drugs (Ampicillin, Gentamycin, Metronidazole, Magnesium sulphate and Oxytocin) are supposed to be available in all level of health facilities according to the Free Health Care Policy (FHCP).

Table 3-10: Percentage distribution of service delivery points with any Maternal/RH Medicine available

Characteristics	Maternal/RH Medicines																Total SDPs providing Maternal health services
	(1) Ampicillin	(2) Azithromycin	(3) Benzathine benzylpenicillin	(4) *Either* Betamethasone Or Dexamethasone	(5) Calcium gluconate	(6) Cefixime	(7) Gentamicin	(9) Magnesium sulfate	(10) Methyldopa	(11) Metronidazole	(12) Mifepristone	(13) Misoprostol	(14) Nifedipine	(15) Oxytocin	(16) *Either* Sodium chloride Or Sodium lactate compound solution	(17) Tetanus toxoid	
Type of Facility																	
Sub Health Post	2.9 (0.3 , 20.7)	0.0	0.0	22.9 (10.9 , 41.8)	8.6 (3.7 , 18.7)	0.0	74.3 (46 , 90.7)	42.9 (17.2 , 73)	0.0	97.1 (88.3 , 99.4)	2.9 (0.3 , 22.9)	4.8 (1 , 20)	2.9 (0.3 , 22.9)	77.1 (49.7 , 92)	0.0	45.7 (23.2 , 70.1)	35
Health Post	5.3 (1.7 , 14.9)	14.0 (5.8 , 30.3)	0.0	66.7 (49.8 , 80.2)	12.5 (4.4 , 30.6)	8.8 (3.1 , 22.3)	84.2 (65.5 , 93.7)	70.2 (44.3 , 87.4)	3.5 (0.8 , 13.8)	100.0 (100 , 100)	17.5 (7.5 , 35.9)	22.1 (9.6 , 43.0)	14.0 (4.9 , 34)	98.2 (87.5 , 99.8)	96.5 (89 , 98.9)	59.6 (40.9 , 76)	57
Primary Health Care Center	31.6 (13.7 , 57.4)	21.1 (7.9 , 45.4)	0.0	89.5 (48.8 , 98.7)	26.3 (10.9 , 51.2)	15.8 (5.1 , 39.6)	94.7 (70.2 , 99.3)	100.0 (100 , 100)	10.5 (2.6 , 34.2)	100.0 (100 , 100)	26.3 (9.4 , 55.1)	20.0 (5.8,50.3)	26.3 (11.7 , 49)	100.0(100 , 100)	100.0 (100 , 100)	84.2 (57.2 , 95.5)	19
Hospital	61.5 (45.5 , 75.4)	48.7 (34.1 , 63.6)	23.1 (11.3 , 41.4)	92.3 (77.9 , 97.6)	65.8 (79.9 , 27)	53.8 (36.9 , 69.9)	94.9 (80 , 98.8)	100.0 (100 , 100)	28.2 (16 , 44.7)	100.0 (100 , 100)	53.8 (36.2 , 70.6)	33.3 (19.8,50.4)	56.4 (38.4 , 72.9)	100.0(100 , 100)	100.0 (100 , 100)	94.9 (81.3 , 98.7)	39
Total	**22.7** (13.7 , 35.1)	**20.7** (12.2 , 32.8)	**6.0** (2.6 , 13.4)	**66.0** (52.5 , 77.4)	**27.0** (16.8 , 40.5)	**19.3** (12 , 29.6)	**86.0** (73.3 , 93.2)	**75.3** (58 , 87.1)	**10.0** (5.2 , 18.5)	**99.3** (95.9 , 99.9)	**24.7** (15.4 , 37)	**18.5** (9.8,32.2)	**24.0** (14.3 , 37.4)	**94.0** (82.1 , 98.2)	**75.3** (61.5 , 85.4)	**68.7** (56 , 79)	**150**

**Confidence Interval given in Parenthesis () is calculated in 95% confidence level*

This survey showed that almost all the drugs mentioned above were available in almost all level of facilities expect for Ampicillin. Ampicillin was available at only 23% of the overall surveyed facilities. Drugs such as Azithromycin, Cefixime, Methyldopa, and Benzathine benzyl penicillin were sparingly available compared to the other drugs and their availability was mostly limited to hospitals.

Post partum hemorrhage is considered as one of the main causal factor for maternal mortality, for which Oxytocin and Misoprostol is used as the drugs for prevention (WHO, 2009). Our survey showed that in almost all the hospitals, PHCCs, SHPs and majority of HPs Oxytocin was available. For the estimation of availability of Misoprostol, districts where the program was implemented is only considered. Misoprostol is provided in only 41 districts of Nepal as reported by Family health division (FHD) (list of districts was provided by FHD). Out of total 37 surveyed districts, the program was implemented in only18 districts.

However, the survey data showed that among these 18 districts, the availability of Misoprostol was observed to be available in only 14 districts. The detailed list of18 districts and availability in the SDPs provided in **Annex 12** .The data showed that in about only 18% of total SDPs Misoprostol was made available, the availability being highest for the hospitals (i.e. 33%) and least for sub health post (4.8%).

Also, it is reported that maternal and neonatal tetanus have been among the most common lethal causes for newborn mortality, for which Tetanus toxoid is used as the prevention (Black, et.al 2010). This survey showed that Tetanus toxoid was available in almost all the hospitals and PHCCs, more than half of the HPs and nearly half of the SHPs.

3.3.2. Availability of Seven Essential Life-Saving Maternal and RH Medicines

The availability of seven essential life saving maternal and RH medicines was an important element of this study. The availability of these seven life saving drugs with two essential drugs were assessed through stock verification of all seventeen drugs during the field survey. The list of seven life saving drugs included two mandatory medicines (Magnesium sulphate and Oxytocin) and any other five of the remaining medicines among the seventeen drugs available in each SDP surveyed, however, the drugs such as sodium chloride and sodium lactate compound solution was considered alternative and Dexamethasone was considered alternate to Betamethasone.

The availability of seven essential life saving maternal and RH medicines (including two essential drugs) was analysed in all levels of health facilities. The results showed that overall about 61% of the SDPs met the criteria. This included nearly all the hospitals except one and majority of PHCCs, half of the HPs and few SHPs (about 14%) **(Table 3-11)**.

The availability of seven life-saving maternal or reproductive health medicines was also analyzed by development region, rural and urban area and distance from the nearest warehouse. In terms of development region, the SDPs meeting the criteria of having seven life saving drugs were mostly concentrated in Western and Far-Western Regions. Almost all the SDPs in the urban areas had seven life saving drugs. In terms of distance from nearest source of supplies, the SDPs having the life saving drugs are almost evenly distributed with the least percentage of SDPs within 41-50 kms and majority SDPs concentrated within 31-40 km **(Table 3-14).** This data showed that the distance of the SDPs from their source of supplies had no relevance or influence in SDPs offering the life saving maternal/reproductive health medicines.

Table 3-11: Percentage distribution of SDPs with seven (including 2 essential) life-saving maternal/reproductive health medicines available by type of facility

Type of Facility	Percentage	Total facility providing maternal health services (N)
	Seven (including 2 essential) life-saving maternal/reproductive health medicines **available**	
Sub Health Post	14.3 (3.8, 41.3)	35
Health Post	56.1 (36.0, 74.5)	57
Primary Health Care Center	84.2 (50.9, 96.5)	19
Hospital	97.4 (82.4, 99.7)	39
Total	**60.7 (42.6, 76.2)**	**150**
**Confidence Interval given in Parenthesis () is calculated in 95% confidence level*		

Table 3-12: Percentage distribution of SDPs with seven (including 2 essential) life-saving maternal/reproductive health medicines available by Administrative Unit (Region)

Administrative Unit (Region)	Percentage	Total facility providing maternal health services (N)
	Seven (including 2 essential) life-saving maternal/reproductive health medicines **available**	
Eastern Development Region	54.5	33
Central Development Region	45.0	40
Western Development Region	76.5	34
Mid-Western Development Region	63.6	22
Far-Western Development Region	71.4	21
Total	**60.7**	**150**

Table 3-13: Percentage distribution of SDPs with seven (including 2 essential) life-saving maternal/reproductive health medicines available by urban/rural residence

Residence	Percentage	Total facility providing maternal health services
	Seven (including 2 essential) life-saving maternal/reproductive health medicines **available**	
Urban	91.4	35
Rural	51.3	115
Total	**60.7**	**150**

Table 3-14: Percentage distribution of SDPs with seven (including 2 essential) life-saving maternal/reproductive health medicines available by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in Km)	Percentage	
	Seven (including 2 essential) life-saving maternal/reproductive health medicines **available**	**Total facility Providing maternal health services (N)**
<10	65.9	41
10-20	53.8	52
21-30	50.0	24
31-40	85.7	7
41-50	25.0	4
>50	77.3	22
Total	**60.7**	**150**

3.3.3. Reasons for Not Offering Certain Life Saving Maternal and RH Medicines

As shown in **Table 3-10**, not all the facilities have stock of the all the life saving maternal and RH medicines, there are various reasons stated (as shown in **Table 3-15**). The three main reasons, as reported by the respondents (Auxiliary health workers (AHW), Medical officer/superintendent, health facility in charge) why some life-saving maternal and reproductive health medicines are not available at the SDPs were (a) Delays on the part of the district store /warehouse to re-supply this SDP and (b) Lack of commodity from district store) (c) Low or no demand for the medicine at this SDP. Some of the other prominent reasons provided were that the medicines not listed for provision from that level of SDP in the government policy, unavailability of fridge, etc.

Table 3-15: Reasons for not offering certain life saving maternal and RH medicines

Reasons for not offering certain life saving maternal and RH medicines	Responses	
	N	Percent
Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine	72	76.6
Delays by this SDP to request for supply of the medicine	24	25.5
The medicine is not available in the market for the SDP to procure	9	9.6
Low or no demand/need for the medicine at this SDP	36	38.3
No fridge available	24	25.5
Not in government policy	24	25.5
Lack of supply (district/DPHO/ main source)	48	51.1
Not in the list of essential drugs	11	11.7
Any other Reason	24	25.5
Total cases	**94**	

Note:

- Reasons for not offering certain life saving drugs was asked to only those SDPs who provide maternal health services with delivery services as well as those who are expected/supposed to have available certain Maternal /RH Medicine in line with current national guidelines, etc, still did not provide the services
- Percentage calculation is based on number of total cases **(i.e. total SDPs which do not provide any (one or more of maternal/RH medicine)**

**Others include: Available only during immunization camp, Substitute drugs used, Recently upgraded to HP (medicines not arrived), birthing center not used properly*

3.4. Incidence of 'No Stock Out' of Modern Contraceptives

This chapter provides the information on the incidence of 'no stock out' of modern contraceptives. In this survey 'no stock out' indicates a situation in which a SDP providing family planning services does not run out of supplies of any one or more of the modern methods of contraceptives at any point in time over the last 6 months preceding the survey and hence was available to clients at all times (UNFPA, 2011). Here, the occurrence of 'no stock out' in last six months as well as on the day of the survey is examined. The stock out is measured in two ways i.e. if any SDP having stock out of one of the five contraceptives, the SDP is considered as stock out as well as being product specific for each contraceptive method.

The stock out of the five contraceptives were analyzed for only those SDPs that they were providing these services during the survey (i.e. for male condoms, oral contraception and injectables, all SDPs providing family planning services provided these services, however only some of the SDPs provided IUDs and Implants only 50% and 47% respectively).

Also, the reasons why the stock outs occurred were analysed. The situation of no stock out and reasons for stock out of certain contraceptive are based on the verbal responses provided by the respondents in the facility (such as health facility in charge and other medical staffs).

3.4.1. 'No Stock Out' At Time of Survey

The incidence of 'no stock out' (at the time of the survey) is an important index of determining Reproductive Health Commodity Security in any country. The **table 3-16a** below shows that in overall, the SDPs having stock out of any of the five modern contraceptives during the time of survey is quite low (i.e. more than 85% of the SDPs were in no stock out condition). The most suffered from stock out at the time of survey was health posts where about 22% of the SDPs had stock out of any of the five contraception methods.

Table 3-16a: Percentage distribution of SDPs with 'no stock out' of any of the five modern contraceptive methods at the time of the survey by type of facility

Type of Facility	Percentage: No stock out of any of the five modern contraceptive method at the time of survey	Total SDPs (N)
Sub Health Post	90.3 (75.5,96.6)	62
Health Post	77.9 (61.8,88.5)	68
Primary Health Care Center	90 (69.4,97.3)	20
Hospital	89.7 (70.5,97)	39
Total	**85.7** (75.5,92.1)	**189**
**Confidence Interval given in Parenthesis () is calculated in 95% confidence level*		

The data in **Table 3-16b** show the main contraceptive items in stock at the time of the survey. No stock out of male condoms, oral pills and injectables was reported in all PHCCs, all hospitals (except one), all SHPs and HPs (except one). Almost all the hospitals, PHCCs and majority of Health post had no stock out of IUCDs and implants. Analyses of commodities and services 'in stock' at the time of the survey with respect to area of the SDPs showed that almost all kinds of contraceptives were in stock in majority of facilities in the urban centers **(Table 3-18).** The least available contraception method among the five major methods in rural areas was Implants. The stock out of implants as well as IUCDs can be related to absence or insufficiency of availability of the commodity and presence of skilled staffs in these SDPs.

Table 3-17b: Percentage distribution of SDPs with 'no stock out' of five modern contraceptive methods at the time of the survey by type of facility

Characteristics	No stock out of modern contraceptive method at the time of the survey: Male Condoms	Oral Pills	Injectables	IUDs	Implants	Total SDPs providing Family Planning Services
Type of Facility						
Sub Health Post	98.4 (87.5 , 99.8)	100.0 (100 ,100)	100.0 (100 , 100)	33.3 (8.7 , 72.5)	16.7 (1.8 , 68.7)	**62**
Health Post	98.5 (90.1 , 99.8)	97.1 (89.6 , 99.2)	97.1 (89.6 ,99.2)	80.0 (63.3 ,90.3)	71.9 (53.2 , 85.2)	**68**
Primary Health Care Center	100.0 (100 , 100)	100.0 (100 , 100)	100.0 (100 ,100)	94.4 (69.1 , 99.2)	94.1 (63.8 , 99.3)	**20**
Hospital	97.4 (83.1 , 99.7)	97.4 (83.1 , 99.7)	92.3 (72.2 ,98.2)	97.4 (82.9 , 99.6)	97.4 (82.9 , 99.6)	**39**
Total	**98.4** (94.7 , 99.5)	**98.4** (95.4 , 99.5)	**97.4** (92.9 , 99)	**86.6** (75.9 , 93)	**83.7** (67 , 91.9)	**189**
**Confidence Interval given in Parenthesis () is calculated in 95% confidence level*						

Table 3-18: Percentage distribution of SDPs with 'no stock out' of five modern contraceptive methods at the time of the survey by Administrative Unit (Region)

Characteristics	No stock out of modern contraceptive method at the time of the survey					Total SDPs providing Family Planning Services
	Male Condoms	Oral Pills	Injectables	IUDs	Implants	
Region						
Eastern Development Region	97.7	97.6	97.7	89.3	75.0	**43**
Central Development Region	100.0	98.1	98.1	92.0	91.3	**54**
Western Development Region	97.6	97.6	95.2	93.8	94.7	**42**
Mid-Western Development Region	96.6	100.0	100.0	66.7	57.1	**29**
Far-Western Development Region	100.0	100.0	95.2	84.6	92.3	**21**
Total	**98.4**	**98.4**	**97.4**	**86.6**	**83.7**	**189**

Table 3-19: Percentage distribution of SDPs with 'no stock out' of five modern contraceptive methods at the time of the survey by urban/rural residence

Characteristics	No stock out of modern contraceptive method at the time of the survey					Total SDPs providing Family Planning Services
	Male Condoms	Oral Pills	Injectables	IUDs	Implants	
Residence						
Urban	100.0	100.0	95.0	97.1	97.1	**40**
Rural	98.0	98.0	98.0	80.6	74.6	**149**
Total	**98.4**	**98.4**	**97.4**	**86.6**	**83.7**	**189**

Table 3-20: Percentage distribution of SDPs with 'no stock out' of five modern contraceptive methods at the time of the survey by distance from nearest warehouse/source of supplies

Characteristics	No stock out of modern contraceptive method at the time of the survey					Total SDPs providing Family Planning Services
	Male Condoms	Oral Pills	Injectables	IUDs	Implants	
Residence						
<10	100.0	100.0	96.7	89.2	88.6	**38**
10-20	98.4	100.0	98.4	81.5	73.1	**23**
21-30	96.3	96.3	96.3	75.0	77.8	**34**
31-40	92.9	100.0	100.0	100.0	100.0	**21**
41-50	100.0	100.0	75.0	100.0	100.0	**22**
>50	100.0	90.5	100.0	87.5	86.7	**8**
Total	**98.4**	**98.4**	**97.4**	**86.6**	**83.7**	**189**

3.4.2. 'No Stock Out' In the Last Six Months

The incidence of no stock outs of five modern contraceptives in last six months was also explored in this study. This was considered as an important index of availability and a proxy indicator of access to contraceptive commodities in the country. The **table 3-20a** below shows that in general, the incidence of stock outs affected a small portion of SDPs that offer family planning services mostly the health posts.

Table 3-21a: Percentage distribution of SDPs with 'no stock out' of five modern contraceptive methods in the last six months by type of facility

Type of Facility	Percentage: No stock out of any of the five modern contraceptive method in the last six months	Total SDPs (N)
Sub Health Post	80.6 (65.3, 90.2)	62
Health Post	73.5 (54.8, 86.4)	68
Primary Health Care Center	90 (67.4, 97.5)	20
Hospital	84.6 (69, 93.2)	39
Total	**79.9** (66.5, 88.8)	**189**
**Confidence Interval given in Parenthesis () is calculated in 95% confidence level*		

The data in **Table 3-20b** shows that contraceptive commodities such as male condoms and oral contraception have the longest period of no stock out followed by injectables. The most affected contraceptives by stock outs were long term methods such as Implants and IUCDs which mostly affected health posts compared to PHCCs and hospitals. However, the hospitals were to some extent affected by the stock out of injectables. Thus, in overall it can be interpreted that PHCCs and hospitals were the most reliable contraceptive service delivery institutions as their percentages of 'no-stock out' was the highest in the sample.

In terms of residence of the SDP, 'no-stock out' was more prominent in SDPs residing in the urban areas. The SDPs in the urban area had 100% no stock out for contraceptive commodities such as male condoms and oral pills whereas, the IUDs and Implants was mostly affected by stocks out in rural areas.

Table 3-22b: Percentage distribution of SDPs with 'no stock out' of five modern contraceptive methods in the last six months by type of facility

Characteristics	No stock out of any modern contraceptive method in the last six months					Total SDPs providing Family Planning Services (N)
	Male Condoms	Oral Pills	Injectables	IUDs	Implants	
Type of Facility						
Sub Health Post	93.5 (79.1,98.2)	95.2 (88.8 , 98)	95.2 (95.2 , 88.8)	33.3 (8.7 , 72.5)	16.7 (1.8, 68.7)	**62**
Health Post	94.1 (74.9,98.8)	94.1 (82.8 98.2)	95.6 (89.1 , 98.3)	80.0 (63.3 , 90.3)	72.4 (48.3,88.1)	**68**
Primary Health Care Center	100.0 (100.0,100.0)	94.7 (67.5,99.4)	100.0 (100 , 100)	94.4 (69.1 , 99.2)	94.1 (63.8,99.3)	**20**
Hospital	97.4 (83.1,99.7)	97.4 (83.1, 99.7)	94.9 (81.9 , 98.7)	97.4 (83.2 , 99.7)	89.5 (73.9,96.2)	**39**
Total	**95.2** (88.6,98.1)	**95.2** (88.9, 98)	**95.8** (92 , 97.8)	**86.7** (76.1 , 93.1)	**80.0** (61.9,90.8)	**189**
**Confidence Interval given in Parenthesis () is calculated in 95% confidence level*						

Table 3-23: Percentage distribution of SDPs with 'no stock out' of five modern contraceptive methods in the last six months by Administrative Unit (Region)

Characteristics	No stock out of any modern contraceptive method in the last six months					Total SDPs providing Family Planning Services (N)
	Male Condoms	Oral Pills	Injectables	IUDs	Implants	
Region						
Eastern Development Region	100.0	90.5	93.0	85.7	69.6	**43**
Central Development Region	94.4	94.4	94.4	92.0	87.0	**54**
Western Development Region	95.2	97.6	97.6	100.0	100.0	**42**
Mid-Western Development Region	86.2	100.0	100.0	66.7	50.0	**29**
Far-Western Development Region	100	95.2	95.2	84.6	91.7	**21**
Total	**95.2**	**95.2**	**95.8**	**86.7**	**80.0**	**189**

Table 3-24: Percentage distribution of SDPs with 'no stock out' of five modern contraceptive methods in the last six months by urban/rural residence

Characteristics	No stock out of any modern contraceptive method in the last six months					Total SDPs providing Family Planning Services (N)
	Male Condoms	Oral Pills	Injectables	IUDs	Implants	
Residence						
Urban	100.0	100.0	97.5	97.1	94.1	**40**
Rural	94.0	93.9	95.3	81.0	71.4	**149**
Total	**95.2**	**95.2**	**95.8**	**86.7**	**80.0**	**189**

Table 3-25: Percentage distribution of SDPs with 'no stock out' of five modern contraceptive methods in the last six months by distance from nearest warehouse/source of supplies

Characteristics	No stock out of any modern contraceptive method in the last six months					Total SDPs providing Family Planning Services (N)
	Male Condoms	Oral Pills	Injectables	IUDs	Implants	
Distance from nearest warehouse/source of supplies (in Km)						
<10	100.0	100.0	96.7	89.2	88.6	**38**
10-20	98.4	100.0	98.4	81.5	73.1	**23**
21-30	94.1	100.0	100.0	77.8	77.8	**34**
31-40	90.5	95.2	90.5	100.0	100.0	**21**
41-50	90.9	100.0	100.0	50.0	100.0	**22**
>50	100.0	100.0	87.5	87.5	73.3	**8**
Total	**95.2**	**95.2**	**95.8**	**86.7**	**80.0**	**189**

3.4.3. Reasons for 'Stock Out'

As discussed above, the stock out situation was analysed in terms of stock out at the time of survey and stock out in the last six months. Thus, different reasons were reported by the respondents in both the stock out situation. The reasons are discussed separately below.

As shown in **Table 3-16** and **Table 3-20,** some of the facilities have experienced the stock out situation at the time of survey and in last six months predominantly in case of IUDs and implants; the reasons stated are provided in **Table 3-24a** and **Table 3-24b** respectively.

The main reason for the stock out of the contraception methods behind the stock out of implants and IUDs in both the cases from the SDPs observed was unavailability of the services due to the lack of trained staffs to provide these contraceptive. However, the delay on the part of main source institution/ warehouse to re-supply this SDP with this contraceptive was also considered another notable reason for the stock out of male condoms and injectables. In case of oral contraception, unexpectedly the major reason was due to damaged pills (in terms of packaging) and lack of supply from the district.

Table 3-26 a: Reasons for stock out of five modern contraceptive methods at the time of survey

Modern Contraceptives	Reasons for 'Stock-Out' of five modern contraceptive methods				Total SDPs
	Delays on the part of main source institution/ warehouse to re-supply this SDP with this contraceptive	Low or no client demand for the contraceptive	No trained staff to provide this contraceptive at the SDP	Any other Reason	
Male condoms	66.7	0	0	33.3	3
Oral contraception	33.3	0	0	66.7	3
Injectables	60	0	0	40	5
IUDs	25	25	50	0	12
Implants	6.7	13.3	80	0	15
Total	**24.3**	**13.5**	**48.6**	**13.5**	**38**
**Others include: Lack of supply, damaged pills, stolen*					

Table 3-27 b: Reasons for stock out of five modern contraceptive methods in last six months

Modern Contraceptives	Reasons for 'Stock-Out' of five modern contraceptive methods				Total Responses of Stock out
	Delays on the part of main source institution/ warehouse to re-supply this SDP with this contraceptive	Low or no client demand for the contraceptive	No trained staff to provide this contraceptive at the SDP	Any other Reason	
Male condoms	88.9	0.0	0.0	11.1	9.0
Oral contraception	44.4	0.0	0.0	55.6	9.0
Injectables	87.5	0.0	0.0	12.5	8.0
IUDs	30.8	7.7	61.5	0.0	13.0
Implants	38.9	5.6	55.6	0.0	18.0
Total	**52.6**	**3.5**	**31.6**	**12.3**	**57.0**
**Others include: damaged pills, lack of supply from district, stolen etc.*					

3.5. Supply Chain, Including Cold Chain

The robust supply chain of drugs enhances the provision of good quality services and is a core part of any health system. This chapter presents the supply chain of the medical supplies, use of logistic forms, frequency and transportation of supplies for SDPs, storage of supplies that are supposed to be in cold chain and the type of cold chain available at SDPs and its source of power.

3.5.1. Resupply of Medical Supplies

Person Responsible for Ordering Medical Supplies

This survey report showed that in most SDPs such as sub health posts, hospitals, primary health care centers and health posts, health facility in-charge were mainly responsible for ordering medical supplies whereas in some hospitals and primary health care centers nurse, storekeepers and other personnel were also found to be responsible for ordering medical supplies **(Table 3-25)**. Accordingly, in terms of development regions, health facility in-charge was found to be responsible for ordering medical supplies in all regions with highest percentage of SDPs from western developing region and far western developing region (

). In case of urban and rural residence, health facility in-charge was mainly responsible for ordering medical supplies (

).

Table 3-28: Percentage distribution of SDPs with persons responsible for ordering medical supplies by type of SDPs

Type of Facility	Percentage						Total number of SDPs (N)
	Health facility in charge	Medical doctor	Pharmacist	Nurse	Storekeepers	Others*	
Sub Health Post	98.4 (87.5 , 99.8)	0.0	0.0	1.6 (0.2 , 12.5)	0.0	0.0	62
Health Post	91.2 (79.6 , 96.5)	0.0	0.0	1.5 (0.2 , 9.6)	4.4 (1 , 17.5)	2.9 (0.8 , 9.7)	68
Primary Health Care Center	60.0 (38 , 78.6)	5.0 (0.6 ,32)	0.0	5.0 (0.6 , 31.4)	10.0 (2.7 , 30.6)	20.0 (8.4 , 40.5)	20
Hospital	64.1 (46.2 , 78.8)	0.0	2.6 (0.3 , 17.6)	15.4 (6.6 , 31.8)	15.4 (7.1 , 30.1)	2.6 (0.3 , 16.8)	39
Total	**84.7** (76 , 90.6)	**0.5** (0.1 ,4.2)	**0.5** (0.1 , 4.3)	**4.8** (2 , 10.8)	**5.8** (2.5 , 12.8)	**3.7** (1.7 , 7.9)	**189**
**Others include: AHW,ANM, Indoor in charge, Public health inspector*							
Confidence Interval given in Parenthesis () is calculated in 95% confidence level							

Quantification of Re-supply

Quantification is the process used to calculate or estimate the quantities of medical supplies, drugs and equipment required. It is usually done once a year or during the planning for a new health programme or project. Proper quantification ensures that there is enough stock to meet demands, and avoids both under stocking and overstocking. After quantification, procurement of the medical supplies is done. During procurement the goods are either supplied in a pull system or in push system. A pull system is a demand-based approach for ensuring the reliable availability of health commodities at all service delivery points within a health system. In a push system, the personnel who issue

the supplies determine the quantities to be issued, here the higher level tracks the needs of all lower levels and determines the best way to distribute the limited quantity of supplies.

As per the existent situation of Nepal, both Push (central to regional medical store) and Pull (district to regional medical store) of drug supply is in place. Regional Medical Stores (RMS) sends all the free drugs by push system to respective districts and all the D(P)HOs distribute drugs to the health facilities particularly through pull system (based on demand) (DRC, 2012), however for certain RH commodities push system is also functional.

Also under the pull system, the health facilities calculates the required quantities of resupply for coming quarter (three months period) based on the standard system of Logistics Management Information Systems (LMIS) report. Here Authorized stock level (ASL) refers to the quantity stocked for the maximum duration such as for PHC, HP and SHP, the quantity of any medicine should be stocked for maximum of 5 months duration. It is calculated by multiplying the average consumption of the medicine per month with the ASL. Emergency order point (EOP) refers to the quantity stocked for the minimum duration such as for PHCC, HP and SHP, the quantity of any medicine should be stocked for minimum of 1 month. It is the quantity required for one month. The stock of any medicine should not be below than the EOP. The formula for quantification is based on the following calculations:

Name of medicines	Unit	Remaining balance of last quarter	Received in this quarter	Total withdrawn from store	Damaged or expired	Remaining balance at the end of quarter	Authorized stock level (ASL)	Emergency order point (EOP)	Required quantities
1	2	3	4	5	6	7	8	9	10
						7=3+4-5-6			10=8-7
Note: the numbers 1,2……..10 denote the number of columns and columns 7 and 10 show the process of calculation									

ASL and EOP for District, PHCC, HP and SHP

Levels	ASL	EOP
District	10 months	3 months
PHCC, HP and SHP	5 months	1 month

This survey showed that majority of SDPs had pull system, where in 78.8% of all SDPs, the staff member of the facility made request based on calculation of quantity needed using the above mentioned formula and in 9.5% of SDPs, Adhoc demand was made by the facility staff while, remaining 11.6% of SDPs had push system where the quantity was determined by the institution/warehouse responsible for supplying the SDPs **(Table3-26).**
Accordingly, in terms of administrative units most of the SDPs had pull system where resupply were quantified in terms of requests made by staff members based on calculation of quantity needed using formula in all regions which was followed by the push system where resupply were determined by the institution/warehouse responsible for supplying the SDPs **(Annex 14).** In most of the SDPs of rural as well as urban area, resupply of medical supplies were quantified as per the request made by the staff member based on calculation of quantity needed using formula **(Annex 14).**

Table 3-29: How re-supply is quantified by Type of facility

Type of Facility	Percentage			Total number of SDPs (N)
	Pull		Push	
	Staff member(s) of this facility makes request based on calculation of quantity needed using a formula	Adhoc demand made by the facility staff	Quantity is determined by the institution/ warehouse responsible for supplying the SDP	
Sub Health Post	71.0 (57.1 , 81.8)	14.5 (6.3 , 30)	14.5 (6.5 , 29.5)	**62**
Health Post	89.7 (78.9 , 95.3)	4.4 (1.4 , 12.8)	5.9 (2.3 , 14.3)	**68**
Primary Health Care Center	90.0 (67.2 , 97.5)	5.0 (0.8 , 26.5)	5.0 (0.6 , 32)	**20**
Hospital	66.7 (49.4 , 80.4)	12.8 (5.3 , 27.7)	20.5 (10.2 , 37.1)	**39**

Total	**78.8** (71.9 , 84.4)	**9.5** (5.4 , 16.4)	**11.6** (7.1 , 18.6)	**189**
Confidence Interval given in Parenthesis () is calculated in 95% confidence level				

3.5.2. Main Source, Frequency and Transportation of Supplies for SDPs

Main Source of Supplies

The logistics management division (LMD) is responsible for all the supply of equipment, essential drugs, contraceptive and vaccines to government hospitals and to primary health care facilities. Centrally they are procured through the Logistic Management Division (LMD) of MoHP and then distributed to district (public) health offices (D/PHOs) through regional warehouses. More specifically, the LMD is responsible for the purchase and supply of equipment, contraceptives, vaccines and essential drugs to health units all over the country. In this survey, it was found that major source of medical supplies at all SDPs were found to be regional/district warehouse. However, in some hospitals and sub-health post, central medical stores and others including local purchase was also found to be the main source of medical supplies **(Table 3-27).**

Accordingly, in terms of development regions, regional/district warehouse was found to be the main source of supplies in all regions with the highest percentage of SDPs from Central development region and the lowest from Eastern developing region. In most of SDPs from both rural and urban, it was found that regional/district warehouse was the main source of medical supplies. **(See Annex 15)**

Table 3-30: Main source of supplies by Type of SDPs

Type of Facility	Percentage			Total number of SDPs (N)
	Central Medical stores	Regional/district warehouse	Others including local purchase	
Sub Health Post	1.6 (0.2 , 11.3)	91.9 (67.3 , 98.4)	6.5 (0.9 , 35.3)	
Health Post	0.0	100.0 (100 , 100)	0.0	**68**
Primary Health Care Center	0.0	100.0 (100 , 100)	0.0	**20**
Hospital	23.1 (12.6 , 38.3)	61.5 (46 , 75.1)	15.4 (6.5 , 32.1)	**39**
Total	**5.3** (2.6 , 10.6)	**89.4** (80 , 94.7)	**5.3** (1.9 , 13.6)	**189**
Confidence Interval given in Parenthesis () is calculated in 95% confidence level				

Responsibility for Transportation of Supplies

The regional medical store is responsible for transporting medical supplies for individual health facility and its transportation to the respective district stores. The districts would then be responsible for onward distribution of commodities to the respective facilities. In this survey, the responsibility for transportation of supplies at all SDPs was mainly found to be on district warehouse except in hospitals where facility itself was responsible for the transportation. Also, in some sub-health post, health post and primary health care centres the facility itself was found to be responsible for the transportation of supplies **(Table 3-28)**.Accordingly, in terms of development regions, district warehouses were found to be the main source of supplies in all regions however, the facility itself of all development regions was found to be responsible for transportation of supplies up to some extent. In most of SDPs of rural area, district warehouse was found to be responsible for transportation of supplies whereas, in urban areas the facility itself was responsible for transportation of supplies **(Annex 16)**.

Table 3-31: Responsibility for transportation of supplies by Type of SDPs

Type of Facility	Percentage			Total number of SDPs (N)
	Central/Regional warehouse	District warehouse	By the facility	
Sub Health Post	0.0	77.4 (58.3 , 89.4)	22.6 (10.6 , 41.7)	62
Health Post	1.5 (0.2 , 10.7)	82.4 (68 , 91.1)	16.2 (7.7 , 30.8)	68
Primary Health Care Center	0.0	75.0 (49.1 , 90.3)	25.0 (9.7 , 50.9)	20
Hospital	20.5 (10.4 , 36.5)	28.2 (15.7 , 45.4)	51.3 (34.6 , 67.7)	39
Total	**4.8** (2.3 , 9.8)	**68.8** (57.7 , 78.1)	**26.5** (18.1 , 36.9)	**189**
Confidence Interval given in Parenthesis () is calculated in 95% confidence level				

Frequency of Supplies

In this survey, the frequency of resupply of medical supplies at all SDPs was found to be once in every three months except in hospitals where the frequency was found to be once in a month or less. Also, in some sub-health post, health post and primary health care centres the frequency was found to be once in a month or less **(Table 3-29).**

Accordingly, in terms of development regions, the frequency of resupply of RH Commodities was found to be once in every three month in majority of developing regions except in Mid-western development region where the frequency of resupply in most health facilities was found to be once a month. In most of SDPs of rural area, frequency of resupply of medical supplies was found to be once in every three months whereas, in most of the SDPs of urban area the frequency of resupply was often once a month (

Annex 17).

Table 3-32: Frequency of resupply by type of SDPs

Type of Facility	Percentage	Total number of

	Once every 1 month or less	Once every three months	Once every six months	
Sub Health Post	24.2 (12.5 , 41.6)	67.7 (53.5 , 79.3)	8.1 (3.9 , 16.1)	**62**
Health Post	25 (14.4 , 39.7)	64.7 (48.6 , 78.1)	10.3 (3.7 , 25.7)	**68**
Primary Health Care Center	40 (20.6 , 63.1)	60 (36.9 , 79.4)	0.0	**20**
Hospital	59 (40.9 , 74.9)	38.5 (22.8 , 56.9)	2.6 (0.3 , 17.5)	**39**
Total	**33.4** (23.2 , 45.4)	**59.8** (48.8 , 69.9)	**6.9** (3 ,14.8)	**189**
Confidence Interval given in Parenthesis () is calculated in 95% confidence level				

3.5.3. Availability of Fridge for Storing Essential Drugs at SDPs and Source of Power

An efficient management and storage system for drugs is crucial for effective and efficient delivery of health services. To maintain the required temperature for cold chain drugs, the facility should have a fridge with constant supply of power. The facility may have more than one fridge depending on the requirement of the facility nevertheless, as a minimum; every health facility should have access to at least one refrigerator with a continuous 24 hour power supply (Suvedi et al., 2012).

This survey showed that 94.9% hospitals, 70% primary health care centres, 48.5% health post and 22.6% sub-health post had availability of electric fridge to maintain cold chain **(Table 3-30)**. Most of the SDPs in the urban area had the availability of fridge to store the essential drugs (nearly 88%) (See **Annex 18)**. In case of unavailability of fridge or where continuous power supplies for the fridge is not possible; most of the facilities use ice boxes to maintain the correct temperature of the drugs as reported by the respondents.

The source of power for fridges at all SDPs was mainly found to be electricity from national grid. However, in some SDPs such as sub-health post, health post and primary health care centres other source of power such as solar energy, electricity from local grid were also used **(Table 3-31)**. However, the use of kerosene/ paraffin fuel was not found in any of the facilities. Some of drugs which are stored in the fridge were mostly found to be Tetanus and Oxytocin which is an essential drug for all levels of health facility. Almost all the facilities (about 97%), having fridge stored Tetanus and few about 17% of SDPs reported to store Oxytocin. The sources of power for fridge according to the development region and residence of SDP is provided in **Annex 19**.

Table 3-33: Availability of fridge for storing essential drugs by type of SDP

Type of Facility	Percentage availability of Electric Fridge	Total number of SDPs (N)
Sub Health Post	22.6 (8.9 , 46.6)	62
Health Post	48.5 (29.5 , 68)	68
Primary Health Care Center	70.0 (47.1 , 85.9)	20
Hospital	94.9 (81.4 , 98.7)	39
Total	**51.9** (35.8 , 67.5)	**189**
Confidence Interval given in Parenthesis () is calculated in 95% confidence level		

Table 3-34: Sources of power for Fridges by type of SDP

Type of Facility	Percentage			Total facility using fridge (N)
	Electricity from national grid	Generator	Others*	
Sub Health Post	92.9 (56.8 , 99.2)	0.0	7.1 (0.8 , 43.2)	14
Health Post	90.9 (71.7 , 97.5)	0.0	9.1 (2.5 , 28.3)	33
Primary Health Care Center	85.7 (59.2 , 96.1)	0.0	14.3 (3.9 , 40.8)	14
Hospital	92.1 (77.7 , 97.5)	5.3 (1.3 , 19.2)	0.0	37
Total	**90.9** (80.6 , 96)	**2.0** (0.5 , 8.4)	**6.1** (2.5 , 13.7)	**98**
**Others: Solar energy, Rural hydro project, Micro-hydro and Electricity from local grid*				
Confidence Interval given in Parenthesis () is calculated in 95% confidence level				

3.6. Staff Training and Supervision

The National Health Training Centre (NHTC) is responsible for providing in-service training for capacity building of health human resources within Nepal's health system. It offers several trainings each year depending on training requirements identified by the different program units.

3.6.1. Availability of Staff Trained to Provide FP Services Including for Implants and IUCDs

Training is a planned and systematic modification of behavior through learning events, programme and instruction which enable individuals to achieve the levels of knowledge, skill and competence needed to carry out their work effectively. It is one of the most important function of health system that increases the efficiency and the effectiveness of staffs which results in better delivery of services.

This survey showed that, majority of hospitals and primary health care centers had trained staffs in both IUCD however, in sub-health posts and health posts the percentage of staff trained in IUCD was found to be than implants **(Table 3-32)**. In case of geographical area, percentage of SDPs with staff trained in implants IUCD were found to higher in urban areas as compare to the rural areas (

Annex 20).

Table 3-35: Percentage of SDPs with staff trained to provide FP services and for the insertion and removal of Implants and IUCDs

Characteristics	Staff trained in Implants	Staff trained in IUCD	Staff trained in IUCD and Implant both	Total SDP with staff trained in Implants and IUCD
Type of Facility				
Sub Health Post	40.0 (19.5 , 64.8)	90.0 (46.8 , 98.9)	30.0 (11.3 , 59)	10
Health Post	60.9 (42 , 77)	73.9 (55.4 , 86.6)	34.8 (19.8 , 53.5)	46
Primary Health Care Center	83.3 (48.7 , 96.3)	100.0 (100 , 100)	83.3 (48.7 , 96.3)	18
Hospital	97.4 (83.1 , 99.7)	97.4 (82.4 , 99.7)	94.9 (80.7 , 98.8)	39
Total	**75.2** (61.2 , 85.4)	**87.6** (77.1 , 93.7)	**62.8** (49.6 , 74.4)	**113**
Confidence Interval given in Parenthesis () is calculated in 95% confidence level				

3.6.2. Frequency of Staff Supervision

Supervision is widely recognized as essential for improving health worker performance and achieving the better service quality. It is a process whereby supervisor from higher authorities encourage personnel to optimize their performance in a supportive environment and recognize them when they attain a high level of performance. Supportive supervision promotes quality by strengthening relationships within the system, identifying and resolving problems, helping optimize the allocation of resources, and promoting higher standards, teamwork and better communication.

This survey showed that in majority of SDPs, the supervisory visits were undertaken once in a three month except in sub-health posts where most of the supervisory visits were undertaken annually **(Table 3-33).** However, a notable proportion of SDPs had no supervisory visits at all. In case of location, more of the SDPs in the urban area were not supervised compared to rural areas (i.e. 20% and 16% respectively). Nevertheless, majority of SDPs from both urban and rural areas had supervisory visits once in three months (
Annex 21).

Table 3-36: Percentage of SDPs with frequency of supervisory visits

Type of Facility	Frequency of supervisory visits (%)				Not supervised (%)	Total Sample Size (N)
	Every three monthly	Every four monthly	Every six monthly	Annually		
Sub Health Post	23.0 (14.4 , 37.7)	6.6 (2.7 , 14.7)	9.8 (4.6 , 19.2)	36.1 (24 , 49)	24.6 (13.6 , 39.3)	**62**
Health Post	41.2 (21.7 , 63.9)	7.4 (2.3 , 21.5)	19.1 (9.7 , 34.3)	20.6 (11 , 35.3)	11.8 (6.8 , 19.7)	**68**
Primary Health Care Center	50.0 (28 , 72)	20.0 (6.4 , 47.7)	5.0 (0.6 , 31.4)	15.0 (5.1 , 36.5)	10.0 (1.3 , 49.1)	**20**
Hospital	41.0 (26.8 , 56.9)	2.6 (0.3 , 17.5)	25.6 (14.6 , 41)	10.3 (3.7 , 25.6)	20.5 (10.6 , 36.1)	**39**
Total	**36.2** (25.3 , 49.4)	**7.4** (3.7 , 14.4)	**16.0** (9.4 , 25.4)	**22.9** (15.4 , 32.2)	**17.6** (11.1 , 26.3)	**189**
Confidence Interval given in parenthesis () is calculated in 95% confidence level						

3.7. Availability of Guidelines, Check-lists and Job aids

The Ministry of Health and Population (MoHP) developed family health protocols guideline and job aids to strengthen service delivery and implementation of innovative approaches to enhance the quality of and increase access to FP information and services, ANC/PNC service especially by those in rural and marginalized communities at all level of service delivery point. As per level of SDPs, different guidelines, check-list and job aids are provided to strengthen and implementation of quality services. This research attempts to find out status of availability and impact of family planning and waste disposal guidelines, check-list and job aids in 189 sample health facilities in all five regions and rural and urban area in Nepal. During the field survey, field researchers had not only tried to know the availability of such guidelines and protocols but also have verified the availability at each SDP.

3.7.1. Family Planning Guidelines, Check-Lists and Job Aids

For this the documents such as National Medical Standard (NMS) volume-1, National health care waste disposal guideline and Antenatal care jobs were referred. The data revealed that out of 189 sampled SDPs, in about three fourth of the facilities (71%) availability of family planning guideline was reported. In this, the availability was verified in more than half of the facilities and only in few facilities (13.2%) though the availability was asserted by the health facility in charge (or the staff interviewed) the availability was not found.

The highest percentage of hospitals (89%) and PHCCs (85%) stated the availability of family planning guidelines however among them in only few of the hospitals and PHCCs availability was not verified. Relatively in SHPs and HPs the availability of such guidelines were found to be lesser i.e. 58% and 69% respectively, though the availability in SHPs were not verified in about 21% of the SDPs **(Table3-34).**

The comparative study of the data in five development region showed that in all of the SDPS in Far-Western region the availability was reported and among them in only 14% of the facilities the availability were not verified. The figures for Western region were also quite impressive showing the availability in more than 85% of the SDPs. However, relatively rather low frequency (39%) of the SDPs in Eastern region had the FP guidelines available although more than half of the SDPs reported their availability **(Annex 22**).

Similarly in terms of rural/urban scenario, more than 80% of the SDPs in urban area have stated the availability of FP guidelines while only 12% did not have these available. The figures for rural area was also observed to be quite fair as 67 % of the SDPs reported the availability **(Annex 22**).

This showed that the type of facilities in terms of access and capacity somehow determines the use of guidelines in the country. Though the frequency of availability is quite impressive at the hospital level, still much more improvement is required in HPs and SHPs level.

3.7.2. Antenatal/Postnatal Job Aids

The availability of antenatal job aids was reported in nearly two-third of the SDPs among which in nearly half of the SDPs the availability could be verified. Compared to family planning guidelines, lesser SDPs stated the availability of ANC/PNC job aids. Out of the total hospitals nearly 69% of the SDPs confirmed the availability of ANC job aids. Though most of the PHCCs (80%) have confirmed the availability of ANC guidelines, in nearly 20% of them they were not found during verification. In case of SHPs and HPs relatively fewer SDPs have reported the availability of ANC/PNC guidelines (i.e. 35% and 45% verified) **(Table 3-34).**

Corresponding to data for the availability of FP guidelines, the highest percentage of SDPs in Far West reported the availability of ANC/PNC guidelines among which in 90% of the SDP the availability was verified. Relatively in Eastern region fewer SDPs confirmed the availability of ANC/PNC guidelines (35% verified). Further, nearly about 70% of the SDPs in the urban area stated the availability of the ANC/PNC guidelines (only 62% verified) **(see Annex 22).**

This showed that the use of ANC/PNC guidelines should be encouraged more at the rural areas particularly in SHPs and HPs level SDPs.

3.7.3. Waste Disposal Guidelines

The waste disposal guidelines provide a minimum standard for safe and efficient waste management for health care institutions in Nepal. Thus, all the health care Institutions must be committed to waste management from generation to final disposal (NHRC, 2002). Ministry of Health and Population (MoHP) have provided waste disposal guidelines to all health facilities. Nevertheless, only 36.5% of the SDPs responded that they have the guidelines; among them in

more than two- third of SDPs availability was verified. In hospitals, only about half of the SDPs verified the availability of waste disposal guidelines. In case of PHCCs, HPs and SHPs very few of the SDPs have confirmed the availability of the guidelines i.e. 35%, 38% and 21% respectively **(Table 3-34)**.

Corresponding to data related of availability of FP guidelines and ANC/PNC job-aids, more SDPS in the Far west verified the availability of the waste disposal guidelines (57.5%). Similarly the availability of waste disposal guidelines was more often reported by SDPs in the urban area; however the availability was verified in less than half of the SDPs **(see Annex 22**).

Table 3-37: Availability of guidelines and job aids according to Type of SDPs, Development regions and Area of SDPs

Characteristics	Percentage						Total Sample Size (N)
	Family planning guidelines (national-NMS Vol-1)		ANC job-aids		Waste disposal guideline		
	Yes, Availability verified	Yes, Availability not verified	Yes, Availability verified	Yes, Availability not verified	Yes, Availability verified	Yes, Availability not verified	
Type of Facility							
Sub Health Post	37.1 (24.3 , 52)	21.0 (11.8 , 34.4)	35.5 (20.1 , 54.6)	14.5 (5.5 , 33)	12.9 (4.6 , 31.4)	8.1 (3.1 , 19.4)	62
Health Post	60.3 (37.8 , 79.1)	8.8 (3.1 , 22.9)	45.6 (26.3 , 66.3)	17.6 (10 , 29.3)	29.4 (12.3 , 55.3)	8.8 (3.4 , 21.1)	68
Primary Health Care Center	70.0 (42.2 , 88.2)	15.0 (5.6 , 34.4)	60.0 (34.7 , 80.9)	20.0 (5 , 54.1)	15.0 (3.7 , 44.9)	20.0 (7.7 , 42.7)	20
Hospital	82.1 (65 , 91.8)	7.7 (2.3 , 23.1)	61.5 (44.9 , 75.8)	7.7 (2.3 , 22.8)	51.3 (34.6 , 67.7)	7.7 (2.3 , 22.8)	39
Total	**58.2** (43.4 , 71.7)	**13.2** (7.9 , 21.2)	**47.1** (34.1 , 60.5)	**14.8** (8.3 , 25)	**27.0** (16.6 , 40.7)	**9.5** (5.5 , 16.1)	**189**

Confidence Interval given in Parenthesis () is calculated in 95% confidence level

3.8. Use of Information Communication Technology (ICT) and Waste Disposal

Information and communication technology (ICT) is used in health to improve the process of healthcare delivery. Its use is wide and plays an important role in the delivery of better and efficient healthcare services. It is part of healthcare structure in any organizations to support the processes and consequently to deliver better outcome to organization and particularly to the patient. It provides opportunities for individuals, medical professionals and healthcare providers to obtain information, communicate with professionals, promote awareness programmes, and promote

preventive programmes and so on. Its application in health includes more effective planning, decision making and monitoring and more effective resource management.

This section provides a snapshot on the availability and use of the different types of information and communication technology (ICT) being used in the health sector as well as method of waste disposal used by the SDPs.

3.8.1. ICTs Available and How Acquired

ICTs Available in SDPs

Information and communication technologies have emerged as significant tools that facilitate communication, processing and transmission of information and the sharing of knowledge by electronic means. This encompasses the full range of electronic digital, from radio and television to telephones (landline and mobile), computers, and so on.

This survey showed that, in majority of SDPs mobile phones are used as a primary means for communication. Likewise, landline telephones and computers were also available in hospitals, primary health care centers and health post in significant proportion. Internet facility was found only in hospitals and availability of some other sort of ICT materials were found to be in negligible proportion **(Table3-35)**. In case of area, majority of SDPs in urban area used landline telephone as primary ICT whereas in rural area personnel mobile phones were used as a main ICT means **(Annex 23)**.

Table 3-38: Percentage of SDPs with types of Information Communication Technology available

Characteristics	Percentage					Total Sample Size (N)
	Computer	Mobile phones	Landline telephone	Internet facilities	Others*	
Type of Facility						
Sub Health Post	7.0	88.4	9.3	0.0	7.0	43
Health Post	9.8	80.4	31.4	0.0	2.0	51
Primary Health Care Center	31.3	75.0	50.0	0.0	0.0	16
Hospital	64.9	67.6	89.2	86.5	10.8	37
Total	**25.2**	**78.9**	**41.5**	**21.8**	**5.4**	**147**
** Others include: TV, FM/Radio*						
Confidence Interval given in Parenthesis () is calculated in 95% confidence level						

ICTs Acquired by SDPs

This survey result showed that, in more than two third of SDPs the ICT were the personal item of staff members and in more than one third of SDPs the ICT were provided by government whereas ICT provided by HDP/HFOMC and received as donation were in found e in negligible proportion **(Table3-36)**.In most of SDPs from rural area the ICT used were personal item of staff members whereas in urban area the ICT were provided by the government **(Annex 24)**.

Table 3-39: Percentage of SDPs by how ICT was acquired

Characteristics	Percentage				Total Sample Size (N)
	Staff members personal item	Provided by government	Provided by HDP/HFOMC	Received as Donation	
Type of Facility					

Sub Health Post	88.4	9.3	0.0	2.3	43
Health Post	74.5	25.5	5.9	4.0	51
Primary Health Care Center	62.5	43.8	12.5	12.5	16
Hospital	48.6	83.8	16.2	5.4	37
Total	**70.7**	**37.4**	**7.5**	**4.8**	**147**

3.8.2. Uses of ICTs by SDPs

The use of ICTs in health has become a way to achieve a series of desired outcomes. ICT can play a vital role in training and updating the knowledge and practices of health professionals in health facilities in urban settings as well as in rural areas, where it is often needed the most. As reported by the respondents , this survey result showed that routine communication was the main purpose for which the ICT was used in majority of SDPs. ICT were also used for record keeping, awareness and demand creation, training of health workers, supply chain management/stock control, , clinical consultation and others (**Table 3-37**). In case of geographical area, supply chain management and stock control was the main purpose for which ICT was used in both urban and rural area (**Annex 25**).

Table 3-40: Percentage of SDPs by main purpose for which ICT is used

Characteristics	Percentage									Total Sample size
	Patient registration	Facility record keeping	Mobile money cash transfers and payments	Routine communication	Clinical consultation (long distance communication with experts)	Awareness and demand creation activities	Supply chain management/stock control	Health worker training	Others	
Type of Facility										
Sub Health Post	2.3	7.0	0.0	65.1	23.3	32.6	32.6	27.9	9.3	43
Health Post	5.9	19.6	0.0	82.4	35.3	37.3	37.3	41.2	7.8	51
Primary Health Care Center	6.3	37.5	6.3	68.8	18.8	43.8	31.3	37.5	18.8	16
Hospital	37.8	59.5	10.8	81.1	29.7	40.5	40.5	32.4	24.3	37
Total	**12.9**	**27.9**	**3.4**	**75.5**	**28.6**	**37.4**	**36.1**	**34.7**	**13.6**	**147**

3.8.3. Methods of Waste Disposal

Health care waste is the waste resulting from a patient's diagnosis, prevention, research and treatment procedures as well as waste generated from all other health care establishments, research facilities and laboratories. The management of health-care waste is an integral part of a health-care system. **Table 3-38** below shows the methods

of waste disposal in different SDPs. This survey result showed that more than half of SDPs manage its waste products by burning; one forth of SDPs buried the waste in special dump pits, very few SDPs used incinerators whereas dispose away from the SDPs and disposed with regular garbage were found to be practiced in a negligible proportion. In case of geographical area, burning was used as the primary method of waste disposal in more than half of the SDPs from rural areas whereas in urban area in addition to burning in 40% of SDPs, more than one third of SDPs use incinerator for disposal of waste materials **(Annex 26)**.

Table 3-41: Percentage distribution of SDPs by how health wastes are disposed

Characteristics	Percentage					Total Sample size
	Burning	Bury in special dump pits	Use of Incinerators	Centrally collected by specific agency for disposal away from the SDP	Disposed with regular garbage	
Type of Facility						
Sub Health Post	67.7 (51 , 80.9)	27.4 (14 , 46.8)	3.2 (0.9 , 11.2)	0.0	1.6 (0.2 , 11)	62
Health Post	58.8 (45.1 , 71.3)	30.9 (17.5 , 48.5)	7.4 (2.4 , 20.1)	0.0	2.9 (0.7 , 10.9)	68
Primary Health Care Center	65.0 (36.5 , 85.7)	20.0 (6.1 , 48.9)	15.0 (4.7 , 38.5)	0.0	0.0	20
Hospital	35.9 (22.2 , 52.4)	20.5 (9.9 , 37.8)	38.5 (24.2 , 55)	5.1 (1.2 , 19.2)	0.0	39
Total	**57.7** (46.2 , 68.3)	**26.5** (16.7 , 39.3)	**13.2** (8.3 , 20.5)	**1.1** (0.3 , 4.1)	**1.6** (0.4 , 6.4)	**189**
Confidence Interval given in Parenthesis () is calculated in 95% confidence level						

3.9. Charges for User Fees

3.9.1. Charges and Exemptions for User Fees – Registration

In past five year, in response to difficulty in accessing the health facilities as well as rising poverty in the country, government has been trying out various approaches to remove or exempt user fees (witter, et.al, 2011). This survey also included the issue of charges for user fees in terms of registration and medication. The data for charges on medication was very negligible thus, was not considered in the analysis. However, in terms of response for charging the user fee for registration a small number of the SDPs i.e. 6.9% stated that they were charged for registration **(see Table 3-39)**. Majority of such SDPs were hospitals (nearly one fourth of the hospitals) and located in the urban areas. The frequency of positive response in SHP, HP and PHCCs, though small, may stand against the policy of providing free health services in particularly in government facilities. The data also showed that almost all of the SDPs charging for user fees exempted the fee on family planning services.

Table 3-42: Percentage distribution of SDPs by user fee is charged for Registration and Exemptions for user fees

Characteristics	Percentage providing free services							Total sample size (N)	Facility charging patients for Registration	
	Family planning services	Antenatal care services	Delivery services	Post natal care services	Newborn care services	Care of sick children under 5 years	HIV care (e.g. HTC and ART)		%	N
Type of Facility										
Sub Health Post*	100.0	50.0	50.0	50.0	50.0	50.0	0.0	2	3.2 (0.7 , 13.6)	**62**
Health Post	100.0	100.0	100.0	100.0	100.0	100.0	0.0	1	1.5 (0.2 , 10.8)	68
Primary Health Care Center	100.0	100.0	100.0	100.0	100.0	100.0	0.0	1	5.0 (0.6 , 30.6)	20

Hospital	100.0	88.9	100.0	88.9	77.8	66.7	66.7	9	23.1 (12.5,38.7)	39
Total	**100.0**	**84.6**	**92.3**	**84.6**	**76.9**	**69.2**	**46.2**	**13**	**6.9** (3.3 , 13.8)	**189**
Confidence Interval given in parenthesis () is calculated in 95% confidence level **Not all the SHPs are birthing center where women receive benefits from Aama Program*										

PART 4: SURVEY FINDINGS FOR EXIT INTERVIEW

The part 4 of the report focuses on the results of the exit interview and as a result discusses information from the exit interview for client's perception regarding various aspects of service delivery; and clients' estimation of the cost of FP.

4.1 Background Characteristics of Clients

This chapter presents the general characteristics of the clients collected through client exit interviews in terms of their age and sex distribution, marital status, education and their visits to SDP. The analyses are based on total of 1492 clients interviewed and the data are assembled according to type of facility, development region and residence. These client survey interviews were conducted as a regular process of program monitoring.

4.1.1. Sex and Age distribution

Sex distribution

Table 4-1 depicts dominancy of female clients in all type of health facilities surveyed. The highest number of clients was interviewed from central development region and least from the far west region. Likewise, analysis based on development region in **Table 4-2** also displays dominancy of female clients in eastern development region compared to other regions .Also least percentage of male clients was found in all the regions.

Similarly, on the basis of residence of the clients, more clients were interviewed from the rural areas than the urban areas. The greater number of female clients were observed (by 0.7 %) in urban areas compared to rural areas

Table 4-1: Sex distribution of clients according to type of facility

Characteristics	Percentage		Total sample size (N)
	Male	Female	
Type of Facility			
Sub health Post	7.8 (3.8 , 15.5)	92.2 (84.5 , 96.2)	294
Health Post	4.1 (2 , 8.2)	95.9 (91.8 , 98)	364
Primary health care centre	1.9 (0.5 , 7.7)	98.1 (92.3 , 99.5)	105
Hospitals	5.2 (3.2 , 8.5)	94.8 (91.5 , 96.8)	729
Total	**5.2 (3.5 , 7.6)**	**94.8 (92.4 , 96.5)**	**1492**
Confidence Interval given in parenthesis () is calculated in 95% confidence level			

Table 4-2: Sex distribution of clients based on development region and residence

Characteristics	Percentage		Total sample size (N)
	Male	Female	
Region			
Eastern Development Region	2.0	98.0	343
Central Development Region	4.4	95.6	405
Western Development Region	4.8	95.2	315
Mid-Western Development Region	12.1	87.9	239
Far-Western Development Region	4.7	95.3	190
Residence			
Urban	4.8	95.2	605
Rural	5.5	94.5	887
Total	**5.2**	**94.8**	**1492**

Age distribution

Of the total clients interviewed, a highest percentage (1/3rd) of the clients aged between 25-29 years were found to visit health facilities for family planning services followed by 1/4 of the clients in their early 20s in contrast to lowest percentage of clients aged above fifty. Based on development region, a similar percentage of (30.5 %) of clients in their late 20s were found in western and mid-western region while it was maximum (1/4) for clients in their early 20s in the central region as presented in **Table 4-5.**

Table 4-3: Age distribution of clients according to type of facility

Characteristics	Age group								Total sample size (N)
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	

Type of Facility									
Sub health Post	4.1 (2.5 , 6.6)	26.2 (22.5 , 30.3)	27.2 (21.7 , 33.5)	18 (15.3 , 21.1)	14.3 (9.9 , 20.1)	8.5 (5.2 , 13.5)	1 (0.5 , 2.2)	0.7 (0.2 , 2)	294
Health Post	4.9 (3 , 8)	22.5 (18.1 , 27.6)	26.9 (21.9 , 32.6)	24.5 (20.7 , 28.6)	11.3 (8 , 15.6)	7.7 (4.3 , 13.4)	1.9 (0.9 , 4.1)	0.3 (0 , 2.1)	364
Primary health care centre	7.6 (3.3 , 16.8)	27.6 (18.8 , 38.6)	27.6 (20.2 , 36.5)	18.1 (9.8 , 31)	15.2 (8.2 , 26.7)	3.8 (1.6 , 8.7)	0.0	0.0	105
Hospitals	4 (2.8 , 5.7)	24.1 (20.5 , 28.2)	28 (24.9 , 31.3)	22.1 (19.4 , 25.1)	15 (12.4 , 17.9)	5.3 (3.6 , 7.8)	1.1 (0.5 , 2.5)	0.4 (0.1 , 1.3)	729
Total	**4.5 (3.4 , 5.9)**	**24.4 (21.4 , 27.7)**	**27.5 (25.2 , 30)**	**21.6 (19.5 , 23.8)**	**13.9 (11.7 , 16.5)**	**6.4 (4.8 , 8.5)**	**1.2 (0.8 , 1.9)**	**0.4 (0.2 , 0.8)**	**1492**
Confidence Interval given in parenthesis () is calculated in 95% confidence level									

Table 4-4: Age distribution of clients based on development region and residence

Characteristics	Age group (%)								Total sample size (N)
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	
Region									
Eastern Development Region	6.1	22.4	27.4	21.9	11.4	8.7	1.5	0.6	343
Central Development Region	2.5	23.2	24.9	24.4	14.8	7.4	2.0	0.7	405
Western Development Region	3.5	23.8	30.5	22.2	12.7	6.3	1.0	0.0	315
Mid-Western Development Region	6.3	27.6	30.5	17.2	15.9	2.5	0.0	0.0	239
Far-Western Development Region	5.3	27.4	24.7	19.5	16.3	5.3	1.1	0.5	190
Residence									
Urban	3.8	22.5	29.1	21.5	16.0	6.0	0.7	0.5	605
Rural	5.0	25.7	26.5	21.6	12.5	6.8	1.6	0.3	887
Total	**4.5**	**24.4**	**27.5**	**21.6**	**13.9**	**6.4**	**1.2**	**0.4**	**1492**

4.1.2. Marital status

In overall the marital status of almost all of the 1492 clients interviewed were currently married or in union except for a few number of 5 and 1 clients who were under the category of never married and formerly married (divorced/separated/widowed) respectively.

4.1.3. Education

Since education plays a significant role in the use of health services, the educational status of the clients was assessed based on three categories (health facilities, development region and their residence). The level of education was further categorized into four classes as displayed in table below.

Table 4-5: Clients education according to type of facility

Characteristics	Percentage				Total sample size (N)
	Not Attended School	Primary	Lower secondary	Secondary and higher level	
Type of Facility					
Sub health Post	55.8 (39.9 , 70.6)	11.6 (8.3 , 15.9)	18.7 (11.4 , 29.2)	13.9 (8.6 , 21.8)	294
Health Post	49.2 (38.2 , 60.3)	13.7 (9.3 , 19.8)	18.4 (13.3 , 24.9)	18.7 (13.6 , 25)	364
Primary health care centre	43.8 (28.9 , 59.9)	19 (11.3 , 30.3)	19 (11.5 , 29.8)	18.1 (10.9 , 28.5)	105
Hospitals	48.4 (40.4 , 56.5)	15.8 (11.9 , 20.6)	19.8 (15.2 , 25.3)	16 (12.4 , 20.6)	729
Total	**49.7 (41.5 , 58)**	**14.7 (11.8 , 18.1)**	**19.2 (15.2 , 23.9)**	**16.4 (12.6 , 21.1)**	**1492**
Confidence Interval given in parenthesis () is calculated in 95% confidence level					

In general, half of the surveyed clients have not attended school which comprises both illiterate and literate clients with informal education. More than half of such clients were found in sub-health post followed by health post. Furthermore, such clients were found to reside mostly in rural areas. Surprisingly clients not attending school were found highest in central development region. Clients with education level higher than secondary was found to attend health post more in contrast to minimum at sub-health post. However, concentration of clients with greater than secondary level of education was found high in urban area. Additionally, at least primary level of education was found to be greatest in terms of formal level of education. Clients with primary and secondary level of education were highest in higher level of health facilities (hospitals and PHCCs respectively) and they mostly dwell in urban areas (20.7 %). Moreover, these clients were found greatest in western development region. In conclusion, the relation between education and health facilities is mostly found to be independent of the accessibility from their dwelling.

Table 4-6: Clients education based on development region and residence

Characteristics	Percentage				Total sample size (N)
	Not Attended School	Primary	Lower secondary	Secondary and higher level	
Region					
Eastern Development Region	50.5	16.3	17.2	16.0	343
Central Development Region	59.8	12.6	9.9	17.8	405
Western Development Region	37.2	30.9	17.5	14.3	314
Mid-Western Development Region	52.8	15.9	16.7	14.6	239
Far-Western Development Region	43.7	23.2	13.2	20.0	190
Residence					
Urban	45.7	20.7	16.1	17.5	605
Rural	52.4	18.2	13.8	15.7	887
Total	**49.7**	**19.2**	**14.7**	**16.4**	**1492**

4.2 Clients' Perception of Family Planning Service Provision

This chapter presents clients perspective of family planning service provider adherence to technical issues, organization, interpersonal and outcome aspect; categorized based on type of facility, development region and their residence. This is purely perspective of the clients who were interviewed on the day of survey and they might not represent all the clients visiting the facility and it may not necessarily reflect the actual situation of the SDP. Some of the clients might not have even experienced better quality services thus assuming that the services they are being offered is the best.

4.2.1. Provider Adherence to Technical Aspects

Most clients said that they were offered the family planning services and method of their choice. Also most agreed that client's preference and wishes were taken into consideration and the date of return to SDP for checkups or additional supplies were explained to them. Comparatively a lower percentage of clients (71.9 %) reported having received information for occurrences of any serious complication on using family planning services as shown in **Table 4-7.** In addition, the information provided by family planning service provider was found to be best in primary health care centre as compared to other levels of SDPs.

Table 4-7: Clients perspective of FP service provider's adherence to technical issues according to type of health facility

Characteristics	Percentage							Total sample size (N)
	Provided with method of their choice	Provider took clients preference and wishes into consideration	Client taught how to use the method	Client told about the common side effects of the method	Provider informed client about what can be done regarding the side effects of the method	Provider informed client about what to do in case any serious us complications occur	Client given date to return to SDP for check-up and /or additional supplies	
Type of Facility								
Sub health Post	97.6 (95 , 98.9)	96.9 (93.9 , 98.5)	78.9 (68.9 , 86.3)	76.5 (66.3 , 84.4)	72.1 (60.2 , 81.6)	67.7 (54.8 , 78.3)	92.2 (87.3 , 95.3)	294
Health Post	97.3 (93.7 , 98.8)	97 (94.9 , 98.2)	73.6 (58.5 , 84.7)	75 (65.4 , 82.6)	68.1 (56 , 78.2)	65.7 (54.7 , 75.2)	95.3 (91.8 , 97.4)	364
Primary health care centre	100 (100 , 100)	99 (92.7 , 99.9)	84.8 (65.5 , 94.2)	81 (71.1 , 88)	79 (69.1 , 86.4)	76.2 (61.4 , 86.5)	98.1 (92.3 , 99.6)	105
Hospitals	99.3 (98.1 , 99.8)	98.8 (97.4 , 99.4)	73.5 (61.7 , 82.7)	79.8 (70.1 , 87)	76.1 (66 , 84)	76.1 (66.6 , 83.6)	93.8 (89.8 , 96.3)	729

Total	**98.5 (96.9 , 99.3)**	**98 (96.8 , 98.7)**	**75.4 (65.3 , 83.3)**	**78.1 (70.2 , 84.3)**	**73.6 (64.5 , 81)**	**71.9 (63 , 79.4)**	**94.2 (91.9 , 95.8)**	**1492**
Confidence Interval given in parenthesis () is calculated in 95% confidence level								

Further majority percentage of clients said that the family planning services were provided with method of their choice by the FP service provider which was found greatest in all development regions except in eastern region. Majority of the clients also had consensus that their preference and wishes on using type of FP services were considered by the SDP. However, the quality of information provided to clients, particularly related to what can be done in case of side-effects of contraceptives as well as if any serious complications occur, were richest in the far-west region and poorest in the eastern region. Furthermore, the information provided by family planning service provider was found to be very impressive in primary health care centre **(Table 4-7)**. On average clients from urban area received more information from the FP service provider compared to the rural area **(Annex 28)**.

4.2.2. Organization Aspect

Four groups of services were defined to understand the client's outlook on family planning service organization aspect. Based on the survey results, majority of clients were satisfied with the time that was allocated to his or her case. However a small percentage in overall complained about longer waiting time and they were mostly from urban clients **(Annex 29)**. This viewpoint of clients was found greatest in the hospitals where numbers of patients are mostly large in number. Clients from the health post were mostly found to be satisfied with the time given to them **(See Table 4-8)**.

Table 4-8: Clients perspective of FP service organizational aspects according to type of health facility

Characteristics	Percentage				Total sample size (N)
	Client perceived waiting time as too long	Client satisfied with the cleanliness of the health facility	Client satisfied with the privacy at the exam room	Client satisfied with the time that was allotted to his/her case	
Type of Facility					
Sub health Post	15.6 (8.4,27.4)	83.7 (67.5,92.7)	78.9 (69.7,85.9)	93.2 (84.4,97.2)	294
Health Post	20.6 (14.9,27.8)	89.8 (81.5,94.7)	89.3 (84.1,92.9)	96.7 (92.1,98.7)	364
Primary health care centre	20 (11.1,33.3)	82.9 (65.1,92.6)	87.6 (77.2,93.7)	91.4 (82.9,95.9)	105
Hospitals	27.2 (20.7,34.8)	90.1 (83.6,94.2)	88.7 (82.8,92.8)	94.1 (90.3,96.5)	729
Total	**22.8 (18,28.4)**	**88.3 (80.9,93)**	**86.9 (83.1,89.9)**	**94.4 (90.5,96.7)**	**1492**
Confidence Interval given in parenthesis () is calculated in 95% confidence level					

4.2.3. Interpersonal Aspect

In overall majority (95.7 %) of surveyed clients were satisfied with the attitude of the health provider towards them compared to client's perspective on the actual behaviour related to treatment with courtesy and respect by staff at the SDP. Clients residing in urban areas were more pleased with the attitude of the health provider. The best behaviour of the health provider and by staff at the SDP was observed in western development region and this was observed to be lower in eastern development region **(Annex 30)**. In health post, both pleasing attitude of health

worker and treatment with respect by staff at SDP was found to be highest followed by hospitals. On the contrary, such services were viewed less in primary health care centre **(Table 4-9)**.

Table 4-9: Clients perspective on interpersonal aspects according to type of health facility

Characteristics	Percentage		Total sample size (N)
	Client indicated he/she was treated with courtesy and respect by staff at the SDP	Client satisfied with the attitude of the health provider towards him/her generally	
Type of Facility			
Sub health Post	92.2 (85.8,95.8)	93.5 (86.2,97.1)	294
Health Post	95.1 (88.3,98)	97.3 (92.1,99.1)	364
Primary health care centre	89.5 (78.2,95.3)	90.5 (82.2,95.1)	105
Hospitals	94.4 (90.3,96.8)	96.6 (93.8,98.1)	729
Total	**93.8 (90.1,96.1)**	**95.7 (92.6,97.5)**	**1492**
Confidence Interval given in parenthesis () is calculated in 95% confidence level			

4.2.4. Outcome Aspect

To understand the quality of services provided to the clients, they were asked if they were satisfied with the services received at first. Secondly they were also asked whether they would continue to visit SDP in future and if they would recommend the SDP to their relatives or friends. More than 95 % of the clients gave positive response to all the above three questions. However, 4.4% of clients stated they would not recommend the same SDP to their relatives or friends 3.3 % were unsatisfied with the service provided and a 1.2 % clients would not continue to visit the same SDP **(see Table 4-10)**. A significant percentage of clients satisfied with the services and would recommend it to others, being highest in western development region and lowest in eastern development region (**Annex 31**). Based on the type of facility the percentage of clients who would not continue their visits in the same SDP in future was small across all types of facility, ranging from 0.3%-1.8%. Similarly the percentage of clients who would not recommend that SDP and were not satisfied with the service provided in overall was greater in lower level of health facility than in hospitals.

Table 4-10: Clients perspective on outcome aspects according to type of health facility

Characteristics	Percentage			Total sample size (N)
	Client satisfied with the service received	Client will continue visiting this SDP in future	Client would recommend this SDP to relatives or friends	
Type of Facility				
Sub health Post	94.6 (82.6,98.5)	99.7 (97.5,100)	92.9 (82.9,97.2)	294
Health Post	95.9 (90.2,98.3)	99.2 (97.5,99.7)	95.6 (92.4,97.5)	364
Primary health care centre	96.2 (88.5,98.8)	99 (93.2,99.9)	98.1 (92.3,99.5)	105
Hospitals	98.1	98.2	96.3	729

	(96.2,99)	(95.5,99.3)	(93.2,98)	
Total	**96.7 (92.8,98.5)**	**98.8 (97.3,99.5)**	**95.6 (92.9,97.3)**	**1492**
Confidence Interval given in parenthesis () is calculated in 95% confidence level				

4.3 Clients' Appraisal of Cost of Family Planning Services

This chapter explains cost effectiveness of family planning services in terms of client's payment, transportation cost incurred in reaching the health facility, time spent and the sources of funding for it. The total expenditure of client is analyzed according to the type of health facilities, development region and residence.

4.3.1. Payment for Family Planning Service

Table 4-11 presents the payment made by clients for family planning services. The data depicts only 3.6 % of the total clients who actually paid for the services provided and all of these were only for registration rather than for actual services. The clients residing in the urban area paid the highest amount and also central development region was reported to be highest in terms of payment **(Annex 32).** The percentage of the clients reported paying for the service was found greatest in higher level of health facility. Moreover all the clients interviewed were found to pay only for cards which were 6 NRs in average. On average the highest charges for card by level of facility was found in primary health care centre which was 25 NRs on average. No charges for laboratory/x-ray or contraceptive were required as stated by the interviewed clients.

Table 4-11: Clients payment for services and average amount paid according to type of health facility

Type of Facility	Total sample size (N)	Percent of clients reporting paying for service	Average amount paid (in national currency)	Total Paying Clients
			Card	
Sub health Post	294	0.0	0.0	0
Health Post	364	1.1 (0.2,7.6)	10.0	4
Primary health care centre	105	1.9 (0.2,13.1)	25.0	2
Hospitals	729	6.6 (2.1,18.8)	4.7	48
Total	**1492**	**3.6 (1.3,9.6)**	**6.4**	**54**
Confidence Interval given in parenthesis () is calculated in 95% confidence level				

4.3.2. Mode of Transportation, Distance Travelled and Cost of Transportation

Table 4-12 depicts the mode of transportation of clients, the distance travelled by them to reach SDP and the cost incurred during transportation by health facility. A high percentage of clients walked (83%) to the health facility that was highest for low level of health facility. This means of transportation is most prevalent among clients residing in rural (91%) areas. As the access to health facilities in Central region are better compared to other region, only 13.3 % of the interviewed clients walked to their SDP followed by eastern development region (14.4%). Secondly traveling by means of Bus/taxi (7.6%) was also popular among the surveyed clients while using private vehicle was negligible. Use of bus/taxi by clients was prevalent in higher level of health facility and was reported only in central regions and urban areas **(Table 4-13).**

Likewise, clients travelled 13.6 Km on average which was reported to be greatest to reach hospitals (14.4 Km on average). Logically longer the distance, larger would be the cost of travelling. Hence the average cost of travel to reach the health facility was 180.9 NRs; the highest cost reported was 202.9 NRs and this was to reach hospitals

(**Table 4-12**). Majority of the distance travelled by the clients were reported in mid-western (37.7 Km on average) development region and in urban areas (17.8 Km on average). Similarly the expense of travel to mid-western region and urban areas were reported highest by the clients with an average amount 697.8 NRS and 204.4 NRs respectively **(Table 4-13).**

Table 4-12: Clients by mode of transportation, distance travelled and cost of transportation according to type of health facility

Characteristics	Percentage						Total sample size (N)	Av. Distance travelled (km)*	Av. travel cost* (to -from SDP)	Total No. using vehicles
	Mode of transportation									
	Walked	Bicycle	Motor cycle	Bus/ taxi	Private vehicle	Others				
Type of Facility										
Sub health Post	95.2	4.1	0.0	0.7	0.0	0.0	294	3.6	85.0	14
Health Post	93.1	5.0	0.3	1.7	0.0	0.0	364	4.2	44.9	25
Primary health care centre	70.5	10.5	7.6	9.5	0.0	1.9	105	4.9	85.2	31
Hospitals	74.9	4.1	5.1	13.0	0.1	2.7	729	17.4	202.9	183
Total	**83.0**	**4.8**	**3.1**	**7.6**	**0.1**	**1.5**	**1492**	**13.8**	**180.9**	**253**
*Note: *Asked to the clients who used vehicle (rough road)*										

Table 4-13: Clients by mode of transportation, distance travelled and cost of transportation based on development region and residence

Characteristics	Percentage						Total sample size (N)	Average Distance travelled (km)*	Average travel cost* (to - from SDP)	Total No. using vehicles
	Mode of transportation									
	Walked	Bicycle	Motor cycle	Bus/ taxi	Private vehicle	Others				
Region										
Eastern Development Region	85.6	3.5	2.6	7.0	0.0	1.2	343	6.9	98.4	39
Central Development Region	86.7	2.7	1.2	7.7	0.2	1.5	405	8.2	76.5	44
Western Development Region	78.7	5.4	3.5	10.2	0.0	2.2	315	11.6	89.6	67
Mid-Western Development Region	81.6	8.4	2.1	6.3	0.0	1.7	239	37.7	697.8	54
Far-Western Development Region	79.5	5.8	8.4	5.8	0.0	0.5	190	7.3	162.1	49
Residence										
Urban	71.0	5.0	5.3	15.2	0.2	3.3	605	17.8	204.4	175
Rural	91.2	4.6	1.6	2.4	0.0	0.2	887	4.8	97.5	78
Total	**83.0**	**4.8**	**3.1**	**7.6**	**0.1**	**1.5**	**1492**	**13.8**	**180.9**	**253**
*Note: *Asked to the clients who used vehicle (rough road)*										

4.3.3. Time Spent

Table 4-14 presents the time taken for clients to travel from their place of residence to and from the SDP and also the time consumed while waiting to receive services based on the type of health facility. On an average a maximum of one hour was spent in travelling to and from the place of residence of client to the SDP. Maximum time was spent to reach hospitals (80.1minutes) while minimum was spent in sub-health post (57.1 minutes). On the contrary less time (13 minutes on average was reported by clients for waiting to receive services and this too was highest in hospital (18 minutes on average).As the distance to travel to mid-western region was reported to be highest, it took approximately two hours for the clients for their two way travel. A least amount of time (45 minutes) was spent in central region compared to other development region. The time spent on two-way travel was longer than the waiting time to receive services in rural areas compared to urban areas **(Annex 33).**

Table 4-14: Average time spent by client for family planning services according to type of health facility

Characteristics	Average Time Spent (minutes)		Total sample size (N)
	Travelling to and from the place of residence to the SDP	Waiting for and receiving services	
Type of Facility			
Sub health Post	57.1	8.3	294
Health Post	60.3	9.2	364
Primary health care centre	68.1	11.3	105
Hospitals	80.1	17.8	729
Total	**69.9**	**13.4**	**1492**

PART 5: CONCLUSION & RECOMMENDATIONS

5.1 Summary of Findings

General Information about the Facilities

This survey covered representive sample of all types of SDPs (SHPs, HPs, PHCCs and Hospitals) located in all the five development regions and three ecological belt. In Nepal almost all of RH services are being provided by the public sector, consequently all the facilities surveyed under this study are government managed facility. In terms of geographic distribution of the SDPs, nearly equal proportion of the sample facility was taken from Eastern, Central and Western development regions and comparatively lesser sample facility is taken from Mid-Western and Far-Western region. This is due to the reason that comparatively there are few facilities in these two regions which provide reproductive health services, mostly due to the lack of proper infrastructure which makes most of the areas in these regions highly inaccessible, limiting the availability of the RH services. This survey covers 78% of the total facility in the rural areas and 21.2 % of the facility in the urban area.

Modern Contraceptives Offered by Facilities

Family planning services was provided by all types of SDPs surveyed. Contraception methods such as condoms, oral contraceptive pills and injectables were made available in regular basis in all sub health posts, all hospitals, all except one in primary health care centers and health posts. In case of IUDs and Implants, all the hospitals except one and almost all of the primary health care centers, less than half of the health posts and very few sub health posts

provided these methods on a regular basis. The STS report published in 2012 showed that the percentages of health posts providing IUCDs and implants were17% and 15% respectively. However our data reported a notable increase in health posts providing IUCDs and implants, which was 43% and 31% respectively (Mehata, et.al, 2013). Likewise, permanent method of family planning (sterilization for both male and female) were mostly offered by the hospitals only, with 63% of the hospitals providing vasectomies and 58% providing minilaps. Most popular contraception methods were short term hormonal methods (oral contraceptive pills, and injectables) and non-hormonal method (male condoms). However, the least popular ones, determined in terms of SDPs offering these services, were the permanent method (minilap and vasectomy) which could be assessed at only hospitals.

Only, 35 % of SDPs offered atleast five modern contraceptive methods which were almost equally distributed in all development regions and most of them were from urban areas. Also, if we compare our data with STS data (2012) on the percentage of health posts that provide all five methods of HP we can find improvement in this; an increase from 8% (reported in STS 2012) to 20% (reported in our survey). Similarly, the percentage of HPs with at least five FP methods is an important indicator in M&E Framework of NHSP II (Output (OP) 4.9). In accordance to this framework the target for 2013 is 35% and 2015 is 60%. Although the target for 2013 i.e. 35% of the HP should be providing at least five modern contraception method has not been met but nevertheless the progress can be considered satisfactory.

The main reasons for not providing the IUDs, Implants and other permanent contraception methods by the SDPs to the clients were predominantly due to lack of trained staffs and few reported low client demand for the contraceptive in case of IUDs. This showed that more of the staffs should be provided family planning trainings.

Availability of Maternal and RH Medicines

The maternal including delivery services was provided by 150 out of 189 facilities, which showed that most of the facilities surveyed were comparatively better prepared to handle family planning services than maternal services.
All seventeen maternal and RH medicines including seven essential drugs were available in almost all level of facilities expect for Ampicillin. Ampicillin was available in only 22% of the overall surveyed facility. Availability of drugs such as Azithromycin, Cefixime, Methyldopa, and Benzathine benzylpenicillin were least compared to other drugs and their availability was mostly limited to hospitals. Availability of seven essential life saving maternal and RH medicines included two mandatory medicines ($MgSO_4$ and Oxytocin) and other five of the remaining medicines among the drugs available in each SDP surveyed. The availability was analysed in all levels of health facilities. Overall about 61% of the SDPs were found to have the seven life saving drugs, and these were mostly concentrated in Western and Far- Western Regions. The main reasons for non availability of all the essential drugs at the SDPs were delays on the part of main source institution/warehouse to re-supply these medicines, lack of supply at the main source itself and low or no demand for the commodity at the SDP.

Incidence of 'No Stock-Out' of Modern Contraceptives

The main contraceptive items in stock at the time of the survey were male condoms, oral pills and injectables. No stock out of these contraceptives was reported from all PHCCs and SHP, all hospitals (except one), and all HPs (except one).In case of IUCDs and implants, stock out were mostly observed in HPs compared to PHCCS and Hospitals. However, incidence of 'no stock out' was observed for almost all the hospitals and PHCCs in case of IUCDs and implants. Analysis of the incidence of 'no stock out' in the six months preceding the survey revealed that most experienced no stock-outs of most commodities in the last 6 months. In terms of urban/rural context, the SDPs in rural areas seemed more affected by the stock out particularly in case of Implants. The main reason for the stock out of the least available contraception methods (IUCDs and Implants) can be related to unavailability of services from the SDP due to the absence of skilled staffs in these SDPs.

Supply Chain, Including Cold Chain

Health facility in-charges were mainly responsible for ordering medical supplies in most SDPs in all development region and geographical area. Majority of SDPs practiced pull system, where the staff member of the facility made request based on calculation of quantity needed to provide uninterrupted services over a certain period of time. Regional/district warehouse was the major source of medical supplies for all SDPs in all regions.

Responsibility for transportation of supplies to lower level SDPs was that of the district warehouse except in hospitals where facility itself was responsible for the transportation. The resupply of medical supplies at all SDPs was typically done once in three month. Similarly, the availability of fridge for storing essential drugs was higher at hospital levels. However, the situation was worst in SHPs where only 23% of SHPs had fridge to store the cold chain medicines. This figure was seen to be lower than the data reported by STS 2012 where at least 40% of SHPs had fridge. Further, the source of power for fridges in all SDPs was electricity from national grid. However, in some sub-health post, health post and primary health care centers power from local grid was also used.

Staff Training and Supervision

The National Health Training Centre (NHTC) is responsible for training human resources within Nepal's health system. It offers several trainings each year depending on training requirements identified by the different program units. Majority of hospitals and primary health care centers had trained staffs in both implants and IUCD however; in sub-health posts the percentage of staffs trained were relatively low particularly for sub health posts. Moreover, availability of trained staff was skewed in favor of urban health facilities. In majority of SDPs; the supervisory visits were undertaken once in a three month except in sub-health posts where most of the supervisory visits were undertaken annually.

Availability of Guidelines, Check-lists and Job aids

Availability of family planning guidelines was reported in about three fourth of the facilities and the availability was verified to be true in more than half of the facilities. The highest percentage of hospitals and PHCCs stated the availability of family planning guidelines and among them in only few of the hospitals and PHCCs availability was not verified. And availability of antenatal/postnatal job aids was reported in nearly two-third of the SDPs among which availability was verified in nearly half of the SDPs. Ministry of Health and Population (MoHP) have provided waste disposal guidelines to all health facilities; but only 36.5% of the SDPs responded that they have the guidelines; although among them in more than two- third of SDPs availability was verified.

Use of Information Communication Technology (ICT) and Waste Disposal

The means of information and communication technologies used at majority of SDPs were mobile telephone. Likewise, landline telephones and computers were also used, predominately in hospitals, primary health care centers and some health post. In more than two third of SDPs, the ICT means were personal item of staff members.Apparently, the main purpose for which the ICT was used in majority of SDPs was for routine communication.
In case of waste management, more than half of SDPs managed its waste products by burning; one forth of SDPs buried the waste in special dump pits and very few SDPs used incinerators.

Charges for User Fees

Related to the fees charged to the clients, hardly any of the SDPs charged fee to their clients for services provided. Although some SDPs charged some money (average amount NRs.6) as registration fee, majority of such SDPs were hospitals (nearly one fourth of the hospitals) and those located in the urban areas. The frequency of claims for

charging the fees though very small may stand against the policy of providing free health services in particularly in government facilities.

Client Exit Interview

Clients exit interview was conducted in every SDP surveyed. Regarding the general characteristics of clients, majority of clients were female of age group 25-29yr.Nearly half of the surveyed clients had never attended school. It was encouraging to note that a large percentage of clients reported that they were getting the family planning services of their choice, and they also agreed that their preference and wishes were taken into consideration during service provision. Particularly, the client satisfaction level was quite impressive in the PHCCs.

In terms of clients' satisfaction related to the time allocated to his/her care, most client responded that the waiting time was reasonable except in some hospitals. According to the M&E Framework of NHSP II (OP 2.6), in 2011 about 96% of clients were satisfied with their health care at public facilities. In general, in this survey the clients (96%) seemed satisfied with the attitude of the health provider towards them. Furthermore, most of the clients were willing to continue their visit in SDP in future as well as recommend the same SDP to their relatives or friends. This essentially is client'sperspective visiting the SDP in the day of survey and this might not necessarily reflect the views of all the other clients.

In terms of accessibility to SDPs, most of the clients walked to the health facility that was highest for lower level of health facility mostly located in remote areas. The access to health facilities in Central region are better compared to other regions. On an average a maximum of one hour was spent in travelling to and from the place of residence of client to the SDP. This to a certain extent resembles the M&E Framework of NHSP II (OC1.1), where about 61.8% of the population were living within 30 minutes travel time to a health or sub-health post. Traveling by means of Bus/taxi (7.6%) was also popular among the surveyed clients especially in urban areas while using private vehicle was insignificant in number. Average cost of travel to reach the health facility was NRs. 180.9. In average a maximum of one hour was spent in travelling to and from the place of residence to the SDP (two-way transportation).

5.2 Key Recommendations

The role of Logistic Management Division and Family Health Division is vital in ensuring reproductive health commodity security, and a close co-ordination and communication between these divisions, the warehouses and the service delivery points are essential for maintenance of adequate stock of essential life saving RH commodities, including modern contraceptives round the year. The discrepancies in access to and utilization of reproductive health services is visible and it is essential that Ministry of health and Population and its external development partners make joint efforts to address the urgent and inequitable need to reducing unmet need through improving availability and accessibility of services, reducing barriers to care, and improving quality of care, especially for the hard to reach and marginalized people.

Availability of Modern Contraceptive methods

- Hospital and health facilities in urban areas are providing a greater range of reproductive health services. Effort should be made to address inequity in terms of access and utilization of services in the all developmental region, making services available up to the sub health posts and in the rural setting.
- There is big discrepancy in the availability of maternal and RH medicines between hospitals (97%) and SHP (14.3%). Provision of these supplies should be ensured at all levels of health facilities in all the regions
- The unavailability of services on long acting and permanent contraception was predominately due to unavailability of trained of trained staffs. Thus, more investment on training of health workers should be done to ensure adequate access to quality family planning services. Likewise creating an enabling environment through provision of essential instruments/equipment and supportive supervision of staffs who are already trained should be emphasized.

Supply chain including Cold Chain

- All facilities should be enabled to quantify, forecast and order the commodities based on relevant local evidences, following a mechanism of pull system.
- Health commodities are distributed from the center to regional medical stores and then to the district stores which are then dispatch to the service delivery points. The frequencies of supplies are at times irregular and late particularly at the health post and sub health post levels which should be improved by strengthening supply chain management particularly for below-district level facilities Availability of the refrigerators should be increased.

Staff Training and Supervision

- Trainings and refreshers of healthcare providers are vital in ensuring quality services, therefore training and refreshers, particularly for health care providers in sub health post and those working in rural health facilities should be adequately provisioned. It is recommended to have refresher training at least once in a year or two to ensure provision of quality services.
- There is weak supervision system practiced at all levels of health facilities. Western region, Midwestern region and rural health facilities is most affected by irregular and infrequent supervision. Strengthening of supervision to all level of health facilities is required, along with the establishment of a system to provide both-way feedback between higher and lower level SDPs
- During regular integrated supervision of logistic (FP/ RH commodities and essential drugs) should be categorically monitored.

Availability of Guidelines, Check List and Jobs Aids

- Availability of national guidelines, check list and jobs aid is limited, particularly in lower level facilities in eastern development region and rural area. Adequate distribution and utilization of these documents for provision of quality services must be strengthened.

Client Exit Interview

- The clients coming to the health facilities are almost exclusively women. Although this is a common finding at health facilities, awareness program on RH and FP methods should focus on increasing male participation and engagement.
- In all health facilities surveyed it was more illiterate population seeking contraceptive services. Program should be enhanced to encourage eligible individuals and couples, including those who are educated, to use family planning services, available for free at public sector health.
- Although clients' perception and satisfaction level is encouraging; a need to maintaining adequate privacy during service provision was noted.

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ANNEXES

Annex 1: WHO list for life saving medicines for maternal/RH medicines Facilities

Priority life-saving medicines for women: For major causes of sexual and reproductive health related mortality and morbidity	
Post-partum hemorrhage Obstetric hemorrhage is the world's leading cause of maternal mortality causing estimated 127000 maternal deaths annually. Postpartum hemorrhage is the most common type.	Prevention **Oxytocin:** injection 10 IU in 1=ml ampoule **Misoprostol:** tablet 200 micrograms (when oxytocin is not available or cannot safely be used)
	Treatment **Oxytocin:** (as above) **Sodium chloride:** injectables solution 0.9% isotonic or **Sodium lactate compound solution:** inject able(Ringer's lactate) for infusion
Severe pre-eclampsia and eclampsia Pre-eclampsia and eclampsia are major health problems in developing countries. Every year, eclampsia is associated with an estimated 50000 maternal deaths worldwide.	Severe pre-eclampsia and eclampsia[18] **Magnesium sulfate:** injection 500 mg/ml in 10-ml ampoule **Calcium gluconate injection** (for treatment of magnesium toxicity): 100mg/ml in 10-ml ampoule
	Management of severe hypertension[19] **Hydralazine:** powder for injection 20mg (hydrochloride) in ampoule or tablet 25 mg; 50 mg (hydrochloride) **Methyldopa:** tablet 250 mg
Maternal sepsis Infection can follow an abortion or childbirth and is a major cause of death. Sepsis that is not related to unsafe abortion accounts for up to 15% of maternal deaths in developing countries.	**Ampicillin:** powder for injection 500 mg; 1g (as a sodium salt) in vial **Gentamicin:** injection 40 mg/ml in 2-ml vial **Metronidazole:** injection 500 mg in 100-ml vial
Provision of safe abortion services and/or the management of incomplete abortion and miscarriage Unsafe abortion complications can lead to death associated with hemorrhage and sepsis. The majority of unsafe abortions take place in developing countries. In 2008, it was estimated that 21.6 million unsafe abortions were performed worldwide-the majority of these in developing countries. Each year, 47000 women due to complications of unsafe abortion.	**Misoprostol:** tablet 200 micrograms **Mifepristone + misoprostol*:** tablet 200 mg+tablet 200 micrugrams (where permitted under national law) *requires close medical supervision
Sexually transmitted infection Nearly a million people acquire sexually transmitted infection, including the human immunodeficiency virus (HIV), every day. After pregnancy –related causes,	Uncomplicated genital Chlamydial infections **Azithromycin:** capsule 250 mg; 500 mg or oral liquid 200 mg/5 ml

sexually transmitted infections are the second most important cause of healthy life lost in women. The result of infection includes acute symptoms, chronic infection, and serious delayed consequences such as infertility, ectopic pregnancy, cervical cancer, and the untimely deaths of infants and adults. Many sexually transmitted infections affect the outcome of pregnancy and some are passed to unborn and newborn babies.	Gonococcal infection- uncomplicated anogenital infection **Cefixime:** capsule 400mg Syphilis[25] **Benzathine benzylpenicillin:** powder for injection 900 mg benzylpenicillin in 5-ml vial; 1.44 g benzyl penicillin in 5-ml vial
Management of preterm labour The incidence of preterm birth is approximately 6-7% of all births. Preterm birth is the leading cause of neonatal mortality both in developed and developing countries, accounting for an estimated 24% of neonatal deaths.	Inhibition of uterine contractions[29] **Nifedipine:** immediate release capsule 10 mg
	Improvement of fetal lung maturity **Dexamethasone:** injection 4 dexamethasone phosphate (as disodium salt) in 1-ml ampoule or **Betamethasone:** injection 6mg/ml (3 mg/ml betamethasone sodium phosphate + 3 mg/ml betamethason acetate) in an aqueous vehicle
Prevention of tetanus in mother and newborn Maternal and neonatal tetanus have been among the most common lethal consequences of unclean deliveries and umbilical cord care practices. WHO estimates that in 2008, 59000 newborns died from neonatal tetanus.	**Tetanus toxoid**
Thus, According to the WHO Priority life-saving medicines, for women and children, 2012; the priority medicines are: i) Oxytocin, ii) Misoprostol, iii) Sodium chloride, iv) Sodium lactate compound solution, v) Magnesium sulphate, vi) Calcium gluconate, vii) Hydralazine, viii) Methyldopa, ix) Ampicillin, x) Gentamicin, xi) Metronidazole, xii) Mifepristone, xiii) Azithromycin, xiv) Cefixime, xv) BenzathineBenzylpenicillin, xvi) Nifedipine, xvii) Dexamethasone, xviii) Betamethasone, and ixx) Tetanus toxoid. *Please note that although there are 19 individual medicines on the WHO list; a) Sodium chloride and Sodium lactate compound solution are alternates; and that b) Dexamethasone is an alternate to Betamethasone. This therefore applies to this survey; hence the reference to 17 components maternal/RH medicines.*	

Annex 2: Core team for the project

Resource Person	Affiliation
Dr. Jaya Kumar Gurung	Executive Director, NDRI
Dr. Basu Dev Pandey	Team Leader, NDRI
Mr. Naveen Shrestha	Technical Expert, NDRI
Mr. Suman Gurung	Technical Expert, NDRI
Ms. Apsara Karki	Researcher, NDRI
Ms. Sona Shakya	Researcher, NDRI
Ms. Rupa Bhandari	Admin and finance officer

Annex 3: List of Health Facilities in Seventy Five districts of Nepal by Eco-region

Development Region	Eco-region	Districts	Central Store	Regional Store	District store	District Clinic	Tertiary level	District Hospital	PHC	Health Post	Sub-Health Post	NGO	Total
Far-Western	Mountain	Bajura			1	1		1	1	11	15		30
		Bajhang			1			1	2	10	35		49
		Darchula			1			1	1	11	29		43
	Hills	Doti			1			1	2	10	39	1	54
		Dadeldhura			1	1		1	1	9	15	1	29
		Baitadi				1		1	2	10	55		69
		Achham			1	1		1	2	12	60	1	78
	Terai	Kailai		1	1	1	1		6	7	30	5	52
		Kanchanpur			1	1	1		3	8	10	1	25
Mid-Western	Mountain	Humla			1			1		10	16		28
		Mugu			1				1	8	16		26
		Kalikot		1	1				1	9	19	1	32
		Jumla			1			1	1	8	20		31
		Dolpa			1			1		9	14		25
	Hills	Dailekh			1			1	3	6	50		61
		Jajarkot			1	1		1	2	7	25		37
		Pyuthan			1			1	2	11	35		50
		Rolpa			1			1	2	9	40		53
		Rukum			1			1	2	7	34		45
		Salyan			1			1	2	9	36	1	50
		Surkhet			1		1		4	9	20		35
	Terai	Dang			1	1	1		3	10	26	1	43
		Banke		1	1	1	1		3	9	35	3	54
		Bardiya			1			1	3	8	22	3	38
Western	Mountain	Manang			1			1		9	4		15
		Mustang			1	1		1	1	8	7	1	20
	Hills	Arghkhanchi			1	1		1	2	8	31		44
		Baglung			1	1	1	1	3	9	49		65
		Gorkha			1	1		1	3	10	55	1	72
		Gulmi			1			1	4	12	64		82
		Kaski		1	1	1	1		3	11	34	2	54
		Lamjung			1	1		1	2	8	50		63
		Myagdi			1	1		1	1	8	31		43
		Palpa			1	1		1	3	9	53		68
		Parbat			1	1		1	2	10	42		57
		Syangja			1			1	3	10	54		69
		Tanahun			1			1	2	12	31		47
	Terai	Nawalparasi			1	1		1	5	8	63	3	82
		Rupendehi		1	1	1	1	1	5	6	58	1	75

Development Region	Eco-region	Districts	Central Store	Regional Store	District store	District Clinic	Tertiary level	District Hospital	PHC	Health Post	Sub-Health Post	NGO	Total
		Kapilbastu			1	1		1	3	7	66	1	80
Central	Mountain	Sindhupalchowk			1			1	3	10	65	2	
		Dolakha			1			1	2	9	43	2	58
		Rasuwa						1	1	8	9		19
	Hills	Bhaktapur			1			1	2	7	12	5	28
		Kathmandu	1		1	1	2		8	5	53	44	115
		Lalitpur			1				3	9	29	8	50
		Dhading			1	1		1	2	16	33		54
		Kavre			1				5	9	80	4	99
		Makawanpur		1	1	1		1	4	10	30	1	49
		Nuwakot			1			1	3	11	53		69
		Ramechap			1			1	2	11	40	2	57
		Sindhuli			1			1	2	10	41		
	Terai	Dhanusa			1	1	1		5	9	88	1	106
		Mahottari			1	1		1	3	6	67	1	80
		Sarlahi			1	1		1	5	10	84	1	103
		Rautahat			1	1		1	4	8	85		100
		Bara	1		1			1	4	11	83	2	
		Parsa			1	1	1		4	8	71	1	87
		Chitwan			1		1	1	4	6	31	2	46
Eastern	Mountain	Taplejung			1	1		1	2	8	43		56
		Sankhuwasava			1	1		1	2	11	25	1	42
		Solukhumbu			1			1	2	9	23	5	41
	Hills	Bhojpur			1			1	3	9	51	1	66
		Dhankuta			1	1		1	2	11	24		40
		Ilam			1			1	4	6	38	2	52
		Panchthar		1	1	1			2	10	29		44
		Terathum			1			1	2	9	20		33
		Udayapur			1	1		1	2	9	35	1	50
		Khotang			1			1	2	8	67		79
	Terai	Okhaldhunga			1			1	1	9	45	2	59
		Jhapa			1		1		6	6	38	3	55
		Morang		1	1		1	1	7	10	49	2	72
		Saptari			1		1		4	9	103	1	119
		Siraha			1			2	4	11	93	1	112
		Sunsari			1			1	5	7	40	1	55
Total			**2**	**8**	**73**	**34**	**16**	**60**	**207**	**677**	**3108**	**123**	**4308**

Annex 4: Sampling of districts from each ecological zones of five development region

Development Region	Eco-region	Districts (Column A)	Sampling interval (i=N/n) (Column B)	Random number generated (Column C)
Far-Western	Mountain	Bajura		
		Bajhang	3	2
		Darchula		
	Hills	Doti		
		Dadeldhura	4	2
		Baitadi		
		Achham		
	Terai	Kailai		
		Kanchanpur	2	2
Mid-Western	Mountain	Humla	5	1
		Mugu		
		Kalikot		
		Jumla		
		Dolpa		
	Hills	Dailekh		
		Jajarkot	7	2
		Pyuthan		
		Rolpa		
		Rukum		
		Salyan		
		Surkhet		
	Terai	Dang		
		Banke		
		Bardiya	3	3
Western	Mountain	Manang		
		Mustang	2	2
	Hills	Arghkhanchi		
		Baglung		
		Gorkha	11	3
		Gulmi		
		Kaski		
		Lamjung		
		Myagdi		
		Palpa		
		Parbat		
		Syangja		
		Tanahun		
	Terai	Nawalparasi		

Development Region	Eco-region	Districts (Column A)	Sampling interval (i=N/n) (Column B)	Random number generated (Column C)
		Rupendehi	3	2
		Kapilbastu		
Central	Mountain	Sindhupalchowk		
		Rasuwa	3	2
		Dolakha		
	hills	Bhaktapur	9	1
		Dhading		
		Kathmandu		
		Kavre		
		Lalitpur		
		Makawanpur		
		Nuwakot		
		Ramechap		
		Sindhuli		
	Terai	Dhanusa		
		Mahottari		
		Sarlahi		
		Bara		
		Parsa	7	5
		Rautahat		
		Chitwan		
Eastern	Mountain	Taplejung		
		Sankhuwasava		
		Solukhumbu	3	3
	Hils	Bhojpur		
		Dhankuta		
		Ilam	9	3
		Panchthar		
		Terathum		
		Udayapur		
		Khotang		
		Okhaldhunga		
		Jhapa		
	Terai	Morang		
		Siraha		
		Saptari	4	3
		Sunsari		

Note: *Selected districts for Survey*

Annex 5: Sampling of SDPs from each district in each ecological zones of each development region

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
Eastern	Mountain	Solukhumbu	SHP Level	23	2	11.5	k	5	Deusa Budidanda
							k+i	17	Pawai
			HP Level	9	2	4.5	k	4	Garma
							k+i	9	Nele
			PHCC Level	2	1	2	k	2	Sotang
			Secondary Level	1	2				Solukhumbhu District Hospital
			Tertiary Level	0	0				
			Total	**35**	**7**				**6**
	Hills	Illam	SHP Level	38	7	5	k	3	Chulachuli
							k+i	8	Godak
							k+2i	14	Jitpur
							k+3i	19	Mabu
							k+4i	25	Pancha Kanya
							k+5i	30	Samalbung
							k+6i	36	Soyang
			HP Level	6	6	1			Amchok
									Bajho
									Chisapani
									Kolbung
									Luringtar
									Sakhejung
			PHCC Level	4	2	2	k	1	Fikkal
							k+i	3	Pashupatinagar
			Secondary Level	1	4				Ilam District Hospital
			Tertiary Level	0	0				
			Total	**49**	**19**				**16**
	Terai	Saptari	SHP Level	93	8	11.6	k	3	Ayodhayanagar
							k+i	15	Bhokraha
							k+2i	26	Devipur
							k+3i	38	Inaruwa
							k+4i	50	Kusaha Laxmaniya
							k+5i	61	Maheshpur Patari (Harinagar)
							k+6i	73	Phulbariya
							k+7i	84	Silorwa Pachawadi
			HP Level	11	3	3.7	k	2	Bariyarpatti
							k+i	6	Kalyanpur
							k+2i	9	Malhaniya
			PHCC Level	4	2	2	k	1	Aurahi
							k+i	3	Mirchiya

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
			Secondary Level	2	2				Siraha District Hospital
									Lahan District Hospital
			Tertiary Level	0	1				
			Total	**110**	**16**				**15**

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
Western	Mountain	Mustang	SHP	8	0	0		0	
			HP	8	1	8	K	5	Lo-Manthang
			PHCC	1	0	0		0	
			Secondary	1	1	1	K	1	Mustang District Hospital
			Tertiary	0	0	0	K	0	
			Total	**18**	**2**				**2**
	Hills	Gorkha	SHP	55	12	4.5	K	4	Ashrang
							K+i	9	Bokrang
							K+2i	13	Chyangli
							K+3i	18	Gankhu
							K+4i	22	Harmi
							k+5i	27	Khoplang
							k+6i	31	Manakamana
							k+7i	36	Panchkuwa Deurali
							k+8i	40	Raniswanra
							k+9i	45	Siri Nathkot
							k+10i	49	Tandrang
							K+11i	54	Thumi
			HP	10	9	1.1	K	1	Baddanda (Liglig)
							K+i	2	Bhachyak
							K+2i	3	Bungkot
							K+3i	4	Chhekampar
							K+4i	5	Dhuwakot
							k+5i	7	Kerauja (Mandu)
							k+6i	8	Khanchok
							k+7i	9	Larke Bazar
							k+8i	10	Taku Majha Lankuribot
			PHCC	3	3	1	K	1	Aru Chanaute
							K+i	2	Jaubari
							K+2i	3	Makaisingh
			Secondary	1	6	1	K	1	Gorkha District Hospital

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
			Tertiary	0	1	0	K	0	
			Total	**69**	**31**				**25**
	Terai	Rupandehi	SHP	58	4	14.5	K	3	Bagaha
							K+i	18	Gajedi
							K+2i	32	Madhubani
							K+3i	47	Sakraun Pakadi
			HP	6	2	3	K	2	Chhapiya
							K+i	5	Parroha
			PHCC	5	1	5	K	5	Rayapur
			Secondary	1	3				Bhim district hospital
			Tertiary	1	0				Rupandehi Zonal Hospital
			Total	**70**	**10**				**9**

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
Central	Mountain	Rasuwa	SHP	9	3	3	K	3	Gatlang
							K+i	6	Ramche
							K+2i	9	Yarsa
			HP	8	2	4	K	1	Dandagaun
							K+i	5	Syprubesi
			PHCC	1	1	1	K	1	Jibjibe
			Secondary	1	1	1	K	1	Rasuwa District Hospital
			Tertiary	0	0	0	K	0	
			Total	**19**	**7**				**7**
	Hills	Bhaktapur	SHP	12	9	1.3	K	1	Balkot
							K+i	2	Balkumari
							K+2i	4	Chhitapole
							K+3i	5	Duwakot
							K+4i	6	Jhaukhel
							k+5i	8	Lokanthali
							k+6i	9	Nagadesh
							k+7i	10	Sipadol
							k+8i	12	Sudal
			HP	7	7	1			Bageshwari
									Bode
									Gundu
									Nagarkot
									Nangkhel

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
									Thathali
									Thimi
			PHCC	2	3	0.67	K	1	Changunarayan
							K+i	2	Dadhikot
							K+2i	3	
			Secondary	1	3				Bhaktapur District Hospital
			Tertiary	0	1				
			Total		**23**				**19**
	Terai	Parsa	SHP	71	12	5.9	K	3	Auraha
							K+i	8	Bairiya Birta
							K+2i	14	Bhedihari
							K+3i	20	Dewarbana
							K+4i	26	Govindapur
							k+5i	32	Jaimangalpur
							k+6i	38	Lakhanpur
							k+7i	44	Masihani
							k+8i	50	Pacharukhi
							k+9i	56	Ramgadawa
							k+10i	62	Sibarba (Patwaritola)
							K+11i	68	Surjaha
			HP	8	5	1.6	K	2	Bishrampur
							K+i	3	Langadi
							K+2i	5	Pakaha
							K+3i	6	Sedwa
							K+4i	8	Thori
			PHCC	4	3	1.3	K	1	Bagahi
							K+i	2	Bageshwori
							K+2i	4	Pokhariya, Satba
			Secondary	0	3				
			Tertiary	1	1	1	K	1	Parsa regional hospital
			Total	**84**	**24**				**21**

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
Mid-Western	Mountain	Humla	SHP Level	16	2	8	k	4	Jair
							k+i	12	Raya (Rugha)
			HP Level	10	4	2.5	k	2	Darma

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
							k+i	5	Lali
							k+2i	7	Muchu
							k+3i	10	Thehe
			PHCC Level	0	0				
			Secondary Level	1	1	1			Humla District Hospital
			Tertiary Level	0	0				
			Total	**27**	**7**				**7**
	Hills	Jajarkot	SHP Level	20	6	3.3	k	3	Bhagawati
							k+i	6	Dandagaon (Kaina)
							k+2i	10	Jugathapachaur
							k+3i	13	Lahai
							k+4i	16	Paink
							k+5i	20	Ragda
			HP Level	7	5	1.4	k	1	Bhur Pokhara
							k+i	2	Dalli (Khagenkot)
							k+2i	4	Dharanga (Thime)
							k+3i	5	Kudu
							k+4i	7	Sima Rakma
			PHCC Level	2	1	1			Limsa
			Secondary Level	1	3				Jajarkot District Hospital
			Tertiary Level	0	0				
			Total	**30**	**15**				**13**
	Terai	Bardiya	SHP Level	22	2	11	k	7	Dhodari
							k+i	18	Pashupatinagar
			HP Level	8	2	4	k	2	Deudakala
							k+i	6	Neulapur
			PHCC Level	3	1	3	k	3	Soharawa
			Secondary Level	1	1				Bardiya district Hospital
			Tertiary Level	1	1				Bardiya Zonal Hospital
			Total	**35**	**7**				**7**

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
Far-Western	Mountain	Bajhang	SHP	35	2	18	k	3	Bhatekhola
							k+i	21	Luyanta
			HP	10	3	3	k	2	Chainpur
							k+i	5	Kotbhairav
							k+2i	8	Lekgaon (Bisauni)
			PHCC	2	0	0		0	
			Secondary	1	1	1		1	Bajhang Hospital
			Tertiary	0	0	0		0	

Development region	Eco-region	Districts	SDPs	N=number of Service delivery points in district	n=sample size for the district	Sampling Interval (i)=N/n	Random number (k)= RAND()*(b-a)+a (F9)		Selected SDPs
			Total	**48**	**6**				**6**
	Hills	Dadheldhura	SHP	15	4	4	k	2	Bagarkot
							k+i	6	Bhumiraj
							k+2i	10	Koteli
							k+3i	14	Sirsha
			HP	9	3	3	k	3	Dewaldibyapur
							k+i	6	Manilekh
							k+2i	9	Shahastraling
			PHCC	1	1				Jogbudha
			Secondary	1	2				Dadeldhura District Hospital
			Tertiary	0	0				
			Total	**26**	**10**				**9**
	Terai	Kanchanpur	SHP	10	1	10	k	7	Rampur Bilasahpur
			HP	8	1	8	k	7	Raikarbichuwa
			PHCC	3	1	3	k	2	Chandani Dodhara
			Secondary	0	0				
			Tertiary	1	1				Kanchanpur Zonal Hospital
			Total	**22**	**4**				**4**

Annex 6: Total sample of SDPs from each district in each ecological zones

Development Region	Eco-region	Selected districts	Facility Category					Total
			SHP Level	HP Level	PHCC Level	Secondary Level	Tertiary Level	
Far-Western	Mountain	Bajhang	2	3	0	1	0	6
	Hills	Dadeldhura	4	3	1	2	0	10
	Terai	Kanchanpur	1	1	1	0	0	3
		Total	**7**	**7**	**2**	**3**	**0**	**19**
Mid-Western	Mountain	Humla	2	4	0	1	0	7
	Hills	Jajarkot	6	5	1	3	0	15
	Terai	Bardiya	2	2	1	1	1	7
		Total	**10**	**11**	**2**	**5**	**1**	**29**
Western	Mountain	Mustang	0	1	0	1	0	2
	Hills	Gorkha	12	9	3	6	1	31
	Terai	Rupendehi	4	2	1	3	0	10
		Total	**16**	**12**	**4**	**10**	**1**	**43**
Central	Mountain	Rasuwa	3	2	1	1	0	7
	Hills	Bhaktapur	9	7	3	3	1	23
	Terai	chitwan	12	5	3	3	1	24
		Total	**24**	**14**	**7**	**7**	**2**	**54**
Eastern	Mountain	Solukhumbu	2	2	1	2	0	7
	Hills	Ilam	7	6	2	4	0	19
	Terai	Saptari	8	3	2	2	1	16
		Total	**17**	**11**	**5**	**8**	**1**	**42**
					Total health facilities			**188**

Annex 7: List of total SDPs to be surveyed in all districts

FAR-WESTERN DEVELOPMENT REGION - MOUNTAIN					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Exit interview**
Bajhang	SHP	2	Bhatekhola	Bhatekhola	5
			Luyanta	Lamatol	4
	HP	3	Chainpur	Chainpur	4
			Kotbhairav	Byansi	4
			Lekgaon (Bisauni)	Malumela	5
	Secondary	1	Bajhang Hospital	Chainpur	29
	Total	**6**			**51**

FAR-WESTERN DEVELOPMENT REGION - HILL					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Exit interview**
Dadheldhura	SHP	4	Bagarkot	Bagarkot	5
			Bhumiraj	Amargadhi Municipality	5
			Koteli	Koteli	5
			Sirsha	Sirsha	5
	HP	3	Dewaldibyapur	Dewal Dibyapur	5
			Manilekh	Manilek	6
			Shahastraling	Amargadhi Municipality	6
	PHCC	1	Jogbudha	Jogbuda	3
	Secondary	2	Dadeldhura District Hospital	Amargadhi Municipality	22
			District hospital_Doti	DipayalSilgudi muncipality	22
	Total	**10**			**84**

FAR-WESTERN DEVELOPMENT REGION - TERAI					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Exit interview**
Kanchanpur	SHP	1	Rampur Bilasahpur	Rampur Bilaspur	5
	HP	1	Raikarbichuwa	Raikawar Bichawa	6
	PHCC	1	Chandani Dodhara	Dodhara	4
	Tertiary	1	Kanchanpur Zonal Hospital	Mahendranagar	15
	Total	**4**			30

MID-WESTERN DEVELOPMENT REGION - MOUNTAIN					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Client interview**
Humla	SHP Level	2	Jair	Jair	5
			Raya (Rugha)	Rawa	5
	HP Level	4	Darma	Darma	4
			Lali	Lali	4
			Muchu	Muchu	5
			Thehe	Thehe	5
	Secondary Level	1	Humla District Hospital	Simikot	29
	Total	**7**			**57**

MID-WESTERN DEVELOPMENT REGION - HILL					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Client interview**
Jajarkot	SHP Level	6	Bhagawati	Bhagawati	5
			Dandagaon (Kaina)	Dadagaun	5
			Jugathapachaur	Junga Tapachaur	5
			Lahai	Laha	5
			Paink	Paink	5
			Ragda	Ragda	5
	HP Level	5	Bhur Pokhara	Bhur	5
			Dalli (Khagenkot)	Khagenakot	5
			Dharanga (Dhime)	Dhime	5
			Kudu	Jagatipur	5
			Sima Rakma	Sima	4
	PHCC Level	1	Limsa	Rokyagaun	8

MID-WESTERN DEVELOPMENT REGION - HILL					
	Secondary Level	3	Jajarkot District Hospital	Khalanga	18
			District hospital - Dailekh	Narayan Municipality	17
			District Hospital - Salyan	Khalanga	17
	Total	**15**			**114**

MID-WESTERN DEVELOPMENT REGION - TERAI					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Client interview**
Bardiya	SHP Level	2	Dhodari	Dhodhari	5
			Pashupatinagar	Pasupatinagar	5
	HP Level	2	Deudakala	Deudhakala	5
			Neulapur	Neulapur	6
	PHCC Level	1	Soharawa	Sorahawa	4
	Secondary Level	1	Bardiya district Hospital	Guleriya Municipality	29
	Tertiary Level	1	Bheri Zonal hospital - Banke	Nepalgunj	15
	Total	**7**			**69**

WESTERN DEVELOPMENT REGION (Mountain)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Exit interview**
Mustang	HP	1	Lo-Manthang	Lomanthang	7
	Secondary	1	Mustang District Hospital	Jomsom	22
	Total	**2**			**29**

WESTERN DEVELOPMENT REGION (Hill)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Exit interview**
Gorkha	SHP	12	Ashrang	Ashrang	5
			Bokrang	Bakarang	5
			Chyangli	Chyangli	5
			Gankhu	Gakhu	5
			Harmi	Harmi Chaur	5
			Khoplang	Khoplang	5
			Manakamana	Manakamana	5
			Panchkuwa Deurali	Panchkhuwa Deurali	5
			Raniswanra	Prithivinarayan Muni	5
			Siri Nathkot	Shreenathkot	5
			Tandrang	Tandrang	4
			Thumi	Thumi	4
	HP	9	Baddanda (Liglig)	Palungtar	5
			Bhachyak	Hansapur	5
			Bungkot	Bunkot	5
			Chhekampar	Chhaikampar	5
			Dhuwakot	Dhuwakot	5
			Kerauja (Mandu)	Manbu	5
			Khanchok	Masel	5
			Larke Bazar	Pork	4
			Taku Majha Lankuribot	Takumajh Lakuribot	4
	PHCC	3	Aru Chanaute	Aaru Chanaute	4
			Jaubari	Jaubari	4
			Makaisingh	Makaising	5
	Secondary	6	Gorkha District Hospital	Gorakhkali	21
			Baglung district hospital	Baglung Municipality	21
			Parbat district hospital	Shivalaya	21
			Lamjung District hospital	Besisahar	21
			Syangja District hospital	Putalibazar Municipality	21
			Tanahu - Damauli district hospital	Damauli	20
	Tertiary	1	Kaski regional hospital	Pokhara	15
	Total	**31**			**254**

WESTERN DEVELOPMENT REGION (Terai)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Exit interview**
Rupandehi	SHP	4	Bagaha	Bagaha	6
			Gajedi	Gajedi	6
			Madhubani	Madhubani	5
			Sakraun Pakadi	Pakadi Sakron	5
	HP	2	Chhapiya	Dayanagar	4
			Parroha	Parroha	5
	PHCC	1	Rayapur	Rayapur	6
	Secondary	3	Bhim Hospital - Rupandehi	Siddharthanagar Muncipality	17
			Shivaraj district hospital -Kapilvastu	Bahadurgunj	17
			Pritivi Bir district- Kapilvastu	Kapilvastu Municipality	18
	Total	**10**			**89**

CENTRAL DEVELOPMENT REGION (Mountain)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Client interview**
Rasuwa	SHP	3	Gatlang	Gatlang	5
			Ramche	Ranche	5
			Yarsa	Yarsa	4
	HP	2	Dandagaun	Dandagaun	5
			Syprubesi	Syafrubesi	6
	PHCC	1	Jibjibe	Dhaibung (Nilkantha)	3
	Secondary	1	Rasuwa District Hospital	Dhunche	22
	Total	**7**			**50**

CENTRAL DEVELOPMENT REGION (Hill)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Client interview**
Bhaktapur	SHP	9	Balkot	Balkot	5
			Balkumari		5
			Chhitapol	Chhitapol	5
			Duwakot	Duwakot	5
			Jhaukhel	Jhaukhel	5
			Lokanthali	Lokanthali	5
			Nagadesh		5
			Sipadol	Sipadol	4
			Sudal	Sudal	4
	HP	7	Bageshwari	Bageshwari	5
			Bode	Bode	5
			Gundu	Gundu	5
			Nagarkot	Nagarkot	5
			Nangkhel	Nankhel	5
			Thathali	Thathali	5
			Thimi	Thimi N. P	6
	PHCC	3	Changunarayan	Changunarayan	5
			Dadhikot	Dadhikot	5
			Ramghat (Kathmandu)	Ramghat	5
	Secondary	3	Bhaktapur District Hospital	Sallaghari	20
			Dhading District hospital	Nilkantha	20
			Nuwakot District hospital (Trishuli hospital)	Bidur Municpality	19
	Tertiary	1	Prasuti Griha, Hospital		15
	Total	**23**			**168**

CENTRAL DEVELOPMENT REGION (Terai)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Client interview**
Parsa	SHP	12	Auraha	Auraha	5
			Bairiya Birta	Beriya Birta (Da. Pu)	5
			Bhedihari	Bhedihari	5
			Dewarbana	Daurbana	5
			Govindapur	Govindpur	5
			Jaimangalpur	Jaimangalpur	5
			Lakhanpur	Lakhanpur	5

CENTRAL DEVELOPMENT REGION (Terai)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Client interview**
			Masihani	Mosihani	5
			Pacharukhi	Pacharukhi	5
			Ramgadawa	Ramgadhawa	5
			Sibarba (Patwaritola)	Patwari Tola Sibarwa	5
			Surjaha	Surjaha	4
	HP	5	Bishrampur	Bisrampur	5
			Langadi	Langadi	5
			Pakaha	Pakaha Mainpur	5
			Sedwa	Sedhawa	5
			Thori	Thori (Gautamnagar)	4
	PHCC	3	Bagahi	Bagahi	4
			Bageshwori	Bageswori	4
			Pokhariya, Satba	Pokhariya	5
	Secondary	3	Bharatpur District hospital (Chitwan)	Bharatpur	22
			Bara District Hospital (Kalaiya hospital)	Kaliya muncipality	22
			Rautahat District Hospital (Gaur Hospital)	Gaur Muncipality	22
	Tertiary	1	Parsa regional hospital		23
	Total	**24**			**185**

EASTERN DEVELOPMENT REGION (Mountain)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Exit Interview**
Solukhumbu	SHP Level	2	Deusa Budidanda	Deusa	5
			Pawai	Mabe (Pawai)	6
	HP Level	2	Garma	Garma	5
			Nele	Nele	6
	PHCC Level	1	Sotang	Sotang	3
	Secondary Level	2	Solukhumbhu District Hospital	Salleri	18
			Sankhuwasabha district hospital	Khandbari Muncipality	19
	Total	**7**			**62**

EASTERN DEVELOPMENT REGION (Hill)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Exit Interview**
Ilam	SHP Level	7	Chulachuli	Chulachuli	5
			Godak	Goduk	5
			Jitpur	Jitpur	5
			Mabu	Mabu	5
			Pancha Kanya	Pancha Kanya	5
			Samalbung	Samalbung	5
			Soyang	Soyang	6
	HP Level	6	Amchok	Amchok	5
			Bajho	Bajho	5
			Chisapani	Chisapani	5
			Kolbung	Kolbung	5
			Luringtar	Sulbung	4
			Sakhejung	Sakhejung	5
	PHCC Level	2	Fikkal	Fikkal	4
			Pashupatinagar	Pashupatinagar	4
	Secondary Level	4	Ilam Hospital	Ilam	20
			Terathum District hospital	Myaglung	20
			Panchthar- district hospital	Phidim	20
			Dhankuta district hospital	Dhankuta Muncipality	21
	Total	**19**			**154**

EASTERN DEVELOPMENT REGION (Terai)					
Districts	**SDPs**	**Sample size**	**Selected SDPs**	**VDC**	**No. of Exit Interview**
Saptari	SHP Level	8	Banaula	Banaula	5
			Boriya	Boriya	5
			Farseth	Farseth	5
			Jamuri Madhepura	Jamuni Madhepura	5
			Koiladi	Koiladi	5

EASTERN DEVELOPMENT REGION (Terai)					
			Manraja	Manaraja	5
			Purwa Pipra	Pipra (Purba)	4
			Terahauta	Terahota	4
	HP Level	3	Bode Barsain	Bode Barsaien	6
			Pathar Gadha	Patthargada	6
			Sakhada	Rajbiraj Municipality	5
	PHCC Level	2	Bhamangamakatti Topa	Bamangamakatti	6
			Kanchanpur	Kanchanpur	6
	Secondary Level	2	Siraha district Hospital	Siraha Municipality	19
			Lahan district Hospital	Lahan Muncipality	18
	Tertiary Level	1	Sagarmatha Zonal hospital	Rajbiraj Municipality	23
	Total	**16**			**127**

Annex 8: Resource person involved in training session and two day training schedule for training the field staffs

Resource Person	Affiliation
Dr. Jaya Kumar Gurung	Executive Director, NDRI
Dr. Basu Dev Pandey	Team Leader, NDRI
Mr. Pulgendra Singh	UNFPA, Representative
Mr. Naveen Shrestha	Technical Expert, NDRI
Ms. Apsara Karki	Researcher, NDRI
Ms. Sona Shakya	Researcher, NDRI
Ms. Rupa Bhandari	Admin and finance officer

Training on Conducting a Facility Based Assessment for Reproductive Health Commodities and Services		
DAY I: Jan 4, 2013 (Saturday)		
Participants : **Field Supervisor +Enumerators (51)**		
Time	**Activities**	**Resource person**
10.00-10.15	Registration	Ms Sunita Simkhada
10.15-11.00	Welcome and introduction	ED, NDRI
11.00-11.15	Brief account of Project	UNFPA, Representative
11.15-11.30	NDRI/UNFPA Baseline survey • Sample size and Methodology	Naveen Shrestha /Sona Shakya
11.30-1.00	Questionnaire discussion: Baseline Survey-Model -1	Dr Basu Dev Pandey/LMD
1.00-2.00	**Lunch Break**	
2.00-4:00	Questionnaire discussion Model -1	Naveen Shrestha/FHD
4.00	Wrap Up	Dr. Jaya Kumar Gurung
DAY II: 5 Jan, 2014 (Monday)		
10 -10.30	Review / question clarity of day first	Naveen Shrestha
10.30 -1.30	Questionnaire discussion Model -2	Naveen Shrestha/ Apsara Karki
1.30-2.00	Lunch break	
2.00-3.00	Questionnaire discussion Model -2	Naveen Shrestha/ Apsara Karki
3.00-3.30	• Major responsibilities of field staff (Supervisor and Enumerator) • Field allocation	Apsara Karki/Sona Shakya
3.30-4.00	• Discussion on pre-test for next day	Participants: 3 groups , 3 Health Facilities SHP1, HP1, PHC1 = KTM/ Lalitpur
4.00-4.30	General Administration/Financial	Ms Roopa Bhandari
4.30	• Training wrap up &Vote of Thanks	Dr. Jaya Kumar Gurung

Form No:

Annex 9: Final Survey Questionnaires

सर्वेक्षणप्रश्नावली

२०१३प्रजनन्स्वास्थ्यसम्बन्धीसामग्रीरसेवाप्रदायकसंस्थाकोमूल्यांकन

अन्तर्वार्तासम्बन्धीजानकारी
जिल्ला.....सर्म्पक व्यक्ति:.....पद========== सम्पर्क न. .....
प्रश्नकर्ताकोनाम.....परिचय नं..... अन्तर्वार्ता मिति..... अन्तर्वाता सुरुभएको समय ..... अन्तर्वाता सम्पन्न भएको समय .....
प्रश्नावली रुजु तथा सम्पादन गर्ने: सुपरिवेक्षकको नाम:.....परिचय नं..... सही ..... मिति: .....

यो प्रश्नावलीका दुई भाग छन्: भाग 1 (खण्ड 1 देखि 13 सम्म) स्वास्थ्य सेवा प्रदायक संस्था (Service Delivery Point, SDP) को लागि, र भाग 2 (खण्ड 14 र 15) SDP मा सेवा लिन आउने सेवाग्राहीको एक्जिट अन्तर्वार्ता (Exit Interview) कोलागि |

भाग 1 का प्रश्नको लागि प्रश्नकर्ताले सो संस्थाको इन्चार्ज वा इन्चार्ज नभए सो दिन कार्यरत वरिष्ठ कर्मचारी भेट्नु पर्नेछ. भेटपछि प्रश्नकर्ताले उहाँलाई अभिवादन गर्ने, आफ्नो परिचय बताउने, र आफू आउनको उद्देश्य बताउनुपर्नेछ ।
अन्तर्वार्ताको सुसूचित सहमतिको लागि प्रश्नकर्ताले उत्तरदातालाई तलका विवरणहरु पढेर सुनाउनु पर्ने छ:

- यो सर्वेक्षणको लागि तपाईंको संस्था छनौटमा परेको छ. तपाईंको संस्थाले दिने परिवार नियोजनलगायत प्रजनन् स्वास्थ्यसम्बन्धी सामाग्री र सेवाको बारेमा हामीले तपाईंलाई प्रश्नहरु सोध्नेछौं. तपाईंको संस्थाले र अरु संस्थाहरुले दिने जानकारी स्वास्थ्य मन्त्रालय र अरु साझेदार संस्थाहरुले यी सुविधाको स्थितिको बारे बुझ्न र यी सेवालाई सुधार्न र योजना तर्जुमा गर्न प्रयोग गर्नेछन् ।
- यो सर्वेक्षणका दुई भाग छन्. पहिलो भागका प्रश्नहरुको उत्तर तपाईं सेवा प्रदायक संस्थाले दिनुहुनेछ. दोस्रो भागका प्रश्नहरुको उत्तर तपाईंको यस संस्थामा परिवार नियोजन सेवा लिन आएका सेवाग्राहीहरुले दिनुहुनेछ. दोस्रो भागको एक्जिट अन्तर्वार्ता उपयुक्त समयमा गर्न तपाईंको अनुमतिको लागि अनुरोध गर्दछौं ।
- तपाईंलाई हामी आश्वस्त पार्न चाहन्छौं कि तपाईंको वा हामीलाई उत्तर दिने यस संस्थाको कुनै स्वास्थ्यकर्मी वा सेवाग्राहीको नाम गोप्य राखिने छ, र तथ्यांकमा वा प्रतिवेदनमा नाम खुलाइने छैन।
- तपाईं कुनै प्रश्नको उत्तर दिन अस्वीकार गर्न सक्नुहुन्छ, र कुनै पनि बेला अन्तर्वार्ता समाप्त गर्न सक्नुहुन्छ. तथापी हामी आशा गर्छौं तपाईंले सबै प्रश्नको उत्तर दिनुहुनेछ, जसले गर्दा परिवार नियोजन लगायत प्रजनन् स्वास्थ्यसम्बन्धी सेवालाई सुधार गर्ने राष्ट्रिय प्रयासमा बल पुग्नेछ।
- यदि कुनै प्रश्नहरुको उत्तर दिन अरु नै व्यक्ति उपयुक्त ठान्नुभएको छ भने सो व्यक्तिसँग हामीलाई भेट गराई सूचना संकलन गर्न सहयोग गरिदिनुभएमा हामी आभारी हुन्छौं ।
- अहिले, तपाईंलाई यो सर्वेक्षणसम्बन्धी कुनै प्रश्न छ भने सोध्न सक्नुहुन्छ ।
- के हामीलाई अगाडि बढ्न अनुमति दिनुहुन्छ?

उत्तरदाताको अनुमतिपछि प्रश्नकर्ताले अन्तर्वार्ता शुरु गर्न सक्छ । संस्थासँगको अन्तर्वार्ताको अन्तमा (खण्ड 1 देखि 13 सम्मको) उत्तरदातालाई उहाँले दिएको समय र जानकारीको लागि धन्यवाद दिनुस्. त्यसपछि उहाँबाट वा अन्य सम्बन्धित अधिकारीबाट परिवार नियोजनसम्बन्धी सेवाग्राहीसँग एक्जिट अन्तर्वार्ता लिने अनुमति माग्नुस्।

भाग1

सामग्रीरसेवाकोउपलब्धता

AVAILABILITY OF COMMODITIES AND SERVICES

खण्ड2: सेवाप्रदायकसंस्थाकाप्रकाररदिनेसेवाहरु

खण्ड1: स्वास्थ्यसेवाप्रदायकसंस्थाकोपहिचान (नाम, स्थान, रदूरी)	
SN	**विवरण**
001	स्वास्थ्यसेवाप्रदायकसंस्थाकोनाम……
002	टोल……वडा…… गा.वि.स/gu/kflnsf ……..…….. जिल्ला ……..
004	स्वास्थ्यसेवाप्रदायकसंस्थापर्नेक्षेत्र (नेपालकोवर्गीकरणअनुसार) सहरी1☐ग्रामीण2☐
005	योसंस्थालाईचाहिनेस्वास्थ्यसामग्रीनियमितरुपमाआपूर्तिगर्नेसबभन्दानजिककोcf}iflw भण्डार, स्टोर, वासंस्थाकतिदूरीमाछः /_____/ दूरी :किलोमिटर1☐कोस2☐
006	स्वास्थ्यसेवाप्रदायकसंस्थाकोतह*(उपयुक्तविकल्पमाचिन्हलगाउनुस्)* प्राथमिक तह 1 द्वितिय तह 2 तृतिय तह 3 उप स्वास्थ्यचौकी ☐स्वास्थ्यचौकी☐प्राथमिक स्वाथ्य सेवा केन्द्र ☐ जिल्ला अस्पताल ☐ अंचल अस्पताल☐ उप क्षेत्रिय अस्पताल☐क्षेत्रिय अस्पताल केंद्रिय अस्पताल☐ (कोठा भित्र चिन्ह लगाउने)
008	केयोसंस्थालेपरिवारनियोजनसेवापनिदिन्छ? दिन्छ1 ☐दिंदैन2☐ *(यदिदिंदैनभने, खण्ड3.5काप्रश्न011 देखि014र017 देखि024 नसोध्ने)*
009	केयोसंस्थालेप्रसूतिलगायतमातृस्वास्थ्यसेवापनिदिन्छ? (जस्तै, प्रसूतिकोलागिमातृ/प्रसूतिकक्षछ?)दिन्छ 1☐दिंदैन2☐ *(यदिदिंदैनभने, खण्ड4 को015 देखि016 सम्मकाप्रश्ननसोध्ने)*
010	केयोसंस्थालेएच. आइ. भी.एड्ससेवापनिदिन्छ?(जस्तै-VCT, PMTCT, ART)दिन्छ1 ☐दिंदैन2☐ *(नोट: ART: Anti Retroviral Therapy, VCT: Voluntarily Council Testing, PMTCT: Prevention of Mother to Child Transmission)*

खण्ड३: परिवारनियोजनकाआधुनिकसाधन/विधिहरु (संस्थालेदिने) *(नोटः प्र. नं. 008मासंस्थालेपरिवारनियोजनसेवा"दिन्छ"भन्नेउQरआएकोभएमात्रसोध्ने)*									
विवरण	(1) **पुरुषलेलगाउने कण्डम**		(3) **खानेचक्की**	(4) **सुई**	(5) **पाठेघरमाहाल्नेसाधन**	(6) **इम्प्लान्ट**	(7) **महिलाबन्ध्याकरण**	(8) **पुरुषबन्ध्याकरण**	
011 (प्रचलितराष्ट्रिय प्रोटोकल, निर्देशिका, वाकानूनअनुसार) यीप्रत्येकपरिवार नियोजनसाधन/विधिसंस्थालेआफ्नोतहअनुसारउपलब्धगराउनुपर्नेहोवाहोइन, उत्तरदातासँगछलफलगरीनिष्कर्ष अनुसारचिन्हलगाउनुस्. *(माथिप्र. नं. 006माउल्लेखित तहख्यालगर्नुस्)*	**हो**, संस्थालेयोसाधन/विधिउपलब्धगराउनुपर्नेहो **1**☐ **होइन**, संस्थाबाटयोसाधन/विधिउपलब्धगर्नेअपेक्षागरिएकोछैन। **2**☐ *(एउटामामात्रचिन्हलगाउने)*		**हो**, संस्थालेयोसाधन/विधिउपलब्धगराउनुपर्नेहो **1**☐ **होइन**, संस्थाबाटयोसाधन/विधिउपलब्धगर्नेअपेक्षागरिएकोछैन। **2**☐ *(एउटामामात्रचिन्हलगाउने)*	**हो**, संस्थालेयोसाधन/विधिउपलब्धगराउनुपर्नेहो **1**☐ **होइन**, संस्थाबाटयोसाधन/विधिउपलब्धगर्नेअपेक्षागरिएकोछैन। **2**☐ *(एउटामामात्रचिन्हलगाउने)*	**हो**, संस्थालेयोसाधन/विधिउपलब्धगराउनुपर्नेहो **1**☐ **होइन**, संस्थाबाटयोसाधन/विधिउपलब्धगर्नेअपेक्षागरिएकोछैन। **2**☐ *(एउटामामात्रचिन्हलगाउने)*	**हो**, संस्थालेयोसाधन/विधिउपलब्धगराउनुपर्नेहो **1**☐ **होइन**, संस्थाबाटयोसाधन/विधिउपलब्धगर्नेअपेक्षागरिएकोछैन। **2**☐ *(एउटामामात्रचिन्हलगाउने)*	**हो**, संस्थालेयोसाधन/विधिउपलब्धगराउनुपर्नेहो **1**☐ **होइन**, संस्थाबाटयोसाधन/विधिउपलब्धगर्नेअपेक्षागरिएकोछैन। **2**☐ *(एउटामामात्रचिन्हलगाउने)*	**हो**, संस्थालेयोसाधन/विधिउपलब्धगराउनुपर्नेहो **1**☐ **होइन**, संस्थाबाटयोसाधन/विधिउपलब्धगर्नेअपेक्षागरिएकोछैन। **2**☐ *(एउटामामात्रचिन्हलगाउने)*	
012 यदिउपलब्धगराउनुपर्नेहोभने, केसंस्थालेनियमितरुपमायोसुविधाआफ्नासेवाग्राहीलाईदिइरहेकोछ?	छा1☐ छैन2☐ सोध्नुनपर्ने3☐ (किनकिप्र.नं. **011** मा"होइन"भन्नेउत्तरछ) *(एउटामामात्रचिन्हलगाउने)*		छा1☐ छैन2☐ सोध्नुनपर्ने3☐ (किनकिप्र.नं. **011** मा"होइन"भन्नेउत्तरछ) *(एउटामामात्रचिन्हलगाउने)*	छा1☐ छैन2☐ सोध्नुनपर्ने3☐ (किनकिप्र.नं. **011** मा"होइन"भन्नेउत्तरछ) *(एउटामामात्रचिन्हलगाउने)*	छा1☐ छैन2☐ सोध्नुनपर्ने3☐ (किनकिप्र.नं. **011** मा"होइन"भन्नेउत्तरछ) *(एउटामामात्रचिन्हलगाउने)*	छा1☐ छैन2☐ सोध्नुनपर्ने3☐ (किनकिप्र.नं. **011** मा"होइन"भन्नेउत्तरछ) *(एउटामामात्रचिन्हलगाउने)*	छा1☐ छैन2☐ सोध्नुनपर्ने3☐ (किनकिप्र.नं. **011** मा"होइन"भन्नेउत्तरछ) *(एउटामामात्रचिन्हलगाउने)*	छा1☐ छैन2☐ सोध्नुनपर्ने3☐ (किनकिप्र.नं. **011** मा"होइन"भन्नेउत्तरछ) *(एउटामामात्रचिन्हलगाउने)*	

विवरण	(1) पुरुषलेलगाउनेकण्डम		(3) खानेचक्की	(4) सुई	(5) पाठेघरमाहाल्नेसाधन	(6) इम्प्लान्ट	(7) महिलाबन्ध्याकरण	(8) पुरुषबन्ध्याकरण	
013 संस्थालेयीसुविधाउपलब्धगराउनुपर्नेहो, तरप्र.नं. 012 मायोसुविधादिइरहेको "छैन"भन्नेउत्तरआएमा, नदिनुकोमुख्यकारण लेख्नुस् *(प्रत्येकविधिकोलागि एउटामा[मुख्यकारणमा] मात्रचिन्हलगाउने)*	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाई योसाधनआपूर्तिगर्न ढिलाईभएकोले1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवा**माग**नभएकोले4☐ अन्यकारण (खुलाउने) : 7☐ …………………………		मुख्यस्रोतसंस्था/भण्डारबाट संस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्न उपलब्धनभएकोले 3☐ योसाधनकोलागिसेवाग्राहीको मागकमभएकोवा**माग**नभए कोले4☐ अन्यकारण (खुलाउने) : 7☐ ………………………………	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवा**माग**नभएकोले4 ☐ अन्यकारण (खुलाउने) : 7☐ …………………………	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवा**माग**नभएकोले4 ☐ अन्यकारण (खुलाउने) : 7☐ …………………………	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवा**माग**नभएकोले4 ☐ योसाधनk|bfg ug{तालिमप्राप्तकर्मचारीनभएकोले5☐ योसाधनk|bfg ug{चाहिनेआवश्यकउपकरणनभएकोले 6☐ अन्यकारण (खुलाउने) : 7☐ …………………………	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाई योसाधनआपूर्तिगर्न ढिलाईभएकोले1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवा**माग**नभएकोले4☐ योसाधनk|bfg ug{तालिमप्राप्तकर्मचारीनभएकोले5 ☐ योसाधनk|bfg ug{चाहिनेआवश्यकउपकरणनभएकोले 6☐ अन्यकारण (खुलाउने) : 7☐ …………………………	मुख्यस्रोतसंस्था/भण्डारबाट संस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवा**माग**नभएकोले4☐ योसाधनk|bfg ug{तालिमप्राप्तकर्मचारीनभएकोले5☐ योसाधनk|bfg ug{चाहिनेआवश्यकउपकरणनभएकोले 6☐ अन्यकारण (खुलाउने) : 7☐ ………………………………	
014 प्र.नं. 012 कोउत्तरअनुसारयोप्रश्नबारेउत्तरदातासँग छलफलगरीएउटामा चिन्हलगाउनुस्.	<u>**प्राथमिक**तहकोसंस्थाकोलागि (प्र.न. **006**माउल्लेखित)</u> संस्थालेदुईवटासम्मपरिवारनियोजनकोआधुनिकविधिउपलब्धगराउँछ 1☐संस्थालेतीनवातीनभन्दाबढीपरिवारनियोजनकोविधिउपलब्धगराउँछ2 ☐				<u>**द्वितीयरतृतीय**तहकोसंस्थाकोलागि (प्र.न. **006**माउल्लेखित)</u> संस्थालेचारवटासम्मपरिवारनियोजनकोआधुनिकसाधन/विधिउपलब्धगराउँछ3☐ संस्थालेपाँचवापाँचभन्दाबढीपरिवारनियोजनकोआधुनिकसाधन/विधिउपलब्धगराउँछ4☐				

खण्ड4:मातृस्वास्थ्य / प्रजनन्स्वास्थ्यसम्बन्धीऔषधीकोउपलब्धता

विवरण	मातृस्वास्थ्य / प्रजनन्स्वास्थ्यसम्बन्धीऔषधी (Maternal/RH Medicines) *(नोट: प्र.नं. 009माप्रसूतिलगायतमातृस्वास्थ्यसेवा"दिन्छ"भन्नेउत्तरआएकोभएमात्रसोध्ने)*								
	(1) **Ampicillin**	(2) **Azithromycin**	(3) **Benzathinebenzylpenicillin**	(4) ***<u>Either</u>*** **Betamethasone** ***<u>Or</u>*** **Dexamethasone** ***<u>Or</u>*** ***<u>Both of these medicines</u>***	(5) **Calcium gluconate**	(6) **Cefixime**	(7) **Gentamicin**	(8) **Hydralazine**	(9) **Magnesium sulfate**
015 (प्रचलितराष्ट्रियप्रोटोकल, निर्देशिका, वाकानूनअनुसार, रयोतहकोसंस्थालाईउचित/लागुहुनेअवस्थामा) मातृ/प्रजनन्स्वास्थ्य	**हो**, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयो औषधीसंस्थालेउपलब्धगराउनुपर्नेहो 1☐ **होइन**,	**हो**, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयो औषधीसंस्थालेउपलब्धगराउनुपर्नेहो 1☐ **होइन**,	**हो**, मातृ/प्रजनन्स्वास्थ्य सम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1☐ **होइन**, मातृ/प्रजनन्स्वास्थ्यस	**हो**, मातृ/प्रजनन्स्वास्थ्य सम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1☐ **होइन**, मातृ/प्रजनन्स्वास्थ्यस	**हो**, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयो औषधीसंस्थालेउपलब्धगराउनुपर्नेहो 1☐ **होइन**,	**हो**, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधी संस्थालेउपलब्धगराउनुपर्नेहो1☐	**हो**, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयो औषधीसंस्थालेउपलब्धगराउनुपर्नेहो1☐ **होइन**,	**हो**, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयो औषधीसंस्थालेउपलब्धगराउनुपर्नेहो 1☐ **होइन**,	**हो**, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1 ☐ **होइन**, मातृ/प्रजनन्स्वास्थ्यस

सम्बन्धीयीप्रत्येकऔषधिसंस्थालेउपलब्धगराउनुपर्नेहोवाहोइन, उत्तरदातासँगछलफलगरीनिष्कर्षअनुसारचिन्हलगाउनुस्. *(माथिप्र. नं. 006माउल्लेखिततहख्यालगर्नुस्)*	मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन।2 ☐ *(एउटामामात्रचिन्हलगाउने)*	मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन।2 ☐ *(एउटामामात्रचिन्हलगाउने)*	म्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	म्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन।2 ☐ *(एउटामामात्रचिन्हलगाउने)*	मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	**होइन**, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन।2 ☐ *(एउटामामात्रचिन्हलगाउने)*	मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन।2 ☐ *(एउटामामात्रचिन्हलगाउने)*	मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन।2 ☐ *(एउटामामात्रचिन्हलगाउने)*	म्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन।2 ☐ *(एउटामामात्रचिन्हलगाउने)*
016 यदिप्र. नं. **015**कोउQr"हो"भएमा (अर्थात्, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहोभने), योऔषधीअहिलेसंस्थाबाटउपलब्धछ/छैनउल्लेखगर्नुस्.	**छ**1 ☐ **छैन**2 ☐ **सोध्नुनपर्ने** (किनकिप्र. नं. **015** माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**छ**1 ☐ **छैन**2 ☐ **सोध्नुनपर्ने** (किनकिप्र. नं. **015** माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**छ**1 ☐ **छैन**2 ☐ **सोध्नुनपर्ने** (किनकिप्र. नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**छ**1 ☐ **छैन**2 ☐ **सोध्नुनपर्ने** (किनकिप्र. नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**छ**1 ☐ **छैन**2 ☐ **सोध्नुनपर्ने** (किनकिप्र. नं. **015** माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**छ**1 ☐ **छैन**2 ☐ **सोध्नुनपर्ने** (किनकिप्र. नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**छ**1 ☐ **छैन**2 ☐ **सोध्नुनपर्ने** (किनकिप्र. नं. **015** माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**छ**1 ☐ **छैन**2 ☐ **सोध्नुनपर्ने** (किनकिप्र. नं. **015** माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**छ**1 ☐ **छैन**2 ☐ **सोध्नुनपर्ने** (किनकिप्र. नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*
017 यदियीऔषधीसंस्थालेउपलब्धगराउनुपर्ने हो, तरप्र. नं. 016 माउपलब्ध"छैन"भन्नेउQrआएमा, उपलब्धनहुनुकोमुख्यकारणलेख्नुस्. *एउटामा (मुख्यकारणमा) मात्रचिन्हलगाउनुस्.*	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐ ………………………………	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐ ………………………………	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐ ………………………………	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐ ………………………………	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐ ………………………………	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐ ………………………………	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐ ………………………………	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले2 ☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐ ………………………………

प्र.नं. 016माउल्लेखितऔषधीकोस्टकप्रमाणीकरण									
Medicines	**(1)** **Ampicillin**	**(2)** **Azithromycin**	**(3)** **Benzathinebenzylpenicillin**	**(4)** ***Either*** **Betamethasone** ***Or*** **Dexamethasone** ***Or Both of these medicines***	**(5)** **Calcium gluconate**	**(6)** **Cefixime**	**(7)** **Gentamicin**	**(8)** **Hydralazine**	**(9)** **Magnesium sulfate**
प्र.नं. 016 कोप्रत्येकउQरकोलागि, प्रश्नकर्तालेसंस्थाकोस्टकअवलोकन(Physical Inventory)गरेरप्राप्ततथ्य लेख्ने	☐लगतलिइयो, स्टकमाछ ☐लगतलिइयो, स्टकमाछैन	☐लगतलिइयो, योऔषधीस्टकमाछ ☐लगतलिइयो, योऔषधीस्टकमाछैन	☐लगतलिइयो, योऔषधीस्टकमाछ ☐लगतलिइयो, योऔषधीस्टकमाछैन	☐ कुनैएउटावादुवैस्टकमाछ ☐ कुनैएउटावादुवैस्टकमाछैन	☐लगतलिइयो, योऔषधीस्टकमाछ ☐लगतलिइयो, योऔषधीस्टकमाछैन	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन	☐लगतलिइयो, योऔषधीस्टकमाछ ☐लगतलिइयो, योऔषधीस्टकमाछैन	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन

खण्ड4 (बाँकी): मातृस्वास्थ्य / प्रजनन्स्वास्थ्यसम्बन्धीऔषधीकोउपलब्धता

विवरण	मातृस्वास्थ्य / प्रजनन्स्वास्थ्यसम्बन्धीऔषधी(Maternal/RH Medicines) *(नोट: योखण्डकाप्रश्नकोउत्तरदिनकोलागिप्र. नं. 009 माप्रसूतिलगायतमातृस्वास्थ्यसेवा"दिन्छ"भन्नेउत्तरआएकोहुनुपर्छ)*							
	(10) Methyldopa	(11) Metronidazole	(12) Mifepristone	(13) Misoprostol	(14) Nifedipine	(15) Oxytocin	(16) Either Sodium lactate compound solution Or Sodium chloride Or Both of them	(17) Tetanus toxoid
015(बाँकी) (प्रचलितराष्ट्रियप्रोटोकल, निर्देशिका, वाकानूनअनुसार, रयोतहकोसंस्थालाईउचित/लागुहुनेअवस्थामा) मातृ/प्रजनन्स्वास्थ्य सम्बन्धीयीप्रत्येकऔषधिसंस्थालेउपलब्धगराउनुपर्नेहोवाहोइन, उत्तरदातासँगछलफल गर्नुस्, अनिनिष्कर्षअनुसारचिन्हलगाउनुस्. *(माथिप्र. नं. 006माउल्लेखिततह ख्यालगर्नुस्)*	हो, मातृ/प्रजनन्स्वास्थ्य सम्बन्धीऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1 ☐ होइन, मातृत्व/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, मातृ/प्रजनन्स्वास्थ्य सम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1 ☐ होइन, मातृत्व/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो 1 ☐ होइन, मातृत्व/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, मातृ/प्रजनन्स्वास्थ्य सम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1 ☐ होइन, मातृत्व/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, मातृ/प्रजनन्स्वास्थ्य सम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1 ☐ होइन, मातृत्व/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, मातृ/प्रजनन्स्वास्थ्य सम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1 ☐ होइन, मातृत्व/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1 ☐ होइन, मातृत्व/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, मातृ/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो1 ☐ होइन, मातृत्व/प्रजनन्स्वास्थ्यसम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनेअपेक्षागरिएकोछैन। 2 ☐ *(एउटामामात्रचिन्हलगाउने)*
016 (बाँकी) यदिप्र.नं. **015**कोउत्तर"हो"भएमा (अर्थात्, मातृ/प्रजनन्स्वास्थ्य सम्बन्धीयोऔषधीसंस्थालेउपलब्धगराउनुपर्नेहोभने), योऔषधीअहिलेसंस्थाबाटउपलब्धछ/छैनउल्लेखगर्नुस्.	छ1 ☐ छैन2 ☐ सोध्नुनपर्ने (किनकिप्र.नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	छ1 ☐ छैन2 ☐ सोध्नुनपर्ने (किनकिप्र.नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	छ1 ☐ छैन2 ☐ सोध्नुनपर्ने (किनकिप्र.नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	छ1 ☐ छैन2 ☐ सोध्नुनपर्ने (किनकिप्र.नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	छ1 ☐ छैन2 ☐ सोध्नुनपर्ने (किनकिप्र.नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	छ1 ☐ छैन2 ☐ सोध्नुनपर्ने (किनकिप्र.नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	छ1 ☐ छैन2 ☐ सोध्नुनपर्ने (किनकिप्र.नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*	छ1 ☐ छैन2 ☐ सोध्नुनपर्ने (किनकिप्र.नं. 015 माहोइनभन्नेउत्तरछ) 3☐ *(एउटामामात्रचिन्हलगाउनुस्)*
017(बाँकी) यदियीऔषधीसंस्थालेउपलब्धगराउनुपर्नेहो, तरप्र.नं. 016 मा"छैन"भन्नेउQरआएमा, उपलब्धनहुनुकोमुख्य कारणलेख्नुस्. *एउटामा (मुख्यकारणमा) मात्रचिन्हलगाउनुस्.*	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभ	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकम	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभ	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएको	मुख्यस्रोतसंस्था/भण्डारबाटयोऔषधीयोसंस्थालाईआपूर्तिगर्नढिलाईभएकोले 1 ☐ संस्थाआफैलेयोऔषधीमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐

	4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐	एकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐	भएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐	एकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐	4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐	योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ 6 योऔषधीस्टोरगर्नेकोल्डचेनसुविधानभएकोले ☐ अन्यकारण (खुलाउने) : 7☐	ले 5☐ अन्यकारण (खुलाउने) : 7☐	योऔषधीकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योऔषधीप्रदानगर्नेतालिमप्राप्तकर्मचारीनभएकोले 5☐ अन्यकारण (खुलाउने) : 7☐ ....

018 प्र.नं. 016 कोउत्तरअनुसारयोप्रश्नबारेउQरदातासँगछलफलगर्नुस्, अनिनिष्कर्षअनुसारएउटामाचिन्हलगाउनुस्	**छ.** संस्थासँग७वटाप्राण-रक्षकमातृ/प्रजनन्स्वास्थ्यम्बन्धीऔषधीछन्. 1 ☐ (दुइवटाअनिवार्यहुनुपर्ने (Magnesium Sulfate र Oxytocin) रबाँकीमध्येकुनैपाँचवटा. *ख्यालरहोस्, Sodium chloride रSodium lactate compoundआपसमावैकल्पिकहुन्भने Dexamethasone रBetamethasone पनिआपसमावैकल्पिकहुन्)*	**छैन.** संस्थासँग७वटाप्राण-रक्षकमातृ/प्रजनन्स्वास्थ्यम्बन्धीऔषधीछैनन्2☐ (दुइवटाअनिवार्यहुनुपर्ने (Magnesium Sulfate र Oxytocin) रबाँकीमध्येकुनैपाँचवटा) (*ख्यालरहोस्, Sodium chloride रSodium lactate compoundआपसमावैकल्पिकहुन्भने Dexamethasone रBetamethasone पनिआपसमावैकल्पिकहुन्)*

प्र.नं.016 का विवरण प्रमाणीकरण

Medicines	**(10)** **Methyldopa**	**(11)** **Metronidazole**	**(12)** **Mifepristone**	**(13)** **Misoprostol**	**(14)** **Nifedipine**	**(15)** **Oxytocin**	**(16)** ***Either*** **Sodium chloride** ***Or*** **Sodium lactate compound solution**	**(17** **Tetanus toxoid**
प्र.नं. 016 कोप्रत्येकउQरको लागि, प्रश्नकर्तालेसंस्थाकोफिजिकललगत (Physical Inventory) गरेरप्राप्तविवरण लेख्ने	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन	☐ लगतलिइयो, यीमध्येकुनैएउटावादुवैऔषधीस्टकमाछ ☐ लगतलिइयो, यीमध्येकुनैएउटावादुवैऔषधीस्टकमाछैन	☐ लगतलिइयो, योऔषधीस्टकमाछ ☐ लगतलिइयो, योऔषधीस्टकमाछैन

खण्ड5 : सेवाप्रदायकसंस्थामापरिवारनियोजनकाआधुनिकसाधन/विधिकोस्टक-आउटकोस्थिति *(नोट: प्र. नं. 008मापरिवारनियोजनसेवा“दिन्छ” भन्नेउत्तरआएकोभएमात्रसोध्ने)*									
विवरण	(1) **पुरुषलेलगाउने कण्डम**		(3) **खानेचक्की**	(4) **सुई**	(5) **पाठेघरमाहाल्नेसाधन**	(6) **इम्प्लान्ट**	(7) **महिलाबन्ध्याकरण**	(8) **पुरुषबन्ध्याकरण**	
(i):योसर्वेक्षणअगाडिगतछमहिनामास्टकआउटकोस्थिति									
019 परिवारनियोजनकायी प्रत्येकसाधन/विधि संस्थालेउपलब्धगराउनुपर्नेमा (आजभन्दा) गतछमहिनामाएकैदिनमात्रभएपनिस्टकमा नभएकोलेउपलब्धगराउनसकेकोस्थिति थियो? *(माथिप्र. नं. 006माउल्लेखिततह ख्यालगर्नुस्)*	**थियो,** (योसर्वेक्षणअगाडि) गतछमहिनामाकुनैएकदिनयोसाधन/विधिस्टकमैथिएन (out of stock/ STOCK-OUT) 1 ☐ **थिएन,** (योसर्वेक्षणअगाडि) गतछमहिनाकोकुनैएकदिनपनियोसाधन/विधिस्टकमैनभएकोथिएन(Not out of stock/ NO STOCK-OUT) 2☐ *(एउटामामात्रचिन्हलगाउनुस्)*		**थियो,** (योसर्वेक्षणअगाडि) गतछमहिनामाकुनैएकदिनयोसाधन/विधिस्टकमैथिएन (out of stock/ STOCK-OUT) 1 ☐ **थिएन,** (योसर्वेक्षणअगाडि) गतछमहिनाकोकुनैएकदिनपनियोसाधन/विधिस्टकमैनभएकोथिएन(Not out of stock/ NO STOCK-OUT) 2☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**थियो,** (योसर्वेक्षणअगाडि) गतछमहिनामाकुनैएकदिनयोसाधन/विधिस्टकमैथिएन (out of stock/ STOCK-OUT) 1 ☐ **थिएन,** (योसर्वेक्षणअगाडि) गतछमहिनाकोकुनैएकदिनपनियोसाधन/विधिस्टकमैनभएकोथिएन(Not out of stock/ NO STOCK-OUT) 2☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**थियो,** (योसर्वेक्षणअगाडि) गतछमहिनामाकुनैएकदिनयोसाधन/विधिस्टकमैथिएन (out of stock/ STOCK-OUT) 1 ☐ **थिएन,** (योसर्वेक्षणअगाडि) गतछमहिनाकोकुनैएकदिनपनियोसाधन/विधिस्टकमैनभएकोथिएन(Not out of stock/ NO STOCK-OUT) 2☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**थियो,** (योसर्वेक्षणअगाडि) गतछमहिनामाकुनैएकदिनयोसाधन/विधिस्टकमैथिएन (out of stock/ STOCK-OUT) 1 ☐ **थिएन,** (योसर्वेक्षणअगाडि) गतछमहिनाकोकुनैएकदिनपनियोसाधन/विधिस्टकमैनभएकोथिएन(Not out of stock/ NO STOCK-OUT) 2☐ *(एउटामामात्रचिन्हलगाउनुस्)* क्र	**थियो,** (योसर्वेक्षणअगाडि) गतछमहिनामाकुनैएकदिनयोसाधन/विधिस्टकमैथिएन (out of stock/ STOCK-OUT) 1 ☐ **थिएन,** (योसर्वेक्षणअगाडि) गतछमहिनाकोकुनैएकदिनपनियोसाधन/विधिस्टकमैनभएकोथिएन(Not out of stock/ NO STOCK-OUT) 2☐ *(एउटामामात्रचिन्हलगाउनुस्)*	**थियो,** (योसर्वेक्षणअगाडि) गतछमहिनामाकुनैएकदिनयोसाधन/विधिस्टकमैथिएन (out of stock/ STOCK-OUT) 1 ☐ **थिएन,** (योसर्वेक्षणअगाडि) गतछमहिनाकोकुनैएकदिनपनियोसाधन/विधिस्टकमैनभएकोथिएन(Not out of stock/ NO STOCK-OUT) 2☐ *(एउटामामात्रचिन्हलगाउनुस्)*	
020 प्र.नं. 019 कोउत्तरअनुसारयोप्रश्नबारेउQरदातासँग छलफलगर्नुस्, अनिनिष्कर्षअनुसारएउटामाचिन्हलगाउनुस्			संस्थालेउपलब्धगराउनेएकवाएकभन्दाबढीसाधनहरु (योसर्वेक्षणअगाडि) गतछमहिनामाकुनैएकदिनयोसाधन/विधिस्टकमाथिएन. त्यसैले, योसंस्थालेगतछमहिनामास्टक-आउटअनुभवगर्यो।1☐ (STOCK-OUT WITHIN THE LAST SIX MONTHS)			संस्थालेउपलब्धगराउनेसबैसाधनहरु (योसर्वेक्षणअगाडि) गतछमहिनामासबैदिननैस्टकमाथियो. त्यसैले, योसंस्थालेगतछमहिनामास्टक-आउटअनुभवगरेन 2☐ (NOSTOCK-OUT WITHIN THE LAST SIX MONTHS]			
021 यदिप्र.नं. 019कोउत्तर“हो”भएमा (अर्थात्, योसर्वेक्षणअगाडिगतछमहिनामाकुनैएकदिनयोसाधन/विधिस्टकमाथिएनSTOCK-OUTभने), यसकोमुख्यकारणलेख्नुस्.	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले 1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ अन्यकारण (खुलाउने) : 7☐ ……………………………		मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले 1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ अन्यकारण (खुलाउने) : 7☐ ……………………………	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले 1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ अन्यकारण (खुलाउने) : 7☐ ……………………………	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले 1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योसाधनk|bfgug]{तालिमप्राप्तकर्मचारीनभएकोले 5☐ योसाधनk|bfg	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले 1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले 3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योसाधनk|bfgug]{तालिमप्राप्तकर्मचारीनभएकोले 5☐ योसाधनk|bfg	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले 1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योसाधनk|bfgug]{तालिमप्राप्तकर्मचारीनभएकोले 5☐ योसाधनk|bfg	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले 1☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले 2☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले3☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले 4☐ योसाधनk|bfgug]{तालिमप्राप्तकर्मचारीनभएकोले 5☐ योसाधनk|bfgug]{चाहिनेआवश्यकउपकरणनभएकोले 6☐ अन्यकारण (खुलाउने) : 7☐ ……………………	

					ug{चाहिनेआवश्यकउपकरणनभएकोले 6 ☐ अन्यकारण (खुलाउने) : 7☐ …………………………	ug{चाहिनेआवश्यकउपकरणनभएकोले 6 ☐ अन्यकारण (खुलाउने) : 7☐ ………………	ug{चाहिनेआवश्यकउपकरणनभएकोले 6 ☐ अन्यकारण (खुलाउने) : 7☐ ………………		
(ii):**सर्वेक्षणकोसमयमास्टक-आउटकोस्थिति (NO STOCK-OUT AT THE TIME OF THE SURVEY)**									
022 प्र.नं. 011 अनुसार, परिवारनियोजनकायी प्रत्येकविधिसंस्थाले आफ्नोतहअनुसारउपलब्धगराउनुपर्नेहो, तरयोसाधनअहिलेस्टकमाछैनत्यसैलेसेवाग्राहीलाईदिनसकेको हो? *(माथिप्र.नं. 006माउल्लेखिततह ख्यालगर्नुस्)*	हो, योसाधनविधिस्टकमाछैन (STOCK-OUT) 1 ☐ होइन, योसाधनअहिलेस्टकमैनभएकोहोइन (NO STOCK-OUT) 2 ☐ *(एउटामामात्रचिन्हलगाउने)*		हो, योसाधनविधिस्टकमाछैन (STOCK-OUT) 1 ☐ होइन, योसाधनअहिलेस्टकमैनभएकोहोइन (NO STOCK-OUT) 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, योसाधनविधिस्टकमाछैन (STOCK-OUT) 1 ☐ होइन, योसाधनअहिलेस्टकमैनभएकोहोइन (NO STOCK-OUT) 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, योसाधनविधिस्टकमाछैन (STOCK-OUT) 1 ☐ होइन, योसाधनअहिलेस्टकमैनभएकोहोइन (NO STOCK-OUT) 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, योसाधनविधिस्टकमाछैन (STOCK-OUT) 1 ☐ होइन, योसाधनअहिलेस्टकमैनभएकोहोइन (NO STOCK-OUT) 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, योसाधनविधिस्टकमाछैन (STOCK-OUT) 1 ☐ होइन, योसाधनअहिलेस्टकमैनभएकोहोइन (NO STOCK-OUT) 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	हो, योसाधनविधिस्टकमाछैन (STOCK-OUT) 1 ☐ होइन, योसाधनअहिलेस्टकमैनभएकोहोइन (NO STOCK-OUT) 2 ☐ *(एउटामामात्रचिन्हलगाउने)*	
023 प्र.नं. 019 कोउत्तरअनुसारयोप्रश्नबारेउत्तरदातासँग छलफलगर्नुस्, अनिनिष्कर्षअनुसारएउटामाचिन्हलगाउनुस्.			यीसाधनमध्येकुनैवाकेहीअहिलेसंस्थाकोस्टकमाछैन, त्यसैले, योसर्वेक्षणकोदिनस्टकमैनभएकोअवस्थाअनुभवगरेकोहो (STOCK-OUTON DAY OF SURVEY] 1☐			सबैसाधन/विधिस्टकमाछरउपलब्धछ, त्यसैले, योसर्वेक्षणकोदिनस्टकमानभएकोअवस्थाहोइन NO STOCK-OUT ON THE DAY OF SURVEY 2 ☐			

024 प्र.नं. 022 कोउत्तर"हो"भए (योसाधनअहिले स्टकमाछैनभने) , यसकोमुख्यकारण लेख्नुस् *प्रत्येकविधिकोलागिएउटामा (मुख्यकारणमा) मात्रचिन्हलगाउनुस्*	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले **1**☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले **2**☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले**3**☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले **4**☐ अन्यकारण (खुलाउने): **7**☐ ……..…….. ……..		मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले **1**☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले **2**☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले **3**☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले **4**☐ अन्यकारण (खुलाउने): **7**☐ ……..……..	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले **1**☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले **2**☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले **3**☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले **4**☐ अन्यकारण (खुलाउने): **7**☐ ……..…….. ……..	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले **1**☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले **2**☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले **3**☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले **4**☐ योसाधनk|bfg ug{}{ तालिमप्राप्तकर्मचारीनभएकोले **5**☐ योसाधनk|bfg ug{चाहिनेआवश्यकउपकरणनभएकोले **6** ☐ अन्यकारण (खुलाउने): **7**☐ ……..…….. ……..	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले **1**☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले **2**☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले **3**☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले **4**☐ योसाधनk|bfg ug]{}{ तालिमप्राप्तकर्मचारीनभएकोले **5**☐ योसाधनk|bfg ug{चाहिनेआवश्यकउपकरणनभएकोले **6** ☐ अन्यकारण (खुलाउने): **7**☐ ……..……..	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले **1**☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले **2**☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले **3**☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले **4**☐ योसाधनलगाइदिनेतालिमप्राप्तकर्मचारीनभएकोले **5**☐ योसाधनk|bfg ug{चाहिनेआवश्यकउपकरणनभएकोले **6** ☐ अन्यकारण (खुलाउने): **7**☐ ……..……..	मुख्यस्रोतसंस्था/भण्डारबाटसंस्थालाईयोसाधनआपूर्तिगर्नढिलाईभएकोले **1**☐ संस्थाआफैलेयोसाधनमागगर्नढिलाईगरेकोले **2**☐ सेवाप्रदायकसंस्थालाईकिन्नउपलब्धनभएकोले **3**☐ योसाधनकोलागिसेवाग्राहीकोमागकमभएकोवानभएकोले **4**☐ योसाधनलगाइदिनेतालिमप्राप्तकर्मचारीनभएकोले **5**☐ योसाधनk|bfg ug{चाहिनेआवश्यकउपकरणनभएकोले **6** ☐ अन्यकारण (खुलाउने): **7**☐ ……..……..		

प्र.नं.022 काविवरणप्रमाणीकरण									
Contraceptive	(1) पुरुषलेलगाउने कण्डम		(3) खानेचक्की	(4) सुई	(5) पाठेघरमाहाल्नेसाधन	(6) इम्प्लान्ट	(7) महिलाबन्ध्याकरण	(8) पुरुषबन्ध्याकरण	
प्र.नं. 022 कोप्रत्येकउत्तरको लागि, प्रश्नकर्तालेसंस्थाकोफिजिकललगत (Physical Inventory) गरेरप्राप्ततथ्यले खने	लगतलिइयो, योसाधनस्टकमा छ 1☐ लगतलिइयो, योसाधनस्टकमा छैन 2☐		लगतलिइयो, योसाधनस्टकमाछ 1☐ लगतलिइयो, योसाधनस्टकमाछैन 2☐	लगतलिइयो, योसाधनस्टकमाछ 1☐ लगतलिइयो, योसाधनस्टकमाछैन 2☐	लगतलिइयो, योसाधनस्टकमा छ 1☐ लगतलिइयो, योसाधनस्टकमा छैन 2☐	लगतलिइयो, योसाधनस्टकमा छ 1☐ लगतलिइयो, योसाधनस्टकमा छैन 2☐	लगतलिइयो, योसाधनस्टकमा छ 1☐ लगतलिइयो, योसाधनस्टकमा छैन 2☐	लगतलिइयो, योसाधनस्टकमाछ 1☐ लगतलिइयो, योसाधनस्टकमाछैन 2☐	

खण्ड6: आपूर्तितह (सबैसंस्थालाईसोध्नुपर्ने)		
025	यससंस्थामास्वास्थसामग्री(medical supplies) मागगर्नेमुख्यउत्तरदायीव्यक्तिकोहो?	स्वास्थ संस्था प्रमूख (Health facility Incharge) 1 ☐मेडिकलडाक्टर(Medical Doctor)2 ☐ फार्मसिस्ट (Pharmacist) 3 ☐नर्स(Nurse) 4 ☐अन्य (खुलाउने) ____________________ 5 ☐
026	यससंस्थामापरिवारनियोजनकोसाधनकोपुनःमाग(Resupplies) कसरी निर्धारण गरिन्छ? *(एउटामामात्रचिन्हलगाउने)*	यससंस्थाकाकर्मचारीलेकुनैसूत्रप्रयोगगरीसाधनकोआवश्यकपरिमाणकोमागगर्छ 1 ☐ यससंस्थालाईसामग्रीआपूर्तिगर्नेसंस्था/भण्डारले(institution/warehouse) नैआवश्यकपरिमाणकोनिर्धारणगर्छ 2 ☐ अन्यप्रक्रिया (खुलाउने)...3 ☐
028	यससंस्थालाईउपलब्धगराउनेऔषधिरअरुस्वास्थ्यसामग्रीकोमुख्यस्रोतकेहो? *(एउटामामात्रचिन्हलगाउने)*	केन्द्रियऔषधीस्टोर (central medical stores) 1☐ क्षेत्रीय/जिल्लाऔषधीभण्डार/संस्थाRegional/district Warehouse or institution 2☐ स्थानीयऔषधीभण्डार(Local medical store on the same site) 3☐ गैर-सरकारीसंस्था(NGO) 4☐दाता(Donor) 5☐निजीस्रोत (Private Sources) 6☐ अन्य (खुलाउने) ____________________ 7 ☐
029	यससंस्थासम्मस्वास्थ्यसामग्रीहरुकुननिकायले ढुवानीहुन्छ? *(एउटामामात्रचिन्हलगाउने)*	राष्ट्रिय/केन्द्रियसरकार1 ☐जिल्ला/स्थानीयप्रशासन2 ☐ संस्थाआफैले3 ☐अन्य (खुलाउने) 4 ☐____________
030	औसतमा, मागगरेकोकतिसमयभित्रसामग्रीआइपुग्छ? *(एउटामामात्रचिन्हलगाउने)*	२हप्ताभित्र1 ☐२हप्तादेखि१महिनाभित्र2☐१महिनादेखिरमहिनाभित्र3☐ २महिनादेखि४महिनाभित्र4☐४महिनादेखि६महिनाभित्र5☐६महिनाभन्दाबढी6☐
031	औसतमा, कतिचाँडोपुनःआपूर्तिहुन्छ?(पूनः भनेको नियमित आपुर्ति हो) *(एउटामामात्रचिन्हलगाउने)*	२हप्तामाएकपल्ट1 ☐महिनामाएकपल्ट 2☐३महिनामाएकपल्ट 3 ☐ ६महिनामाएकपल्ट 4☐वर्षमाएकपल्ट 5☐ Note: २ महिनामा भनेमा ३ मा चिन्ह लागउने।

खण्ड7: कोल्डचेनकोउपलब्धता (सबैसंस्थालाईसोध्नुपर्ने)		
032	केसंस्थासँगऔषधी/सामग्रीभण्डारगर्नेआफनैCold Chain छ?	छ1☐छैन2☐
033	यदिप्र.नं. 032कोउत्तर (कोल्डचेन) "छ"भने, कोल्डचेनमाभण्डारगरिनेमातृ/प्रजनन्स्वास्थ्यसम्बन्धीऔषधीवासामग्रीकोसूचीलेख्नुस्	_____
034	यदिप्र.नं. 032 कोउत्तरCold Chain"छ"भने, योकस्तोकिसिमकोCold Chainहो? *(एउटामामात्रचिन्हलगाउने)*	विद्युतीयफ्रीज(Electric Fridge) 1☐बरफबाकस(Ice box (नियमितरुपमाबरफभर्नुपर्नेहुन्छ)2 ☐ अन्य (खुलाउने)3☐_____ सोध्ननपर्ने(प्र.नं. 03 कोउत्तर"छैन"भएकोले) 4☐
035	यदिप्र.नं. 034 कोउत्तर"फ्रीज"भए, सोफ्रीजलाईचाहिनेविद्युतकोस्रोतकेहो? *(एउटामामात्रचिन्हलगाउने)*	राष्ट्रियविद्युतप्रसारण (Electricity from national grid) 1☐ संस्थाकोआफ्नैजेनेरेटरप्लान्ट(Generator plant at the SDP) 2 ☐ बोकेरहिंड्नमिल्नेजेनेरेटर(Portable generator) 3☐ मट्टीतेल/प्याराफिनइन्धन(Kerosene/paraffin fuel) 4 ☐ अन्य(खुलाउने)5☐_____ सोध्ननपर्ने(प्र.नं. 032कोउत्तर"छैन"भएकोले) 6☐
036	यदिसंस्थासँगCold Chain छैनभने, Cold Chainमाभण्डारगर्नुपर्नेऔषधीवासामग्रीकसरीसंरक्षणगरेरराख्छ?	_____

खण्ड8: कर्मचारीतालीम (परिवारनियोजन) सबैसंस्थालाईसोध्नुपर्ने)		
037	यससंस्थामापरिवारनियोजनसेवादिनेतालीमप्राप्तकर्मचारीछन्?	छन्1☐छैनन्2☐
038	यदि"छन्"भने, कतिजनाछन्?	[……..]
039	परिवारनियोजनकोइम्प्लान्ट(Implant रIUCD) राख्नरनिकाल्नेतालीमलिएकाकुनैविशेषकर्मचारीछन्?	छन्1☐छैनन्2☐
040	यदि"छन्"भने, कति**slf**जनाछन्?	Implant1☐IUCD2☐
041	केतालीमप्राप्तकर्मचारीलेपरिवारनियोजनसेवाअहिलेदिइरहेकाछन्?	दिंदैछन्1☐दिंदैछैनन्2☐
042	यदि"दिंदैछैनन्"भने, योसेवानदिनुकोकारणलेख्नुस्?	……
043	यससंस्थाकाकुनैकर्मचारीलेपछिल्लोपटकपरिवारनियोजनसेवासम्बन्धीतालीमकहिलेलिएकोथियो? *(एउटामामात्रचिन्हलगाउने)*	१महिनाअगाडि1☐२महिनादेखि६महिनाअगाडि2☐ ६महिनादेखि१वर्षअगाडि3☐१वर्षअगाडि4☐ Note: तालिम लिएको महिना नपुगे पनि १ मा चिन्ह लगाउने ।
044	केत्योपछिल्लोतालीममाइम्प्लान्ट(Implant) राख्नेरनिकाल्नेअभ्यासपनिगरिएकोथियो?	थियो1☐थिएन2☐

खण्ड९: कर्मचारीसुपरि]क्षण (प्रजनन्स्वास्थ्यसेवारपरिवारनियोजनसेवाकोलागि) (सबैसंस्थालाईसोध्नुपर्ने)		
045	गत१२महिनामापछिल्लोपटकसुपरि]क्षणअधिकारीलेकहिलेयससंस्थाकोभ्रमणगरेकोथियो? *(एउटामामात्रचिन्हलगाउने)*	१महिनाअघि1 ☐१महिनादेखि३महिनाअघि2 ☐३महिनादेखि६महिनाअघि ☐ ६महिनादेखि१वर्षअघि 4 ☐गत१२महिनामाभ्रमणगरेकोछैन5 ☐
046	यससंस्थाकहाँसुपरि]क्षणअधिकारीहरुकति-कतिसमयमाभ्रमणगर्नेगर्छन्? *(एउटामामात्रचिन्हलगाउने)*	साप्ताहिक1 ☐मासिक2 ☐३महिनामा3 ☐प्रत्येक४महिनामा4 ☐ प्रत्येक६महिनामा5 ☐वार्षिक6 ☐कहिल्यैगर्दैन7 ☐
047	सुपरिवेक्षण अधिकारीहरुसंस्थाको यीमध्ये कुन पक्षचाहिंसुपरिवेक्षणगर्छन्? *(एउटामामात्रचिन्हलगाउने)*	उपचारपद्दतीStaff clinical practices) 1 ☐ औषधीकोस्टकरअवधि-समाप्तिDrug stock out and expiry) 2 ☐ कर्मचारीकोउपलब्धतारतालीम Staff availability and training)3 ☐ तथ्यांककोपूर्णता, गुणस्तर, रसामयिकरिपोर्टिंग Data completeness, quality, and timely reporting) 4 ☐ निर्देशिकावाकार्यविवरणकोसमिक्षा (प्रजनन्स्वास्थ्यसम्बन्धी) Review use of specific guideline or job aid for reproductive health) 5 ☐ अन्य(खुलाउने) …….. 6 ☐

खण्ड१०: निर्देशिकाकोउपलब्धता (जाँच-सूचीरकार्यविवरण) (सबैसंस्थालाईसोध्नुपर्ने)		
048	संस्थासँगपरिवारनियोजनसेवासम्बन्धीकुनैनिर्देशिकाGuidelines) छ? (राष्ट्रियवाविश्वस्वास्थ्यसंगठनको)	छ (गणकलेप्रमाणीकरणगरेकोछ)1 ☐ छ(तरप्रश्नकर्तालेप्रमाणीकरणगरेकोछैन)2 ☐छैन3 ☐
049	संस्थासँगकुनैपरिवारनियोजनसेवासम्बन्धीजाँच-सूचीवाकार्यविवरणJob Aid)छ?	छ (प्रश्नकर्तालेप्रमाणीकरणगरेकोछ)1 ☐ छ(तरप्रश्नकर्तालेप्रमाणीकरणगरेकोछैन)2 ☐छैन3 ☐
050	संस्थासँगगर्भावस्थाजाँचसेवासम्बन्धीकुनैनिर्देशिकाGuidelines) छ? (राष्ट्रियवाविश्वस्वास्थ्यसंगठनको)	छ (प्रश्नकर्तालेप्रमाणीकरणगरेकोछ)1 ☐ छ(तरप्रश्नकर्तालेप्रमाणीकरणगरेकोछैन)2 ☐छैन3 ☐
051	संस्थासँगगर्भावस्थाजाँचसेवा (ANC) सम्बन्धीकुनैChecklist वा Job-aidछ?	छ (प्रश्नकर्तालेप्रमाणीकरणगरेकोछ)1 ☐ छ(तरप्रश्नकर्तालेप्रमाणीकरणगरेकोछैन)2 ☐छैन3 ☐
052	संस्थासँगफोहोरमैलाव्यवस्थापनWaste disposal) सम्बन्धीकुनैनिर्देशिकाछ(Guidelines)छ?	छ(प्रश्नकर्तालेप्रमाणीकरणगरेकोछ)1 ☐ छ(तरप्रश्नकर्तालेप्रमाणीकरणगरेकोछैन)2 ☐छैन3 ☐

खण्ड11: सूचनातथासंचारप्रविधिकोउपलब्धतारप्रयोग (सबैसंस्थालाईसोध्नुपर्ने)		
053	केसंस्थालेकुनैसूचनातथासंचारप्रविधिको(**ICT**) प्रयोगगरेकोछ? *(तलप्र. नं. 054 कोसूचीहेर्नुस्)* ***नोट:*** छैनभनेखण्ड12माजाने	छ (प्रश्नकर्तालेउपलब्धताकोप्रमाणीकरणगरेकोछ)1 ☐ छ (तरप्रश्नकर्तालेउपलब्धताकोप्रमाणीकरणगरेकोछैन2 ☐ छैन (प्रविधिप्रयोगगरेको) 3 ☐
054	यदिप्रयोगगरेको"छ"भने, यीमध्येकुनप्रयोगगरेकोछ? *(कुनैवासबैमाचिन्हलगाउने)*	कम्प्युटर1 ☐मोबाइलफोन (Mobile Handset) 2 ☐मोबाइलफोन (Smart Phone Set) 3 ☐टेलिफोन4 ☐ट्याब्लेट(Tablet) 5☐इन्टरनेटसुविधा (LAN) 6☐ इन्टरनेटसुविधा(Wi-Fi) 7 ☐अन्य (खुलाउने) …….. 8 ☐
055	संस्थालेयीसूचनारसंचारप्रविधि(**ICT**) कहाँबाटप्राप्तगर्यो? *(कुनैवासबैमाचिन्हलगाउने)*	कर्मचारीकोव्यक्तिगतउपकरण (Staff members personal item)1 ☐ सरकारलेदिएको (Provided by government) 2 ☐ संस्थासंचालकलेदिएको (Provided by proprietor of SDP) 3 ☐ दानस्वरुपपाएको(Received as Donation) 4 ☐अन्य(खुलाउने)…… 5 ☐
056	संस्थालेयीप्रविधिमुख्यतयाकेकोलागिप्रयोगगर्छ? *(कुनैवासबैमाचिन्हलगाउने)*	बिरामीदर्तागर्न(Patient registration) 1 ☐ संस्थाकोरेकर्डराख्न (Facility record keeping) 2 ☐ बिरामीकोविवरण/विद्युतीयमेडिकलरेकर्डराख्न(Individual patient records/Electronic Medical Record) 3 ☐ स्वास्थ्यबीमादाबीरबीमाभुक्तानीदिन (Health Insurance Claims and Reimbursement System) 4 ☐ रकमस्थानान्तरणरभुक्तानीगर्न (Mobile money cash transfers and payments) 5 ☐ नियमितसंचारगर्न(Routine communication) 6 ☐ स्वास्थ्यपरामर्श (टाढाकोविशेषज्ञसँगसम्पर्क)कोलागि (Clinical consultation (long distance communication with experts) 7 ☐ चेतनामूलकरसेवाको**मागबढाउनेगर्न**(Awareness and demand creation activities) 8 ☐ आपूर्तिव्यवस्थापन/स्टकनियन्त्रणलागि (Supply chain management/stock control) 9 ☐ स्वास्थ्यकर्मचारीतालीमकोलागि (Health worker training) 10 ☐ अन्य (खुलाउने)…… **11** ☐

खण्ड12: फोहोरमैलाव्यवस्थापन (सबैसंस्थालाईसोध्नुपर्ने)		
057	संस्थालेफोहोरमैलाकसरीव्यवस्थापनगर्छ? *(एउटामामात्रचिन्हलगाउने)*	संस्थाकोआफ्नैहातामाजलाएर1 ☐ संस्थाकोआफनैहातामाविशेषखाल्डोमापुरेर2 ☐ इन्सिनेटर(Incinetor) प्रयोगगरेर3 ☐ केन्द्रियस्तरमैकुनैविशेषनिकायलेसंकलनगरेरटाढालगेरव्यवस्थापन गर्ने4 ☐अरुफोहोरमैलासंगैफाल्ने5 ☐

खण्ड13:सेवाग्राहीसेवाशुल्क (सबैसंस्थालाईसोध्नुपर्ने)		
058	संस्थालेबिरामीसँगसेवाशुल्कलिन्छ? ***नोट:*** लिंदैनभनेप्रश्न060माजाने	लिन्छ1 ☐लिंदैन2 ☐
059	यदिशुल्कलिन्छभने, यीसुविधाकोलागिकुनैछुट/मिनाहादिन्छ? *(कुनैवासबैमाचिन्हलगाउने)*	परिवारनियोजनसेवा1 ☐गर्भावस्थाजाँच(ANC) सेवा2 ☐प्रसूतिसेवा3 ☐ सुत्केरीपछिको(PNC) सेवा4 ☐नवजातशिशुसेवा5 ☐ पाँचवर्षमुनिकाबच्चाकोउपचार6 ☐HIV उपचार (जस्तै, HIV care (e.g. HTC and ART)7 ☐अन्य (खुलाउने)…….. 8 ☐
060	संस्थालेबिरामीसँगऔषधीकोपैसालिन्छ?	लिन्छ1 ☐लिंदैन2 ☐
061	यदिशुल्कलिन्छभने, यीऔषधीकोलागिकुनैछुट/मिनाहादिन्छ? *(कुनैवासबैमाचिन्हलगाउने)*	परिवारनियोजनकासाधन1 ☐मातृस्वास्थ्यकाऔषधी2 ☐ बालस्वास्थ्यकाऔषधी3 ☐अन्य (खुलाउने)…….. 4 ☐

नोट: योचरणमा,

1) उत्तरदातालाईवहाँकोसमयकोलागिरवहाँलेदिनुभएकोसूचनाकोलागिधन्यवाददिनुस्
2) अबनयाँभागकोसर्वेक्षणकोलागि (तपाइलेपहिल्यैजानकारीगराउनुभएअनुसार) उहाँलाईपरिवारनियोजनसेवालिनआउनेसेवाग्राहीलाईअन्तर्वार्तालिनलागेकोअवगतगराउनुस्
3) उत्तरदातालाईयोआश्वस्तपार्नुस्कियीसूचनाहरुकुनैसेवाग्राहीवासंस्थाविरुद्धप्रयोगगरिनेछैन, मात्रसेवाग्राहीकोविचारबुझ्नरअझरामोसेवाकसरीदिनसकिन्छभन्नेमाप्रयोगगरिनेछ
4) विशेषगरी, सेवाग्राहीलाईएक्जिटअन्तर्वार्तालिनकोसंस्थाकोजिम्मेवारअधिकारीसँगअनुमतिमाग्नुस्

Form No: ☐☐☐

भाग२
एक्जिटअन्तर्वार्ता – प्रजनन्स्वास्थ्यसेवासम्बन्धीसेवाग्राहीकोअनुभूतिरमूल्यांकन

नोट:

उत्तरदातालाई निम्न कुराको जानकारी गराउनुस्:

- म आफू यो संस्थाको सदस्य होइन, तपाइँले भर्खर पाएको सेवाको बारे विचार जान्न खोजेको मात्र हो।
- संस्थालाई तपाईसंगको अन्तर्वार्ताबारे जानकारी गराइसकेको र स्वीकृति पनि दिइसकेको छ।
- उत्तरदाताले बताउने कुनै कुराको जानकारीसंस्थालाईदिइने छैन भन्नेमा आश्वस्त पार्नुस्।
- प्रश्नहरु व्यक्तिगत हुने **छैन** र उत्तरदाता सेवाग्राहीको नाम र विवरण रेकर्ड गरिने छैन ।
- सेवाग्राहीको जानकारी कसैविरुद्ध प्रयोग गरिने छैन।
- तपाइँ कुनै प्रश्नको उत्तर दिन अस्वीकार गर्न सक्नुहुन्छ, र कुनै पनि बेला अन्तर्वार्ता समाप्त गर्न सक्नुहुन्छ. तर हामी आशा गर्छौं तपाइँले सबै प्रश्नको उत्तर दिनुहुनेछ, जसले गर्दा स्वास्थ्य सेवालाई राम्रो पर्न मद्दत पुग्नेछ।
- अहिले, तपाइँलाई यो सर्वेक्षणसम्बन्धी कुनै प्रश्न छ भने सोध्न सक्नुहुन्छ।

अन्तर्वार्ता सुरु गर्न अनुमति लिनुस्. अनुमति पाएपछि अन्तर्वार्ता शुरु गर्न सक्नुहुन्छ।

Form No: ☐☐☐

खण्ड14:सेवासम्बन्धीसेवाग्राहीकोअनुभूति (संस्थाबाटपरिवारनियोजनस्वास्थ्यसेवालिनेसेवाग्राहीसँगसोधिनुपर्ने (प्र.नं. 008कोउत्तर"हो"भएकोअवस्थामा)		
14.1 सेवाग्राहीउत्तरदाताकोपृष्ठभूमि **(Respondent's Background)**		
064	उमेर	पूराभएकोवर्ष _____
065	लिंग	पुरुष1 ☐महिला2 ☐तेस्रोलिंग3☐
066	वैवाहिकस्थिति	अविवाहित1☐विवाहित2 ☐सम्बन्धबिच्छेद/छुटिएको/विधवा/विधुर 3 ☐
067	शिक्षाकोतह	निरक्षर1 ☐साक्षर2 ☐निम्नमाध्यमिक3☐प्राथमिक4 ☐माध्यमिकरसोभन्दामाथि5 ☐
068	परिवारनियोजनसेवाकोलागिकति-कतिसमयमायोसंस्थामाआउनुहुन्छ?	महिनाकोएकपल्ट1 ☐२महिनामाएकपल्ट2 ☐३महिनामाएकपल्ट3 ☐अन्य (खुलाउने) 4 ☐ .....
14.2 प्राविधिकपक्षमासंस्थाकोलगाव(**Provider adherence to technical aspects**)		
069	यससंस्थाबाटतपाइलेआफ्नोचाहनाअनुसारकोपरिवारनियोजनकोसाधन/विधिपाउनुभयो?	पाएँ1 ☐पाइनँ2 ☐
070	तपाइँलेपाउनुभएकोपरिवारनियोजनकोविधिकोबारेमानिर्णयगर्दासंस्थालेतपाईकोचाहनालाईपनिसमेटेकोथियो?	थियो1 ☐थिएन2 ☐
071	स्वास्थ्यकर्मीलेतपाईलाईपरिवारनियोजनकोविधि/साधनप्रयोगगर्नसिकाए?	सिकाए1 ☐सिकाएनन्2 ☐
072	परिवारनियोजनकोविधि/साधनलेपार्नसक्नेप्रतिकुलअसर (side effects) बारेस्वास्थ्यकर्मीलेतपाईलाईजानकारीदिए?	दिए1 ☐दिएनन्2 ☐
073	परिवारनियोजनकोविधि/साधनलेप्रतिकुलअसर(sideeffects) पारेमाकेगर्नेभन्नेबारेमास्वास्थ्यकर्मीलेतपाईलाईजानकारीदिए?	दिए1 ☐दिएनन्2 ☐
074	परिवारनियोजनकोविधि/साधनकोप्रयोगलेहुनसक्नेगम्भीरजटिलता(seriouscomplications) कोबारेमारयस्तोजटिलताभएमातुरुन्तयहीसंस्थामाफर्केरआउनेबारेमास्वास्थ्यकर्मीलेतपाईलाईकेहिजानकारीदिए?	दिए1 ☐दिएनन्2 ☐
075	स्वास्थ्यकर्मीलेस्वास्थ्यजाँचवाऔषधी/साधनकोलागिफेरिकुनदिनआउनेभनीसल्लाहदिए?	दिए1 ☐दिएनन्2 ☐
14.3संगठनिकपक्ष **(Organizational aspect)**		
076	तपाइलेयससंस्थाबाटपरिवारनियोजनसेवालिनकोलागिधेरैसमयपर्खनुपर्यो?	पर्यो1 ☐परेन2 ☐
077	योसंस्थाकोसरसफाईअवस्थाबाटतपाईसन्तुष्टहुनुहुन्छ?	छु1 ☐छैन2 ☐
078	जाँचकोठामाहुनेगोपनियता(privacy) बारेतपाईसन्तुष्टहुनुहुन्छ?	छु1 ☐छैन2 ☐
079	स्वास्थ्यकर्मीलेतपाईलाईदिनुभएकोसमयबाटतपाईसन्तुष्टहुनुहुन्छ?	छु1 ☐छैन2 ☐
14.4 अन्तरवैयक्तिकपक्ष **(Interpersonal aspect)**		
080	यससंस्थाकाकर्मचारीलेतपाईलाईआदरपूर्णरशिष्टव्यवहारगरे?	गरे1 ☐गरेनन्2 ☐
081	स्वास्थ्यकर्मीलेतपाइलेअहिलेपाउनुभएकोपरिवारनियोजनकोसाधन/विधिस्वीकारगर्नकुनैदबाबवाजोडदिए?	दिए1 ☐दिएनन्2 ☐
082	स्वास्थ्यकर्मीलेतपाईलाईगरेकोव्यवहारबाटतपाइँसन्तुष्टहुनुहुन्छ?	छु1 ☐छैन2 ☐
14.5 नतिजापक्ष **(Outcome aspect)**		
083	तपाइलेपाउनुभएकोसेवाबाटतपाइँसन्तुष्टहुनुहुन्छ?	छु1 ☐छैन2 ☐
084	केतपाइँफेरियोसंस्थामासेवालिनआउनुहुन्छ?	आउँछु1 ☐आउँदिन2 ☐
085	योसंस्थामास्वास्थ्यसेवालिनजानतपाइलेआफ्नानातेदारवासाथीलाईसल्लाहदिनुहुन्छ?	दिन्छु1 ☐दिन्न2 ☐

Form No: ☐☐☐

	खण्ड15: एक्जिटअन्तर्वार्ता – परिवारनियोजनसेवाशुल्कबारेसेवाग्राहीकोमूल्यांकन (संस्थाबाटपरिवारनियोजनस्वास्थ्यसेवालिनेसेवाग्राहीसँगसोधिनुपर्ने (प्र.नं. 008कोउत्तर"हो" भएकोअवस्थामा)
	15.1 परिवारनियोजनसेवाशुल्क
086	तपाइलेआजपाउनुभएकोसेवाकोलागिशुल्कतिर्नुभयो? *(यदितिरेकोभए, प्र.नं. 087माजाने, नतिरेकोभएप्र.नं. 088माजाने)* — तिरें1 ☐ तिरिन2 ☐
087	तिर्नुभएकोभए, तलकासेवाकोलागिकति-कतितिर्नुभयो? *(लागूहुनेसबैमाचिन्हलगाउनुस्)* कार्ड1 ☐/_____/ प्रयोगशालाजाँच/एक्स-रे2 ☐संस्थाबाटलिएकोपरिवारनियोजनकोसाधन3 ☐/_____/ /_____/ फार्मसीमाकिनेकोपरिवारनियोजनकोसाधन4 ☐/_____/ अन्य (खुलाउने) 6 ☐……..…….. /_____/
	15.2 सवारीखर्च
088	तपाइँआफूबसेकोठाउँदेखियोसंस्थासम्मकसरीआउनुभयो? *(एउटामामात्रचिन्हलगाउने)* पैदल1☐ ("पैदल"भए, प्र.नं. 092 माजानुस्)। साइकल2☐मोटरसाइकल3☐बस/ट्याक्सी4 ☐निजीसवारीसाधन 5☐ अन्यखुलाउने) 6☐ ……..……..
089	तपाइँआफूबसेकोठाउँदेखियोसंस्थाकतिदूरीमाछ? /_____/ किलोमीटर1 ☐कोस2☐ *(एउटामामात्रचिन्हलगाउने)*
090	तपाइँआफूबसेकोठाउँदेखियोसंस्थासम्मआउँदासवारीमाकतिखर्चभयो? /_____/ (रुपैया)
091	अबतपाइँयोसंस्थादेखिआफ्नोबसेकोठाउँसम्मजानसवारीमाकतिखर्चलाग्छ? /_____/(रुपैया)
	15.3 परिवारनियोजनसेवाकोलागिखर्चेकोसमयररकम
092	आजआफ्नोबसेकोठाउँदेखियोसंस्थासम्मआउँदाकतिसमयलाग्यो?/_____/ घण्टा; /_____/ मिनेट
093	तपाइँलाईयहाँआइपुगेपछिसेवालिनकतिसमयकुर्नुपर्यो?/_____/ घण्टा; /_____/ मिनेट
094	तपाइँलाईअबआफूबसेकोठाउँसम्मपुग्नकतिसमयलाग्छ ? /_____/ घण्टा; /_____/ मिनेट
095	तपाइँयहाँआएरसेवाकोलागिकुरेकोसमयमायदिघरमाहुनुभएकोभएमुख्यगरेरतपाईकेकामगर्दैहुनुहुन्थ्योहोला? *(एउटामामात्रचिन्हलगाउने)* घरायसीकाम1 ☐ | घरकोखेतमाकाम2 ☐ | बजारमाबेच्दै/व्यापारगर्दै/trading ☐ | अदक्षज्यालादारीकाम4 ☐ दक्षज्यालादारीकाम5 ☐ | कारिन्दावाव्यावसायिककाम6 ☐ | अन्य (खुलाउने) 7☐……..……..
096	तपाइँलेप्र.नं. 095 मा"गर्दैहुन्थें"भनेकोकामअहिलेकसलेगर्दैछत? *(एउटामामात्रचिन्हलगाउने)* घरकासदस्य1 ☐ | सहकर्मी2 ☐ | कसैलेपनिहोइन3 ☐ | अन्य (खुलाउने) 4 ☐……..……..
097	तपाइँकोअनुपस्थितिमातपाइँकोकामगर्नेव्यक्तिलाईतपाइँलेज्यालातिर्नुपर्छ? — पर्छ1☐पर्दैन2 ☐
098	यदितिर्नुपर्छभने, अन्दाजीकतिरकमतिर्नुपर्छ? — /_____/ (रुपैया)

Form No: ☐☐☐

15.4परिवारनियोजनसेवाकोलागिरकमप्रबन्ध				
099	तपाइँलेआजपाउनुभएकोपरिवारनियोजनसेवाकोखर्चकसले/कुनस्रोतलेबेहोर्छ? *(लागूहुनेसबैविकल्पमाचिन्हलगाउनुस्)* *प्र. नं. 087 माउल्लेखितखर्च (सेवाशुल्क) मात्रसंलग्ननगर्ने)*			
	आफै1 ☐	पति/पत्नी 2☐	पति/पत्नीबाहेकपरिवारकाअन्यसदस्य 3 ☐	अन्य (खुलाउने) 4 ☐ ……
0100	प्र.नं. 099 माउल्लेखगर्नुभएकोप्रत्येकस्रोतलेआजतपाइँलाईलागेकोखर्चकति-कतिबेहोर्छहोला?*(लागूहुनेसबैविकल्पमाचिन्हलगाउनुस्)* *(प्र. नं. 087 माउल्लेखितखर्च (सेवाशुल्क) मात्रसंलग्ननगर्ने)*			
	आफै 1 ☐/_____/(रुपैया)	पति/पत्नी 2 ☐/_____/(रुपैया)	पति/पत्नीबाहेकपरिवारकाअन्यसदस्य 3 ☐ /_____/(रुपैया)	अन्य (खुलाउने) 4 ☐ ……/_____/(रुपैया)

अन्तमा,

1) **उत्तरदातालाईअन्तर्वार्तासकिएकोजानकारीदिनुस्**
2) **उत्तरदातालाईवहाँलेदिनुभएकोसमयरजानकारीकोलागिधन्यवाददिनुस्**

धन्यवाद ! ! !

Annex 10: Total number of SDPs allocated to each field staff in all Development Region (Detailed field planning)

Group	Eco-region	Selected districts	Sample size of facilities	FAR-WESTERN DEVELOPMENT REGION								
				Name	Per person HF supervised (In average 50% of sampling HF)	Tertiary and secondary HF to be surveyed	Facility and district allocation	Name of facility to be surveyed	Total Exit Interviews	Route plan	Supervisor ID	Enumerators
1	Mountain	Bajhang	6	Dipa Pokhrel	5		Bajhang-3 Dadeldhura-2		-	Ktm-- Bajhang - Dadeldhura-Ktm	101	Ramlal Bdr Dhami, Amir Rijal
	Hills	Dadeldhura	10	Arjun Bhat	4	1	Kanchanpur-2 Dadeldhura-2 ***Doti-1***	Doti District Hospital	22	Ktm-Kanchanpur-Dadeldhura -Doti-Ktm	102	Sangam Lama Thokar, Dina Pradhan

FAR-WESTERN DEVELOPMENT REGION										
Group	Eco-region	Selected districts	Sample size of facilities	Name	No. of facilities to be surveyed	Facility and District Allocation	No of exit interviews	Route Plan	Enumerator ID	Supervisor
1	Mountain	Bajhang	6	Ramlal Bdr Dhami	6	Bajhang -6	51	Ktm - Bajhang - Ktm	1001	Dipa Pokhrel
	Hills	Dadeldhura	9	Amir Rijal	5	Dadeldhura - 5	27	Ktm - Dadeldhura - Ktm	1002	Dipa Pokhrel
				Sangam Lama Thokar	4	Dadeldhura - 4	35	Ktm - Dadeldhura - Ktm	1003	Arjun Bhat
	Terai	Kanchanpur	4	Dina Pradhan	4	Kanchanpur - 4	30	Ktm - Kanchanpur - Ktm	1004	Arjun Bhat

Group	Eco-region	Selected districts	Sample size of facilities	MID-WESTERN DEVELOPMENT REGION								
				Name	Per person HF supervised (In average 50% of sampling HF)	Tertiary and secondary HF to be surveyed	Facility and district allocation	Name of facility to be surveyed	Total Exit Interviews	Route plan	Supervisor ID	Enumerators
2	Mountain	Humla	7	Dipak Raj Onta	4		Humla-4			Ktm-Humla-Ktm	103	Gyan Nath Bhattarai
	Hills	Jajarkot	15	Ruja Luitel	6	1	Jajarkot-6, ***Dailekh-1***	Dailekh District Hospital	17	Ktm - Dailekh-Jajarkot-Ktm	104	Suraj Baniya, Nabina Paiju, Pabitra Thapa Magar
	Terai	Bardiya	7	Manju KC	4	1	Bardiya-4, ***Banke-1***	Bheri Zonal Hospital, Banke	15	Ktm-Banke-Bardiya-Ktm	105	Gita Bhattarai

MID-WESTERN DEVELOPMENT REGION										
Group	Eco-region	Selected districts	Sample size of facilities	Name	No. of facilities to be surveyed	Facility and District Allocation	No of exit interviews	Route Plan	Enumerator ID	Supervisor
2	Mountain	Humla	7	Gyan Nath Bhattarai	7	Humla - 7	57	Ktm - Humla - Ktm	1005	Dipak Raj Onta
	Hills	Jajarkot	14	Suraj Baniya	4	Jajarkot-3, Salyan-1	31	Ktm - Jajarkot-Salyan - Ktm	1006	Ruja Luitel
				Nabina Paiju	6	Jajarkot-6	33	Ktm - Jajarkot-Ktm	1007	Ruja Luitel
				Pabitra Thapa Magar	4	Jajarkot-4	33	Ktm - Jajarkot-Ktm	1008	Ruja Luitel
	Terai	Bardiya	6	Gita Bhattarai	6	Bardiya-6	54	Ktm - Bardiya - Ktm	1009	Manju KC
	TOTAL		**27**							

Group	Eco-region	Selected districts	Sample size of facilities	WESTERN DEVELOPMENT REGION								
				Name	Per person HF supervised (In average 50% of sampling HF)	Tertiary and secondary HF to be surveyed	Facility and district allocation	Name of facility to be surveyed	Total Exit Interviews	Route plan	Supervisor ID	Enumerators
3	Mountain	Mustang	2	All facilities to be done by the enumerators								Prakash Bhandari
	Hills	Gorkha	31	Navaraj Thapa	5	1	Gorkha-5, ***Lamjung -1***	Lamjung District Hospital	21	Ktm-Gorkha-Lamjung-Ktm	106	Uttam Nepal
				Sajana Lama Gole	4	1	Gorkha-4, ***Syangja -1***	Syangja District Hospital	21	Ktm - Gorkha-Syangja-Ktm	107	Kiran Dahal, Dhana Pulami
				Bijaya Ratna Shrestha	4	1	Gorkha-4, ***Tanahun -1***	Tanahun -Damauli District Hospital	20	Ktm-Gorkha-Tanahun-Ktm	108	Silpa Shrestha, Usha Pokharel
	Terai	Rupendehi	10	Resma Shrestha	4	1	Rupadehi-4, ***Kapilvastu -1***	Kapilbastu - Taulihawa District Hospital	18	Ktm-Rupendehi-Kapilvastu-Ktm	109	Binod Dahal, Renu Wosti

WESTERN DEVELOPMENT REGION										
Group	Eco-region	Selected districts	Sample size of facilities	Name	No. of facilities to be surveyed	Facility and District Allocation	No of exit interviews	Route Plan	Enumerator ID	Supervisor
3	Mountain	Mustang	2	Prakash Bhandari	2	Mustang -2	29	Ktm - Mustang - Ktm	1010	--
	Hills	Gorkha	28	Kiran Dahal	5	Gorkha-4, Baglung-1	41	Ktm-Gorkha-Baglung -Ktm	1011	Sajana Lama Gole
				Usha Pokharel	7	Gorkha-7	32	Ktm-Gorkha-Ktm	1012	Bijaya Ratna Shrestha
				Silpa Shrestha	6	Gorkha-5, Kaski-1	39	Ktm-Gorkha-Kaski - Ktm	1013	Bijaya Ratna Shrestha
				Dhana Pulami	5	Gorkha-5	40	Ktm-Gorkha-Ktm	1014	Sajana Lama Gole
				Uttam Nepal	5	Gorkha-4, Parbat -1	40	Ktm-Gorkha-Parbat -Ktm	1015	Navaraj Thapa
	Terai	Rupendehi	9	Binod Dahal	5	Rupandehi-4, Kapilvastu -1	37	Ktm-Rupandehi-Kapilvastu -Ktm	1016	Resima Shrestha
				Renu Wosti	4	Rupandehi-4	34	Ktm-Rupandehi--Ktm	1017	Resima Shrestha
	TOTAL		**39**							

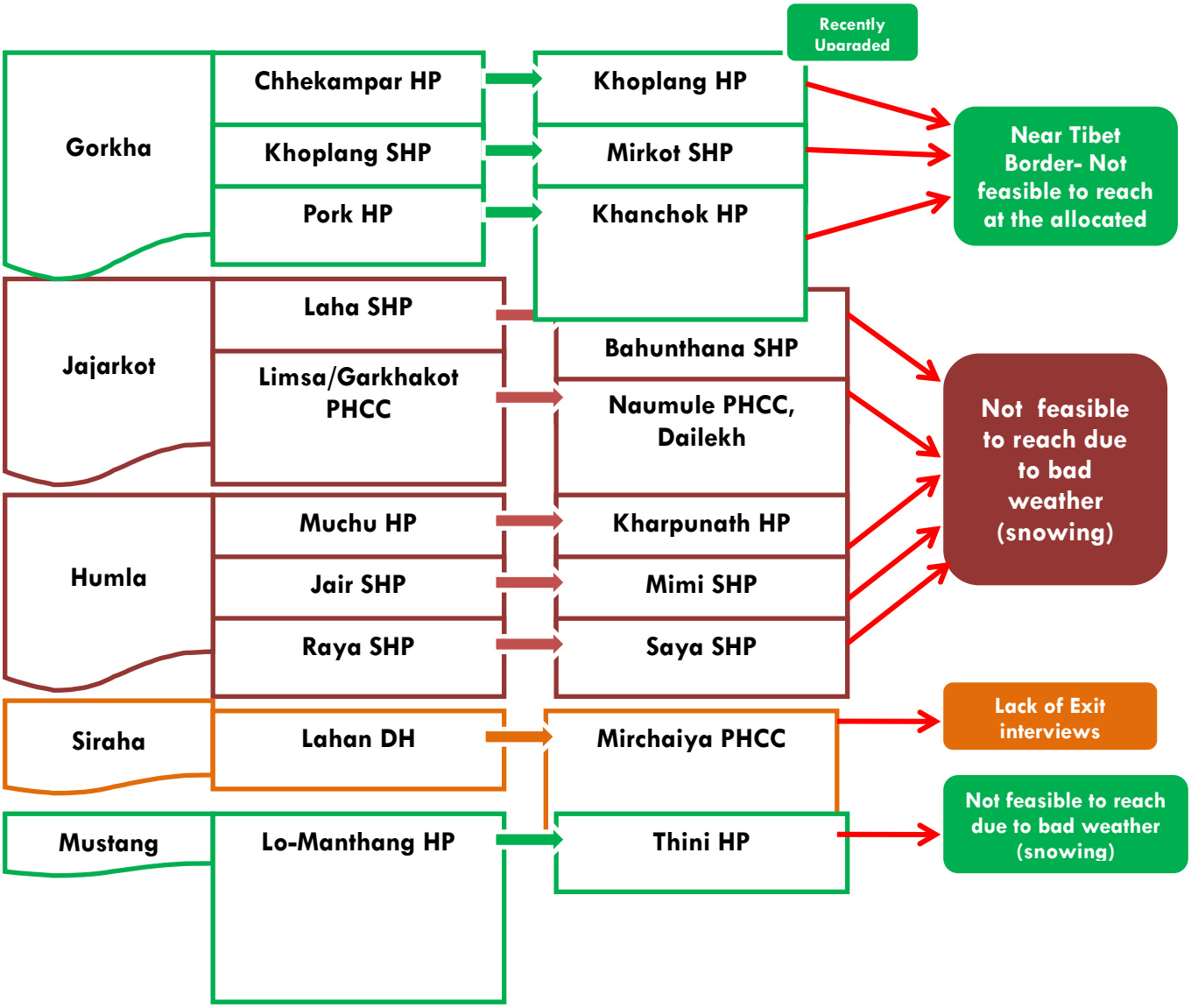
Group	Eco-region	Selected districts	Sample size of facilities	CENTRAL DEVELOPMENT REGION								
				Name	Per person HF supervised (In average 50% of sampling HF)	Tertiary and secondary HF to be surveyed	Facility and district allocation	Name of facility to be surveyed	Total Exit Interviews	Route plan	Supervisor ID	Enumerators
4	Mountain	Rasuwa	7	Sudina Maharjan	4		**Rasuwa**-4			Ktm-Rasuwa-Ktm	110	Jamuna Lama, Vagu Koirala
	Hills	Bhaktapur	23	Puja Subedi	4	1	Bhaktapur-4, ***Dhading-1,***	Dhading District Hospital	20	Ktm-Bhaktapur-Dhading-Ktm	111	Prasiddha Shrestha, Prabina Munankarmi
				Prem Bdr Tamang	6	1	Bhaktapur-6, ***Nuwakot-1***	Nuwakot District Hospital	19	Ktm-Bhaktapur-Nuwakot-Ktm	112	Sunita Magar, Rejina Baidhya
	Terai	Parsa	24	Bhim Pd Neupane	5	1	Parsa-5, ***Chitwan-1***	Chitwan District Hospital	22	Ktm-Chitwan-Parsa-Ktm	113	Sashikala Rai, Smriti Gautam
				Shushan Rijal	5	1	Parsa-5, ***Bara-1***	Bara District Hospital	22	Ktm-Parsa-Bara-Ktm	114	Menuka Adhikari, Pramila Shah

CENTRAL DEVELOPMENT REGION										
Group	**Eco-region**	**Selected districts**	**Sample size of facilities**	**Name**	**No. of facilities to be surveyed**	**Facility and District Allocation**	**No of exit interviews**	**Route Plan**	**Enumerator ID**	**Supervisor**
4	Mountain	Rasuwa	7	Jamuna Lama	3	Rasuwa - 3	30	Ktm- Rasuwa-Ktm	1018	Sudina Maharjan
				Vagu Koirala	4	Rasuwa - 4	20	Ktm- Rasuwa-Ktm	1019	Sudina Maharjan
	Hills	Bhaktapur	21	Prasiddha Shrestha	6	Bhaktapur-6	31	Ktm-Bhaktapur-Ktm	1020	Puja Subedi
				Prabina Munankarmi	6	Bhaktapur-5, Kathmandu - 1 PHCC	30	Ktm-Bhaktapur-Ktm	1021	Puja Subedi
				Sunita Magar	5	Bhaktapur-4, Kathmandu - 1 TH	34	Ktm-Bhaktapur-Ktm	1022	Prem Bdr Tamang
				Rejina Baidhya	4	Bhaktapur-4	34	Ktm-Bhaktapur-Ktm	1023	Prem Bdr Tamang
	Terai	Parsa	22	Sashi Kala Rai	6	Parsa-6	30	Ktm-Parsa-Ktm	1024	Bhim Pd Neupane
				Smriti Gautum	5	Parsa-4, Rautahat -1	40	Ktm-Parsa-Rautahat-Ktm	1025	Bhim Pd Neupane
				Menuka Adhikari	6	Parsa-6	30	Ktm-Parsa-Ktm	1026	Shushan Rijal
				Parmila Shah	5	Parsa - 5	41	Ktm-Parsa-Ktm	1027	Shushan Rijal
	TOTAL		**50**							

Group	Eco-region	Selected districts	Sample size of facilities	EASTERN DEVELOPMENT REGION								
				Name	Per person HF supervised (In average 50% of sampling HF)	Tertiary and secondary HF to be surveyed	Facility and district allocation	Name of facility to be surveyed	Total Exit Interviews	Route plan	Supervisor ID	Enumerators
5	Mountain	Solukhumbu	7	Padam kanta Dhakal	3	1	Solukhumbu-3 ***Sankhuwasabha-1***	Sankhuwasabha-Khandbari District Hospital	19	Ktm-Solukhumbu-Sankhuwasabha - Ktm	115	Hajur Pyakurel
	Hills	Ilam	19	Sushma Dhital	7	1	Ilam-7, ***Panchthar - 1***	Panchthar District Hospital	20	Ktm-Ilam-Pachthar - Ktm	116	Sabitri Sunuwar, Roslin Karki, Sanod Poudyal
	Terai	Siraha	16	Jagat Singh Tamor	7	1	Saptari-7, ***Siraha -1***	District Hospital, Lahan	18	Ktm-Siraha-Saptari-Ktm	117	Bidhyapati Thakur, Durga Pd. Gorathoki, Pratikshya Bhandari

EASTERN DEVELOPMENT REGION										
Group	Eco-region	Selected districts	Sample size of facilities	Name	No. of facilities to be surveyed	Facility and District Allocation	No of exit interviews	Route Plan	Enumerator ID	Supervisor
5	Mountain	Solukhumbu	6	Hajur Pyakurel	6	Solukhumbhu-6	43	Ktm-Solukhumbu - Ktm	1028	Padam kanta Dhakal
	Hills	Ilam	18	Sabitri Sunuwar	6	Ilam-5, Dhankuta-1	47	Ktm-Ilam-Dhankuta - Ktm	1029	Sushma Dhital
				Roslin Karki	6	Ilam -6	44	Ktm-Ilam-Ktm	1030	Sushma Dhital
				Sanod Poudyal	6	Ilam-5, Terathum-1	43	Ktm-Ilam-Terthum- Ktm	1031	Sushma Dhital
	Terai	Siraha	15	Bidhyapati Thakur	6	Saptari -6	29	Ktm-Siraha-Ktm	1032	Jagat Singh Tamor
				Durga Pd Gorathoki	5	Saptari -4, Siraha -1	40	Ktm-Siraha-Ktm	1033	Jagat Singh Tamor
				Pratikshya Bhandari	4	Saptari -5	40	Ktm-Siraha-Ktm	1034	Jagat Singh Tamor
	TOTAL		**39**							

Annex 11: Changes in SDPs made during the Field survey



Annex 12: List of surveyed districts where the misprostol is made available

Name of Districts	Availability of Misoprostol			Total
	Yes	No	Not Applicable	
Baglung	1	0	0	1
Bajhang	4	2	0	6
Banke	1	0	0	1
Bara	0	0	1	1
Bardiya	0	0	6	6
Bhaktapur	0	0	19	19
Chitwan	0	0	1	1
Dadheldhura	2	7	0	9
Dailekh	2	0	0	2
Dhading	0	0	1	1
Dhankuta	0	1	0	1
Doti	0	1	0	1
Gorkha	0	0	25	25
Humla	7	0	0	7
Ilam	0	0	16	16
Jajarkot	3	9	0	12
Kanchanpur	0	0	4	4
Kapilvastu	1	1	0	2
Kaski	0	0	1	1
Kathmandu	0	0	2	2
Lamjung	0	0	1	1
Mustang	0	0	2	2
Nuwakot	0	1	0	1
Panchthar	1	0	0	1
Parbat	0	0	1	1
Parsa	5	16	0	21
Rasuwa	0	0	7	7
Rautahat	1	0	0	1
Rupendehi	0	0	8	8
Salyan	1	0	0	1
Sankhuwasabha	0	0	1	1
Saptari	5	9	0	14
Siraha	0	0	3	3
Solukhumbu	0	0	6	6
Syangja	0	0	1	1
Tanahu	0	1	0	1
Terathum	1	0	0	1
Total	**35**	**48**	**106**	**189**

Annex 13: Percentage distribution of SDPs with persons responsible for ordering medical supplies by administrative region and by rural/urban residence

Characteristics	Percentage						Number of SDPs (N)
	Health facility in charge	Medical doctor	Pharmacist	Nurse	Storekeepers	Others*	
Development region							
Eastern Development Region	79.1	0.0	0.0	9.3	9.3	2.3	43
Central Development Region	87.0	0.0	1.9	3.7	3.7	3.7	54
Western Development Region	90.5	0.0	.0	2.4	2.4	4.8	42
Mid-Western Development Region	75.9	0.0	.0	6.9	10.3	6.9	29
Far-Western Development Region	90.5	4.8	.0	.0	4.8	.0	21
Residence							
Urban	75.0	0.0	2.5	12.5	7.5	2.5	40
Rural	87.2	0.7	0.0	2.7	5.4	4.0	149
Total	**84.7**	**0.5**	**0.5**	**4.8**	**5.8**	**3.7**	**189**
Others include: AHW,ANM, Indoor in charge, Public health inspector							

Annex 14: How re-supply is quantified by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage			Number of SDPs (N)
	Pull		Push	
	Staff member(s) of this facility makes request based on calculation of quantity needed using a formula	Adhoc demand made by the facility staff	Quantity is determined by the institution/ warehouse responsible for supplying the SDP	
Development region				
Eastern Development Region	81.4	11.6	7.0	43
Central Development Region	72.2	18.5	9.3	54
Western Development Region	81.0	4.8	14.3	42
Mid-Western Development Region	82.8	3.4	13.8	29
Far-Western Development Region	81.0	0.0	19.0	21
Residence				
Urban	62.5	17.5	20.0	40
Rural	83.2	7.4	9.4	149
Total	**78.8**	**9.5**	**11.6**	**189**

Annex 15: Main source of supplies by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage			Total number of SDPs (N)
	Central Medical stores	Regional/district warehouse	Others including local purchase	
Development region				
Eastern Development Region	7.0	83.7	9.3	43
Central Development Region	1.9	94.4	3.7	54
Western Development Region	4.8	90.5	4.8	42
Mid-Western Development Region	10.3	86.2	3.4	29
Far-Western Development Region	4.8	90.5	4.8	21
Residence				
Urban	15.0	70.0	15	40
Rural	2.7	94.6	2.7	149
Total	**5.3**	**89.4**	**5.3**	**189**

Annex 16: Responsibility for transportation of supplies by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage			
	Central/Regional warehouse	District warehouse	By the facility	**Total number of SDPs (N)**
Development region				
Eastern Development Region	9.3	79.1	11.6	43
Central Development Region	.0	77.8	22.3	54
Western Development Region	2.4	57.1	40.5	42
Mid-Western Development Region	10.3	55.2	34.5	29
Far-Western Development Region	4.8	66.7	28.6	21
Residence				
Urban	17.5	37.5	45.0	40
Rural	1.3	77.2	21.4	149
Total	**4.8**	**68.8**	**26.5**	**189**

Annex 17: Frequency of resupply by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage			Total number of SDPs (N)
	Once every 1 month or less	Once every three months	Once every six months	
Development region				
Eastern Development Region	18.6	79.1	2.3	43
Central Development Region	26	66.7	7.4	54
Western Development Region	40.5	45.2	14.3	42
Mid-Western Development Region	51.7	44.8	3.4	29
Far-Western Development Region	42.9	52.4	4.8	21
Residence				
Urban	55.0	42.5	2.5	40
Rural	27.5	64.4	8.1	149
Total	**33.4**	**59.8**	**6.9**	**189**

Annex 18: Availability of fridge by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage availability of Electric Fridge	Total number of SDPs (N)
Development region		
Eastern Development Region	41.9	43
Central Development Region	57.4	54
Western Development Region	59.5	42
Mid-Western Development Region	37.9	29
Far-Western Development Region	61.9	21
Residence		
Urban	87.5	40
Rural	42.3	149
Total	**51.9**	**189**

Annex 19: Source of power for Fridges used for cold chain by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage			Total facility using fridge (N)
	Electricity from national grid	Generator	Others*	
Development region				
Eastern Development Region	88.9	0.0	11.1	18
Central Development Region	93.5	6.4	0.0	31
Western Development Region	96.0	0.0	4.0	25
Mid-Western Development	75.0	0.0	18.2	11

Region				
Far-Western Development Region	92.3	0.0	7.7	13
Residence				
Urban	91.7	5.8	9.5	**35**
Rural	90.5	0.0	0.0	**63**
Total	**90.9**	**2.0**	**6.1**	**98**
* *Others: Solar energy, Rural hydro project, Micro-hydro and Electricity from local grid*				

Annex 20: Percentage of SDPs with staff trained to provide FP services and for the insertion and removal of Implants and IUCD by Administrative Unit (Region) and by urban/rural residence

Characteristics	Staff trained in Implants	Staff trained in IUCD	Staff trained in IUCD and Implant both	Total SDP with staff trained in Implants and IUCD
Development region				
Eastern Development Region	57.1	92.9	50.0	28
Central Development Region	84.4	93.8	78.1	32
Western Development Region	87.0	87.0	73.9	23
Mid-Western Development Region	64.3	92.9	57.1	14
Far-Western Development Region	81.3	62.5	43.8	16
Residence				
Urban	97.2	97.2	94.4	36
Rural	64.9	83.1	48.1	77
Total	**75.2**	**87.6**	**62.8**	**113**

Annex 21: Percentage distribution of the frequency of supervisory visits by Administrative Unit (Region) and by urban/rural residence

Characteristics	Frequency of supervisory visits (%)				Not supervised (%)	Total sample size (N)
	Every three monthly	Every four monthly	Every six monthly	Annually		
Development region						
Eastern Development Region	45.2	0.0	4.8	14.3	35.7	43
Central Development Region	50	11.1	9.3	22.2	7.4	54
Western Development Region	21.5	14.3	16.7	28.6	19.0	42
Mid-Western Development Region	20.6	3.4	37.9	27.6	10.3	29
Far-Western Development Region	33.4	4.8	23.8	23.8	14.3	21
Residence						
Urban	45.0	5.0	17.5	12.5	20.0	40
Rural	33.8	8.1	15.5	25.7	16.9	149
Total	**36.2**	**7.4**	**16.0**	**22.9**	**17.6**	**189**

Annex 22: Percentage of SDPs with guidelines, check-lists and job aids by Administrative Unit (Region) and by urban/rural residence

Characteristics	Family planning guidelines (national-NMS Vol-1)		ANC job-aids		Waste disposal guideline		Total Sample Size (N)
	Yes, Availability verified	Yes, Availability not verified	Yes, Availability verified	Yes, Availability not verified	Yes, Availability verified	Yes, Availability not verified	
Region							
Eastern Development Region	39.5	16.3	34.9	11.6	7.0	9.3	43
Central Development Region	48.1	20.4	38.9	29.6	9.3	16.7	54
Western Development Region	83.3		52.4	9.5	57.1	4.8	42
Mid-Western Development Region	48.3	13.8	41.4	6.9	24.1	3.4	29
Far-Western Development Region	85.7	14.3	90.5	4.8	57.1	9.5	21
Residence							
Urban	75.0	12.5	62.5	10.0	45.0	10.0	40
Rural	53.7	13.4	43.0	16.1	22.1	9.4	149
Total	**58.2**	**13.2**	**47.1**	**14.8**	**27.0**	**9.5**	**189**

Annex 23: Percentage of SDPs with types of Information Communication Technology available by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage					Total Sample Size (N)
	Computer	Mobile phones	Landline telephone	Internet facilities	Others*	
Development Region						
Eastern Development Region	17.1	87.8	24.4	17.1	4.9	41
Central Development Region	21.4	73.8	54.8	23.8	2.4	42
Western Development Region	31.3	71.9	34.4	21.9	6.3	32
Mid-Western Development Region	18.8	68.8	43.8	25.0	6.3	16
Far-Western Development Region	50.0	93.8	62.5	25.0	12.5	16
Residence						
Urban	54.3	62.9	85.7	71.4	8.6	35
Rural	16.1	83.9	27.7	6.3	4.5	112
Total	**25.2**	**78.9**	**41.5**	**21.8**	**5.4**	**147**
** Others include: TV, FM/Radio*						

Annex 24: Percentage of SDPs by how ICT was acquired by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage				Total Sample Size (N)
	Staff members personal item	Provided by government	Provided by HDP/HFOMC	Received as Donation	
Development Region					
Eastern Development Region	87.8	26.8	4.9	2.4	41
Central Development Region	69.0	45.2	9.5	2.4	42
Western Development Region	59.4	37.5	3.1	3.1	32
Mid-Western Development Region	75.0	25.0	6.3	12.5	16
Far-Western Development Region	50.0	56.3	18.8	12.5	16
Residence					
Urban	32.1	52.8	11.3	3.8	35
Rural	70.2	21.8	4.0	2.4	112
Total	**70.7**	**37.4**	**7.5**	**4.8**	**147**

Annex 25: Percentage of SDPs by main purpose for which ICT is used by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage									Total Sample size
	Patient registration	Facility record keeping	Mobile money cash transfers and payments	Routine communication	Clinical consultation (long distance communication with experts)	Awareness and demand creation activities	Supply chain management/stock control	Health worker training	Others	
Region										
Eastern Development Region	9.8	14.6	2.4	48.8	22.0	51.2	22.0	24.4	14.6	41
Central Development Region	9.5	21.4	4.8	95.2	9.5	23.8	28.6	40.5	7.1	42
Western Development Region	28.1	31.3	3.1	71.9	46.9	40.6	68.8	40.6	25.0	32
Mid-Western Development Region	12.5	43.8	0.0	87.5	37.5	12.5	31.3	31.3	6.3	16
Far-Western Development Region	0.0	56.3	6.3	87.5	50.0	56.3	31.3	37.5	12.5	16
Residence										
Urban	34.3	48.6	8.6	82.9	28.6	37.1	37.1	34.3	20.0	35
Rural	6.3	21.4	1.8	73.2	28.6	37.5	35.7	34.8	10.7	112
Total	**12.9**	**27.9**	**3.4**	**75.5**	**28.6**	**37.4**	**36.1**	**34.7**	**13.6**	**147**

**Others include : Individual patient records/Electronic Medical Record, Health Insurance Claims and Reimbursement System, etc.*

Annex 26: Percentage distribution of SDPs by how health wastes are disposed by Administrative Unit (Region) and by urban/rural residence

Characteristics	Percentage					Total Sample size
	Burning	Bury in special dump pits	Use of Incinerators	Centrally collected by specific agency for disposal away from the SDP	Disposed with regular garbage	
Development Region						
Eastern Development Region	60.5	25.6	14.0	0.0	0.0	43
Central Development Region	63.0	11.1	16.7	3.7	5.6	54
Western Development Region	59.5	38.1	2.4	0.0	0.0	42
Mid-Western Development Region	58.6	24.1	17.2	0.0	0.0	29
Far-Western Development Region	33.3	47.6	19.0	0.0	0.0	21
Residence						
Urban	40.0	17.5	30.0	5.0	7.5	40
Rural	62.4	28.9	8.7	0.0	0.0	149
Total	**57.7**	**26.5**	**13.2**	**1.1**	**1.6**	**189**

Annex 27: Percentage distribution of SDPs by user fee charged for Registration and Exemptions for user fees

Characteristics	Percentage							Total sample size (N)	Facility charging patients for Registration	
	Family planning services	Antenatal care services	Delivery services	Post natal care services	Newborn care services	Care of sick children under 5 years	HIV care (e.g. HTC and ART)			
Region										
Eastern Development Region	100.0	80.0	100.0	100.0	60.0	60.0	0.0	5	11.6	43
Central Development Region	100.0	100.0	100.0	75.0	100.0	75.0	100.0	4	7.4	54
Western Development Region	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0.0	42
Mid-Western Development Region	100.0	66.7	66.7	66.7	66.7	66.7	33.3	3	10.3	29
Far-Western Development Region	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1	4.8	21
Residence										
Urban	100.0	85.7	100.0	85.7	71.4	57.1	57.1	7	17.5	40
Rural	100.0	83.3	83.3	83.3	83.3	83.3	33.3	6	4.0	149
Total	**100.0**	**84.6**	**92.3**	**84.6**	**76.9**	**69.2**	**46.2**	**13**	**6.9** (3.3 , 13.8)	**189**

Annex 28: Clients perspective of FP service provider's adherence to technical issues based on development region and residence

Characteristics	Percentage							Total sample size (N)
	Provided with method of their choice	Provider took clients preference and wishes into consideration	Client taught how to use the method	Client told about the common side effects of the method	Provider informed client about what can be done regarding the side effects of the method	Provider informed client about what to do in case any serious complications occur	Client given date to return to SDP for check-up and /or additional supplies	
Region								
Eastern Development Region	95.9	96.8	72.6	67.1	56.9	60.1	94.5	343
Central Development Region	99.5	99.3	85.7	76.5	73.6	69.6	95.6	405
Western Development Region	99.0	98.4	77.5	84.1	80.3	79.4	91.4	315
Mid-Western Development Region	99.6	96.7	44.8	77.8	75.3	68.6	95.0	239
Far-Western Development Region	98.9	98.4	93.7	91.6	90.5	90.0	94.2	190
Residence								
Urban	99.3	98.7	77.9	80.8	78.5	76.7	95.0	605
Rural	98.0	97.5	73.7	76.2	70.2	68.7	93.6	887
Total	**98.5**	**98.0**	**75.4**	**78.1**	**73.6**	**71.9**	**94.2**	**1492**

Annex 29: Clients perspective of FP service organizational aspects based on development region and residence

Characteristics	Percentage				Total sample size (N)
	Client perceived waiting time as too long	Client satisfied with the cleanliness of the health facility	Client satisfied with the privacy at the exam room	Client satisfied with the time that was allotted to his/her case	
Region					
Eastern Development Region	24.5	72.3	81.9	86.9	343
Central Development Region	21.0	95.1	87.6	98.0	405
Western Development Region	22.9	86.7	87.9	96.5	315
Mid-Western Development Region	24.7	95.8	89.1	94.1	239
Far-Western	21.1	95.8	89.5	96.8	190

Development Region					
Residence					
Urban	28.8	89.8	87.6	94.2	605
Rural	18.7	87.3	86.4	94.5	887
Total	**22.8**	**88.3**	**86.9**	**94.4**	**1492**

Annex 30: Clients perspective on interpersonal aspects based on development region and residence

Characteristics	Percentage		Total sample size (N)
	Client indicated he/she was treated with courtesy and respect by staff at the SDP	Client satisfied with the attitude of the health provider towards him/her generally	
Region			
Eastern Development Region	86.9	88.6	343
Central Development Region	97.0	98.5	405
Western Development Region	96.2	99.0	315
Mid-Western Development Region	95.4	95.4	239
Far-Western Development Region	93.2	97.4	190
Residence			
Rural	92.8	94.8	887
Urban	95.2	97.0	605
Total	**93.8**	**95.7**	**1492**

Annex 31: Clients perspective on outcome aspects based on development region and residence

Characteristics	Percentage			Total sample size (N)
	Client satisfied with the service received	Client will continue visiting this SDP in future	Client would recommend this SDP to relatives or friends	
Region				
Eastern Development Region	90.9	99.4	93.3	343
Central Development Region	98.8	99.3	95.6	405
Western Development Region	99.4	98.7	97.5	315
Mid-Western Development Region	96.7	98.3	95.4	239
Far-Western Development Region	98.4	97.4	96.8	190
Residence				
Urban	98.3	98.0	95.9	605
Rural	95.6	99.3	95.4	887
Total	**96.7**	**98.8**	**95.6**	**1492**

Annex 32: Clients payment for services and average amount paid based on development region and residence

Administrative Unit (Region)	Total sample size (N)	Percentage of clients reporting paying for service	Average amount paid for (in national currency)	Total Paying Clients
			Card	
Eastern Development Region	343	2.6	13.0	9
Central Development Region	405	10.6	4.9	43
Western Development Region	315	0.3	20.0	1
Mid-Western Development Region	239	0.0	0.0	0
Far-Western Development Region	190	0.5	0.0	1
Total	**1492**	**3.6**	**6.42**	**54**
Residence				
Rural	887	3.5	5.52	31
Urban	605	3.8	12.0	23
Total	**1492**	**3.6**	**6.42**	**5.4**

Annex 33: Average time spent by client for family planning services based on development region and residence

Characteristics	Average Time Spent (minutes)		Total sample size (N)
	Travelling to and from the place of residence to the SDP	Waiting for and Receiving Services	
Region			
Eastern Development Region	63.8	13.0	343
Central Development Region	44.2	11.7	405
Western Development Region	64.5	16.3	315
Mid-Western Development Region	120.5	17.6	239
Far-Western Development Region	81.8	7.4	190
Residence			
Rural	70.4	9.0	**605**
Urban	69.0	19.7	887
Total	**69.9**	**13.4**	**1492**